REPRODUCTIVE HEALTH – RHQ
Target Group: Female SPs Ages 12+

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:
SOFTWARE EDITS: AGE ≤ 8 AND ≥ 25 YEARS.
ERROR MESSAGE: “UNLIKELY RESPONSE. PLEASE VERIFY.”
HARD EDIT VALUES: AGE OF 1ST PERIOD CANNOT BE GREATER THAN CURRENT AGE.
ERROR MESSAGE: “AGE MENSTRUAL CYCLE STARTED CANNOT BE GREATER THAN AGE OF SP.”
SOFTWARE EDITS: DISPLAY EDITS WHEN AGE OF SP IS GREATER THAN OR EQUAL TO 20 AND RHQ.010 IS CODED ’0’.
ERROR MESSAGE: “IT IS UNLIKELY THAT SP’S 20 OR OLDER WILL NOT HAVE BEGUN TO MENSTRUATE. PLEASE VERIFY.”

|___|___|
ENTER AGE IN YEARS

REFUSED ............................................. 77
DON’T KNOW........................................... 99 (RHQ.020)

CHECK ITEM RHQ.015:
- IF PERIODS HAVEN’T STARTED (CODED ’0’), GO TO END OF SECTION.
- IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED ‘1’ - ’76’) IN RHQ.010 AND SP AGE ≥ 20, OR IF SP REFUSES AGE (CODED ’77’) IN RHQ.010, GO TO RHQ.031.
- IF PERIODS HAVE STARTED AND SP REPORTS AGE (CODED ‘1’ - ’76’) IN RHQ.010 AND SP AGE IS 12-19, GO TO RHQ.018.
- OTHERWISE, GO TO RHQ.031.

RHQ.018 In what month did {you/SP} have {your/her} first menstrual period?

|___|___|
ENTER MONTH (RHQ.031)

HARD EDIT VALUES FOR MONTH: 01 – 12.
HARD EDIT: DISPLAY ERROR WHEN ONLY ONE DIGIT IS ENTERED FOR MONTH.
ERROR MESSAGE: “ENTER TWO DIGITS FOR MONTH.”

REFUSED ............................................. 77 (RHQ.031)
DON’T KNOW........................................... 99 (RHQ.031)
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.031  {Have you/Has SP} had at least one menstrual period in the past 12 months? Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.

SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS GREATER THAN OR EQUAL TO 60 AND RHQ.031 IS CODED YES.

ERROR MESSAGE: “IT IS UNLIKELY THAT SPS AGED 60 YEARS OR OLDER WILL STILL BE MENSTRUATING. PLEASE VERIFY.”

YES ...............................................................  1
NO ...............................................................  2 (RHQ.043)
REFUSED .....................................................  7 (RHQ.060)
DON’T KNOW ...............................................  9 (RHQ.060)

BOX 1A

CHECK ITEM RHQ.033:
■ IF SP < 20 YEARS OLD AND RHQ.031 = 1, GO TO BOX 3.
■ IF SP 20+ YEARS OLD AND RHQ.031 = 1, GO TO RHQ 282.
■ OTHERWISE, CONTINUE.

RHQ.043  What is the reason that {you have/SP has} not had a period in the past 12 months?

HAND CARD RHQ 1

SOFT EDIT: DISPLAY EDIT WHEN AGE OF SP IS YOUNGER THAN OR EQUAL TO 50 AND RHQ.043 IS CODED 7 (MENOPAUSE/CHANGE OF LIFE).

ERROR MESSAGE: “UNLIKELY RESPONSE. PLEASE VERIFY.”

PREGNANCY ................................................  1 (BOX 3)
BREAST FEEDING ........................................  2
HYSTERECTOMY ...........................................  3
MENOPAUSE/CHANGE OF LIFE .....................  7
OTHER ..........................................................  9
REFUSED .....................................................  77
DON’T KNOW ...............................................  99
RHQ.282  {Have you/Has SP} had a hysterectomy, including a partial hysterectomy, that is, surgery to **remove** {your/her} uterus or womb?

MARK IF KNOWN. OTHERWISE ASK.

HARD EDIT: IF RHQ043 CODED AS “3”, BUT REPORTED “NO” TO RHQ282, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWERS TO RHQ043 AND RHQ282:

“You mentioned that hysterectomy is the reason that you have not had a period in the past 12 months, is it correct?”

- YES ...............................................................  1
- NO .................................................................  2
- REFUSED .....................................................  7
- DON’T KNOW ................................................  9

RHQ.305  {Have you/Has SP} had **both** of {your/her} ovaries removed {either when {you/she} had {your/her} uterus removed or at any other time}?

CAPI INSTRUCTION: IF RHQ.282 = 1 DISPLAY {either when {you/she} had {your/her} uterus removed or at any other time}"

- YES ...............................................................  1
- NO .................................................................  2 (BOX 1B)
- REFUSED .....................................................  7 (RHQ.060)
- DON’T KNOW ................................................  9 (RHQ.060)

RHQ.332  How old {were you/was SP} when {you/she} had {your/her} ovaries removed or last ovary removed if removed at different times?

CAPI INSTRUCTION:

HARD EDIT: RHQ.332 MUST BE EQUAL TO OR LESS THAN AGE OF SP.

ERROR MESSAGE: “AGE CANNOT BE GREATER THAN AGE OF SP."

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

- REFUSED ..................................................... 777
- DON’T KNOW ................................................ 999

**BOX 1B**

CHECK ITEM RHQ.334:
- IF RHQ.031 = 1 AND RHQ.282 = 2 AND RHQ.305 = 2, GO TO BOX 3.
- OTHERWISE, CONTINUE.
About how old {were you/was SP} when {you/she} had {your/her} last menstrual period?

SOFT EDIT: DISPLAY EDIT WHEN RHQ.060 IS GREATER THAN 59.
ERROR MESSAGE: “IT IS UNLIKELY THAT AN SP WILL HAVE HER LAST MENSTRUAL PERIOD AFTER AGE 59. PLEASE VERIFY.”

SOFT EDIT: RHQ.060 MUST BE LESS THAN OR EQUAL TO RHQ.332.
ERROR MESSAGE: “AGE OF SP AT LAST MENSTRUAL PERIOD CANNOT BE GREATER THAN AGE OF SP AT HYSTERECTOMY OR AGE OF SP AT OOPHORECTOMY.”

HARD EDIT: RHQ.060 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: “AGE OF SP AT LAST MENSTRUAL PERIOD CANNOT BE GREATER THAN AGE OF SP.”

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.
■ OTHERWISE, GO TO BOX 3.

{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.072:
■ IF SP IS 12-59 YEARS OLD, AND RHQ.043 = 3 OR 7, GO TO BOX 5.
■ IF SP AGE IS GREATER THAN OR EQUAL TO 60 YEARS OLD, GO TO RHQ.131.
■ OTHERWISE, CONTINUE.
In the past 12 months, have you used any method of birth control for any reason?

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

HELP SCREEN SHOULD READ: Birth control can be used to prevent pregnancy, prevent sexually transmitted disease or used for other medical conditions such as to control acne, headaches, or menstrual cramps, or help with irregular menstrual periods.

Which methods of birth control did you use in the past 12 months?

CODE ALL THAT APPLY

BIRTH CONTROL PILLS................................. 1
PATCH .......................................................... 2
RING .............................................................. 3
SHOT/INJECTABLE ...................................... 4
IMPLANT ....................................................... 5
CONDOMS .................................................... 6
IUD ............................................................ 7
DIAPHRAGM, CAP or SPONGE ..................... 8
SPERMICIDE FOAM, JELLY, CREAM OR SUPPOSITORY................................. 9
NATURAL FAMILY PLANNING ................... 10
STERILIZATION .......................................... 11
WITHDRAWAL ............................................ 12
EMERGENCY CONTRACEPTION ............. 13
ABSTINENCE .............................................. 14

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

IF RHQ.071=2,7,9 AND SP IS 12-17 YEARS OLD, GO TO RHQ.131.
IF RHQ.071=2,7,9 AND SP IS 18-59 YEARS OLD, GO TO RHQ.074.
OTHERWISE, CONTINUE.

Which methods of birth control did you use in the past 12 months?

If SP is 18-59 years old, continue.
Otherwise, go to RHQ.131.
RHQ.074  
{Have you/Has SP} ever attempted to become pregnant over a period of at least a year without becoming pregnant?

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

RHQ.076  
{Have you/Has SP} ever been to a doctor or other medical provider because {you have/she has} been unable to become pregnant?

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

RHQ.078  
{Have you/Has SP} ever been treated for an infection in {your/her} fallopian tubes, uterus or ovaries, also called a pelvic infection, pelvic inflammatory disease, or PID?

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

RHQ.131  
The next questions are about {your/SP’s} pregnancy history. Please include {current pregnancy,} live births, miscarriages, stillbirths, tubal pregnancies and abortions.

{Have you/Has SP} ever been pregnant?

MARK IF KNOWN. OTHERWISE ASK.

CAPI INSTRUCTIONS:
IF RHQ.043 = 1, DISPLAY {current pregnancy}

HELP SCREEN SHOULD READ: Miscarriage: Refers to a pregnancy that terminates naturally during the first 5 months (20 weeks) of pregnancy. Stillbirth: Refers to a baby that is born dead after 6 or more months (>20 weeks) of pregnancy. Tubal Pregnancy: Refers to a pregnancy that occurs in the fallopian tube. Abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

YES ...............................................................  1
NO .................................................................  2 (RHQ.421)
REFUSED .....................................................  7 (RHQ.421)
DON'T KNOW................................................  9 (RHQ.421)
CHECK ITEM RHQ.136:
- IF THE SP HAS EXPERIENCED MENOPAUSE (RHQ.043 = 7), GO TO RHQ.160.
- IF THE SP HAD Hysterectomy (RHQ.043 = 3 OR RHQ.282 = 1), GO TO RHQ.160.
- OTHERWISE, CONTINUE.

**RHQ.143**  
{Are you/Is SP} pregnant now?  
MARK IF KNOWN. OTHERWISE ASK.

- YES ............................................................... 1  
- NO ................................................................. 2  
- REFUSED ..................................................... 7  
- DON’T KNOW................................................ 9  

**RHQ.160**  
How many times {have you/has SP} been pregnant? Please count all {your/her} pregnancies including (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies, and abortions.)

HELP SCREEN SHOULD READ: Miscarriage: Refers to a pregnancy that terminates naturally during the first 5 months (20 weeks) of pregnancy. Stillbirth: Refers to a baby that is born dead after 6 or more months (>20 weeks) of pregnancy. Tubal Pregnancy: Refers to a pregnancy that occurs in the fallopian tube. Abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

CAPI INSTRUCTION: IF RHQ.143 = 1 DISPLAY {current pregnancy}.

|___|___|
ENTER NUMBER OF PREGNANCIES

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

**RHQ.162**  
During {any/your/SP’s} pregnancy, {were you/was SP} ever told by a doctor or other health professional that {you/she} had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that {you/SP} may have known about before the pregnancy.

CAPI INSTRUCTION:
IF RHQ.160 = 1, DISPLAY {your/SP’s}. OTHERWISE, DISPLAY {any}.

HELP SCREEN SHOULD READ: Gestational diabetes is a form of diabetes or high blood sugar found in pregnant women.

- YES ............................................................... 1  
- NO ................................................................. 2  
- BORDERLINE ............................................... 3  
- REFUSED ..................................................... 7  
- DON’T KNOW................................................ 9
BOX 7

CHECK ITEM RHQ.165:
- IF SP ONLY HAD ONE PREGNANCY (CODED ‘1’) IN RHQ.160 AND CURRENTLY PREGNANT (CODED ‘1’) IN RHQ.143, SKIP TO RHQ.421.
- OTHERWISE CONTINUE.

RHQ.167 How many deliveries {have you/has SP} had? (Please count all vaginal and Cesarean deliveries and count stillbirths as well as live births.)

COUNT THE NUMBER OF DELIVERIES, NOT THE NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP DELIVERED TWINS OR HAD ANY OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

SOFT EDIT: RHQ.167 MUST BE EQUAL TO OR LESS THAN RHQ.160.
ERROR MESSAGE: “It is unlikely that the number of deliveries (vaginal and cesarean deliveries combined) is greater than the number of pregnancies. Please verify.”

SOFT EDIT: IF CURRENTLY PREGNANT (CODED ‘1’ IN RHQ.143) THEN RHQ.167 SHOULD BE LESS THAN OR EQUAL TO RHQ.160 MINUS 1.
ERROR MESSAGE: “Since SP is currently pregnant, it is unlikely that the number of vaginal and cesarean deliveries is equal to or greater than the number of pregnancies. Please verify.”

ENTER NUMBER

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

BOX 7B

CHECK ITEM RHQ.170A:
- IF THE NUMBER OF DELIVERIES IN RHQ.167 EQUALS ZERO, GO TO RHQ.421.
- OTHERWISE, CONTINUE WITH RHQ.172.
RHQ.172  {Did {your/SP’s} delivery/Did any of {your/SP’s} deliveries} result in a baby that weighed 9 pounds or more at birth? Please count stillbirths as well as live births.

INTERVIEWER INSTRUCTION: IF SP ONLY RECALLS HER BABY’S BIRTH WEIGHT IN KILOS/GRAMS: 9 LB ~ 4.1 KG/ 4,100 G.

CAPI INSTRUCTION:
IF SP HAD ONE DELIVERY RHQ.167 = 1), DISPLAY {YOUR DELIVERY).
IF SP HAD MORE THAN ONE DELIVERY (RHQ.167 > 1), DISPLAY {ANY OF YOUR DELIVERIES}.

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

RHQ.171  {How many of {your/her} deliveries resulted/Did {your/her} delivery result} in a live birth?

CAPI INSTRUCTION:
IF SP HAD ONE DELIVERY (RHQ.167  = 1), REPLACE {How many of {your/her} deliveries resulted} WITH {Did {your/her} delivery result}.

FOR SINGLE DELIVERIES:
Yes = 1
No = 0

COUNT THE NUMBER OF TOTAL DELIVERIES, NOT NUMBER OF LIVE-BORN CHILDREN. FOR EXAMPLE, IF SP HAD TWINS OR OTHER MULTIPLE BIRTH, COUNT AS A SINGLE DELIVERY.

SOFT EDIT: RHQ.171 MUST BE EQUAL TO OR LESS THAN RHQ.160.
ERROR MESSAGE: “NUMBER OF LIVE BIRTHS CANNOT BE GREATER THAN THE NUMBER OF PREGNANCIES.”

| _____ |
ENTER NUMBER OF DELIVERIES

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

| Box 8 |

CHECK ITEM RHQ.177:
- IF SP GREATER THAN OR EQUAL TO 60, GO TO RHQ.421.
- IF SP LESS THAN 60 AND RHQ.171 = 0, GO TO RHQ.421.
- OTHERWISE, CONTINUE.
RHQ.180  How old (were you/was SP) at the time of (your/her) (first) live birth?

CAPI INSTRUCTION:
IF SP HAD MORE THAN 1 LIVE BIRTH (CODED >= 2) IN RHQ.171, DISPLAY (first).

CAPI INSTRUCTION:
HARD EDIT: RHQ.180 MUST BE EQUAL TO OR LESS THAN AGE OF SP.
ERROR MESSAGE: “AGE OF SP AT FIRST LIVE BIRTH CANNOT BE GREATER THAN AGE OF SP.”
SOFT EDIT: DISPLAY EDIT WHEN RHQ.180 IS LESS THAN OR EQUAL TO RHQ.010.
ERROR MESSAGE: “AGE OF SP AT FIRST LIVE BIRTH CANNOT BE LESS THAN AGE WHEN SP’S
FIRST PERIOD STARTED.

|___|___|
ENTER AGE IN YEARS

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

RHQ.184  What is the month and year of your last delivery? Please count stillbirths as well as live births.

M/Y

|___|___|
MONTH

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

|___|___|___|___| (BOX9A)
YEAR

REFUSED .................................................. 7777
DON’T KNOW............................................. 9999

HARD EDIT: DATE MUST BE EQUAL OR LESS THAN CURRENT MONTH/YEAR.
HARD EDIT VALUES FOR MONTH: 01 – 12.
HARD EDIT VALUES FOR YEAR: 1900 – 2100.

INTERVIEWER INSTRUCTION:
WE ARE ASKING THE BIRTH MONTH AND YEAR OF THE WOMAN’S LAST CHILD OR THE DATE
HER LAST PREGNANCY ENDED (IF STILLBIRTH).

CAPI INSTRUCTIONS:
SEPARATE FIELDS FOR MONTH AND YEAR AND ALLOW ENTRY OF RF AND DK IN FIELDS.
HARD EDIT: DISPLAY ERROR WHEN ONLY ONE DIGIT IS ENTERED FOR MONTH.
ERROR MESSAGE: “ENTER TWO DIGITS FOR MONTH.”

CAPI INSTRUCTIONS:
CALCULATE SP’S (AGE OF THIS LAST DELIVERY) AND USE THIS AGE IN THE FOLLOWING SOFT
EDITS:
1. IF (AGE OF THIS LAST DELIVERY) IS LESS THAN WHAT REPORTED IN RHQ.180, DISPLAY:
   “THIS MEANS THE SP WAS (AGE OF THIS LAST DELIVERY) YEARS OLD AT LAST DELIVERY.
   THIS IS UNLIKELY BECAUSE THE SP REPORTED HAVING HER FIRST LIVE BIRTH WHEN
   SHE WAS (AGE AT RHQ.180). PLEASE VERIFY.”
BOX 9A
CHECK ITEM RHQ.187:
- IF THE DATE OF LAST DELIVERY IN RHQ.184 IS WITHIN THE LAST 24 MONTHS, CONTINUE.
- IF THE MONTH IN RHQ.184 IS “REFUSED” OR “DON’T KNOW” AND [(THE YEAR IN RHQ.184) > (CURRENT YEAR – 3)], CONTINUE.
- OTHERWISE, GO TO RHQ.421.

RHQ.200  {Are you/Is SP} now breast feeding a child?

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

RHQ.421  {Have you/Has SP} ever used birth control pills, patches, rings, implants, IUDs or injectables for any reason?

CAPI INSTRUCTION:
IF RHQ.073 = 1, 2, 3, 4, 5 OR 7, fill = 1

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.
- OTHERWISE, GO TO BOX 24.

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

IN SITUATIONS OF HORMONE USE FOR NON-MENOPAUSAL CONDITIONS, CODE HRT USE AS "NO".

HAND CARD RHQ 2

YES ...............................................................  1
NO .................................................................  2 (BOX 24)
REFUSED .....................................................  7 (BOX 24)
DON’T KNOW...............................................  9 (BOX 24)
RHQ.542 Which forms of prescription female hormones {have you/has SP} used?

CODE ALL THAT APPLY

HAND CARD RHQ 2

PILLS ............................................................. 10
PATCHES ...................................................... 11
CREAM/SUPPOSITORY/INJECTION ........... 12
OTHER .......................................................... 13
REFUSED ..................................................... 77
DON'T KNOW ................................................ 99

BOX 21

CHECK ITEM RHQ.552:
IF SP USED FEMALE HORMONE PILLS (CODE ‘10’) IN RHQ.542, CONTINUE.
OTHERWISE, GO TO BOX 24.

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

HAND CARD RHQ 2

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

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

HAND CARD RHQ 2

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

CHECK ITEM RHQ.642:

- IF SP CURRENTLY PREGNANT (CODED ‘1’) IN RHQ.143, CONTINUE WITH FSQ.652a.
- ELSE IF RHQ.184 IS WITHIN THE LAST 24 MONTHS, GO TO FSQ.652b.
- ELSE IF THE MONTH IN RHQ.184 IS “REFUSED” OR “DON’T KNOW” AND [(THE YEAR IN RHQ.184) > (CURRENT YEAR – 3)], GO TO FSQ.652b.
- ELSE IF THE YEAR IN RHQ.184 IS “REFUSED” OR “DON’T KNOW” AND SP AGE IS 12-59, GO TO FSQ.652b.
- OTHERWISE, GO TO END OF SECTION.

FSQ.652a These next questions are about participation in WIC, that is, the Women, Infants, and Children Program.

During this pregnancy have you used WIC benefits to buy food for yourself?

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

FSQ.672a How many months pregnant were you when you first started to receive WIC benefits to buy food for yourself?

[ ]
ENTER NUMBER

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

BOX 27

CHECK ITEM RHQ.644:

- GO TO FSQ.662.

FSQ.652b These next questions are about participation in WIC, that is, the Women, Infants, and Children Program.

During your last pregnancy, did you use WIC benefits to buy food for yourself? Please include any stillbirth or miscarriage.

YES ............................................................... 1
NO ................................................................. 2 (FSQ.652c)
REFUSED ..................................................... 7 (FSQ.652c)
DON’T KNOW................................................ 9 (FSQ.652c)
FSQ.672b  How many months pregnant were you when you first started to receive WIC benefits to buy food for yourself?

[ ]
ENTER NUMBER

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

FSQ.652c  After your {last} child was born, did you use WIC benefits to buy food for yourself?

IF RHQ.160 > 1, DISPLAY {last}.

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

BOX 28

CHECK ITEM RHQ.646:

- IF RHQ.184 IS WITHIN THE LAST 12 MONTHS, CONTINUE WITH FSQ.662.
- IF THE MONTH IN RHQ.184 IS "REFUSED" OR "DON'T KNOW" AND [(THE YEAR IN RHQ.184) > (CURRENT YEAR – 2)], CONTINUE.
- OTHERWISE, GO TO END OF SECTION.

FSQ.662  Are you now receiving WIC benefits for yourself?

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