Supporting Statement A:

NATIONAL SURVEY OF FAMILY GROWTH

OMB No. 0920-0314
(Exp. Date 9/30/2026)

Revision Request
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Contact Information:
Anjani Chandra, Ph.D.
Principal Investigator and Team Lead
National Survey of Family Growth Team
Survey Planning and Special Surveys Branch
Division of Health Interview Statistics
CDC/National Center for Health Statistics
3311 Toledo Road, Room 5136
Hyattsville, MD. 20782
301-458-4138
achandra@cdc.gov

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Abstract

- **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 (HHS) 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 all 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 reports and other statistical products will also be produced by survey staff, using statistical techniques appropriate for the analysis of complex, cross-sectional survey data.

Justification

This is a revision request for the National Survey of Family Growth (NSFG) (OMB No. 0920-0314, Expiration Date 9/30/2026) to conduct the survey for the next three years. No survey content changes are proposed since the most recent nonsubstantive change request approved on 9/15/2025, however a few revisions to survey invitation materials are proposed for implementation in Year 6 data collection scheduled to begin in January 2027.

Since 1973, NSFG has been conducted by the National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS). The NSFG provides nationally representative data on factors related to fertility, family formation, and reproductive health. Throughout its history, NSFG has been administered in person, in English and Spanish, with a self-administered portion added in more recent survey periods. NSFG incorporates online administration into a multi-phase, multi-mode design that also includes interviewer-administered modes. This design calls for about 5,000 people aged 15-49 to complete the main survey each year.

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We are seeking approval to:

- **Continue data collection for the NSFG for the next 3 years (beyond current expiration of 9/30/2026); and**
- **Conduct further methodological experiments in order to 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 A**), 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 an independent sample of 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, 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 data collection contract was awarded and necessary approvals could be obtained. NSFG interviewing resumed in September 2011 and ran continuously for 8 years through September 2019, including an age range expansion in 2015 from 15-44 to 15-49. Our prior reinstatement request followed the award of a new contract to support data collection for 8 years (2022-2029), pending funding availability and all applicable clearances. The reinstatement was approved in December 2021. A revision package to increase the main survey incentive, as well as to make some other survey protocol and content enhancements, was approved in September 2023 and expires 9/30/2026.

As with all prior survey periods, NCHS is collecting NSFG data in order to carry out its own responsibilities, as well as fulfilling data needs for other agencies and programs in HHS that contribute funding for the NSFG:

- 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

- The Office of Population Affairs (OPA) within the Office of the Assistant Secretary of Health, under 42 U.S.C. 300a (SEC. 1001 [300] and SEC. 1004 [300a-2] of Title X of the Public Health Service Act)

- Two units in the Administration on Children and Families:
    - The Children's Bureau, under PL 96-272, the Adoption Assistance and Child Welfare Act of 1980 Title IV-E and other laws
    - The Office of Planning, Research, & Evaluation (OPRE), under Section 403 [42 U.S.C. 603] and Section 513. [42 U.S.C. 713].

- Two divisions within CDC's National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP):
    - The Division of HIV Prevention (DHP), under Section 301 of the Public Health Service Act
    - The Division of Sexually Transmitted Disease Prevention (DSTDP), under 42 U.S.C. 247c Sexually Transmitted Diseases; Prevention and Control Projects and Programs

- Three divisions within CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP):
    - The Division of Cancer Prevention and Control (DCPC), under the EARLY Act and the Gynecologic Cancer Education and Awareness Act of 2005
    - The Division of Reproductive Health (DRH), under Section 301 of the Public

Health Service Act
    - The 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

- 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)

The questionnaires included in this revision package (**Attachments F and G**) are unchanged from those approved in our nonsubstantive change request for Year 5 (2026) survey revisions approved by OMB on 9/15/2025. These questionnaires reflect the most critical data needs of the cosponsors listed above, as well as those of CDC/NCHS.

To address the continuing challenges to national surveys, including declining response rates, increasing costs and risks of nonresponse bias, several methodological and operational experiments have been and will be conducted during NSFG data collection for 2022-2029. The experiments already conducted were summarized in Attachment D of our prior revision request approved in September 2023. Experiments or methodological studies will be considered in the remainder of 2022-2029 data collection to enhance NSFG's introductory and reminder materials, toward the goals of increasing cooperation, reducing interviewer travel costs, and improving response rates. As part of nonresponse bias evaluation and reduction, further studies will be considered involving collection of auxiliary information such as information on sample members and households, including nonrespondents to the main survey. Further studies will also be considered to reduce operational challenges associated with using smaller-screen devices for web surveys, including aspects of the electronic life history calendar.

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. The NSFG is 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 used NSFG data extensively: as of February 2026, more than 1,600 articles in scientific journals, book chapters, and NCHS reports had been published from the NSFG.

All NCHS reports, including those based on the NSFG, continue to be posted on the NCHS website: https://www.cdc.gov/nchs/. The NSFG-based NCHS reports can also be accessed directly from the publications page on the NSFG website: https://www.cdc.gov/nchs/nsfg/products.htm.

The dissemination plan for data collected by the NSFG is also described in **Section 16** of this document and closely parallels our efforts to disseminate NSFG data since the transition from periodic surveys to continuous data collection in 2006. This effort for the 2011-2019 data collection period included the release of four separate sets of public-use data files, each based on two years of data. For 2011-2019 data, researchers could download 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. For the 2022-2029 data collection period, we again plan to release four separate sets of public-use data files, each based on two years of data, and the first set of files for 2022-2023 NSFG were released in December 2024. In lieu of ASCII data files and program statements, these files were released in sas7bdat and csv formats that allow most data users to work with the files using their preferred statistical software.

Section 16 describes our plans for future dissemination of basic statistics from the NSFG. As done in the past, we plan to publish one report concurrently with each future public-use file release. We will also continue to disseminate the data through other publications, presentations, and user workshops at a variety of professional meetings, as staff time and resources permit.

Recently, statistics on usage of the NCHS web site have become available. For example, data for Year 2025 include:.

- 33,617 views of the NSFG homepage
- 16,940 views of the 2022-2023 NSFG's page for data file documentation

NSFG is used as the primary source of data for monitoring the Healthy People 2030 Family Planning objectives as listed below:

FP-01	Reduce the proportion of unintended pregnancies
FP-02	Reduce the proportion of pregnancies conceived within 18 months of a previous birth
FP-04	Increase the proportion of adolescents who have never had sex
FP-05	Increase the proportion of adolescent females who used effective birth control the last time they had sex
FP-06	Increase the proportion of adolescent males who used a condom the last time they had sex
FP-07	Increase the proportion of adolescents who use birth control the first time they have sex
FP-10	Increase the proportion of women at risk for unintended pregnancy who use effective birth control
FP-11	Increase the proportion of adolescent females at risk for unintended pregnancy who use effective birth control

NSFG data for these objectives have been used to brief the Secretary of HHS, the Surgeon General, and others.

NSFG data are used by many HHS 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 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 OPA to improve family planning and related health services targeting men.

- 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, contraception and proception, sexually transmitted infections, breastfeeding, and reproductive and perinatal health in the United States.

- The Children's Bureau, within 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.

- 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.

- The Division of HIV Prevention (DHP), within CDC/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.

- 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.

- The Division of Violence Prevention (DVP), within CDC/NCIPC, uses 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.

- The Division of Cancer Prevention and Control (DCPC), within CDC/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 data on pregnancies, sexual behavior, and reproductive health. DCPC has also supported questionnaire additions to evaluate adherence to revised cancer screening guidelines and newer methods for HPV testing.

- The Division of Adolescent and School Health (DASH), within CDC/NCCDPHP, supports the collection of data on sexual activity, contraception, and sexual/reproductive health of young people.

Attachments E-G show the full NSFG household screener questionnaire as well as the female and male questionnaires currently in use, based on our most recent nonsubstantive change request for Year 5 (2025) survey content updates. These questionnaires are shown 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 surveys each year. Burden is also contained by keeping the average length of the surveys within the requested 75 minutes for female respondents and 50 minutes for male respondents, which has been achieved for the past 4 years of data collection in 2022-2025. 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 surveys 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 survey 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 have the benefit of controlling the pace of interview for the full survey. Because there is no interviewer in this mode, they also have greater flexibility in stopping the survey and continuing at another time.

4. Efforts to Identify Duplication and Use of Similar Information

Roughly once a year, NSFG staff have provided survey updates to our funding partners. We have also consulted with them 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.

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 12/31/2026) 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 11/30/2027) 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 CDC's Behavioral Risk Factor Surveillance System (BRFSS) (OMB No. 0920-1061, Exp. Date 4/30/2028) collects data on contraceptive use, substance use, and several other topics included in the NSFG survey. However, as with YRBS, BRFSS is limited with respect

to explanatory variables and does not go to the level of detail NSFG includes on sexual and reproductive health behaviors and service use.

- The National Health and Nutrition Examination Survey (NHANES) (OMB Number 0920-0950, Exp. Date 1/31/2028), 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 12/31/2026) also collects information on sexual orientation in large national samples of adult men and women. 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 3/31/2026) has been 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 National Study of Fertility Barriers (NICHD R01-HD044144)), the NSFG is the only source of nationally representative information on the use of <u>any</u> 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 HHS programs that use the survey. Collecting these data 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.

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 91, No. 76, pages 21294-21295, published 4/21/2026, is in **Attachment B1.** There was 1 nonsubstantive comment received from this notice (**Attachment B2).**

The NSFG team at NCHS has generally consulted with representatives of our cosponsoring agencies (all within HHS) at least annually, typically via email or virtual meetings given resource limitations and other challenges for in-person meetings. At key milestones, we share email reports with all our funding partners on the progress of data collection, notifications of data file or report releases, and other NSFG news. E-mail exchanges and virtual meetings with individual funding partners also occur as needed to keep them up to date and to seek their advice on matters of concern to them. Over the past 3 years (since 2023), our consultations with NSFG cosponsors have focused on plans to improve or modify the survey instruments for data collection in Years 3 and 5 (2024 and 2026). Over the past 3 years, we have had no consultations outside of our group of cosponsors or outside HHS.

Key HHS staff representing the NSFG's cosponsoring agencies include the following:

Agency	Contact Person(s)	Address/ Email/ Phone
OPA	Jamie Kim, MPH	Jamie.Kim@hhs.gov, 240-453-2817
NICHD	Ronna Popkin, PhD	Ronna.Popkin@nih.gov. 301-827-5121
ACF/Children's Bureau	Tammy White, PhD	Tammy.White@ACF.hhs.gov, 215-861-4004
ACF/OPRE	Selma Caal, PhD	Selma.Caal@acf.hhs.gov, 202-401-7241
CDC/NCCDPHP/DCPC	Jin Qin, ScD, MS	wyv0@cdc.gov, 770-488-7869
CDC/NCCDPHP/DASH	Patricia Dittus, PhD	PDittus@cdc.gov , 404-639-8299
CDC/NCHHSTP/DSTDP	Katie Riebesehl	wxj8@cdc.gov, 404-639-6266
CDC/NCHHSTP/DHP	Marc Pitasi, MPH Pollyanna Chavez, PhD	MP: vva1@cdc.gov, 404-639-6361 PC: geo5@cdc.gov, 404-639-1742
CDC/NCIPC	Phyllis Niolon, PhD	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.

In previous years, the NSFG team has conducted other outreach and consultation efforts as well, though these have been less feasible over the last 3 years due to resource constraints. For example, we have presented 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 methodological, 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 NSFG's multimode sample includes a push-to-web invitation and a prepaid incentive of $2 to encourage response for the household screener questionnaire. As approved for NSFG data collection beginning in January 2024 and as justified in prior clearance requests, a $60 incentive is currently offered to all respondents for the main survey in the first 2 phases of each data collection quarter (weeks 1-12). This revision request seeks no change to the $60 main survey incentive, which was approved by OMB for increase in our last revision request (Sept 2023) from the $40 incentive offered for the main survey since 2006. The main survey incentive will continue to be offered in cash for face-to-face mode or either a check to be mailed or a digital gift card for online mode.

As begun in 2006 and continued through 2011-2019 data collection, NSFG in 2022-2029

is continuing to use a quarterly data collection design, with a phase-based incentive plan. Further detail on this design as operationalized for the multimode NSFG begun in January 2022 is provided in Supporting Statement B, as well as in methodology documents available on the NSFG webpage. While in-person-only fieldwork prior to 2019 relied on 2 phases in each quarter, each quarter of the multimode NSFG design begun in January 2022 contains 3 phases. Phase 1 (approximately weeks 1-4) is web-only for the household screener and main survey completion, and Phase 2 (approximately weeks 5-12) uses both web and in-person modes. As noted above, in Phases 1 and 2, a standard $60 incentive is offered for the main survey. Then in Phase 3 (approximately weeks 13-16 of each quarter), a subsample of approximately 40-50% of active, non-responding cases (among both households that have not completed a screener and individuals who have not completed a main survey) is selected for continued follow-up in face-to-face mode, though web completion remains an option as well. In Phase 3 this subsample is offered higher incentive ($5 for a household screener informant instead of $2 and an additional $40 for a main survey respondent) and the interviewers focus their effort on the fewer cases left in the subsample. The $5 screener incentive is mailed at the start of this phase in data collection. The additional $40 main survey incentive is given to the respondent at the same time as the standard $60 after agreeing to complete the main survey.

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 (5 U.S.C. 552a) 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 for texting of nonresponse reminder messages; (4) the email address is used for delivery of the digital gift card incentives for web mode respondents and nonresponse reminder messages; and (5) the address is used for mailing of incentives via check for web respondents 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 Officer (OCIO) 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 orientation, 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 confidentiality is provided according to the Confidential Information Protection and Statistical Efficiency Act or CIPSEA (44 U.S.C. 3561-3583), which states:

> "Whoever, being an officer, employee, or agent fof 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 this section, 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 subchapter, 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 2018 (6 U.S.C. § 663), which protects federal information systems from cybersecurity risks by screening their

networks.

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 staff to 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 Tier 1 or Tier 2 clearance process including background investigation. The contractor's data security procedures comply fully with security requirements delineated by OCIO.

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 completed annual confidentiality and security awareness 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 encrypted and 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 and approves all public-use files, including those of the NSFG, to assure that directly or indirectly identifiable data are not publicly released. 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 D1 and D2)**, the respondent's Question and Answer (Q&A) brochure **(Attachment D4)**, and the informed consent forms **(Attachment D3).** 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 D1-D6).**

11. Institutional Review Board and Justifications for Sensitive Questions

On September 15, 2021, the NCHS Ethics Review Board (ERB) approved the NSFG survey protocol and survey materials for 2022-2029 data collection (**Attachment I**).

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 administration shows that this sensitivity within the context of the overall survey is not a serious problem: most questions in the surveys (e.g., those related to infertility, adoption, divorce, contraceptive use, and sexual activity) have been asked of more than 100,000 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 more sensitive content in the NSFG survey is asked in the final, self-administered section (female section J and male section J). For respondents interviewed in-person, this final section represents a mode change from the interviewer-administered questions to computer-assisted self-interview, or CASI, in which they can answer questions more privately on their own. For web respondents, there is no change in mode as the entire survey is self-administered or "CASI" for them. The topics covered in this final section include the following and are included for their associations with fertility, family formation, and reproductive health:

- Height and weight to produce measure of body mass index (BMI)
- Housing insecurity in the past year
- School suspension, asked only of respondents aged 15-24
- 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 data 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 main 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 prefer 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 D1-D6)** 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 D7)**. They can also call the toll-free number at NCHS (866-227-8347) or RTI (800-262-4494). 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 scientist (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 100,000 NSFG respondents since 1995 to improve the current survey questions.

(4) For cases conducted in face-to-face mode, 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. For cases conducted in web mode, the entire survey is self-administered and benefits from this privacy for the full survey content. Additionally, web respondents can potentially 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 13,000 persons are expected to complete a 5-minute household screener interview **(Attachment E)** yielding 7,750 households with an eligible member aged 15-49. From these households, about 5,000 respondents will complete a main survey: 2,750 females and 2,250 males. The mean survey length is estimated to be 75 minutes for females **(Attachment F)** and 50 minutes for males **(Attachment G)**. Finally, the NSFG selects the first two main surveys completed by each field interviewer and at minimum, a random 10% sub-sample thereafter of the cases completed in-person (or face-to-face, FTF) by field interviewers (both completed screeners where no eligible household members were found and completed main surveys) to be rechecked using a brief interview to verify the completeness and accuracy of the interviewer's work (**Attachment H**). With approximately 30% of NSFG household screeners and main surveys expected to be completed in FTF mode, roughly 411 of the respondents to the FTF household screener interview and 736 respondents to the FTF main survey are re-contacted by telephone for a short (2-minutes for screener and 5-minutes for main) verification interview. The total estimated annualized burden is 6,471 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	Household Screener Survey	13,000	1	5/60	1,083
Household Female 15-49 years of age	Female Main Survey	2,750	1	75/60	3,438
Household Male 15-49 years of age	Male Main Survey	2,250	1	50/60	1,875
Household Member	Screener Verification	411	1	2/60	14
Household Individual 15-49 years of age	Main Verification	736	1	5/60	61
TOTAL					**6,471**

The average response burden cost for the NSFG based on an average hourly wage of $35.84 is estimated to $231,916. (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	Household Screener Survey	13,000	1	5/60	$35.84	$38,827
Household Female 15-49 years of age	Female Main Survey	2,750	1	75/60	$35.84	$123,200
Household Male 15-49 years of age	Male Main Survey	2,250	1	50/60	$35.84	$67,200
Household member	Screener Verification	411	1	2/60	$35.84	$491
Household Individual 15-49 years of age	Main Verification	736	1	5/60	$35.84	$2,198
TOTAL						**$231,916**

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 2026 figures is:

CONTRACT	$5,700,000
NCHS Staff	$ 989,080
TOTAL	$6,689,080

Most of the contract costs for the period of this revision request are for data collection, including printing and mailing costs for household and respondent letters, and other data collection materials for web and FTF sample; hiring and training of interviewers and field supervisors (involving RTI staff labor); and hourly wages and travel costs for interviewers and field supervisors. 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; 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

NCHS is requesting 6,471 total burden hours, a decrease of 113 hours from the previously (in 2023) approved estimate of 6,584 hours.

16. Plans for Tabulation and Publication and Project Time Schedule

As done in prior NSFG data collection since the continuous fieldwork approach was begun in 2006, our plan is to prepare and release public-use data and documentation files after every 2-year period of data collection. For the 2022-2029 data collection period, the first 2-year file release for 2022-2023 NSFG occurred in December 2024. The goal for the 2nd 2-year file release for 2024-2025 NSFG is December 2026. As done with prior public-use file releases, we will likely publish a short descriptive report concurrently with each data release. In addition, we are preparing an interactive dashboard for key indicators tabulated by a standard set of sociodemographic characteristics, based on the 2022-2023 NSFG. This dashboard will be updated with future data releases. All analyses and published reports based on NSFG 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 report formats, 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.