REPRODUCTIVE HEALTH - RHQ

RHQ.010  The next series of questions are about (your/SP's) reproductive history. I will begin by asking some questions about (your/SP's) period or menstrual cycle.

How old (were you/was SP) when (you/she) had (your/her) first menstrual period?

CODE "0" IF HAVEN'T STARTED YET.

CAPI INSTRUCTION:
SOFT EDIT VALUES:  8-25 YEARS.
HARD EDIT VALUES:  AGE OF 1ST PERIOD CANNOT BE GREATER THAN CURRENT AGE.

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<tr>
<td>77</td>
<td>REFUSED</td>
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<tr>
<td>99</td>
<td>DON'T KNOW</td>
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BOX 1

CHECK ITEM RHQ.015:
- IF PERIODS HAVEN'T STARTED (CODED '0') IN RHQ.010 AND SP 12-13 YEARS OLD OR 50 YEARS OR OLDER, GO TO END OF SECTION.
- IF PERIODS HAVEN'T STARTED (CODED '0') IN RHQ.010 AND SP 14-49 YEARS OLD, GO TO RHQ.700.
- IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED '1' - '76') IN RHQ.010, OR IF SP REFUSES AGE (CODED '77') IN RHQ.010, GO TO RHQ.031.
- OTHERWISE, CONTINUE WITH RHQ.020.

RHQ.020  (Were you/Was SP) . . .

younger than 10,.................................  1
10 to 12,...........................................  2
13 to 15, or ......................................  3
16 or older? ......................................  4
REFUSED ..........................................  7
DON'T KNOW......................................  9

RHQ.031  (Have you/Has SP) had at least one menstrual period in the past 12 months? (Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.)

YES ..................................................  1 (RHQ.051)
NO ....................................................  2
REFUSED ..........................................  7 (RHQ.060)
DON'T KNOW......................................  9 (RHQ.060)
RHQ.042 What is the reason that {you have/SP has} not had a period in the past 12 months?

PREGNANCY ................................................ 1 (BOX 3)
BREAST FEEDING ........................................ 2 (BOX 3)
MENOPAUSE/HYSTEROCTOMY .................... 7 (RHQ.060)
MEDICAL CONDITIONS/TREATMENTS .......... 8 (RHQ.060)
OTHER .......................................................... 9 (RHQ.060)
REFUSED ..................................................... 77
DON'T KNOW................................................ 99

RHQ.051 When did {you/SP} have {your/her} last period?

PROBE: How many months ago was {your/SP's} last period?

HAVING IT NOW ........................................... 1 (BOX 3)
LESS THAN 2 MONTHS AGO ..................... 2 (BOX 3)
3-5 MONTHS AGO ....................................... 3 (BOX 3)
6-8 MONTHS AGO ....................................... 4 (BOX 3)
9-11 MONTHS AGO ..................................... 5 (BOX 3)
REFUSED ..................................................... 77 (BOX 3)
DON'T KNOW................................................ 99 (BOX 3)

RHQ.060 About how old {were you/was SP} when {you/she} had {your/her} last menstrual period?

|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 77
DON'T KNOW................................................ 99

BOX 2

CHECK ITEM RHQ.065:
- IF SP DOESN'T KNOW AGE AT LAST MENSTRUAL PERIOD (CODED '99') IN RHQ.060, CONTINUE WITH RHQ.070.
- OTHERWISE, GO TO BOX 3.

RHQ.070 {Were you/Was SP} . . .

younger than 30,............................................ 1
30 to 34,......................................................... 2
35 to 39,......................................................... 3
40 to 44,......................................................... 4
45 to 49,......................................................... 5
50 to 54, or .................................................... 6
55 or older? ................................................... 7
REFUSED ..................................................... 77
DON'T KNOW................................................ 99
CHECK ITEM RHQ.075A:
- IF SP HAD LAST PERIOD BETWEEN 0-2 MONTHS AGO (CODED 1-2 IN RHQ.051) AND 12-59 YEARS OLD, CONTINUE WITH RHQ.081.
- OTHERWISE, GO TO RHQ.131.

RHQ.081  What was the date that {your/SP's} last period started?

|___|___| / |___|___|
ENTER DATE OF LAST PERIOD (MONTH, DAY)

REFUSED ..................................................... 77-77
DON'T KNOW................................................. 99-99

RHQ.131  The next questions are about {your/SP's} pregnancy history.

{Have you/Has SP} ever been pregnant? Please include (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies and abortions.

MARK IF KNOWN. OTHERWISE ASK.

YES ............................................................. 1
NO ............................................................. 2 (BOX 12)
REFUSED ................................................... 7 (BOX 12)
DON'T KNOW.............................. 9 (BOX 12)

CHECK ITEM RHQ.135C:
- IF SP HAD PERIOD IN PAST 12 MONTHS (CODED ‘1’ IN RHQ.031) OR SP HAS NOT EXPERIENCED MENOPAUSE/HYSTERECTOMY (NOT CODED 7 IN RHQ.042), CONTINUE WITH RHQ.143.
- OTHERWISE, GO TO RHQ.160.

RHQ.143  {Are you/Is SP} pregnant now?

MARK IF KNOWN. OTHERWISE ASK.

YES ............................................................. 1
NO ............................................................. 2 (RHQ.160)
REFUSED ................................................... 7 (RHQ.160)
DON'T KNOW.............................. 9 (RHQ.160)
RHQ.152  Which month of pregnancy (are you/is she) in?

|___|___|
Enter number of months

Refused .................................................. 77
Don't know ................................................ 99

RHQ.160  How many times (have you/has SP) been pregnant? (Again, be/be) sure to count all (your/her) pregnancies including (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies, or abortions.

|___|___|
Enter number of pregnancies

Refused .................................................. 77
Don't know ................................................ 99

BOX 7

CHECK ITEM RHQ.165:
■ If SP only had one pregnancy (coded '1') in RHQ.160 and currently pregnant (coded '1') in RHQ.143, skip to RHQ.300.
■ Otherwise continue with RHQ.170.

RHQ.170  How many of (your/her) pregnancies resulted in a live birth?

Count the number of total pregnancies, not number of live-born children. For example, if SP had twins or other multiple birth, count as a single pregnancy.

|___|___|
Enter number of pregnancies

Refused .................................................. 77
Don't know ................................................ 99

BOX 8

CHECK ITEM RHQ.175:
■ If SP had no pregnancies that resulted in a live birth (coded '0') in RHQ.170, go to box 12.
■ If SP had one pregnancy that resulted in a live birth (coded '1') in RHQ.170, go to RHQ.190.
■ Otherwise, continue with RHQ.180.
RHQ.180 How old (were you/was SP) at the time of (your/her) first live birth?

|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 77
DON'T KNOW................................................ 99

RHQ.190 How old (were you/was SP) at the time of (your/her) (last) live birth?

CAPI INSTRUCTION:
IF SP HAD MORE THAN 1 LIVE BIRTH (CODED >= 2) IN RHQ.170, DISPLAY (LAST).

|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 77
DON'T KNOW................................................ 99

\[
\text{BOX 9}
\]

CHECK ITEM RHQ.195:
- IF DIFFERENCE BETWEEN AGE AT TIME OF LAST LIVE BIRTH IN RHQ.190 AND CURRENT AGE IS ZERO OR 1, CONTINUE WITH RHQ.200.
- OTHERWISE, GO TO RHQ.210.

RHQ.200 {Are you/Is SP} now breast feeding a child?

YES ............................................................... 1 (BOX 10)
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW................................................ 9

RHQ.210 Did {you/SP} breast feed {your/ her} child/any of {your/ her} children?

CAPI INSTRUCTION:
IF SP HAD ONE LIVE BIRTH (CODED '1') IN RHQ.170, DISPLAY (YOUR CHILD).
IF SP HAD MORE THAN ONE LIVE BIRTH (CODED >= 2) IN RHQ.170, DISPLAY (ANY OF YOUR CHILDREN).

YES ............................................................... 1 (BOX 10)
NO ................................................................. 2 (RHQ.250)
REFUSED ..................................................... 7 (BOX 11)
DON'T KNOW................................................ 9 (BOX 11)
**BOX 10**

**CHECK ITEM RHQ.215:**
- IF SP HAD ONE PREGNANCY THAT RESULTED IN A LIVE BIRTH (CODED ‘1’) IN RHQ.170, CONTINUE WITH RHQ.220.
- OTHERWISE, GO TO RHQ.230.

**RHQ.220** Did (you/SP) breast feed (your/her) child for at least 1 month?

- YES ............................................................... 1 (BOX 11)
- NO ................................................................. 2 (RHQ.250)
- REFUSED ..................................................... 7 (BOX 11)
- DON'T KNOW................................................ 9 (BOX 11)

**RHQ.230** How many of (your/SP’s) children did (you/she) breast feed for at least 1 month?

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<td>OF CHILDREN</td>
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- REFUSED ..................................................... 77
- DON'T KNOW................................................ 99

**BOX 11**

**CHECK ITEM RHQ.245:**
- IF SP HAD AT LEAST ONE PREGNANCY THAT RESULTED IN A LIVE BIRTH (NOT CODED ‘0’) IN RHQ.170, CONTINUE WITH RHQ.250.
- OTHERWISE, GO TO RHQ.281.

**RHQ.250** Did (your/SP’s) child/Did any of (your/SP’s) children weigh less than 5 ½ pounds (2500 g) at birth?

CAPI INSTRUCTION:
- IF SP HAD ONE LIVE BIRTH (CODED ‘1’) IN RHQ.170, DISPLAY (YOUR CHILD).
- IF SP HAD MORE THAN ONE LIVE BIRTH (CODED >= 2) IN RHQ.170, DISPLAY (DID ANY OF YOUR CHILDREN).

CAPI INSTRUCTION:
- IF YES (CODED ‘1’) IN RHQ.250 AND SP HAD ONLY ONE LIVE BIRTH (CODED ‘1’) IN RHQ.170, ENTER ‘1’ IN RHQ.260.

- YES ............................................................... 1
- NO ................................................................. 2 (BOX 12)
- REFUSED ..................................................... 7 (BOX 12)
- DON'T KNOW................................................ 9 (BOX 12)
RHQ.260  How many of your/her children weighed less than 5 ½ pounds (2500 g) at birth?

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REFUSED ..................................................... 77
DON'T KNOW................................................ 99

BOX 11A

CHECK ITEM RHQ.262:
- IF SP HAD ONLY ONE LIVE BIRTH (CODED ‘1’) IN RHQ.170, CONTINUE WITH RHQ.264.
- OTHERWISE, GO TO RHQ.270.

RHQ.264  Was this baby born preterm?  A preterm delivery is one that occurs at 36 weeks or earlier in pregnancy.

CAPI INSTRUCTION:
IF YES (CODED ‘1’) IN RHQ.264, ENTER 1 IN RHQ.270.

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<td>YES ............................................................... 1 (BOX 12)</td>
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<tr>
<td>NO ................................................................. 2 (BOX 12)</td>
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<tr>
<td>REF ............................................................... 7 (BOX 12)</td>
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<tr>
<td>DK.................................................................. 9 (BOX 12)</td>
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RHQ.270  How many of these babies were born preterm?  A preterm delivery is one that occurs at 36 weeks or earlier in pregnancy.

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<td>ENTER NUMBER OF CHILDREN</td>
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REFUSED ..................................................... 77
DON'T KNOW................................................ 99

BOX 12

CHECK ITEM RHQ.275A:
- IF SP < 20 YEARS OLD, GO TO RHQ.420.
- IF SP CURRENTLY PREGNANT (CODED ‘1’) IN RHQ.143, GO TO RHQ.300.
- IF SP HAD PERIOD IN PAST 12 MONTHS (CODED ‘1’ IN RHQ.031), GO TO RHQ.300.
- OTHERWISE, CONTINUE WITH RHQ.281.
RHQ.281  {Have you/Has SP} had a hysterectomy, that is, surgery to remove {your/her} uterus or womb?

MARK IF KNOWN. OTHERWISE ASK.

YES ............................................................... 1
NO ................................................................. 2 (RHQ.300)
REFUSED .....................................................  7 (RHQ.300)
DON'T KNOW................................................ 9 (RHQ.300)

RHQ.291  How old {were you/was SP} when {you/she} had {your/her} (hysterectomy/uterus removed/womb removed)?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW................................................ 999

RHQ.300  {Have you/Has SP} had at least one of {your/her} ovaries removed (either when {you/she} had {your/her} uterus removed or at another time)?

YES ............................................................... 1
NO................................................................. 2 (BOX 15)
REFUSED .....................................................  7 (BOX 15)
DON'T KNOW................................................ 9 (BOX 15)

RHQ.310  Were both ovaries removed or only one?

BOTH............................................................. 1
ONE............................................................... 2 (RHQ.330)
REFUSED .....................................................  7 (BOX 15)
DON'T KNOW................................................ 9 (BOX 15)

RHQ.320  Were both of {your/SP's} ovaries removed at the same time or at different times?

SAME TIME…………………………………….. 1
DIFFERENT TIMES…………………………… 2 (RHQ.340)
REFUSED ………………………………………… 7 (BOX 15)
DON'T KNOW…………………………………… 9 (BOX 15)

RHQ.330  How old {were you/was SP} when {you/she} had {your/her} {ovary/ovaries} removed?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW................................................ 999
CHECK ITEM RHQ.335:
GO TO BOX 15.

How old {were you/was SP} when {you/she} had the second ovary removed?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW ................................................ 999

CHECK ITEM RHQ.355:
☐ IF SP 20-54 YEARS OLD, CONTINUE WITH RHQ.360.
☐ OTHERWISE, GO TO RHQ.420.

Has a doctor or other health professional ever told {you/SP} that {you/she} had endometriosis?
(Endometriosis is a disease in which the tissue that forms the lining of the uterus/womb attaches to other places, such as the ovaries, fallopian tubes, or abdominal cavity.)

YES ............................................................... 1
NO ................................................................. 2 (RHQ.380)
REFUSED ..................................................... 7 (RHQ.380)
DON'T KNOW ................................................ 9 (RHQ.380)

How old {were you/was SP} when {you were/she was} first told {you/she} had endometriosis?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW ................................................ 999

Has a doctor or other health professional ever told {you/SP} that {you/she} had uterine fibroids?
(Uterine fibroids are benign (not cancerous) tumors growing in various locations on or within the uterus/womb.)

YES ............................................................... 1
NO ................................................................. 2 (RHQ.420)
REFUSED ..................................................... 7 (RHQ.420)
DON'T KNOW ................................................ 9 (RHQ.420)
RHQ.390  How old {were you/was SP} when {you were/she was} first told {you/she} had uterine fibroids?

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ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW................................................. 999

RHQ.420  Now I am going to ask you about {your/SP's} birth control history.

{Have you/Has SP} **ever** taken birth control pills for any reason?

YES ............................................................... 1
NO ................................................................. 2 (RHQ.510)
REFUSED ..................................................... 7 (RHQ.510)
DON'T KNOW................................................ 9 (RHQ.510)

RHQ.430  How old {were you/was SP} when {you/she} began using birth control pills?

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ENTER AGE IN YEARS

REFUSED ..................................................... 77
DON'T KNOW................................................. 99

BOX 18

CHECK ITEM RHQ.435B:
- **IF** SP < 20 YEARS OLD AND **IF** SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143), **CONTINUE WITH RHQ.442**.
- **IF** SP >= 20 YEARS OLD AND **IF** SP IS NOT PREGNANT (CODED '2', '7', '9' OR MISSING IN RHQ.143) AND **IF** SP HAS NOT Hysterectomy (CODED '2', '7', '9' OR MISSING IN RHQ.281) AND SP HAS AT LEAST ONE OVARY (CODED '2', '7', '9' IN RHQ.300 OR CODED '2', '7', '9' IN RHQ.310) AND SP IS NOT MENOPAUSAL (CODED '1', '2', '8', '9', '77', '99' OR MISSING IN RHQ.042), **CONTINUE WITH RHQ.442**.
- OTHERWISE, **GO TO RHQ.451**.

RHQ.442  {Are you/Is SP} taking birth control pills **now**?

YES ............................................................... 1 (RHQ.460)
NO ................................................................. 2
REFUSED ..................................................... 7 (RHQ.510)
DON'T KNOW................................................ 9 (RHQ.510)
RHQ.451 How old {were you/was SP} when {you/she} stopped taking birth control pills?

|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 77
DON'T KNOW ................................................... 99

RHQ.460 Not counting any time when {you/SP} stopped taking them, for how long altogether {have you taken/did you take/has she taken/did she take} birth control pills?

CODE "1" FOR LESS THAN ONE MONTH.

|___|___|
ENTER NUMBER

REFUSED ..................................................... 77
DON'T KNOW ................................................... 99

ENTER UNIT

MONTHS ....................................................... 1
YEARS .......................................................... 2
REFUSED ..................................................... 7
DON'T KNOW .................................................. 9

RHQ.510 {Have you/Has SP} ever used Depo-Provera or injectables to prevent pregnancy?

YES ............................................................... 1
NO ................................................................. 2 (BOX 20)
REFUSED ..................................................... 7 (BOX 20)
DON'T KNOW .................................................. 9 (BOX 20)

RHQ.520 {Are you/Is SP} now using Depo-Provera or injectables to prevent pregnancy?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW .................................................. 9

BOX 20

CHECK ITEM RHQ.535:
- IF SP 20 YEARS OF AGE OR OLDER, CONTINUE WITH RHQ.540.
- OTHERWISE, SKIP TO BOX 24.
RHQ.540  {Have you/Has SP} ever used female hormones such as estrogen and progesterone? Please include any forms of female hormones, such as pills, cream, patch, and injectables, but do not include birth control methods or use for infertility.

YES ............................................................... 1
NO ................................................................. 2 (BOX 24)
REFUSED ..................................................... 7 (BOX 24)
DON'T KNOW................................................. 9 (BOX 24)

RHQ.541  Which forms of female hormones {have you/has SP} used?

CODE ALL THAT APPLY

PILLS ............................................................. 10
PATCHES ...................................................... 11
CREAM/SUPPOSITORY/INJECTION ........... 12
REFUSED ..................................................... 77
DON'T KNOW ................................................ 99

RHQ.550  At the time {you/SP} started using female hormones or hormone replacement therapy, {were you/was she} still having {your/her} periods or had {you/she} completely stopped having {your/her} periods?

STILL HAVING PERIODS ......................... 1
COMPLETELY STOPPED HAVING
PERIODS .................................................... 2
REFUSED ..................................................... 7
DON'T KNOW ................................................ 9

RHQ.551  What are {your/SP’s} reasons for having used estrogen or progesterone?

CODE ALL THAT APPLY

MENOPAUSE-RELATED SYMPTOMS
(HOT FLASHES, SWEATING, VAGINAL
DRYNESS, BLADDER PROBLEMS............ 10
DEPRESSION, ANXIETY, EMOTIONAL
DISTRESS................................................... 11
HYSTERECTOMY OR OOPHORECTOMY
(OVARY REMOVAL) ......................... 12
OSTEOPOROSIS, BONE LOSS/THINNING,
FRACTURE PREVENTION ..................... 13
CARDIOVASCULAR DISEASE
PREVENTION .............................................. 14
IRREGULAR MENSTRUAL PERIODS, TO
REGULATE PERIODS ............................... 15
OTHER REASONS........................................ 16
REFUSED ..................................................... 77
DON'T KNOW ................................................ 99
CHECK ITEM RHQ.552:
IF SP USED FEMALE HORMONE PILLS (CODE '10') IN RHQ.541, CONTINUE WITH RHQ.554.
OTHERWISE, GO TO BOX 22.

RHQ.554  {Have you/Has SP} ever taken female hormone pills containing estrogen only (like Premarin)? (Do not include birth control pills.)

YES ............................................................... 1
NO ................................................................. 2 (RHQ.562)
REFUSED ..................................................... 7 (RHQ.562)
DON'T KNOW................................................ 9 (RHQ.562)

RHQ.556  How old {were you/was SP} when {you/she} first started taking pills containing estrogen only?

|   |   |   |
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW................................................ 999

RHQ.558  {Are you/Is SP} taking pills containing estrogen only now?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW................................................ 9

RHQ.560  Not counting any time when {you/SP} stopped taking them, for how long altogether {have you taken/did you take/has she taken/did she take} pills containing estrogen only?

CODE "1" FOR LESS THAN 1 MONTH

|   |   |
ENTER NUMBER

REFUSED ..................................................... 77
DON'T KNOW................................................ 99

ENTER UNIT

MONTHS ....................................................... 1
YEARS .......................................................... 2
REFUSED ..................................................... 7
DON'T KNOW................................................ 9
RHQ.562 Have you/Has SP taken female hormone pills containing progestin only (like Provera)? (Do not include birth control pills.)

YES ............................................................... 1
NO ..................................................................... 2 (RHQ.570)
REFUSED ..................................................... 7 (RHQ.570)
DON'T KNOW ............................................ 9 (RHQ.570)

RHQ.564 How old were you/was SP when you/she first started taking pills containing progestin only?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW ............................................ 999

RHQ.566 Are you/Is SP taking pills containing progestin only now?

YES ............................................................... 1
NO ..................................................................... 2
REFUSED ..................................................... 7
DON'T KNOW ............................................ 9

RHQ.568 Not counting any time when you/SP stopped taking them, for how long altogether have you taken/did you take/has she taken/did she take pills containing progestin only?

CODE "1" FOR LESS THAN 1 MONTH

|___|___|___|
ENTER NUMBER

REFUSED ..................................................... 77
DON'T KNOW ............................................ 99

ENTER UNIT

MONTHS ....................................................... 1
YEARS .......................................................... 2
REFUSED ..................................................... 7
DON'T KNOW ............................................ 9

RHQ.570 Have you/Has SP taken female hormone pills containing both estrogen and progestin (like Prempro, Premphase)? (Do not include birth control pills.)

YES ............................................................... 1
NO ..................................................................... 2 (BOX 22)
REFUSED ..................................................... 7 (BOX 22)
DON'T KNOW ............................................ 9 (BOX 22)
RHQ.572  How old {were you/was SP} when {you/she} first started taking pills containing both estrogen and progestin?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW................................................ 999

RHQ.574  {Are you/Is SP} taking pills containing both estrogen and progestin now?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW................................................ 9

RHQ.576  Not counting any time when {you/SP} stopped taking them, for how long altogether {have you taken/did you take/has she taken/did she take} pills containing both estrogen and progestin?

CODE "1" FOR LESS THAN 1 MONTH

|___|___|
ENTER NUMBER

REFUSED ..................................................... 77
DON'T KNOW................................................ 99

ENTER UNIT

MONTHS ....................................................... 1
YEARS .......................................................... 2
REFUSED ..................................................... 7
DON'T KNOW................................................ 9

BOX 22

CHECK ITEM RHQ.578:
IF SP USED PATCHES (CODE "11") IN RHQ.541, CONTINUE WITH RHQ.580.
OTHERWISE, GO TO BOX 24.

RHQ.580  {Have you/Has SP} ever used female hormone patches containing estrogen only?

YES ............................................................... 1
NO ................................................................. 2 (RHQ.596)
REFUSED ..................................................... 7 (RHQ.596)
DON'T KNOW................................................ 9 (RHQ.596)
RHQ.582 How old were you/was SP when you/she first started using patches containing estrogen only?

|___|___|___|
Enter Age in Years

Refused ........................................... 777
Don’t know ...................................... 999

RHQ.584 Are you/Is SP using patches containing estrogen only now?

Yes ................................................. 1
No .................................................. 2
Refused ........................................... 7
Don’t know ...................................... 9

RHQ.586 Not counting any time when you/SP stopped using them, for how long altogether have you used/did you use/has she used/did she use patches containing estrogen only?

Code "1" for less than 1 month

|___|___|
Enter Number

Refused ........................................... 77
Don’t know ...................................... 99

Enter Unit

Months ............................................. 1
Years ............................................... 2
Refused ........................................... 7
Don’t know ...................................... 9

RHQ.596 Have you/Has SP used female hormone patches containing both estrogen and progestin?

Yes ................................................. 1
No .................................................. 2 (Box 24)
Refused ........................................... 7 (Box 24)
Don’t know ...................................... 9 (Box 24)

RHQ.598 How old were you/was SP when you/she first started using patches containing both estrogen and progestin?

|___|___|___|
Enter Age in Years

Refused ........................................... 77
Don’t know ...................................... 99
RHQ.600  {Are you/Is SP} using patches containing both estrogen and progestin now?

   YES ...........................................................  1
   NO ...........................................................  2
   REFUSED ..................................................  7
   DON'T KNOW .............................................  9

RHQ.602  Not counting any time when {you/SP} stopped using them, for how long altogether {have you used/did you use/has she used/did she use} patches containing both estrogen and progestin?

CODE "1" FOR LESS THAN 1 MONTH

▕▕▕▕ ENTER NUMBER

   REFUSED ..................................................  77
   DON'T KNOW .............................................  99

ENTER UNIT

   MONTHS ....................................................  1
   YEARS ......................................................  2
   REFUSED ..................................................  7
   DON'T KNOW .............................................  9

BOX 24

CHECK ITEM RHQ.640A:
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.143, CONTINUE WITH FSQ.651.
- IF THE AGE DIFFERENCE BETWEEN SP's CURRENT AGE AND AGE AT LAST LIVE BIRTH IN RHQ.190 IS ZERO OR 1, CONTINUE WITH FSQ.651.
- IF SP CURRENTLY LACTATING (CODED '1') IN RHQ.200, CONTINUE WITH FSQ.651.
- IF SP 14-49 YEARS OLD, GO TO RHQ.700.
- OTHERWISE, GO TO END OF SECTION.

FSQ.651  These next questions are about participation in programs for women with young children.

Did {you/SP} personally receive benefits from WIC, that is, the Women, Infants, and Children Program, in the past 12 months?

   YES ...........................................................  1
   NO ............................................................  2 (BOX 25)
   REFUSED ...................................................  7 (BOX 25)
   DON'T KNOW .............................................  9 (BOX 25)
FSQ.660  {Are you/Is SP} now receiving benefits from the WIC Program?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW............................................... 9

FSQ.670  Thinking about {your/SP’s} most recent pregnancy or delivery, how long {did you receive/have you been receiving/did she receive/has she been receiving} benefits from the WIC Program?

CAPI INSTRUCTION:
IF SP CURRENTLY RECEIVING WIC BENEFITS (CODED ‘1’) IN FSQ.660, DISPLAY {HAVE YOU BEEN RECEIVING/HAS SHE BEEN RECEIVING}.
OTHERWISE, DISPLAY {DID YOU RECEIVE/DID SHE RECEIVE}.

|___|___|
ENTER QUANTITY

REFUSED ..................................................... 77
DON'T KNOW............................................... 99

ENTER UNIT

MONTHS ....................................................... 1
YEARS .......................................................... 2
REFUSED ..................................................... 7
DON'T KNOW............................................... 9

BOX 25

CHECK ITEM RHQ.690:
■ IF SP 14-49 YEARS OLD, CONTINUE WITH RHQ.700.
■ OTHERWISE, GO TO END OF SECTION.

RHQ.700  During the past month, {have you/has SP} used any of the following products for feminine hygiene?

HAND CARD RHQ1

YES ............................................................... 1
NO ................................................................. 2 (RHQ.720)
REFUSED ..................................................... 7 (RHQ.720)
DON'T KNOW ............................................... 9 (RHQ.720)
RHQ.710 Which of these products did {you/SP} use?

CODE ALL THAT APPLY.

TAMPONS ..................................................... 1
SANITARY NAPKINS ........................................ 2
VAGINAL DOUCHES ....................................... 3
FEMININE SPRAY ........................................... 4
FEMININE POWDER ........................................ 5
FEMININE CLEANSING WIPES/ TOWELETTES ......................... 6
OTHER FEMININE HYGIENE PRODUCTS ...  7
REFUSED ..................................................... 77
DON'T KNOW ............................................... 99

RHQ.720 During the past 6 months, did {you/SP} douche? By douching, we mean putting a substance into {your/her} vagina either for routine cleansing or for vaginal irritation or signs of infection?

YES ............................................................... 1
NO ................................................................. 2 (RHQ.740)
REFUSED ..................................................... 7 (RHQ.740)
DON'T KNOW ............................................... 9 (RHQ.740)

RHQ.730 During the past 6 months, how often did {you/SP} douche? Would you say . . .

5 or more times a month, ......................... 1
2 to 4 times a month, .............................. 2
once a month, or ....................................... 3
less than once a month? ......................... 4
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

RHQ.740 During the past month, did {you/SP} have any of the following problems: vaginal itching, an unpleasant vaginal odor, or an unusual vaginal discharge?

YES ............................................................... 1
NO ................................................................. 2 (END OF SECTION)
REFUSED ..................................................... 7 (END OF SECTION)
DON'T KNOW ............................................... 9 (END OF SECTION)

RHQ.750 Which of these problems did {you/SP} have?

CODE ALL THAT APPLY.

VAGINAL ITCHING ........................................... 1
UNPLEASANT VAGINAL ODOR .................... 2
UNUSUAL VAGINAL DISCHARGE ............... 3
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9