

2013-2015 NSFG User's Guide

Appendix 5: Summary of NSFG Questionnaire Changes since 2011-2013

<u>Table of Contents</u>	<u>Page</u>
Overview	1
Changes affecting both male & female questionnaires	2
Changes affecting only the female questionnaire	3
Changes affecting only the male questionnaire	5

Overview

This document summarizes changes to the NSFG questionnaires for the 2013-2015 survey. The reference point for these changes is the 2011-2013 NSFG.

For more detail on the precise wording or routing associated with these questionnaire changes made for 2013-2015, please see the “Webdoc” interactive, online codebooks or the questionnaires accessible on the [NSFG webpage](#).

- In the [Webdoc codebooks](#), for which there is a direct link on the NSFG webpage, there is a separate entry for each variable included on the public use files. For more information on the specific elements in these codebook entries, see “**Description of Codebooks**” in the User’s Guide, Part 1.
- The [questionnaires](#) are provided in either a “CAPI-lite” or “CRQ” format on the NSFG webpage. CAPI stands for “computer-assisted personal interview,” and CRQ stands for “CAPI Reference Questionnaire.” The CRQ is the most fully specified version of the questionnaires as programmed using the Blaise survey software (see <http://www.blaise.com/>), including all question wording variants and routing details, as well as the definitions for internally computed (“Blaise-computed”) variables. The “CAPI-lite” is an abridged version of the CRQ that still conveys the basic questionnaire content, wording, and routing. For more information on these questionnaire formats, see “**Description of Questionnaires**” in the User’s Guide, Part 1.

While the majority of the 2013-2015 questionnaires remains the same as the 2011-2013 questionnaires, changes were made to respond to emerging data needs and to reduce respondent burden related to question complexity. At the same time, attention was paid to maintaining a consistent time series on core NSFG items, staying within the average interview lengths approved by the Office of Management and Budget (OMB) (of 80 minutes for females and 60 minutes for males), and controlling fieldwork and instrument testing costs associated with questionnaire revisions.

Changes affecting both male & female questionnaires

- Modified questions on Hispanic origin and race, in compliance with standards set by the Office of Management and Budget for collecting information on Hispanic origin and race in federal statistical surveys.
 - The response categories offered for the question on Hispanic origin (HISPGRP AC-2) were modified, and the question was changed from allowing only one response to a “select all that apply” response. As in past NSFG releases, the variable on the public use files is collapsed to two categories, but the categories have been modified from the 2011-2013 file release given the switch to allowing more than one response. For 2013-2015, the two categories are “Mexican, Mexican American or Chicano/a, only” and “All other Hispanic or Latino/a groups, including multiple responses.”
 - The question on race (AC-3 RACE) was expanded from a set of 5 response options to 14. As before, respondents are able to select all that apply. As in past NSFG data releases, the raw responses to the race question are not available on the public use files. Recode variables are available that summarize Hispanic origin and race: HISPANIC, RACE, HISPSPACE, and HISPSPACE2, and these are defined comparably to prior NSFG file releases.
- Added EXPSCHL (female AF-13/male AE-13) and EXPGRADE (female AF-14/male AE-14) asking about expectations for further education for respondents who are currently in school or have less than a Bachelor’s degree.
- Made a wording change to the question about visual impairment (BLIND - female HD-12/male IC-2), to conform to HHS Data Standards. Specifically, the phrase “or contact lenses” was deleted from the question wording but added as an onscreen note.
- Added RHHIVT1 (female HE-4j/male IF-4a) asking if last HIV test was a rapid home test and RHHIVT2 (female HE-4k/male IF-4b) asking reasons for using that type of test.
- Added a question WHYPSTD (female FA-5e/male ID-8a) asking for the main reason she chose the place she went to for her STD test in the past 12 months.
- Added PARINSUR (female IA-5/male IA-7) asking respondents aged 18-25 who reported they currently have *private* health insurance coverage whether they are covered on their parents’ private health insurance plan.
- Added ENGSPACE (female JA-7/male KA-7) asking all respondents how well they speak English. This was added in compliance with an HHS Data Standard to address issues of primary languages spoken.

- Added CONFCNC (female JH-3a/male KK-6a) asking all 15-17 year olds and those 18-25 year olds covered by their parent’s private health insurance (based on PARINSUR) if they would ever not go for sexual or reproductive health care because their parents might find out.
- Added TIMALON (female JH-3b/male KK-6b) asking all 15-17 year olds whether they spent time alone with a doctor or other health care provider without having a parent, relative or guardian in the room the last time they had a health care visit in the past year.

Changes affecting only the female questionnaire

Section C

- Revised routing for CB-11 CHEDMARN to include highest level of education for her first husband, as well as her current husband even if she is currently separately from him.
- Added CG-7a FPOTHREL to ask about type of relationship with her first sexual partner at the time of their last sexual intercourse if the partner was not a current partner or a current husband or cohabiting partner. This fills a gap in the data collected for first sexual partners.
- Added CI-8 P1YOTHRELx to ask about type of relationship at last sexual intercourse with up to 3 sexual partners in the past 12 months who were not a current partner, a current husband or cohabiting partner or a first sexual partner.
- Added edit check CI12_9 to reconcile the age at first sexual intercourse in the past 12 months and the date of first sexual intercourse with that partner, if they are different from one another. The edit check applies for all 3 partners reported in the past 12 months.

Section E

- In EA series (ever-use of specific methods), enhanced questions on fertility awareness methods (FAM): made wording more specific to capture distinct methods within the FAM group, on existing questions EA-7a RHYTHM and EA-8 TEMPSAFE. Added question EA-7b SDAYCBDS asking about Standard Days or Cycle Beads methods. (In other series where these appear as response categories, enhanced wording appearing on show cards and interviewer screen but kept only 2 methods, for consistency with past coding. Did not add separate code for Standard Days/Cycle Beads.)
- Added question for those who had ever used the IUD: EA-15a EVIUDTYP which type had they ever used, and respondents can enter all that apply.
- Added brand names new since prior questionnaire, to applicable questions and response categories, throughout multiple series. New brand names/types: “Next Choice” (emergency contraception); “Nexplanon” (hormonal implant); “Skyla” (IUD).
- EA series, discontinuation of methods: For EA-21 TYPEIUD asking which type(s) of IUD the respondent discontinued, changed from single response to enter-all-that-apply.
- Added ED-9m DATBEGIN_M and ED-9y DATBEGIN_Y as alternatives to reporting number of months in ED-9a MC1MONS1 or ED-9c MC1MONS2 or ED-9d MC1MONS3.

- Added open-ended question EG-24aa WHYNOPG asking respondent to say a bit more about why she did not think she could get pregnant (for response of 2 to EG-24 WHYNOUSE).
- Additions to universe asked EH series: added nonsurgically sterile respondents and respondents with a current partner even if had no sex in month of interview (Flow Check E-86).
- Added open-ended question EH-2cc WHYNOTPG asking respondent to say a bit more about why she does not think she can get pregnant (for response of 2 to EH-2c WHYNOUSING).
- To response categories for EJ-1 YUSEPILL, asking reasons for recent pill use, added response options “To reduce menstrual bleeding” and “Treatment for hot flashes or other perimenopausal symptoms.”
- Added questions to EL series asking about condom use in past 4 weeks – correctness of use (EL-3a, EL-3b, EL-3c, EL-3d).
- Added a question on consistency of pill use in past 4 weeks (EL-3e MISSPILL).
- Added a question on consistency of any method use in past 12 months (EL-5 PXNOFREQ).

Section F

- Revised FA-3g STDSVC12 wording to delete “received counseling for, or” and “or treated” so the question is now only about STD testing. It now reads, “In the past 12 months, have you been tested for a sexually transmitted disease?”
- Added a question FA-3h BARRIER, for those who did not receive any service in the past 12 months, asking for reasons why did not receive any of the services listed. This question is now parallel to the one in the male instrument.
- Revised FC-2 KNDMDHLP to match revision to FA-3g so option 10 now reads “STD or HIV testing.”
- Revised response categories of FD-6 INTPAP, FE-5 INTPEL, and FF-6 INTHPV from “every 5 years or longer.....5” to “Every 5 years7” and “Less often than every 5 years8.”

Section H

- Deleted questions on mother’s reports of daughter’s or son’s HPV vaccination (HF-4 DAUGHTVAG, HF-5 HPVSHOT2, HF-6 DAUGHTPRB, HF-7 SONVAC, HF-8 HPVSHOT3, HF-9 SONPRB).

Section J

- Added 4 questions asking all female respondents asking whether a doctor or other medical care provider in the past 12 months asked her about:
 - her sexual orientation or the sex of her partners (JH-3c RISKCHEK1)
 - her number of sexual partners (JH-3d RISKCHEK2)
 - her/her partner’s use of condoms (JH-3e RISKCHECK3)
 - the types of sex she has, whether oral, vaginal or anal (JH-3f RISKCHEK4).

These same 4 questions were asked of all male respondents starting in 2011-2013 NSFG.

Changes affecting only the male questionnaire

Section I

- Expanded the response choices for IE-7 INFRTHIS that asks male respondents who ever went for infertility services whether they were told they had the specified male infertility problems.