

REPRODUCTIVE HEALTH AND CONTRACEPTION (RHQ)

FPC010_PRE The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

FPC010 Some things people do to prevent a pregnancy include abstaining from having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, and IUD, having their tubes tied, or having a vasectomy.

Are you or your partner doing anything now to keep you/her from getting pregnant? If you have more than one partner, please answer these questions about your usual partner.

FPC010_R2 FMT_YES_NO.

<1> YES

<2> NO (Skip to FPC030_R2)

<d> DON'T KNOW (Skip to RHQint IF FEMALE; ELSE GO TO **WHQ010_PRE**)

<r> REFUSED (Skip to RHQint IF FEMALE; ELSE GO TO **WHQ010_PRE**)

FPC020_R2 What are you and your partner doing now to prevent a pregnancy? Please check all that apply.

FPC020_R2_A—FPC020_R2_O FMT_FPC020_R2_.

(HAND CARD. CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)

(SKIP TO RHQint IF FEMALE ELSE WHQ010_PRE WHEN DONE)

- <1> TUBES TIED
- <2> HYSTERECTOMY OR FEMALE STERILIZATION
- <3> VASECTOMY OR MALE STERILIZATION
- <4> BIRTH CONTROL PILL (NOT INCLUDING THE MORNING-AFTER PILL)
- <5> MORNING-AFTER PILL
- <6> MALE OR FEMALE CONDOM
- <7> BIRTH CONTROL IMPLANTS, SUCH AS JADELLE OR OTHERS
- <8> BIRTH CONTROL SHOTS, SUCH AS DEPO-PROVERA
- <9> BIRTH CONTROL RING, SUCH AS NUVARING
- <10> BIRTH CONTROL PATCH
- <11> DIAPHRAGM, CERVICAL RING, OR CAP
- <12> IUD, INCLUDING MIRENA
- <13> WITHDRAWAL OR PULLING OUT
- <14> RHYTHM METHOD OR NOT HAVING SEX AT CERTAIN TIMES
- <15> ANOTHER METHOD SUCH AS FOAM, JELLY, OR CREAM

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<d> DON'T KNOW (Skip to RHQint IF FEMALE; ELSE GO TO
WHQ010_PRE)

<r> REFUSED (Skip to RHQint IF FEMALE; ELSE GO TO
WHQ010_PRE)

FPC030_R2 What is your main reason for not preventing a pregnancy?

FPC030_R4 FMT_FPC030_R2_.

(HAND CARD. CHECK ONLY ONE)

<1> YOU DIDN'T THINK YOU WERE GOING TO HAVE SEX, OR YOU
 DON'T HAVE A REGULAR PARTNER

<2> YOU WANT A PREGNANCY

<3> YOU OR YOUR PARTNER DON'T WANT TO USE BIRTH CONTROL

<4> YOU OR YOUR PARTNER DON'T LIKE BIRTH CONTROL OR FEAR
 SIDE EFFECTS

<5> YOU CAN'T PAY FOR BIRTH CONTROL

<6> THERE WAS A LAPSE IN THE USE OF A METHOD

<7> YOU KNOW OR THINK THAT YOU OR YOUR PARTNER CAN'T
 GET PREGNANT

<8> YOU OR YOUR PARTNER ARE TOO OLD TO GET PREGNANT

<9> YOU OR YOUR PARTNER ARE CURRENTLY BREASTFEEDING

<10> YOU OR YOUR PARTNER JUST HAD A BABY OR ARE
 POSTPARTUM

<11> YOU HAVE SOME OTHER REASON FOR NOT DOING ANYTHING
 TO PREVENT PREGNANCY

<12> YOU DON'T CARE IF YOU OR YOUR PARTNER GET PREGNANT

<13> YOU OR YOUR PARTNER IS PREGNANT NOW

<14> YOU HAVE A SAME-SEX PARTNER

<d> DON'T KNOW

<r> REFUSED

IF MALE SKIP TO WHQ010_PRE; ELSE GO TO RHQint

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

<1> CONTINUE

RHQ010 How old were you when you had your **first** menstrual period?

RHQ010 FMT_NUMERIC.

(INTERVIEWER: ENTER AGE IN YEARS. CODE AS 0 IF HAVEN'T STARTED IT
 YET.)

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<0> HAVEN'T STARTED YET (Skip to RHQ540)
 <1-21> 1 TO 21 (Skip to RHQ031)

<d> DON'T KNOW (Go to RHQ031)
 <r> REFUSED (Skip to RHQ031)

RHQ031 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.)

RHQ031 FMT_YES_NO.

<1> YES (Skip to RHQ131)
 <2> NO

<d> DON'T KNOW (Skip to RHQ060)
 <r> REFUSED (Skip to RHQ060)

RHQ042 What is the reason that you have not had a period in the past 12 months? Was it
 because of pregnancy, breastfeeding, menopause or a hysterectomy, medical
 conditions or treatments, or something else?

RHQ042 FMT_RHQ042_.

<1> PREGNANCY (Skip to RHQ143)
 <2> BREASTFEEDING (Skip to RHQ143)

<4> MEDICAL CONDITIONS/TREATMENTS
 <5> OTHER
 <6> NATURAL MENOPAUSE
 <7> SURGICAL MENOPAUSE (HYSTERECTOMY OR REMOVAL OF
 OVARIES)

<d> DON'T KNOW
 <r> REFUSED

RHQ060 About how old were you when you had your **last** menstrual period?

RHQ060 FMT_NUMERIC.

<18-105> YEARS OLD (Skip to RHQ131)

<d> DON'T KNOW (Skip to RHQ131)
 <r> REFUSED (Skip to RHQ131)

RHQ131 The next questions are about your pregnancy history.

RHQ131 FMT_YES_NO.

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

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- <1> YES **(goto RHQ143)**
 <2> NO **(Skip to RHQ540)**
- <d> DON'T KNOW **(Skip to RHQ540)**
 <r> REFUSED **(Skip to RHQ540)**

IF RHQ031=1 OR IF RHQ042 ne 6 or 7 go to RHQ143, ELSE skip to RHQ160

- RHQ143 Are you pregnant **now**? **RHQ143 FMT_YES_NO.**
- <1> YES
 <2> NO **(Skip to RHQ160)**
- <d> DON'T KNOW **(Skip to RHQ160)**
 <r> REFUSED **(Skip to RHQ160)**

- RHQ160 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.**
- <1-15> PREGNANCIES
- <d> DON'T KNOW
 <r> REFUSED

[If currently pregnant with only pregnancy (RHQ160 = 1), skip to RHQ540]

- RHQ170 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.**
- <0-15> PREGNANCIES
- <d> DON'T KNOW
 <r> REFUSED

- RHQ172 How many live births have you had? (Count the number of total live births. For example, if you had twins or another multiple birth, count each baby as a live birth.)

REPRODUCTIVE HEALTH (RHQ)**RHQ172 FMT_NUMERIC.**

<0-15> LIVE BIRTHS

<d> DON'T KNOW

<r> REFUSED

RHQ175

Did you ever have any of the following complications during any of your pregnancies?

(HAND CARD. CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)**RHQ175_1 FMT_RHQ175_.**.
.
.**RHQ175_9 FMT_RHQ175_.**

<1> DIABETES

<2> ECLAMPSIA

<3> HIGH BLOOD PRESSURE

<4> PRE-ECLAMPSIA

<5> PREMATURE BIRTH

<6> PREMATURE LABOR

<7> HAD A SMALL BABY (LESS THAN 5.5 POUNDS)

<8> HAD TWINS OR OTHER MULTIPLES

<9> HAD A LARGE BABY (MORE THAN 8 POUNDS13 OUNCES)

<10> NONE OF THE ABOVE

<d> DON'T KNOW

<r> REFUSED

[If answer to RHQ170 was 0: Skip to RHQ540.**If answer to RHQ170 was 1: Skip to RHQ190.****If answer to RHQ170 was 2-15: Go to RHQ180.****If SP refused or does not know answer to RHQ170: Skip to RHQ540.]**RHQ180 How old were you at the time of your **first** live birth?**RHQ180 FMT_NUMERIC.**

<10-76> YEARS OLD

<d> DON'T KNOW

<r> REFUSED

RHQ190. How old were you at the time of your **last** live birth?**RHQ190 FMT_NUMERIC.**

<10-76> YEARS OLD

<d> DON'T KNOW

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<r> REFUSED

RHQ210 The next series of questions are about breastfeeding.

[IF RHQ170=1 AND RHQ172=1] Did you breastfeed your child?

RHQ210 FMT_YES_NO.

[ELSE] Did you breastfeed any of your children?

<1> YES

<2> NO **(Skip to RHQ540)**

<d> DON'T KNOW **(Skip to RHQ540)**

<r> REFUSED **(Skip to RHQ540)**

RHQ221 For how long did you breastfeed each of your children starting with the **{first}** child?

RHQ221_1_R2 FMT_RHQ221_.

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RHQ221_10_R2 FMT_RHQ221_.

(ENTER 'x' WHEN THERE ARE NO MORE CHILDREN)

<0> DID NOT BREASTFEED

<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 **(Skip to RHQ221b)**

<d> DON'T KNOW

<r> REFUSED

<x> NO MORE CHILDREN

RHQ540 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.

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.

<1> YES

<2> NO **(Skip to SIQ170pre)**

<d> DON'T KNOW

<r> REFUSED

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RHQ541 How did you take these hormones?

RHQ541_A_R2	FMT_RHQ541_R2_.
RHQ541_B_R2	FMT_RHQ541_R2_.
RHQ541_C_R2	FMT_RHQ541_R2_.
RHQ541_D_R2	FMT_RHQ541_R2_.

(CHECK ALL THAT APPLY, ENTER 'x' WHEN DONE)

- <1> Pills
- <2> Patch, cream, spray, or gel applied to your skin (non-vaginal)
- <3> IUD
- <4> Vaginal ring, tablet, or cream (any vaginal application)

- <d> DON'T KNOW
- <r> REFUSED

RHQ542 For how long, total, did you take these hormones? Do not count any time you were not taking them.

<0-600>	NUMBER	RHQ542_A	FMT_NUMERIC.
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- <d> DON'T KNOW
- <r> REFUSED

UNIT:	RHQ542_B	FMT_FREQ3_.
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- <1> WEEKS
- <2> MONTHS
- <3> YEARS

RHQ542err **INTERVIEWER:** YOU HAVE RECORDED THAT THE SP HAS TAKEN HORMONES FOR OVER 50 YEARS. PLEASE CONFIRM WITH SP THAT OVER 50 YEARS IS CORRECT.

- <1> THIS IS INCORRECT, GO BACK TO RHQ542
- <2> THIS IS CORRECT, CONTINUE TO NEXT QUESTION

RHQ543 Did you take these hormones for menopause symptoms?

RHQ543	FMT_YES_NO.
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- <1> YES
- <2> NO (skip to SIQ170Pre)

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<d> DON'T KNOW
<r> REFUSED

RHQ544 How old were you when you started taking these hormones for menopause symptoms?

RHQ544 FMT_NUMERIC.

<0-110> YEARS

<d> DON'T KNOW
<r> REFUSED

RHQ545 How old were you when you stopped taking these hormones for menopause symptoms?

RHQ545 FMT_NUMERIC.

<0-110> YEARS
<777> CURRENTLY TAKING HORMONES FOR MENOPAUSE SYMPTOMS

<d> DON'T KNOW
<r> REFUSED

SIQ170Pre Please answer whether you've had any of these screenings and if so within how many years.

HIT ENTER TO CONTINUE

SIQ170 A vaginal Pap smear and pelvic exam?

SIQ170 FMT_YES_NO.

<1> YES
<2> NO **(Skip to SIQ180)**

<d> DON'T KNOW **(Skip to SIQ180)**
<r> REFUSED **(Skip to SIQ180)**

SIQ171 Within how many years?

SIQ171 FMT_NUMERIC.

IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

<1-130> YEARS

<d> DON'T KNOW
<r> REFUSED

SIQ180 A mammogram?

SIQ180 FMT_YES_NO.

<1> YES
<2> NO **(Skip to SIQ190)**

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<d> DON'T KNOW **(Skip to SIQ190)**
 <r> REFUSED **(Skip to SIQ190)**

SIQ181 Within how many years?

IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

SIQ181 FMT_NUMERIC.

<1-130> YEARS

<d> DON'T KNOW
 <r> REFUSED

SIQ190 A breast exam by a health provider?

SIQ190 FMT_YES_NO.

<1> YES
 <2> NO **(Skip to WHQ010_PRE)**

<d> DON'T KNOW **(Skip to WHQ010_PRE)**
 <r> REFUSED **(Skip to WHQ010_PRE)**

SIQ191 Within how many years?

IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

SIQ191 FMT_NUMERIC.

<1-130> YEARS

<d> DON'T KNOW
 <r> REFUSED