REPRODUCTIVE HEALTH – RHQ
Target Group: Female SPs Ages 12+

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.

|___|___|
ENTER AGE IN YEARS

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

05SBOX 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.740.
■ 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.)

SOFT EDIT: Display edit when age of SP is greater than or equal to 60 and RHQ.031 is coded yes.
Error message: "It is unlikely that SPs aged 60 years or older will still be menstruating. Please verify."

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/HYSTERECTOMY .....................  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?

SOFT EDIT: Display edit when RHQ.060 is greater than 59.
Error message: "It is unlikely that an SP will have her last menstrual period after age 59. Please verify."

|____|____|
|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?
M/D

[_____/_______] / [_____/_______]
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 05RHQ.166.

05RHQ.166 How many vaginal deliveries {have you/has SP} had? {Please count stillbirths as well as live births}

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

HARD EDIT: 05RHQ.166 must be equal to or less than RHQ.160.
Error message: “Number of vaginal deliveries cannot be greater than the number of pregnancies.”

|___|___|
ENTER NUMBER

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

05BOX 7A

CHECK ITEM 05RHQ.168:
- IF NUMBER OF PREGNANCIES IN RHQ.160 EQUALS THE NUMBER OF VAGINAL DELIVERIES IN RHQ.166, SKIP TO RHQ.171.
- OTHERWISE, CONTINUE WITH 05RHQ.169.
RHQ-5

05RHQ.169  How many cesarean deliveries {have you/has SP} had?  (Cesarean deliveries are also known as C-sections.)  (Please count stillbirths as well as live births.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN.  FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

SOFT EDIT:  Sum of 05RHQ166 and 05RHQ.169 must be equal to or less than RHQ160.
Error message:  "It is unlikely that the number of deliveries (vaginal and cesarean deliveries combined) is greater than the number of pregnancies.  Please verify."

HARD EDIT:  05RHQ.169 must be equal to or less than RHQ.160.
Error message:  "Number of cesarean deliveries cannot be greater than the number of pregnancies."

|___|___|
ENTER NUMBER

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

05BOX 7B

CHECK ITEM RHQ.170A:
■ IF THE NUMBER OF DELIVERIES IN 05RHQ.166 AND 05RHQ.169 EQUALS ZERO, GO TO BOX 12.
■ OTHERWISE, CONTINUE WITH 05RHQ.171.

05RHQ.171  How many of {your/her} deliveries resulted {Did {your/her} delivery result} in a live birth?

CAPI INSTRUCTION:
IF SP HAD ONE DELIVERY (SUM OF 05RHQ.166 AND 05RHQ.169 = 1), REPLACE {How many of {your/her} deliveries resulted} WITH {Did {your/her} delivery result}.

FOR SINGLE DELIVERIES:
Yes = 1
No = 0

COUNT THE NUMBER OF TOTAL DELIVERIES, NOT NUMBER OF LIVE-BORN CHILDREN.  FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

|___|___|
ENTER NUMBER OF DELIVERIES

REFUSED .....................................................  77
DON'T KNOW ...............................................  99
CHECK ITEM RHQ.175:
- If SP had no deliveries that resulted in a live birth (coded '0') in 05RHQ.171, go to Box 12.
- If SP had one delivery that resulted in a live birth (coded '1') in 05RHQ.171, go to 05RHQ.190.
- Otherwise, continue with RHQ.180.

RHQ.180  How old (were you/was SP) at the time of (your/her) first live birth?

CAPI INSTRUCTION:
HARD EDIT: RHQ.180 must be equal to or less than age of SP.
Error message: "Age of SP at first delivery cannot be greater than age of SP."

ENTER AGE IN YEARS

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

05RHQ.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 05RHQ.171, DISPLAY {LAST}.

HARD EDIT: 05RHQ190 must be equal to or less than age of SP.
Error message: "Age of SP at last delivery cannot be greater than age of SP."

ENTER AGE IN YEARS

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

CHECK ITEM RHQ.195:
- If difference between age at time of last delivery in 05RHQ.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 05RHQ.171, DISPLAY (YOUR CHILD).
IF SP HAD MORE THAN ONE LIVE BIRTH (CODED >= 2) IN 05RHQ.171, DISPLAY (ANY OF YOUR CHILDREN).

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

05BOX 10

CHECK ITEM RHQ.215:
• IF SP HAD ONE PREGNANCY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN 05RHQ.171, CONTINUE WITH RHQ.220.
• OTHERWISE, GO TO RHQ.230.

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ENTER NUMBER OF CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>77</td>
</tr>
<tr>
<td>99</td>
</tr>
</tbody>
</table>

05BOX 11

CHECK ITEM RHQ.245:
• IF SP HAD AT LEAST ONE PREGNANCY THAT RESULTED IN A LIVE BIRTH (NOT CODED '0') IN 05RHQ.171, CONTINUE WITH RHQ.250.
• OTHERWISE, GO TO BOX 12.
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 05RHQ.171, DISPLAY {YOUR CHILD}.
IF SP HAD MORE THAN ONE LIVE BIRTH (CODED >= 2) IN 05RHQ.171, 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 05RHQ.171, 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?

|___|___|
ENTER NUMBER OF CHILDREN

REFUSED ..................................................... 77
DON’T KNOW ............................................... 99

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**05BOX 11A**

**CHECK ITEM RHQ.262:**
- IF SP HAD ONLY ONE LIVE BIRTH (CODED ‘1’) IN 05RHQ.171, CONTINUE WITH RHQ.264.
- OTHERWISE, GO TO RHQ.270.

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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.

YES ............................................................... 1 (BOX 12)
NO ................................................................. 2 (BOX 12)
REF ............................................................... 7 (BOX 12)
DK ................................................................. 9 (BOX 12)

RHQ.270  How many of these babies were born preterm? A preterm delivery is one that occurs at 36 weeks or earlier in pregnancy.

|___|___|
ENTER NUMBER OF CHILDREN

REFUSED ..................................................... 77
DON’T KNOW ............................................... 99
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

BOX 13
CHECK ITEM RHQ.335:
GO TO BOX 15.

RHQ.340  How old (were you/was SP) when (you/she) had the second ovary removed?

|   |   |   |
ENTER AGE IN YEARS

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

BOX 15
CHECK ITEM RHQ.355:
■ IF SP 20-54 YEARS OLD, CONTINUE WITH RHQ.360.
■ OTHERWISE, GO TO RHQ.395.

RHQ.360  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)

RHQ.370  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
RHQ.380  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 (05RHQ.395)
- REFUSED ..................................................... 7 (05RHQ.395)
- DON'T KNOW ................................................. 9 (05RHQ.395)

RHQ.390  How old {were you/was SP} when {you were/she was} **first** told {you/she} had uterine fibroids?

- ENTER AGE IN YEARS
- REFUSED ..................................................... 777
- DON'T KNOW ............................................... 999

05RHQ.395  {Do you/Does SP} experience bulging or something falling out that {you/she} can see or feel in the vaginal area?

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

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?

- ENTER AGE IN YEARS
- REFUSED ..................................................... 77
- DON'T KNOW ............................................... 99
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.
- 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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
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<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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</tbody>
</table>

**BOX 19**

**CHECK ITEM RHQ.519:**
- IF SP < 20 YEARS OLD AND IF SP IS NOT PREGNANT (CODED ‘2’, ‘7’, ‘9’ OR MISSING IN RHQ.143), CONTINUE WITH RHQ.520.
- OTHERWISE, GO TO BOX 20.

RHQ.520  (Are you/Is SP) **now** using Depo-Provera or injectables to prevent pregnancy?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
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<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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</tbody>
</table>

**BOX 20**

**CHECK ITEM RHQ.535:**
- IF SP 20 YEARS OF AGE OR OLDER, CONTINUE WITH RHQ.540.
- OTHERWISE, SKIP TO 05SBOX 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.

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>
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

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**BOX 21**

**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 05SBOX 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 (05SBOX 24)
REFUSED .....................................................  7 (05SBOX 24)
DON'T KNOW ...............................................  9 (05SBOX 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
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

05SBOX 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.740.
- 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 (05SBOX 25)
REFUSED ..................................................... 7 (05SBOX 25)
DON'T KNOW ............................................... 9 (05SBOX 25)

FSQ.660 {Are you/Is SP} now receiving benefits from the WIC Program?

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

05SBOX 25

CHECK ITEM RHQ.690:
■ IF SP 14-49 YEARS OLD, CONTINUE WITH RHQ.740.
■ OTHERWISE, GO TO END OF SECTION.

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