

Supporting Statement A:

NATIONAL SURVEY OF FAMILY GROWTH

OMB No. 0920-0314

(Exp. Date June 30, 2021; Discontinued May 31, 2021)

Reinstatement with Change

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NATIONAL SURVEY OF FAMILY GROWTH**

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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 sexual activity, contraception, marriage and cohabitation, 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. As part of multi-phase, multi-mode design, online surveys conducted via the web using a standardized, programmed questionnaire that includes more sensitive survey content. In-person interviews conducted by trained 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 multi-disciplinary 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.

Justification

This is a reinstatement request for the National Survey of Family Growth (NSFG) (OMB No. 0920-0314, Original Expiration 6/30/2021, Discontinued 5/31/2021) to conduct the survey for the next three years, with data collection scheduled to begin in January 2022. Data collection under NSFG's previous clearance ended in the September 2019, and the associated data collection contract ended in December 2020 after all public-use data dissemination activities were completed. The NSFG's OMB prior clearance was discontinued on May 31, 2021 to accommodate the awarding of a new contract in September 2020 and the development of revised sample design and data collection procedures presented in this reinstatement request.

Since 1973, NSFG has been conducted by the National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention (CDC), with the collaboration and support of several other groups within the Department of Health and Human Services (DHHS). The NSFG provides nationally representative data on factors related to fertility, family formation, and reproductive health for NCHS and its cosponsors within DHHS. Throughout its history, NSFG has been administered in person, in English and Spanish, with a self-administered portion added in more recent survey periods. Under the plan laid out in this clearance request, NSFG builds on its past survey design and procedures and incorporates online administration into a multi-phase, multi-mode design. About 5,000 people aged 15-49 are to be interviewed each year.

We are seeking approval to:

- **Reinstate data collection for the NSFG in January 2022, with changes; and**
- **Conduct several methodological experiments in order to offer an alternative to in-person interview mode, retain acceptable response rates, minimize nonresponse bias, and reduce overall respondent burden.**

1. Circumstances Making the Collection of Information 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 and fetal death certificates by monitoring factors (such as sexual activity, contraception, marriage and cohabitation, 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 aged 15-44, as well as women. In addition to gaining men's perspectives on factors affecting pregnancy and birth rates, the goals for including men were to obtain data on fatherhood involvement, behaviors related to HIV and other sexually transmitted infections, and other closely related topics. The sample of men was independent from the sample of women.

Beginning in June 2006, the NSFG adopted a continuous fieldwork design in order to provide public-use data on a more frequent, timely basis to our cosponsoring programs, and also to collect these data in a more cost-efficient manner (Lepkowski et al., 2013; Lepkowski et al., 2010; Groves et al., 2009). After the initial period of the "continuous" survey fielded from June 2006 to June 2010, interviewing ceased while a new 10-year contract was awarded while necessary approvals could be obtained. NSFG interviewing resumed in September 2011 and ran continuously for 8 years through September 2019. The current reinstatement request follows the award of another 10-year contract to support data collection for 8 years (2022-2029), pending funding availability and all applicable clearances.

As with all prior survey periods, NCHS is collecting NSFG data 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 Title IV-E and other laws (**Attachment A4**)
- the Division of HIV Prevention (DHP) within CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP), Section 301 of the Public Health Service Act (**Attachment A5**)

- the Division of Reproductive Health (DRH) within CDC’s National Center for Chronic Disease and Health Promotion (NCCDHP), 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 Division of Cancer Prevention and Control (DCPC) within CDC’s NCCDHP, under the EARLY Act and the Gynecologic Cancer Education and Awareness Act of 2005 (**Attachment A7**)
- the Office on Women’s Health (OWH) of the Office for the Assistant Secretary for Health (OASH), under the Public Health Service Act (42 U.S.C. §300u-1 to §300u-3 and 42 U.S.C. § 237a) and the 21st Century Cures Act (**Attachment A8**)
- the Division of Sexually Transmitted Disease Prevention (DSTDP) within CDC’s NCHHSTP, under 42 U.S.C. 247c Sexually Transmitted Diseases; Prevention and Control Projects and Programs (**Attachment A9**)
- the Division of Violence Prevention (DVP) within CDC’s National Center for Injury Prevention and Control (NCIPC), under multiple sections of the Public Health Service Act, The Bayh-Dole Act of 1980 (PUB. L. 96-517), Family Violence Prevention and Services Act § 303 and 314, National Narcotics Leadership Act of 1988 (chapter 2), Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act § 7011 and § 7131 (PUB. L. 115-271), Comprehensive Addiction and Recovery (CARA) Act of 2016 § 102 (PUB. L. 115.271), Violence Against Women and Department of Justice Reauthorization Act of 2005 § 402 (PUB. L. 113-4) (**Attachment A10**);
- the CDC’s Division of Adolescent and School Health (DASH), under 42 U.S.C. Section 247(b)(k)(2) Public Health Service Act General Powers and Duties, Project Grants for Preventive Health Services (**Attachment A11**).

OMB last approved the NSFG male and female questionnaires in May 2018 as part of the renewal package for 2018-2021. The questionnaires we propose to field beginning in January 2022 (**Attachments I2 & J2**) are largely similar to those questionnaires but have been revised to reflect the evolving data needs of various federal agencies within and outside of CDC, as expressed in their memoranda of support for the NSFG (**Attachments E1-E13**). In addition to addressing substantive content needs of our cosponsoring agencies, the NSFG questionnaires have been streamlined and, in some areas, restructured to reduce cognitive burden and interview length.

To address the continuing challenges to national face-to-face surveys, including declining response rates, increasing costs and risks of nonresponse bias, several methodological and operational experiments will be conducted during data collection for 2022-2029. The impact of COVID-19 has added to the challenges and has accelerated the need for alternatives to in-person interviewing mode. The following are experiments proposed for this data collection period, none of which will impact the current burden hours or number of respondents.

- Test of face-to-face interview mode compared to multi-mode, whereby respondents are initially offered a web-based survey and followed up with face-to-face mode. Evaluation will include impacts on response rates, cost, demographic composition, and survey estimates. The mode experiment will take place in Quarters 1 and 2 of 2022.
- Test of an electronic life history calendar: A paper calendar serving as a recall aid for respondents to remember events central to the NSFG, will be converted to electronic form. The electronic version will retain features of the paper calendar used in the 2011-2019 fieldwork and earlier, adapting the display and method of entry of responses for electronic devices including iPhones.
- Experiments will be considered to enhance introductory and reminder materials, toward the goals of increasing cooperation, reducing interviewer travel costs, and improving response rates.
- As part of nonresponse bias estimation and reduction, experiments will be considered involving collection of auxiliary information such as information on sample members and households, including nonrespondents to the main survey.

2. Purpose and Use of the 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 to monitor such major topics as: contraceptive use and effectiveness, infertility and use of infertility services, unintended births, self-reported pelvic infection and sexually transmitted disease, sterilization, expected future births, marriage and cohabitation, the sexually active population, and the use of and need for family planning services. Under the continuous data collection design planned for the survey in this reinstatement request, the NSFG will be able to maintain adequate sample sizes for reliable time series for nationally representative statistics on these major topics 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 March 2021, more than 1,300 articles in scientific journals, book chapters, and NCHS reports had been published from the NSFG. More than 280 reports and articles have been published from the 2006-2010 NSFG data, released publicly in October 2011. The release of the 2011-2013 public-use files in October 2014 and the 2013-2015 NSFG public-use files in October 2016 have already generated more than 231 reports and articles based on these separate files or the combined 2011-2015 data. Below is a summary of known NSFG-based publications throughout the continuous fieldwork design era (2006-2010, 2011-2019), as of March 2021, including 59 since the release of the 2015-2017 NSFG:

Data Release	Number of Publications	Bibliography on webpage
2006-2010 NSFG (Oct 2011)	280	https://www.cdc.gov/nchs/data/nsfg/2006-2010.pdf
2011-2013 NSFG (Dec 2014)	109	https://www.cdc.gov/nchs/data/nsfg/2011-2013-bydate-Running-508.pdf
2013-2015 NSFG (Oct 2016)	122	https://www.cdc.gov/nchs/data/nsfg/2013-2015-bydate-Running-508.pdf
2015-2017 NSFG (Dec 2018)	52	https://www.cdc.gov/nchs/data/nsfg/2015-2017-bydate-Running-508.pdf
2017-2019 NSFG (Oct 2020)	7	https://www.cdc.gov/nchs/data/nsfg/2017-2019-bydate-Running-508.pdf

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

The dissemination plan for data collected by the NSFG is described further in **Section 16** of this document and closely parallels our efforts to disseminate data from the NSFG's last 8 years of continuous data collection. This effort for the 2011-2019 NSFG data included the release of four separate sets of public-use data files, each based on two years of data. Researchers can download these four public-use data files in ASCII format from the NCHS website, along with program statements for three commonly used statistical packages among NSFG users -- SAS, Stata, and SPSS. In addition, we released 4-year, 6-year, and 8-year sample weights corresponding to all possible combinations of these four 2-year public-use file releases to enable [combined-file analyses](#) using 2011-2013, 2013-2015, 2015-2017, and 2017-2019

NSFG data. The NSFG's website page called "Key Statistics from the NSFG" was last updated with 2015-2017 NSFG data in fall 2019 and will soon be updated with 2017-2019 data so that the public will have quick and easy access to basic statistics from the survey (https://www.cdc.gov/nchs/nsfg/key_statistics.htm). As done in the past, we plan to publish at least one report concurrently with each future public-use file release. We will also continue to disseminate the data through other reports, presentations, and user workshops at a variety of professional meetings.

The media use NSFG results in several ways, as breaking news, and as a factual base for feature articles, editorials, and commentaries (**Attachment E1**). NSFG statistics are used as background data for programs and initiatives at the federal, state, and local level, and to 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 Year 2020 include:

- 40,087 views of the NSFG homepage
- 22,991 views of the "Key Statistics" described above
- 11,589 views of the NSFG's page for data file documentation

NSFG provides data for various substantive areas of Healthy People 2030 (**Attachment E2**). NSFG is used as the primary source of data for monitoring the Family Planning objectives. In addition, NSFG has been 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.

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

- 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 statistical 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 E3**)
- The Population Dynamics Branch and other branches within NIH/NICHD use the data from men and women as a resource for intramural and extramural research on many topics including marriage, cohabitation, fertility and infertility, contraceptive use, sexually transmitted infections, breastfeeding, and disparities in reproductive and perinatal health in the United States. The NSFG data is valuable to NICHD additionally since it allows

examination of these topics by disability status and for sexual minorities in the U.S. **(Attachment E4)**

- The Children’s Bureau, within the Administration for Children and Families (ACF), has programmatic and research interest in the data collected on children in foster care, and the fertility and family formation behaviors of adults who experienced foster care as children. **(Attachment E5)**
- The Office of Planning, Research, and Evaluation, within ACF, 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 E6)**
- The Office on Women’s Health, within OASH, relies on NSFG data on hypertension and benign gynecological conditions for program planning. **(Attachment E7)**
- The Division of HIV Prevention (DHP), within CDC’s NCHHSTP, undertakes programmatic 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 E8)**
- The Division of Sexually Transmitted Disease Prevention (DSTDP), within CDC/NCHHSTP, 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 E9)**
- The Division of Violence Prevention (DVP), within CDC’s NCIPC, will use NSFG data for improving and expanding the measurement of adverse childhood experiences (ACEs) such as abuse, neglect, and household dysfunction, as well as positive childhood experiences that may mitigate the effects of ACEs. The inclusion of these questions in the NSFG offers NCIPC a unique opportunity to better understand late adolescent and adult respondents’ experiences of ACEs and their connection to a host of fertility, reproductive health, and other behavioral outcomes. **(Attachment E10)**
- The Division of Cancer Prevention and Control (DCPC), within CDC’s NCCDPHP, 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 questionnaire additions to evaluate adherence to revised cancer screening guidelines. **(Attachment E11)**
- The Division of Reproductive Health (DRH), within CDC/NCCDPHP, 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 E12)**

- The Division of Adolescent and School Health (DASH), within CDC/NCHHSTP, supports the collection of data on sexual activity, contraception, and sexual/reproductive health of young people. DASH is particularly interested in improving data collection on sex education to gain a better understanding of the formal instruction that may occur within school settings. **(Attachment E13)**

Based on the data needs of the NSFG cosponsors, as well as lessons learned from prior data collection, disclosure review, and analyses, the questionnaires developed for data collection beginning in January 2022 have been revised from those last fielded in 2017-2019 to reduce respondent burden both in terms of cognitive challenge as well as interview length and complexity. **Attachments I2 and J2** show the full NSFG female and male questionnaires for 2022 in “capi-lite” format, a somewhat abridged version of the computer-assisted personal interview (CAPI) specifications provided to the instrument programmers, but still containing all possible questions to be asked.

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 approximately 150 million people 15-49 years of age with about 5,000 interviews each year. Burden is also contained by keeping the average length of the questionnaires within the requested 75 minutes for women and 50 minutes for men. Burden is further reduced by using faster and more efficient tablet computers for the interviewer-administered cases, and the latest edition of BLAISE Computer-Assisted Interviewing (CAI) software for all interviews regardless of survey mode. CAI reduces burden for the respondent because the questionnaire is automatically routed and question wording is tailored for the respondent, based on answers given during the administration of the instrument.

A portion of the NSFG interview in face-to-face mode, roughly 15-20 minutes, is conducted using Computer-Assisted Self-Interview (CASI). In CASI, the respondent reads the questions on the computer screen and enters the answers him or herself. CASI ensures maximum privacy, so it is used for the most sensitive questions in the survey. The same questions administered via CASI in the face-to-face mode are included in the web instrument for online respondents. In addition, sample members who respond by web will have the benefit of controlling the pace of interview for the full survey. Because there is no interviewer in this mode, they will also have greater flexibility in stopping the survey and continuing at another time.

4. Efforts to Identify Duplication and Use of Similar Information

On an ongoing basis, at least annually, the NSFG staff has consulted with NICHD, OPA, and other funding partners to make certain that their data needs are being met, and that NSFG data remain useful and valuable, particularly when there may be other sources of related data. Over the years since moving to a continuous fieldwork design, NSFG staff have also consulted with a number of private organizations (e.g., The National Campaign to Prevent Teen and Unplanned Pregnancy (more recently known as “Power to Decide”); Child Trends; Guttmacher Institute; Urban Institute; and others), as well as data users in the academic community.

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 (15-49 years of age), and including retrospective histories of key events related to fertility and family formation. A few other surveys, mostly within the federal sector, 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 No. 0607-1000, Expires 12/31/2023) currently collects marital and birth histories, but it does not collect detailed cohabitation information, sexual partner histories, or pregnancies not ending in live birth (as collected in the NSFG).
- The CDC’s Youth Risk Behavior Survey (YRBS) (OMB No. 0920-0493, Exp. Date 11/30/2023) 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 has limited information on first sexual intercourse and first contraceptive use and does not collect information on partner characteristics.
- The National Health and Nutrition Examination Survey (NHANES) (OMB Number 0920-0237, Discontinued 10/31/2013; OMB Number 0920-0950, Exp. Date 4/30/2023), also conducted by NCHS, collects some data on reproductive health and fertility, though not to the level of detail as the NSFG. For example, the NHANES asks whether women have had any period in their lives of 12 months of unprotected sexual intercourse that did not result in pregnancy. Meanwhile, the NSFG generates estimates of current infertility and impaired fecundity based on collecting detailed histories of sexual activity, contraception, and pregnancy experience in the three years before interview.

- The National Health Interview Survey (NHIS) (OMB No. 0920-0214, Exp. Date 12/31/2023) also collects 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). However, unlike the NSFG, NHIS does not contain measures of sexual attraction and sexual behaviors that are often used in conjunction with sexual orientation to describe HIV/STI risk.
- The Pregnancy Risk Assessment Monitoring System (PRAMS) (OMB No. 0920-1273, Exp. Date 11/30/2022) is a coordinated effort among the CDC and state health departments to collect information on the health of mothers and infants. There is some overlap with information collected in the NSFG, such as contraceptive use before the last pregnancy leading to a live birth, and wantedness of pregnancies leading to live births. However, because PRAMS is based on a sample of recent live births it does not include information on pregnancies that do not end in a live birth and does not include information on women's full pregnancy/birth histories.
- While other data sources obtain information on selected forms of infertility treatment (e.g., the Assisted Reproductive Technology [ART] Program Reporting System (OMB No. 0920-0556, Revision received by OMB 8/02/2021), the National Study of Fertility Barriers (NICHD R01-HD044144)), 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, and assess possible contextual effects based on survey placement. However, most of the statistics that the NSFG provides are unique and cannot be supplied by other surveys, public or private. There may be differences in population coverage or in level of detail that make the NSFG a critical source for nationally representative information and a frequent source of benchmarking for other surveys with similar content. For example:

- all teens compared with teens currently enrolled in school
- all individuals potentially in need of services instead of just those receiving particular services or visiting selected providers
- all pregnancies reported by women compared with only those resulting in live birth
- all pregnancies reported by women compared with only the most recent live birth

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 the move to continuous data collection in 2006, is not frequent enough for the surveillance and other data 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 most policy and program uses. Many of the fertility and family formation-related behaviors measured in the NSFG can change significantly in less than 6 or 7 years, and the data needs of the programs served by the NSFG also change more frequently than that.

One example of population-level change that NSFG can help to explain with behavioral data collected in the survey is the change in the teen birth rate over the last two decades. Between 1991 and 2019, vital statistics data indicate that the US teen birth rate dropped by 73%. The decline occurred among all racial and ethnic subgroups, but rates remained higher among non-Hispanic black and Hispanic teens than among non-Hispanic whites (Martin et al., 2021). Because the NSFG provides detailed and relatively frequent data (roughly every 2 years) on sexual activity and contraceptive use among teenagers in the US, NSFG data can help shed light on the key behaviors underlying this trend in teen birth rates and the differentials among subgroups. For example, a recent report using NSFG data for 2015-2017 found a decline in the percentage of male teens who had sexual intercourse suggesting a delay in timing of first sex (Martinez and Abma, 2020). Additionally, the report found that the later the age at first sex, the higher the percentage of male and female teens who used a method of contraception at first sex. A 2011-2015 NSFG report demonstrated an increase in the use of newer hormonal contraceptives among teen females, specifically, injectable contraception, the hormonal patch, the hormonal ring, emergency contraception, and long-acting reversible contraception (the IUD and implants) (Abma and Martinez, 2017). This is likely to have played a role in the decline in teen births.

Another type of behavioral change the NSFG can monitor more effectively with more frequent data collection is the acceptance of new 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 methods over time. For example, the NSFG can be used to track male methods of contraception, such as vasectomy, withdrawal, and the male condom. Compared to data from 2002 and 2006-2010, data from the 2011-2015 showed that the use of the male condom among unmarried men remained stable, while the use of withdrawal nearly doubled during this time period. (Daniels & Abma, 2017).

An example of NSFG responding to changing data needs is that the NSFG supplies data

for most of the Healthy People 2030 Objectives on Family Planning (**Attachment E2**). Healthy People 2030 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 legislation, policy initiatives and medical practice guidelines also make new information necessary. Some of these new developments include: 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. For example, given revised guidelines that recommend starting cervical cancer screening at age 21 and not during the adolescent years (Saslow et al., 2012), research using 2011-2017 NSFG data was able to inform medical providers of the estimated proportion of adolescents who received potentially unnecessary cervical cancer screening (Jin, et al., JAMA 180(2). 2020). The implementation of continuous data collection allows the NSFG to respond to the most important, emerging data needs with revised survey questions and recent data more promptly than a periodic data collection model.

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

This data collection complies fully with 5 CFR 1320.5.

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

A copy of the **60-day Federal Register Notice** for the NSFG, Volume 86, No. 110, pages 30937-30938, published June 10, 2021, is in **Attachment B1**. There was 1 comment received from this notice (**Attachment B2**). No changes were made in response to the comment.

The NSFG team at NCHS has met with representatives of our cosponsoring agencies at least annually, and before the COVID-19 pandemic, these meetings were often held in person. A few times a year, we share email reports on the progress of fieldwork (when data collection is underway), notifications of data file or report releases, and other NSFG news. Frequent e-mail exchanges and virtual meetings with individual funding agencies also occur, to keep them up to date and to seek their advice on matters of concern to them. Over the past 3 years, our consultations with NSFG cosponsors have focused on plans to award the next 10-year contract and to develop the sample design and survey instruments for data collection slated to begin in January 2022:

- On April 30-May 1, 2018, we convened an expert work group of survey methodologists to address challenges for NSFG response rates and data quality. This expert work group

was asked to explore new approaches for data collection to complement the household-based survey. The agenda for this meeting entitled “The Next NSFG: Integrating a Household Survey with New Approaches for Data Collection” is attached, along with a list of participants (**Attachment F1**).

- Early in 2019 we developed an RFI (Request for Information) which was posted by OAS on March 22, 2019. Responses from vendors were received in April 2019. NCHS staff invited several vendors to present responses in the summer of 2019. Elements of the Statement of Work (SOW) reflect learning from high-quality responses in the following ways: telephone and online/web interview modes can be used in combination with face-to-face with good results; experiments should be conducted with interview modes; it is operationally feasible to collect certain biomarkers in respondents’ homes. Disclosure risk reduction techniques are still in the early stages of development. (**Attachment F2**)
- Throughout 2019-2021, we have had numerous meetings with our funding partners to discuss priorities and tradeoffs as we developed the survey questionnaires to be fielded in 2022. We shared several drafts of the questionnaires for their review and reconciled all input received to arrive at the female and male questionnaires (**Attachments I2 & J2**) included in this clearance package.

Key persons representing the NSFG’s cosponsoring agencies are consulted on an ongoing basis. These persons include:

Agency	Contact Person(s)	Address/ Email/ Phone
OPA	Jamie Kim	1101 Wooten Parkway Rockville, MD 20852 Jamie.Kim@hhs.gov , 240-453-2817
NICHD	Rosalind B. King, PhD	Population Dynamics Branch 6710B Rockledge Dr., #2305 Bethesda, MD 20892-7002 rozking@mail.nih.gov , 301-435-6986
ACF/Children’s Bureau	Sharon Newburg-Rinn, PhD	Switzer Building, Room 3042 330 C Street, SW Washington, DC 20201 Sharon.Newburg-Rinn@acf.hhs.gov , 202-205-0749
ACF/OPRE	Selma Caal	370 L’Enfant Promenade, SW 7 th Floor West Washington, DC 20447 Selma.Caal@acf.hhs.gov , 202-401-7241
OWH	Jared Tolbert Adrienne Smith, PhD	Office on Women’s Health U.S. Department of Health and Human Services 200 Independence Avenue, S.W., Room 712E Washington, DC 20201 JT: Jared.Tolbert@hhs.gov , 202-260-6576 AS: Adrienne.Smith@hhs.gov , 202-690-5884
CDC/NCCDPHP/DCPC	Mary White, ScD, MPH Jin Qin, ScD, MS	David Building Atlanta, GA 30341 MW: mxw5@cdc.gov , 770-488-3032 JQ: wyy0@cdc.gov , 770-488-7869
CDC/NCCDPHP/DRH	Wanda Barfield, MPH, MD Shanna Cox, PhD	Chamblee, Building 107 4770 Buford Highway NE Atlanta, GA 30341 WB: WBarfield@cdc.gov , 770-488-5574

		KP: SCox2@cdc.gov , 770-488-6477
CDC/NCHHSTP/DSTDP	Casey Copen, PhD Jami Leichliter, PhD	Corporate Square Atlanta, GA 30329 CC: Building 12, ccopen@cdc.gov , 404-718-7306 JL: Building 1, JLeichliter@cdc.gov , 404-639-1821
CDC/NCHHSTP/DHP	Marc Pitasi, MPH Kevin Delaney, MPH, PhD	Corporate Square, Building 8 Atlanta, GA 30329 MP: vva1@cdc.gov , 404-639-6361 KD: khd8@cdc.gov , 404-639-8630
CDC/NCHHSTP/DASH	Lisa Barrios, DrPH Patricia Dittus, PhD	Corporate Square, Building 8 1600 Clifton Rd. NE Atlanta, GA 30329 LB: lbarrios@cdc.gov , 404-718-8180 RS: PDittus@cdc.gov , 404-639-8299
CDC/NCIPC	Heather Clayton, PhD, MPH Phyllis Niolon, PhD	Chamblee, Building 106 4770 Buford Highway NE Atlanta, GA 30341 HC: HCLayton@cdc.gov , 404-718.8145 PN: PNiolon@cdc.gov , 404-488-1362

Other continuing contacts with these and other agencies have been described in **Section 2** of this document ("Purpose and Use of Information Collection"). There are no unresolved issues between NCHS and any of these agencies.

The NSFG team conducts other outreach and consultation efforts as well, though these have been less feasible over the last 18 months due to pandemic constraints. For example, we present NSFG user workshops and research papers at professional meetings such as the Population Association of America, the American Sociological Association, the Maternal and Child Health Epidemiology meetings, Society of Adolescent Health and Medicine, American Association of Public Opinion Research, and the American Public Health Association. In addition to sharing our research, the goal of this outreach is to obtain feedback on the data and user tools we provide and to learn more about other research, both substantive and methodologic, on NSFG-related topics. We maintain an "NSFG Announcements" listserv, which currently has over 350 subscribers, and we regularly use it to inform our user community of new NSFG file releases and published reports. The NSFG team 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.

9. Explanation of Any Payment or Gift to Respondents

The initial mailing to all addresses in the multimode sample that includes a push-to-web invitation includes a prepaid incentive of \$2 to encourage response. As approved for NSFG data collection since 2002 and as justified in prior clearance requests, a \$40 token of appreciation will continue to be offered to all respondents for the main interview. The \$40 token of appreciation will be offered in cash for face-to-face mode or either a check to be mailed or a digital gift card for online mode. **Attachment D1** describes the overall rationale for use of this incentive and summarizes the most recent experiment we conducted on incentive use. Based

on the results of this latter experiment, we decided to continue with the NSFG phase-based incentive plan, which was used in NSFG data collection from 2006-2010 and 2011-2019. This phase-based fieldwork and incentive structure was implemented beginning in 2006 to obtain the most benefit from the continuous interviewing design, and it is summarized below. A more detailed description is provided in Supporting Statement B.

Each quarter, a subsample of approximately 50% of active, non-responding cases (among both households that have not completed a screener and individuals who have not completed a main interview) is selected for continued follow-up in face-to-face mode. In weeks 13-16 this subsample receives an additional incentive (\$5 if a household screener and \$40 if a main study respondent) and the interviewers focus their effort on the fewer cases left in the subsample. The additional \$5 screening incentive is mailed at the start of this phase in data collection. The additional \$40 main study incentive is given to the respondent in advance of agreeing to the main survey; the respondent still receives \$40 after agreeing to complete the main survey.

A subsample of remaining cases that have not responded at the end of the 16-week data collection period will receive a prepaid \$1 bill with a short paper eligibility survey to identify ineligible households that can be removed from the response rate denominator, or a short nonresponse follow-up questionnaire to measure nonresponse bias, and potentially to inform weighting adjustments.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

This submission has been reviewed by the NCHS Privacy Act Officer and the NCHS Confidentiality Officer 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 not collected at any stage of the NSFG. The only Information in Identifiable Form (IIF) that is collected includes the respondent’s name, address, telephone number, and email address. IIF is used for 5 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 if permission given by sample member, for texting of nonresponse reminder messages for web mode; (4) the email address is used for delivery of the digital gift card tokens of appreciation; and (5) the address is used for mailing of tokens of appreciation via check and 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. Date of birth and age are collected, but the day of birth is not released as part of the public-use files.

Items of Information to be Collected

The NSFG collects the following information from a national sample of men and women 15-49 years of age:

- 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 final section of the survey, which is self-administered for those respondents who complete the earlier sections with an interviewer in person, data are collected on potentially more sensitive topics, including substance use, adverse childhood events, sexual behavior other than vaginal intercourse, same-sex sexual activity, sexual identity, and income.

The **confidentiality of individuals** participating in NSFG is protected by section 308(d) of the Public Health Service Act (42 USC 242m). 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 penalties for violating confidentiality is provided according to section 302 Part B 3572 (f) of the Confidential Information Protection and Statistical Efficiency Act (CIPSEA) (Title III of PL-115-435), 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 also complies with the Federal Cybersecurity Enhancement Act of 2015, which permits monitoring information systems for the purpose of protecting a network from hacking, denial of service attacks and other security vulnerabilities.¹ Monitoring under the Cybersecurity Act may be done by a system owner or another entity the system owner allows to monitor its network and operate defensive measures on its behalf. The software used for monitoring may scan information that is transiting, stored on, or processed by the system. If the information triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats. The cyber threat indicator or defensive measure taken to remove the threat may be shared with others only after any information not directly related to a cybersecurity threat has been removed. In addition, sharing of information can occur only after removal of personal information of a specific individual or information that identifies a specific individual.

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 requirements for their to staff undergo regular training in security, confidentiality and ethics. The contractor provides all safeguards mandated by the Privacy Act and Confidentiality legislation to protect the confidentiality of the data. Contractor staff including data collection employees (or just ‘interviewers’) who have access to the IIF and other confidential data fulfill multiple requirements ensuring safeguarding of information. These staff must fulfill requirements of the NCHS Office of Confidentiality’s Designated Agent Agreement (DAA), which involves signing an Affidavit of Nondisclosure, completing confidentiality training, and reviewing/acknowledging the NCHS and NSFG confidentiality statements provided in the DAA. These staff also complete Security Awareness Training and undergo a Public Trust Level 5c clearance process including background investigation. The contractor’s data security procedures comply fully with security requirements delineated by OCISO. The NCHS Office of Information Technology (OIT) and the

¹ "Monitor" means "to acquire, identify, or scan, or to possess, information that is stored on, processed by, or transiting an information system"; "information system" means "a discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination or disposition of information"; "cyber threat indicator" means "information that is necessary to describe or identify security vulnerabilities of an information system, enable the exploitation of a security vulnerability, or unauthorized remote access or use of an information system.

NCHS Information Systems Security Officer (ISSO) intend to roll the RTI NSFG project into a common boundary that contains all other NCHS RTI projects.

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 (**Attachments G1 and G2**), the respondent’s Question and Answer (Q&A) brochure (**Attachment G4**), and the informed consent forms (**Attachment G3**). Information for respondents on the uses of the data is provided in the advance letters, consent forms, Q&A brochure, confidentiality brochure, and Family Facts sheet (**Attachments G1-G6**).

11. Institutional Review Board and Justifications for Sensitive Questions

The NCHS Ethics Review Board (ERB) most recently reviewed and approved the NSFG survey materials in July 2020, to continue protocol #2015-12 for the maximum allowable period of 1 year (expiring July 2021). No further continuation requests were submitted for this protocol and it was closed in May 2021, as all data collection concluded in September 2019 and the final public-use data and documentation files were released in October 2020.

A new NSFG protocol for data collection 2022-2029 has been submitted and scheduled

for review by the ERB in late August 2021. We will include our approval as **Attachment M** in this submission.

Since the NSFG focuses on factors closely related with pregnancy and birth, as well as broader sexual and reproductive health concerns, the questionnaires necessarily include a number of topics that may be sensitive for some people. Prior NSFG survey experience shows that this sensitivity within the context of the overall survey 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 88,000 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.

Attachment C discusses the more sensitive questions asked primarily in the final section of the questionnaire (female section J; male section K in **Attachments I2 & J2**), which is the only self-administered section for those who complete the earlier sections in person with an interviewer. For those who complete the survey online, there is no change in mode for these questions. The topics covered include:

- Height and weight
- Housing insecurity, jail, and school suspension
- Cigarettes, alcohol, and other substance use

- Non-voluntary sexual experience
- Sexually transmitted diseases (STDs)
- Sexual behavior with opposite-sex partners, including vaginal, oral, and anal sex

- Sexual orientation and attraction
- Same-sex sexual activity
- Adverse childhood events
- Income, including sources of income

Minimizing sensitivity - The context in which questions are asked and the demonstrated statistical uses of the survey are important factors in overcoming the potential sensitivity of the subject matter. The NSFG takes at least 4 steps to create a context which minimizes sensitivity and makes clear to respondents the legitimate need for the information:

- (1) First, it is made clear to the respondent before the survey starts that 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 in the survey. This is explained by the interviewer in face-to-face mode and made clear in introductory texts in self-administered and online modes.

- (2) Advance letters, brochures, and other materials (**Attachments G1-G6**) are used to make clear that the survey is sponsored by the Centers for Disease Control and Prevention within the U.S. Department of Health and Human Services, and that the information is put to important statistical uses. Our advance materials cite the NSFG web site (<http://www.cdc.gov/nchs/nsfg.htm>), where a page is set up geared toward survey participants. In-person respondents who want to verify the government's sponsorship of the survey are shown the Interviewer's Letter of Authorization (**Attachment G7**). They can also call the toll-free number at NCHS (866-227-8347) or RTI (XXX-XXX-XXXX). The toll-free phone lines at NCHS are answered primarily by the Principal Investigator (Dr. Anjani Chandra), the Contract Officer Representative (Dr. Joyce Abma) and another senior staff person (Dr. Gladys Martinez, who is also bilingual in Spanish). The toll-free phone number at the contractor's office (RTI) is answered Monday – Friday, 9am - 5pm (ET).
- (3) 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 over 88,000 NSFG respondents since 1995 to improve the current survey questions.
- (4) NSFG interviewers ask most of the questions using a tablet computer with Blaise programming. The use of CAPI and CASI help mitigate respondent privacy concerns. The potentially most sensitive topics are covered in the final section of the survey, which is self-administered for respondents who complete the earlier sections in person with an interviewer. Respondents completing on the web can close the browser at any point and resume the survey later.-

12. Estimates of Annualized Burden Hours and Costs

On an annual basis, up to 13,500 persons may complete a household screener interview (**Attachment H**) yielding 7,800 households with an eligible respondent aged 15-49. From these households, about 5,000 respondents will complete a main interview: 2,750 females and 2,250 males. The mean interview length is estimated to be 75 minutes for females (**Attachment I2**) and 50 minutes for males (**Attachment J2**). Finally, the NSFG selects a random 10% sub-sample of the cases completed by each interviewer (both screener and main interview) to be rechecked using a brief interview to verify the completeness and accuracy of the interviewer's work. This results in roughly 1,350 of the respondents to the screener interview and 500 respondents to the main survey being re-contacted by telephone for a short (2-minutes for screener and 5-minutes for main) verification interview (**Attachment K**). The total estimated annualized burden is 6,122 hours.

12.A Estimated Annualized Respondent Table

Respondents	Form	Number of Responses	Responses per Respondent	Average Burden/Response (in hours)	Total Burden Hours
Household member	Screener Interview	13,500	1	3/60	675
Household Female 15-49 years of age	Female Interview	2,750	1	75/60	3,438
Household Male 15-49 years of age	Male Interview	2,250	1	50/60	1,875
Household member	Screener Verification	1,350	1	2/60	45
Household Individual 15-49 years of age	Main Verification	500	1	5/60	42
Household Female 15-49 years of age	Respondent debriefing questions about calendar	325	1	3/60	16
Household member	Phase 4 nonresponse follow-up questions	375	1	5/60	31
TOTAL					6,122

The average response burden cost for the NSFG is estimated to \$183,405. (Wage information is from the Bureau of Labor Statistics: <http://www.bls.gov/news.release/empsit.t19.htm>.)

12.B Estimated Annualized Respondent Costs

Respondents	Form	Number of Responses	Responses per Respondent	Average Burden/Response (in hours)	Average Hourly Wage	Total Burden Cost
Household member	Screener Interview	13,500	1	3/60	\$29.96	\$20,223
Household Female 15-49 years of age	Female Interview	2,750	1	75/60	\$29.96	\$102,988
Household Male 15-49 years of age	Male Interview	2,250	1	50/60	\$29.96	\$56,175
Household member	Screener Verification	1,350	1	2/60	\$29.96	\$1,348
Household	Main Verification	500	1	5/60	\$29.96	\$1,248

Individual 15-49 years of age						
Household Female 15-49 years of age	Respondent debriefing questions about calendar	325	1	3/60	\$29.96	\$487
Household member	Phase 4 nonresponse follow-up questions	375	1	5/60	\$29.96	\$936
TOTAL						\$183,405

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 2021 figures is:

CONTRACT	\$2,356,707
<u>NCHS Staff</u>	<u>832,910</u>
TOTAL	\$3,189,617

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 for online and face-to-face modes; design and implementation of planned experiments; design, testing, and implementation of an electronic life history calendar for online mode; 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

This is a reinstatement request. We are requesting 6,122 total burden hours, a reduction of 637 hours from the previously approved estimate of 6,759 burden hours. Some modifications were necessary to facilitate online administration of the survey given the proposed multi-mode design for the NSFG going forward. **Attachments I1 and J1** provide a summary of the 2022 NSFG's female and male questionnaire changes by section, relative to the 2017-2019 NSFG, but below are the major substantive and structural changes that have been made for 2022:

For all respondents (female and male):

- Revised entire instrument to be more inclusive of same-sex spouses and partners, though some questions remain limited to opposite-sex spouses and partners given the NSFG's long-standing mission to describe sexual activity, contraceptive use, and other factors that relate to pregnancy and births.
- Reduced the number of questions asking for month/year dates to be reported
- Scaled back detailed questions in several series including education, surgical sterilization, cancer, HIV testing, employment, and nonbiological parenting
- Replaced 6-item ACS disability series with 6-item Washington Group Short Set on Functioning (female HD series; male IC series)
- Added questions on home monitoring of blood pressure.
- Added questions on adverse childhood experiences and positive childhood experiences that have been found to ameliorate negative outcomes in adulthood.

For female respondents:

- While still obtaining a basic pregnancy history with dates and outcomes, scaled back pregnancy-specific questions to ask selected questions based on pregnancy outcome, order, and recency; this includes questions in sections B and E.
- Scaled back questions on former cohabiting partners to ask only for 1st former partner.
- Added questions on menstruation and related medical issues.

For male respondents:

- Scaled back questions on former wives to ask only for 1st former wife
- Consolidated all formerly separate series about biological children respondents had with different spouses and partners into a single series (FA).
- Consolidated all formerly separate series about nonbiological children respondents raised with different spouses and partners into a single, shorter series (FB) focused on children who currently live with him.

16. Plans for Tabulation and Publication and Project Time Schedule

This is a reinstatement request for 0920-0314, with changes. We expect to begin data collection in January 2022, within 1-3 months after approval of this reinstatement, beginning with the mailing of advance letters to households selected for the sample. As done under the previous continuous data collection design, our plan is to prepare and release public-use data

and documentation files after every 2-year period of data collection. The goal is to release the first such files, based on data collection for 2022-2023, in December 2024. As done with prior public-use file releases, we will publish a short descriptive report concurrently with the data release. All analyses and published reports based on these data will use statistical software suitable for accounting for the NSFG's complex survey design. As in the past, analyses will be published in standard NCHS Reports, and well as articles in professional journals. NCHS reports based on the NSFG data will be posted in 508-compliant format on the [NSFG webpage](#).

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

The OMB expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

Certifications are included in this submission.