

## Attachment 1: Changes Proposed for NSFG Year 3 (beginning in Sept 2013)

Item #	Brief Description of Suggestion	Which pages of CAPillite attachments	Rationale
1	Bring selected items into compliance with HHS Data Standards.	Att 2: pp 3-5, 130, 155 Att 3: pp 3-5, 103-104, 128	We must make small changes to items on race and Hispanic origin, primary language, and disability in order to comply with standards that were implemented after the start of 2011 interviewing.
2	Ask about expectations for further education.	Att 2: pp 12-13 Att 3: p 11	For a subset of respondents who may still be pursuing further education, this information on their expectations is important for understanding fertility, contraception, marriage, and related behavior. This will be asked of respondents who are currently enrolled in school or have less than a Bachelor's degree.
3	Ask about relationship at last sex for each of up to 3 partners in last 12 months. (Currently only asking relationship at last sex for women's current partners)	Att 2: pp 63-64	This fairly simple change will increase comparability with information collected in the male questionnaire
4	Ask education for first former husband.	Att 2: p 40	We have only been asking education for respondent's current or separated husband, and now will ask for her first (former) husband as well. This change is important for understanding patterns of marriage and dissolution.
5	Ask a few items on overall consistency of contraceptive use, as well as consistency for selected methods (pill, condom ).	Att 2: pp 108-109	These items will help understand variations in contraceptive failure rates and unintended pregnancy.
6	Add a followup question for those who said they were not using a method because they didn't think they could get pregnant -- ask why they think this.	Att 2: p 105	Given the relatively high percentage of women reporting this reason for not using contraception, a follow-up question will help understand their response and help us improve the clarity of our questions.
7	Improve data collected on fertility awareness-based methods (FAM).	Att 2: p 78	By modifying wording on our questions on these methods, we will improve their clarity and possibly improve reporting.
8	Add a question about reasons for not having had a family planning or medical service visit in the past 12 months (roughly comparable to what is being asked for men in male section I)	Att 2: p 111	This change will improve the comparability of data collected for men & women, and will also shed light on possible access barriers.

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9	Add question (for 18-25 who report private health insurance) on whether they are on their parents' insurance plan.	Att 2: p 142 Att 3: p 102	This question gauges the extent to which young adults are covered by their parents' health insurance, in light of the Affordable Care Act's requirement to permit young adults through age 25 to be covered by their parents' health insurance.
10	Modify wording of the STD services question to just ask about testing in the past year, rather than counseling, testing, or treatment.	Att 2: pp 113-114	This change will improve the clarity of the question and the usefulness of the subsequent provider & payment information -- particularly valuable in light of the Affordable Care Act.
11	Add item about why R chose the place reported for STD testing. Response choices would relate to ease of being seen, cost, privacy, quality of care, embarrassment about going to usual provider.	Att 2: p 114 Att 3: p 107	This change will provide information relevant for evaluating impact of the Affordable Care Act, particularly with respect to a health service defined for mandatory coverage.
12	Add 2 items about new rapid HIV oral test	Att 2: pp 136-137 Att 3: pp 111-112	In keeping with a key goal of continuous NSFG interviewing, this change allows us to monitor use of a newly available, over-the-counter method for HIV testing.
13	Delete items on mother's reports of daughter's or son's HPV vaccination	Att 2: pp 139-140	The cosponsors have gleaned what they needed from the 2006-10 data, and these questions are no longer needed for national monitoring within the NSFG.
14	Add 4 risk assessment items as already added for males 15-44 in Year 1 (see KK-6a--KK-6d RISKCHEK1-4).	Att 2: p 169	This change will improve the comparability of data collected for men & women.
15	Add question (for 15-25) about concern about confidentiality of family planning or medical services ("would you ever not go for sexual or reproductive health care because your parents might find out?")	Att 2: p 168 Att 3: pp 145-146	Given the Affordable Care Act's requirement to permit young adults through age 25 to be covered by their parents' health insurance, some people may not pursue certain health services due to confidentiality concerns. Adding this question to the NSFG would allow this to be assessed for minors 15-17 and young adults 18-25 who are covered by their parents' health insurance (see item 9 above).

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16	Add question (for 15-17) about time alone with provider ("The last time you had a health care visit in the past 12 months, did a doctor or other health care provider spend any time alone with you without a parent, relative, or guardian in the room?" with response choices to include "did not have a health care visit in the past 12 months")	Att 2: pp 168-169 Att 3: p 146	This item is requested in light of the Affordable Care Act and guidelines for providing STD screening for sexually active youth.