

REPRODUCTIVE HEALTH (RHQ)

SPID#: _____ Date: _____ Interviewer: _____

The next series of questions are about your reproductive history. I will begin by asking some questions about your period or menstrual cycle.

RHQ.010. How old were you when you had your **first** menstrual period?

|_|_|_|

Enter age in years **(If age provided, skip to RHQ.031)**

[Enter "0" if SP hasn't started yet, then skip to RHQ.281]

Refused	77	(Skip to RHQ.031)
Don't Know	99	

RHQ.020. Were you:

1	Younger than 10
2	10 to 12
3	13 to 15.
4	16 or older
77	Refused
99	Don't Know

RHQ.031. Have you 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	(Skip to RHQ.131)
No	2	
Refused	77	(Skip to RHQ.060)
Don't Know	99	(Skip to RHQ.060)

RHQ.042. What is the reason that you have not had a period in the past 12 months?

Pregnancy	1	(Skip to RHQ.143)
Breastfeeding	2	(Skip to RHQ.143)
Menopause/hysterectomy	3	
Medical conditions/treatments	4	
Other	5	
Refused	77	
Don't know	99	

RHQ.060. About how old were you when you had your **last** menstrual period?

|_|_|_|

Enter age in years **(If age provided, skip to RHQ.131)**

Refused	77	(Skip to RHQ.131)
Don't Know	99	(GO to RHQ.070)

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RHQ.070.	Were you...?	
	1	Younger than 30
	2	30 to 34
	3	35 to 39
	4	40 to 44
	5	45 to 49
	6	50 to 54
	7	55 or older
	77	Refused
	99	Don't Know

<i>The next questions are about your pregnancy history.</i>

RHQ.131. Have you **ever** been pregnant? Please include current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies and abortions.

Yes	1
No	2 (Skip to RHQ.281)
Refused	77 (Skip to RHQ.281)
Don't Know	99 (Skip to RHQ.281)

[If SP had period in past 12 months (coded '1' in RHQ.031) or SP has not experienced menopause/hysterectomy (not coded '3' in RHQ.042), continue with RHQ.143. Otherwise, go to RHQ.160.]

RHQ.143. Are you pregnant **now**?

Yes	1
No	2 (Skip to RHQ.160)
Refused	77 (Skip to RHQ.160)
Don't Know	99 (Skip to RHQ.160)

RHQ.152. Which month of pregnancy are you in?

|__|__|

Enter number of months

Refused	77
Don't Know	99

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

|__|__|

Enter number of pregnancies

[If currently pregnant with only pregnancy, skip to RHQ.300]

Refused 77

Don't Know 99

RHQ.170. How many of your pregnancies resulted in a live birth? (Count the number of total pregnancies, not the number of live-born children. For example, if you had twins or another multiple birth, count that as a single pregnancy.)

|__|__|

Enter number of pregnancies

Refused 77

Don't Know 99

RHQ.171. How many of your pregnancies resulted in a non-live birth? (Count the number of total pregnancies. That is, if you had been pregnant with twins or multiples resulting in at least one non-live birth, count that as a single pregnancy. Do not consider abortions, or miscarriages occurring within the first 5 months of pregnancy as non-live births.)

|__|__|

Enter number of pregnancies

Refused 77

Don't Know 99

RHQ.175. Did you ever have any of the following complications during any of your pregnancies? **[HAND CARD]**

Diabetes 1

Eclampsia 2

High blood pressure 3

Pre-eclampsia 4

Premature birth 5

Premature labor 6

Had a small baby (less than 5.5 pounds) 7

Had twins or other multiples 8

Had a large baby (more than
8 pounds13 ounces) 9

None of the above 10

Refused 77

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Don't Know

99

**[INTERVIEWER: If answer to RHQ.170 is 0: Skip to RHQ.281.
 If answer to RHQ.170 is 1: Skip to RHQ.190.
 If answer to RHQ.170 is 2 or more: Go to RHQ.180.
 If SP refused or does not know answer to RHQ.170: Skip to RHQ.281.]**

RHQ.180. How old were you at the time of your **first** live birth?

|__|__|
 Enter age in years

Refused 77
 Don't know 99

RHQ.190. How old were you at the time of your **last** live birth?

|__|__|
 Enter age in years

Refused 77
 Don't know 99

The next series of questions are about breastfeeding.

RHQ.210. Did you breastfeed {your child/any of your children}?

Yes 1
 No 2 **(Skip to RHQ.225)**
 Refused 77 **(Skip to RHQ.281)**
 Don't Know 99 **(Skip to RHQ.281)**

RHQ.221.a-j. For how long did you feed each of the children you breastfed (starting with the first child)? **[HAND CARD]**

1 Less than 1 month
 2 1-6 months
 3 7-12 months
 4 13-24 months
 5 More than 2 years
 77 Refused
 99 Don't Know

[REPEAT RHQ.221 and RHQ.225 FOR EACH CHILD IN BIRTH ORDER. Enter in table]

	Breastfeed 1=Yes, 2=No	RHQ.221 How long (1-5, 77, 99)	RHQ.225 Reasons
a. Child 1		a.	
b. Child 2		b.	
c. Child 3		c.	
d. Child 4		d.	
e. Child 5		e.	
f. Child 6		f.	
g. Child 7		g.	

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h. Child 8		h.	
i. Child 9		i.	
j. Child 10		j.	

RHQ.225. What were your reasons for not breastfeeding or stopping breastfeeding? **[HAND CARD. ENTER ALL THAT APPLY.]**

- 1 Baby preferred the bottle/cup
- 2 Parents preferred the bottle
- 3 Sore/cracked/bleeding nipples
- 4 Felt that breasts “dried up” or “not producing enough milk”
- 5 Sick/couldn’t breastfeed
- 6 Baby had difficulty breastfeeding
- 7 Baby not satisfied with breast milk
- 8 Baby not gaining enough weight or “breastfeeding was not providing adequate nutrition”
- 9 Too many other household responsibilities
- 10 Right time to stop
- 11 Using medication
- 12 Smoking behavior or drinking behavior or other drug addiction behavior
- 13 Work/school commitments prevented from continuing breastfeeding
- 14 No support or location to breastfeed at workplace/school
- 15 Husband/partner wanted me to stop breastfeeding
- 16 Other family member/friend suggestion
- 17 Health provider suggestion
- 18 Baby premature/sickly
- 19 Other reasons/circumstances (Specify:_____)
- 77 Refused
- 99 Don't Know

The next series of questions deal with surgeries that some women may have had on the uterus or ovaries.

RHQ.281. Have you had a hysterectomy, that is, surgery to **remove** your uterus or womb?

- Yes 1
- No 2 **(Skip to RHQ.300)**
- Refused 77 **(Skip to RHQ.300)**
- Don't Know 99 **(Skip to RHQ.300)**

RHQ.291. How old were you when you had your hysterectomy?

____|____|
Enter age in years

Refused 77

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Don't Know 99

[Interviewer: Read to SP only if you haven't already done so.] *The next series of questions deal with surgeries that some women may have had on the uterus or ovaries.*

RHQ.300. Have you had at least one of your ovaries removed?

Yes	1
No	2 (Skip to RHQ.380)
Refused	77 (Skip to RHQ.380)
Don't Know	99 (Skip to RHQ.380)

RHQ.310. Were both ovaries removed or only one?

Both	1
One	2
Refused	77
Don't Know	99

RHQ.330. How old were you when you had your {ovary/ovaries} removed (or most recently removed if you had two removed at different times)?

|_|_|_|

Enter age in years

Refused	77
Don't Know	99

RHQ.380. Has a doctor or other health professional **ever** told you that you had uterine fibroids? (Uterine fibroids are benign (not cancerous) tumors growing in various locations on or within the uterus/womb.)

Yes	1
No	2
Refused	77
Don't Know	99

You may have already given us some of the following information but it is important that we ask it again within this questionnaire. Now I am going to ask you about your birth control history.

RHQ.420. Have you **ever** taken birth control pills?

Yes	1
No	2 (Skip to RHQ.540)
Refused	77 (Skip to RHQ.540)
Don't Know	99 (Skip to RHQ.540)

RHQ.430. How old were you when you began taking birth control pills?

|_|_|_|

Enter age in years

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Refused	77
Don't Know	99

[If SP is not pregnant, has not had a hysterectomy, has at least one ovary and is not menopausal continue with RHQ.442. Otherwise, skip to RHQ.451.]

RHQ.442 Are you taking birth control pills now?

Yes	1	(Skip to RHQ.460)
No	2	
Refused	77	(Skip to RHQ.540)
Don't Know	99	(Skip to RHQ.540)

RHQ.451. How old were you when you stopped taking birth control pills?

 |_|_|

 Enter age in years

Refused	77
Don't Know	99

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

 |_|_|

 Enter number **[Enter '1' for less than one month]**

Refused	77
Don't Know	99

Circle unit

Months	1
Years	2

Now I'm going to ask you about your exposure to other types of hormones that you might have used for treating conditions or health problems, other than infertility.

RHQ.540. Have you **ever** used female hormones such as estrogen and progesterone? Please include any form of female hormones, such as pills, creams, patches, and injectables, but **do not** include birth control methods or use for infertility.

Yes	1	
No	2	(End of Questionnaire)
Refused	77	(End of Questionnaire)
Don't Know	99	(End of Questionnaire)