REPRODUCTIVE HEALTH - RHQ

RHQ.010  The next series of questions are about your/SP’s reproductive history. I will begin by asking some questions about your/SP’s period or menstrual cycle.

How old were you/was SP when you/she had your/her first menstrual period?

CODE "0" IF HAVEN'T STARTED YET.

CAPI INSTRUCTION:
SOFT EDIT VALUES: 8-25 YEARS.
HARD EDIT VALUES: AGE OF 1ST PERIOD CANNOT BE GREATER THAN CURRENT AGE.

|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 77
DON’T KNOW ............................................... 99

BOX 1

CHECK ITEM RHQ.015:
- IF PERIODS HAVEN’T STARTED (CODED '0') IN RHQ.010 AND SP 12-13 YEARS OLD OR 50 YEARS OR OLDER, GO TO END OF SECTION.
- IF PERIODS HAVEN’T STARTED (CODED '0') IN RHQ.010 AND SP 14-49 YEARS OLD, GO TO RHQ.700.
- IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED '1' - '76') IN RHQ.010, OR IF SP REFUSES AGE (CODED '77') IN RHQ.010, GO TO RHQ.030.
- OTHERWISE, CONTINUE WITH RHQ.020.

RHQ.020  {Were you/Was SP} . . .

younger than 10, ........................................... 1
10 to 12, ..................................................... 2
13 to 15, or ................................................. 3
16 or older? ............................................... 4
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9

RHQ.030  {Have you/Has SP} had regular periods in the past 12 months? (Please do not include bleedings caused by medical conditions or surgeries.)

YES ............................................................... 1 (BOX 3)
NO ............................................................... 2
REFUSED ..................................................... 7 (RHQ.050)
DON’T KNOW ............................................... 9 (RHQ.050)
RHQ.040  What is the reason that (you have/SP has) not had regular periods in the past 12 months?

CAPI INSTRUCTION:
IF SP CURRENTLY PREGNANT (CODED '1' IN RHQ.040), MARK AS PREGNANT (CODE '1') IN RHQ.140.

- PREGNANT NOW ........................................ 1 (BOX 3)
- BREAST FEEDING ...................................... 2 (BOX 3)
- PREGNANT IN PAST YEAR ........................... 3 (BOX 3)
- PERIODS USUALLY IRREGULAR ....................... 4
- GOING/GONE THROUGH MENOPAUSE ............ 5
- MEDICAL CONDITIONS/TREATMENTS ............ 6
- REFUSED ..................................................... 77
- DON'T KNOW ............................................... 99

RHQ.050  When did (you/SP) have (your/her) last period?

PROBE: How many years or months ago was (your/SP’s) last period?

- HAVING IT NOW ......................................... 1 (BOX 3)
- LESS THAN 2 MONTHS AGO ....................... 2 (BOX 3)
- 3-5 MONTHS AGO .................................... 3 (BOX 3)
- 6-8 MONTHS AGO .................................... 4 (BOX 3)
- 9-11 MONTHS AGO ................................... 5 (BOX 3)
- 12 OR MORE MONTHS AGO ...................... 6
- REFUSED ..................................................... 77 (BOX 3)
- DON'T KNOW ............................................... 99 (BOX 3)

RHQ.060  About how old (were you/was SP) when (you/she) had (your/her) last menstrual period?

ENTER AGE IN YEARS

- REFUSED ..................................................... 77
- DON'T KNOW ............................................... 99

BOX 2

CHECK ITEM RHQ.065:
- IF SP DOESN'T KNOW AGE AT LAST MENSTRUAL PERIOD (CODED '99') IN RHQ.060, CONTINUE WITH RHQ.070.
- OTHERWISE, GO TO BOX 3.
RHQ.070  {Were you/Was SP} . . .

younger than 30, ............................................ 1
30 to 34, ..................................................... 2
35 to 39, ..................................................... 3
40 to 44, ..................................................... 4
45 to 49, ..................................................... 5
50 to 54, or .................................................. 6
55 or older? .................................................. 7
REFUSED .................................................. 77
DON'T KNOW .............................................. 99

BOX 3

CHECK ITEM RHQ.075:
- IF SP HAD REGULAR PERIODS (CODED '1' IN RHQ.030) AND 12-60 YEARS OLD, CONTINUE WITH RHQ.080.
- IF SP HAD LAST PERIOD BETWEEN 0-2 MONTHS AGO (CODED 1-2 IN RHQ.050) AND NOT CURRENTLY PREGNANT (CODED '2-9' IN RHQ.040) AND 12-60 YEARS OLD, CONTINUE WITH RHQ.080.
- OTHERWISE, GO TO BOX 4.

RHQ.080  What was the date that {your/SP's} last period started?

|___|___| / |___|___|
ENTER DATE OF LAST PERIOD (MONTH, DAY)

REFUSED .................................................. 77-77
DON'T KNOW .............................................. 99-99

BOX 4

CHECK ITEM RHQ.085:
- IF SP HAD REGULAR PERIODS (CODED '1' IN RHQ.030) AND 35-60 YEARS OLD, CONTINUE WITH RHQ.090.
- IF SP HAD LAST PERIOD 0-11 MONTHS AGO (CODED 1-5 IN RHQ.050) AND NOT CURRENTLY PREGNANT OR BREAST FEEDING OR PREGNANT IN PAST YEAR (CODED 4-6, 77, 99 IN RHQ.040) AND 35-60 YEARS OLD, CONTINUE WITH RHQ.090.
- OTHERWISE, GO TO BOX 5.

RHQ.090  The next questions are about symptoms that can be associated with menopause.

During the last 5 years, have {your/SP's} menstrual cycles become...

more regular, .............................................. 1
less regular, or ............................................. 2
about the same? .......................................... 3
REFUSED .................................................. 7
DON'T KNOW .............................................. 9

RHQ-3
During the last 5 years, has (your/SP's) menstrual flow or bleeding become . . .

heavier, ...................................................... 1
lighter, or...................................................... 2
about the same? ............................................. 3
REFUSED .................................................... 7
DON'T KNOW .............................................. 9

In the last 6 months, (have you/has SP) had hot flashes or night sweats?

YES ............................................................... 1
NO .............................................................. 2 (BOX 5)
REFUSED ..................................................... 7 (BOX 5)
DON'T KNOW .............................................. 9 (BOX 5)

In the last 6 months, how often (have you/has SP) had hot flashes or night sweats?

CODE "1" PER "MONTH" FOR LESS THAN 1 PER MONTH.

ENTER NUMBER

REFUSED ..................................................... 77
DON'T KNOW .............................................. 99

ENTER UNIT

DAY ............................................................. 1
WEEK ......................................................... 2
MONTH ........................................................ 3
REFUSED ..................................................... 7
DON'T KNOW .............................................. 9

The next questions are about (your/SP's) pregnancy history.

(Have you/Has SP) ever been pregnant? Please include (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies and abortions.

MARK IF KNOWN. OTHERWISE ASK.

YES .............................................................. 1
NO .............................................................. 2 (BOX 12)
REFUSED ..................................................... 7 (BOX 12)
DON'T KNOW .............................................. 9 (BOX 12)
*1RHQ.140  {Do you/Does SP} think {you are/she is} pregnant now?

YES ...............................................................
NO ................................................................
REFUSED .....................................................
DON'T KNOW .............................................

*1RHQ.150  {The next questions are about {your/SP’s} pregnancy history.}

Which month of pregnancy {are you/is she} in?

CAPI INSTRUCTION:
IF CODED ‘1’ IN RHQ.040, DISPLAY BRACKETED TEXT.

|___|___|
ENTER NUMBER OF MONTHS

REFUSED .....................................................
DON’T KNOW .............................................

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

|___|___|
ENTER NUMBER OF PREGNANCIES

REFUSED .....................................................
DON’T KNOW .............................................

*1RHQ.165  {If SP ONLY HAD ONE PREGNANCY (CODED ‘1’) IN RHQ.160 AND CURRENTLY PREGNANT (CODED ‘1’) IN RHQ.140, SKIP TO RHQ.300.

OTHERWISE CONTINUE WITH RHQ.170.

BOX 7

CHECK ITEM RHQ.165:

• IF SP ONLY HAD ONE PREGNANCY (CODED ‘1’) IN RHQ.160 AND CURRENTLY PREGNANT (CODED ‘1’) IN RHQ.140, SKIP TO RHQ.300.
• OTHERWISE CONTINUE WITH RHQ.170.

RHQ.170  How many of {your/her} pregnancies resulted in a live birth?
COUNT THE NUMBER OF TOTAL PREGNANCIES, NOT NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE PREGNANCY.

|___|___|
ENTER NUMBER OF PREGNANCIES

REFUSED ..................................................... 77
DON'T KNOW ................................................. 99

BOX 8

CHECK ITEM RHQ.175:
- IF SP HAD NO PREGNANCIES THAT RESULTED IN A LIVE BIRTH (CODED '0') IN RHQ.170, GO TO BOX 12.
- IF SP HAD ONE PREGNANCY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.170, GO TO RHQ.190.
- OTHERWISE, CONTINUE WITH RHQ.180.

RHQ.180 How old (were you/was SP) at the time of (your/her) first live birth?

|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 77
DON'T KNOW ................................................. 99

RHQ.190 How old (were you/was SP) at the time of (your/her) last live birth?

CAPi INSTRUCTION:
IF SP HAD MORE THAN 1 LIVE BIRTH (CODED >= 2) IN RHQ.170, DISPLAY (LAST).

|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 77
DON'T KNOW ................................................. 99

BOX 9

CHECK ITEM RHQ.195:
- IF DIFFERENCE BETWEEN AGE AT TIME OF LAST LIVE BIRTH IN RHQ.190 AND CURRENT AGE IS ZERO OR 1, CONTINUE WITH RHQ.200.
- OTHERWISE, GO TO RHQ.210.
RHQ.200  
(Are you/is SP) **now** breast feeding a child?

YES ...............................................................  1 (BOX 10)
NO .................................................................  2
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

RHQ.210  Did (you/SP) breast feed (your/her) child/any of (your/her) children?

CAPI INSTRUCTION:
IF SP HAD ONE LIVE BIRTH (CODED '1') IN RHQ.170, DISPLAY (YOUR CHILD).
IF SP HAD MORE THAN ONE LIVE BIRTH (CODED >= 2) IN RHQ.170, DISPLAY (ANY OF YOUR CHILDREN).

YES ...............................................................  1 (BOX 10)
NO .................................................................  2 (RHQ.240)
REFUSED .....................................................  7 (BOX 11)
DON'T KNOW ...............................................  9 (BOX 11)

### BOX 10

**CHECK ITEM RHQ.215:**
- IF SP HAD ONE PREGNANCY THAT RESULTED IN A LIVE BIRTH (CODED '1') IN RHQ.170, CONTINUE WITH RHQ.220.
- OTHERWISE, GO TO RHQ.230.

RHQ.220  Did (you/SP) breast feed (your/her) child for **at least 1 month**?

YES ...............................................................  1 (BOX 11)
NO .................................................................  2 (RHQ.240)
REFUSED .....................................................  7 (BOX 11)
DON'T KNOW ...............................................  9 (BOX 11)

RHQ.230  How many of (your/SP's) children did (you/she) breast feed for **at least 1 month**?

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
</table>
ENTER NUMBER OF CHILDREN

REFUSED .....................................................  77
DON'T KNOW ...............................................  99

### BOX 10A

**CHECK ITEM RHQ.235:**
- IF NUMBER OF BREASTFED CHILDREN REPORTED IN RHQ.230 IS LESS THAN NUMBER OF LIVE BIRTHS REPORTED IN RHQ.170, CONTINUE WITH RHQ.240.
- OTHERWISE, GO TO BOX 11.
RHQ.240 What were \{your/SP’s\} reasons for \{not breast feeding?/not breast feeding \{your/her\} child at least 1 month?/not breast feeding all of \{your/her\} children at least 1 month?\}

CODE ALL THAT APPLY.

CAPI INSTRUCTION:
IF SP DIDN’T BREASTFEED (CODED ‘2’) IN RHQ.210, DISPLAY \{NOT BREASTFEEDING?\}.
IF SP HAD ONE LIVE BIRTH AND DIDN’T BREASTFEED AT LEAST ONE MONTH (CODED ‘2’) IN RHQ.220, DISPLAY \{NOT BREASTFEEDING YOUR CHILD AT LEAST 1 MONTH?\}.
OTHERWISE, DISPLAY \{NOT BREASTFEEDING ALL OF YOUR CHILDREN AT LEAST 1 MONTH?\}.

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<td>JOB/SCHEDULING DIFFICULTIES</td>
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</tr>
<tr>
<td>MOTHER’S PHYSICAL/MEDICAL DIFFICULTIES</td>
<td>2</td>
</tr>
<tr>
<td>CHILD’S PHYSICAL/MEDICAL DIFFICULTIES</td>
<td>3</td>
</tr>
<tr>
<td>PREFERRED BOTTLE FEEDING</td>
<td>4</td>
</tr>
<tr>
<td>DIDN’T KNOW HOW TO BREAST-FEED</td>
<td>5</td>
</tr>
<tr>
<td>OTHER REASONS</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

BOX 11

CHECK ITEM RHQ.245:
- IF SP HAD AT LEAST ONE PREGNANCY THAT RESULTED IN A LIVE BIRTH (NOT CODED ‘0’) IN RHQ.170, CONTINUE WITH RHQ.250.
- OTHERWISE, GO TO RHQ.280.

RHQ.250 \{Did \{your/SP’s\} child/Did any of \{your/SP’s\} children\} weigh less than 5 ½ pounds (2500 g) at birth?

CAPI INSTRUCTION:
IF SP HAD ONE LIVE BIRTH (CODED ‘1’) IN RHQ.170, DISPLAY \{YOUR CHILD\}.
IF SP HAD MORE THAN ONE LIVE BIRTH (CODED >= 2) IN RHQ.170, DISPLAY \{DID ANY OF YOUR CHILDREN\}.

CAPI INSTRUCTION:
IF YES (CODED ‘1’) IN RHQ.250 AND SP HAD ONLY ONE LIVE BIRTH (CODED ‘1’) IN RHQ.170, ENTER ‘1’ IN RHQ.260.

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<thead>
<tr>
<th>Answer</th>
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<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>
RHQ.260  How many of {your/her} children weighed less than 5 ½ pounds (2500 g) at birth?

| ____ | ____ |
| ENTER NUMBER OF CHILDREN

REFUSED ..................................................... 77
DON'T KNOW ............................................. 99

BOX 11A

CHECK ITEM RHQ.262:
- IF SP HAD ONLY ONE LIVE BIRTH (CODED ‘1’) IN RHQ.170, CONTINUE WITH RHQ.264.
- OTHERWISE, GO TO RHQ.270.

RHQ.264  Was this baby born preterm? A preterm delivery is one that occurs at 36 weeks or earlier in pregnancy.

CAPI INSTRUCTION:
IF YES (CODED ‘1’) IN RHQ.264, ENTER 1 IN RHQ.270.

| ____ | ____ |
| YES ................................................................ 1 (BOX 12)
NO .................................................................. 2 (BOX 12)
REF ............................................................ 7 (BOX 12)
DK .............................................................. 9 (BOX 12)

RHQ.270  How many of these babies were born preterm? A preterm delivery is one that occurs at 36 weeks or earlier in pregnancy.

| ____ | ____ |
| ENTER NUMBER OF CHILDREN

REFUSED ..................................................... 77
DON'T KNOW ............................................. 99

BOX 12

CHECK ITEM RHQ.275:
- IF SP < 20 YEARS OLD, GO TO RHQ.420.
- IF SP CURRENTLY PREGNANT (CODED ‘1’) IN RHQ.140 OR HAD PERIOD IN LAST 2 MONTHS (CODED ‘1’ OR ‘2’) IN RHQ.050, GO TO RHQ.300.
- IF SP HAD REGULAR PERIODS (CODED ‘1’ IN RHQ.030), GO TO RHQ.300.
- OTHERWISE, CONTINUE WITH RHQ.280.
RHQ.280  Have you/Has SP had a hysterectomy, that is, surgery to remove (your/her) uterus or womb?

MARK IF KNOWN. OTHERWISE ASK.

YES ............................................................... 1
NO ................................................................. 2 (RHQ.300)
REFUSED ..................................................... 7 (RHQ.300)
DON'T KNOW ............................................... 9 (RHQ.300)

RHQ.290  How old (were you/was SP) when (you/she) had (your/her) (hysterectomy/uterus removed/womb removed)?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

RHQ.300  Have you/Has SP had at least one of (your/her) ovaries removed (either when (you/she) had (your/her) uterus removed or at another time)?

YES ............................................................... 1
NO ................................................................. 2 (BOX 14)
REFUSED ..................................................... 7 (BOX 14)
DON'T KNOW ............................................... 9 (BOX 14)

RHQ.310  Were both ovaries removed or only one?

BOTH ............................................................ 1
ONE............................................................... 2 (RHQ.330)
REFUSED ..................................................... 7 (BOX 14)
DON'T KNOW ............................................... 9 (BOX 14)

RHQ.320  Were both of (your/SP's) ovaries removed at the same time or at different times?

SAME TIME................................................... 1
DIFFERENT TIMES ...................................... 2 (RHQ.340)
REFUSED ..................................................... 7 (BOX 14)
DON'T KNOW ............................................... 9 (BOX 14)

RHQ.330  How old (were you/was SP) when (you/she) had (your/her) (ovary/ovaries) removed?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999
BOX 13
CHECK ITEM RHQ.335:
GO TO BOX 14.

RHQ.340 How old (were you/was SP) when (you/she) had the second ovary removed?

|___|___|___|
Enter age in years

REFUSED ........................................ 777
DON'T KNOW ................................... 999

BOX 14
CHECK ITEM RHQ.345:
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.140, GO TO BOX 15.
- OTHERWISE, CONTINUE WITH RHQ.350.

RHQ.350 (Have you/Has SP) ever had both of (your/her) (Fallopian) tubes tied, cut, or removed? This procedure is often called a tubal ligation.

YES .................................................. 1
NO ..................................................... 2
REFUSED .......................................... 7
DON'T KNOW .................................... 9

BOX 15
CHECK ITEM RHQ.355:
- IF SP 20-54 YEARS OLD, CONTINUE WITH RHQ.360.
- OTHERWISE, GO TO BOX 16.

RHQ.360 Has a doctor or other health professional ever told (you/SP) that (you/she) had endometriosis? (Endometriosis is a disease in which the tissue that forms the lining of the uterus/womb attaches to other places, such as the ovaries, fallopian tubes, or abdominal cavity.)

YES .................................................. 1
NO .................................................... 2 (RHQ.380)
REFUSED .......................................... 7 (RHQ.380)
DON'T KNOW .................................... 9 (RHQ.380)
RHQ.370 How old (were you/was SP) when (you were/she was) first told (you/she) had endometriosis?

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</table>
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

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

YES ............................................................. 1
NO ............................................................. 2 (BOX 16)
REFUSED ..................................................... 7 (BOX 16)
DON'T KNOW ............................................... 9 (BOX 16)

RHQ.390 How old (were you/was SP) when (you were/she was) first told (you/she) had uterine fibroids?

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<table>
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</table>
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW ............................................... 999

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**BOX 16**

CHECK ITEM RHQ.392:
- IF SP HAS REGULAR PERIODS (CODED '1') IN RHQ.030 OR HAD LAST PERIOD LESS THAN 12 MONTHS AGO (CODED '1-5' OR '77-99') IN RHQ.050 OR HAS IRREGULAR PERIODS BECAUSE CURRENTLY PREGNANT, CURRENTLY BREASTFEEDING OR PREGNANT IN PAST YEAR (CODED '1', '2', '3') IN RHQ.040 AND IF SP HAS AT LEAST ONE OVARY (CODED '2', '7', '9') IN RHQ.310, AND IF SP HAS UTERUS (CODED '2', '7', '9') IN RHQ.280, AND IF SP HASN'T HAD TUBAL LIGATION (CODED '2', '7', '9' OR 'BLANK') IN RHQ.350, CONTINUE WITH BOX 17.
- OTHERWISE, GO TO RHQ.420.

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**BOX 17**

CHECK ITEM RHQ.394:
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.140, SKIP TO RHQ.410.
- OTHERWISE, CONTINUE WITH RHQ.400.
RHQ.400  Some women are not **physically** able to have children. As far as you know, is it **physically** possible for {you/SP} {to have another baby/to have a baby}?

CAPI INSTRUCTION:
IF SP HAD AT LEAST ONE LIVE BIRTH (CODED >= 1) IN RHQ.170, DISPLAY {TO HAVE ANOTHER BABY}. OTHERWISE, DISPLAY {TO HAVE A BABY}.

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (RHQ.420)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (RHQ.420)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (RHQ.420)</td>
</tr>
</tbody>
</table>

RHQ.410  Some women are **physically** able to have {a baby/another baby}, but have difficulty getting pregnant or carrying the baby to term. As far as you know, would {you/SP}, {yourself/herself} have difficulty getting pregnant or carrying {a baby/another baby} to term {after this pregnancy}?

CAPI INSTRUCTION:
IF SP HAD AT LEAST ONE LIVE BIRTH (CODED >= 1) IN RHQ.170, DISPLAY {ANOTHER BABY}. IF SP HAD NO LIVE BIRTHS (CODED 0 OR BLANK) IN RHQ.170, DISPLAY {A BABY}. IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.140, DISPLAY {AFTER THIS PREGNANCY}.

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<tr>
<th>Response</th>
<th>Code</th>
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<td>YES</td>
<td>1</td>
</tr>
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<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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</table>

RHQ.420  Now I am going to ask you about {your/SP's} birth control history.

{Have you/Has SP} **ever** taken birth control pills for any reason?

<table>
<thead>
<tr>
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<th>Code</th>
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<tr>
<td>NO</td>
<td>2 (RHQ.510)</td>
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<td>REFUSED</td>
<td>7 (RHQ.510)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (RHQ.510)</td>
</tr>
</tbody>
</table>

RHQ.430  How old {were you/was SP} when {you/she} began using birth control pills?

<table>
<thead>
<tr>
<th>ENTER AGE IN YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
CHECK ITEM RHQ.435:
- IF SP IS NOT PREGNANT (CODED '2') IN RHQ.140 OR MENOPAUSAL (CODED '6') IN RHQ.050 AND IF SP HAS AT LEAST ONE OVARY (NOT CODED '1') IN RHQ.310, AND IF SP HAS UTERUS (CODED '2', '7', '9') IN RHQ.280, CONTINUE WITH RHQ.440.
- OTHERWISE, GO TO RHQ.450.

RHQ.440  {Are you/Is SP} taking birth control pills now?

YES ...............................................................  1 (RHQ.460)
NO .................................................................  2
REFUSED .....................................................  7 (RHQ.510)
DON'T KNOW ............................................... 9 (RHQ.510)

RHQ.450  How old {were you/was SP} when {you/she} stopped taking birth control pills?

______
ENTER AGE IN YEARS

REFUSED .....................................................  77
DON'T KNOW ............................................... 99

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

CODE "1" FOR LESS THAN ONE MONTH.

______
ENTER NUMBER

REFUSED .....................................................  77
DON'T KNOW ............................................... 99

ENTER UNIT

MONTHS .......................................................  1
YEARS ..........................................................  2
REFUSED .....................................................  7
DON'T KNOW ............................................... 9

CHECK ITEM RHQ.465:
- IF SP CURRENTLY TAKING BIRTH CONTROL PILLS (CODED '1') IN RHQ.440, OR SP STOPPED TAKING THEM IN PAST 12 MONTHS (SP CURRENT AGE MINUS AGE IN RHQ.450 IS ZERO OR 1), CONTINUE WITH RHQ.470.
- OTHERWISE, GO TO RHQ.510.
RHQ.470  Please look at this chart and show me the brand of pills that (you/SP) {currently use/uses}/(were using/was using) when (you/she) stopped taking birth control pills.

PRESS BACKSPACE KEY TO START THE LOOKUP. ASK RESPONDENT TO IDENTIFY PILL TYPE FROM ORAL CONTRACEPTIVE WALL POSTER (RHQ1). PROBE FOR SPECIFIC TYPE AND DOSAGE AND SELECT PILL FROM CAPI ORAL CONTRACEPTIVE PRODUCT LIST.

CAPI INSTRUCTION:
DISPLAY ORAL CONTRACEPTIVE PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONE PRODUCT NAME FROM LIST. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO USE THE F5 AND F6 KEYS FOR DON'T KNOW AND REFUSED.

<p>| | | |</p>
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<td>ENTER NUMBER</td>
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</table>

DON'T KNOW ...............................................  77
REFUSED .....................................................  99

RHQ.510  {Have you/Has SP} ever used Depo-Provera or injectables to prevent pregnancy?

YES ...............................................................  1
NO ......................................................................  2 (BOX 20)
REFUSED .....................................................  7 (BOX 20)
DON'T KNOW ...............................................  9 (BOX 20)

RHQ.520  {Are you/Is SP} now using Depo-Provera or injectables to prevent pregnancy?

YES ...............................................................  1
NO ......................................................................  2
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

BOX 20

CHECK ITEM RHQ.535:
■ IF SP 20 YEARS OF AGE OR OLDER, CONTINUE WITH RHQ.540.
■ OTHERWISE, SKIP TO BOX 24.

RHQ.540  {Have you/Has SP} ever used female hormones such as estrogen and progesterone? Please include any forms of female hormones, such as pills, cream, patch, and injectables, but do not include birth control methods or use for infertility.

YES ...............................................................  1
NO ......................................................................  2 (BOX 24)
REFUSED .....................................................  7 (BOX 24)
DON'T KNOW ...............................................  9 (BOX 24)
RHQ.541 Which forms of female hormones {have you/has SP} used?

CODE ALL THAT APPLY

- PILLS ............................................................ 1
- PATCHES ..................................................... 2
- CREAM/SUPPOSITORY/INJECTION ..................... 3
- REFUSED ....................................................... 7
- DON'T KNOW ................................................... 9

RHQ.550 At the time {you/SP} started using female hormones or hormone replacement therapy, {were you/was she} still having {your/her} periods or had {you/she} completely stopped having {your/her} periods?

- STILL HAVING PERIODS ................................. 1
- COMPLETELY STOPPED HAVING PERIODS .......... 2
- REFUSED ....................................................... 7
- DON'T KNOW ................................................... 9

RHQ.551 What are {your/SP's} reasons for having used estrogen or progesterone?

CODE ALL THAT APPLY

- MENOPAUSE-RELATED SYMPTOMS
  (HOT FLASHES, SWEATING, VAGINAL DRYNESS, BLADDER PROBLEMS ........ 1
- DEPRESSION, ANXIETY, EMOTIONAL DISTRESS ............. 2
- HYSTERECTOMY OR OOPHERECTOMY
  (OVARY REMOVAL) ........................................ 3
- OSTEOPOROSIS, BONE LOSS/THINNING FRACTURE PREVENTION .......... 4
- CARDIOVASCULAR DISEASE PREVENTION ..................... 5
- IRREGULAR MENSTRUAL PERIODS, TO REGULATE PERIODS .......... 6
- OTHER REASONS ............................................. 7
- REFUSED ....................................................... 77
- DON'T KNOW ................................................... 99

BOX 21

CHECK ITEM RHQ.552:
IF SP USED FEMALE HORMONE PILLS (CODE '1') IN RHQ.541, CONTINUE WITH RHQ.554.
OTHERWISE, GO TO BOX 22.

RHQ-16
RHQ.554 {Have you/Has SP} ever taken female hormone pills containing estrogen only (like Premarin)? (Do not include birth control pills.)

YES ................................................................. 1
NO ................................................................. 2 (RHQ.562)
REFUSED ..................................................... 7 (RHQ.562)
DONT KNOW ................................................. 9 (RHQ.562)

RHQ.556 How old {were you/was SP} when {you/she} first started taking pills containing estrogen only?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ..................................................... 777
DON'T KNOW ................................................. 999

RHQ.558 {Are you/Is SP} taking pills containing estrogen only now?

YES ................................................................. 1
NO ................................................................. 2
REFUSED ..................................................... 7
DONT KNOW ................................................. 9

RHQ.560 Not counting any time when {you/SP} stopped taking them, for how long altogether {have you taken/did you take/has she taken/did she take} pills containing estrogen only?

CODE "1" FOR LESS THAN 1 MONTH

|___|___|___|
ENTER NUMBER

REFUSED ..................................................... 77
DON'T KNOW ................................................. 99

ENTER UNIT

MONTHS .......................................................... 1
YEARS ........................................................... 2
REFUSED ..................................................... 7
DONT KNOW ................................................. 9

RHQ.562 {Have you/Has SP} taken female hormone pills containing progestin only (like Provera)? (Do not include birth control pills.)

YES ................................................................. 1
NO ................................................................. 2 (RHQ.570)
REFUSED ..................................................... 7 (RHQ.570)
DONT KNOW ................................................. 9 (RHQ.570)
RHQ.564  How old {were you/was SP} when {you/she} first started taking pills containing progestin only?

|____|____|____|____|
ENTER AGE IN YEARS

REFUSED ................................................. 777
DON'T KNOW ............................................. 999

RHQ.566  (Are you/Is SP) taking pills containing progestin only now?

YES ......................................................... 1
NO ............................................................ 2
REFUSED .................................................. 7
DON'T KNOW ............................................. 9

RHQ.568  Not counting any time when {you/SP} stopped taking them, for how long altogether {have you taken/did you take/has she taken/did she take} pills containing progestin only?

CODE "1" FOR LESS THAN 1 MONTH

|____|____|____|____|
ENTER NUMBER

REFUSED .................................................. 77
DON'T KNOW ............................................. 99

ENTER UNIT

MONTHS .................................................... 1
YEARS ..................................................... 2
REFUSED .................................................. 7
DON'T KNOW ............................................. 9

RHQ.570  (Have you/Has SP) taken female hormone pills containing both estrogen and progestin (like Prempro, Premphase)? (Do not include birth control pills.)

YES ............................................................ 1
NO ............................................................. 2 (BOX 22)
REFUSED .................................................. 7 (BOX 22)
DON'T KNOW ............................................. 9 (BOX 22)

RHQ.572  How old {were you/was SP} when {you/she} first started taking pills containing both estrogen and progestin?

|____|____|____|____|
ENTER AGE IN YEARS

REFUSED .................................................. 777
DON'T KNOW ............................................. 999

RHQ.574  (Are you/Is SP) taking pills containing both estrogen and progestin now?

RHQ-18
RHQ.576  Not counting any time when {you/SP} stopped taking them, for how long altogether {have you taken/did you take/has she taken/did she take} pills containing both estrogen and progestin?

CODE "1" FOR LESS THAN 1 MONTH

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<table>
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</thead>
</table>
ENTER NUMBER

REFUSED ............................................. 77
DON'T KNOW ......................................... 99

ENTER UNIT

MONTHS ................................................ 1
YEARS .................................................. 2
REFUSED ............................................. 7
DON'T KNOW ......................................... 9

BOX 22

CHECK ITEM RHQ.578:
IF SP USED PATCHES (CODE ‘2’) IN RHQ.541, CONTINUE WITH RHQ.580.
OTHERWISE, GO TO BOX 23.

RHQ.580  {Have you/Has SP} ever used female hormone patches containing estrogen only?

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</table>
ENTER AGE IN YEARS

REFUSED ............................................. 777
DON'T KNOW ......................................... 999

RHQ.582  How old {were you/was SP} when {you/she} first started using patches containing estrogen only?

<p>| | | | |</p>
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</table>
ENTER AGE IN YEARS

REFUSED ............................................. 777
DON'T KNOW ......................................... 999
RHQ.584  Are you/is SP using patches containing estrogen only now?

YES .............................................................. 1
NO ................................................................. 2
REFUSED .......................................................... 7
DON'T KNOW ................................................... 9

RHQ.586  Not counting any time when {you/SP} stopped using them, for how long altogether {have you used/did you use/has she used/did she use} patches containing estrogen only?

CODE "1" FOR LESS THAN 1 MONTH

|__|__|__|
ENTER NUMBER

REFUSED .......................................................... 77
DON'T KNOW ................................................... 99

ENTER UNIT

MONTHS .......................................................... 1
YEARS ............................................................ 2
REFUSED .......................................................... 7
DON'T KNOW ................................................... 9

RHQ.588  Have you/Has SP used female hormone patches containing progestin only?

YES .............................................................. 1
NO ................................................................. 2 (RHQ.596)
REFUSED .......................................................... 7 (RHQ.596)
DON'T KNOW ................................................... 9 (RHQ.596)

RHQ.590  How old {were you/was SP} when {you/she} first started using patches containing progestin only?

|__|__|__|__|
ENTER AGE IN YEARS

REFUSED .......................................................... 777
DON'T KNOW ................................................... 999

RHQ.592  Are you/is SP using patches containing progestin only now?

YES .............................................................. 1
NO ................................................................. 2
REFUSED .......................................................... 7
DON'T KNOW ................................................... 9
RHQ.594  Not counting any time when {you/SP} stopped using them, for how long *altogether* {have you used/did you use/has she used/did she use} patches containing progestin only?

CODE "1" FOR LESS THAN 1 MONTH

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<td>REFUSED       77</td>
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<td>DON'T KNOW   99</td>
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ENTER UNIT

MONTHS 1 |
YEARS 2 |
REFUSED 7 |
DON'T KNOW 9

RHQ.596 {Have you/Has SP} used female hormone *patches* containing both estrogen and progestin?

YES 1 |
NO 2 (BOX 23) |
REFUSED 7 (BOX 23) |
DON'T KNOW 9 (BOX 23)

RHQ.598 How old {were you/was SP} when {you/she} *first* started using patches containing both estrogen and progestin?

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<th>ENTER AGE IN YEARS</th>
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RHQ.600 {Are you/Is SP} using patches containing both estrogen and progestin now?

YES 1 |
NO 2 |
REFUSED 7 |
DON'T KNOW 9
Not counting any time when {you/SP} stopped using them, for how long altogether {have you used/did you use/has she used/did she use} patches containing both estrogen and progestin?

CODE "1" FOR LESS THAN 1 MONTH

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<td>DON'T KNOW</td>
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CHECK ITEM RHQ.604:
IF SP USED VAGINAL CREAM, SUPPOSITORIES OR INJECTIONS (CODE '3') IN RHQ.541, CONTINUE WITH RHQ.606. OTHERWISE, GO TO BOX 24.

(Have you/Has SP) ever used female hormone creams, suppositories, or injections containing estrogen only?

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<th>YES</th>
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<td>DON'T KNOW</td>
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How old {were you/was SP} when {you/she} first started using creams, suppositories, or injections containing estrogen only?

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<th>ENTER AGE IN YEARS</th>
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<td></td>
<td>DON'T KNOW</td>
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</table>

(Are you/Is SP) using creams, suppositories, or injections containing estrogen only now?

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<th>YES</th>
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<td>NO</td>
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<td>REFUSED</td>
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<td></td>
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<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
RHQ.612  Not counting any time when (you/SP) stopped using them, for how long altogether (have you used/did you use/has she used/did she use) creams, suppositories, or injections containing estrogen only?

**CODE "1" FOR LESS THAN 1 MONTH**

|___|___|
ENTER NUMBER

REFUSED ........................................ 77
DON'T KNOW .................................... 99

ENTER UNIT

MONTHS ........................................... 1
YEARS ............................................. 2
REFUSED ........................................ 7
DON'T KNOW .................................... 9

RHQ.614  (Have you/Has SP) used female hormone creams, suppositories, or injections containing progestin only?

YES ................................................. 1
NO .................................................... 2 (RHQ.622)
REFUSED ......................................... 7 (RHQ.622)
DON'T KNOW ..................................... 9 (RHQ.622)

RHQ.616  How old (were you/was SP) when (you/she) first started using female hormone creams, suppositories, or injections containing progestin only?

|___|___|___|
ENTER AGE IN YEARS

REFUSED .......................................... 777
DON'T KNOW ..................................... 999

RHQ.618  (Are you/is SP) using creams, suppositories, or injections containing progestin only now?

YES ............................................... 1
NO .................................................. 2
REFUSED ......................................... 7
DON'T KNOW ..................................... 9
Not counting any time when (you/SP) stopped using them, for how long altogether (have you used/did you use/has she used/did she use) creams, suppositories, or injections containing progestin only?

CODE "1" FOR LESS THAN 1 MONTH

|___|___|
ENTER NUMBER

REFUSED ..................................................... 77
DON'T KNOW .................................................. 99

ENTER UNIT

MONTHS.......................................................... 1
YEARS ........................................................... 2
REFUSED ....................................................... 7
DON'T KNOW ................................................... 9

Have you/Has SP used female hormone creams, suppositories or injections containing both estrogen and progestin?

YES ............................................................. 1
NO ................................................................. 2 (BOX 24)
REFUSED ....................................................... 7 (BOX 24)
DON'T KNOW ................................................... 9 (BOX 24)

How old (were you/was SP) when (you/she) first started using creams, suppositories, or injections containing both estrogen and progestin?

|___|___|___|
ENTER AGE IN YEARS

REFUSED ....................................................... 777
DON'T KNOW ................................................... 999

Are you/is SP using creams, suppositories, or injections containing both estrogen and progestin now?

YES ............................................................. 1
NO ................................................................. 2
REFUSED ....................................................... 7
DON'T KNOW ................................................... 9
Not counting any time when (you/SP) stopped using them, for how long \textbf{altogether} (have you used/did you use/has she used/did she use) creams, suppositories, or injections containing both estrogen and progestin?

CODE "1" FOR LESS THAN 1 MONTH

|___|___|
| ENTER NUMBER |

REFUSED ............................................. 77
DON'T KNOW ........................................ 99

ENTER UNIT

MONTHS ............................................. 1
YEARS ............................................... 2
REFUSED ............................................ 7
DON'T KNOW ....................................... 9

BOX 24

CHECK ITEM RHQ.640:
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.140, CONTINUE WITH FSQ.650.
- IF THE AGE DIFFERENCE BETWEEN SP’s CURRENT AGE AND AGE AT LAST LIVE BIRTH IN RHQ.190 IS ZERO OR 1, CONTINUE WITH FSQ.650.
- IF SP CURRENTLY LACTATING (CODED '1') IN RHQ.200, CONTINUE WITH FSQ.650.
- IF SP 14-49 YEARS OLD, GO TO RHQ.700.
- OTHERWISE, GO TO END OF SECTION.

These last questions are about participation in programs for women with young children.

Did (you/SP) personally receive benefits from WIC, that is, the Women, Infants, and Children Program, in the \textbf{past 12 months}?

YES ............................................... 1
NO ...................................................... 2 (FSQ.680)
REFUSED ........................................... 7 (FSQ.680)
DON'T KNOW ..................................... 9 (FSQ.680)

{Are you/Is SP} \textbf{now} receiving benefits from the WIC Program?

YES ............................................... 1
NO ...................................................... 2
REFUSED ........................................... 7
DON'T KNOW ..................................... 9
FSQ.670  Thinking about (your/SP's) most recent pregnancy or delivery, how long (did you receive/have you been receiving/did she receive/has she been receiving) benefits from the WIC Program?

CAPI INSTRUCTION:
IF SP CURRENTLY RECEIVING WIC BENEFITS (CODED '1') IN FSQ.660, DISPLAY (HAVE YOU BEEN RECEIVING/HAS SHE BEEN RECEIVING).
OTHERWISE, DISPLAY (DID YOU RECEIVE/DID SHE RECEIVE).

|___|___|
ENTER QUANTITY

REFUSED ..................................................... 77
DON'T KNOW .................................................. 99

ENTER UNIT

MONTHS......................................................... 1
YEARS .......................................................... 2
REFUSED ...................................................... 7
DON'T KNOW .................................................. 9

FSQ.680  (Are you/is SP) currently enrolled in the Early Head Start program?

YES ............................................................. 1
NO .............................................................. 2
REFUSED ...................................................... 7
DON'T KNOW .................................................. 9

BOX 25

CHECK ITEM RHQ.690:
■ IF SP 14-49 YEARS OLD, CONTINUE WITH RHQ.700.
■ OTHERWISE, GO TO END OF SECTION.

RHQ.700  During the past month, (have you/has SP) used any of the following products for feminine hygiene?

HAND CARD RHQ1

YES ............................................................. 1
NO .............................................................. 2 (RHQ.720)
REFUSED ...................................................... 7 (RHQ.720)
DON'T KNOW .................................................. 9 (RHQ.720)
Which of these products did \{you/SP\} use?

CODE ALL THAT APPLY.

<table>
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<tr>
<th>Product</th>
<th>Code</th>
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<tbody>
<tr>
<td>TAMPONS</td>
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</tr>
<tr>
<td>SANITARY NAPKINS</td>
<td>2</td>
</tr>
<tr>
<td>VAGINAL DOUCHES</td>
<td>3</td>
</tr>
<tr>
<td>FEMININE SPRAY</td>
<td>4</td>
</tr>
<tr>
<td>FEMININE POWDER</td>
<td>5</td>
</tr>
<tr>
<td>FEMININE CLEANSING WIPES/ TOWELETTES</td>
<td>6</td>
</tr>
<tr>
<td>OTHER SPECIAL CLEANSING PRODUCTS.</td>
<td>7</td>
</tr>
<tr>
<td>REFUSED</td>
<td>77</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
</tbody>
</table>

During the past 6 months, did \{you/SP\} douche? By douching, we mean putting a substance into \{your/her\} vagina either for routine cleansing or for vaginal irritation or signs of infection?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
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<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (RHQ.740)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (RHQ.740)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (RHQ.740)</td>
</tr>
</tbody>
</table>

During the past 6 months, how often did \{you/SP\} douche? Would you say . . .

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>5 or more times a month</td>
<td>1</td>
</tr>
<tr>
<td>2 to 4 times a month</td>
<td>2</td>
</tr>
<tr>
<td>once a month, or</td>
<td>3</td>
</tr>
<tr>
<td>less than once a month?</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

During the past month, did \{you/SP\} have any of the following problems: vaginal itching, an unpleasant vaginal odor, or an unusual vaginal discharge?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (END OF SECTION)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (END OF SECTION)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (END OF SECTION)</td>
</tr>
</tbody>
</table>

Which of these problems did \{you/SP\} have?

CODE ALL THAT APPLY.

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<th>Problem</th>
<th>Code</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>UNPLEASANT VAGINAL ODOR</td>
<td>2</td>
</tr>
<tr>
<td>UNUSUAL VAGINAL DISCHARGE</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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