Attachment B3:
Questionnaire Changes for Year 2 of Interviewing in the National Survey of Family Growth (NSFG)

This addendum describes 11 revisions to the NSFG questionnaires effective for the second year of continuous interviewing and subsequent years ("Year 2 Changes"). It is divided into three sections:

- First, we describe 4 revisions that affect the NSFG questionnaires for both males and females (1-4);
- Second, 4 revisions that affect only the female questionnaire (5-8); and
- Third, 3 revisions that only affect the male questionnaire (9-11).

Therefore, there are 8 changes for females and 7 for males. For each, we give a brief description of the change, a justification or "Rationale" for the change (with selected references), and then give the question wording.

Most of these changes only affect sub-groups of males or females. We estimate that these questions will add about 3 minutes to the average interview length for females and 2 minutes for males. Average interview length for **females** will rise from 71 minutes now to 74 minutes—still under the original burden estimate of 80 minutes (1.33 hours). For **males**, these questions will increase average interview length about 2 minutes, from 52 minutes now to 54 minutes—still under the approved burden estimate of 60 minutes (1 hour). (See A.12 for additional burden information.)

REVISIONS FOR BOTH MALE & FEMALE INSTRUMENTS

1. Brief description

Add 1 item to the series of attitude questions related to fertility, parenthood, and contraception (Female Section I and Male Section J).

Rationale

This question asks directly about attitudes toward the importance of children. Many of our attitude questions ask about matters that are related to having children, but this question asks directly. Like many other questions, it was cut to save interview time after the Cycle 6 Pretest. Given that we are now under our targets for interview length, we should restore it to make the series more complete. Collecting family-related attitudes such as this is consistent with the recommendations of the "Counting Couples" interagency initiative to improve family-related data. (1, 2). The effect on interview time is minimal (about 15 seconds).

References

1. Federal Interagency Forum on Child and Family Statistics. 1998. Nurturing Fatherhood: Improving Data and Research on Male Fertility, Family Formation and Fatherhood. Washington, D.C.: Federal Interagency Forum on Child and Family Statistics.

2. Federal Interagency Forum on Child and Family Statistics. 2001. Counting Couples: Improving Marriage, Divorce, Remarriage, and Cohabitation Data in the Federal Statistical System. Washington, D.C.: Federal Interagency Forum on Child and Family Statistics.

Question

```
{ Asked for all respondents
CHUNLESS
IH-6a/JG-6a People can't be really happy unless they have children.

            Strongly agree.....................1
            Agree..............................2
            Disagree...........................3
            Strongly disagree..................4
            If R insists: Neither agree nor disagree. 5
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2. Brief description

Add 2 questions to the ACASI portion of the interview (female Section J and male Section K), only for respondents aged 15 to 24, asking if they had ever been suspended or expelled from school and if so, what grade they were in the most recent time this happened. About one-third of men and women will get the first question, and a small fraction of those will get the second. The effect on average interview length is 10 seconds for one-third of the sample.

Rationale

This question was one of many cut after the Cycle 6 Pretest, because of concerns with exceeding interview length. It is being restored because we are under our interview length targets, and because this question adds important information for adolescents and young adults in two ways:
1) it is an adverse experience that constitutes a stressful life event and may indicate academic and social problems; and
2) it is an additional measure reflecting educational problems that is appropriate for young people who have not finished school.

The male questionnaire was, in part, a replacement for the NICHD-funded National Survey of Adolescent Males (NSAM), particularly the NSAM data related to contraceptive behavior and attitudes. It is well-documented that school performance and educational attainment have important effects on a host of outcomes measured by the NSFG: the effectiveness of contraceptive use, the timing first sexual intercourse, age at the first birth, the occurrence of unwanted pregnancies, the use of reproductive health services, and risk of contracting Sexually Transmitted Infections (STIs) (1, 2, 3, 4). However, since adolescents and some young adults have not yet completed schooling, "amount of education attained" is not meaningful for them in the way it is for older adults. Therefore, experience with suspension and expulsion is a measure of educational problems, within the level of school relevant for, or recently experienced by, this age group. Suspension or

expulsion may be accompanied by lifestyles that include risk-taking and substance use among individuals in need of greater intervention. This is relevant for both males and females and adding this to the female questionnaire will provide comparable data for them.

Within the female questionnaire, this question would be placed right before the series asking about substance use. Within the male questionnaire, it would be located at the start of the "Significant events" series (this series asks about homelessness and jail/prison). This placement is consistent with the Cycle 6 pretest questionnaire for both males and females.

References

1. Brown JW, AM Villarruel, D Oakley & C Eribes. 2003. Exploring Contraceptive Pill Taking among Hispanic Women in the United States. *Health Education & Behavior* 30(6): 663-682.

2. Santelli J, et al. 2000a. The Association of Sexual Behaviors with Socioeconomic Status, Family Structure, and Race/Ethnicity among U.S. Adolescents. *American Journal of Public Health* 90(10):1582-1588.

3. Bankole A, JE Darroch, S Singh. 1999. Determinants of Trends in Condom Use in the United States, 1988-1995. *Family Planning Perspectives* 31(6):264-271.

4. Ford C, BW Pence, WC Miller, MD Resnick, LH Bearinger, S Pettingell, and M Cohen. 2005. Predicting Adolescents' Longitudinal Risk for Sexually Transmitted Infection: Results from the National Longitudinal Study of Adolescent Health. *Archives of Pediatrics and Adolescent Medicine*. 159(July).

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Questions

These 2 questions will be added to the KB series in male ACASI and the JC series in female ACASI, both of which represent comparable placements. The question numbers below reflect the male instrument.

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{ Asked only if R is 15-24 years old
EVSUSPEN
KB-4. Have you ever been suspended or expelled from school?

      Yes ............1
      No .............5 (GO TO Substance Use (KC))

{ Asked only if R is 15-24 years old
GRADSUSP
KB-5. What grade were you in when you were suspended or expelled from
      school? If you were suspended or expelled more than once, please
      enter the grade you were in the most recent time.

      Grade _________
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3. Brief description

Add 1 question in ACASI (female Section J and male Section K) for respondents aged 15 to 24 who have had both oral sex and vaginal intercourse, asking when the first oral sex occurred relative to first vaginal intercourse.

Rationale

The topic of oral sex was included on the Cycle 6 and Cycle 7 NSFG because it is important for understanding health risks posed by sexually transmitted diseases, such as Chlamydia, chancroid, syphilis, and Human Immunodeficiency Virus (HIV)[1,2]. Indeed, we published an NCHS report on "Sexual Behavior and Selected Health Measures."[3] Our report contained the first national estimates of sexual behavior from a reliable national survey in over a decade, and the first estimates ever published from a national survey for female teens. One of its strengths was that we included both types of oral sex (fellatio and cunnilingus). But one weakness of the data was that we asked only whether the respondent has ever had each type of oral sex. For those who have had vaginal intercourse and oral sex, we do not know whether first oral sex occurred before or after first intercourse. The additional question below adds this timing component, which is critical for determining whether oral sex follows, or (as is often suspected in speculative media stories) precedes and delays, vaginal intercourse, and for gauging exposure to Sexually Transmitted Infections (STIs) and HIV prior to first intercourse.

The information is important in part because educational campaigns in recent years have encouraged teenagers to delay sexual activity, and some concern has been raised that teenagers may perceive themselves to be complying with this message if they are postponing intercourse but engaging in oral or anal sex. There are some recent studies that suggest this might indeed be the case—that these sexual activities may be viewed as a means of retaining virginity and as a way to prevent pregnancy. This research suggests that teens consider oral sex more acceptable, less risky, and more prevalent than vaginal sex. (4, 5, 6).

This information will be useful to those at our funding agencies, including the National Institute for Child Health and Human Development and the Office of Population Affairs and their grantees. Among both males and females, we estimate that about 24% will get the question, which we estimate will add about 15 seconds to the interview length for the subset of respondents who are asked the question.

References

1. Edwards S & C Carne. 1998. Oral Sex and the Transmission of Non-viral STIs. *Sexually Transmitted Infections* 74:95-100.

2. Hawkins DA. 2001. Oral Sex and HIV Transmission. *Sexually Transmitted Infections* 77:307-308.

3. Mosher WD, Chandra A, Jones J. 2005. Sexual Behavior and Selected Health Measures: Men and Women 15-44 Years of Age, United States, 2002. National

Center for Health Statistics, *Advance Data from Vital and Health Statistics*, No. 362, September 15, 2005.

4. Lisa Remez. 2000. "Oral Sex Among Adolescents: Is it Sex or is it Abstinence?" *Family Planning Perspectives* 32(6):298-304.

5. Bonnie L. Halpern-Felsher, Jodi L. Cornell, Rhonda Y. Kropp, and Jeanne M. Tschann. 2005. "Oral Versus Vaginal Sex Among Adolescents: Perceptions, Attitudes, and Behavior." *Pediatrics* 115: 845-851.

6. Tina Hoff, Liberty Greene, Julia Davis. 2003. National survey of adolescents and young adults: Sexual health knowledge, attitudes, and experiences. Menlo Park, CA.

Questions

Question text is as follows and occurs at the end of the series of questions on vaginal and oral sex in the ACASI portion of the male and female instruments.

Female question:

{ASKED IF R IS 15-24 AND HAS EVER HAD ORAL SEX AND VAGINAL INTERCOURSE
TIMING
JD-8b. Thinking back to when you had oral sex with a male for the first time, was it before, after, or on the same occasion as your first vaginal intercourse with a male?

Before first vaginal intercourse 1
After first vaginal intercourse 3
Same occasion.....5

Male question:

{ASKED IF R IS 15-24 AND HAS EVER HAD ORAL SEX AND VAGINAL INTERCOURSE
TIMING
KE-7b. Thinking back to when you had oral sex with a female for the first time, was it before, after, or on the same occasion as your first vaginal intercourse with a female?

Before first vaginal intercourse 1
After first vaginal intercourse 3
Same occasion.....5

4. Brief description

Add 3 questions to ACASI (female section J and male section K) asking for numbers of opposite-sex partners in the last 12 months, by type of sexual contact.

Rationale

Previous research, with the NSFG and other data sources (1, 2), indicates that sexual activity other than vaginal intercourse is an important component of risk for sexually transmitted infections (STI), including HIV, among heterosexuals. With Cycle 6 of the NSFG, the survey has begun monitoring the lifetime prevalence of oral and anal sex with

opposite-sex partners. The relatively high prevalence of these behaviors and their association with STI acquisition suggest that it is important to know not just lifetime prevalence but recent experience. Given the variability of STI-preventive behaviors (such as condom use) in connection with different sexual behaviors and with different partners, the NSFG, upon request of our funding partners at CDC's Division of HIV-AIDS Preventions (DHAP) and Division of Sexually Transmitted Disease Prevention (DSTDP), is adding separate questions in Audio CASI to ask the number of opposite-sex partners with whom the respondent has engaged in vaginal, oral, or anal sex in the last 12 months. These data will strengthen the NSFG's ability to measure HIV and STI risk in the general population.

References

1. Anderson JE, Mosher WD, Chandra A. 2006. Measuring HIV Risk in the US Population aged 15-44: Results of the 2002 NSFG. *Advance Data* No. 377. October 23, 2006. Hyattsville, MD: National Center for Health Statistics.

2. Mosher WD, Chandra A, Jones J. 2005. Sexual behavior and selected health measures: Men and women 15-44 years of age in the U.S., 2002. *Advance Data* Number 362. Hyattsville, MD: National Center for Health Statistics. September 15, 2005.

Questions

The following 3 questions will be asked of all respondents who reported any opposite-sex partners in the last 12 months, based on all types of sexual activity they have had -- vaginal intercourse, oral sex, and anal sex. The items will be added to the JF series in female ACASI and the analogous KG series in male ACASI, right after the questions asking about the total numbers of partners they have ever had and the number they have had in the last 12 months. The questions are shown below for female ACASI, and the male items simply replace the word "male" with "female." To aid the respondent, the screen will display the number of opposite-sex partners they reported for the last 12 months. As is true throughout ACASI, the respondent can blank the screen and only listen to the questions on headsets, if preferred.

{ Asked if R has ever had vaginal intercourse

VAGNUM12

JF-2YRa. Your number of male partners in the last 12 months is displayed below. Thinking of your male partners in the last 12 months, with how many of them did you have vaginal intercourse?

DISPLAY: ___ male partners in last 12 months

{ Asked if R has ever had oral sex with a male

ORALNUM12

JF-2YRb. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have oral sex, either giving or receiving?

DISPLAY: ___ male partners in last 12 months

{ Asked if R has ever had anal sex with a male

ANALNUM12

JF-2YRc. (Your number of male partners in the last 12 months is displayed below.) Thinking of your male partners in the last 12 months, with how many of them did you have anal sex?

DISPLAY: ___ male partners in last 12 months

FEMALE INSTRUMENT ONLY REVISIONS

5. Brief description

Add 4 questions in the female instrument's pregnancy history (Section B) to measure the extent of primary cesarean delivery upon maternal request among births in the 5 years before the interview. We estimate that these questions will take about 2 minutes for the 10 percent of women who will be asked them.

Rationale

The rates of cesarean delivery in the U.S. have increased by over 40% between 1996 and 2004, to 29.1% among live births in 2004. This represents 1.2 million women annually. This increase reflects an increase in primary cesareans (a woman's first cesarean delivery) as well as a reduction in vaginal deliveries after a cesarean (abbreviated VBAC). Given the significantly higher health care costs of cesarean delivery (nearly double the cost of vaginal deliveries), as well as the higher risk of maternal and neonatal complications, research has been directed at the clinical, economic, legal, and maternal factors that may affect the decision to have a cesarean delivery.

One of our funding agencies, the NIH's National Institute for Child Health and Human Development (NICHD), asked the NSFG to consider addressing the issue of cesarean delivery by "maternal request," to determine whether it plays a role in the recent increases in the rate of primary cesarean delivery. This topic was the focus of a recent NIH "State of the Science" Consensus Conference. The NSFG provides a good vehicle for addressing this particular question, in the context of the full pregnancy history collected from each female respondent and the other social and behavioral variables available in the survey. The proposed questions will be placed after questions about payment for delivery that are asked for all recent births and will be limited to primary cesareans in the last 5 years. The key elements for defining this "maternal request" measure are:

- No medical indication for the cesarean
- Planned before labor began
- Initiated by the mother

Based on findings from the Listening to Mothers Survey, in which 1 of 252 primary cesareans met this definition of "maternal request," this is expected to be a very rare

occurrence in the NSFG sample, but can potentially be analyzed reliably by pooling multiple years of NSFG data from continuous interviewing. Because these questions are limited to women who have a primary cesarean in the last 5 years, no woman will be asked these questions more than once, and very few (less than 1%) are likely to be asked all 3 questions.

References

1. Declercq ER, Sakala C, Corry MP, Applebaum S (2006). *Listening to Mothers II: Report of the 2nd National U.S. Survey of Women's Childbearing Experiences.* New York: Childbirth Connection.

2. Menacker F, Declercq E, Macdorman MF (2006). Cesarean delivery: Background, trends, and epidemiology. *Seminars in Perinatology 30:235-41.*

3. NIH State-of-the-Science Conference Statement on Cesarean Delivery on Maternal Request. NIH Consensus Science Statement. 2006. Mar 27-29; 23(1) 1–29.

Questions

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{ Asked if this pregnancy only ended in cesarean live birth delivery and
  occurred in last 5 years
CSECPRIM
BD-9. Was this your first cesarean delivery, or had you had one before
      this?

              Yes, first cesarean .......1
              No, not first cesarean ....5

{ Asked only if this was first cesarean
CSECMED
BD-10.      Please look at CARD XX.  Which of these medical reasons, if
            any, were there for this cesarean delivery?

            ◆ ENTER all that apply

            Labor was taking too long ..................................1
            Maternity care provider concerned that baby was too big ....2
            Baby was in the wrong position (e.g, breech) ...............3
            Maternity care provider concerned about your health ........4
            Maternity care provider concerned about your baby's health .5
            Some other medical reason ..................................6
            There was no medical reason ................................7

{ Asked only if R has reported no medical reason for the c-section
SP_CSECMED
BD-10sp.          What was the main reason for your cesarean delivery?

                  TYPE:  (Enter verbatim response)

{ Asked only if R has reported no medical reason for the c-section
CSECPLAN
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BD-11.      Was this cesarean the result of your own idea to have a planned
            cesarean before labor began?

            Yes .........1
            No ..........5
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6. Brief description

Add 1-2 questions asking about biological children with each husband or cohabiting partner reported by the respondent in Female Section C.

Rationale

These questions will strengthen the NSFG's measures of partner-specific fertility by providing direct information on the numbers of biological children the respondent has had with each of the men she has ever married or cohabited with, which has been called for by several federal statistical initiatives—and more recently by users funded by two of our funding agencies, the NICHD and the Office of Population Affairs. Also, these new items can be used in conjunction with the existing pregnancy, marriage, and cohabitation data to more accurately define marital and cohabiting status at time of pregnancy conception and outcome. In prior NSFG instruments, these measures could only be defined by comparing birth dates of children with marriage and cohabitation dates (1). Given the potential for overlapping sexual relationships, this was a source of considerable frustration for some NICHD- and OPA-sponsored data users, and contributed to unforeseen inconsistencies among the NSFG's public-use recoded variables. In light of the data needs for several NSFG sponsors and many of our users, it is important to improve our measures of the circumstances in which children are conceived and born (2-6).

References

1. Bumpass L, Lu H-H. 2000. Trends in Cohabitation and Implications for Children's Family Contexts in the United States. *Population Studies* 54(1): 29-41

2. Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. 2005. Fertility, Family Planning, and Reproductive Health of US Women: Data from the 2002 National Survey of Family Growth. Vital and Health Statistics, Series 23, Number 25. December, 2005. Hyattsville, MD: National Center for Health Statistics.

3. Federal Interagency Forum on Child and Family Statistics. 1998. Nurturing Fatherhood: Improving Data and Research on Male Fertility, Family Formation and Fatherhood. Washington, D.C.: Federal Interagency Forum on Child and Family Statistics.

4. Federal Interagency Forum on Child and Family Statistics. 2001. Counting Couples: Improving Marriage, Divorce, Remarriage, and Cohabitation Data in the Federal Statistical System. Washington, D.C.: Federal Interagency Forum on Child and Family Statistics.

5. Martinez GM, Chandra, A, Abma JC, Jones J, and Mosher WD. 2006. Fertility, Contraception, and Fatherhood: Data on Men and Women from the 2002 National Survey of Family Growth. Vital and Health Statistics, Series 23, Number 26. May, 2006. Hyattsville, MD: National Center for Health Statistics.

6. Raley RK. 2001. Increasing Fertility in Cohabiting unions: Evidence for the Second Demographic Transition in the United States? *Demography* 38(1): 59-66.

Questions

The following 2 questions are to be added to the CB, CC, and CD series and asked for each husband and cohabiting partner, whether current or former. The questions will not be asked for women who are currently married for the first time and whose children were all born after their marriage date. The question numbers are not given here because they vary by question series.

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{Asked for each husband or cohabiting partner reported.  Based on Cycle 6
data, roughly 30% of women may be asked these questions at least once.

1.    (You may have already told me this, but) (Do/Did) you and (CURRENT
OR FORMER HUSBAND OR COHABITING PARTNER) have any biological children
together?  By that, I mean you are the biological mother and he is the
biological father.

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

{ Asked if R had biological children with this husband or cohabiting
{ partner:

2.    How many biological children (have/did) you and he (had/have)
      together?
```

7. Brief description

Add a question to female Section E asking where respondents obtained emergency contraception, for those who used it in the 24 months prior to the interview. This can be located within a series that has been included in the NSFG since Cycle 5, asking respondents where they obtained the method they used in the month prior to the interview. This is likely to take 30-60 seconds for the approximately 2% of respondents who will be asked it, so its impact on interview length is minimal.

Rationale

As outlined in Attachments B1 and B2 of the original package, the NSFG is the only continuing source of national data providing detailed information on women's use of methods to prevent, space, and plan pregnancies (1-4). Questions asking about emergency contraception have been included in the NSFG questionnaire since Cycle 5 in 1995. Recently there have been important changes in how this method can be obtained by women. Since FDA approval made emergency contraceptive pills available without a prescription to women aged 18 and over in August 2006, there is much interest in having

national data on how this increased accessibility affects women's usage. Since the use of emergency contraception is still rare, modifying the questionnaire in the manner described above is necessary to yield enough observations to make the data on source analyzable. This additional question reflects an efficient use of already-existing questionnaire structure, because it follows the section capturing women's contraceptive use month-by-month for the past 3 years, and it is within the series that includes not only source, but the identification of the specific clinic, if a contraceptive method was obtained at a clinic. Collecting this information responds to the needs of the Office of Population Affairs who recently specifically indicated an interest, and who will use the data as part of their monitoring of family planning service receipt and women's behaviors surrounding delaying and avoiding pregnancy during changing times.

References

1. Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. 2005. Fertility, Family Planning, and Reproductive Health of US Women: Data from the 2002 National S Survey of Family Growth. *Vital and Health Statistics, Series 23*, Number 25. December, 2005. Hyattsville, MD: National Center for Health Statistics.

2. Mosher W, G Martinez, A Chandra, J Abma, S Willson. 2004. Use of Contraception and Use of Family Planning Services in the United States, 1982-2002. *Advance Data from Vital and Health Statistics,* No. 350, December 10, 2004. National Center for Health Statistics.

3. Mosher W. 1990. Contraceptive Practice in the United States, 1982-1988. *Family Planning Perspectives* 22(5):198-205.

4. Mosher W & W Pratt. 1990. Contraceptive Use in the United States, 1973-1988. *Advance Data from Vital and Health Statistics*, No. 182. Hyattsville, MD: National Center for Health Statistics.

Questions

{Asked if R used emergency contraception in any of the 24 months prior to interview

PLACEC

EH-3a.Please look at Card 36. Earlier you reported using emergency contraception within the past two years. Where did you get the emergency contraception (the last time you used it)?

Private doctor's office.....1
HMO facility.....2
Community health clinic, community clinic, public health clinic....3
Family planning or Planned Parenthood Clinic.....4
Employer or company clinic.....5
School or school-based clinic.....6
Hospital outpatient clinic.....7
Hospital emergency room.....8

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Hospital regular room.....................................................9
Urgent care center, urgi-care or walk-in facility.....................10
Friend....................................................................11
Partner or spouse.........................................................12
Drug store................................................................13
Mail order/ Internet......................................................14
Some other place..........................................................20

{If R obtained emergency contraception at a clinic go to EH-3 STATE_NAME
(this is the first question in the set identifying the specific clinic)
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8. Brief description

At the request, and with the funding, of the CDC's Division of Sexually Transmitted Disease Prevention (DSTDP), add new questions to female Section H to address HPV and HPV vaccine knowledge, and to ask about HPV vaccine experience. The Office of Population Affairs has also expressed strong support for this series.

Rationale

Genital infection with human papillomavirus (HPV) is the most common sexually transmitted infection (STI) in the United States (U.S.) today. Over half of sexually active women and men are infected with HPV at some point in their lives and approximately 20 million Americans 15 to 49 years of age (about 15% of the population) are currently infected with HPV. In most cases, infections with HPV are not serious and resolve without treatment. However, in some individuals, HPV infections result in genital warts, Pap test abnormalities, or, cervical cancer. Although Pap testing has significantly reduced the incidence of cervical cancer in the United States, an estimated 12,000 U.S. women are diagnosed with cervical cancer every year and 4,000 women die of cervical cancer.

Clinical trials have shown significant efficacy and safety of two candidate vaccines that each protect against the two HPV strains responsible for about 70% of all cervical cancers in the U.S. One of these vaccines, Gardasil ™, was licensed by the FDA and recommended for routine use among 9-26 year old females in 2006. In light of extensive marketing and public health campaigns to implement the HPV vaccine, it is important to monitor issues related to HPV awareness and HPV vaccine uptake.

In addition, media and research indicate that parents and others are concerned about an increase in sexual risk-taking following vaccination against an STD (1-3). Other speculation is that vaccination may create a lower perceived risk of cervical cancer among women and result in a decreased reproductive and sexual health care. Other unknown consequences of an HPV vaccine program are possible.

Adding questions to the NSFG upcoming cycles would, in conjunction with existing questions already asked by NSFG, offer an opportunity to gauge changes in sexual risk-taking and sexual health-care seeking that may accompany an HPV vaccine. Monitoring unintended changes in sexual or healthcare seeking behavior possibly resulting from availability of an HPV vaccine is necessary to allow for possible intervention to curb such changes before they lead to other negative health consequences. Most women will be asked

the first 2 of these questions; the others are asked of small sub-sets of women. So we estimate that this series will add about 0.80 minutes to the average female interview.

References

1. Mays RM, Sturm LA, Zimet GD. Parental perspectives on vaccinating children against sexually transmitted infections. *Social Science and Medicine* 2004; 58:1405–1413.

2. Stanberry LR, Rosenthal SL. Progress in vaccines for sexually transmitted diseases. *Infectious Disease Clinics of North America*. 2005; 19:477–490, xi.

3. Washam C. Targeting teens and adolescents for HPV vaccine could draw fire. *Journal of the National Cancer Institute* 2005; 97:1030–1031.

Questions

These questions are to be placed after the HIV testing series in Female H.

HUMAN PAPILLOMA VIRUS (HPV) Series (HF)

{ Asked for all Rs
HPVKNOW
HF-1. Have you ever heard of Human Papillomavirus or HPV? This is different from Human Immunodeficiency virus or HIV, which we were just talking about.

Yes 1
No 5

{ Asked for all Rs

VACCKNOW
HF-2. HPV is a common sexually transmitted virus that can cause genital warts and cervical cancer in women. A vaccine to prevent the HPV infections most commonly associated with warts and cervical cancer is available for women 9-26 years of age and is sometimes called the cervical cancer vaccine, HPV shot, or Gardasil.

Before today, have you ever heard of the cervical cancer vaccine, HPV shot, or Gardasil?

Yes 1
No 5

{ Asked if screener age < 25 and R has ever heard of Gardasil. Based on Cycle 6 data, roughly 1/3 of the sample will be in this age range. Some fraction of that 1/3 will then be asked subsequent questions based on their response to HF-2 VACCKNOW.

EVERVACC
HF-3. Have you received the cervical cancer vaccine, also known as the HPV shot or Gardasil?

◆ *CODE 1 if R volunteers that she has had any of the 3 shots or doses that comprise HPV vaccination.*

Yes 1
No 5

{ Asked if R has not had the vaccine
VACCPROB
HF-4. How likely is it that you will receive the HPV shot in the next 12 months?

Very likely 1
Somewhat likely 2
Not too likely 3
Not likely at all 4

{ Asked if R says “not too likely” or “not likely at all”
WHYNOVAC
HF-5. Please look at Card XXX. What is the <u>main</u> reason you are not likely to get the HPV shot in the next 12 months?

[SHOW CARD XXX]
[HELP AVAILABLE]

I don’t know enough about HPV 1
I don’t know enough about the HPV vaccine 2
My provider has not recommended it 3
I am not at risk for HPV and don’t need the vaccine 4
I am too old for the vaccine 5
I am concerned about safety or side-effects 6
The vaccine is not effective 7
The vaccine costs too much/ is not covered by insurance 8
The vaccine is not available in my provider’s office 9
Other – *specify* 20

SP_WHYNOVAC
HF-5sp. IF HF-5 WHYNOVAC=20 THEN ASK AND RECORD VERBATIM:
What is the reason you are not likely to get the HPV shot in the next 12 months?

{ Asked if R lives with at least 1 bio or adopted daughter aged 9-18. Based on Cycle 6, this is expected to occur in less than 15% of the sample.

DAUGHTVAC

HF-6. Now I have a few questions about your (youngest) daughter who is currently between the ages of 9 and 18. Has she received the cervical cancer vaccine, also known as the HPV shot or Gardasil?

◆ *CODE 1 if R volunteers that she has had any of the 3 shots that comprise HPV vaccination.*

Yes 1
No 5

{ Asked if R's (youngest) daughter 9-18 has not had the vaccine

DAUGHTPRB
HF-7. How likely is it that she will receive the HPV shot in the next 12 months?

Very likely 1
Somewhat likely 2
Not too likely 3
Not likely at all 4

{ Asked if R said "not too likely" or "not likely at all" about daughter getting HPV vaccine.

DAUGHTWHY
HF-8. Please look at Card YYY. What is the <u>main</u> reason your (youngest) daughter who is currently 9 to 18 years old is not likely to get the HPV shot in the next 12 months?
[SHOW CARD YYY]
[HELP AVAILABLE]

I don't know enough about HPV 1
I don't know enough about the HPV vaccine 2
My provider has not recommended it for her 3
She is not at risk for HPV and doesn't need the vaccine 4
She is too young for the vaccine 5
I am concerned about safety or side-effects 6
The vaccine is not effective 7
The vaccine costs too much/ is not covered by insurance 8
The vaccine is not available in my provider's office 9
I am concerned about the HPV vaccine leading to sexual activity 10
Other – *specify* 20

SP_DAUGHTWHY
HF-8sp. IF HF-8 DAUGHTWHY=20 THEN ASK AND RECORD VERBATIM: What is the reason she is not likely to get the HPV shot in the next 12 months?

MALE INSTRUMENT REVISIONS

9. Brief description

Add questions to the CI and CJ series of male Section C (section about his current wife or cohabiting female partner) asking the male respondent for information about all nonbiological children who lived with him and his current wife or cohabiting partner, not just those children he adopted. Because most of these questions are asked of very small subsets of men, their impact on average interview length is small—an estimated 0.2 minutes.

Rationale

The role of fathers can be established biologically or voluntarily through the care of nonbiological children. In light of trends in marriage dissolution and nonmarital cohabitation, the proportion of children living in households with nonbiological fathers has increased in recent years. (1-4) In 2000, approximately 7% of households with children present (3.2 million) contained stepchildren. Similarly in 2002, approximately 11% of children under age 15 years old who lived with only their biological mothers (and not biological fathers) also lived with their mother's unmarried partner (2).

In Cycle 6, detailed information on men's nonbiological children were collected only if the man adopted the child. This routing was motivated by a need to reduce interview length, but resulted in complete data being collected for less than 10% of the men who had lived with and cared for nonbiological children in their current relationship. The new questions to be asked have the support of NICHD and OPA whose grantees have had difficulties making full use of the male data because of these data gaps in nonbiological parenting. In addition, the new questions will provide a fuller understanding of a family-formation process from the male perspective, which was a central goal of asking men directly about their experiences with biological and non-biological fatherhood and has been called for in several federal statistical initiatives (5,6).

References

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5. Federal Interagency Forum on Child and Family Statistics. 1998. Nurturing Fatherhood: Improving Data and Research on Male Fertility, Family Formation and Fatherhood. Washington, D.C.: Federal Interagency Form on Child and Family Statistics.

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Questions

A) The changes to the CI Section (Current wife/partner had children from a previous relationship) reflect 1) an addition of a question to route more men into the child-specific questions, 2) a re-ordering of the questions, and 3) making general questions child-specific.

{ Following a question asking for the number of other children the woman brought with her into this relationship, this new question CI-2a is asked. In Cycle 6, less than 8% of all men interviewed were currently married or cohabiting and reported that their wife/partner had children from a previous marriage.

CWPOKWTH
CI-2a. (Did this child/ Did any of these children) ever live with you?

Yes 1
No .....5 (GO TO SECTION CJ)

{ ASKED IF HIS CURRENT WIFE OR PARTNER HAD MORE THAN ONE CHILD AND THE CHILDREN LIVED WITH R
CWPOKWTHN
CI-2b. How many of these children lived with you?

Number of children _____

{ For each child, name and sex is asked (as in previous version of male instrument), followed by a modification of the adoption question and 2 new questions similar to items in the female instrument

CWPOKAD
CI-6a. Did you legally adopt this child or become (CHILD'S NAME)'s legal guardian?
◆ *ENTER [1] if R both adopted and became legal guardian to this child.*

Yes, adopted 1
Yes, became guardian 3
No, neither 5

{ Asked if R became legal guardian to this child
CWPOKTRY
CI-6b. Are you in the process of trying to legally adopt (CHILD'S NAME)?

Yes .....1 (GO TO CWPOKLIV)
No .....5 (GO TO CWPOKLIV)

{ Asked if R neither adopted nor became legal guardian to this child
CWPOKTHR
CI-6c. Are you in the process of trying to legally adopt (CHILD'S NAME) or to become this child's legal guardian?

Yes, trying to adopt 1
Yes, trying to become guardian 3
No, neither 5

{ the final questions in the CI series ask for the child's usual residence and age.
{ end of changes to CI series

B) The changes to the CJ Section (Other non-biological children that ever lived with him and his current wife/partner) reflect 1) routing more men into the child-specific questions, 2) a re-ordering of the questions, and 3) making general questions child-specific.

{The collection of each child's name has been moved here to follow the question asking for number of other non-biological children have lived with him and his current wife/partner. In Cycle 6, less than 4% of men reported any such children. The following questions are now asked about each specific child, rather than about all such children at once

CWPNBREL
CJ-3. When this child began living with you, was he or she the child of a relative by blood or by marriage?

Yes, by blood 1
Yes, by marriage 3
No 5

CWPNBFOS
CJ-5. Was this child a foster child who was placed in your home by a court, child welfare department, or social service agency?

Yes 1
No 5

{ The adoption question has been modified and 2 questions added to capture information similar to the female instrument
CWPNBAD
CJ-7. Did you legally adopt this child or become (CHILD NAME)'s legal guardian?

◆ *ENTER [1] if R both adopted and became legal guardian to this child.*

Yes, adopted 1
Yes, became guardian 3
No, neither 5

{ asked if R became legal guardian to this child
CWPNBTRY

CJ-7a. Are you in the process of trying to legally adopt (CHILD'S NAME)?

Yes .....1 (GO TO CWPNBSEX)
No .....5 (GO TO CWPNBSEX)

{ asked if R neither adopted nor became legal guardian to this child
CWPNBTHR
CI-6c. Are you in the process of trying to legally adopt (CHILD'S NAME) or to become this child's legal guardian?

```
Yes, trying to adopt ..............1
Yes, trying to become guardian ......3
No, neither .......................5
```

{ The final questions in this series ask for the child's sex, usual residence and age (as happened in the previous version of the instrument.

10. Brief description

We are adding one question to male Section G (father involvement section) for male respondents who have biological or adopted children they do not live with, to ask about contact with their children via e-mail or telephone.

Rationale

Researchers recognize that fathers make a range of contributions to their children's well-being and development (1,2,3). In addition to financial support of children, continuing emotional and physical care have been emphasized as essential elements of responsible fatherhood (2). Series GB collects information on some of these central aspects of fathering for biological and adopted children that the man does not live with ("non-coresidential"), but all the questions about these activities assumed the father had to be present with the children to have contact with them. Fathers with children who live far away from them will not be able to participate in these types of activities. At the NSFG Research Conference in October 2006, the Office of the Assistant Secretary for Planning and Evaluation (OASPE) and other participants strongly supported the need for information on fathers' contact with their non-coresidential children by e-mail and phone.

About 2 out of 3 households in the United States have a personal computer and the majority of these have internet access (4). This new question will allow fathers to report contact with their children via email or telephone, thus allowing fathers who live far away an opportunity to report contact with their children. This question will add about 20 seconds to the length of the interview for men who have children they do not live with.

References

1. Bernard S. (1998) Children and Welfare Reform. National Center for Children in Poverty.

2. Doherty WJ, Kouneski EF, Erickson MF. (1998) Responsible Fathering: An Overview and Conceptual Framework. *Journal of Marriage and the Family* 60:277-292.

3. Federal Interagency Forum on Child and Family Statistics (1998) Nurturing Fatherhood: Improving Data and Research on Male Fertility, Family Formation and Fatherhood. June, 1998.

4. Cheeseman Day, J., Janus, A. and Davis, J. (2005) Computer and Internet Use in the United States. *Current Population Reports, P23-208***.** Washington, DC: U.S. Census Bureau.

Question:

```
{ Asked if R has any biological or adopted children 18 or younger who do
live with him
NCEMAIL
GB-2a       Please look at Card 64.  During the last 12 months, that is,
            since (INTERVIEW MONTH, INTERVIEW YEAR - 1), about how often
            did you talk on the phone with or exchange E-mail with (this
            child/ either of these children/any of these children)?

            Not at all .....................0
            Once or twice during the year ....1
            Several times during the year ....2
            1-3 times per month....... .......3
            About once a week ................4
            Several times a week .............5
            Every day ........................6
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11. Brief description

We are splitting an existing question on the male questionnaire---on counseling about contraceptive methods--- into two questions: one on counseling about condoms (and other male methods of family planning), and another on counseling regarding female methods of family planning.

Rationale

In Cycle 6 there was a question that asked male respondents about having received "advice or counseling from a doctor or other medical care provider about using methods of birth control, including condoms." At the NSFG Research Conference we received feedback from researchers funded by NICHD (National Institute for Child Health and Human Development, NIH) and OPA (Office of Population Affairs) that this question is less informative than it should be because it combines condoms along with female methods. So we have separated this compound question into 2 questions that ask separately about condoms and other methods.

Recognizing the role that men play in pregnancy, transmission of sexually transmitted diseases, and contraceptive use, and responding to the call for new approaches to reducing out-of-wedlock pregnancies in the Personal Responsibility and Work Opportunity Act (PRWORA) of 1996, many policymakers and program managers have advocated including men in reproductive health programs (1,2,3). As a result, the Office of Population Affairs-administered Title X and Title XX programs now both include efforts to reach males with reproductive health services. OPA specifically requested that the Male Survey capture information about men's use of family planning clinics, their receipt of reproductive health services, and their participation in pregnancy prevention programs. Therefore, it is important to OPA that they get good information about men's use of family planning clinics and their receipt of reproductive health services. The revisions proposed above will make the data on male use of reproductive health services more useful for these programs. The addition of the one extra question will only add about 15 seconds to the male interview.

References

1. Levine JA, Pitt EW. (1995) New Expectations: Community Strategies for Responsible Fatherhood. New York: Families and Work Institute.

2. Sonenstein FL, Stewart K, Lindberg LD, Pernas M and Williams S. (1997) Involving Males in Preventing Teen Pregnancy: A Guide for Program Planners. Washington, D.C.: The Urban Institute.

3. Schulte MM, Sonenstein FL. (1995) Men at Family Planning Clinics: The New Patients? *Family Planning Perspectives* 27(5):212-216 & 225.

Questions

BCADVICEF

ID-3. (In the past 12 months, have you...)
Received advice or counseling from a doctor or other medical care provider about using female methods of birth control?

Yes 1
No 5

BCADVICEM

ID-3a. (In the past 12 months, have you...)
Received advice or counseling from a doctor or other medical care provider about using male methods of birth control (condoms or vasectomy)?

Yes 1
No 5

YOUFPSVC

IB-5. Please look again at Card 69. Which of these services did <u>you</u> receive at that visit?

ENTER all that apply

A female method of birth control or counseling about female methods of birth control 1
A male method of birth control (condoms or vasectomy) or counseling about male methods of birth control 2
Testing or treatment for sexually transmitted infection other than HIV 3
HIV testing 4
Abortion advice or counseling 5
Physical exam 6
Other.....7