

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?

RHQ010 FMT_NUMERIC

|_|_|

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

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

Don't Know (d)

Refused (r) **(Skip to RHQ.031)**

RHQ.020. Were you:

RHQ020 FMT_RHQ020_

1 Younger than 10

2 10 to 12

3 13 to 15

4 16 or older

(d) Don't Know

(r) Refused

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.)

RHQ030 FMT_YES_NO

Yes 1 **(Skip to RHQ.131)**

No 2

Don't Know (d) **(Skip to RHQ.060)**

Refused (r) **(Skip to RHQ.060)**

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

RHQ042 FMT_RHQ042_

Pregnancy 1 **(Skip to RHQ.143)**

Breastfeeding 2 **(Skip to RHQ.143)**

Menopause/hysterectomy 3

Medical conditions/treatments 4

Other 5

Don't know (d)

Refused (r)

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

RHQ060 FMT_NUMERIC

|_|_|

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

Don't Know (d) (GO to RHQ.070)

Refused (r) (Skip to RHQ.131)

RHQ.070. Were you...?

RHQ070 FMT_RHQ070_

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

(d) Don't Know

(r) Refused

The next questions are about your pregnancy history.

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

RHQ131 FMT_YES_NO

Yes 1

No 2 (Skip to RHQ.281)

Don't Know (d) (Skip to RHQ.281)

Refused (r) (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.]

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

RHQ143

FMT_YES_NO

- Yes 1
- No 2 **(Skip to RHQ.160)**
- Don't Know (d) **(Skip to RHQ.160)**
- Refused (r) **(Skip to RHQ.160)**

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

RHQ152

FMT_NUMERIC

____|____| (enter 1-10)
Enter number of months

- Don't Know (d)
- Refused (r)

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.)

RHQ160

FMT_NUMERIC

____|____| (enter 01-15)
Enter number of pregnancies
[If currently pregnant with only pregnancy, skip to RHQ.300]

- Don't Know (d)
- Refused (r)

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.)

RHQ170

FMT_NUMERIC

____|____|
Enter number of pregnancies

- Don't Know (d)
- Refused (r)

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

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abortions or miscarriages occurring within the first 5 months of pregnancy as non-live births.)

RHQ171

FMT_NUMERIC

____|____|

Enter number of pregnancies

Don't Know (d)

Refused (r)

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

RHQ175_1

FMT_RHQ175_

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.

.

.

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.

RHQ175_9

FMT_RHQ175_

- 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
- Don't Know (d)
- Refused (r)

**[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?

RHQ180

FMT_NUMERIC

____|____|

Enter age in years

Don't know (d)

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Refused (r)

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

RHQ190 FMT_NUMERIC

____|____|
Enter age in years

Don't know (d)

Refused (r)

The next series of questions are about breastfeeding.

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

RHQ210 FMT_YES_NO

Yes 1

No 2 (Skip to RHQ.225)

Don't Know (d) (Skip to RHQ.281)

Refused (r) (Skip to RHQ.281)

RHQ.221.a-j. For how long did you breastfeed each of your children starting with the first child.

[HAND CARD]

RHQ221_1 FMT_RHQ221_

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.

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RHQ221_10 FMT_RHQ221_

- 1 Less than 1 month
- 2 1-6 months
- 3 7-12 months
- 4 13-24 months
- 5 More than 2 years
- 6 Currently breastfeeding
- (d) Don't Know
- (r) Refused

[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, (d), (r))	RHQ.225 Reasons (choose from response options below)
a. Child 1		a.	
b. Child 2		b.	
c. Child 3		c.	
d. Child 4		d.	

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e. Child 5		e.	
f. Child 6		f.	
g. Child 7		g.	
h. Child 8		h.	
i. Child 9		i.	
j. Child 10		j.	

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

RHQ225_1A FMT_RHQ225_
 . .
 . .
 . .
 RHQ225_1S FMT_RHQ225_
 RHQ225_2A FMT_RHQ225_
 . .
 . .
 . .
 RHQ225_2S FMT_RHQ225_
 . .
 . .
 . .
 RHQ225_10A FMT_RHQ225_
 . .
 . .
 . .
 RHQ225_10S FMT_RHQ225_

- 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

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- 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: _____)
- (d) Don't Know
- (r) Refused

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? RHQ281 FMT_YES_NO

Yes	1	
No	2	(Skip to RHQ.300)
Don't Know	(d)	(Skip to RHQ.300)
Refused	(r)	(Skip to RHQ.300)

RHQ.291. How old were you when you had your hysterectomy? RHQ281 FMT_NUMERIC

|_|_|
Enter age in years

Don't Know	(d)	
Refused	(r)	

[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? RHQ281 FMT_YES_NO

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

RHQ.310. Were both ovaries removed or only one? RHQ281 FMT_RHQ310_

Both	1	
One	2	

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Don't Know (d)
 Refused (r)

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)?

RHQ330 FMT_NUMERIC

|_|_|
 Enter age in years

Don't Know (d)
 Refused (r)

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.)

RHQ380 FMT_YES_NO

Yes 1
 No 2
 Don't Know (d)
 Refused (r)

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?

RHQ420 FMT_YES_NO

Yes 1
 No 2 **(Skip to RHQ.540)**
 Don't Know (d) **(Skip to RHQ.540)**
 Refused (r) **(Skip to RHQ.540)**

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

RHQ430 FMT_NUMERIC

|_|_|
 Enter age in years

Don't Know (d)
 Refused (r)

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[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? RHQ420 FMT_YES_NO

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

RHQ.451. How old were you when you stopped taking birth control pills? RHQ451 FMT_NUMERIC

|_|_|
Enter age in years

Don't Know	(d)
Refused	(r)

RHQ.460. Not counting any time when you stopped taking them, for how long **altogether** {have you taken/did you take} birth control pills? RHQ460_A FMT_NUMCAT
RHQ460_B FMT_FREQ_MONTHS_YEAR

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

Don't Know	(d)
Refused	(r)

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. RHQ540 FMT_YES_NO

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- | | | |
|------------|-----|-------------------------------|
| Yes | 1 | |
| No | 2 | (End of Questionnaire) |
| Don't Know | (d) | (End of Questionnaire) |
| Refused | (r) | (End of Questionnaire) |