

REPRODUCTIVE HEALTH (RHQ)**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.)

<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?**
RHQ031 FMT_YES_NO.
 (Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.)

<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

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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.

<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?
RHQ160 FMT_NUMERIC.

(Again, be sure to count all your pregnancies including current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies, or abortions.)

<1-15> PREGNANCIES

<d> DON'T KNOW

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<r> REFUSED

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

RHQ170 How many of your pregnancies resulted in a live birth?

RHQ170 FMT_NUMERIC.

(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.)

<0-15> PREGNANCIES

<d> DON'T KNOW

<r> REFUSED

RHQ172 How many live births have you had?

RHQ172 FMT_NUMERIC.

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

<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?

RHQ175_1 FMT_RHQ175_.

.

RHQ175_9 FMT_RHQ175_.

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

<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

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<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

<r> REFUSED

RHQ210 The next series of questions are about breastfeeding.

RHQ210 FMT_YES_NO.

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

[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_.

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

<0> DID NOT BREASTFEED

<1> LESS THAN 1 MONTH

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- <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
- <x> NO MORE CHILDREN **(Skip to RHQ540)**

RHQ540 Now I'm going to ask you about your exposure to 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

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_.

(INTERVIEWER: 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.**

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

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UNIT: **RHQ542_B FMT_FREQ3_.**
 <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.

<1> YES
 <2> NO **(skip to SIQ170Pre)**
 <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_RHQ545_.
 <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.

INTERVIEWER: HIT ENTER TO CONTINUE

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- 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.**
- INTERVIEWER: 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)**
- <d> DON'T KNOW **(Skip to SIQ190)**
 <r> REFUSED **(Skip to SIQ190)**
- SIQ181 Within how many years? **SIQ181 FMT_NUMERIC.**
- INTERVIEWER: IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS**
- <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? **SIQ191 FMT_NUMERIC.**
- INTERVIEWER: IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS**

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<1-130> YEARS

<d> DON'T KNOW

<r> REFUSED