# SECTION H Infertility Services and Reproductive Health

#### VARIABLES IMPORTED FROM EARLIER SECTIONS: AGE\_R R'S AGE AT INTERVIEW (FROM A) CM FOR R'S DATE OF BIRTH (FROM A) CMBIRTH CMINTVW CM FOR DATE OF INTERVIEW (FROM A) CMLSTYR CM FOR 12 MOS BEFORE INTERVIEW (FROM A) CMLSTYR\_FILL MO/YR FILL FOR CMLSTYR (FROM A) AGESCRN R'S AGE AT SCREENER (FROM A) MARSTAT B'S TYPONY AND ADDRESS OF BIRTH (FROM A) MARSTAT R'S INFORMAL MARITAL STATUS (FROM A) FMARIT R'S FORMAL MARITAL STATUS (FROM A) # OF DAUGHTERS IN HH 9-18 YRS WITH RELAR[X] = 3 or 5 (FROM A) # OF SONS IN HH 9-18 YRS WITH RELAR[X] = 3 or 5 (FROM A) DAUGHT918 SON918 WHETHER R HAS EVER BEEN PREGNANT (INCLUDING A CURRENT PREG) (FROM B) EVERPREG CMLSTPRG CM FOR DATE OF R'S LAST COMPLETED PREGNANCY (FROM B) CURRPREG WHETHER R IS CURRENTLY PREGNANT (FROM B)

TIMESMAR NUMBER OF TIMES MARRIED, AMONG EVER-MARRIED (FROM C)

RHADSEX WHETHER R HAS EVER HAD SEX (FROM C)

LIFEPRTS NUMBER OF MALE PARTNERS IN LIFETIME (COMPUTED, FROM C)

AGEFSTSX AGE AT FIRST SEXUAL INTERCOURSE (FROM C)

#### VARIABLES CREATED IN THIS SECTION & OUTPUT TO DATA FILE

CMPGVIS1	CM FOR FIRST "HELP TO GET PREGNANT" VISIT (FC H-7)
CMPGVISL	CM FOR LAST/MOST RECENT "HELP TO GET PREGNANT" VISIT (FC H-8)
PRGVISIT	# OF VISITS IN LAST 12 MONTHS MEDICAL HELP TO GET PREGNANT FC H10
CMPIDLST	CM EQUIVALENT FOR LAST/MOST RECENT PID EPISODE (FC H-15)
CMHIVTST	CM EQUIVALENT FOR DATE OF LAST (MOST RECENT) HIV TEST (FC H-16)

#### VARIABLES CREATED IN THIS SECTION & ARE NOT OUTPUT TO DATA FILE:

MO/YR FILL FOR CMPGVIS1 (FC H-7) CMPGVIS1\_FILL CMHIVTST\_FILL MO/YR FILL FOR CMHIVTST (FC H-16)

FLOW CHECK H-0: IF RHADSEX = 1 (YES) OR AGE\_R GE 18, INTRO\_H1 HA-0. ELSE IF RHADSEX = 5 (NO) AND AGE\_R LT 18, GO TO INTRO\_H3 HB-5.

# INTRO\_H1

HA-0. The next questions are about any infertility services you may have ever received. This includes medical help to become pregnant or to prevent miscarriage. I will ask you about each type of help separately.

◆ ENTER [1] to continue

### EVER RECEIVED MEDICAL HELP TO GET PREGNANT (HA)

### HLPPRG

HA-1.

IF LIFEPRTS = 1 AND FMARIT = 1 OR 4 (MARRIED OR SEPARATED), ASK: Have you or your husband ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE IF LIFEPRTS=1 AND FMARIT = 2 OR 3 (WIDOWED OR DIVORCED), ASK: Did you or your husband ever go to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE IF (LIFEPRTS GT 1 OR LIFEPRTS = DK OR RF) AND FMARIT = 1, 2, 3, OR 4 (MARRIED, WIDOWED, DIVORCED, OR SEPARATED), ASK: During any of your relationships, have you or your husband or partner at the time ever been to a doctor or other medical care provider to

talk about ways to help you become pregnant?

ELSE IF FMARIT = 5 or 0 (never married) AND LIFEPRTS = 0 OR RF OR DK, ASK:

Have you ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

ELSE IF FMARIT = 5 or 0 (never married) AND LIFEPRTS GE 1, ASK:
During any of your relationships, have you or your partner at the time
ever been to a doctor or other medical care provider to talk about ways
to help you become pregnant?

[HELP AVAILABLE]

Yes ......1
No ......5 (INTRO\_H2 HB-0)

FLOW CHECK H-1: IF LIFEPRTS > 1, ASK HA-2 HOWMANYR. ELSE, GO TO HA-5 TYPALLPG.

#### HOWMANYR

HA-2. In how many of your relationships did you seek medical help in order to become pregnant?

One.....1
More than one...2

FLOW CHECK H-2: IF AD-7b MARSTAT NE 1 or 2 or 5, GO TO HA-5 TYPALLPG. ELSE IF MARSTAT = 1 or 2 or 5, THEN DO:

> IF HA-2 HOWMANYR=1, ASK HA-3 SEEKWHO1. ELSE IF HA-2 HOWMANYR=2, DK, OR RF, ASK HA-4 SEEKWHO2. END.

{ ASKED IF HOWMANYR = 1

#### SEEKWHO1

HA-3. IF AD-7b MARSTAT= 1 or 5 (MARRIED OR SEPARATED), ASK:
Was that with your current husband or another partner?

ELSE IF AD-7b MARSTAT= 2 (COHABITING), ASK:

Was that with your current partner or another partner?

FLOW CHECK H-3: IF HA-3 SEEKWHO1 = 1, 5, DK, or RF, GO TO HA-5 TYPALLPG.

{ ASKED IF HOWMANYR NE 1

#### SEEKWHO2

HA-4. IF AD-7b MARSTAT= 1 or 5 (MARRIED OR SEPARATED), ASK:
 Have you sought help with your current husband?
 ELSE IF AD-7b MARSTAT= 2 (COHABITING),
 ASK:

Have you sought help with your current partner?

Yes .....1

No .....5

#### TYPALLPG

HA-5. IF (HA-3 SEEKWHO1 = 1 OR LIFEPRTS = 1) AND AD-7b MARSTAT = 1 or 5, ASK: Which of the services shown on Card 52 have you or your husband had to help you become pregnant?

ELSE IF (HA-3 SEEKWHO1 = 1 OR LIFEPRTS = 1) AND AD-7b MARSTAT = 2, ASK: Which of the services shown on Card 52 have you or your partner had to help you become pregnant?

ELSE IF HA-3 SEEKWHO1 = 5, ASK:

Which of the services shown on Card 52 did you or your previous partner have to help you become pregnant?

ELSE IF (LIFEPRTS = 1 AND AD-7b MARSTAT NE 1 or 2) OR (HA-2 HOWMANYR = 1 AND HA-3 SEEKWHO1 = BLANK, DK, OR RF), ASK:

Which of the services shown on Card 52 did you or your partner have to help you become pregnant?

ELSE IF HA-2 HOWMANYR = 5, blank, DK, OR RF, ASK: Think about all of the medical help you or your partners have ever received to help you become pregnant. Which of the services shown on Card 52 have you or they had (to help you become pregnant)?

- ◆ ENTER all that apply
- ◆ PRESS [Space] or [-] to separate responses

[HELP AVAILABLE] [SHOW CARD 52]

Advice1
Infertility testing2
Drugs to improve your ovulation3
Surgery to correct blocked tubes4
Artificial insemination5
Other types of medical help6

FLOW CHECK H-4: IF HA-5 TYPALLPG INCLUDES CODE 2 (infertility testing), ASK HA-5a WHOTEST. ELSE GO TO FLOW CHECK H-4b.

#### WHOTEST

HA-5a. Who was it that had infertility testing? Was it you, him, or both of you?

You				•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		1
Him																						3
Both	. (	эf	У	Ο.	u																. !	5

FLOW CHECK H-4b: IF HA-5 TYPALLPG INCLUDES CODE 3 (ovulation drugs), ASK HA-5a2 OVUL12M.

ELSE GO TO FLOW CHECK H-5.

{ Asked if R reported use of ovulation drugs OVUL12M

You mentioned you have used drugs to improve your ovulation. HA-5a2.

Have you used any such drugs within the last 12 months, that is since (CMLSTYR FILL)?

Yes ..... 1
No ..... 5

FLOW CHECK H-5: IF HA-5 TYPALLPG INCLUDES CODE 5 (artificial insemination),
ASK HA-5b WHARTIN.

ELSE GO TO FLOW CHECK H-6.

#### WHARTIN

HA-5b.

You mentioned you have used artificial insemination to help you get pregnant. Were you inseminated with sperm from your husband or partner only, from some other donor only, or from both?

{ Asked if R reported ever having artificial insemination

Yes ..... 1
No ..... 5

FLOW CHECK H-6: IF HA-5 TYPALLPG INCLUDES CODE 6 (other types of medical help), ASK HA-5c OTMEDHEP.

ELSE GO TO HA-6 INSCOVPG.

#### OTMEDHEP

HA-5c.

Which of these other types of medical help listed on Card 53 did either of you receive for becoming pregnant?

- ◆ ENTER all that apply
- ◆ PRESS [Space] or [-] to separate responses

[HELP AVAILABLE]
[SHOW CARD 53]

FLOW CHECK H-6b: IF HA-5c OTMEDHEP INCLUDES CODE 5 (other medical help), ASK HA-5sp SP\_OTMEDHEP.

ELSE GO TO HA-6 INSCOVPG.

{ ASKED IF ANY HA-5c OTMEDHEP includes code 5 (other medical help) SP OTMEDHEP

HA-5sp. What was this other type of medical help to help you become pregnant?

Record verbatim what R reports for her other type of medical help for becoming pregnant.

TYPE: STRING [250]

#### INSCOVPG

HA-6. Did either of you have private health insurance to cover any of the costs of medical help for becoming pregnant?

[HELP AVAILABLE]

Yes ..... 1
No .... 5

#### FSTHLPPG M

- HA-7. Please look at the calendar to help you remember when you [or your (husband/partner)] made your first visit to seek medical help for becoming pregnant. In what month and year was that?
  - ◆ ENTER MM/YYYY
  - ◆ PROBE for season if DK month

# [CALENDAR REFERENCE] [HELP AVAILABLE]

January
 February
 June
 October
 Spring
 March
 April
 August
 September
 October
 Spring
 November
 Summer
 Fall

### FSTHLPPG\_Y

2 of 2

HA-7. (Please look at the calendar to help you remember when you [or your (husband/partner)] made your first visit to seek medical help for becoming pregnant. In what month and year was that?)

[CALENDAR REFERENCE]
[HELP AVAILABLE]

◆ ENTER (FSTHLPPG\_M)/YYYY

UNDERLYING RANGE: 1966 to 2020

# FLOW CHECK H-7: COMPUTE CMPGVIS1:

(Century month for date of 1st visit for medical help to get pregnant)

SET CMPGVIS1 = null/blank.

IF FSTHLPPG\_Y = RF, SET CMPGVIS1 = 9998 (RF).
ELSE IF FSTHLPPG\_Y = DK, SET CMPGVIS1 = 9999 (DK).

ELSE IF FSTHLPPG\_M LE 12,
 COMPUTE CMPGVIS1 = (FSTHLPPG\_Y - 1900)\*12 +
FSTHLPPG\_M

ELSE IF 13 LE FSTHLPPG\_M LE 16, USE MONTH APPROPRIATE TO SEASON & COMPUTE CMPGVIS1 as above.

ELSE IF FSTHLPPG\_M = DK OR RF, ASSIGN MONTH = 6
(June) & COMPUTE CMPGVIS1 as above.

IF CMPGVIS1 NE BLANK AND 1 LE FSTHLPPG\_M LE 12 AND CMPGVIS1 LT 9996, ESTABLISH CMPGVIS1 FILL.

Edit Check HA7 1: IF (FSTHLPPG M LE 12) AND CMPGVIS1 > CMINTVW,

DISPLAY: The date entered cannot be after the date of

interview. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check HA7\_2: IF (FSTHLPPG\_M LE 12) AND CMPGVIS1 < CMBIRTH,

DISPLAY: The date entered cannot be before her date

of birth. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check HA7\_3: IF (13 LE FSTHLPPG\_M LE 16) AND CMPGVIS1 > (CMINTVW +

2), DISPLAY: The date entered cannot be after the

date of interview. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check HA7\_4: IF (13 LE FSTHLPPG\_M LE 16) AND CMPGVIS1 < (CMBIRTH -

3), DISPLAY: The date entered cannot be before her

date of birth. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check HA7\_5: IF (FSTHLPPG\_M = DK OR RF) AND FSTHLPPG\_Y >

(CMINTVW/12 +1900), DISPLAY: The date entered cannot

be after the date of interview. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check HA7\_6: IF (FSTHLPPG\_M = DK OR RF) AND FSTHLPPG\_Y <

(CMBIRTH/12 +1900) - 1, DISPLAY: The date entered

cannot be before her date of birth. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

TRYLONG2 @ of @

HA-8. IF CMPGVIS1 = blank, 9999 (DK), or 9998 (RF) OR IF 13 LE FSTHLPPG\_M LE

16, ASK:

When you first went for medical help, how many months or years had you (and your (husband/partner)) been trying to become pregnant?

ELSE IF CMPGVIS1 LT 9996, ASK:

When you first went for medical help (in CMPGVIS1\_FILL), how many months or years had you (and your (husband/partner)) been trying to become pregnant?

◆ ENTER \_\_\_ number (Month(s)/Year(s))

UNDERLYING RANGE: 0 to 95

UNIT\_TRYLONG  $\mathcal{Q}$  of  $\mathcal{Q}$ 

HA-8U.

IF CMPGVIS1 = blank, 9999 (DK), or 9998 (RF) OR IF 13 LE FSTHLPPG\_M LE

(When you first went for medical help, how many months or years had you (and your (husband/partner)) been trying to become pregnant?)

ELSE IF CMPGVIS1 LT 9996, ASK:

(When you first went for medical help (in CMPGVIS1\_FILL), how many months or years had you (and your (husband/partner)) been trying to become pregnant?)

◆ ENTER (TRYLONG) and Month(s)/Year(s)

Months ......1 Years .....5

EDIT CHECK HA8\_1:

PROBE IF HA-8 TRYLONG GT 20 AND UNIT\_TRYLONG = 5 (years). DISPLAY TEXT: R has reported that she had been trying to get pregnant for over 20 years when she first went for medical help. Is this correct? INVOLVING(TRYLONG,UNIT\_TRYLONG)

FLOW CHECK H-7\_1: IF CURRPREG = 1 THEN GO TO FLOW CHECK H-8

#### ELSE IF CURRPREG NE 1 ASK HA-9 HLPPGNOW

#### HLPPGNOW

HA-9. Are you currently pursuing medical help to become pregnant?

[HELP AVAILABLE]

Yes .....1
No .....5

#### RCNTPGH M

① of ②

HA-10.

IF HA-9 HLPPGNOW = YES, ASK:

Again, please look at your calendar to help you remember. In what month and year was your  $\underline{\text{most recent}}$  visit for help to become pregnant?

ELSE IF HA-9 HLPPGNOW = 5, DK, RF, ASK:

Again, please look at your calendar to help you remember. In what month and year was your <u>last</u> visit for help to become pregnant?

- ◆ ENTER MM/YYYY
- ◆ PROBE for season if DK month
- ullet ENTER [96] if R only had 1 visit for help to become pregnant.

# [CALENDAR REFERENCE] [HELP AVAILABLE]

1.	January	5.	May	9.	September	13.	Winter
2.	February	6.	June	10.	October	14.	Spring
3.	March	7.	July	11.	November	15.	Summer
4.	April	8.	August	12.	December	16.	Fall
0.0	D 7 1 1		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				

96. R only had one visit for help

# FLOW CHECK H-7a: IF RCNTPGH\_M = 96, GO TO FLOW CHECK H-8. ELSE, ASK HA-10 RCNTPGH\_Y.

{ YEAR ONLY ASKED IF 96 NOT REPORTED ON MONTH

#### RCNTPGH Y

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HA-10. IF HA-9 HLPPGNOW = YES, ASK:

(Again, please look at your calendar to help you remember. In what month and year was your <u>most recent</u> visit for help to become pregnant?)

ELSE IF HA-9 HLPPGNOW = 5, DK, RF, ASK:

(Again, please look at your calendar to help you remember. In what month and year was your <u>last</u> visit for help to become pregnant?)

[CALENDAR REFERENCE]
[HELP AVAILABLE]

◆ ENTER (RCNTPGH M)/YYYY

UNDERLYING RANGE: 1966 to 2020

FLOW CHECK H-8: COMPUTE CMPGVISL:

(Century month for date of most recent visit for medical help to get pregnant)

SET CMPGVISL = null/blank.

IF RCNTPGH\_Y = RF, SET CMPGVISL = 9998 (RF).
ELSE IF RCNTPGH\_Y = DK, SET CMPGVISL = 9999 (DK).

ELSE IF RCNTPGH\_M LE 12, COMPUTE CMPGVISL = (RCNTPGH\_Y - 1900)\*12 + RCNTPGH\_M

ELSE IF 13 LE RCNTPGH\_M LE 16, USE MONTH APPROPRIATE TO SEASON & COMPUTE CMPGVISL AS ABOVE.

ELSE IF RCNTPGH\_M = 96, SET CMPGVISL = 9996 (only had 1 visit).

ELSE IF RCNTPGH\_M = DK OR RF, ASSIGN MONTH = 6 (June)
& COMPUTE CMPGVISL AS ABOVE.

Edit Check Ha10\_1: IF (RCNTPGH\_M LE 12) AND CMPGVISL > CMINTVW, DISPLAY: The date entered cannot be after the date of interview. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check Ha10\_2: IF (RCNTPGH\_M LE 12) AND CMPGVISL < CMBIRTH, DISPLAY: The date entered cannot be before her date of birth. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check HA10\_3: IF (13 LE RCNTPGH\_M LE 16) AND CMPGVISL > (CMINTVW + 2) , DISPLAY: The date entered cannot be after the date of interview. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check HA10\_4: IF (13 LE RCNTPGH\_M LE 16) AND CMPGVISL < (CMBIRTH - 3), DISPLAY: The date entered cannot be before her date of birth. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check HA10\_5: IF (RCNTPGH\_M = DK OR RF) AND RCNTPGH\_Y > (CMINTVW/12 +1900), DISPLAY: The date entered cannot be after the

date of interview. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check HA10\_6: IF (RCNTPGH\_M = DK OR RF) AND RCNTPGH\_Y < (CMBIRTH/12

+1900) - 1, DISPLAY: The date entered cannot be before her date of birth. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

EDIT CHECK HA10 7:

PROBE IF CMPGVISL < CMPGVIS1. DISPLAY TEXT: R has reported a last/most recent visit that is earlier than her  $1^{\rm st}$  visit. Has one of the dates been entered incorrectly?

INVOLVING(RCNTPGH\_M,RCNTPGH\_Y,FSTHLPPG\_M,FSTHLPPG\_Y)

FLOW CHECK H-9: IF (CMPGVIS1 GE CMLSTYR AND CMPGVISL NE 9996) OR (9996 GT CMPGVISL GE CMLSTYR), ASK HA-11 NUMVSTPG. ELSE, GO TO FLOW CHECK H-10.

#### NUMVSTPG

HA-11. IF AD-7b MARSTAT=1 (MARRIED), ASK:

During the last 12 months, that is, since (CMLSTYR\_FILL), how many visits have you or your husband made to a doctor or other medical care provider to help you get pregnant?

ELSE IF AD-7b MARSTAT=2 (COHABITING), ASK:
During the last 12 months, that is, since (CMLSTYR\_FILL), how
many visits have you or your partner made to a doctor or other
medical care provider to help you get pregnant?

#### ELSE ASK:

During the last 12 months, that is, since (CMLSTYR\_FILL), how many visits have you made to a doctor or other medical care provider to help you get pregnant?

◆ ENTER number of visits

UNDERLYING RANGE: 1 to 95

#### FLOW CHECK H-10: COMPUTE PRGVISIT:

(Number of visits in last 12 months for medical help to get pregnant)

PRGVISIT = inapp/blank IF HA-1 HLPPRG = 5, DK, or RF. ELSE IF (CMPGVISL=9996 AND CMPGVIS1 GE CMLSTYR) THEN PRGVISIT=1.

ELSE IF (CMPGVISL=9996 OR HA-11 NUMVSTPG = BLANK) THEN PRGVISIT = 0.

ELSE PRGVISIT = NUMVSTPG.

(Note, the result of the final else clause is that if NUMVSTPG = DK or RF, PRGVISIT = DK or RF.)

#### EVER RECEIVED MEDICAL HELP TO PREVENT MISCARRIAGE (HB)

#### INTRO H2

HB-0. Now there are a few questions about medical help you may have received to prevent miscarriage or pregnancy loss.

◆ ENTER [1] to continue

#### HLPMC

HB-1. IF EVERPREG = YES, ASK:

Not counting routine check-ups, prenatal care, or advice about a pregnancy, have you ever been to a doctor or other medical care provider to talk about ways to help you prevent miscarriage or pregnancy loss?

ELSE IF EVERPREG = NO, ASK:

Have you ever been to a doctor or other medical care provider to talk about ways to help you prevent miscarriage or pregnancy loss?

[HELP AVAILABLE]

Yes					1			
No					5	(Flow	Check	H-11)

#### TYPALLMC

- HB-2. Which of the services shown on Card 54 have you <u>ever</u> received to help you prevent miscarriage or pregnancy loss?
  - ◆ ENTER all that apply
  - ◆ Press [Space] or [-] to separate responses
  - ◆ PROBE: "Any others?"

[HELP AVAILABLE]
[SHOW CARD 54]

Instructions to take complete bed rest	. 1
Instructions to limit your physical activity	
Testing to diagnose problems related to	
miscarriage	. 3
Drugs to prevent miscarriage, such as	
progesterone suppositories	. 4
Stitches in your cervix, also known as the	
"purse-string" procedure	. 5
Other types of medical help	6

FLOW CHECK H-10b: IF HB-2 TYPALLMC INCLUDES CODE 6 (other types of medical help), ASK HB-2sp SP\_TYPALLMC.

ELSE GO TO HB-3 MISCNUM.

{ ASKED IF ANY HB-2 TYPALLMC includes code 6 (other medical help)  ${\bf SP\_TYPALLMC}$ 

HB-2sp. What was this other type of medical help for preventing miscarriage?

Record verbatim what R reports for her other type of medical help for preventing miscarriage.

TYPE: STRING [250]

#### MISCNUM

- HB-3. When you first went for medical help for preventing miscarriage, how many pregnancies had you lost, if any?
  - Include any spontaneous pregnancy losses -- miscarriages, ectopic pregnancies, stillbirths.

• ENTER number

UNDERLYING RANGE: 0 to 95

# FLOW CHECK H-11: IF HA-1 HLPPRG = YES OR HB-1 HLPMC = YES, ASK HB-4 INFRTPRB. ELSE, GO TO INTRO\_H3 HB-5.

#### INFRTPRB

HB-4. IF HA-1 HLPPRG = YES AND HB-1 HLPMC NE YES, ASK:

Looking at Card 55, when you went for medical help to become pregnant,

were you ever told that you or your husband or partner had any of the
following infertility problems shown on the card?

ELSE IF HA-1 HLPPRG NE YES AND HB-1 HLPMC = YES, ASK: Looking at Card 55, when you went for medical help to prevent miscarriage or pregnancy loss, were you ever told that you had any of the following infertility problems shown on the card?

ELSE IF HA-1 HLPPRG = YES AND HB-1 HLPMC = YES, ASK: Looking at Card 55, when you went for medical help to become pregnant and prevent miscarriage, were you ever told that you or your husband or partner had any of the following infertility problems shown on the card?

- ◆ ENTER all that apply
- ◆ PRESS [Space] or [-] to separate responses

[SHOW CARD 55] [HELP AVAILABLE]

Problems with ovulation
Blocked tubes2
Other tube or pelvic problems3
Endometriosis4
Semen or sperm problems5
Any other infertility problems6
None of these problems

#### EDIT CHECK HB4\_1:

IF INFRTPRB = 7 AND ANY OTHER CODE DISPLAY: You cannot choose the option for "None" in concert with other options from the list. PROBE R and re-verify the information given.

HARD, NONSUPPRESSIBLE EDIT CHECK.

#### INTRO H3

HB-5. IF RHADSEX = YES OR AGE\_R GE 18, SAY:

The remaining questions in this section will ask about a variety of things that can affect a woman's health and her ability to have children.

ELSE IF RHADSEX = NO AND AGE R LT 18, SAY:

The questions in this section will ask about a variety of things that can affect a woman's health and her ability to have children.

◆ ENTER [1] to continue

### VAGINAL DOUCHING (HC)

CHFI	

HC-1. Some women douche after intercourse or at other times, while other women do not. Looking at Card 56, during the past 12 months, that is, since (CMLSTYR\_FILL), how often, if at all, did you douche?

[SHOW CARD 56] [HELP AVAILABLE]

Never1
Once a month or less often2
2-3 times a month3
Once a week4
2-3 times a week5
4-6 times a week6
Every day

#### PID AND OTHER HEALTH PROBLEMS RELATED TO CHILDBEARING (HD)

#### PID

- HD-1. Have you <u>ever</u> been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.?
  - $\bullet$  If don't know, probe: This is a female <u>infection</u> that sometimes causes abdominal pain or lower stomach cramps.

[HELP AVAILABLE]

Yes ..... 1
No ..... 5

FLOW CHECK H-13: IF HD-1 PID = 1 or DK, ASK HD-2 PIDSYMPT. ELSE IF PID = 5 or RF, GO TO HD-5 DIABETES.

#### PIDSYMPT

HD-2. Were you having any symptoms, such as pain or vaginal discharge or bleeding, that caused you to go for treatment?

Yes ..... 1
No ..... 5

FLOW CHECK H-14: IF HD-1 PID = DK, GO TO HD-5 DIABETES.

{ Asked only if PID = YES

#### PIDTX

HD-3. How many different times have you been treated for a pelvic infection or P.I.D.?

[HELP AVAILABLE]

• ENTER number

UNDERLYING RANGE: 1 to 20

OMB Number 0920-0314

#### LSTPIDTX M

- $\mbox{HD-4.}$  In what month and year did you last receive treatment for a pelvic infection or P.I.D.?
  - If R cannot recall month and year, refer her to the life history calendar.
  - ◆ ENTER MM/YYYY
  - ◆ PROBE for season if DK month

#### [CALENDAR REFERENCE]

1.	January	5.	May	9.	September	13.	Winter
2.	February	6.	June	10.	October	14.	Spring
3.	March	7.	July	11.	November	15.	Summer
4.	April	8.	August	12.	December	16.	Fall

#### LSTPIDTX Y

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HD-4. (In what month and year did you last receive treatment for a pelvic infection or P.I.D.?)

### [CALENDAR REFERENCE]

- If R cannot recall month and year, refer her to the life history calendar.
- ◆ ENTER (LSTPIDTX\_M)/YYYY

UNDERLYING RANGE: 1966 to 2020

#### FLOW CHECK H-15: COMPUTE CMPIDLST:

(Century month for date of last or most recent PID treatment)

SET CMPIDLST = null/blank.

IF LSTPIDTX\_Y = RF, SET CMPIDLST = 9998 (RF). ELSE IF LSTPIDTX\_Y = DK, SET CMPIDLST = 9999 (DK).

ELSE IF LSTPIDTX M LE 12, COMPUTE CMPIDLST = (LSTPIDTX Y - 1900)\*12 + LSTPIDTX M

> ELSE IF 13 LE LSTPIDTX\_M LE 16, USE MONTH APPROPRIATE TO SEASON & COMPUTE CMPIDLST AS ABOVE.

ELSE IF LSTPIDTX\_M = DK OR RF, ASSIGN MONTH = 6 (June) & COMPUTE CMPIDLST AS ABOVE.

Edit Check HD4\_1: IF (LSTPIDTX\_M LE 12) AND CMPIDLST > CMINTVW,

DISPLAY: The date entered cannot be after the date of interview. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check HD4\_2: IF (LSTPIDTX\_M LE 12) AND CMPIDLST < CMBIRTH,

> DISPLAY: The date entered cannot be before her date of birth. Please correct.

HARD, NONSUPPRESSIBLE EDIT CHECK.

IF (13 LE LSTPIDTX M LE 16) AND CMPIDLST > (CMINTVW + Edit Check HD4 3: 2) , DISPLAY: The date entered cannot be after the date of interview. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK. Edit Check HD4 4: IF (13 LE LSTPIDTX M LE 16) AND CMPIDLST < (CMBIRTH -3) , DISPLAY: The date entered cannot be before her date of birth. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK. Edit Check HD4\_5: IF (LSTPIDTX\_M = DK OR RF) AND LSTPIDTX\_Y > (CMINTVW/12 +1900), DISPLAY: The date entered cannot be after the date of interview. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK. Edit Check HD4\_6: IF (LSTPIDTX\_M = DK OR RF) AND LSTPIDTX\_Y <</pre> (CMBIRTH/12 +1900) - 1, DISPLAY: The date entered cannot be before her date of birth. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK. { All **DIABETES** HD-5. Has a doctor or other medical care provider ever told you that you had diabetes or "sugar"? [HELP AVAILABLE] For any mention of gestational diabetes or diabetes during pregnancy, enter [1]. Yes .....1 If vol: Borderline or Pre-Diabetes...3 FLOW CHECK H-15a: IF (HD-5 DIABETES=5, DK, OR RF) OR EVERPREG=NO, GO TO HD-8 UF. ELSE IF EVERPREG = YES AND (HD-5 DIABETES=1 or 3), ASK HD-6 GESTDIAB. { Asked if R has ever been pregnant and been diagnosed with diabetes or borderline/pre-diabetes GESTDIAR HD-6. Were you ever told you had diabetes when you were not pregnant? [HELP AVAILABLE] Yes .....1 No .....5 UF HD-8. IF HB-4 INFRTPRB = blank, ASK: (Has a doctor or other medical care provider ever told you that you

had) Fibroid tumors or myomas in your uterus?

ELSE IF HB-4 INFRTPRB NE blank, ASK:

(You may have already told me this, but has a doctor or other medical care provider ever told you that you had) Fibroid tumors or myomas in your uterus?

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```
[HELP AVAILABLE]
          Yes .....1
          { Asked if UF=yes
UFSONO
HD-8a.
          Was your diagnosis of uterine fibroids confirmed by ultrasound?
          Yes .....1
          No .....5
{ Asked if UF=yes1
UFCURR
HD-8b.
          Do you have uterine fibroids currently?
          Yes .....1
          No .....5
{ Asked if UF=ves
UFDIAGNOS
HD-8c.
          How many years ago were you first diagnosed with uterine
          fibroids? Was it...
          Less than one year ago .....1
          1-4 years ago .....2
          5-9 years ago ......3
          10 years ago or longer .....4
{ Asked if UF=yes
UFLIMIT
HD-8d.
          Have you ever had to miss work or school or been unable to
          perform daily activities due to pain or heavy periods from your
          uterine fibroids?
          Yes .....1
          No .....5
{ Asked if UF=yes
UFTREAT
HD-8e.
          Looking at Card 56a, what treatments have you ever received for
          your uterine fibroids?
          ◆ ENTER all that apply
          ◆ PRESS [Space] or [-] to separate responses
[HELP AVAILABLE]
[SHOW CARD 56a]
          Non-narcotic medicines to treat pain ......1
               (such as Tylenol, ibuprofen, naproxen)
          Narcotic medicines to treat pain .....2
                (such as Percocet, Vicodin, Lortab, codeine, oxycodone,
               oxycontin, fentanyl)
          Hormonal medicines ......3
               (such birth control pills, Depo-Provera, danazol, Lupron,
               Synarel, Zoladex)
          Progesterone releasing IUD or implant .....4
```

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	Other surge:     (such     myome Other nonsu:     (such     ultra:	as Mirena, Skyla, I	coscopic on the coscopic on the coscopic on the coscopic of th	r hystero	oscopic guided focused	6 7
	(such acupu medita Ayurv	ry or alternative me as herbs, botanical acture, chiropractic ation, relaxation te edic or traditional ay of the above trea	s, dietar or osteo chniques, Chinese m	y supplem pathic ma homeopat edicine)	ments, nnipulation, hy, naturopathy	,
EDIT CHECK	HD8e_1:	IF UFTREAT = 9 AND choose the option f treatments" in comb the list. PROBE R a given.  HARD, NONSUPPRESSIE	for "Never pination w and re-ver	had any ith other ify the i	of the above options from	t
		HARD, NONSUPPRESSIE	TE EDIT C	HECK.		
(Has had)	Endometriosi	other medical care p 3?	orovider e	ver told	you that you	
(You	may have alre	TPRB NE blank, ASK: eady told me this, b told you that you				
[HELP AVAII	ABLE]					
	Yes No	1 5 (HD-10 OVUPROE	3)			
{ Asked if	ENDO=yes					
<b>ENDOCURR</b> HD-9a.	Do you have	endometriosis curre	ently?			
	Yes No					
{ Asked if	ENDO=yes					
<b>ENDODIAG</b> HD-9b.	How many yea	ars ago were you fir	st diagno	sed with	endometriosis?	
	1-4 years ag 5-9 years ag	ne year ago1 go2 go3 o or longer4				

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{ Asked if ENDO=yes

ENDOLIM

HD-9c. Have you ever had to miss work or school or been unable to perform daily activities due to pain from your endometriosis?

{ Asked if ENDO=yes

#### ENDOTREAT

HD-9d. Looking at Card 56b, what treatments have you ever received for your endometriosis?

- ENTER all that apply
- ◆ PRESS [Space] or [-] to separate responses

[HELP AVAILABLE]
[SHOW CARD 56b]

Non-narcotic medicines to treat pain1
(such as Tylenol, ibuprofen, naproxen)
Narcotic medicines to treat pain2
(such as Percocet, Vicodin, Lortab, codeine, oxycodone,
oxycontin, fentanyl)
Hormonal medicines
(such birth control pills, Depo-Provera, danazol, Lupron,
Synarel, Zoladex)
Progesterone releasing IUD or implant4
(such as Mirena, Skyla, Liletta, Implanon, Nexplanon)
Hysterectomy5
Other surgery 6
(such as laparoscopy)
Other nonsurgical treatment
(such as antidepressants, Neurontin, Lyrica, physical
therapy, nerve stimulation)
Complementary or alternative medicines or treatments8
(such as herbs, botanicals, dietary supplements,
acupuncture, chiropractic or osteopathic manipulation,
meditation, relaxation techniques, homeopathy, naturopathy,
Ayurvedic or traditional Chinese medicine)
Never had any of the above treatments for endometriosis9

# EDIT CHECK HD9d\_1:

IF ENDOTREAT = 9 AND ANY OTHER CODE DISPLAY: You cannot choose the option for "Never had any of the above treatments" in combination with other options from the list. PROBE R and re-verify the information given.

HARD, NONSUPPRESSIBLE EDIT CHECK.

#### OVUPROB

HD-10. IF HB-4 INFRTPRB = blank, ASK:

(Has a doctor or other medical care provider ever told you that you had) Problems with ovulation or menstruation?

ELSE IF HB-4 INFRTPRB NE blank, ASK:

(You may have already told me this, but has a doctor or other medical care provider ever told you that you had) Problems with ovulation or menstruation?

[HELP AVAIL	ABLE]				
	Yes1 No5				
{ Asked for <b>PCOS</b> HD-10b.	all Rs				
	<pre>IF HB-4 INFRTPRB = blank, ASK: (Has a doctor or other medical care provider ever told you that you had) Polycystic Ovarian Syndrome, also known as PCOS?</pre>				
	ELSE IF HB-4 INFRTPRB NE blank, ASK: (You may have already told me this, but has a doctor or other medical care provider ever told you that you had) Polycystic Ovarian Syndrome, also known as PCOS?				
[HELP AVAIL	ABLE]				
	Yes1 No5 (HD-11 DEAF)				
{ Asked if I	HD-10b PCOS=1				
HD-10c.	Was your PCOS diagnosis based on any of the following tests or symptoms shown on Card 56c?				
	◆ ENTER all that apply				
	◆ PRESS [Space] or [-] to separate responses				
[SHOW CARD ! [HELP AVAIL					
	Irregular menstrual periods				
EDIT CHECK	<pre>iF HD-10c PCOSSYMP = 7 AND ANY OTHER CODE DISPLAY:</pre>				
DEAF					
HD-11.	The following questions are about other health problems or				

impairments you have.

Do you have serious difficulty hearing?

Yes .....1 No .....5

BLIND	
HD-12.	Do you have serious difficulty seeing, even when wearing glasses?
	Contact lower should be considered in the same way or along

Contact lenses should be considered in the same way as glasses.

Yes .....1 No .....5

#### DIFDECIDE

HD-13. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

> Yes .....1 No .....5

#### DIFWALK

HD-14. Do you have serious difficulty walking or climbing stairs?

> Yes .....1 No .....5

#### DIFDRESS

HD-15. Do you have difficulty dressing or bathing?

> Yes .....1 No .....5

#### DIFOUT

HD-16. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

> Yes .....1 No .....5

#### EVRCANCER

HD-17. Now I would like to ask you about cancer. Have you ever been told by a doctor or other health care provider that you had cancer?

> Yes .....1

{ Asked if R has ever had cancer (EVRCANCER = yes)

#### AGECANCER

HD-17a. At what age were you first told that you had cancer?

\_\_\_\_\_ Age in years

- Read if necessary: If you have had more than one cancer, please tell me about your first cancer.
- ◆ ENTER Age in years

UNDERLYING RANGE: 0 TO 50

{ Asked if R has ever had cancer

#### CANCTYPE

HD-17b. What type of cancer was it? If you had cancer more than once, please say what your first cancer was.

INTERVIEWER NOTE: Code based on what respondent reports for her type of cancer. The list is alphabetical. Read the list only if necessary. You may stop reading the list when the respondent states a cancer.

Bladder cancer01
Blood02
Bone cancer
Brain cancer or tumor, spinal cord
cancer, or other cancer of the
central nervous system04
Breast cancer05
Cervical cancer (cancer of the
cervix)06
Colon cancer07
Esophageal (Esophagus) cancer08
Endometrial cancer (cancer of the
uterus) 09
Gallbladder Cancer
Head and neck cancer11
Heart cancer12
Laryngeal (Larynx/Windpipe)cancer 13
Leukemia14
Liver cancer
Lung cancer
Lymphoma including Hodgkins disease/
Lymphoma including Hodgkins disease/
Lymphoma including Hodgkins disease/ Lymphoma and non-Hodgkins
Lymphoma including Hodgkins disease/ Lymphoma and non-Hodgkins lymphomas
Lymphoma including Hodgkins disease/ Lymphoma and non-Hodgkins lymphomas
Lymphoma including Hodgkins disease/ Lymphoma and non-Hodgkins lymphomas
Lymphoma including Hodgkins disease/ Lymphoma and non-Hodgkins lymphomas
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Lymphoma including Hodgkins disease/ Lymphomas and non-Hodgkins lymphomas
Lymphoma including Hodgkins disease/ Lymphomas and non-Hodgkins lymphomas
Lymphoma including Hodgkins disease/ Lymphoma and non-Hodgkins lymphomas
Lymphoma including Hodgkins disease/ Lymphomas and non-Hodgkins lymphomas

[IF NO CODE 6 or 33 REPORTED, GO TO HD-18 MAMMOG]

# SP\_CANCTYPE

HD-17sp. IF HD-17b CANCTYPE = 33 (other):

INTERVIEWER: Record verbatim what R reports for her type of cancer.

TYPE: STRING [250]

# PRECANCER

HD-17c. ASK IF HD-17b CANCTYPE = 6 (cervical cancer):

There are different types of diagnoses when you talk about cervical cancer. I'm going to describe 3 different scenarios, and

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you tell me which one you had. The first one is an abnormal Pap
test result, which may be suspicious for cancer but no real
cancer is found. The second one is called pre-cancer (sometimes
called cervical intraepithelial lesion or CIN). And the third one
is actual cervical cancer. Do you know which one you had?

Abnormal Pap test result, suspicious for cancer, Pre-cancer (cervical intraepithelial lesion or CIN).....2 { Asked for all MAMMOG HD-18. A mammogram is an x-ray taken only of the breast by a machine that presses against the breast. Have you ever had a mammogram? Yes .....1 No .....5 (HD-18C CLINEXAM) { Asked if R ever had a mammogram AGEMAMM1 HD-18a. How old were you when you had your first mammogram? • ENTER Age in years UNDERLYING RANGE: 0 TO 50 { Asked if ever had a mammogram REASMAMM1 HD-18b. What was the main reason you had this first mammogram? Was it... Because of a problem or lump ......2 Because of family or personal history of cancer .....3 Other reason ......4 { ASKED FOR ALL CLINEXAM HD-18c. A clinical breast exam is when a doctor or other health care professional uses his or her hands to feel for lumps or other changes in your breasts. Have you ever had a clinical breast exam? Yes .....1 No .....5 { ASKED FOR ALL FAMHYST HD-19. Thinking of your blood relatives, alive or deceased, has your mother, sister, aunt or grandmother been diagnosed with breast cancer on either side of the family? Yes .....1 No .....5

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{ ASKED FOR ALL

#### MOMRISK70

HD-20a.

The next few questions ask about your opinions on factors related to breast cancer risk. Do you think that having a mother who was diagnosed with breast cancer at the age of 70 increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot ......1 A little .....2 Not at all ....3 No opinion ....4

{ ASKED FOR ALL

#### MOMRISK40

HD-20b.

Do you think that having a mother who was diagnosed with breast cancer at the age of 40 increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot ......1 A little .....2 Not at all ....3 No opinion ....4

{ Asked for all

#### ALCORISK

HD-22.

Do you think that drinking more than 1 alcoholic beverage a day increases a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot ......1 A little .....2 Not at all ....3 No opinion ....4

#### BFEEDRISK

HD-22a.

Do you think that breastfeeding <u>decreases</u> a woman's chances of getting breast cancer a lot, a little, or not at all or do you have no opinion?

A lot ......1 A little .....2 Not at all ....3 No opinion ....4

#### HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (HE)

#### INTRO\_H4

HE-0. Now I would like to ask you about testing for HIV, the virus that causes AIDS.

◆ ENTER [1] to continue

{ ASKED FOR ALL

#### DONBLOOD

HE-1. First, I'll ask you about blood and blood product donations you may have made to the Red Cross or other blood banks. By blood products, we mean such things as plasma, platelets, and marrow. Have you ever

donated blood or blood products at the Red Cross, at a bloodmobile, at a blood drive, or at other blood banks?

[HELP AVAILABLE]

Yes ..... 1
No ..... 5

#### HIVTEST

HE-2. IF HE-1 DONBLOOD = YES, ASK:

Not counting tests you may have had as part of donating blood or blood products, have you ever been tested for HIV?

ELSE IF HE-1 DONBLOOD = 5, DK, or RF, ASK:
Have you ever been tested for HIV?

Explain, if necessary, that you will <u>not</u> be asking for the results of any test she may have ever <u>had</u>.

Yes ..... 1
No ..... 5

FLOW CHECK H-15b: IF HE-2 HIVTEST = 5, ASK HE-2b NOHIVTST.

ELSE IF HIVTEST = DK or RF, GO TO HE-5c PREPHIV.

(We do not want to ask NOHIVTST for DK/RF responses on HIVTEST.)

ELSE IF HIVTEST = 1 (yes), GO TO HE-3 WHENHIV\_M.

 $\{$  Asked if R never had an HIV test (HIVTEST=5)

# NOHIVTST

HE-2b. IF HE-2 HIVTEST = NO ASK:

Which one of these reasons shown on Card 88 would you say is the MAIN reason why you have not been tested for HIV?

[SHOW CARD 88]

{ Asked if R reported `some other reason' SP NOHIVTST

HE-2sp. IF HE-2b NOHIVTST=20, ASK:

What was the MAIN reason why you have not been tested for HIV?

TYPE: STRING [250]

FLOW CHECK H-15c: IF HE-2 HIVTEST = 5 (no), GO TO HE-5c PREPHIV.

{ Asked if R ever was tested for HIV outside of blood donation (HIVTEST=1) WHENHIV\_M

 $\mathcal{Q}$  of  $\mathcal{Q}$ 

HE-3. IF HE-1 DONBLOOD = 1 THEN ASK:

Not including tests you may have had as part of donating blood or blood

products, in what month and year was your  $\underline{last}$  test for HIV, the virus that causes AIDS?

ELSE IF HE-1 DONBLOOD = 5, DK, or RF, THEN ASK: In what month and year was your  $\underline{last}$  test for HIV, the virus that causes AIDS?

- ◆ If R cannot recall month and year, refer her to the life history calendar.
- ◆ ENTER MM/YYYY
- ◆ PROBE for season if DK month

#### [CALENDAR REFERENCE]

1.	January	5.	May	9.	September	13.	Winter
2.	February	6.	June	10.	October	14.	Spring
3.	March	7.	July	11.	November	15.	Summer
4.	April	8.	August	12.	December	16.	Fall

{ Asked if R ever was tested for HIV outside of blood donation (HIVTEST=1)  $\mbox{\sc whenhiv}\mbox{\sc y}$ 

2 of 2

HE-3. IF HE-1 DONBLOOD = 1 THEN ASK:

(Not including tests you may have had as part as part of donating blood or blood products, in what month and year was your <u>last</u> test for HIV, the virus that causes AIDS?)

ELSE IF HE-1 DONBLOOD = 5, DK, or RF, THEN ASK:
(In what month and year was your <u>last</u> test for HIV, the virus that
causes AIDS?)

# [CALENDAR REFERENCE]

- ullet If R cannot recall month and year, refer her to the life history calendar.
- ◆ ENTER (WHENHIV\_M)/YYYY

UNDERLYING RANGE: 1984 to 2020

#### FLOW CHECK H-16: COMPUTE CMHIVTST:

(Century month for date of last/most recent HIV test outside of blood or blood product donations)

SET CMHIVTST = null/blank.

IF WHENHIV\_Y = RF, SET CMHIVTST = 9998 (RF). ELSE IF WHENHIV\_Y = DK, SET CMHIVTST = 9999 (DK).

ELSE IF WHENHIV\_M LE 12, COMPUTE CMHIVTST = (WHENHIV\_Y - 1900)\*12 + WHENHIV\_M

ELSE IF 13 LE WHENHIV\_M LE 16, USE MONTH APPROPRIATE TO SEASON & COMPUTE CMHIVTST AS ABOVE.

ELSE IF WHENHIV\_M = DK OR RF, ASSIGN MONTH = 6 (June)
& COMPUTE CMHIVTST AS ABOVE.

IF CMHIVTST NE blank AND 1 LE WHENHIV M LE 12 AND CMHIVTST

# LT 9996, ESTABLISH CMHIVTST\_FILL.

Edit Check	HE3_1:	IF (WHENHIV_M LE 12) AND CMHIVTST > CMINTVW, DISPLAY: The date entered cannot be after the date of interview. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK.			
Edit Check	HE3_2:	IF (WHENHIV_M LE 12) AND CMHIVTST < CMBIRTH, DISPLAY: The date entered cannot be before her date of birth. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK.			
Edit Check	HE3_3:	<pre>IF (13 LE WHENHIV_M LE 16) AND CMHIVTST &gt; (CMINTVW + 2), DISPLAY: The date entered cannot be after the date of interview. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK.</pre>			
Edit Check	HE3_4:	<pre>IF (13 LE WHENHIV_M LE 16) AND CMHIVTST &lt; (CMBIRTH - 3), DISPLAY: The date entered cannot be before her date of birth. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK.</pre>			
Edit Check	HE3_5:	<pre>IF (WHENHIV_M = DK OR RF) AND WHENHIV_Y &gt; (CMINTVW/12 +1900), DISPLAY: The date entered cannot be after the date of interview. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK.</pre>			
Edit Check	HE3_6:	<pre>IF (WHENHIV_M = DK OR RF) AND WHENHIV_Y &lt; (CMBIRTH/12 +1900)- 1, DISPLAY: The date entered cannot be before her date of birth. Please correct. HARD, NONSUPPRESSIBLE EDIT CHECK.</pre>			
FLOW CHECK	(CMINT	HIVTST= 9999 (DK) or 9998 (RF) or ((CMHIVTST > TVW - 24)) AND (HE-3 WHENHIV_M = 13-16, DK, or RF)), ask HE-3b HIVTSTYR.			
{ Asked if 2 years HIVTSTYR	R does not re	eport specific month and year and year is within last			
HE-3b.	Did you have this last HIV test since (CMLSTYR_FILL)?				
		1 5			
FLOW CHECK		3b HIVTSTYR=1 AND (CMHIVTST=9999 (DK) or 9998 (RF)), SET CMHIVTST = CMINTVW - 6.			
{ Asked if HIVRESULT	R ever was te	ested for HIV outside of blood donation (HIVTEST=1)			
HE-3d.	After your ]	ast test for HIV, did you find out your test result?			
	Yes				
FLOW CHECK	H-16b0:	IF HE-3d HIVRESULT = 1, DK, or RF, GO TO HE-4 PLCHIV.			
•	R did not get	t test result (HIVRESULT=5)			
WHYNOGET HE-3e.		PRESULT = 5, ASK:  main reason why you did not find out your test			

result?

	You were afr you had F You didn't w You didn't F	the testing site would contact you
FLOW CHECK 1	H-16b0_2:	IF HE-3e WHYNOGET = 20, ASK HE-3e_sp SP_WHYNOGET. ELSE GO TO HE-4 PLCHIV.
SP_WHYNOGET	HE-3e WHYNOGE What was thi	ET=20 is other reason that you did not find out your HIV
	test result?	
	TYPE: STRING	G [250]
{ Asked if I <b>PLCHIV</b>	R ever was te	ested for HIV outside of blood donation (HIVTEST=1)
Please	e look at Car nating blood	= 1 THEN ASK: rd 72. Not including tests you may have had as part or blood products, where did you have that last test
		LOOD = 5, DK, or RF, THEN ASK: rd 72. Where did you have that last test for HIV?
[SHOW CARD	72]	
	HMO facility Community he public he Family plant Employer or School or so universit Hospital out Hospital eme Hospital reg Urgent care Your worksit Your home Military inc Sexually tra Laboratory of Some other p	cor's office
FLOW CHECK	H-16b1:	IF PLCHIV=20 GO TO SP_PLCHIV HE-4sp ELSE GO TO FLOW CHECK H-16b2
SP_PLCHIV HE-4sp.	IF HE-4 PLCH Where was th TYPE: STRING	nis other place that you had your last HIV test?
FLOW CHECK 1		IF PLCHIV=3, 4, 6, 7, 14 AND ((CMHIVTST GE CMLSTYR)

OR HE-3B HIVTSTYR = (1, DK, OR RF)) GO TO STATE\_NAME HE-4a.

ELSE GO TO FLOW CHECK H-16b4.

{ ASKED IF R RECEIVED AN HIV TEST IN THE LAST 12 MONTHS AT A CLINIC SITE STATE\_NAME\_H\_1

HE-4a. What is the name and address of the place where you received your last HIV test?

What state is the place in?

• Either press [BackSpace] or start typing the name of the city where the clinic is located.

[HELP AVAILABLE]

[LINK TO STATE DATABASE]

#### **CLINICHIV** H 1

HE-4b. What is the name and address of the place where you received your last HIV test?)

[HELP AVAILABLE]

[LINK TO CLINIC DATABASE]

- Either press [BackSpace] or start typing the name of the city where the clinic is located.
- 1) Type or select a city name
- 2) Select a clinic by scrolling up or down
- 3) Press [Enter]

#### CityName\_H\_1

HE-4c

#### ClinicName\_H\_1

HE-4d

### ClinicCode\_H\_1

HE-4e

HE-4f C6 data) code not shown but output to dataset

ClinicType\_H\_1 {Created variable for 'Agency type' (same as "TYPE9798\_#"
from

HE-4g C6 data) code not shown but output to dataset}

#### Confirm\_H\_1

HE-4h. I have found a clinic (by that name/in that city) at:

[Clinic.Name1]

[Clinic.Name2]

[Clinic.Address1]

[Clinic.Address2]

[Clinic.City], [Clinic.State] ···[Clinic.Zipcode]

County: [Clinic.CntyName]

Is this correct?

	Yes				
FLOW CHECK	FLOW CHECK H-16b3: IF CONFIRM = 1 (CLINIC IDENTIFIED IN DATABASE),  GO TO HIVTST HE-5.  ELSE, ASK HE-4g CLINHIV.				
ADCLINHIV_F HE-4i.	H_1 (What is the name and address of the place where you received your last HIV test?)				
	◆ENTER name and address of clinic you were unable to find in database  ◆If necessary: refer R to personal records or area phone books to obtain clinic name and address. If R is unable to provide the full address, record as much information as she can provide including cross streets, etc.				
FLOW CHECK	H-16b4: IF HE-4 PLCHIV = 12 (your home), ASK HE-4j RHHIVT1. ELSE, GO TO HE-5 HIVTST.				
{ Asked if RHHIVT1 HE-4j.	R reported their last HIV test was done at their home (PLCHIV=12)  A rapid home HIV test is a test you can use to test <u>yourself</u> that can provide results in about 20 minutes or less. The last time you had an HIV test, did you use a rapid home HIV test?  Yes				
{ Asked if RHHIVT2 HE-4k.	R reported their last HIV test was a rapid home HIV test  People use a rapid home HIV test for many different reasons.  Looking at Card 73, which of these reasons did you have for using the rapid home HIV test?				
[SHOW CARD	73]				
	ENTER all that apply				
	I didn't want to get tested by a doctor or at an HIV testing site				

{ Asked if R ever was tested for HIV outside of blood donation (HIVTEST=1) HIVTST

HE-5. Please look at Card 73a. I am going to show you a list of reasons why some people have been tested for HIV, the virus that causes AIDS.

IF HE-1 DONBLOOD = 1 THEN ASK:

Not including tests you may have had as part of donating blood or blood

A sex partner asked me to take a rapid home HIV test .....6 

products, which of these would you say was the  $\underline{\text{main}}$  reason for your last HIV test?

ELSE IF HE-1 DONBLOOD = 5, DK, or RF THEN ASK: Which of these would you say was the  $\frac{\text{main}}{\text{reason}}$  reason for your last HIV test?

[SHOW CARD 73a]

Part of a medical checkup or surgical procedure (a doctor or
medical provider asked for the test)1
Required for health or life insurance coverage2
Required for marriage license or to get married3
Required for military service or a job4
You wanted to find out if infected or not (you were the one
who asked for the test)5
Someone else suggested you should be tested6
You were pregnant and it was part of prenatal care7
You might have been exposed through sex or drug use8
You might have been exposed in some other way9
Some other reason - specify20

FLOW CHECK H-16d: IF HE-5 HIVTST=20, ASK HE-5sp SP\_HIVTST. ELSE, GO TO EDIT CHECK HE5\_1.

#### SP\_HIVTST

HE-5sp. What was the main reason for your last HIV test?

TYPE: STRING [250]

EDIT CHECK HE5 1:

PROBE IF HIVTST = code 7 AND (npregs\_s = 0). DISPLAY TEXT: R has reported pregnancy as the main reason for this HIV test, but she has never been pregnant. Has something been entered incorrectly? HARD, NONSUPPRESSIBLE EDIT CHECK.

{ASKED FOR ALL

**PREPHIV** There are medications available for people who do not have HIV to HE-5c. keep them from getting HIV. Have you heard of these medicines?

{ ASKED FOR ALL Rs.

#### TALKDOCT

HE-6. Has a doctor or other medical care provider ever talked with you about HIV, the virus that causes AIDS?

#### { Asked if TALKDOCT=YES

#### AIDSTALK

HE-7. Looking at Card 74, what topics related to HIV or AIDS were covered in the discussion you had with the doctor or other medical care provider?

- ◆ ENTER all that apply
- ◆ PRESS [Space] or [-] to separate responses

#### [SHOW CARD 74]

How HIV/AIDS is transmitted1
Other sexually transmitted diseases like
gonorrhea, herpes, or Hepatitis C2
The correct use of condoms3
Needle cleaning/using clean needles4
Dangers of needle sharing5
Abstinence from sex (not having sex)6
Reducing your number of sexual partners7
Condom use to prevent HIV or STD transmission8
"Safe sex" practices (abstinence, condom use, etc)9
Getting tested and knowing your HIV status10
Medicines to prevent getting HIV (pre-exposure prophylaxis,
also known as PrEP)11
Other - specify

{ Asked if AIDSTALK includes code 20

# SP\_AIDSTALK

HE-7sp.

If HE-7 AIDSTALK=20 THEN ASK AND RECORD VERBATIM: What was the other topic covered in your discussion with the doctor or medical care provider about HIV or AIDS?

TYPE: STRING [250]

#### RETROVIR

HE-8.

Please tell me if you think the following statement is definitely true, probably true, probably false, or definitely false, or if you don't know whether it is true or false. "There is a treatment available for pregnant women who are infected with the HIV virus to prevent passing the virus to their baby."

Definitely true1
Probably true2
Probably false3
Definitely false4
Don't know if true or false5

FLOW CHECK H-17: IF npregs\_s > 0 AND cmendp\_s[x] for the last pregnancy
(where x = npregs\_s and currpreg = no) GE CMLSTYR, ASK HE-9
PREGHIV.

ELSE IF npregs\_s=0 OR (CURRPREG = YES AND npregs\_s=1) OR
(cmendp\_s[x] for the last pregnancy (where x = npregs\_s and
currpreg = no) LT CMLSTYR), GO TO HF-1 EVERVACC.

#### PREGHIV

HE-9. IF CURRPREG = YES AND (CMENDP\_S[x] for last pregnancy GE CMLSTYR), ASK:
 The last time you were pregnant before you became pregnant this time,
 were you tested for the HIV virus when you visited the doctor for
 prenatal care?

ELSE IF CMENDP\_S[x] for last pregnancy GE CMLSTYR, ASK: The last time you were pregnant, were you tested for the HIV virus when you visited the doctor for prenatal care?

ullet Explain, if necessary, that you will <u>not</u> be asking for the results of any test she may have ever had.

Yes1	
No5	
Never went for prenatal care6	

#### HUMAN PAPILLOMA VIRUS (HPV) Series (HF)

FLOW CHECK H-18: IF AGESCRN LT 25, ASK HF-1 EVERVACC. ELSE IF AGESCRN GE 25, GO TO HG-1 BLDPRESS.

 $\{$  ASKED IF R < 25 at screener

#### **EVERVACC**

HF-1. HPV is a common sexually transmitted virus that can cause genital warts and cervical and other types of cancer in men and women. Vaccines to prevent some HPV infections are available for men and women 9-26 years of age and are sometimes called the HPV shot, Cervarix or Gardasil.

Have you received the cervical cancer vaccine, also known as the HPV shot, Cervarix, or Gardasil?

◆ If R volunteers that she has had any of the 3 shots or doses that comprise HPV vaccination, enter [1].

Yes	•	•	•	•	•	•	•	•	•				•						1
No																			5

FLOW CHECK H-18b: IF HF-1 EVERVACC=1 THEN ASK HF-2 HPVSHOT1.

ELSE IF EVERVACC=5 (NO), GO TO HF-3 VACCPROB.

ELSE IF EVERVACC=DK or RF, GO TO HG-1 BLDPRESS.

 $\{$  Asked if R had the HPV vaccine

#### HPVSHOT1

HF-2. How old were you when you received your first HPV vaccine shot?

◆ ENTER age in years

UNDERLYING RANGE = 5 to 25

FLOW CHECK H-19: IF HF-2 HPVSHOT1 NE DK OR RF and CE-4 AGEFSTSX NE DK OR RF THEN CHECK THE TWO AGES:

IF AGEFSTSX = HPVSHOT1, ASK HF-2b HPVSEX1. OTHERWISE, GO TO FLOW CHECK H-20.

{ Asked if AGEFSTSX = HPVSHOT1 (age of first sex same as age of first receiving HPV vaccine

#### HPVSEX1

HF-2b. Earlier you reported having your first sexual intercourse at this same age. Which occurred first - your first sexual intercourse or your first HPV vaccine shot?

First	inte	ercourse						1
First	HPV	vaccine	shot					5

FLOW CHECK H-20: IF HF-1 EVERVACC=1 (YES), GO TO HG-1 BLDPRESS ELSE IF EVERVACC=5 (NO), ASK HF-3 VACCPROB.

{ Asked if R has not had the HPV vaccine (EVERVACC=5)

VACCPROB

HF-3. How likely is it that you will receive the HPV shot in the next 12 months?

# Blood Pressure Screening and Other Health Items (HG)

{ Asked for all Rs

#### BLDPRESS

HG-1. Th

The next couple of questions are about your blood pressure. In the past 12 months, that is, since (CMLSTYR\_FILL), have you had your blood pressure checked by a doctor or other medical care provider?

{ Asked if HG-1 BLDPRESS=yes

#### HIGHBP

HG-2. During your visit in the past 12 months, did a doctor or other medical care provider tell you that you had hypertension, also called high blood pressure?

#### FLOW CHECK H-21: IF HG-2 HIGHBP = 5, 6, DK, or RF, GO TO CHECK H-22.

{ Asked if R was told her blood pressure was high (HG-2 HIGHBP=1) BPMEDS

HG-3. Are you currently taking any medicine prescribed by a doctor for your high blood pressure?

Yes.....1 No.....5

FLOW CHECK H-22: IF ANY RELAR [X] = 3, 4, 5 or 8 WITH AGE[X] LE 5 (any child in HH with these relationships to R and who is 5 or younger)

THEN ASK HG-4 NUTRINFO.

ELSE, GO TO SECTION I.

{ Asked if R lives with at least a child 5 years old or younger  ${\bf NUTRINFO}$ 

HG-4. The next question is about which source(s) you used to obtain nutritional information for the child or children aged 5 or younger who live with you. Now thinking about the past 12 months, that is, since (CMLSTYR\_FILL), which of the sources shown on Card 74a did you use for information or advice about nutrition for this child or children?

[SHOW CARD 74a]

OMB Number 0920-0314

PROBE: "Any other sources?"
ullet ENTER all that apply
◆ Press [Space] or [-] to separate responses
Friends1
Family (such as spouse, mother, mother-in-law, sister)2
Child's doctor or other health care provider3
Child's daycare provider, nanny, or teacher4
Websites, blogs, or social media5
None of the above sources6
IT CHECK HG4_1: IF HG-4 NUTRINFO = 6 AND ANY OTHER CODE DISPLAY: 'None
of the above sources' (6) cannot be entered with any
other code.
HADD MONGHADADAGGADI B DATE GUIDGE

HARD, NONSUPPRESSIBLE EDIT CHECK.