11/2/00

Questionnaire: MEC (Year 3)

Target Group: Female SPs Ages 12+

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 1 ST PERIOD CANNOT BE GREATER THAN CURRENT AGE.				
	_ ENTER AGE IN YEARS				
	REFUSED				
	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.030. ■ OTHERWISE, CONTINUE WITH RHQ.020. 				
RHQ.020	Were you/Was SP} younger than 10,				
RHQ.030	{Have you/Has SP} had regular periods in the past 12 months ? (Please do not include bleedings caused by medical conditions or surgeries.)				
	YES 1 (BOX 3)				

NO...... 2

RHQ.040	What is the reason that {you have/SP has} not had regular periods in the past 12 months?				
	CAPI INSTRUCTION: IF SP CURRENTLY PREGNANT (CODED '1' IN RHQ.040), MARK AS PREGNANT (CODE '1') IN RHQ.140.				
	PREGNANT NOW				
RHQ.050	When did {you/SP} have {your/her} last period?				
	PROBE: How many years or months ago was {your/SP's} last period?				
	HAVING IT NOW				
RHQ.060	About how old {were you/was SP} when {you/she} had {your/her} last menstrual period?				
	 ENTER AGE IN YEARS				
	REFUSED				
	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
	BOX 3 CHECK ITEM RHQ.075: IF SP HAD REGULAR PERIODS (CODED '1' IN RHQ.030) AND 12-60 YEARS OLD, CONTINUE WITH RHQ.080. IF SP HAD LAST PERIOD BETWEEN 0-2 MONTHS AGO (CODED 1-2 IN RHQ.050) AND NOT CURRENTLY PREGNANT (CODED '2-9' IN RHQ.040) AND 12-60 YEARS OLD, CONTINUE WITH RHQ.080. OTHERWISE, GO TO BOX 4.
RHQ.080	What was the date that {your/SP's} last period started? / ENTER DATE OF LAST PERIOD (MONTH, DAY) REFUSED
	BOX 4
	CHECK ITEM RHQ.085: IF SP HAD REGULAR PERIODS (CODED '1' IN RHQ.030) AND 35-60 YEARS OLD, CONTINUE WITH RHQ.090. IF SP HAD LAST PERIOD 0-11 MONTHS AGO (CODED 1-5 IN RHQ.050) AND NOT CURRENTLY PREGNANT OR BREAST FEEDING OR PREGNANT IN PAST YEAR (CODED 4-6, 77, 99 IN RHQ.040) AND 35-60 YEARS OLD, CONTINUE WITH RHQ.090. OTHERWISE, GO TO BOX 5.
RHQ.090	The next questions are about symptoms that can be associated with menopause.
	During the last 5 years , have {your/SP's} menstrual cycles become
	more regular, 1

 less regular, or
 2

 about the same?
 3

 REFUSED
 7

 DON'T KNOW
 9

RHQ.100	During the last 5 years , has {	your/SP's} menstrual flow or bleeding become		
		heavier,	2 3 7	
RHQ.110	In the last 6 months, {have y	ou/has SP} had hot flashes or night sweats?		
		YES NO REFUSED DON'T KNOW	2 (BOX 5) 7 (BOX 5)	
RHQ.120	In the last 6 months, how often	en {have you/has SP} had hot flashes or night s	sweats?	
	CODE "1" PER "MONTH" FO	R LESS THAN 1 PER MONTH.		
		 ENTER NUMBER		
		REFUSED DON'T KNOW		
		ENTER UNIT		
		DAY WEEK MONTH REFUSED DON'T KNOW	2 3 7	
		BOX 5		
	CHECK ITEM RHQ.125: ■ IF SP CURRENTLY P ■ OTHERWISE, CONTIL	REGNANT (CODED '1') IN RHQ.040, GO TO I NUE WITH RHQ.130.	RHQ.150.	
RHQ.130	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. OTHERW	/ISE ASK.		
		YES NO REFUSED DON'T KNOW	2 (BOX 12) 7 (BOX 12)	

CHECK ITEM *1RHQ.135:

- IF SP HAD LAST PERIOD LESS THAN 6 MONTHS AGO AND NOT CURRENTLY MENSTRUATING (CODED '2', '3' IN RHQ.050) AND SP 12-59 YEARS OLD, CONTINUE WITH *1RHQ.140.
- IF SP HAD REGULAR PERIODS (CODED '1' IN RHQ.030) AND SP 12-59 YEARS OLD, CONTINUE WITH *1RHQ.140.
- OTHERWISE, GO TO RHQ.160.

*1RHQ.140	{Do you/Does SP}	} think {you are/she	is} pregnant now?
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YES	1	
NO	2	(RHQ.160)
REFUSED	7	(RHQ.160)
DON'T KNOW	9	(RHQ.160)

*1RHQ.150 {The next questions are about {your/SP's} pregnancy history.}

Which month of pregnancy {are you/is she} in?

CAPI INSTRUCTION:

IF CODED '1' IN RHQ.040, DISPLAY BRACKETED TEXT.

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.)

BOX 7

CHECK ITEM RHQ.165:

- IF SP ONLY HAD ONE PREGNANCY (CODED '1') IN RHQ.160 AND CURRENTLY PREGNANT (CODED '1') IN RHQ.140, SKIP TO RHQ.300.
- OTHERWISE CONTINUE WITH RHQ.170.

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

'0') 1')
}.
)

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.

RHQ.200	Q.200 {Are you/Is SP} now breast feeding a child?				
		YES	1 (BOX 10) 2 7 9		
RHQ.210	Did {you/SP} breast feed {you	r/her} child/any of {your/her} children?			
		(CODED '1') IN RHQ.170, DISPLAY {YOUR C ONE LIVE BIRTH (CODED >= 2) IN RHQ.1			
		YES	1 (BOX 10)		
		NO			
		REFUSED			
		DON'T KNOW	9 (BOX 11)		
	BOX 10				
	CHECK ITEM RHQ.215: ■ IF SP HAD ONE PRECIN RHQ.170, CONTIN ■ OTHERWISE, GO TO		(CODED '1')		
RHQ.220	Did {you/SP} breast feed {you	r/her} child for at least 1 month ?			
		YES	1 (BOX 11)		
		NO			
		REFUSED	7 (BOX 11)		
		DON'T KNOW	9 (BOX 11)		
RHQ.230	How many of {your/SP's} child	ren did {you/she} breast feed for at least 1 mo	nth?		
		 ENTER NUMBER OF CHILDREN			
		REFUSED	77		
		DON'T KNOW			
		BOX 10A			

CHECK ITEM RHQ.235:

- IF NUMBER OF BREASTFED CHILDREN REPORTED IN RHQ.230 IS LESS THAN NUMBER OF LIVE BIRTHS REPORTED IN RHQ.170, CONTINUE WITH RHQ.240.
- OTHERWISE, GO TO BOX 11.

RHQ.240 What were {your/SP's} reasons for {not breast feeding?/not breast feeding {your/her} child at least 1 month?/not breast feeding all of {your/her} children at least 1 month?}

CODE ALL THAT APPLY.

CAPI INSTRUCTION:

IF SP DIDN'T BREASTFEED (CODED '2') IN RHQ.210, DISPLAY {NOT BREASTFEEDING?}. IF SP HAD ONE LIVE BIRTH AND DIDN'T BREASTFEED AT LEAST ONE MONTH (CODED '2') IN RHQ.220, DISPLAY {NOT BREASTFEEDING YOUR CHILD AT LEAST 1 MONTH?}. OTHERWISE, DISPLAY {NOT BREASTFEEDING ALL OF YOUR CHILDREN AT LEAST 1 MONTH?}.

JOB/SCHEDULING DIFFICULTIES	1
MOTHER'S PHYSICAL/MEDICAL	
DIFFICULTIES	2
CHILD'S PHYSICAL/MEDICAL	
DIFFICULTIES	3
PREFERRED BOTTLE FEEDING	4
DIDN'T KNOW HOW TO BREAST-FEED	5
OTHER REASONS	6
REFUSED	7
DON'T KNOW	9

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.280.

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} child	ren weighed less than 5 ½ pounds (2500 g) at	birth?
		 ENTER NUMBER OF CHILDREN	
		REFUSED DON'T KNOW	
	CHECK ITEM RHQ.262:	BOX 11A	
	RHQ.264. OTHERWISE, GO TO	IE LIVE BIRTH (CODED '1') IN RHQ.170, CON	TINUE WITH
RHQ.264	Was this baby born preterm?	A preterm delivery is one that occurs at 36 we	eks or earlier in pregnancy.
	CAPI INSTRUCTION: IF YES (CODED '1') IN RHQ	.264, ENTER 1 IN RHQ.270.	
		YESREFDK	2 (BOX 12) 7 (BOX 12)
RHQ.270	How many of these babies w in pregnancy.	vere born preterm? A preterm delivery is one t	hat occurs at 36 weeks or earlier
		 ENTER NUMBER OF CHILDREN	
		REFUSED DON'T KNOW	

CHECK ITEM RHQ.275:

- IF SP < 20 YEARS OLD, GO TO RHQ.420.
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.140 OR HAD PERIOD IN LAST 2 MONTHS (CODED '1' OR '2') IN RHQ.050, GO TO RHQ.300.
- IF SP HAD REGULAR PERIODS (CODED '1' IN RHQ.030), GO TO RHQ.300.
- OTHERWISE, CONTINUE WITH RHQ.280.

RHQ.280	280 {Have you/Has SP} had a hysterectomy, that is, surgery to remove {your/her} uterus or womb?		er} uterus or womb?
	MARK IF KNOWN. OTHERW	VISE ASK.	
		YES NO REFUSED DON'T KNOW	2 (RHQ.300) 7 (RHQ.300)
RHQ.290	How old {were you/was SP} w	hen {you/she} had {your/her} (hysterectomy/ut	erus removed/womb removed)?
		 ENTER AGE IN YEARS	
		REFUSEDDON'T KNOW	
RHQ.300	{Have you/Has SP} had at le uterus removed or at another	east one of {your/her} ovaries removed (either time)?	er when {you/she} had {your/her}
		YES	2 (BOX 14) 7 (BOX 14)
RHQ.310	Were both ovaries removed o	r only one?	
		BOTH ONE REFUSED DON'T KNOW	2 (RHQ.330) 7 (BOX 14)
RHQ.320	Were both of {your/SP's} ovar	ies removed at the same time or at different ti	mes?
		SAME TIMEDIFFERENT TIMESREFUSEDDON'T KNOW	2 (RHQ.340) 7 (BOX 14)
RHQ.330	How old {were you/was SP} w	rhen {you/she} had {your/her} {ovary/ovaries} r	emoved?
		 ENTER AGE IN YEARS	
		REFUSEDDON'T KNOW	

	BOX 13	
	CHECK ITEM RHQ.335:	
	GO TO BOX 14.	
RHQ.340 H	How old {were you/was SP} when {you/she} had the second ovary removed?	
	ENTER AGE IN YEARS	
	REFUSED777	
	DON'T KNOW999	
	BOX 14	
	CHECK ITEM RHQ.345:	
	■ IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.140, GO TO BOX 15. ■ OTHERWISE, CONTINUE WITH RHQ.350.	
	- OTHERWISE, CONTINUE WITH MIRE.	
RHQ.350 {	Have you/Has SP} ever had both of {your/her} (Fallopian) tubes tied, cut, or removed? T	his procedure is
-	of the state of th	nis procedure is
	YES 1	
	NO 2	
	REFUSED	
	DON'T KNOW	
	BOX 15	
	CHECK ITEM RHQ.355: ■ IF SP 20-54 YEARS OLD, CONTINUE WITH RHQ.360.	
	■ OTHERWISE, GO TO BOX 16.	
RHQ.360 H	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 a places, such as the ovaries, fallopian tubes, or abdominal cavity.)	
ŀ	naces, such as the ovaries, failopian tubes, of abdominal cavity.)	
	YES 1	
	NO	
	DON'T KNOW	

RHQ.370	How old {were you/was SP} when {you were/she was} first told {you/she} had endometriosis?		
		 ENTER AGE IN YEARS	
		REFUSED DON'T KNOW	
RHQ.380		professional ever told {you/SP} that {you/she rous) tumors growing in various locations on or	•
		YES	1
		NO	2 (BOX 16)
		REFUSED	7 (BOX 16)
		DON'T KNOW	9 (BOX 16)
RHQ.390	How old {were you/was SP} w	hen {you were/she was} first told {you/she} had	d uterine fibroids?
		 ENTER AGE IN YEARS	
		REFUSED	

CHECK ITEM RHQ.392:

- IF SP HAS REGULAR PERIODS (CODED '1') IN RHQ.030 OR HAD LAST PERIOD LESS THAN 12 MONTHS AGO (CODED '1-5' OR '77-99') IN RHQ.050 OR HAS IRREGULAR PERIODS BECAUSE CURRENTLY PREGNANT, CURRENTLY BREASTFEEDING OR PREGNANT IN PAST YEAR (CODED '1', '2', '3') IN RHQ.040 AND IF SP HAS AT LEAST ONE OVARY (CODED '2', '7', '9') IN RHQ.310, AND IF SP HAS UTERUS (CODED '2', '7', '9') IN RHQ.280, AND IF SP HASN'T HAD TUBAL LIGATION (CODED '2', '7', '9' OR 'BLANK') IN RHQ.350, CONTINUE WITH BOX 17.
- OTHERWISE, GO TO RHQ.420.

BOX 17

CHECK ITEM RHQ.394:

- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.140, SKIP TO RHQ.410.
- OTHERWISE, CONTINUE WITH RHQ.400.

RHQ.400	Some women are not phys {you/SP} {to have another ba	ically able to have children. As far as you knaby/to have a baby}?	ow, is it physically possible for
	CAPI INSTRUCTION: IF SP HAD AT LEAST ONI BABY}. OTHERWISE, DISPLAY {TO	E LIVE BIRTH (CODED >= 1) IN RHQ.170, D HAVE A BABY}.	DISPLAY (TO HAVE ANOTHER
		YES NO REFUSED DON'T KNOW	2 (RHQ.420) 7 (RHQ.420)
RHQ.410	carrying the baby to term.	ly able to have {a baby/another baby}, but hat As far as you know, would {you/SP}, {yourse/another baby} to term {after this pregnancy}?	
	IF SP HAD NO LIVE BIRTHS	LIVE BIRTH (CODED >= 1) IN RHQ.170, DISP S (CODED 0 OR BLANK) IN RHQ.170, DISPLA IANT (CODED '1') IN RHQ.140, DISPLAY {AFT	Y {A BABY}.
		YES	1
		NO	
		REFUSED	
		DON'T KNOW	9
RHQ.420	Now I am going to ask you a	bout {your/SP's} birth control history.	
	{Have you/Has SP} ever take	en birth control pills for any reason?	
		YES	1
		NO	2 (RHQ.510)
		REFUSED	, ,
		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	

or

CHECK ITEM RHQ.435:

- IF SP IS <u>NOT</u> PREGNANT (CODED '2') IN RHQ.140 OR MENOPAUSAL (CODED '6') IN RHQ.050 AND IF SP HAS AT LEAST ONE OVARY (<u>NOT</u> CODED '1') IN RHQ.310, AND IF SP HAS UTERUS (CODED '2', '7', '9') IN RHQ.280, CONTINUE WITH RHQ.440.
- OTHERWISE, GO TO RHQ.450.

RHQ.440	{Are you/Is SP} taking birth co	ontrol pillo now?		
KI IQ.440	(Are yours SF) taking bitti co	philoi philo now :		
		YES		(RHQ.460)
		REFUSED		(RHQ.510)
		DON'T KNOW		(RHQ.510)
RHQ.450	How old {were you/was SP} w	hen {you/she} stopped taking birth control pills?	>	
		 ENTER AGE IN YEARS		
		DEFLICED	77	
		DON'T KNOW		
RHQ.460	Not counting any time when { take/has she taken/did she ta	you/SP} stopped taking them, for how long alto ke} birth control pills?	get	her {have you taken/did you
	CODE "1" FOR LESS THAN	ONE MONTH.		
		 ENTER NUMBER		
		REFUSED	77	
		DON'T KNOW		
		ENTER UNIT		
		MONTHS	1	
		YEARS	2	
		REFUSED	7	

BOX 19

DON'T KNOW

CHECK ITEM RHQ.465:

- IF SP CURRENTLY TAKING BIRTH CONTROL PILLS (CODED '1') IN RHQ.440, OR SP STOPPED TAKING THEM IN PAST 12 MONTHS (SP CURRENT AGE MINUS AGE IN RHQ.450 IS ZERO OR 1), CONTINUE WITH RHQ.470.
- OTHERWISE, GO TO RHQ.510.

RHQ.470 Please look at this chart and show me the brand of pills that {you/SP} {currently use/uses}/{were using/was using} when {you/she} stopped taking birth control pills}.

PRESS BACKSPACE KEY TO START THE LOOKUP. ASK RESPONDENT TO IDENTIFY PILL TYPE FROM ORAL CONTRACEPTIVE WALL POSTER (RHQ1). PROBE FOR SPECIFIC TYPE AND DOSAGE AND SELECT PILL FROM CAPI ORAL CONTRACEPTIVE PRODUCT LIST.

CAPI INSTRUCTION:

DISPLAY ORAL CONTRACEPTIVE PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONE PRODUCT NAME FROM LIST. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO USE THE F5 AND F6 KEYS FOR DON'T KNOW AND REFUSED.

		 ENTER NUMBER		
		DON'T KNOW		
RHQ.510	{Have you/Has SP} ever used	I Depo-Provera or injectables to prevent pregna	ancy	?
		YES NO REFUSED DON'T KNOW	7	(BOX 20) (BOX 20) (BOX 20)
RHQ.520	{Are you/Is SP} now using De	po-Provera or injectables to prevent pregnancy	/?	
		YES NO REFUSED DON'T KNOW		

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 PATCHES CREAM/SUPPOSITORY/INJECTION REFUSED DON'T KNOW	2 3 7	
RHQ.550		using female hormones or hormone replacement or had {you/she} completely stopped having {you		
		STILL HAVING PERIODS	2 7	
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 DEPRESSION, ANXIETY, EMOTIONAL DISTRESS HYSTERECTOMY OR OOPHERECTOMY (OVARY REMOVAL) OSTEOPOROSIS, BONE LOSS/THINNING FRACTURE PREVENTION CARDIOVASCULAR DISEASE PREVENTION IRREGULAR MENSTRUAL PERIODS, TO REGULATE PERIODS OTHER REASONS REFUSED	2 3 4 5 6 7	
		DON'T KNOW		
	CHECK ITEM BUO 550.	BOX 21		
	CHECK ITEM RHQ.552: IF SP USED FEMALE HC RHQ.554.	DRMONE PILLS (CODE '1') IN RHQ.541, CONT	TINUE WITH	

OTHERWISE, GO TO BOX 22.

RHQ.554	Have you/Has SP} ever taken female hormone pills containing estrogen only (like Premarin) include birth control pills.)			
		YES	2 (RHQ.562) 7 (RHQ.562)	
RHQ.556	How old {were you/was SP} w	hen {you/she} first started taking pills containing	ng estrogen only?	
		 ENTER AGE IN YEARS		
		REFUSEDDON'T KNOW		
RHQ.558	{Are you/Is SP} taking pills co	ntaining estrogen only now ?		
		YES	2 7	
RHQ.560		you/SP} stopped taking them, for how long alto ke} pills containing estrogen only?	ogether {have you taken/did you	
	CODE "1" FOR LESS THAN	1 MONTH		
		 ENTER NUMBER		
		REFUSED DON'T KNOW		
		ENTER UNIT		
		MONTHS YEARS REFUSED DON'T KNOW	2 7	
RHQ.562	{Have you/Has SP} taken fembirth control pills.)	nale hormone pills containing progestin only	(like Provera)? (Do not include	
		YES	2 (RHQ.570) 7 (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	
RHQ.566	{Are you/Is SP} taking pills co	ntaining progestin only now ?	
	(· ·) · · · · · · · · · · · · · · · ·		
		YES	
		NO	
		REFUSED	
		DON'T KNOW	. 9
RHQ.568		you/SP} stopped taking them, for how long al tke} pills containing progestin only?	together {have you taken/did you
	CODE "1" FOR LESS THAN	1 MONTH	
		 ENTER NUMBER	
		REFUSED	77
		DON'T KNOW	
		ENTER UNIT	
		MONTHS	. 1
		YEARS	
		REFUSED	. 7
		DON'T KNOW	. 9
RHQ.570	{Have you/Has SP} taken fer Premphase)? (Do not include	male hormone pills containing both estroge birth control pills.)	en and progestin (like Prempro,
		YES	. 1
		NO	
		REFUSED	,
		DON'T KNOW	
RHQ.572	How old {were you/was SP} w	hen {you/she} first started taking pills contain	ing both estrogen and progestin?
		 ENTER AGE IN YEARS	
		REFUSED	.777
		DON'T KNOW	

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

		YES NOREFUSEDDON'T KNOW	2 7
RHQ.576		hen {you/SP} stopped taking them, for ho he take} pills containing both estrogen ar	ow long altogether {have you taken/did you nd progestin?
	CODE "1" FOR LESS TH	HAN 1 MONTH	
		 ENTER NUMBER	
		REFUSED	77
		DON'T KNOW	
		ENTER UNIT	
		MONTHS	1
		YEARS	
		REFUSED	
		DON'T KNOW	9
		BOX 22	
	CHECK ITEM RHQ.! IF SP USED PATCH OTHERWISE, GO TO	ES (CODE '2') IN RHQ.541, CONTINUE	WITH RHQ.580.
RHQ.580	{Have you/Has SP} ever	used female hormone patches containing	ng estrogen only ?
		YES	1
		NO	
		REFUSED	
		DON'T KNOW	
		DON'T KNOW	
RHQ.582	How old {were you/was \$	SP} when {you/she} first started using pa	tches containing estrogen only?
		 ENTER AGE IN YEARS	
		REFUSED	777
		DON'T KNOW	
		2011 141017	

		YES NOREFUSEDDON'T KNOW	7
RHQ.586		(you/SP) stopped using them, for how long alto) patches containing estrogen only?	ogether {have you used/did you
	CODE "1" FOR LESS THAN	1 MONTH	
		 ENTER NUMBER	
		REFUSED DON'T KNOW	
		ENTER UNIT	
		MONTHSYEARSREFUSEDDON'T KNOW	2 7
RHQ.588	{Have you/Has SP} used fema	ale hormone patches containing progestin on l	ly?
		YES NO REFUSED DON'T KNOW	7 (RHQ.596)
RHQ.590	How old {were you/was SP} w	hen {you/she} first started using patches conta	ining progestin only?
		 ENTER AGE IN YEARS	
		REFUSED DON'T KNOW	
RHQ.592	{Are you/Is SP} using patches	containing progestin only now ?	
		YES NO REFUSED DON'T KNOW	1 2 7 9

{Are you/Is SP} using patches containing estrogen only **now**?

RHQ.594	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 progestin only?		
	CODE "1" FOR LESS THAN 1	MONTH	
		 ENTER NUMBER	
		REFUSED DON'T KNOW	
		ENTER UNIT	
		MONTHSYEARSREFUSEDDON'T KNOW	7
RHQ.596	{Have you/Has SP} used fema	ale hormone patches containing both estroge	n and progestin?
		YES	,
RHQ.598	How old {were you/was SP} progestin?	when {you/she} first started using patches	containing both estrogen and
		 ENTER AGE IN YEARS	
RHQ.600	{Are you/Is SP} using patches	containing both estrogen and progestin now ?	
		YES	2 7

RHQ.602	Not counting any time when {you/SP} stopped using them, for how long altogether {have you use/has she used/did she use} patches containing both estrogen and progestin?		
	CODE "1" FOR LESS THAN	1 MONTH	
		_ ENTER NUMBER	
		REFUSED	
		ENTER UNIT	
		MONTHS 1 YEARS 2 REFUSED 7 DON'T KNOW 9	
		BOX 23	
	CHECK ITEM RHQ.604: IF SP USED VAGINAL CF RHQ.541, CONTINUE WI OTHERWISE, GO TO BO		IN
RHQ.606	{Have you/Has SP} ever used only?	d female hormone creams, suppositories, or injection	ns containing estrogen
		YES 1 NO 2 (RH REFUSED 7 (RH DON'T KNOW 9 (RH	Q.614)
RHQ.608	How old {were you/was SF containing estrogen only?	P} when {you/she} first started using creams, supp	ositories, or injections
		 ENTER AGE IN YEARS	
		REFUSED	
RHQ.610	{Are you/Is SP} using creams	, suppositories, or injections containing estrogen only no	ow?
		YES 1 NO 2 REFUSED 7 DON'T KNOW 9	

RHQ.612	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} creams, suppositories, or injections containing estrogen only?		
	CODE "1" FOR LESS THAN	1 MONTH	
		ENTER NUMBER	
		REFUSED	77
		DON'T KNOW	
		ENTER UNIT	
		MONTHS	1
		YEARS	2
		REFUSED	7
		DON'T KNOW	9
RHQ.614	{Have you/Has SP} used female hormone creams, suppositories, or injections containing progestin only?		
		YES	1
		NO	
		REFUSED	•
		DON'T KNOW	,
RHQ.616	How old {were you/was SP} injections containing progesting	when {you/she} first started using female horn only?	rmone creams, suppositories, or
		 ENTER AGE IN YEARS	
		REFUSED	
		DON'T KNOW	999
RHQ.618	{Are you/Is SP} using creams	, suppositories, or injections containing progest	tin only now ?
		YES	1
		NO	
		REFUSED	7
		DON'T KNOW	9

RHQ.620	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} creams, suppositories, or injections containing progestin only?		
	CODE "1" FOR LESS THAN 1 MONTH		
		ENTER NUMBER	
		REFUSED	77
		DON'T KNOW	
		ENTER UNIT	
		MONTHS	1
		YEARS	2
		REFUSED	
		DON'T KNOW	9
RHQ.622	{Have you/Has SP} used fe and progestin?	emale hormone creams, suppositories or inj	ections containing both estrogen
		YES	1
		NO	2 (BOX 24)
		REFUSED	7 (BOX 24)
		DON'T KNOW	9 (BOX 24)
RHQ.624	How old {were you/was SP} both estrogen and proges	when {you/she} first started using creams, sustin?	ppositories, or injections containing
		1 1 1 1	
		ENTER AGE IN YEARS	
		REFUSED	777
		DON'T KNOW	999
RHQ.626	{Are you/Is SP} using cream	ns, suppositories, or injections containing both	estrogen and progestin now ?
		YES	
		NO	
		REFUSED	
		DON'T KNOW	9

RHQ.628		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} creams, suppositories, or injections containing both estrogen and progestin?		
	CODE "1" FOR LESS THAN 1 MONTH			
	 EN	_ TER NUMBER		
		FUSED		
	EN ⁻	TER UNIT		
	YE/ REI	NTHS ARS FUSED N'T KNOW	2	
		BOX 24		
	FSQ.650. IF THE AGE DIFFERENCE LIVE BIRTH IN RHQ.190 IS		GE AT LAST).	
FSQ.650	·	rticipation in programs for women with your		
	Did {you/SP} personally receive be past 12 months?	enefits from WIC, that is, the Women, Infant	s, and Children Program, in the	
	NO REI	FUSED	1 2 (FSQ.680) 7 (FSQ.680) 9 (FSQ.680)	
FSQ.660	{Are you/Is SP} now receiving ben	efits from the WIC Program?		
	NO REI	SFUSED	1 2 7 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 DON'T KNOW		
		ENTER UNIT		
		MONTHS YEARS REFUSED DON'T KNOW	2 7	
FSQ.680	{Are you/Is SP} currently enrolled in the Early Head Start program?			
		YES	2 7	
		BOX 25		
		990: RS OLD, CONTINUE WITH RHQ.700. O TO END OF SECTION.		
RHQ.700	During the past month , {	have you/has SP} used any of the following produ	ucts for feminine hygiene?	
	HAND CARD RHQ1			
		YES NOREFUSED DON'T KNOW	2 (RHQ.720) 7 (RHQ.720)	

	CODE ALL THAT APPLY.		
		TAMPONS	1
		SANITARY NAPKINS	
		VAGINAL DOUCHES	
		FEMININE SPRAY	
		FEMININE POWDER	
			5
		FEMININE CLEANSING WIPES/ TOWELETTES	0
		OTHER SPECIAL CLEANSING PRODUCTS.	
		REFUSED	
		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	
RHQ.730	During the past 6 months, h	now 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 vaginal odor, or an unusual v	{you/SP} have any of the following problems: /aginal discharge?	vaginal itching, an unpleasant
		\/F0	
		YES	1
		NO	
		REFUSED	,
		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	
		UNUSUAL VAGINAL DISCHARGE	
		REFUSED	
		DON'T KNOW	0

Which of these products did {you/SP} use?