

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

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.)

<1> YES **(Skip to RHQ131)**

RHQ031 FMT_YES_NO.

<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?

<1> PREGNANCY **(Skip to RHQ143)**

<2> BREASTFEEDING **(Skip to RHQ143)**

RHQ042 FMT_RHQ042_.

<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?

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

RHQ060 FMT_NUMERIC.

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

<r> REFUSED **(Skip to RHQ131)**

REPRODUCTIVE HEALTH (RHQ)**IF AGE_T1 > 55 THEN GOTO RHQ540;**

RHQ131_R2 The next questions are about your pregnancy history since your last SHOW visit in {Month_T1, Year_T1}.

Have you been pregnant since {Month_T1, Year_T1}? Please include current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies and abortions.

<1> YES **(goto RHQ143)** **RHQ131_R2 FMT_YES_NO.**

<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_R2 How many times have you been pregnant since {Month_T1, Year_T1}?

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

<1-15> PREGNANCIES **RHQ160_R2 FMT_NUMERIC.**

<d> DON'T KNOW

<r> REFUSED

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

RHQ170_R2 How many of your pregnancies since {Month_T1, Year_T1} 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.)

REPRODUCTIVE HEALTH (RHQ)

<0-15> PREGNANCIES **RHQ170_R2 FMT_NUMERIC.**

<d> DON'T KNOW

<r> REFUSED

RHQ172 How many live births have you had since {Month_T1, Year_T1}?

(Count the number of total live births. For example, if you had twins or another multiple birth, count each baby as a live birth.) **RHQ172_R2 FMT_NUMERIC.**

<0-15> LIVE BIRTHS

<d> DON'T KNOW

<r> REFUSED

RHQ175 Did you have any of the following complications during any of your pregnancies since {Month_T1, Year_T1}?

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

<1> DIABETES

<2> ECLAMPSIA

<3> HIGH BLOOD PRESSURE

RHQ175_1_R2 FMT_RHQ175_
[...]

RHQ175_9_R2 FMT_RHQ175_

<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.]

REPRODUCTIVE HEALTH (RHQ)

RHQ180 How old were you at the time of your **first** live birth?

<10-76> YEARS OLD **RHQ180 FMT_NUMERIC.**

<d> DON'T KNOW

<r> REFUSED

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

<10-76> YEARS OLD **RHQ190 FMT_NUMERIC.**

<d> DON'T KNOW

<r> REFUSED

RHQ210_R2 The next series of questions are about breastfeeding.

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

[ELSE] Did you breastfeed any of your children since {Month_T1, Year_T1}? **RHQ210_R2 FMT_YES_NO.**

<1> YES

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

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

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

RHQ221_R2 For how long did you breastfeed each of your children starting with the **{first}** child since {Month_T1, Year_T2}?

(INTERVIEWER: 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

<d> DON'T KNOW

<r> REFUSED

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

RHQ221_1_R2 FMT_RHQ221_.

[...]

RHQ221_10_R2 FMT_RHQ221_.

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.

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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.

- <1> YES **RHQ540 FMT_YES_NO.**
 <2> NO (Skip to SIQ170pre)
 <d> DON'T KNOW
 <r> REFUSED (Skip to SIQ170pre)

RHQ541 How did you take these hormones?

(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) **RHQ541_A_R2 FMT_RHQ541_R2_.**
RHQ541_B_R2 FMT_RHQ541_R2_.
RHQ541_C_R2 FMT_RHQ541_R2_.
RHQ541_D_R2 FMT_RHQ541_R2_.
 <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
 UNIT:
 <1> WEEKS **RHQ542_B FMT_FREQ3_.**
 <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

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RHQ543 Did you take these hormones for menopause symptoms?

<1> YES **RHQ543 FMT_YES_NO.**

<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?

<0-110> YEARS **RHQ544 FMT_NUMERIC.**

<d> DON'T KNOW

<r> REFUSED

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

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

RHQ545 FMT_RHQ545_.

<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

SIQ170 A vaginal Pap smear and pelvic exam?

<1> YES **SIQ170 FMT_YES_NO.**

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

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

<r> REFUSED **(Skip to SIQ180)**

SIQ171 Within how many years?

INTERVIEWER: IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

<1-130> YEARS **SIQ171 FMT_NUMERIC.**

<d> DON'T KNOW

REPRODUCTIVE HEALTH (RHQ)

<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?

INTERVIEWER: IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

<1-130> YEARS

SIQ181 FMT_NUMERIC.

<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?

INTERVIEWER: IF LESS THAN 1 YEAR, ENTER 1 FOR YEARS

<1-130> YEARS

SIQ191 FMT_NUMERIC.

<d> DON'T KNOW

<r> REFUSED