ICPSR | INTER-UNIVERSITY CONSORTIUM FOR POLITICAL AND SOCIAL RESEARCH

ICPSR 25501

National Health and Nutrition Examination Survey (NHANES), 1999-2000

United States Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics

NCHS Questionnaire: Computer Assisted Personal Interview (CAPI) Questionnaire

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ALCOHOL USE - ALQ

ALQ.100   The next questions are about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer,
            wine, wine coolers, and any other type of alcoholic beverage.

            In **any one year**, {have you/has SP} had at least 12 drinks of any type of alcoholic beverage? By a drink, I
            mean a 12 oz. beer, a 4 oz. glass of wine, or an ounce of liquor.

                                    YES   1   (ALQ.120)
                                    NO   2
                                    REFUSED   7
                                    DON'T KNOW   9

ALQ.110   In {your/SP's} **entire life**, {have you/has he/has she} had at least 12 drinks of any type of alcoholic beverage?

                                    YES   1
                                    NO   2   (END OF SECTION)
                                    REFUSED   7   (END OF SECTION)
                                    DON'T KNOW   9   (END OF SECTION)

ALQ.120   In the **past 12 months**, how often did {you/SP} drink any type of alcoholic beverage?

            PROBE: How many days per week, per month, or per year did {you/SP} drink?

            ENTER '0' FOR NEVER.

                                    |___|___|___|
                                    ENTER QUANTITY

                                    REFUSED 777
                                    DON'T KNOW 999

                                    ENTER UNIT

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

+--+
| **BOX 1** |
| |
| **CHECK ITEM ALQ.125:** |
| IF SP DIDN'T DRINK (CODED '0') IN ALQ.120, GO TO ALQ.150. |
| OTHERWISE, CONTINUE WITH ALQ.130. |
+--+

ALQ.130   In the **past 12 months**, on those days that {you/SP} drank alcoholic beverages, on the average, how many drinks did {you/he/she} have?

IF LESS THAN 1 DRINK, ENTER '1'.
IF 95 DRINKS OR MORE, ENTER '95'.

|___|___|___|
ENTER # OF DRINKS

REFUSED 777
DON'T KNOW 999

ALQ.140   In the **past 12 months**, on how many **days** did {you/SP} have 5 or more drinks of any alcoholic beverage?

PROBE: How many days per week, per month, or per year did {you/SP} have 5 or more drinks in a single day?

ENTER '0' FOR NONE.

|___|___|___|
ENTER QUANTITY

REFUSED 777
DON'T KNOW 999

ENTER UNIT

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

ALQ.150   Was there ever a time or times in {your/SP's} life when {you/he/she} **drank 5 or more drinks** of any kind of alcoholic beverage **almost every day**?

YES   1
NO   2
REFUSED   7
DON'T KNOW   9

CURRENT HEALTH STATUS - HSQ

HSQ.500　　　The next questions are about {your/SP's} recent health during the 30 days outlined on the calendar.

　　　　　　　Did {you/SP} have a head cold or chest cold that started during those 30 days?

　　　　　　　HAND CARD HSQ1

　　　　　　　　　　　　　YES 1
　　　　　　　　　　　　　NO 2
　　　　　　　　　　　　　REFUSED 7
　　　　　　　　　　　　　DON'T KNOW 9

HSQ.510　　　Did {you/SP} have a stomach or intestinal illness with vomiting or diarrhea that started during those 30 days?

　　　　　　　　　　　　　YES 1
　　　　　　　　　　　　　NO 2
　　　　　　　　　　　　　REFUSED 7
　　　　　　　　　　　　　DON'T KNOW 9

HSQ.520　　　Did {you/SP} have flu, pneumonia, or ear infections that started during those 30 days?

　　　　　　　　　　　　　YES 1
　　　　　　　　　　　　　NO 2
　　　　　　　　　　　　　REFUSED 7
　　　　　　　　　　　　　DON'T KNOW 9

BOX 1

CHECK ITEM HSQ.560:
IF SP 16 YEARS OR OLDER, CONTINUE WITH HSQ.570.
OTHERWISE, GO TO END OF SECTION.

HSQ.570　　　During the **past 12 months**, that is, since {DISPLAY CURRENT MONTH, DISPLAY LAST YEAR}, a year ago, {have you/has SP} donated blood?

　　　　　　　　　　　　　YES 1
　　　　　　　　　　　　　NO . . . . 2　(HSQ.590)
　　　　　　　　　　　　　REFUSED . . . . 7　(HSQ.590)
　　　　　　　　　　　　　DON'T KNOW . . . . 9　(HSQ.590)

HSQ.580   How long ago was {your/SP's} last blood donation?

           IF LESS THAN ONE MONTH, ENTER '1'.

                              |___|___|
                              ENTER # OF MONTHS

                              REFUSED 77
                              DON'T KNOW 99

HSQ.590   Except for tests {you/SP} may have had as part of blood donations, {have you/has he/has she} ever had
           {your/his/her} blood tested for the AIDS virus infection?

                              YES   1
                              NO   2
                              REFUSED   7
                              DON'T KNOW   9

KIDNEY CONDITIONS - KIQ

KIQ.040   The next questions are about {your/SP's} kidneys and bladder.

{Have you/Has SP} had difficulty controlling {your/his/her} bladder, including leaking small amounts of urine when {you cough/he coughs/she coughs} or {sneeze/sneezes}? (IF FEMALE: Do not include bladder control difficulties during pregnancy or recovery from childbirth.)

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

KIQ.060   How frequently does this occur? Would you say this occurs. . .

```
every day,  . . . . . . . . . . . . . . . . . . . . . . . . .    1
a few times a week, . . . . . . . . . . . . . . . . . .    2
a few times a month, or . . . . . . . . . . . . . .    3
a few times a year? . . . . . . . . . . . . . . . . . .    4
REFUSED . . . . . . . . . . . . . . . . . . . . . . . . .    7
DON'T KNOW . . . . . . . . . . . . . . . . . . . . . . .    9
```

BOX 1

CAPI CHECK KIQ.070:
IF SP IS FEMALE, GO TO END OF SECTION.
IF SP MALE AND AGE IS 20-29 OR 60+, GO TO END OF
SECTION.
OTHERWISE, CONTINUE WITH KIQ.340.

KIQ.340   {Have you/Has SP} ever had a rectal examination?

```
YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    1
NO  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    2   (END OF SECTION)
REFUSED . . . . . . . . . . . . . . . . . . . . . . . . .    7   (END OF SECTION)
DON'T KNOW . . . . . . . . . . . . . . . . . . . . . . .    9   (END OF SECTION)
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KIQ.360   Was this done to check for prostate cancer?

```
YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    1
NO  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    2
REFUSED . . . . . . . . . . . . . . . . . . . . . . . . .    7
DON'T KNOW . . . . . . . . . . . . . . . . . . . . . . .    9
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KIQ.380   Was this done to check for blood in the stool?

                                        YES   1
                                        NO   2
                                        REFUSED   7
                                        DON'T KNOW   9

PHYSICAL ACTIVITY AND PHYSICAL FITNESS - PAQ

PAQ.040   The next series of questions are about physical activities that {you/SP} {have/has} done over the **past 30 days**. First I will ask about activities that are related to transportation. Then I'll ask about physical activities that {you/he/she} {do/does} at school or in {your/his/her} leisure time.

Over the **past 30 days**, {have/has} {you/SP} walked or bicycled as part of getting to and from work, or school, or to do errands?
CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

YES	1	
NO	2	(PAQ.200)
UNABLE TO DO ACTIVITY	3	(PAQ.200)
REFUSED	7	(PAQ.200)
DON'T KNOW	9	(PAQ.200)

PAQ.050   [Over the **past 30 days**], how often did {you/SP} do this? [Walk or bicycle as part of getting to and from work, or school, or to do errands.]
PROBE: How many times per day, per week, or per month did {you/s/he} do these activities?

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS OR MONTHS)

REFUSED	777	(PAQ.200)
DON'T KNOW	999	(PAQ.200)

ENTER UNIT

DAY	1	
WEEK	2	
MONTH	3	
REFUSED	7	(PAQ.200)
DON'T KNOW	9	(PAQ.200)

PAQ.080   On those days when {you/SP} walked or bicycled, about how long did {you/s/he} spend altogether doing this?

|___|___|___|
ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED	777
DON'T KNOW	999

ENTER UNIT

MINUTES	1
HOURS	2
REFUSED	7
DON'T KNOW	9

PAQ.200   The next questions are about physical activities including exercise, sports, and physically active hobbies that {you/SP} may have done in {your/his/her} leisure time or at school over the **past 30 days**.

First I will ask you about **vigorous** activities that cause **heavy** sweating or **large increases** in breathing or heart rate. Then I will ask you about **moderate** activities that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate.

Over the **past 30 days**, did {you/SP} do any **vigorous** activities for **at least 10 minutes** that caused **heavy** sweating, or **large increases** in breathing or heart rate? Some examples are running, lap swimming, aerobics classes, or fast bicycling.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES	1	
NO	2	(PAQ.320)
UNABLE TO DO ACTIVITY	3	(PAQ.320)
REFUSED	7	(PAQ.320)
DON'T KNOW	9	(PAQ.320)

PAQ.220   [Over the **past 30 days**], what vigorous activities did {you/SP} do?

CODE ALL THAT APPLY

AEROBICS	10
BASEBALL	11
BASKETBALL	12
BICYCLING	13
BOWLING	14
DANCE	15
FISHING	16
FOOTBALL	17
GARDENING	18
GOLF	19
HIKING	20
HOCKEY	21
HUNTING	22
JOGGING	23
KAYAKING	24
PUSH-UPS	25
RACQUETBALL	26
ROLLERBLADING	27
ROWING	28
RUNNING	29
SIT-UPS	30
SKATING	31
SKIING – CROSS COUNTRY (INCLUDING NORDIC TRACK)	32
SKIING – DOWNHILL	33
SOCCER	34
SOFTBALL	35
STAIR CLIMBING	36
STRETCHING	37
SWIMMING	38
TENNIS	39
TREADMILL	40
VOLLEYBALL	41
WALKING	42
WEIGHT LIFTING	43
YARD WORK	44
OTHER (SPECIFY) _____	45
OTHER (SPECIFY) _____	46
OTHER (SPECIFY) _____	47
REFUSED	77
DON'T KNOW	99

BOX 1

LOOP 1:
ASK PAQ.280 AND PAQ.300 FOR EACH ACTIVITY ENTERED
IN PAQ.220.

PAQ.280   [Over the **past 30 days**], how often did {you/SP} {ACTIVITY}?
           PROBE: How many times per day, per week, or per month?

           CAPI INSTRUCTION:
           FILLS FOR ACTIVITY SHOULD BE AS FOLLOWS: 10. do aerobics, 11. play baseball, 12. play
           basketball, 13. bicycle, 14. bowl, 15. dance, 16. fish, 17. play football, 18. garden, 19. play golf, 20. hike,
           21. play hockey, 22. hunt, 23. jog, 24. kayak, 25. do push-ups, 26. play racquetball, 27. rollerblade, 28.
           row, 29. run, 30. do sit-ups, 31. skate, 32. cross country ski (use the Nordic Track), 33. downhill ski, 34.
           play soccer, 35. play softball, 36. climb stairs, 37. stretch, 38. swim, 39. play tennis, 40. use a treadmill,
           41. play volleyball, 42. walk, 43. lift weights, 44. do yard work, 45. DISPLAY ACTIVITY IN 'OTHER
           SPECIFY', 46. DISPLAY ACTIVITY IN 'OTHER SPECIFY', 47. DISPLAY ACTIVITY IN 'OTHER SPECIFY'.

                                        |___|___|___|
                                        ENTER NUMBER (OF DAYS, WEEKS OR MONTHS)

                                        REFUSED   777
                                        DON'T KNOW   999

                                        ENTER UNIT

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

PAQ.300   [Over the **past 30 days**], on average about how long did {you/SP} {ACTIVITY} **each time**?

                                        |___|___|___|
                                        ENTER NUMBER (OF MINUTES OR HOURS)

                                        REFUSED 777
                                        DON'T KNOW 999

                                        ENTER UNIT

                                        MINUTES   1
                                        HOURS   2
                                        REFUSED   7
                                        DON'T KNOW   9

┌───┐
| **BOX 2** |
| |
| **END LOOP 1:** |
| ASK PAQ.280 AND PAQ.300 FOR NEXT ACTIVITY. |
| IF NO NEXT ACTIVITY, CONTINUE WITH PAQ.320. |
└───┘

PAQ.320   [Over the **past 30 days**], did {you/SP} do **moderate** activities for **at least 10 minutes** that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate? Some examples are brisk walking, bicycling for pleasure, golf, or dancing.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES   1
NO   2   (PAQ.440)
UNABLE TO DO ACTIVITY   3   (PAQ.440)
REFUSED   7   (PAQ.440)
DON'T KNOW   9   (PAQ.440)

PAQ.340   [Over the past 30 days], what activity or activities did {you/SP} do?

CODE ALL THAT APPLY

AEROBICS   10
BASEBALL   11
BASKETBALL   12
BICYCLING   13
BOWLING   14
DANCE   15
FISHING   16
FOOTBALL   17
GARDENING   18
GOLF   19
HIKING   20
HOCKEY   21
HUNTING   22
JOGGING   23
KAYAKING   24
PUSH-UPS   25
RACQUETBALL   26
ROLLERBLADING   27
ROWING   28
RUNNING   29
SIT-UPS   30
SKATING   31
SKIING – CROSS COUNTRY (INCLUDING
  NORDIC TRACK)   32
SKIING – DOWNHILL   33
SOCCER   34
SOFTBALL   35
STAIR CLIMBING   36
STRETCHING   37
SWIMMING   38
TENNIS   39
TREADMILL   40
VOLLEYBALL   41
WALKING   42
WEIGHT LIFTING   43
YARD WORK   44
OTHER (SPECIFY) _____   45
OTHER (SPECIFY) _____   46
OTHER (SPECIFY) _____   47
REFUSED   77   (PAQ.440)
DON'T KNOW   99   (PAQ.440)

BOX 3

LOOP 2:
ASK PAQ.400 AND PAQ.420 FOR EACH ACTIVITY ENTERED
IN PAQ.340.

PAQ.400 [Over the **past 30 days**], how often did {you/SP} {ACTIVITY}?
PROBE: How many times per day, per week, or per month?

CAPI INSTRUCTION:
FILLS FOR ACTIVITY SHOULD BE AS FOLLOWS: 10. do aerobics, 11. play baseball, 12. play basketball, 13. bicycle, 14. bowl, 15. dance, 16. fish, 17. play football, 18. garden, 19. play golf, 20. hike, 21. play hockey, 22. hunt, 23. jog, 24. kayak, 25. do push-ups, 26. play racquetball, 27. rollerblade, 28. row, 29. run, 30. do sit-ups, 31. skate, 32. cross country ski (use the Nordic Track), 33. downhill ski, 34. play soccer, 35. play softball, 36. climb stairs, 37. stretch, 38. swim, 39. play tennis, 40. use a treadmill, 41. play volleyball, 42. walk, 43. lift weights, 44. do yard work, 45. DISPLAY ACTIVITY IN 'OTHER SPECIFY', 46. DISPLAY ACTIVITY IN 'OTHER SPECIFY', 47. DISPLAY ACTIVITY IN 'OTHER SPECIFY'.

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS OR MONTHS)

REFUSED 777
DON'T KNOW 999

ENTER UNIT

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

PAQ.420 [Over the **past 30 days**], on average about how long did {you/SP} {ACTIVITY} **each time**?

|___|___|___|
ENTER NUMBER (OF MINUTES OR HOURS)

REFUSED 777
DON'T KNOW 999

ENTER UNIT

MINUTES   1
HOURS   2
REFUSED   7
DON'T KNOW   9

BOX 4

END LOOP 2:
ASK PAQ.400 AND PAQ.420 FOR NEXT ACTIVITY.
IF NO NEXT ACTIVITY, CONTINUE WITH PAQ.440.

PAQ.440　　Over the **past 30 days**, did {you/SP} do any physical activities specifically designed to **strengthen** {your/his/her} muscles such as lifting weights, push-ups or sit-ups? Include all such activities even if you have mentioned them before.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

YES . . . .　1
NO . . . .　2　(PAQ.500)
UNABLE TO DO ACTIVITY . . . .　3　(PAQ.500)
REFUSED . . . .　7　(PAQ.500)
DON'T KNOW . . . .　9　(PAQ.500)

PAQ.460　　[Over the **past 30 days**], how often did {you/SP} do these physical activities? [Activities designed to strengthen {your/his/her} muscles such as lifting weights, push-ups or sit-ups.]

|___|___|___|
ENTER NUMBER (OF DAYS, WEEKS OR MONTHS)

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

ENTER UNIT

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

PAQ.500　　How does the amount of activity that you reported {for SP} for the **past 30 days** compare with {your/his/her} physical activity for the **past 12 months**? During the **past 30 days**, {were you/was s/he} . . .

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

PAQ.520　　Compared with most {boys/girls} {your/SP's} age, would you say that {you are/SP is} . . .

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

PAQ.575   Now I will ask about TV watching and computer use.

About how many hours did {you/SP} sit and watch TV or videos yesterday? Would you say . . .

less than 1 hour, ...   0
1 hour, ...   1
2 hours, ...   2
3 hours, ...   3
4 hours, or   4
5 hours or more?   5
NONE   6
REFUSED   7
DON'T KNOW   9

PAQ.580   About how many hours did {you/SP} use a computer or play computer games yesterday? Would you say.
. .

less than 1 hour, ...   0
1 hour, ...   1
2 hours, ...   2
3 hours, ...   3
4 hours, or   4
5 hours or more?   5
NONE   6
REFUSED   7
DON'T KNOW   9

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, GO TO END OF SECTION.
- 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 (BOX 3)
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 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 20, ...   1
                              20 to 29, ...   2
                              30 to 34, ...   3
                              35 to 39, ...   4
                              40 to 44, ...   5
                              45 to 49, ...   6
                              50 to 54, or   7
                              55 or older?   8
                              REFUSED   77
                              DON'T KNOW   99

┌───┐
│   **BOX 3**   │
│   │
│ **CHECK ITEM RHQ.075:**   │
│ ■   IF SP HAD REGULAR PERIODS (CODED '1' IN RHQ.030) AND 35-60 YEARS OLD, │
│   CONTINUE WITH RHQ.080.   │
│ ■   IF SP HAD LAST PERIOD BETWEEN 0-2 MONTHS AGO (CODED 1-2 IN RHQ.050) AND│
│   <u>NOT</u> CURRENTLY PREGNANT (CODED '2-9' IN RHQ.040) AND 35-60 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. │
│ ■   IF SP HAD LAST PERIOD 12+ MONTHS AGO (CODED '6' IN RHQ.050) AND THE   │
│   DIFFERENCE BETWEEN CURRENT AGE AND AGE AT LAST PERIOD IN RHQ.060 IS │
│   LESS THAN 5 YEARS, 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.100   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

RHQ.110   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)

RHQ.120   In the **last 6 months**, how often {have you/has SP} had hot flashes or night sweats?

    |___|___|
    ENTER NUMBER

    REFUSED   77
    DON'T KNOW   99

    ENTER UNIT

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

BOX 5

CHECK ITEM RHQ.125:
- IF SP CURRENTLY PREGNANT (CODED '1') IN RHQ.040, GO TO RHQ.150.
- OTHERWISE, CONTINUE WITH RHQ.130.

RHQ.130   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)

19

```
┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 6                                   │
│                                                                     │
│ CHECK ITEM RHQ.135:                                                 │
│ ■    IF SP HAD LAST PERIOD LESS THAN 6 MONTHS AGO AND NOT CURRENTLY  │
│      MENSTRUATING (CODED '2', '3'  IN RHQ.050) AND SP 18-45 YEARS OLD, CONTINUE │
│      WITH RHQ.140.                                                  │
│ ■    IF SP HAD REGULAR PERIODS (CODED '1' IN RHQ.030) AND SP 18-45 YEARS OLD, │
│      CONTINUE WITH RHQ.140.                                         │
│ ■    OTHERWISE, GO TO RHQ.160.                                      │
└─────────────────────────────────────────────────────────────────────┘
```

RHQ.140   {Do you/Does SP} think {you are/she is} pregnant **now**?

                        YES   1
                        NO   2   (RHQ.160)
                        REFUSED   7   (RHQ.160)
                        DON'T KNOW   9   (RHQ.160)

RHQ.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   77
                        DON'T KNOW   99

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 birth, miscarriage, stillbirth, tubal pregnancy, or abortion.

                        |___|___|
                         ENTER NUMBER OF PREGNANCIES
                        REFUSED   77
                        DON'T KNOW   99


```
┌─────────────────────────────────────────────────────────────────────┐
│                              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**?

                          |___|___|
                          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?}.

JOB/SCHEDULING DIFFICULTIES   1
MOTHER'S PHYSICAL/MEDICAL
DIFFICULTIES   2
CHILD'S PHYSICAL/MEDICAL
DIFFICULTIES   3
PREFERRED BOTTLE FEEDING   4
DIDN'T KNOW HOW TO BREAST-FEED .   5
OTHER REASONS   6
REFUSED   7
DON'T KNOW   9

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.

YES   1
NO   2   (BOX 12)
REFUSED   7   (BOX 12)
DON'T KNOW   9   (BOX 12)

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

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
```

RHQ.280   {Have you/Has SP} had a hysterectomy including a partial hysterectomy, that is surgery to **remove**
{your/her} uterus or womb?

```
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 one or both 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?

```
|___|___|___|
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?

```
|___|___|___|
ENTER AGE IN YEARS

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

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}.

YES 1
NO 2 (RHQ.420)
REFUSED 7 (RHQ.420)
DON'T KNOW 9 (RHQ.420)

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}.

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

RHQ.420 Now I am going to ask you about {your/SP's} past and current use of some forms of contraception.

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

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

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

|___|___|
ENTER AGE IN YEARS

REFUSED   77
DON'T KNOW   99

BOX 18

CHECK ITEM RHQ.435:
- IF SP IS <u>NOT</u> PREGNANT OR MENOPAUSAL (<u>NOT</u> CODED '1' OR '5') IN RHQ.040 AND IF SP HAS AT LEAST ONE OVARY (<u>NOT</u> CODED '1') 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 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

```
┌─────────────────────────────────────────────────────────────────────────┐
│                              BOX 19                                       │
│                                                                           │
│ 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.

|___|___|___|
ENTER NUMBER

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 DID NOT HAVE REGULAR PERIODS (CODED '2'. '7', '9' IN RHQ.030) AND │
│        REASON FOR IRREGULAR PERIODS NOT BECAUSE CURRENTLY PREGNANT,        │
│        BREAST FEEDING, PREGNANT IN PAST YEAR, OR PERIODS ALWAYS            │
│        IRREGULAR (CODED '5-6', '77' OR '99' IN RHQ.040), CONTINUE WITH RHQ.540. │
│ ■     OTHERWISE, SKIP TO BOX 24.                                          │
└─────────────────────────────────────────────────────────────────────────┘
```

RHQ.540 Female hormones, such as estrogen and progestin, may be taken after a hysterectomy or during or after menopause. {Have you/Has SP} **ever** used female hormones? Please include any forms of female hormones, such as pills, cream, patch, and injectables, but **do not** include birth control methods.

                        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

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.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)
                        DON'T 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
DON'T 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
DON'T 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)
DON'T 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**?

YES   1
NO   2
REFUSED   7
DON'T KNOW   9

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

|___|___|
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**?

YES 1
NO 2 (RHQ.588)
REFUSED 7 (RHQ.588)
DON'T KNOW 9 (RHQ.588)

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

|___|___|___|
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

|___|___|
ENTER NUMBER

REFUSED 77
DON'T KNOW 99

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?

|___|___|___|
ENTER AGE IN YEARS

RHQ.600 {Are you/Is SP} using patches containing both estrogen and progestin **now**?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

RHQ.602   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

|___|___|
ENTER NUMBER

REFUSED 77
DON'T KNOW 99

ENTER UNIT

MONTHS   1
YEARS   2
REFUSED   7
DON'T KNOW   9

BOX 23

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.

RHQ.606   {Have you/Has SP} **ever** used female hormone **creams, suppositories, or injections** containing **estrogen only**?

YES   1
NO 2 (RHQ.614)
REFUSED 7 (RHQ.614)
DON'T KNOW 9 (RHQ.614)

RHQ.608   How old {were you/was SP} when {you/she} **first** started using creams, suppositories, or injections containing estrogen only?

|___|___|___|
ENTER AGE IN YEARS

REFUSED 777
DON'T KNOW 999

RHQ.610   {Are you/Is SP} using creams, suppositories, or injections containing estrogen only **now**?

YES   1
NO   2
REFUSED   7
DON'T KNOW   9

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

RHQ.620   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

RHQ.622   {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)

RHQ.624   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

RHQ.626   {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

RHQ.628   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 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.
- OTHERWISE, GO TO END OF SECTION.

FSQ.650   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 **past 12 months**?

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

FSQ.660   {Are you/Is SP} **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?

|___|___|
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

RESPONDENT SELECTION SECTION - RIQ - MEC

RIQ.005   INTERVIEWER: MARK MAIN RESPONDENT. SPECIFY RELATIONSHIP OF RESPONDENT TO SP
           IF OTHER THAN SP.

                          SP 1 (RIQ.090)
                          MOTHER   2
                          FATHER   3
                          SPOUSE   4
                          SISTER OR BROTHER   5
                          CHILD   6
                          GRANDPARENT   7
                          LEGAL GUARDIAN   8
                          OTHER (SPECIFY)   9

RIQ.030   WHY IS INTERVIEW BEING CONDUCTED WITH A PROXY?

                          SP HAS COGNITIVE PROBLEMS   1
                          SP HAS PHYSICAL PROBLEMS
                             (SPECIFY)   2
                          OTHER (SPECIFY)   3

RIQ.038   INTERVIEWER: WAS SP PRESENT IN THE ROOM DURING ANY PART OF THE INTERVIEW?

                          YES   1
                          NO   2

RIQ.090   INTERPRETER USED FOR THIS INTERVIEW?

                          YES   1
                          NO . . . .   2 (END OF SECTION)

RIQ.100   CODE TYPE OF INTERPRETER.

                          RELATIVE   1
                          NEIGHBOR OR FRIEND   2
                          PAID INTERPRETER   3

RIQ.140   LANGUAGE OF INTERVIEW.

CHINESE   1
FRENCH   2
GERMAN   3
ITALIAN   4
JAPANESE   5
RUSSIAN   6
OTHER (SPECIFY)   7

TOBACCO - SMQ

SMQ.620   The following questions are about cigarette smoking and other tobacco use.

            Have you ever tried cigarette smoking, even 1 or 2 puffs?

            VERBAL INSTRUCTIONS TO SP:
            Please select Yes, No.

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

SMQ.630   How old were you when you smoked a whole cigarette for the **first** time?

            IF R SAYS LESS THAN 6 YEARS, ENTER 6 YEARS.

            VERBAL INSTRUCTIONS TO SP:
            Please enter an age or select Never smoked a whole cigarette.

            CAPI INSTRUCTION:
            ACCEPTABLE VALUES: 6-19 YEARS.

                                        |___|___|
                                        ENTER AGE

                                        NEVER SMOKED A WHOLE CIGARETTE 666 (SMQ.680)
                                        REFUSED 777 (SMQ.680)
                                        DON'T KNOW 999 (SMQ.680)

SMQ.640   During the past **30 days**, on how many days did you smoke cigarettes?

            VERBAL INSTRUCTIONS TO SP:
            Please enter a number or enter zero if none.

                                        |___|___|
                                        ENTER NUMBER OF DAYS

                                        REFUSED   77
                                        DON'T KNOW   99

BOX 1A

CHECK ITEM SMQ.645:
IF 'NONE' (CODE '00'), 'REFUSED' (CODE '77'), OR 'DON'T
KNOW' (CODE '99') IN SMQ.640, GO TO SMQ.670.
OTHERWISE, CONTINUE WITH SMQ.650.

SMQ.650   During the past **30 days**, on the days that you smoked, how many cigarettes did you smoke per day?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|___|
ENTER NUMBER OF CIGARETTES

MORE THAN 1 PACK OF CIGARETTES . . 66
REFUSED 77
DON'T KNOW 99

SMQ.660   During the past **30 days**, on the days that you smoked, which brand of cigarettes did you **usually** smoke?

VERBAL INSTRUCTIONS TO SP:
Please select one of the following choices: Marlboro, Camel, Newport, Kool, Winston, Benson and Hedges, Salem, Some other brand.

Marlboro, ... 1
Camel, ... 2
Newport, ... 3
Kool, ... 4
Winston, ... 5
Benson and Hedges, ... 6
Salem, ... 7
Other 8
REFUSED 77
DON'T KNOW 99

+---+
| **BOX 1B** |
| |
| **CHECK ITEM SMQ.662:** |
| IF NEWPORT, KOOL, OR SALEM BRAND (CODED '3', '4', OR |
| '7') REPORTED IN SMQ.660, GO TO SMQ.666. |
| OTHERWISE, CONTINUE WITH SMQ.664. |
+---+

SMQ.664   {Were/Was} the {BRAND REPORTED IN SMQ.660} cigarettes menthol or non-menthol?

VERBAL INSTRUCTIONS TO SP:
Please select menthol, non-menthol.

CAPI INSTRUCTION:
IF SMQ.660 = 8, DISPLAY {WAS} {BRAND OF}.

MENTHOL 1
NON-MENTHOL 2
REFUSED 7
DON'T KNOW 9

SMQ.666   {Were/Was} the {BRAND REPORTED IN SMQ.660} cigarettes regulars, lights, or ultra-lights?

VERBAL INSTRUCTIONS TO SP:
Please select regulars, lights, ultra-lights.

CAPI INSTRUCTION:
IF SMQ.660 = 8, DISPLAY {WAS} {BRAND OF}.

REGULARS   1
LIGHTS   2
ULTRA-LIGHTS   3
REFUSED   7
DON'T KNOW   9

SMQ.670   During the past **12 months**, have you stopped smoking for one day or longer **because you were trying to quit smoking**?

VERBAL INSTRUCTIONS TO SP:
Please select Yes, No.

YES   1
NO   2
REFUSED   7
DON'T KNOW   9

SMQ.680   The following questions ask about use of tobacco or nicotine products in the past **5 days**.

During the past **5 days**, did you use any product containing nicotine including cigarettes, pipes, cigars, chewing tobacco, snuff, nicotine patches, nicotine gum, or any other product containing nicotine?

VERBAL INSTRUCTIONS TO SP:
Please select Yes, No.

YES   1
NO   2   (END OF SECTION)
REFUSED   7   (END OF SECTION)
DON'T KNOW   9   (END OF SECTION)

SMQ.690   Which of these products did you use? (CHECK ALL THAT APPLY)

VERBAL INSTRUCTIONS TO SP:
Please select all that you used.

Cigarettes   1
Pipes   2
Cigars   3
Chewing tobacco   4
Snuff   5
Nicotine patches, gum, or other
   nicotine product   6
REFUSED   77
DON'T KNOW   99

6

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┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 2                                   │
│                                                                     │
│       CHECK ITEM SMQ.700:                                           │
│       IF 'CIGARETTES' (CODE 1) IN SMQ.690, GO TO SMQ.710.          │
│       IF 'PIPES' (CODE 2) IN SMQ.690, GO TO SMQ.740.               │
│       IF 'CIGARS' (CODE 3) IN SMQ.690, GO TO SMQ.770.              │
│       IF 'CHEW' (CODE 4) IN SMQ.690, GO TO SMQ.800.                │
│       IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.              │
│       IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO             │
│       SMQ.830.                                                      │
│       IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN          │
│       SMQ.690, GO TO SMQ.710.                                       │
└─────────────────────────────────────────────────────────────────────┘
```

SMQ.710   During the past **5 days** (including today), on how many days did you smoke cigarettes?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|
ENTER NUMBER OF DAYS

REFUSED   7
DON'T KNOW   9

SMQ.720   During the past **5 days**, on the days you smoked, how many cigarettes did you smoke each day?

IF R SAYS 95 OR MORE CIGARETTES PER DAY, ENTER 95.

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|
ENTER NUMBER OF CIGARETTES

REFUSED 777
DON'T KNOW 999

SMQ.725   When did you smoke your last cigarette? Was it . . .

today, ...   1
yesterday, or   2
3 to 5 days ago?   3
REFUSED   7
DON'T KNOW   9

SMQ.740   During the past **5 days** (including today), on how many days did you smoke a pipe?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|
ENTER NUMBER OF DAYS

REFUSED   7
DON'T KNOW   9

SMQ.750   During the past **5 days**, on the days you smoked a pipe, how many pipes did you smoke each day?

IF R SAYS LESS THAN 1 PIPE PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|___|
ENTER NUMBER OF PIPES

REFUSED   77
DON'T KNOW   99

SMQ.755   When did you smoke your last pipe? Was it . . .

today, ...   1
yesterday, or   2
3 to 5 days ago?   3
REFUSED   7
DON'T KNOW   9

SMQ.770   During the past **5 days** (including today), on how many days did you smoke cigars?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|
ENTER NUMBER OF DAYS

REFUSED   7
DON'T KNOW   9

SMQ.780   During the past **5 days**, on the days you smoked cigars, how many cigars did you smoke each day?

IF R SAYS LESS THAN 1 CIGAR PER DAY, ENTER 1.

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|___|
ENTER NUMBER OF CIGARS

REFUSED   77
DON'T KNOW   99

SMQ.785   When did you smoke your last cigar? Was it . . .

today, ...   1
yesterday, or   2
3 to 5 days ago?   3
REFUSED   7
DON'T KNOW   9

SMQ.800   During the past **5 days** (including today), on how many days did you use chewing tobacco, such as Redman, Levi Garrett or Beechnut?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|
ENTER NUMBER OF DAYS

REFUSED   7
DON'T KNOW   9

SMQ.815   When did you last use chewing tobacco? Was it . . .

today, ...   1
yesterday, or   2
3 to 5 days ago?   3
REFUSED   7
DON'T KNOW   9

BOX 5A

CHECK ITEM SMQ.816:
IF 'SNUFF' (CODE 5) IN SMQ.690, GO TO SMQ.817.
IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO SMQ.830.
IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN SMQ.690, GO TO SMQ.817.

SMQ.817   During the past **5 days** (including today), on how many days did you use snuff, such as Skoal, Skoal Bandits, or Copenhagen?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|
ENTER NUMBER OF DAYS

REFUSED   7
DON'T KNOW   9

SMQ.819   When did you last use snuff? Was it . . .

today, ...   1
yesterday, or   2
3 to 5 days ago?   3
REFUSED   7
DON'T KNOW   9

```
                                    BOX 6

        CHECK ITEM SMQ.820:
        IF 'NICOTINE PRODUCT' (CODE 6) IN SMQ.690, GO TO
        SMQ.830.
        IF 'REFUSED' (CODE 77) OR 'DON'T KNOW' (CODE 99) IN
        SMQ.690, GO TO SMQ.830.
        OTHERWISE, GO TO END OF SECTION.
```

SMQ.830   During the past **5 days** (including today), on how many days did you use any product containing nicotine to help you stop smoking? Include nicotine patches, gum, or any other product containing nicotine.

            VERBAL INSTRUCTIONS TO SP:
            Please enter a number.

                                    |___|
                                    ENTER NUMBER OF DAYS

                                    REFUSED   7
                                    DON'T KNOW   9

SMQ.840   When did you last use a product containing nicotine? Was it . .

                                    today, ...   1
                                    yesterday, or   2
                                    3 to 5 days ago?   3
                                    REFUSED   7
                                    DON'T KNOW   9

                                        11
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