2003-04 Questionnaire

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.

> I____I ENTER AGE IN YEARS

REFUSED	77
DON'T KNOW	99

BOX	1
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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/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?

I____I 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)

BOX 6

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?

I____I 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}.

I____I ENTER AGE IN YEARS

REFUSED	77
DON'T KNOW	99

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)

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?

ENTER NUMBER OF CHILDREN

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?

I____I ENTER NUMBER OF CHILDREN

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.

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

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)?

I____I___I ENTER AGE IN YEARS

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?

REFUSED	777
DON'T KNOW	999

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 Y	EARS

REFUSED7	77
DON'T KNOW9	99

BOX 15

CHECK ITEM RHQ.355:

- IF SP 20-54 YEARS OLD, CONTINUE WITH RHQ.360.
- OTHERWISE, GO TO RHQ.420.

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?

I____I___I ENTER AGE IN YEARS

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	(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?

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?

I____I 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 <u>NOT</u> 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 HAD 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?

I____I___I ENTER AGE IN YEARS

REFUSED777	
DON'T KNOW	

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

I____I 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?

I____I___I 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?

I____I___I ENTER AGE IN YEARS

REFUSED7	77
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

I____I 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?

REFUSED	77
DON'T KNOW	99

RHQ.600 {Are you/Is SP} using patches containing both estrogen and progestin now?

1
2
7
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

I____I ENTER NUMBER

REFUSED	77
DON'T KNOW	99

ENTER UNIT

1
2
7
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}.

I____I 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