Supporting Statement A for Request for Clearance:

NATIONAL SURVEY OF FAMILY GROWTH, 2015-18

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- **Goal of the study:** To provide nationally representative, scientifically credible data on factors related to birth and pregnancy rates, family formation and dissolution patterns, and reproductive health for use by various Department of Health and Human Services (DHHS) programs, as well as for research.
- **Intended use of the resulting data:** Supplementing and complementing data from birth certificates on factors that affect birth and pregnancy rates, such as contraception, marriage and divorce, and infertility. Providing estimates of behavioral and demographic factors associated with reproductive health and use of related health services. Disseminating statistics on adoption and other aspects of family formation.
- **Methods to be used to collect**: Multi-stage probability based sample of respondents drawn from the U.S. household population. In-person interviews conducted by trained female interviewers using a standardized, programmed questionnaire, including a self-interview component for the more sensitive survey content.
- **Subpopulation to be studied:** Males and females aged 15-49 in the U.S. household population, with special attention to substantively significant differences by key demographics such as age, race and Hispanic origin, marital or cohabiting status, education, and poverty level income.
- **How data will be analyzed**: The primary dissemination plan is to release public use NSFG data files and related documentation for general use in program planning and research. Descriptive and analytic reports will also be produced by survey staff, using statistical techniques appropriate for the analysis of complex, cross-sectional survey data.

Abstract

This is a revision request for the National Survey of Family Growth (NSFG) - OMB Number 0920-0314 - to continue conducting the survey for the next three years, 2015-2018. This survey is being conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The NSFG provides nationally representative data on factors related to birth and pregnancy rates, sexually transmitted diseases, and family formation including marriage, divorce, and adoption for NCHS and other Department of Health and Human Services (DHHS) programs. The survey is administered in person, in English and Spanish. About 5,000 people are interviewed each year.

We are seeking approval to:

- **Conduct the NSFG for the next 3 years, 2015-2018;**
- **Expand the age range of the NSFG from 15-44 to 15-49 (for fieldwork starting in September 2015) in order to address lower eligibility rates associated with the aging U.S. population and better capture data on major fertility and demographic transitions, reproductive health, and other core NSFG topics;**

- **Make revisions to the female and male questionnaires (for fieldwork starting in September 2015) to incorporate new and modified items related to contraceptive use, reproductive health, preventive service screening/counseling, sexual orientation, health insurance, cigarette smoking, cancer risk, military service and sheltered homelessness;** (These changes are based on external consultation designed to enhance the NSFG's usefulness for research and its responsiveness to key policy changes in health services *(This external consultation, since the completion of the 2006-2010 NSFG, is described in Attachment E) (Attachments C1 and C2 show the questionnaires as fielded since September 2013. Attachments C3 and C4 show the proposed questionnaires to be fielded beginning in September 2015, with modifications since 2013 highlighted and in red font. Attachments C5 and C6 show clean copies of the proposed questionnaires to be fielded beginning in September 2015, with all modifications incorporated. Attachment C7 provides a summary listing of all new or revised questionnaire items for 2015, indicating those for males only, females only, and both females and males. Please note that the revised questionnaires for 2015 will remain within the approved 60 minutes for men and 80 minutes for women))*; and
- **Add or modify a small number of questions in 2017 using a non-substantive change request.** These questions would be similar to the questions and topics contained in the 2015 questionnaires.

From 1973 to 2002 (Cycles 1-6), the NSFG was conducted with periodic interviewing periods, spanning less than one year, roughly 6-7 years apart. Over time, this interval between surveys was too long to meet the more frequent data needs of the survey's sponsoring agencies, and the decision was made to move to continuous interviewing. The first span of continuous interviewing began in June of 2006 and stopped in June 2010, in order to accommodate the awarding of a new contract for the NSFG. After a roughly 15-month break in interviewing, including the approval of a change request by OMB in July 2011, fieldwork under the new contract resumed in September 2011. Under continuous interviewing, costs per case are lower, sample sizes are higher, and interviewing is more efficient than under periodic interviewing, both in terms of hours of interviewer labor per interview and in terms of costs per interview. The continuous-fieldwork design yielded about 5,600 interviews per year in 2006-2010, within budget, with a 77% response rate. Public use files containing 10,416 interviews collected during the 2011-2013 fieldwork period were released in December 2014, with a response rate of 73%.

In 4 years of data collection (September 2011-September 2015), about 20,000 interviews will have been collected from a national sample of individuals aged 15-44 years. With the previous, periodic design used in 2002 and earlier, national estimates were possible once every 7 years; with the continuous interviewing design, national estimates are possible every 2-4 years and larger sample sizes per dataset are produced, at approximately the same cost. **This clearance request covers interviewing for three years beyond our last request — September 2015 to September 2018.**

The survey supports CDC's Health Protection Goals for teens and adults on preventing

"HIV, STDs, and unintended pregnancies and their consequences" as well as the Healthy People 2020 objectives on Family Planning; HIV; Sexually Transmitted Diseases; and Maternal, Infant, and Child Health. The NSFG's web site is: http://www.cdc.gov/nchs/nsfg.htm.

1. Circumstances Making the Information Collection Necessary

The National Center for Health Statistics (NCHS), under its duties specified in 42 U.S.C. 242k, Section 306(a and b)(1)(h) of the Public Health Service Act (**Attachment A1**), conducts the National Survey of Family Growth (NSFG) to collect and disseminate "statistics on family formation, growth, and dissolution." The NSFG supplements and complements the data from birth certificates on factors (such as contraception, marriage and divorce, and infertility) that affect birth and pregnancy rates. In addition, the NSFG serves a variety of data needs in public health programs that sponsor and depend on it (listed below).

Six cycles of the NSFG were fielded periodically from 1973 to 2002--in 1973, 1976, 1982, 1988, 1995, and 2002. In the 1973 to 1995 surveys, the NSFG was based on national samples of women aged 15-44, and focused on factors affecting pregnancy and birth rates. In 2002, the NSFG began interviewing men age 15-44 as well as women, to obtain data on fatherhood involvement, behaviors related to HIV and other sexually transmitted diseases, and other closely related topics. The "continuous" survey was fielded from June 2006 to June 2010. Interviewing ceased while a new contract was awarded and OMB approval for a change request could be approved, and began again in September 2011. This period of continuous interviewing, under the current contract, is expected to run through mid-2019. The first public use files, containing interview data from September 2011 through September 2013, were released in December 2014. At roughly the same point in 2016, NCHS will release another set of 2-year public use files spanning interviews in September 2013 through September 2015, with subsequent releases at similar 2-year intervals through 2020.

As with the 2011-2015 NSFG interviewing period, NCHS is collecting NSFG data in 2015-2019 in order to carry out its own responsibilities, as well as fulfilling the data needs for other agencies and programs in DHHS that contribute funding for the NSFG:

- the Office of Family Planning, Office of Population Affairs (OPA), DHHS, under 42 U.S.C. 300a (SEC. 1001 [300] and SEC. 1004 [300a-2] of Title X of the Public Health Service Act, **Attachment A2**);

- the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), of the National Institutes of Health (NIH), under Section 448 (285) Subpart 7 of the Public Health Service Act, **Attachment A3);**

- the Children's Bureau of the Administration on Children, Youth, and Families of the Administration for Children and Families, under PL 96-272, the Adoption Assistance and Child Welfare Act of 1980 and other laws **(Attachment A4);**

- the Office of the Assistant Secretary for Planning and Evaluation (OASPE), under Section 301 of the Public Health Service Act **(Attachment A5**);

- the CDC's Division of HIV/AIDS Prevention (DHAP) of the National Center for HIV, Sexually Transmitted Disease, and Tuberculosis Prevention (NCHSTP), Section 301 of the Public Health Service Act, **Attachment A5);**

- the CDC's Division of Sexually Transmitted Disease Prevention (DSTDP), under Section 301 of the Public Health Service Act (**Attachment A5);**

- the CDC's Division of Reproductive Health (DRH), under Section 301 of the Public Health Service Act (**Attachment A5);**

- the Office of Planning, Research, & Evaluation of the Administration for Children and Families (OPRE), under Section 403 [42 U.S.C. 603] and Section 513. [42 U.S.C. 713] (**Attachment A6)**;

- the CDC's Division of Cancer Prevention and Control (DCPC), under the EARLY Act, a part of the Affordable Care Act **(Attachment A7**); and

- the CDC's Division of Birth Defects and Developmental Disabilities (DBDDD), under Section 399H (2801) Part O of the Public Health Service Act **(Attachment A8**).

The questionnaires used for 2011-15 interviewing were essentially the same as those approved by the OMB in July 2011, except for some small modifications made in 2013 and approved by the OMB previously via a change request in 2013. The 2013 questionnaires are shown in **Attachments C1 and C2**. These questionnaires reflect the evolving data needs of various federal agencies within and outside of CDC, as expressed in their letters of support for the NSFG (**Attachments D1-D13)**. Based on a detailed review of the NSFG survey content, staffing, and operations by the NCHS Board of Scientific Counselors (**Attachment E1)** and extensive consultation with the NSFG funding partners and invited experts (described in

Attachments E2-E5), we revised the questionnaires to refine data collection on key NSFG topics and address gaps identified by our consultation and research conference participants. Some revisions involve items deemed useful for monitoring changes in health care utilization, including selected aspects of the Affordable Care Act. These revised questionnaires would be fielded starting in September 2015, and are included as **Attachments C5 and C6**. These drafts may undergo further refinement, and if necessary, trimming, of questions based

on detailed specification, programming, and testing in the Spring and Summer of 2015. A nonsubstantive change request will be submitted, as needed.

In addition to the substantive revisions we propose to make for 2015 interviewing, it is possible that we may ask for a few changes, to be effective in the September 2017 version, which would begin the third year of interviewing for the 2015-19 NSFG. These revisions would be quite limited in scope, and may also involve some question deletions, because the questionnaires are already close to the average interview lengths authorized by OMB. We would submit a change request at that time.

2. Purpose and Use of Information Collection

The NSFG responds to the congressional mandate for NCHS to collect and publish reliable national statistics on "family formation, growth, and dissolution" (Sec. 306(a and b), paragraph 1(H) of the Public Health Service Act) as well as vital statistics on births and deaths, and a number of aspects of health status and health care. The NSFG collects and publishes the most reliable, and in most cases the only, national data on such major topics as: adoption, unplanned births, contraceptive use and effectiveness, infertility and use of infertility services, pelvic infection and sexually transmitted disease, sterilization, expected future births, the sexually active population, and the use of and need for family planning services. Under continuous interviewing, the NSFG is continuing the time series of these variables, while improving sample sizes at an affordable cost.

NSFG data are typically summarized in national estimates of the numbers and percentages of the population of reproductive age who experience these events, and are

presented in statistical tables and written reports published by NCHS and in professional journals. Statistical techniques such as regression analysis, life tables and hazard models are also used to refine estimates and clarify possible causal connections between events. The research community has always made heavy use of the NSFG: as of February 2015, more than 900 articles in scientific journals, book chapters, and NCHS reports had been published from the NSFG. From the 2002 survey alone, more than 200 reports and articles have been published, and about 190 reports and articles have been published from the 2006-2010 NSFG data released publicly in October 2011. **(Attachments F1 and F2)** The release of the 2011-13 NSFG public use files in December 2014 was accompanied by a short report on contraception, and several other reports based on these data will be published in 2015.

While print copies of reports can be provided upon request, all NCHS reports, including those based on the NSFG are posted in PDF format on the NCHS website. The NSFG-based NCHS reports can also be accessed directly from the NSFG website: http://www.cdc.gov/nchs/nsfg.htm. Reports posted in 2008 or later are compliant with Section 508 of the Americans with Disabilities Act (ADA).

The dissemination effort for the 2011-2013 public use data is described in **Section 16** of this document. The effort includes release of the full 2011-13 public use data files in December 2014, based on 10,416 interviews conducted with men and women 15-44 years of age. Researchers can download public use data files in ASCII format from the NCHS website, along with program statements for 3 commonly used statistical packages among NSFG users -- SAS, Stata, and SPSS. In the remainder of 2015, we expect to publish at least 3 NCHS reports, and we will continue making presentations at a variety of professional meetings. The NSFG's website page called "Key Statistics from the NSFG" will be updated so that the public will have quick and easy access to published statistics from the survey, at:

http://www.cdc.gov/nchs/about/major/nsfg/abclist.htm

The media use NSFG results in several ways, as breaking news, and as a factual base for feature articles, editorials, and commentaries (**Attachment D1)**. NSFG statistics are used as background data for programs and initiatives at the federal, state, and local level, and as

benchmark data when smaller or local studies are conducted. Recently, statistics on usage of the NCHS web site have become available. For example, data for Fiscal Year 2013 include:

- 50,756 views of the NSFG homepage
- 26,810 views of the "Key Statistics" described above,
- 18,674 views of the NSFG's page for data file documentation, and
- 9,878 views of the FASTATS page on contraceptive use.

NSFG provides data for various substantive areas of Healthy People 2020. NSFG is used as the primary source of data in the Family Planning chapter. In addition, NSFG is an important contributor of data for objectives in the areas of HIV, Sexually Transmitted Diseases, and Maternal, Infant, and Child Health. NSFG data for these objectives have been used to brief the Secretary of DHHS, the Surgeon General, and others. One of the NSFG-based objectives (on receipt of family planning services in the past 12 months) has been selected as one of 26 "leading health indicators" for the nation (**Attachment D2**).

NSFG data are used by many DHHS agencies. Some of the most important examples of these uses include:

- The Office of Population Affairs (OPA) uses NSFG data to estimate the characteristics of women who use Title X-funded clinics for family planning and related health services, as well as for research on factors affecting contraceptive use, unintended pregnancy, teenage sexual activity, and use of medical services for family planning and reproductive health (regardless of provider type). Data on men's reproductive behavior are also used by the Office of Population Affairs to improve family planning and related health services targeting men. **(Attachment D3)**
- The Population Dynamics Branch, NICHD, NIH, uses the data from men and women as a resource for intramural and extramural research on marriage, cohabitation, fertility and infertility, contraceptive use, sexually transmitted infections, and breastfeeding in the United States. **(Attachment D4)**
- The Children's Bureau, ACF, DHHS, has a special research interest in the data collected on children in foster care, children leaving the foster care system through

adoption, and the fertility and family formation behaviors of adults who experienced foster care as children. **(Attachment D5)**

- The Office of the Assistant Secretary for Planning and Evaluation (OASPE), DHHS, makes use of NSFG data on father involvement with children, and studies marriage, divorce, and teenage sexual activity. **(Attachment D6)**
- The Administration for Children and Families, Office of Planning, Research, and Evaluation (ACF/OPRE), DHHS, relies on NSFG data on fatherhood, marriage, and teen pregnancy risk behaviors, for planning programs to improve the economic and social well-being of children and families. **(Attachment D7)**
- The Division of HIV/AIDS Prevention (DHAP), CDC, undertakes research based on NSFG data on behaviors that affect the risk of transmission of HIV—including condom use, numbers of sexual partners, and others. **(Attachment D8)**
- The Division of Sexually Transmitted Disease Prevention (DSTDP), CDC, relies on the NSFG's data on sexual behavior and related sexual and reproductive health services to inform their STD prevention programs and research. DSTDP has also supported more recent questionnaire enhancements to improve measurement of preventive service utilization and access among adolescents and young adults. (**Attachment D9)**
- The Division of Cancer Prevention and Control (DCPC), CDC, uses NSFG data on screening for cervical cancer, human papillomavirus (HPV), and breast cancer, which can be analyzed in relation to the NSFG's extensive data on pregnancy histories, sexual behavior, and reproductive health. DCPC has also supported recent questionnaire additions to evaluate adherence to revised cancer screening guidelines. **(Attachment D10)**
- The Division of Birth Defects and Developmental Disabilities (DBDDD), CDC, uses estimates of the number and characteristics of women at risk of an alcohol-exposed pregnancy that could lead to Fetal Alcohol Syndrome. **(Attachment D11)**
- The Division of Reproductive Health (DRH), CDC, uses NSFG data for surveillance of reproductive health outcomes and research on teen pregnancy prevention, sexual activity, and contraceptive use. DRH also uses NSFG data for their work on

establishing recommendations for family planning services including contraceptive services. **(Attachment D12)**

- The Office of Adolescent Health (OAH), Office of the Assistant Secretary for Health, DHHS, uses the NSFG for national data on fertility, contraception, teen sexual behavior, and teen pregnancy. They also rely on the NSFG for information about trends over time and explanations for changes over time. **(Attachment D13)**

3. Use of Improved Information Technology and Burden Reduction

Respondent burden for the NSFG is kept to a minimum through the use of sampling procedures that permit the generation of statistically valid national estimates for the more than 140 million people 15-49 years of age with about 20,000 interviews over 4 years of interviewing. Burden is also contained by keeping the length of the questionnaires under the previously approved 80 minutes for women and 60 minutes for men. Burden is further reduced by using faster and more efficient laptop computers and the latest edition of BLAISE Computer-Assisted Personal Interviewing (CAPI) software.

CAPI reduces burden for the respondent because it collects the data using a laptop computer, along with a highly skilled interviewer. The computer customizes the questionnaire and question wording for the respondent, based on answers given during the administration of the instrument.

A portion of the NSFG interview, roughly 15-20 minutes, is conducted using Audio Computer-Assisted Self-Interview (ACASI). In ACASI, the respondent hears the questions through the headphones, or reads the questions on the computer screen, and enters the answers him or herself. ACASI ensures maximum privacy, so it is used for the most sensitive questions in the survey. However, the self-administered aspect of ACASI requires that both the questions and the answer choices be as simple as possible.

Thus, only material that is sensitive and fairly simple to ask and answer can be collected in ACASI. Respondents often report that they enjoy the ACASI part of the interview because they can control the pace of the interview themselves, and be more active participants in it. Despite the appeal of ACASI, it is not practicable to use ACASI to conduct the entire survey

because much of the questionnaire material is too complex to be self-administered. The complex sections of the questionnaire requires a well-trained interviewer – to give instructions, explain terms and definitions, to ensure that answers are relevant and are entered accurately, and to help maintain the respondent's privacy from other household members. Based on feedback received since ACASI was first used with the NSFG, most respondents have reported that they enjoy the interaction with the interviewer during the CAPI part of the interview, as well as the enhanced privacy of ACASI.

4. Efforts to Identify Duplication and Use of Similar Information.

On an ongoing basis, the NSFG staff has consulted with NICHD, OPA, and other funding agencies to make certain that their data needs are being met, and that NSFG data remain more useful to them than other sources of related data. The NSFG staff also consults with a number of private organizations (e.g., The National Campaign to Prevent Teen and Unplanned Pregnancy; Child Trends; and others) and data users in the academic community, as described in Section A8.

The NSFG is the only nationally representative household survey that is specifically focused on childbearing experience, family formation, sexual behavior, contraceptive use, and reproductive health of men and women in the entire childbearing age range (15-44 years of age in interviewing through September 2015, and to be expanded to ages 15-49 thereafter), and including retrospective histories of key events related to fertility and family formation. A few other surveys have obtained data related to topics covered in the NSFG, but most were more limited in the questions they ask, the population they represent, or both. For example:

- The Census Bureau's Survey of Income and Program Participation (SIPP, OMB Number 0607-0944) currently collects marital and birth histories, but it does not collect cohabitation histories, sexual partner histories, or pregnancies not ending in live birth (as collected in the NSFG).
- The CDC's Youth Risk Behavior Survey (YRBS) collects data on sexual activity and contraceptive use among high school students, but this survey excludes older teens (who have the highest rates of unintended pregnancy and sexually transmitted disease)

and those not currently in school. The YRBS is also limited with respect to explanatory variables other than age, grade, and race, and does not collect data on first sexual intercourse or partner characteristics.

- The National Health and Nutrition Examination Survey (NHANES, OMB Number 0920-0237 discontinued 10/18/13, OMB Number 0920-950, also conducted by NCHS, collects some data on sexual behavior and sexual orientation in their ACASI section, but from comparatively small samples of men and women 15-44 years of age. In addition, while NHANES collects data on Pap testing it does not collect data on age at first sexual intercourse and therefore cannot be used to see if women are following the revised Pap testing guidelines. The NSFG collects data on both Pap testing and timing of first intercourse, making it the only source of national data to study whether women are getting Pap testing as recommended by the new guidelines for this important cervical cancer screening procedure.
- The National Health Interview Survey (NHIS) has also begun collecting information on sexual orientation in large national samples of adult men and women, based on several years of intensive cognitive and field testing (Dahlhamer et al., 2014; Ward et al., 2014). Based on their findings, including tests with the NSFG question wording, the NSFG will begin a crossover study to evaluate differences, if any, using the NHIS question within the NSFG ACASI section, beginning in September 2015.
- While other data sources obtain information on selected forms of infertility treatment (e.g., the Assisted Reproductive Technologies Registry System, the National Study of Fertility Barriers), the NSFG is the only source of nationally representative information on the use of any medical services for infertility from the perspective of individuals, rather than service providers.

These occasional, partial overlaps in content between the NSFG and other surveys make it possible to compare some of our statistics with other data to verify their reliability, but most of the statistics that the NSFG provides are unique and cannot be supplied by other surveys, public or private.

5. Impact on Small Businesses or Other Small Entities.

No small businesses will be involved in this study. This is a survey of individuals, not of firms or organizations.

6. Consequences of Collecting the Information Less Frequently

Conducting the NSFG every 6 or 7 years, as was the case before 2002, is not frequent enough for the needs of NCHS or the other DHHS programs that use the survey. Interviewing and releasing public use files periodically rather than continuously would mean that the information would be too old for policy and program uses:

(1) many of the fertility and family formation-related behaviors measured in the NSFG can change significantly in less than 6 or 7 years, and

(2) the data needs of the programs served by the NSFG also change more frequently than that.

One example of changes in the behaviors we measure is the change in the teen birth rate in the last two decades. Between 1991 and 2005, vital statistics data indicate that the US teen birth rate dropped 34 percent; for black teens, the drop was a remarkable 48 percent. But, vital statistics data cannot explain why the drop occurred. Speculation about the factors behind the change was common, but not addressed until the NSFG's report in October of 2011 described changes in the timing of first sexual intercourse and contraceptive use behaviors among teens (Martinez et al., 2011). Another type of behavioral change the NSFG can monitor more effectively with more frequent data collection is the acceptance of new, or reconfigured, contraceptive methods; the NSFG helps shed light on how commonly and effectively these methods are used and can track changes in the use of specific method over time. For example, with the release of the 2011-2013 public use files in December 2014, the accompanying Data Brief could document the increased use of long-acting reversible contraceptives between 2006-2010 and 2011-2013 (Daniels et al., 2014).

An example of changing data needs is that the NSFG supplies data for most of the Healthy People 2020 Objectives on Family Planning **(Attachment D2).** Healthy People 2020 requires that the data be available at least 3 times per decade, and many of the objectives

focus on small sub-populations that require large samples (for example, 15-17 year old white, black, and Hispanic females). New products, new legislation, new policy initiatives and new medical practice guidelines also make new information necessary. Some of these new developments include: the Affordable Care Act of 2010; new medical guidelines on breast cancer and cervical cancer screening; continued debates about the effects of "abstinence education" and "comprehensive sex education" on teenagers' behavior; speculation about the effects of emergency contraception; and controversies surrounding contraceptive coverage by insurance plans and providers. The implementation of continuous interviewing allows the NSFG to respond to the most important data needs with revised survey questions and recent data more promptly than before**.**

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

None. This request complies fully with 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. A copy of the **60-day <u>Federal Register Notice</u>** for the NSFG, Volume 79, No. 213, pages 65398-65399, published November 4, 2014, is shown in **Attachment B1.** One comment was received and the standard CDC response was sent (**Attachment B2).**

B. <u>Outside Consultation:</u> The NSFG staff has held periodic (at least annual) in-person discussions with representatives of the funding agencies mentioned above since the early 1990's. In March, 2004, the collaborating agencies made the decision to move toward continuous interviewing as soon as possible, to provide larger samples and more frequent data at a more affordable cost per case. In April, 2006, OMB approved the continuous interviewing plan, and about July 1, 2006, continuous interviewing began.

Funding agency representatives, as a group, are given updates about once a quarter, with email reports on the progress of fieldwork, notifications of file or report releases, and other NSFG news. Frequent e-mail and phone exchanges with individual funding agencies also occur often, to keep them up to date and to seek their advice on matters of concern to them. In the last few

years, there were formal, in-person meetings of the NSFG funding agencies on January 21, 2011, December 17, 2012, November 22, 2013, and April 8, 2014. In addition, several meetings were held with individual agencies since 2011, including a visit with the CDC/Atlanta-based funding partners in November 2010 (**Attachment E2**), September 2012, and September 2013; in-person meetings with NICHD in November 2012; OPA in August 2012, February 2013, April 2013, and May 2013; ASPE in June 2013; the Children's Bureau in June 2013; and OPRE in January 2013 and July 2014.

The NSFG staff has also organized several research conferences on the NSFG, the most recent one in October 2012 **(Attachment E3).** About 15 original analyses of the NSFG were discussed at this conference, and suggestions were made for improvements to the questionnaires. We expect that another research conference will be held within the next couple of years to stimulate research on the 2006-2010 and 2011-2013 datasets, and to get feedback from researchers on the survey's strengths and limitations.

The NSFG staff conducts other outreach efforts as well. For example, we present workshops and papers at professional meetings such as the Population Association of America, the American Sociological Association, the Maternal and Child Health Epidemiology meetings, and the American Public Health Association, so that we can meet with data users and obtain feedback on the survey's data and user support. We established an "NSFG Announcements" listserv, which currently has about 300 subscribers, and we regularly use it to inform our user community of new NSFG file releases and published reports. The NSFG staff also maintains an email address NSFG@cdc.gov to allow users of our data files an easy way to ask questions and make suggestions for the survey or our web-posted user tools.

In late 2009 and early 2010, the NSFG received a thorough review by a panel of experts appointed by the NCHS Board of Scientific Counselors (BSC). The panel spent two days at NCHS asking detailed questions of the NSFG staff, and produced a report (**Attachment E1)** with recommendations. The NSFG team has been implementing those recommendations, in consultation with our funding agencies, when possible, to improve the survey, maintain crucial measures of time series, and ease staff burden, all of which were concerns specifically noted in the BSC's report. More recently, the NSFG team convened two advisory workshops to solicit

feedback from funders and their invited experts for questionnaire and methodological enhancements for NSFG 2015-2019. The agendas and list of invited experts for these workshops held in November 2013 and April 2014 are shown in **Attachments E4** and **E5.** The November 2013 workshop focused specifically on ways the NSFG could potentially be adapted to monitor aspects of health service utilization related to passage of the Affordable Care Act.

Key persons representing the NSFG's cosponsoring agencies are consulted on an ongoing basis. These persons (and others in the agencies not listed) include:

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OPA/DHHS	Lorrie Gavin, MPH, Ph.D.	1101 Wooten Parkway, Suite 700 Rockville, MD 20852 240-453-2826 lorrie.gavin@hhs.gov
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Other continuing contacts with these and other agencies have been described in Section A2 ("How the information will be used"). There are no unresolved issues between NCHS and any of these agencies.

9. Explanation of any Payment or Gift to Respondents

As in the 2002, 2006-2010, and 2011-2013 NSFG, permission is requested to continue to offer $40 in cash as a token of appreciation to respondents. **Attachments G1 and G2** describe the incentive use experiments that have been conducted thus far with the NSFG, and provide a summary of the decisions reached after each experiment.

We will first describe the previously approved procedure and summarize the evidence that the procedure is effective and necessary. This evidence is described much more thoroughly in **Attachment G1,** a memo that was previously included as part of the NSFG's 2012-2015 OMB package**.**

An experiment in the NSFG Cycle 5 Pretest (1993) established that a $20 incentive for the main interviews produced higher response rates and lower costs per completed case than no incentive. In the Cycle 6 (2002) Pretest in 2001, an experiment showed that the response rate for those offered $40 was 72% compared with 62% for those offered $20. The $40 amount had larger effects on response rates for black and female respondents than for white and male respondents.

Experiments in the 2002 NSFG showed increased response rates, lower data collection costs, and reduced bias when the $80 incentive is used for a small sub-sample of respondents during Phase 2 of the data collection, compared with a $40 incentive.

In 2006-2007, we again conducted an experiment to test whether it was necessary to use $80 for that small sample of non-respondents, or whether $50 might be just as effective. Those offered $80 had higher response rates than those offered $50 (64% vs. 52%) and were more likely to include under-represented groups (details of this experiment are in **Attachment G1).**

To obtain the most benefit from continuous interviewing, the following design was implemented beginning in 2006. Data collection is divided into four 12-week periods (or "quarters") per year. Each 12-week period consists of two phases:

- **Weeks 1-10 are called "Phase 1,"** in which $40 cash is offered as a token of appreciation to all main interview respondents for their participation. Non-respondents are visited an average of 8 times. At the end of Phase 1, the response rate is about 60%.

- **Weeks 11-12 are called "Phase 2:"** For the last 2 weeks of a quarter, about one-third of the remaining 40% of non-responders (13% of the original sample) is selected for more intensive effort. This 13% is offered an $80 token of appreciation for their participation in the main interview. These non-responders are composed of those who had completed a screener but not a main interview, as well as those who had not yet completed a screener. About half of these selected persons (6% of the original sample) are interviewed enabling the NSFG to reach an overall, weighted response rate of over 70% at the end of each quarter.

2013-14 Incentive Experiment: Due to a trend throughout the 2000's toward declining response rates and a corresponding increase in the amount of effort interviewers have to expend to complete main interviews, the NSFG approached OMB about the possibility of increasing the token of appreciation given to respondents. A joint decision was made to test the effect of increasing the incentive during Phase 1 of field work from $40 to $60 while keeping the Phase 2 incentive at $80 for both groups. We hypothesized that the experimental group receiving $60 would have a response rate of 7-8 percentage points higher than the control group receiving $40. The details of the design and results can be found in **Attachment G2**, and are summarized below.

This experiment started in September 2013 and ran for 5 quarters of data collection. We examined three aspects of results: response rates, interviewer effort/costs, and nonresponse bias. First, we found that response rates for Phase 1 increased for all subgroups by race, age, and gender, and that the variation in the rates was somewhat decreased. However, the increase in the Phase 1 response rate was not as large as expected- the overall response rate for the experimental group was 3.2 percentage points higher than the response rate of the control group. Further, it appears that Phase 2 was somewhat less effective for the

$60 treatment group. As a result, the final response rates are very similar across the two treatments.

Second, regarding interviewer effort and costs, the number of visits to the household needed to complete an interview was smaller for the group with the higher Phase 1 incentive. Projecting to the overall sample with an increased Phase 1 incentive, and using a regression model approach, we predict that this would translate to a savings of about 0.8 hours per interview under the $60 treatment. Overall, however, the estimated cost savings associated with this reduction in hours appears to be minimal: between $0.30 and $8.00 after factoring in the additional cost of the higher incentive.

Third, regarding nonresponse bias, we examined 8 key estimates for women and 8 key estimates for men, for effects of the increased incentive on raising participation rates for under-represented subgroups. There was no difference between mean values on any of the 8 key estimates for women; for men, 2 of the 8 key estimates showed a significant difference in mean values between the $40 and $60 groups. The general pattern is one of no differences. This result can be interpreted as meaning that the increased Phase 1 incentive did not lead to either an increase or decrease in nonresponse bias

The incentive experiment was discontinued in December 2014 with the decision that there would be no increase in the Phase 1 incentive; it would remain $40. (**Attachment G2**)

In sum, we believe that we have established, through experimental evidence, that the $40 incentive (and the $80 incentive for a small sub-sample in the non-responders) are cost-efficient tools for obtaining a representative sample in the NSFG. See **Attachment G1** for further details**.**

10. Assurance of Confidentiality Provided to Respondents

10.1 Privacy Impact Assessment Information – Privacy Act Applicability

This submission has been reviewed by the NCHS Privacy Act Officer and the NCHS Confidentiality office who determined that the Privacy Act does apply. This study is covered under Privacy Act System of Records Notice 09-20-0164 (“Health and Demographic Surveys Conducted in Probability Samples of the U.S. Population”).

Social Security numbers are <u>not</u> collected at any stage of the NSFG. The only Information in Identifiable Form (IIF) that is collected includes the respondent's name, address, and telephone number. IIF is used for 4 purposes: (1) the address is used for screening, (2) the name is used for informed consent, (3) the telephone number is used for verification, in which a sample of respondents is re-contacted to verify that the interview occurred; and (4) the address is used for geocoding of the contextual data file. These IIF data are stored encrypted, and separately from the survey data, using secure storage procedures as required by the Office of the Chief Information Security Officer (OCISO) of CDC. They are never sent to NCHS on any preliminary or in-house data files. Date of birth and age are collected, but the day of birth is not released as part of the public use files.

Overview of the NSFG Data Collection System

An area probability sample of the household population of the United States is drawn. Large areas, consisting of one or more adjacent counties (called primary sampling units or PSU's), are selected; then neighborhoods within those counties; then housing units within those neighborhoods are listed. A sample is taken of the listed addresses, and each selected address is sent an advance letter informing them that an interviewer will visit them in connection with a study called the National Survey of Family Growth. The interviewer visits the household in person and conducts a screener, a simple 3-minute household roster to see if anyone 15-49 years of age lives there. If there is no one 15-49 living there, the interviewer politely thanks the resident and leaves.

In each household containing anyone 15-49, one person is asked to participate in the survey. (If there are two or more people 15-49, one is selected randomly based on a pre-programmed selection algorithm that assigns higher probability of selection for teens, Blacks, or Hispanics, and slightly higher probability of selection for females. The interviewer does not make the selection of respondents from the household.) The interviewer obtains signed, informed consent, including signed parental consent if the respondent is 15-17. The interviewer offers the respondent $40 in cash, which is referred to as a token of appreciation for the respondent's help, and they sit down to do the interview. The interview is conducted by

CAPI, in which the interviewer asks the respondent questions and enters the answers into a laptop computer. The last part of the interview is done by ACASI, in which the respondent may use headphones to listen to questions and enters his/her own answers into the interviewer's computer. When the interview is over, the data are automatically encrypted. The interviewer thanks the respondent and leaves the respondent's home.

Items of Information to be Collected

The NSFG collects the following information from a national sample of men and women 15-44 years of age (15-49 years of age, beginning in September 2015):

- Demographic characteristics including age, marital status, educational attainment, religious affiliation, and labor force participation;
- Births and pregnancies (had, from women; or fathered, from men);
- Marriage and cohabitation (current and past);
- Contraceptive methods used currently and in the past;
- Use of medical care for contraception, infertility, and reproductive health;
- Attitudes about marriage, children, and parenting;
- From men, father involvement in raising their children.

In the ACASI section, data are collected on numbers of opposite-sex and same-sex partners, alcohol and drug use, and sexual attraction and orientation.

The confidentiality of individuals participating in NSFG is protected by section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (CIPSEA) of 2002. Section 308(d) states:

> *"No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section...306,...may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose and (1) in the case of information obtained in the course of health statistical or epidemiological activities under section...306, such information may not be published or released in other form if the particular establishment or person supplying the information or described in it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication or release in other form..."*

In addition, legislation covering confidentiality is provided according to section 513 of the

Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA) (PL-107-347), which states:

> *"Whoever, being an officer, employee, or agent of an agency acquiring information for exclusively statistical purposes, having taken and subscribed the oath of office, or having sworn to observe the limitations imposed by section 512, comes into possession of such information by reason of his or her being an officer, employee, or agent and, knowing that the disclosure of the specific information is prohibited under the provisions of this title, willfully discloses the information in any manner to a person or agency not entitled to receive it, shall be guilty of a Class E felony and imprisoned for not more than 5 years, or fined not more than $250,000, or both."*

NCHS policy requires physical protection of records in the field, and has delineated these requirements for the data collection contractor. The contractor also has its own policy and procedures regarding assurance of confidentiality and a pledge that all employees involved in the NSFG must sign. The contractor provides all safeguards mandated by Privacy Act and Confidentiality legislation to protect the confidentiality of the data. Data collection contractor employees who have access to the IIF and other confidential data sign formal Designated Agent Agreements (DAA). For the current year of interviewing, all signatures were obtained by August 4, 2014. The contractor's data security procedures comply fully with security requirements delineated by OCISO. The NSFG received Certification and Accreditation and Authority to Operate on July 30, 2014. That authority will be renewed on or before July 29, 2017.

It is the responsibility of NCHS employees, including NCHS contract staff, to protect and preserve all NSFG data from unauthorized persons and uses. All NCHS employees as well as all contract staff have received appropriate training, made a commitment to assure confidentiality, and have signed a "Nondisclosure Affidavit" every year. Protection of the confidentiality of records is a vital and essential element of the operation of NCHS, and it is understood that Federal law demands that NCHS provide full protection at all times of the confidential data in its custody. Only authorized personnel are allowed access to confidential records and only when their work requires it. When confidential materials are moved between locations, records are maintained to ensure that there is no loss in transit and when confidential information is not in use, it is stored in secure conditions.

Confidential data will never be released to the public. For example, all IIF and other

personal information that could be potentially identifiable (including participant name, address, survey location number, sample person number) are removed from the public release data files. The NCHS Disclosure Review Board reviews all public use files, including those of the NSFG, to assure that directly or indirectly identifiable data are not included. Thus, when NCHS releases public use data files as part of its mission to disseminate the data widely, any information that could be identifiable is removed.

Respondents are notified of the voluntary nature of the survey through the Advance Letter for Households, the Advance Letter for Respondents **(**both in **Attachment H1)**, the respondent's Q&A brochure **(Attachment H2)**, and the informed consent forms **(Attachment H3).** Information for respondents on the uses of the data is provided in the advance letters, consent forms, and the Question and Answer Brochures **(Attachments H1, H2, and H3).** The NCHS Research Ethics Review Board (RERB) has reviewed these materials and the NSFG received approval from the NCHS ERB on June 18, 2014, to continue NCHS Protocol Number 2011-11 for the maximum allowable period of 1 year (expiring June 2015). **(Attachment I)** In 2015 we will be submitting another RERB protocol to cover NSFG interviewing through mid-2019.

11. Justifications for Sensitive Questions

At this time, we are submitting our proposed questionnaires to be fielded starting in September 2015 (**Attachments C3 and C4)**, showing mark-up/highlight for all changes since the 2013 questionnaires that have been fielded since September 2013 (shown in **Attachments C1 and C2)**. Clean copies of the proposed questionnaires to be fielded beginning in September 2015, with all modifications incorporated are captured in **Attachments C5 and C6,** and a summary of questionnaire changes is provided in **Attachment C7.** These 2015 NSFG questionnaires are designed to stay within the approved interview length of 80 minutes for females and 60 minutes for males.

It is possible that NCHS will submit a change package to request some limited changes to the questionnaires which would be effective in September 2017. Consultations on what, if any, those changes may be will begin in 2016, but it is likely that any changes would be minor,

for 3 reasons: the content of the survey is already satisfactory to its sponsors; the costs of making major changes are very high; and the questionnaires are already close to their budgeted interview length.

Since the survey focuses on childbearing and pregnancy (in the main interview) and reproductive health (in the self-administered ACASI portion), it necessarily deals with a number of topics that may be sensitive for some people. But experience shows that this is not a serious problem: most questions in the interview (e.g., such as infertility, adoption, divorce, contraceptive use, and sexual activity) have been asked of more than 56,000 people since the 1995 survey with no problems, in part because family formation, sexual activity, and having and raising children are important and positive aspects of the lives of most people in this age range.

The questions in the NSFG questionnaires may be divided into 2 groups:

(a) Questions that have generally been asked in the NSFG since the 1970's—including demographic characteristics like education and marital status, and behaviors such as contraceptive use, marriage, divorce, and unmarried cohabitation.

(b) More sensitive questions that are asked in ACASI, and have mostly been asked only since 2002.

The traditional family-building topics (marriage, divorce, contraceptive use) have been discussed and justified in previous NSFG packages. Those justifications can be found on the reginfo website, by entering OMB number 0920-0314: http://www.reginfo.gov/public/do/PRASearch.   It is clear that these family-building and dissolution questions pose no significant problem *in the context of the NSFG interview*.

Attachment J discusses the "more sensitive" items that are administered in the self-administered ACASI section of the questionnaire, as shown below:

- Incarceration
- Drug Use
- Non-voluntary sexual experience
- Sexually Transmitted Diseases (STDs)
- Sexual behavior
- Sexual identity and attraction
- Female-female & male-male sex
- Income, including sources of income

Self-administered questions on oral, anal, and same-gender sexual activity and other sensitive topics have now been answered by over 45,000 respondents—12,571 in 2002 and 22,682 in 2006-2010 and 10,416 in 2011-13 --and have worked very well when administered in this way. The results were reported, and compared with previous national surveys, in several NCHS reports, as well as a book chapter (Chandra et al., 2011, 2012a-c; Mosher et al., 2005).

Minimizing sensitivity - The context in which questions are asked and the auspices of the survey are important factors in overcoming the potential sensitivity of the subject matter. The NSFG takes at least 6 steps to create a context which minimizes sensitivity and makes clear to respondents the legitimate need for the information:

(1) First, it is always possible to answer "I don't know" (I can't recall, I don't remember, or I never knew that) or "Refuse (or choose not) to answer" for any question. To save space on the simplified paper "CAPI-lite" versions of the questionnaires (**Attachments C1-C4**), "refused" or "don't know" were not listed as explicit answer choices for every question, but interviewers are trained to accept "don't know" or "refused" for **any** question. Similarly, in the ACASI portion of the survey, respondents are informed that these are accepted responses for any question, and they are shown how to enter these responses.

(2) Advance letters, pamphlets, and brochures **(Attachments H1 and H2)** are used to make clear that the survey is sponsored by the U.S. Department of Health and Human Services, and that the information is put to important uses. Our advance materials cite the NSFG web site (**http://www.cdc.gov/nchs/nsfg.htm**), and respondents who want to verify the sponsorship of the survey for themselves are shown the Interviewer's Letter of Authorization **(Attachment H2)**. They can also call the toll-free number at NCHS or the University of Michigan. The toll-free phone lines at NCHS are answered by the Principal Investigator (Dr. Anjani Chandra), the Contract Officer Representative (Dr. Joyce Abma) and another senior staff person (Dr. Gladys Martinez, who also answers the Spanish line). The toll-free phone number at the contractor's office (ISR/University of Michigan) is answered 6 days a week, including weekday evenings.

(3) Only professional female interviewers are used. Based on consultation with survey

directors of several large, national surveys, both female and male respondents typically express a preference to be interviewed by women on sensitive topics.

(4) The questionnaire is carefully crafted to lead smoothly from one topic to another. As new topics are introduced, the need for the information is explained briefly to the respondent. A considerable effort was made to use the experience of the 12,571 interviews in the 2002 NSFG and the 22,682 in 2006-2010 to improve the questions for 2011-2015 and 2015-2019.

(5) NSFG interviewers ask most of the questions using a laptop computer with Blaise programming. When paper-and-pencil questionnaires were used for interviewing (before the 1995 NSFG), one principal privacy concern of respondents was the possibility that spouses, parents, or other family members would see their answers; CAPI and ACASI help to prevent those situations.

(6) ACASI is used for the most sensitive questions (Female Section J and Male Section K**).** The questions are asked over headphones (and on the computer screen) and the respondent enters his or her answers into the laptop computer. ACASI helps to ensure that other members of the respondent's own household (if any) will not know what the questions were, or what the answers were. The screen can be made blank with one keystroke if anyone walks into the room while the interview is going on. ACASI concludes with the respondent initiating a locking mechanism that prevents the interviewer or anyone else from seeing the respondent's answers.

Each eligible person selected into the main study sample receives an advance letter on NCHS letterhead (**Attachment H1)** which explains the survey and how the sampled persons are chosen, and a question and answer brochure (**Attachment H2)** which answers the most frequently asked questions. If the sampled person is an adult 18-44 (18-49 beginning in September 2015) years of age, written informed consent is requested (**Attachment H3).** If the sampled person is a minor—15-17 years of age, unmarried and living with parents—written parental consent must be obtained in advance, and then the minor is similarly informed about the interview and asked for his or her signed assent. **(Attachment H3)**

12. Estimates of Annualized Burden Hours and Costs

On an annual basis, approximately 15,000 persons will complete a household screener interview **(Attachment H4)** yielding 7,500 households with an eligible respondent. From these households, about 5,100 respondents will complete a main interview: 2,750 females and 2,350 males. The mean interview length remains at about 80 minutes for females and 60 minutes for males. Due to rounding, the female interview is noted as 90/60 hours in the burden table below. Finally, about 1,500 of the respondents to the screener interview and 510 respondents to the main survey will be re-contacted by telephone for a short (2-minutes for screener and 5-minutes for main) verification interview **(Attachment K1 and K2).** The NSFG selects a random ten percent sub-sample of the cases completed by each interviewer (both screener and main) to be rechecked using a brief interview to verify the completeness and accuracy of the interviewer's work.

12.A Estimated Annualized Respondent Table

Respondents	Form	No. of Responses	Responses per Respondent	Average Burden/ Response (in hours)	Total Burden Hours
Household Individual	Screener Interview	15,000	1	3/60	750
Household Female 15-49	Female Interview	2,750	1	90/60	4,125
Household Male 15-49	Male Interview	2,350	1	60/60	2,350
Household Individual	Screener Verification	1,500	1	2/60	50
Household Individual	Main Verification	510	1	5/60	43
TOTAL	---	22,110	---	---	7,318

The average response burden cost for the NSFG is estimated to $179,291 (Wage information is from the Bureau of Labor Statistics: http://www.bls.gov/news.release/empsit.t19.htm).

12.B Estimated Annualized Respondent Costs

Total Burden Hours	Respondent Wage Rate per Hour	Total Respondent Costs
7,318	$24.50	$179,291

13. Estimate of Other Total Annual Cost to Respondents or Record Keepers

There are no costs to respondents other than the time necessary to respond to the information collection.

14. Annualized Cost to the Federal Government

The Annualized cost to the government based on FY 2014 figures is:

CONTRACT	$4,900,000
NCHS Staff	1,300,000
TOTAL	$6,200,000

Most of the contract costs are for data collection, including hourly wages for interviewers, plus the costs of hiring and training them. Contract costs also include specification and programming of the male and female questionnaires; and data processing, editing, and documentation of the data file. NCHS actively monitors and reviews this work in all its stages.

15. Explanations for Program Changes or Adjustments

In addition to the request to extend the expiration date for three years, this revision is designed to:

1. Expand the age range of the NSFG from 15-44 to 15-49 (for fieldwork starting in September 2015) in order to capture the aging U.S. population and its impact on eligibility rates, demographic transitions, reproductive health, and other core NSFG topics;

2. Make revisions to the female and male questionnaires (for fieldwork starting in September 2015) to incorporate new items related to contraceptive use, reproductive health, preventive service screening/counseling, sexual orientation, health insurance, cigarette smoking, cancer risk, military service and sheltered homelessness (Attachments C3 and C4); and
3. Add or modify a small number of questions in 2017 using a non-substantive change request.

The current approved burden is 7,442 hours. This figure has been reduced by 124 hours due to a more detailed accounting of the verification process that allows for 2 minutes per screening verification and 5 minutes per main survey verification compared to the prior approach that utilized 5 minutes for both types of verification. The requested burden is 7,318 hours.

16. Plans for Tabulation and Publication and Project Time Schedule

The significant milestones (assuming OMB clearance by April 30, 2015) are:

Letters sent to respondents	3-5 months after OMB approval
Data collection:	5-36 months after OMB approval
Data collection completed	Continuous after OMB approval
Main Study coding, edits, imputation, prepare recoded variables & document data files	Continuous after OMB approval
Release public use data files for Interviews in 2013-2015:	19 months after OMB approval
Release public use data files for Interviews in 2015-2017:	43 months after OMB approval
Release public use data files for Interviews in 2017-2019:	67 months after OMB approval
First published reports:	19 months after OMB approval, then periodically.

The data from the NSFG are analyzed using SAS, STATA, and other statistical software for tabulation and analysis. SUDAAN, SAS, STATA, and similar software are being used for variance estimation. Results will be published in standard NCHS Reports, and as articles in professional journals. Over 700 reports from Cycles 1-6 are shown on the NSFG web site. Over 250 publications from the 2002 NSFG and about 190 from the 2006-10 NSFG are shown in **Attachments F1 and F2.**

Publications – All NSFG-based reports published by NCHS are available as PDF files on the NSFG website: http://www.cdc.gov/nchs/nsfg.htm. Publications released in 2008 or later are compliant with Section 508 of the Americans with Disabilities Act. A short report on current contraceptive status of U.S. women was published with the December 2014 release of the 2011-2013 public use data files. Below we list reports now in preparation from the 2011-13 survey as an initial indication of our publication plans for these data. The order or precise timing of these reports could change, and other reports are possible, but we expect to publish the following 4 reports in 2015, within 1 year of releasing the 2011-13 public use files:

1. Use of Long-Acting Reversible Contraception
2. Teen Sexual Activity, Contraception, and Births
3. HIV Testing and Selected Sexual Risk Behaviors
4. Sexual Behavior, Sexual Attraction, and Sexual Orientation

These are, of course, only the *initial* publications planned by the NSFG team at NCHS. They do not include publications by academic and other researchers.

17. Reason(s) Display of OMB Expiration Data is Inappropriate.

N/A

18. Exceptions to Certification for Paperwork Reduction Act Submissions.

None