**Attachment 1—**

New Questions in the Female Questionnaire\*

of the National Survey of Family Growth , 2011-12

*\*items with an asterisk were also changed in the* ***Male*** *Questionnaire.*

*Question numbers are those used in the female questionnaire.*

*These questions add an estimated 8.9 minutes to the female questionnaire, raising it from 71.4 minutes in 2006-10 to 80.3 minutes, minus the 1.5 minutes in cuts we have made, for a net estimated average length of* ***78.8 minutes****--still under the approved 80 minutes for women.*

Section A

\*AC-6. What languages do you usually speak at home?

(Enter all that apply: English, Spanish, other) *(Asked of all)*

\*AG-13. Did you ever live in a foster home?

(If yes, how many, & whether lived in the most recent one more or less

than one year)

 *(Asked* ***only*** *if R did not live with her parents when she was growing up.)*

Section B

BL-6. Have you ever heard of frozen embryo donation or frozen embryo adoption as a method of family building? (Yes, No) *(Asked of all women 18 and older.)*

Section C

\*CF-8 (Before you were 18, did you ever had any formal instruction at school, church, a community center or some other place about where to get birth control?

(Yes, No) (If yes, what grade were you in school when you got it.)

 *(Asked* ***only*** *if 15-24 years old.)*

\*CF-11 (Before you were 18, did you ever had any formal instruction at school, church, a community center or some other place about how to use a condom?

(Yes, No) (If yes, what grade were you in school when you got it.)

 (*Asked* ***only*** *if 15-24 years old.)*

\*CF-20 (Before you were 18, did you ever had any formal instruction at school, church, a community center or some other place about waiting until marriage to have sex?

(Yes, No) (If yes, what grade were you in school when you got it.)

 *(Asked* ***only*** *if 15-24 years old.)*

Section D No new questions.

Section E Contraceptive Use

EA-15. *(Asked of all women. This series provides the first national data on factors affecting contraceptive method choice, from a national sample of all women of reproductive age. This will be particularly valuable given the detailed data we have on patterns of contraceptive use. The series adds about 1.2 minutes to the female questionnaire.)*

Looking at Card xx, and thinking about the last time you were making a decision about birth control, how important were these characteristics to you?

(The Card contains the following statements):

 It is very effective at preventing pregnancy.

 It doesn’t interrupt sex.

 It is easy to use it correctly.

 No one else knows that I’m using it.

 It does not have serious side effects.

 It prevents HIV and sexually transmitted diseases.

 It was acceptable to my partner.

 I could afford it.

 For each:

(Not at all important, slightly important, quite important, extremely important)

EA-15i Looking at the entire list, which of these things was the most important?

EA-15j Which of these things was the second most important?

EA-21: *(Asked* ***only*** *if she stopped using an IUD because she was dissatisfied with it.)*

Which type of IUD was it that you decided not to use because you were not satisfied with it? (Copper-bearing such as Copper-T or ParaGard; Hormonal IUD such as Mirena; or Other.)

*(In EJ-3, if she reported using the IUD in the 2 months before interview, she is asked which type she is currently using.)*

EA-21a: *(Asked* ***only*** *if she answered EA-21.)*

Looking at Card 32, what was the reason or reasons you were not satisfied with the IUD?

ED-4b: Instructions to the respondent on how to report contraceptive method use were re-worded to name the specific method she reported that she had ever used (e.g., “if you used the pill, please put a ‘P’ in the box in the box for that month”). The instructions and the questions were not changed in any other way.

Section F Use of family planning and other health care services

A new series of about 5 questions each on Pap Tests, Pelvic Exams, and HPV tests, requested by the CDC’s Division of Cancer Prevention and Control. This series adds 2.0 minutes to the female questionnaire (note that most of these questions are asked of sub-groups of women):

(Pap Tests)

FD-2: *(Asked* ***only*** *if she did not have a Pap Test in the last 12 months):*

 Do you think your last Pap Test was a year ago or less, 1-2 years, 2-3 years, 3-5 years, over 5 years ago, or have you never had a pap test?

FD-3: *(Asked* ***only*** *if R ever had a Pap test):*

What was the MAIN reason you had your most recent Pap Test?

Was it part of a routine exam, because of a medical problem you were having, or some other reason?

FD-4: *(Asked* ***only*** *if R ever had a Pap test):*

At what age did you have your first Pap test? (Age in years)

FD-4a: (If don’t remember): Were you younger than 18, 18-21, 22-29, or older than 30 at your first Pap Test?

FD-5: *(Asked* ***only*** *if R ever had a Pap test):*

Have you had a Pap test in the LAST 3 YEARS where the results were NOT normal? (Yes, No, or No Pap Test in the last year years)

FD-6: *(Asked* ***only*** *if R ever had a Pap test):*

How often do you think you will need to have a Pap test for regular cancer screening? (Every year, every 2 years, every 3 years, every 4 years, every 5 years or longer)

(Pelvic Exams)

FE-1: *(Asked* ***only*** *if R had a pelvic exam in the 12 months before the interview.)*

You reported you had a pelvic exam in the past 12 months. Was the pelvic exam done at the same visit as your Pap test? (Yes, no.)

FE-2: *(Asked* ***only if she did not*** *have a Pelvic exam in the last 12 months):*

 Do you think your last Pelvic exam was a year ago or less, 1-2 years, 2-3 years, 3-5 years, over 5 years ago, or have you never had a pap test?

FE-3: *(Asked* ***only*** *if R ever had a Pelvic Exam):*

What was the MAIN reason you had your most recent Pelvic exam? Was it part of a routine exam, because of a medical problem you were having, or some other reason?

FE-4: *(Asked* ***only*** *if R ever had a Pelvic Exam):*

At what age did you have your first Pelvic exam? (Age in years)

FE-4a: *(If don’t remember*): Were you younger than 18, 18-21, 22-29, or

older than 30 at your first Pelvic exam?

FE-5: *(Asked of all women)*

How often do you think you will need to have a pelvic exam?

(Every year, Every 2 years, every 3 years, every 4 years, every 5 years or longer)

(HPV tests)

FF-1: The next questions are about Human Papilloma Virus (HPV) tests.

FF-2: *(Asked of all women)*

Have you ever had an HPV test—where a doctor or nurse put an instrument in the vagina and took a sample to test for HPV virus? (Yes, No.)

FF-3: *(Asked* ***only*** *if R ever had an HPV test* ***and*** *a pap test in the past 12 months)*

You reported you had a Pap test in the past 12 months. Was the HPV test done at the same time as your Pap test? (Yes, no.)

FF-3c: *(Asked* ***only*** *if she did not have a Pap Test in the last 12 months):*

 When was your last HPV test--a year ago or less, 1-2 years, 2-3 years, 3-5 years, over 5 years ago, or have you never had a pap test?

FF-4: *(Asked* ***only*** *if R ever had an HPV test):*

What was the MAIN reason you had your most recent HPV test? Was it part of a routine exam, because of a medical problem you were having, or some other reason?

FF-5: *(Asked* ***only*** *if R ever had an HPV test):*

At what age did you have your first HPV test? (Age in years)

F5-5a: *(If don’t remember):* Were you younger than 18, 18-21, 22-29, or older than 30 at your first Pelvic exam?

FF-6: *(Asked of all women)*

How often do you think you will need to have an HPV test?

(Every year, Every 2 years, every 3 years, every 4 years, every 5 years or longer)

Section G

\*GB-6: When do you and (your husband or partner) expect your next child to be born?

 (Within the next 2 years, 2-5 years from now, More than 5 years from now.)

 *(Asked in GC-6 for women who are NOT married or cohabiting.)*

Section H

(Using ACS/NHIS questions on disability, as recommended by DHHS; these questions add about 1.0 minutes to the survey for both men and women.)

\*HD-11 Do you have any serious difficulty hearing? (Yes, No.)

\*HD-12 Do you have any serious difficulty seeing that cannot be corrected with glasses or contact lenses? (Yes, No.)

\*HD-13 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions? (Yes, No.)

\*HD-14 Do you have serious difficulty walking or climbing stairs? (Yes, No.)

\*HD-15 Do you have difficulty dressing or bathing? (Yes, No.)

\*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, No.)

Cancer Experience Series, requested by the Division of Cancer Prevention and Control, CDC.

This series adds about 1.8 minutes to the female questionnaire:

\*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, No.)

\*HD-17a ***(ONLY*** *IF YES)*: What type of cancer was it? (Alphabetical list is shown on a card)

HD-17c *(****ONLY*** *IF CERVICAL CANCER):* There are different types of diagnoses when you talk about cervical cancer. I’m going to describe 3 different scenarios, and 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, no real cancer found; Pre-cancer or CIN; or Cervical Cancer.)

HD-18: *(Asked of all women*): 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?

HD-18a: (*Asked only if ever had a mammogram):* How old were you were you had your first mammogram?

HD-18b: *(Asked only if ever had a mammogram*): What was the reason you had this first mammogram? (Part of a routine exam; because of a problem or lump; because of family or personal history of cancer; other reason.)

HD-19: *(Asked of all women)*: Thinking of your blood relatives, dead or alive, has your mother, sister, aunt, or grandmother been diagnosed with breast cancer on either side of the family? (Yes, no.)

HD-20: *(Asked of all women):* The next 5 questions ask about your opinions on factors related to breast cancer risk. Do you think that having a family history of breast cancer increases a woman’s chances of getting breast cancer a lot, a little, or not at all, or do you have no opinion?

HD-21: *(Asked of all women):* Do you think that taking birth control pills, or oral contraceptives increases a woman’s chances of getting breast cancer a lot, a little, or not at all, or do you have no opinion?

HD-22: *(Asked of all women):* Do you think that drinking alcoholic beverages increases a woman’s chances of getting breast cancer a lot, a little, or not at all, or do you have no opinion?

HD-23: *(Asked of all women):* How much do you agree or disagree with the following statement: I am often bothered by thoughts or worry about my chances of getting breast cancer. (Strongly agree, agree, disagree, strongly disagree)

HIV Testing

\*HE-2b: *(Asked* ***only*** *if she reported that she has never had an HIV test):* Which one of these reasons shown on card xx would you say is the MAIN reason why you have not been tested for HIV?

 (You have never been offered an HIV test; You are worried about what other people would think if you got tested for HIV; It’s unlikely you’ve been exposed to HIV; You were afraid to find out if you had HIV; You don’t like needles; some other reason.)

\*HE-3d: *(Asked* ***only*** *if she has ever had an HIV test):* After your last test for HIV, did you find out your test result? (Yes, No) R is never asked what the result of the test was.)

\*HE-3e: *(Asked* ***only*** *if R did NOT receive the test result)*:

What was the main reason why you did not find out your test result?

(You thought the testing site would contact you; You were afraid to find out if you had HIV; You didn’t want to know; You didn’t know where or how to get your test result; some other reason.)

HF-1: *(Asked* ***only*** *if R is 15-24 years old):*

HPV is a common sexually transmitted virus that can cause genital warts 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 PHV shot, Cervarix or Gardasil. Have you received the cervical cancer vaccine, also known as the HPV shot, Cervarix, or Gardasil? (Yes, no)

HF-2: *(Asked* ***only*** *if 15-24 and answered Yes to HF-1):*

 How old were you when you received your first HPV vaccine shot? (age in years)

Section I

IB-11: *(Asked if there is a child under 18 in the household):*

 The next question is about your neighborhood. If the last 12 months, have you ever been afraid to let your (child/children) aged 18 or under to go outside because of violence in this neighborhood? (Yes, No.)

IH-20: *(Asked at the end of a series of questions on attitudes toward marriage, parenthood and men’s and women’s roles):*

Men have greater sexual needs than women.

(Strongly agree, agree, disagree, strongly disagree.)

**Section J: AUDIO CASI**

*(These are in the self-administered part of the NSFG: the respondent enters these answers into a computer, without saying the answers out loud)*

\*JC-4a: *(After a question on alchohol consumption in the last 12 months):*

 This next question asks about your drinking over the past 30 days. Would you prefer to answer in terms of days per week or days per month?

 (Per week, per month)

\*JC-4: *(If days per month):*

During the past 30 days, that is, since (mo/day/year), on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (Number of days out of 30)

\*JC-4b: *(Only if R reported drinking 1 or more days):*

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (No. of drinks)

\*JC-4: *(Only if R reported drinking in the last 30 days*): Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on an occasion? (Number of times).

\* JC-5: *(Only if R reported drinking in the last 30 days)*: What is the largest number of drinks you had on any occasion? (Number of drinks)

\*JF-5a: (*Asked* ***only*** *if she had 2 or more male partners in the last 12 months, AND at least one of those males had sex with other men or women at around the same time.* ***This is a very small group****—****about 2-3% of females)***

 To the best of your knowledge, how many of your male sexual partners in the last 12 months were having sex with other people around the same time?

 (One, or more than one.)

\*JF-5b: *(Asked only if she had 1 male partner in the last 12 months who she thinks was having sex with other people around the same time):* ***This is a very small group****—****about 1-2% of females.)***

How many other partners do you think this partner had around the same time as he was having sex with you? (1 besides you, 2 besides you, 3 or more besides you)

\*JF-5c: *(Asked only if she had 2 or more male partners in the last 12 months who had sex with other people—****a very small group—1-2% of all females****):*

Thinking of your most recent male partner who had other sexual partners, how many other partners do you think he had around the same time as he was having sex with you?(1 other besides you, 2 others besides you, 3 or more besides you)

\*JG-4: *(Asked only if she had had a sexual experience with another woman—about 10% of women)*

Thinking back to the first time you ever had oral sex or another kind of sexual experience with a female partner, how old were you? (Age in years)

*(Asked of all, after the standard series on income and sources of income. These are the last 3 questions in the female questionnaire.)*

\*JI-9: In the last 12 months, did you receive free or reduced-cost food or meals because you couldn’t afford to buy food? (Yes, No.)

\*JI-10: In the past 12 months, were you or any member of your family ever hungry, but you just couldn’t afford more food? (Yes, No.)

\*JI-11: In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn’t go because of the cost? (Yes, No.)