

Background and Development of the National Reporting System for Family Planning Services

The development and operation of the National Reporting System for Family Planning Services are presented from its origin in 1968 through its status in 1975. This presentation includes a description of the predecessor of the National Reporting System—the Provisional Reporting System for Family Planning Services. A brief discussion of the legislative and historical background concerning the involvement of the Federal Government in the provision of family planning services is also given. The last section of the report includes a discussion of the growth of the reporting system during the first 6 full years of its operation as well as a brief description of the conversion of the 100-percent system to a sample survey during 1977.

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BACKGROUND AND DEVELOPMENT OF THE NATIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES

Barbara J. Haupt, *Division of Health Resources Utilization Statistics*

INTRODUCTION

The National Center for Health Statistics (NCHS) has been operating a reporting system for family planning clinic services since May 1969. Through this system, data are collected about persons who receive family planning services from participating family planning service sites throughout the United States and some of its territories. The information obtained is useful for research purposes as well as for program planning and evaluation, primarily at the national level.

The data are reported to NCHS by the participating family planning clinics and service sites. Although all of the sites that provide family planning services in the United States do not report to NCHS, most of the facilities that receive Federal funds for family planning services from the Bureau of Community Health Services (BCHS) in the Department of Health, Education, and Welfare (DHEW) do report.^a In addition, many nonfederally funded family planning programs also report data to NCHS. Included in the latter category are some clinics and service sites that are affiliated with Planned Parenthood/World Population (PP/WP), are operated

by State health departments, or are privately owned and operated.

The information obtained through the National Reporting System may be divided into four general types: data about the participating facilities, data about the sociodemographic characteristics of the individuals being served, data about the types of services being provided, and data about the visits made.

Because the National Reporting System is mainly concerned with the *individuals* being served, the data collected about the participating *facilities* are very limited. The only facility information collected is that which is necessary for the participation of the clinics and service sites. This includes the name and address of each facility, each clinic director's name, a minimum amount of funding information, and the expected patient load.

Information collected about the individuals being served consists of identification information and the sociodemographic characteristics of each person. Since the name and address of an individual are never obtained by the National Reporting System, the identification information is limited to a unique nine-digit number assigned by the service site personnel. As long as the individual continues to receive services from the same family planning project, the information about that person should be reported to NCHS under the same number. The sociodemographic characteristics collected about the individual served include each person's date of birth, sex, ethnic designation, pregnancy history

^aRefers mainly to sites receiving project grants for family planning services. Also included are some sites that receive other health services grants, such as maternal and child health services or comprehensive health services. Many sites also receive matching funds under the Medicaid program and the Aid to Families With Dependent Children program, both also operated by DHEW.

(for women only), and Medicaid and welfare status.

Data about the family planning services provided refer to the medical, counseling, and referral services that each person receives at a particular visit. Information about the type of contraceptive method adopted by each person, as well as any previous contraceptive use, is also obtained.

The visit data collected are limited to the date and type of visit made. Because each person is uniquely identified within a given family planning project, the number of visits made by an individual over time can also be determined.

The data gathered through the National Reporting System are used to provide baseline statistics on the status of family planning services in the United States. In addition, these data are used for program planning, evaluation, and monitoring, as well as for research purposes. However, NCHS never meant this system to be the sole source of family planning data; it was intended to provide only a part of the total picture. In order to obtain a comprehensive view of family planning activities and the effects of such activities in the United States, the data available from the National Reporting System must be used in conjunction with data from other sources.

BACKGROUND

Legislative Background

The involvement of the Federal Government in the provision of family planning services has grown rapidly since the 1960's. The first Federal grants designated specifically for family planning services were made available through the Economic Opportunity Act of 1964 (Public Law 88-452) and administered by the Office of Economic Opportunity (OEO). By the mid-1960's, DHEW also made a limited amount of money available for family planning services through the reimbursement programs under titles IV-A (Aid to Families With Dependent Children) and XIX (Medicaid) of the Social Security Act.^b Later, the 1967 amendments to

^bUnder these titles, family planning service providers were able to obtain reimbursement for some of

the Social Security Act (Public Law 90-248) made more family planning service money available through DHEW. These amendments not only established categorical project grants for family planning services under title V (Maternal and Child Health Services) but also required that at least 6 percent of the total money appropriated under sections 503, 508, and 512 of title V be available for family planning services.^c Three years later Public Law 91-572, the Family Planning Services and Population Research Act of 1970 (title X of the Public Health Service Act), was passed.^d The purpose of this act was to assist in making comprehensive voluntary family planning services available to all persons desiring such services. Lastly, the passage of the 1972 amendments to the Social Security Act (Public Law 92-603) strengthened the family planning service aspects of titles IV-A and XIX. These amendments made it mandatory that all recipients of Aid to Families With Dependent Children (AFDC) be informed of the availability of family planning services and that such services be provided to all eligible persons desiring them. States failing to meet these requirements would be penalized by a reduction of 1 percent per year of the Federal share of AFDC funds. In addition, the amendments increased the Federal share of matching funds for family planning services to 90 percent under both titles IV-A and XIX.^e

the medical services received by their eligible clients. The available funds, however, were not used extensively for family planning services until the mid-1970's.

^cTitle V provided for both formula grants to States for Maternal and Child Health Services (section 503) and special project grants for Maternity and Infant Care (section 508). Title V specifically included family planning as part of the maternal health services to be provided and allowed the establishment of projects specifically for family planning services. Section 512 authorized research projects relating to maternal and child health services.

^dThis act expired in 1975 but was extended for an additional 2 years under Public Law 94-63, the Family Planning Services and Population Research Act of 1975 (title II of the Public Health Service Act).

^eThe previous Federal share was 75 percent under title IV-A and a variable formula with a range from 50 to 83 percent under title XIX.

Historical Background

The DHEW family planning services system.—Although DHEW has had categorical family planning service grant money available for some time through titles V, X, and later, II of the Public Health Service Act, these grants have been administered by different agencies within the Department over the years. A brief history of the succession of these administering agencies is presented in this section.

Originally the Children's Bureau (CB) in DHEW was responsible for the programs funded through title V of the Public Health Service Act. However, during 1969 two new agencies were created in DHEW's Health Services and Mental Health Administration (HSMHA): the National Center for Family Planning Services (NCFPS) and the Maternal and Child Health Service (MCHS). These two agencies subsequently were made responsible for administering the title V programs: MCHS operated the service programs that concerned maternal and child health such as the children and youth projects, the crippled children programs, the maternal and child health programs, and the maternity and infant care projects. On the other hand, NCFPS was responsible for the development and operation of the categorical family planning service programs as well as the coordination of family planning service efforts in the United States. Therefore, NCFPS was responsible for administering the family planning service aspects of title X of the Public Health Service Act after it was passed in 1970.

During 1973, the OEO family planning service grants were transferred to NCFPS. This process was completed by September of that year.

In addition, 1973 also saw the reorganization of the Public Health Service, that segment of DHEW dealing with health. One result of this reorganization, still in effect, was the abolishment of HSMHA and the creation of the Health Resources Administration (HRA) and the Health Services Administration (HSA). The reorganization also abolished both NCFPS and MCHS; the programs operated by these agencies were incorporated into the newly created Bureau of Community Health Services in HSA, along with a number of other health service programs in

DHEW. Within BCHS the title V programs are coordinated by the Associate Bureau Director for Maternal and Child Health, and the title X (now title II) programs are coordinated by the Associate Director for Family Planning.

The family planning information system.—The rapid expansion of family planning service programs since the mid-1960's, especially in the public sector, made apparent the lack of current and accurate information on the extent to which family planning services were being provided. This information was urgently needed to provide a rational basis for the expansion of family planning service programs throughout the United States and would continue to be needed on a timely basis to provide data for the evaluation of the effectiveness of such programs.

Because these data needs were recognized by both Federal and private agencies involved in the delivery of family planning services, the Inter-agency Committee for the Development of a Uniform Data Collection System for Family Planning Services was established in February 1968. This Committee, which was chaired by the DHEW Deputy Assistant Secretary for Health and Scientific Affairs, was made up of representatives of DHEW, OEO, PP/WP, and other interested parties. The Committee met throughout 1968 with the purpose of defining the requirements of a uniform national family planning services reporting system. After much hard work and frequently acrimonious debate, a set of basic data elements was agreed upon late in 1968. The Committee felt that these were the crucial data items for good program planning, evaluation, and monitoring, as well as for research purposes.

Meanwhile, in May 1968, the Bureau of the Budget in the Executive Office delegated focal responsibility for Federal Government family planning activities to the Office of the Assistant Secretary for Health and Scientific Affairs, DHEW. This delegation gave the Assistant Secretary the following responsibilities:

To take the leadership in the development of a coordinated program of statistics on family planning.

To develop standard classifications and terminology.

To keep the Bureau of the Budget informed of relevant data collection plans of Federal agencies.

To obtain, as much as possible, the cooperation of both State and local governmental and private agencies.

To assure the assembly, analysis, and publication of statistical information on all aspects of family planning programs in the United States, covering all activities of the Federal Government and including, to the extent possible, those of other public and private organizations.

In the letter of acceptance from DHEW, it was specifically pointed out that the Interagency Committee, meeting since February 1968, had "actively participated" in the "first job undertaken in this direction . . . the development of a uniform reporting system for family planning services in the United States . . . we anticipate continuing the use of this satisfactory instrument and . . . later [including in the reporting system] other agencies who have responsibility for family planning services."^f

In November 1968 the Office of the Assistant Secretary, DHEW, gave NCHS the responsibility for developing and operating a national statistical system for family planning services. This statistical system, when completed, was to provide data "on all aspects of family planning programs in the U.S., covering all activities of the federal government, and including to the extent possible those of other public and of private organizations." The Center was also told to "work . . . [on] the development of standard classification and terminology" in the field of family planning. This entire assignment, however, was to be done "under the policy direction" and "together with" the Office of the Deputy Assistant Secretary for Health and Scientific Affairs.^g

^fCorrespondence between the Secretary of DHEW and the Assistant Director for Statistical Standards, Bureau of the Budget, Executive Office of the President, dated May 29, 1968, and June 13, 1968.

^gMemorandum from the Secretary of DHEW to the Assistant Secretary for Health and Scientific Affairs,

Because the need for family planning data had become extremely urgent, both NCHS and the Interagency Committee felt that some sort of interim data collection activity should be undertaken immediately, based on the data elements that had already been developed. It was, therefore, decided that a computer system, originally designed for the DHEW Children's Bureau programs, would be used as an interim system until the "final" system was developed. The operation of this interim system, therefore, met two needs: (1) It provided data for the immediate administrative and research needs of the major family planning programs, and (2) it developed a body of data and experience that were used in planning the national statistical system. This interim system became known as the Provisional Reporting System for Family Planning Services (PRSFPS).

In July 1970, NCHS sent a description of the proposed National Family Planning Services Statistical System to a number of family planning experts for comments. This description pointed out that the total statistical program would be made up of three different data collection mechanisms: an inventory of family planning clinics, a patient contact reporting program, and special *ad hoc* surveys.

The comments that were received were analyzed and used for revising the proposal. Besides the reviews received from experts in the field, NCHS solicited and obtained comments from the major Federal family planning funding agencies (OEO and DHEW) as well as from PP/WP.

In 1971 the National Reporting System for Family Planning Services (NRSFPS), the second of the three data collection mechanisms proposed, was completed and approved for use. Subsequently, on January 1, 1972, the NRSFPS began operation, replacing the PRSFPS.

During 1976, work was begun on developing a sample system to replace the 100-percent reporting system. The conversion to a sample

DHEW, dated October 18, 1968; and memorandum from the Assistant Secretary for Health and Scientific Affairs, DHEW, to the Acting Administrator, Health Services and Mental Health Administration, DHEW, dated November 5, 1968.

survey became unavoidable because of the tremendous growth in the number of visits reported to the NRSFPS (from less than 1 million in 1970 to almost 6 million in 1975). Although the original target date for implementing the sample was January 1977, it soon became evident that this date did not allow enough lead time for the sample survey. As a result, it was decided that the NRSFPS would continue on a 100-percent basis through June 1977 and that the sample would be implemented in July.

THE PROVISIONAL REPORTING SYSTEM

The Provisional Reporting System for Family Planning Services operated from May 1969 through December 1971. The PRSFPS functioned as an interim data collection mechanism while NCHS worked on developing the "final" family planning reporting system, the NRSFPS. The PRSFPS also functioned as a learning mechanism for NCHS, since many of the modifications made for the National Reporting System were based on the experience and knowledge gained from operating the Provisional Reporting System.

The Report Form

The data collection form used by the PRSFPS, the Provisional Report Form for Family Planning Services (PRF), was designed by the Interagency Committee and was the basis for the system (see appendix III-A). This form consisted of 24 data items (some of which were optional) and was to be completed each time a person visited a participating service site for family planning services. All of the items were completed the first time a form was filled out for an individual; however, the questions asked during revisits were limited to those that changed over time.

Three different kinds of information were collected on this report form: identification information, demographic information, and service information.

Although there was a place on the form to collect the name and address of each patient, that portion of the form was for the service site's use only and remained at each site. For the

purposes of the Provisional Reporting System, the patients were identified only by a combination of the facility and patient numbers. The facility numbers were assigned by NCHS and were unique within the PRSFPS. The patient numbers, on the other hand, were assigned by the service site personnel, usually on a case basis, and were meaningful only to the facility providing the services.

Items of a demographic nature included each patient's date of birth, ethnic designation, education, pregnancy history, income and family size,^h and welfare status. It was assumed that all of the patients were women.

Service and administrative data included the patient type; types of medical, counseling, and referral services given; the contraceptive method adopted; the date and session of the visit; and the date and type of the next appointment. Information about the individual's contraceptive history within the previous 2 years was also collected.

The PRF also included two items that were used at the discretion of the local agencies. One item pertained to the patient's current residence; the other item was open and allowed the participating facilities to obtain information that was relevant to their specific operations but was not required for the larger data system.

Operational Procedures

Enrollment and training of participants.— Lists of the organizations that were to participate in the PRSFPS were supplied to NCHS by OEO and DHEW, the two major Federal funding agencies. These organizations were called "projects" and received grants that were designated either specifically for family planning services or for other health services, but with the stipulation that a certain percent of the grant funds be spent on family planning services. Planned Parenthood-affiliated service sites were also invited to participate in the PRSFPS; however, PP/WP decided that its affiliates not receiving Federal funds for family planning services could

^hThis item was not completed at all service sites: It was mandatory only for the sites funded by OEO and optional for the rest of the sites.

postpone their participation until the "final" system was implemented. As a result, only one of these nonfederally funded affiliates decided to enroll and participate in the PRSFPS.

The projects that were to participate in the PRSFPS were contacted by both NCHS and their funding agencies, told of the need to report, and asked to complete the Project Enrollment Form (reproduced in appendix IV-A). This form provided NCHS with a list of each project's service sites, expected patient load, family planning funding data, and other necessary administrative information. Upon receipt of the completed enrollment forms and the assignment of the project and service site identification numbers, each site was sent a supply of report forms, instruction manuals, and all materials necessary for their participation in the Provisional Reporting System.

Training the site personnel began in May 1969; most of the classes were held during May, June, and July of that year. The training was conducted at each project site; a full day was allowed for each session. The report form and the instruction manual, as well as the administrative details about joining the system and obtaining the reporting materials, were discussed at each training session. Ideally, everyone who was to handle the report form was to be trained with respect to that person's specific function, but unfortunately, this objective was not always met. An additional problem encountered was the rapid turnover of personnel at the sites; because of this turnover, the person who attended a training session was not always the one who carried out the necessary reporting procedures. A very detailed, self-explanatory instruction manual was, therefore, developed in an attempt to solve this problem.

Because the PRSFPS operated for 2½ years, the enrollment process was an ongoing function. New enrollments consisted of service sites that were newly opened during this time period and those that had been previously operating but were not included in the first enrollment phase because they were not family planning service grantees at that time. Ongoing training of new site personnel was found to be totally impractical; the constant need for training due to the rapid turnover of clinic personnel would have

resulted in excessive costs for both the travel involved and the maintenance of a staff of trainers by NCHS. The training manual was, therefore, relied on to fill this gap. Clinic personnel were also encouraged to call or write to NCHS about any reporting problems they encountered. In addition, a second major training program of representatives of all the enrolled sites was carried out during 1970.

Data collection and processing.—The PRF, the contents of which were discussed in the section, "The Report Form," was the data collection instrument for the PRSFPS. This form was completed for each patient visit at which family planning services were provided, except for those visits for which the sole purpose was to pick up contraceptive supplies.

The PRF was a two-part form consisting of an original and one carbon copy. The original was sent to NCHS for processing; the carbon remained at the reporting service site. In this way, the service site would keep a record of the information that was sent to the PRSFPS; many service sites also used the carbon copy as a part of each patient's medical record.

The completed PRF's were sent to NCHS from each service site either weekly or biweekly, depending on the volume of patient visits to the site. In addition, personnel at the sites were asked to collect and send to NCHS, on the last working day of each month, all of the report forms for that month that had not yet been submitted. This procedure was adopted in order to ensure both timely data and an evenly distributed workload for data processing.

Upon receipt, the PRF's were logged in, counted, and sent on for data processing. After the data had been put onto computer tape they were edited for both the consistency and the validity of the information.

Two types of consistency checks were made: The data were edited for internal consistency (for example, the same patient should not have received both contraceptive services and infertility services) and for consistency with any previous data that had been submitted (for example, the highest grade of school completed by a person could not decrease over time). The second type of consistency check was possible because the PRSFPS was developed under the

"patient string" concept. According to this concept, all of the data reported for a patient were kept together on the computer file. This was possible as long as the patient continued to receive services from the same family planning project, since the service sites assigned each patient an identification number that was unique to their project. The maintenance of the patient string made it possible to collect certain sociodemographic information about each patient only once rather than at each visit, thus reducing the reporting burden of personnel at the service sites. In addition, it greatly enhanced the research potential of the data in the Provisional Reporting System by making longitudinal studies possible.

Upon completion of the editing process, a processing report was produced for each service site (see appendix V-A). This report consisted of three parts: (1) the error report that provided a list of all of the "errors" (that is, invalid codes or inconsistent data) found during the editing procedures; (2) the summary report that presented a tabular summary of the records submitted, accepted, and rejected, the error conditions found, and the acceptance rates; and (3) the list of visit forms processed that was simply a list of the patient numbers for which forms were processed.

Each processing report, along with the applicable source documents, was reviewed by the data processing personnel; transcription, coding, and other errors were sent back to the computer for reprocessing. Each annotated processing report was then sent to the proper service site along with the forms that had been rejected and that NCHS had been unable to correct. Personnel at the service sites were instructed to examine their reports and the forms, make the necessary corrections, and resubmit the corrected forms to NCHS for reprocessing.

Files and maintenance.—There were two basic files in the PRSFPS:ⁱ (1) the Address File, which contained the name, address, and some funding information of each enrolled facility; and (2) the Patient Record File, which con-

ⁱOther files were created and used in the operation of the PRSFPS, but the Address File and the Patient Record File were the basic two.

tained the current sociodemographic information, a pregnancy history, and all of the service and visit information reported for each patient. Both files were updated periodically, either by adding new facility or patient records or by correcting information that had been incorrectly entered or had changed over time.

The Patient Record File was also kept current by periodically deleting all of the records of patients who had become inactive by not making a visit for family planning services for 15 months. The inactive patient records were not destroyed; rather, they were maintained on an Inactive Patient Record File so they would be available for longitudinal research studies.

Output Tabulations

The PRSFPS regularly produced monthly, quarterly, and annual tables, all at the service site, project, State, region, funding agency, and national levels. The tables showed summaries of the activities that had been reported to NCHS and that had occurred during the time period specified on each table. These tables were distributed to various levels of administration throughout the national family planning service program.^j

The eight table formats that were used are shown in appendix VI-A. Tables 1 and 2 gave basic patient and visit data by type of patient and medical services provided. These two tables were produced monthly, quarterly, and annually. They were distributed monthly to the service sites, projects, State agencies, Federal regional offices, and agency headquarters and quarterly and annually to the projects, State agencies, Federal regional offices, agency headquarters, and the Deputy Assistant Secretary for Population Affairs, DHEW.

Tables 3-6 were produced and distributed both quarterly and annually; they were sent to the projects, State agencies, Federal regional offices, agency headquarters, and the Deputy Assistant Secretary for Population Affairs. These tables included detailed cross-tabulations of se-

^jEach table recipient received only the tables that applied to the particular area or agency in question. However, NCHS retained copies of all tables.

lected sociodemographic characteristics of the patients served as well as the source of referral of the new patients. Information about the contraceptive method used at the last visit was also given.

Tables 7 and 8 were produced and distributed annually, and the distribution was the same as that used for tables 3-6. These tables showed additional cross-tabulations of selected sociodemographic characteristics of the patients served.

THE NATIONAL REPORTING SYSTEM

During the time in which the PRSFPS was operating, NCHS had begun to work on developing the "final" reporting system. This system, the National Reporting System for Family Planning Services, was implemented in January

1972. Since the NRSFPS is primarily a revised form of its predecessor, there are more similarities between the two systems than there are differences. The changes that were made were based on what was learned from operating the PRSFPS and were made in order to improve the collection, processing, and use of the data.

The Report Forms

The major data collection form used in the NRSFPS through 1976 was the Clinic Visit Record for Family Planning Services (CVR), shown in appendix III-B. This form contained 18 data items (2 of which were optional) and, like the Provisional Report Form, was to be completed each time a person made a visit to a participating service site for family planning services.

The information collected on the CVR was similar to that collected on the PRF; in fact,

Table A. Comparison of items on the Provisional Report Form for Family Planning Services (PRF) and the Clinic Visit Record for Family Planning Services (CVR) by type of information obtained, according to whether item remained the same, was modified, deleted, or added

Type of information and item	Item			
	Same	Modified	Deleted ¹	Added ²
Identification information:				
Clinic/service site number	X			
Patient number	X			
Demographic information:				
Birth date	X			
Ethnic designation/race		X		
Education	X			
Pregnancy history		X		
Income and family size			X	
Welfare status		X		
Current residence			X	
Sex				X
Place of birth				X
Service and administrative information:				
Visit date	X			
Visit session			X	
Patient type			X	
Visit type				X
Medical services		X		
Counseling services		X		
Referral services		X		
Date and type of next appointment		X		
Source of referral		X		
Contraceptive method adopted		X		
Contraceptive history		X		

¹Item was on the PRF but was not on the CVR.

²Item was on the CVR but was not on the PRF.

most of the items on the CVR were taken from the PRF either unchanged or slightly modified (see table A). Again, the entire CVR was completed the first time the form was filled out for a patient, and the items completed during revisits were limited to those that changed over time.

The CVR also contained a section for agency use only. This section greatly increased the flexibility of the NRSFPS because it allowed the participating agencies and service sites to record information relevant to their specific operations but not required for the national data system.

Summary information about the provision of nonmedical family planning services and medical services provided to nonfamily planning patients was collected on the Monthly Counts of Ancillary Services Sheet (MCAS), reproduced in appendix III-B. By using this mechanism, the participating family planning service sites were able to report and "get credit" for services they provided that could not be reported on the CVR.

Operational Procedures

The operating procedures of the NRSFPS were very similar to those of the PRSFPS; refinements and revisions were made where necessary in order to improve the efficiency and utility of the system. Table B summarizes the major differences between the operating procedures of the PRSFPS and the NRSFPS.

Enrollment and training of participants.— Any site providing family planning services was eligible to enroll and participate in the NRSFPS. A major effort in 1972, however, was made to enroll those programs that received family planning service funds from NCFPS, MCHS, or OEO or were affiliated with PP/WP because it was felt that these four agencies provided the bulk of the family planning clinic services in the United States. Later, when time and resources permitted, the other few remaining sites would be encouraged to enroll and participate in the NRSFPS.^k

^kOther sites were identified through the National Inventory of Family Planning Service Sites, another survey conducted by NCHS. For more information on

The primary list of participants in the NRSFPS was obtained from the PRSFPS; all of the service sites enrolled in the Provisional Reporting System were contacted and asked to "reenroll" in the National Reporting System. In addition, the names and addresses of new grantees were supplied to NCHS by MCHS, NCFPS, and OEO. Planned Parenthood also gave NCHS the names and addresses of its affiliates. All of these organizations were contacted by NCHS, and either their funding agency or PP/WP; informed of the necessity to participate in the National Reporting System;¹ and asked to enroll their service sites that were not already in the system.

Upon receipt of the completed enrollment forms and the assignment of the project and service site identification numbers, NCHS sent each site a supply of the new report forms, instruction manuals, and the other administrative materials needed for reporting to the NRSFPS. In most cases, the sites that were "reenrolled" were reassigned the same numbers they had used in the PRSFPS.

Training for the NRSFPS was conducted late in 1971 and was carried out a little differently from what had been done in the past. For the Provisional Reporting System, an attempt had been made to personally train every individual who was to come into contact with the form. Because this procedure was found to be impractical, it was decided, for the National Reporting System, to train "trainers." That is, the intent was to train a few selected people, probably from the larger projects, in each area. These people, in turn, would be available to help others in the same region, State, or local area with their participation in the National Reporting System. Therefore, NCHS contacted each

this survey see Development of the National Inventory of Family Planning Services, by Gloria H. Kapantais and Donna Morrow, *Vital and Health Statistics*, Series 1, No. 12, DHEW Pub. No. (HRA) 76-1312, Jan. 1976.

¹Only those service sites receiving funds through title X were required to participate in the NRSFPS. All other sites were urged to participate in order that the National Reporting System would reflect the actual state of family planning clinic services in the United States. In addition, participating service sites did receive feedback from the NRSFPS that could be used for their own administrative and evaluative purposes.

Table B. Summary of major differences in operating procedures between the PRSFPS and the NRSFPS, by type of procedure

Operating procedure	PRSFPS	NRSFPS
Enrollment and training.....	Only certain family planning service programs eligible to participate—those funded by DHEW title V or X, those funded by OEO, or those affiliated with PP/WP. Emphasis on training each individual who was to handle the report form.	All family planning service programs in the United States and territories eligible to participate regardless of funding or affiliation status. Emphasis on training a few select individuals who would then be able to help others learn how to participate in the system.
Data collection and processing.....	Reporting done primarily on hard copy (Provisional Report Form). Very little imputation done resulting in many forms being rejected for incomplete or inconsistent reporting.	Reporting done on both hard copy (Clinic Visit Record) and machine-readable form (computer cards or tape), with increasing emphasis on machine-readable form. Many imputations done resulting in an increase in the acceptance rate. Forms no longer rejected for incomplete responses to noncritical items.
Files and maintenance.....	Two basic data files. Inactive patient records removed from file on an irregular basis.	Five basic data files. Inactive patient records removed from file on a regular basis.

regional office (MCHS, NCFPS, OEO, and PP/WP), informed them of the type of training that was to be provided, and asked them to get in touch with their grantees or affiliates to help in assuring that the appropriate people were sent to the training sessions.

The training procedure used for the National Reporting System was similar to that used for the Provisional Reporting System—the definitions, report forms, and instruction manual were reviewed, as well as other administrative details about joining and participating in the NRSFPS. The most valuable sessions were those which were attended by clinic personnel who had previously participated in the Provisional Reporting System. These people had experience in reporting to NCHS and were able to share this experience with the group.

Data collection and processing.—The patient visit data were submitted to the NRSFPS in one of two ways: on the CVR itself (hard copy) or on computer cards or tape (machine-readable form). The data collection and processing procedures used in the NRSFPS for the submitters of hard copy were very similar to those used in the PRSFPS; for example, the CVR's were submitted weekly or biweekly, and all of the remaining forms for a given month were sent in on the last working day of the month. As with the PRF, the CVR was a two-part form consist-

ing of an original, which was sent to NCHS, and a carbon copy, which was retained at the service site. The receipt and control procedures, as well as the conversion of the data into machine-readable form, were also very similar in the two systems.

The family planning programs that reported their data in machine-readable form through local computerized systems were instructed to report monthly. As the cards and tapes were received by NCHS, they were logged in and sent directly for computer processing. Such data, however, were accepted for the NRSFPS only after NCHS had determined that the definitions, data collection and processing procedures, and record formats of the local systems accorded with the standards and requirements of the NRSFPS. This clearance procedure was necessary because most of the local computerized systems used their own forms rather than the CVR. In these cases, the data items required by NCHS were incorporated into the local report form; only the required data items were submitted to NCHS.

The MCAS, the other data collection instrument used by the NRSFPS, was completed and submitted to NCHS monthly along with the last shipment of CVR's for the applicable month. Initially, card and tape submitters also had to report their ancillary services on the MCAS; this

was later changed, however, to allow these sites to report the ancillary services data, as well as the patient visit data, in machine-readable form.

All data, regardless of the form in which they were submitted, were subject to the same editing procedures once they were received by NCHS. As with the Provisional Reporting System, one result of the editing procedure was a processing report, similar to the one obtained from the Provisional Reporting System, for each site (a sample of this report is shown in appendix V-B). Each report that was produced for the submitters of hard copy was reviewed, annotated if necessary, and returned to the applicable site with any rejected records that could not be reprocessed by NCHS. Again, personnel at the sites were instructed to examine the reports for accuracy, make the necessary corrections, and resubmit any corrected forms to NCHS for reprocessing.

The processing reports for those sites reporting on cards or tape were sent back to the submitters without review by NCHS. This was necessary because NCHS did not have the original source documents with which to verify the data.

Although the general kinds of edits for the NRSFPS were the same as those used for the PRSFPS, specific edits had been modified where necessary. One major modification, for example, was the change that allowed the NRSFPS to make imputations and accept records that had failed selected edits. This is in contrast with the procedure that was used in the PRSFPS where every edit failure resulted in the total Visit Record being rejected; the valid information in the record, therefore, was not added to the data file until the record had been manually corrected and resubmitted by the service site or, more rarely, by NCHS. For example, in the Provisional Reporting System the pregnancy history information, such as the number of live births, could not decrease over time. If a decrease was reported, the record with that information on it would be rejected and returned to the reporting service site for correction and resubmission. In the National Reporting System, on the other hand, it would be assumed that the larger of the two numbers was correct; an "error" message would be printed on the processing report giving the patient number,

the edit, and the imputation made; the record would be accepted, and all of the information on it would be added to the data file. The service site would then be sent the processing report and, if the imputation made by NCHS was incorrect, could submit a "correction form" to the NRSFPS so the data file could be corrected. If the imputation was valid, no further action on the part of the service site was necessary.

Files and maintenance.—The following were the basic files used by the NRSFPS:^m

The Facility Master File

The Skeleton Master File

The Patient Master File

The Purged Patients Master File

The Activity Master File

The Facility Master File was similar to the Address File in the PRSFPS; this was the file that contained the name, address, funding and Planned Parenthood affiliation data, the ancillary services data, and some other administrative data for each facility enrolled in the NRSFPS. This File was updated monthly by adding records for new facilities, deleting records of inactive facilities, or correcting information that had been incorrectly entered or had changed over time.

The Skeleton Master File consisted of one record for each active patient in the NRSFPS. Each record contained the most current information about each patient in terms of the individual's sociodemographic characteristics, most recent contraceptive method used, contraceptive usage before enrollment in the reporting family planning project, and the most recent visit date. This File was used primarily in the editing process and was updated constantly as new or corrected patient visit records were received and processed by the NRSFPS. In addition, the inactive patient records were deleted from this File every 3 months.

The Patient Master File contained all of the information on each CVR submitted to and

^mAgain, as with the PRSFPS, other files were created and used in the operation of the NRSFPS, but these five were the basic files.

accepted by the NRSFPS for the active patients. These records were kept in a consecutive "visit string" for each patient; therefore, as long as a patient remained active, all visit records for each patient were stored together in this File. This File was updated quarterly by adding new records, changing incorrect data, and deleting the records of the patients who had become inactive. The deleted records were stored on the Purged Patients Master File.

The Activity Master File contained a historical record of facility participation in terms of its submission of patient visit data to the NRSFPS for each enrolled service site. This File was used for administrative and monitoring purposes and was updated monthly, based on each site's submission of patient visit data to the NRSFPS.

Output Tabulations

As table C indicates, the regular output tabulations from the NRSFPS were much more extensive than those of the PRSFPS (see appendix VI-B for the NRSFPS table formats). The output was again produced on a monthly, quarterly, and annual basis; however, unlike the Provisional Reporting System, different sets of tables were developed for the different time periods. In addition, different types of tabulations were produced for each level of participant—service site, project, State, region, and funding agency or Planned Parenthood—and they were intended to be useful for program planning and evaluation at each level. Tables

Table C. Summary of major differences in the output tabulations between the PRSFPS and the NRSFPS

PRSFPS	NRSFPS
Eight different table formats	Twenty-seven different table formats
Some of the same table formats were used in producing the monthly, the quarterly, and the annual tabulations	Different table formats were used in producing the monthly, the quarterly, and the annual tabulations
Service sites received only monthly tabulations	Service sites received monthly, quarterly, and annual tabulations
No tables were regularly available for the general public	Some of the tables were produced quarterly and annually for the general public

were not sent to service sites and projects that reported through automated systems, however, because it was felt that such systems had been developed originally to meet the data needs of their family planning programs and, therefore, already provided them with the necessary tables. By eliminating feedback to these projects and service sites, unnecessary duplication of both effort and expense was avoided.

Both the monthly and the quarterly tabulations were designed for administrative and management purposes rather than research purposes. The monthly tables contained only basic patient counts and service information and were distributed to the participating service sites and projects, States, and regional offices. Distribution was usually completed within 4 weeks after the end of the given month.

The quarterly tables contained, in addition to basic patient and service counts, some demographic information about the patients served during the particular quarter. These tables were sent to the participating service sites, projects, States, regional offices, and national offices. Because an additional month was allowed for data collection for the quarterly tables, these tables were mailed within 2 months after the end of the particular quarter.

More detailed information about the demographic characteristics of the persons served and the services they had received was available from the annual tabulations. Because both research and management needs were considered in designing these tables, a much larger set of tabulations was distributed to the service sites, projects, States, regional offices, and national offices. Distribution of these tables was completed within 3 months after the end of the year.

Some of the tabulations from the NRSFPS were also regularly available for public distribution to persons requesting information about family planning clinic services and patients. Although no monthly data were distributed to the general public, basic patient counts by quarter were sent. In addition, since the annual tabulations were heavily oriented toward research needs, a much larger set of tables, containing both national and State data, was available to the general public.

Besides the regular tabulations, special tabulations from the NRSFPS have been produced and used for both research and management needs. Such tabulations have been requested by Federal, State, and local agencies for their own research, administrative, or management use. Costs for these tabulations, unless minimal, have generally been borne by the requester. All such requests are reviewed by NCHS to assure that the confidentiality of the data is protected before the tabulations are released.

GROWTH AND FUTURE OF THE REPORTING SYSTEM

The 100-percent family planning reporting systemⁿ has grown rapidly during the 7 full years of its operation. As can be seen in table D, during 1970 some 890 service sites reported serving 415,000 patients who made 640,000 visits for family planning services; these figures have increased to 4,940 service sites reporting 3,248,000 patients who made 5,853,000 visits during 1975.

Table E shows the percent change from one year to the next of the number of participating service sites, patients served, and visits made as reported to NCHS. Although the increase in the number of participating sites seems to have leveled off, the number of patients served has consistently grown 20 to 30 percent each year since 1973. In addition, the number of family planning visits made by these persons has concurrently increased 30 to 40 percent each year over the same period of time.

The percent of records submitted to the NRSFPS through local automated data systems has also continued to increase over the 4 years for which this information is available. As can be seen in table F, approximately 65 percent of the records were received through these participating systems during 1975, up from the 47 percent submitted during 1973.

During 1976, work was undertaken to revise both the basic data collection document used by NRSFPS (the CVR) and the National Reporting

ⁿIncludes both the PRSFPS and the NRSFPS.

Table D. Number of participating service sites, family planning patients seen, and clinic visits made for family planning services as reported to the NCHS family planning reporting systems: United States,¹ 1970-75

Year	Service sites	Patients	Visits
1970 ²	890	415,000	640,000
1971 ²	1,800	798,000	1,268,000
1972 ³	3,270	1,633,000	2,480,000
1973 ³	4,090	2,138,000	3,469,000
1974 ³	4,830	2,608,000	4,414,000
1975 ³	4,940	3,248,000	5,853,000

¹Includes Puerto Rico, Virgin Islands, and Guam.

²PRSFPS.

³NRSFPS.

Table E. Percent increase in the number of participating service sites, family planning patients seen, and visits made for family planning services as reported to the NCHS family planning reporting systems: United States,¹ 1970-75

Year	Percent increase from prior year		
	Service sites	Patients	Visits
1970 ²	(³)	(³)	(³)
1971 ²	102.2	92.3	98.1
1972 ⁴	81.7	104.6	95.6
1973 ⁴	25.1	30.9	39.9
1974 ⁴	18.1	22.0	27.2
1975 ⁴	2.3	24.5	32.6

¹Includes Puerto Rico, Virgin Islands, and Guam.

²PRSFPS.

³Base year.

⁴NRSFPS.

Table F. Percent of records submitted to the NRSFPS by automated and nonautomated submitters: United States,¹ 1973-75

Year	Submitter		
	Total	Auto- mated	Non- auto- mated
	Percent of records submitted		
1973.....	100.0	47.2	52.8
1974.....	100.0	56.5	43.5
1975.....	100.0	65.4	34.6

¹Includes Puerto Rico, Virgin Islands, and Guam.

System itself. This revision was necessitated by the decision to convert the 100-percent National Reporting System to a sample survey in 1977. A sample survey would allow DHEW to take advantage of the benefits of sampling in terms of the efficiency, economy, and better quality control of the data and the data collection. In addition, sampling would allow resources previously directed toward 100-percent reporting to be redirected toward obtaining data from sample family planning service sites not previously in the NRSFPS. Since these sites are mostly those which are neither federally funded nor affiliated with PP/WP, the data from the National Reporting System would thus become representative of the total picture of family planning services in the clinic setting in the United States and its territories.

Although the data collected through the sample survey will be submitted to NCHS mainly in machine-readable form (punched cards or magnetic tape), sample sites may use the NCHS report form to collect the information required. As with the 100-percent NRSFPS, data will be accepted from local automated systems that are not using the NCHS report form only if their definitions, data collection and processing systems, and record formats are in accordance with the standards and requirements of the national survey.

Sampling will be done in two stages. First, a representative sample of about 1,500 service sites will be drawn from the total universe of all family planning service sites that could be identified in the United States and its territories. Second, a subsample of family planning visits made to these sites will be drawn, and the size of each subsample will depend on the size and location of each service site. Automated systems could submit all of the visit data for their sample service sites to NCHS; NCHS would then draw

these subsamples. Alternatively, each subsample could be drawn at the site by use of a log attached to the CVR's. The log will not be submitted to NCHS but will remain at the service site.

Since the new CVR is based on the old form, many of the items on the two forms are the same or similar (see appendix III-C for a sample of the new report form). The items on the new form can be categorized into three types: identification information, social and demographic information, and family planning service or clinical information.

The identification information consists only of two numbers—the service site number assigned to the site by the NCHS and the patient number assigned to the patient by the service site. Both of these numbers will be used only for purposes of quality control. Moreover, the only link between the patient number and the name of the patient will exist at the service site, as was previously the case.

Social and demographic information includes data on each person's birth date, race, sex, education, pregnancy history, income, and family size.

Family planning service information refers to patient status, date of the visit, and the medical services provided at the service sites. Information pertaining to the contraceptive usage of the patient, both prior to and as a result of the particular visit, is also collected.

Estimates at the national, regional, and State levels will be produced from the sample NRSFPS. Although the tabulation plans have not yet been finalized, it is anticipated that the estimates produced from the sample data will be used for the overall planning and evaluation of the family planning program at the national level. In addition, the data collected also will be useful for research purposes.



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APPENDIX I
ABBREVIATIONS USED IN THIS REPORT

AFDC	Aid to Families With Dependent Children
BCHS	Bureau of Community Health Services
CB	Children's Bureau
CVR	Clinic Visit Record for Family Planning Services
DHEW	Department of Health, Education, and Welfare
HRA	Health Resources Administration
HSA	Health Services Administration
HSMHA	Health Services and Mental Health Administration
MCAS	Monthly Counts of Ancillary Services Sheet
MCHS	Maternal and Child Health Service
NCFPS	National Center for Family Planning Services
NCHS	National Center for Health Statistics
NRSFPS	National Reporting System for Family Planning Services
OEO	Office of Economic Opportunity
PP/WP	Planned Parenthood/World Population
PRF	Provisional Report Form for Family Planning Services
PRSFPS	Provisional Reporting System for Family Planning Services

APPENDIX II

AGENCIES AND PERSONS FROM WHOM COMMENTS AND INPUT WERE RECEIVED REGARDING THE FAMILY PLANNING REPORTING SYSTEMS

Although this list may not be complete, it is representative of the agencies and persons contacted who had input into the development of both the Provisional Reporting System for Family Planning Services and the National Reporting System for Family Planning Services.

Agencies

Office of Economic Opportunity
Planned Parenthood/World Population
Department of Health, Education, and Welfare
 Office of the Secretary
 Children's Bureau
 Center for Disease Control
 Food and Drug Administration
 Indian Health Service
 Maternal and Child Health Service
 National Center for Family Planning Services
 National Center for Health Statistics

Persons

David T. Allen, M.D., *Tennessee State Department of Health*
Samuel Baum, *Bureau of the Census*
Joseph Beasley, M.D., *Louisiana Family Planning Program*
Donald Bogue, Ph.D., *University of Chicago*
Arthur Campbell, *Public Health Service, Department of Health, Education,
and Welfare*
Leslie Corsa, M.D., *University of Michigan*
Edwin Daily, M.D., *New York City Health Department*
Ralph Frankowski, Ph.D., *Tulane University School of Medicine*
Roberto Fuentes, *District of Columbia Health Department*
Louis M. Hellman, M.D., *Downstate Medical Center, New York*
Frederick S. Jaffe, *Planned Parenthood/World Population*
Schuyler Kohl, M.D., *Downstate Medical Center, New York*

Stephen Polgar, Ph.D., *Planned Parenthood/World Population*
Margaret Pratt, *George Washington University*
Jack Reynolds, Ph.D., *Columbia University*
Jeannie Resoff, *Planned Parenthood/World Population*
Carl S. Shultz, M.D., *Department of Health, Education, and Welfare, Office of
the Secretary*
Eleanor Snyder, Ph.D., *Planned Parenthood/World Population*
Sheri Tepper, *Rocky Mountain Planned Parenthood*
Christopher Tietze, M.D., *Population Council*
George Varkey, *Planned Parenthood/World Population*
H. Bradley Wells, Ph.D., *University of North Carolina*
Charles Westoff, Ph.D., *Princeton University*
Gooloo S. Wunderlich, Ph.D., *Department of Health, Education, and Welfare,
Office of the Secretary*

APPENDIX III

SAMPLE REPORT FORMS

A. PROVISIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES

NATIONAL CENTER FOR HEALTH STATISTICS, PHS, DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PROVISIONAL REPORT FORM FOR FAMILY PLANNING SERVICES

NAME _____	PHONE _____	Prepared By	Checked By	Change ? <input type="checkbox"/>
ADDRESS _____				
PATIENT NO _____		AGE _____		

* For Continuation Patients: Shaded Items Should be Completed Every Visit. Other Items (except Nos. 6, 7, 8, 9) Should be Completed Only at "Annual" Medical Examination.

All information which would permit identification of an individual or of a clinic will be held in strict confidence, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to others except for statistical purposes.

(DETACH THIS PART AND RETAIN AT THE CLINIC)

OMIT FOR CONTINUATION PATIENTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">1. CLINIC NUMBER _____</td> <td style="width: 10%; text-align: center;">(NUMBER)</td> <td style="width: 55%;"></td> </tr> <tr> <td>2. PATIENT NUMBER _____</td> <td style="text-align: center;">(NUMBER)</td> <td></td> </tr> <tr> <td>3. PATIENT TYPE _____</td> <td style="text-align: center;">(CODE)</td> <td></td> </tr> <tr> <td>4. DATE AND SESSION OF VISIT _____</td> <td style="text-align: center;">(SESSION) MO. DAY YR.</td> <td></td> </tr> <tr> <td>5. BIRTH DATE _____</td> <td style="text-align: center;">MO. YR.</td> <td></td> </tr> <tr> <td>6. ETHNIC DESIGNATION _____</td> <td style="text-align: center;">(CODE)</td> <td></td> </tr> <tr> <td>7. WHO REFERRED YOU TO US? _____</td> <td style="text-align: center;">(CODE)</td> <td></td> </tr> <tr> <td>8. HAVE YOU RECEIVED FAMILY PLANNING SERVICES FROM A DOCTOR OR CLINIC WITHIN THE LAST TWO YEARS?</td> <td style="text-align: center;">(YES OR NO)</td> <td></td> </tr> <tr> <td>9. CONTRACEPTIVE METHOD USED IN THE LAST TWO YEARS _____</td> <td style="text-align: center;">(CODE)</td> <td></td> </tr> <tr> <td>10. WHAT IS THE HIGHEST GRADE OF SCHOOL COMPLETED?</td> <td style="text-align: center;">(CODE)</td> <td></td> </tr> <tr> <td>11. INCOME AND FAMILY SIZE</td> <td style="text-align: center;">(WHOLE DOLLARS)</td> <td></td> </tr> <tr> <td> a. How Much is Your Family's Weekly Income?</td> <td style="text-align: center;">(NUMBER)</td> <td></td> </tr> <tr> <td> b. How Many People in Your Family Are Supported By This Income?</td> <td style="text-align: center;">(NUMBER)</td> <td></td> </tr> <tr> <td>12. IS YOUR FAMILY RECEIVING ASSISTANCE FROM A PUBLIC WELFARE AGENCY?</td> <td style="text-align: center;">(CODES)</td> <td></td> </tr> <tr> <td>13. 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Bureau of the Budget Approval 68-R-1137

**CODES FOR COMPLETING PROVISIONAL REPORT FORM
FAMILY PLANNING SERVICE**

3 Patient Type:

	(Code)		(Code)
New.....	0	Continuation.....	5
New-To-System.....	3	Readmission.....	8

4 Session of Visit:

	(Code)		(Code)
Morning.....	5	Afternoon.....	7
Evening.....	8		

6 Ethnic Designation:

	(Code)		(Code)
White.....	0	Other Spanish Surname..	5
Black.....	2	American Indian.....	7
Puerto Rican.....	4	Other.....	9

7 Who Referred You to Us?
(Select Only One Code)

	(Code)
Program Personnel.....	1
Other Social Welfare Agency.....	2
Hospital, Medical, or Other Health Sources.....	3
Other Clinic Patient, Friend or Relative.....	4
Public Welfare Agency.....	5
Other Source or Self.....	6
Unknown.....	7

9 Contraceptive Method Used in the Last Two Years:
(Select Code for Most Frequently Used Method)

	(Code)		(Code)
None.....	1	Diaphragm.....	5
Oral.....	2	Foam.....	6
IUD.....	3	Rhythm.....	7
Condom.....	4	Other.....	8

10 What is the Highest Grade of School Completed?

	None	Elementary School	High School
(Code)	0	1, 2, 3, 4, 5, 6, 7, or 8	9, 10, 11, or 12
		College	More Than 4 Years College
(Code)		13, 14, 15, or 16	17

12 Is Your Family Receiving Assistance from a Public Welfare Agency?

	(Code)		(Code)
No.....	0	Other Public Welfare....	9
AFDC.....	5		

16 What was the Outcome of Your Last Pregnancy?

BORN LIVE:		BORN DEAD:	
	(Code)		(Code)
Term (5½ lbs. or more)...	1	Term (5½ lbs. or more)...	6
Low Weight.....	4	Other.....	9
		(less than 5½ lbs.)	

17 Types of Medical Service: (There may be up to Six Codes entered.)

	(Code)		(Code)
Breast Exam.....	1	PAP Smear.....	6
Pelvic Exam.....	2	Serology.....	7
Other Medical Exams....	3	Other Lab Tests.....	8
No Exams or Tests Given.....			0

18 Contraceptive Method Adopted at this Visit:
(Select Only One Code)

	(Code)		(Code)
No Change From Previous Method.....	0		
			(Code)
None.....	1	Diaphragm.....	5
Oral.....	2	Foam.....	6
IUD.....	3	Rhythm.....	7
Condom.....	4	Other.....	8

19 Infertility Services:

	(Code)		(Code)
Treatment.....	1	Referral.....	3
Counseling.....	2		
No Infertility Services Provided.....			0

20 Counseling and Referrals: (Except Infertility)

	(Code)
Contraceptive Counseling.....	1
Other Counseling.....	2
No Counseling Provided.....	3

Referral From This Clinic for:

Medical Services.....	5
Social Services.....	6
No Referrals.....	7

22 Type of Next Appointment:

	(Code)		(Code)
Annual Medical.....	1	Supply Only.....	5
Other Medical.....	3	Counseling.....	7
No Appointment Made.....			9

B. NATIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES (100-PERCENT SURVEY)

CLINIC VISIT RECORD FOR FAMILY PLANNING SERVICES

U.S. DEPARTMENT OF HEALTH, EDUCATION,
AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR
HEALTH STATISTICS

NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____ (MAIDEN) _____
 ADDRESS _____ (STREET) _____
 _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____ (PHONE NO.) _____

PREPARED BY	CHECKED BY
PATIENT NO.	

CONFIDENTIALITY ASSURANCE: All information which would permit identification of an individual will be held in strict confidence, will be used only by persons engaged in and for the purpose of the survey, and will not be disclosed or released by NCHS to others except for statistical purposes. The provision of services is in no way contingent upon the patient's providing any information on this form.

(DETACH THIS PART AND RETAIN AT SERVICE SITE)

1. SERVICE SITE NUMBER	NUMBER
2. PATIENT NUMBER	NUMBER
3. DATE OF VISIT	MO. DAY YR.
4. TYPE OF VISIT	CODE
5. DATE OF BIRTH	MO. DAY YR.
6. Services Provided	
a. MEDICAL SERVICES	
1 Pap. Smear	7 Urinalysis (n.e.s.)
2 Pelvic Exam	8 Blood Test (n.e.s.)
3 Breast Exam	9 Sterilization
4 Blood Pressure	0 Infertility Treatment
5 Pregnancy Testing	1 Other
6 V.D. Testing	
b. COUNSELING	
1 Sterilization	5 Infertility
2 Contraception	4 Other
7. Referred Elsewhere	
0 None	5 Infertility Services
1 Abortion	4 Other Medical Services
2 Sterilization	6 Social Services
8. Contraceptive Method at the End of This Visit	
a. Method:	
1 Oral (Pill)	7 Injection
2 IUD	8 Sterilization
3 Diaphragm	9 Other
4 Foam	0 None
5 Rhythm	
6 Condom	1 Interim Method
b. If None, give reason	
1 Pregnant	5 Seeking Pregnancy
2 Other Medical Reason	4 Other
9. Next Appointment	
b. Purpose (OPTIONAL)	
1 Supply Only	4 Other
2 Annual Medical	5 No Next Appointment
3 Other Medical	
AGENCY USE	
	NCFPS OEO MCHS PP-WP NCHS LOCAL
a.	
b.	
c.	
d.	
e.	
f.	

Has a Clinic Visit Record been submitted to the NCHS National Reporting System for Family Planning Services for this patient during the last 15 months?
 No - Complete items 10 through 18 below
 Yes - then:

Is this the first Record completed for this patient this year?
 Yes - Complete only Items 10, 11, 12 below
 No - Stop here

10. Pregnancy History

a. Number of Live Births _____

b. Number of Fetal Deaths (Stillbirths, Abortions & Miscarriages) _____

c. Number of Children New Living _____

11. Welfare Status

a. Are You or Anyone in Your Family Receiving Public Assistance? YES NO

b. Are You or Anyone in Your Family Registered for Medicaid? YES NO

12. Highest Grade of School Completed

None Code 0 Elementary School 1, 2, 3, 4, 5, 6, 7, 8 High School 9, 10, 11, 12

College Code 13, 14, 15 or 16 More Than 4 Years College 17

13. Place of Birth (OPTIONAL) City & State (Country if not U.S.)

14. Latin-American Origin or Descent YES NO

15. Race White Am. Ind. Black Other CODE

16. Sex Female Male CODE

17. Source of Referral

1 Outreach Worker 6 Another Clinic Patient
 2 Other FP Clinic 7 Family or Friend
 3 Hospital, or Other Health Agency 8 TV, Radio, Paper Ad.
 4 Private Doctor or Nurse 9 Other
 5 Welfare Agency 0 Unknown

18. Contraceptive History

a. Have You Ever Used Any Method to Prevent Pregnancy? YES NO

b. Are You Currently Using Contraception? YES NO

c. What is the Last Method Used? (Check One)

1 Oral 5 Rhythm
 2 IUD 6 Condom
 3 Diaphragm 7 Injection
 4 Foam 8 Other

d. Who Prescribed that Method? CODE

1 Clinic 5 Drug Store (non-prescription)
 2 Private Doctor 4 Other

SAMPLE

MONTHLY COUNTS OF
ANCILLARY SERVICES SHEET

NATIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES

Date _____

Service Site Number _____

Project Number _____

City _____

State _____

SAMPLE

The month in which ancillary services were provided _____

The total monthly counts of ancillary services provided at this service site:

Medical Services _____

Supply Visits _____

Outreach Contacts _____

Attendees at Lecture Sessions _____

Telephone Contacts _____

Other Services _____

NOTE: Please refer to the Administrative Manual, Section VI. Reporting Ancillary Services to NCHS, for detailed instructions.

Send all shipments to:

INFORMATICS INC.
6425 Landover Road
Cheverly, Maryland 20785

ATTENTION: FAMILY PLANNING DIVISION

**C. NATIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES
(SAMPLE SURVEY)**

B 002131

FAMILY PLANNING VISIT LOG	
Ask the patient: "Are you here to see a family planning provider (physician, nurse, allied health personnel) about obtaining health services related to contraception, infertility treatment, or sterilization?" If the patient says "yes," enter his/her name on the lines below. Complete the clinic Visit Record for the last name entered on the log.	
FOR SERVICE SITE USE ONLY	
PATIENT'S NAME	DATE OF VISIT
1.	
2.	
Record Items 1-14 for this patient.	
↓	
CONTINUE LISTING PATIENTS ON NEXT PAGE.	

DETACH HERE AND RETAIN AT SERVICE SITE

APPENDIX IV
SAMPLE ENROLLMENT FORMS

A. PROVISIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES

PROJECT ENROLLMENT FORM

1. Name of Project: _____

("Project" refers to the program receiving a grant. A number of family planning clinics may be funded by one project grant.)

2. Name of Project Director: _____

3. Address of Project: _____
Street Address

_____ City, State, Zip Code

Telephone Number: _____
Area Code Number

4. How many clinic sites are part of your project? Include project headquarters if a clinic is operated at that location. _____
Number

("Clinic site" is used to refer to the smallest unit directly providing family planning services to patients.)

5. How many family planning staff members are in each of the following categories in your project?

- a) Laboratory Assistants: _____
- b) Social Workers: _____
- c) Administrative Personnel: _____
- d) Clerical Personnel: _____
- e) M.D.: _____
- f) PN/LPN: _____
- g) Nursing Assistants: _____
- h) Laboratory Technicians: _____

GO TO QUESTION 6

6. Does your family planning project receive funds from the following organizations?

Nat'l Center for Family Planning Services	()	Yes	_____%	()	No
Maternal Child Health Services	()	Yes	_____%	()	No
Office of Economic Opportunity	()	Yes	_____%	()	No
Other Federal Agency (Specify) _____					_____%
Planned Parenthood-World Population	()	Yes	_____%	()	No
State	()	Yes	_____%	()	No
Local Area	()	Yes	_____%	()	No
Other (Specify) _____					_____%
					_____%

7. Does your program have an automated reporting system supporting Family Planning? () Yes () No

(If yes, please send copies of the forms used and any reports together with the completed enrollment form.)

8. Does each family planning clinic in your project have a method for numbering patients? () Yes () No

(If no, skip to Question 13)

9. Do any patient number contain alphabetic characters? () Yes () No

10. Can two patients within a project have the same patient number? () Yes () No

11. If a patient transfers from one clinic to another in your project, does she retain her old patient number? () Yes () No

12. Are any patient numbers more than 6 digits long? () Yes () No

13. Your project will receive computer processing reports from us each week. Please list the names of project staff members who can be contacted regarding these reports:

_____.

14. Should clarification or correction of the weekly computer processing report be necessary, we would prefer to notify only the project which in turn would contact the person marking the form. Should you prefer that we communicate directly with the clinic concerned, please mark this box. ()

GO TO QUESTION 15

15. Fill in the following information for each clinic in your project offering family planning services (if more space is needed, please give the specified information on separate pages):

1. Name of Clinic:
Name of Administrator:
Street Address:
City and State:
Zip:
No. of Clinic Sessions per month: _____
No. of patient visits per month: _____

2. Name of Clinic:
Name of Administrator:
Street Address:
City and State:
Zip:
No. of Clinic Sessions per month: _____
No. of patient visits per month: _____

3. Name of Clinic:
Name of Administrator:
Street Address:
City and State:
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No. of Clinic Sessions per month: _____
No. of patient visits per month: _____

4. Name of Clinic:
Name of Administrator:
Street Address:
City and State:
Zip:
No. of Clinic Sessions per month: _____
No. of patient visits per month: _____

5. Name of Clinic:
Name of Administrator:
Street Address:
City and State:
Zip:
No. of Clinic Sessions per month: _____
No. of patient visits per month: _____

SAMPLE

_____, _____, _____
(Signature) Name Title Date

8. Please indicate, within the appropriate categories below, the percentage of funding for this project's total budget for family planning services, and list all corresponding grant numbers where applicable:

<u>Federal Funds</u>	<u>Percent</u>	<u>Grant No.(s)</u>
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE		
National Center for Family Planning Services (Title X)	_____	_____
Maternal and Child Health Services (Title V)	_____	_____
Other DHEW Funds (specify source, Title IV-A, Title XIX, Title XX, etc.):		
_____	_____	_____
_____	_____	_____
Other Federal Agencies (specify source):		
_____	_____	_____
<u>Government Funds Other Than Federal:</u>		
State Government	_____	_____
Local Government	_____	_____
<u>Private (specify source):</u>		
Source _____	_____	_____
Total	100%	

SAMPLE

Person supplying this information: _____
Name Job Title

Telephone (Area Code) _____ Number _____ Extension _____

Date Completed: _____
Month Day Year

RETURN TO: INFORMATICS INC.
 6425 LANDOVER ROAD
 CHEVERLY, MARYLAND 20785
 (301) 772-3222

5. b. If punched cards or magnetic tape are checked above, please enter the name of the data system:

6. Please indicate, within the appropriate categories below, the percentage of funding for this service site's total budget for family planning services, and list all corresponding grant numbers where applicable:

<u>FEDERAL FUNDS</u>	<u>PERCENT</u>	<u>GRANT NO.(s)</u>
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE		
National Center for Family Planning Services (Title X)	_____	_____
Maternal and Child Health Service (Title V)	_____	_____
Other DHEW Funds (specify source, Title IV-A, Title XIX, Title XX, etc.)	_____	_____
_____	_____	_____
Other Federal Agencies (specify source):	_____	_____
_____	_____	_____
Government Funds Other Than Federal:		
State Government	_____	_____
Local Government	_____	_____
Private (specify source):		
Source _____	_____	_____
Total . . . 100%		

SAMPLE

Person supplying this information: _____
Name Job Title

Telephone (Area Code) Number Extension

Date: _____
Month Day Year

RETURN TO: INFORMATICS INC.
 6425 LANDOVER ROAD
 CHEVERLY, MARYLAND 20785

 (301) 772-3222

APPENDIX V
SAMPLE PROCESSING REPORTS

A. PROVISIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES

CLINIC YYYY (REGION 01, STATE 00, PROGRAM XXXX)

THE FOLLOWING ERROR CONDITIONS OR POSSIBLE OVERSIGHTS WERE FOUND IN THE RECORDS SUBMITTED:

PATIENT NUMBER	INPUT ORDER	FIELD NUMBER	CONDITION ENCOUNTERED AND ACTION TAKEN	IS RECORD ACCEPTED	CONTENTS OF FIELD
52	3	14 23 18 22	A FIELD REQUIRED FOR THIS TYPE OF PATIENT IS OMITTED OR INCOMPLETE. THE FIELD (OR A PORTION OF THE FIELD) IS OMITTED OR MISCODED. ADOPTED METHOD GIVES THE SAME METHOD AS ITEM 9, YET "CHANGE" IS INDICATED. "NONE" CODED FOR NEXT APPOINTMENT TYPE, YET ITEM 21 HAS AN APPOINTMENT DATE.	NO	000000 9 0169
53	31	14 22	"YES" GIVEN TO EVER PREGNANT, YET THE HISTORY IS MISCODED OR INCOMPLETE. "NONE" CODED FOR NEXT APPOINTMENT TYPE, YET ITEM 21 HAS AN APPOINTMENT DATE.	NO	111 0169
54	12	14 23	"YES" GIVEN TO EVER PREGNANT, YET THE HISTORY IS MISCODED OR INCOMPLETE. THE FIELD (OR A PORTION OF THE FIELD) IS OMITTED OR MISCODED.	NO	11 1 00000X
55	13	22 3	THE FIELD IS MISCODED. THE FIELD (OR A PORTION OF THE FIELD) IS OMITTED OR MISCODED.	NO	
249	41	2	THIS BIRTH DATE DOES NOT MATCH THAT PREVIOUSLY RECORDED FOR THIS PATIENT. PREVIOUS RECORD: PATIENT NO.=000249, BIRTH DATE=12/25/49, BIRTHS=1, LIVING CHILDREN=1, DEATHS; FETAL=0, NEONATAL=0, LAST VISIT IN 08/68.	RP	122549
1003	44	4	LIVE BIRTHS MUST BE EQUAL TO OR GREATER THAN THAT PREVIOUSLY RECORDED. PREVIOUS RECORD: PATIENT NO.=0001003, BIRTH DATE=7/2/38, BIRTHS=7, LIVING CHILDREN=7, DEATHS; FETAL=0, NEONATAL=0, LAST VISIT IN 05/69.	NO	0
2229	64	2	THIS BIRTH DATE DOES NOT MATCH THAT PREVIOUSLY RECORDED FOR THIS PATIENT. PREVIOUS RECORD: PATIENT NO.=0002229, BIRTH DATE=4/25/41, BIRTHS=4, LIVING CHILDREN=3, DEATHS; FETAL=0, NEONATAL=1, LAST VISIT IN 06/68.	NO	042547

Clinic YYYY Agency 1, Region 01, State 00, Program XXXX

Summary of Records Submitted for the Period Ending

February 4, 1969

<u>Type of Record</u>	<u>Records Submitted</u>	<u>Records Accepted</u>	<u>Records Rejected</u>	<u>Number of Error Conditions</u>	<u>Acceptance Rate</u>
New Patient Visits	100	48	52	70	48%
New-to-System Visits	100	72	28	40	72%
Cont. Pat. Visits	50	41	9	32	80%
Readmis. Pat. Visits	0		0	0	0%
Correction Forms	0		0	0	0%
Total Records	250	161	89	142	68%

Forms reprocessed 1

Forms returned 89

Clinic YYYY (Agency 1, Region 01, State 00, Program XXXX)

List of Forms Processed for the Period Ending

February 4, 1969

| <u>Patient Number on Form</u> |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 0000007 | 0000129 | | | |
| 0000010 | 0000145 | | | |
| 0000011 | 0000146 | | | |
| 0000016 | 0000151 | | | |
| 0000029 | 0000249* | | | |
| 0000035 | 0000256 | | | |
| 0000036 | 0000876 | | | |
| 0000048 | 0001003* | | | |
| 0000051 | 0001334 | | | |
| 0000052* | 0001556 | | | |
| 0000053* | 0002229* | | | |
| 0000054* | 0002557 | | | |
| 0000055* | 0002559 | | | |
| 0000056 | 0003446* | | | |
| 0000058 | 0003449 | | | |
| 0000059 | 0003567 | | | |
| 0000069 | etc. | | | |
| 0000070 | | | | |
| 0000072 | | | | |
| 0000078 | | | | |
| 0000090 | | | | |
| 0000092 | | | | |
| 0000099 | | | | |
| 0000101 | | | | |
| 0000112 | | | | |
| 0000117 | | | | |
| 0000119 | | | | |
| 0000125 | | | | |

B. NATIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES (100-PERCENT SURVEY)

CLINIC YYYY IN PROJECT XXXX

THE FOLLOWING ERROR CONDITIONS OR INCONSISTENCIES WERE FOUND IN THE RECORDS SUBMITTED.
IF ANY ASSUMPTIONS ARE IN ERROR SUBMIT A CORRECTION FORM---SEE SECTION I OF HANDBOOK.

PATIENT NUMBER	DATE OF VISIT	ITEM NUMBER	CONDITION ENCOUNTERED	IS RECORD ACCEPTED	ITEM CONTENTS BEFORE EDIT	ITEM CONTENTS AFTER EDIT	CHECK NUMBER (1)
000020346	051376	5	YEAR AND MONTH OF BIRTH DATE DOES NOT MATCH PRIOR RECORD PRIOR RECORD: BIRTH DATE=5601, BIRTHS= 0, LIVING CHILDREN=0, FETAL DEATHS=0, VISIT DATE=7603. CONTRACEPTIVE METHOD IS ORAL	YES	090956	010956	000
000021439	050376	5	YEAR AND MONTH OF BIRTH DATE DOES NOT MATCH PRIOR RECORD PRIOR RECORD: BIRTH DATE=5212, BIRTHS= 0, LIVING CHILDREN=0, FETAL DEATHS=0, VISIT DATE=7510. CONTRACEPTIVE METHOD IS ORAL	RP	020552	120552	000
000026305	052576	5	YEAR AND MONTH OF BIRTH DATE DOES NOT MATCH PRIOR RECORD PRIOR RECORD: BIRTH DATE=4705, BIRTHS= 4, LIVING CHILDREN=4, FETAL DEATHS=1, VISIT DATE=7505. CONTRACEPTIVE METHOD IS ORAL	YES	071547	051547	000
000026331	052076	5	YEAR AND MONTH OF BIRTH DATE DOES NOT MATCH PRIOR RECORD PRIOR RECORD: BIRTH DATE=5808, BIRTHS= 0, LIVING CHILDREN=0, FETAL DEATHS=0, VISIT DATE=7505. CONTRACEPTIVE METHOD IS ORAL	YES	080359	080358	000
000026348	052776	5	YEAR AND MONTH OF BIRTH DATE DOES NOT MATCH PRIOR RECORD PRIOR RECORD: BIRTH DATE=5617, BIRTHS= 0, LIVING CHILDREN=0, FETAL DEATHS=0, VISIT DATE=7505. CONTRACEPTIVE METHOD IS ORAL	YES	070557	070556	000
000030480	050476	5	YEAR AND MONTH OF BIRTH DATE DOES NOT MATCH PRIOR RECORD PRIOR RECORD: BIRTH DATE=6005, BIRTHS= 0, LIVING CHILDREN=0, FETAL DEATHS=0, VISIT DATE=7604. CONTRACEPTIVE METHOD IS ORAL	YES	022460	052460	000
000033136	050476	5	AGE OF PATIENT INVALID	NO	042576		000
		12	HIGH GRADE TOO HIGH FOR PATIENTS AGE		12	03	
000033159	051176	5	AGE OF PATIENT INVALID	RP	031756		000
		12	HIGH GRADE TOO HIGH FOR PATIENTS AGE		14	03	

1 THE CHECK NUMBER COLUMN IS FOR COMPUTER CENTER USE ONLY.
RP=REPROCESSED

CLINIC YYYY IN PROJECT XXXX
 SUMMARY OF RECORDS SUBMITTED FOR THE PERIOD ENDING 07/07/76

TYPE OF RECORD	NUMBER OF RECORDS SUBMITTED	NUMBER OF RECORDS ACCEPTED	NUMBER OF RECORDS REJECTED	ACCEPTANCE RATES
INITIAL VISITS	251	250	1	99.2
READMISSIONS	0	0	0	.0
REVISITS-TYPE 2 OR 3-NEW TO SYSTEM	24	24	0	100.0
REVISITS-TYPE 2 OR 3-OTHER	381	380	1	99.7
VISITS UNCLASSIFIED/UNPROCESSED	0	0	0	.0
TYPE-1 MAINTENANCE	0	0	0	.0
TYPE-2 MAINTENANCE	0	0	0	.0
VISIT DELETIONS			0	.0
PATIENT DELETIONS		0	0	.0
TOTAL RECORDS		654	2	99.5

SAMPLE

FORMS REPROCESSED 1
 FORMS RETURNED 2

NRSFPS SYSTEM MESSAGES

CHECK FORMS FOR CORRECT CLINIC NUMBER BEFORE SUBMITTING. *
 * CHECK FORMS FOR CORRECT BIRTHDATES BEFORE SUBMITTING. *
 * WHEN CORRECTING AN ITEM ON A REJECTED FORM PLEASE DO NOT FILL OUT A NEW *
 FORM FOR THAT PATIENT. SIMPLY MARK THROUGH THE INCORRECT INFORMATION. WRITE *
 IN THE CORRECT INFORMATION AND RESUBMIT THE FORM. THANK YOU-HAVE A NICE DAY *
 *

LIST OF FORMS PROCESSED FOR THE PERIOD ENDING 07/07/76

PATIENT NUMBERS CN FORMS	DATE CF VISIT	PATIENT NUMBERS CN FORMS	DATE CF VISIT	PATIENT NUMBERS CN FORMS	DATE OF VISIT	PATIENT NUMBERS ON FORMS	DATE CF VISIT	PATIENT NUMBERS ON FORMS	DATE OF VISIT	PATIENT NUMBERS ON FORMS	DATE OF VISIT
CC000006	050476	CC0003935	052176	CC0009199	050876	000014819	051876	000019866	050676	000021933	052776
CC0000063	052076	CC0003959	051276	CC0009207	050676	000014836	052376	000019868	051776	000022014	060176
CC0000067	052976	CC0004037	052176	CC0009273	051076	000014895	050676	000019894	050876	000022146	052976
000000176	051776	CC0004289	060176	CC0009281	051276	000014951	060176	000019897	050676	000022155	050676
000000279	050476	CC0004566	050476	000009824	050476	000015012	051176	000019907	051876	000022256	052076
CC00002349	052076	CC0004618	051576	CC0009828	051876	000015057	060176	000019951	050176	000022282	052076
CC0000335	051576	CC0004649	051576	000009879	050376	000015131	051976	000019951	052476	000022285	052776
CC0000410	052576	CC0004760	052576	CC0010007	051076	000015187	051776	000019971	050876	000022275	051576
CC0000469	052876	CC0004808	052576	CC0010008	052576	000015311	052576	000019994*	050476	000022507	051576
CC0000492	051476	CC0005107	052576	000010077	051576	000015376	050676	000020018	050476	000022576	050476
000000684	042076	CC0005123	052076	CC0010515	051576	000015377	050176	000020037	050476	000022586	050676
CC0000766	052876	CC0005213	052276	CC0010603	052776	000015496	051876	000020040	051176	000022774	051576
CC0000927	052276	CC0005303	051476	000010620	051776	000015585	052676	000020043	051076	000022780	051176
CC0000957	051876	CC0005354	060176	CC0011058	050476	000015713	051076	000020086	052276	000022857	051576
000001061	051776	CC0005453	052776	000011159	051176	000015781	051876	000020092	051876	000022882	051576
000001072	051476	CC0005487	051776	CC0011558	052076	000015782	052076	000020097	052576	000022887	042076
000001119	050376	CC0005646	051576	000011940	050176	000015818	050176	000020099	052276	000022892	060176
000001174	052776	CC0005682	051176	CC0011988	052576	000015907	051576	000020123	050176	000022935	052776
000001521	052576	CC0005822	060176	CC0013159	051876	000015929	050876	000020145	052476	000023003	052976
000001530	051776	CC0006170	051076	000013301	052776	000017037	040576	000020173	050476	000023090	051876
000001632	051876	CC0006291	052576	CC0013418	050876	000017037	052476	000020186	052276	000023060	052676
000001739	052676	CC0006353	052076	CC0013655	051376	000017230	051376	000020215	052276	000023097	052276
000001754	051876	CC0006443	051376	CC0013788	051776	000017340	051776	000020232	052576	000023098	052576
000001926	042676	CC0006587	051176	CC0013888	051076	000017428	050176	000020235	051876	000023149	050876
CC0001971	052476	CC0006713	051876	CC0013910	051776	000017609	051376	000020240	050476	000023164	060176
000002011	050476	CC0006850	052576	CC0013955	052676	000017631	052976	000020241	052776	000023307	050576
CC0002021	052576	CC0006852	051176	CC0014144	060176	000017723	051476	000020242	051876	000023309	051976
CC0002100	051476	CC0007059	051876	CC0014166	051176	000017732	051476	000020301	052776	000023390	060176
000002300	052876	CC0007053	051176	CC0014219	041776	000017970	051776	000020346	051376	000024449	052076
000002576	051576	CC0007707	051776	CC0014303	052576	000018086	050376	000020400	052576	000024455	051776
000002641	051776	CC0007795	051876	CC0014407	051876	000018086	050676	000020486	050476	000024475	052176
CC0002700	060176	CC0007871	052776	CC0014421	051476	000019148	051776	000020551	052776	000024476	050876
CC0002707	050676	CC0007950	051176	CC0014445	052676	000019356	052976	000020661	051576	000024478	050376
CC0003080	052776	CC0007959	042776	CC0014472	051276	000019359	050476	000020768	050576	000024495	060176
000003116	050476	CC0008034	052576	CC0014525	051776	000019379	051376	000020768	052576	000024496	050876
000003242	051376	CC0008034	052576	CC0014563	051876	000019414	051476	000020775	060176	000024499	050176
CC0003291	050776	CC0008089	052476	CC0014606	050476	000019445	051876	000020813	050876	000026002	050876
CC0003335	051176	CC0008181	051176	CC0014677	052276	000019561	051076	000020895	050476	000026027	050876
CC0003433	051576	CC0008559	051076	CC0014678	050876	000019599	050876	000020976	050676	000026028	050376
000003684	052776	CC0008651	051176	CC0014685	050676	000019729	051776	000021229	052076	000026038	050676
CC0003752	050876	CC0008765	060176	CC0014689	050576	000019736	052776	000021231	050876	000026067	050476
CC0003765	050476	CC0008765	060176	CC0014753	051176	000019796	050176	000021439	050376	000026070	050676
CC0003807	052576	CC0008814	050476	CC0014793	060176	000019805	051176	000021506	051776	000026071	051176
CC0003841	051176	CC0008814	050476	CC0014829	050876	000019823	051076	000021747	052576	000026072	052676
		CC0008814	050476	CC0014829	050876	000019828	050176	000021781	050676	000026080	050376
		CC0008814	050476	CC0014815	051576	000019834	050376	000021805	052576	000026081	050376

SAMPLE

* INDICATES FORMS REJECTED BECAUSE OF ERRORS DETECTED DURING PROCESSING. RESUBMIT RECORDS AS SOON AS POSSIBLE.

APPENDIX VI
STANDARD TABLE SHELLS

A. PROVISIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES

Tables 1 and 2. Number and percent of patients receiving family planning services, by type of patient and type of service provided and number and percent of visits for family planning services, by type of service provided during visit

Type of service provided	Patients ¹						Visits	
	Number			Percent by type of service provided			Number	Percent
	Total	New	Continuation	Total	New	Cont.		
All patients								
Contraceptive patients								
Infertility patients								
Medical exam or Lab test, total ²								
Breast								
Pelvic								
Other medical exam								
Pap smear								
Serology								
Other lab test								

¹Unduplicated count of patients who received one or more services at this clinic during the report period.

²Total may be less than the sum of the parts if more than one service was provided to a patient or at more than one visit. Total may be less than total number of patients served or visits if no exam or test was performed for one or more patients.

Table 3. Number and percent of patients receiving family planning services, by ethnic designation and age

Age ¹ (in years)	All groups	Ethnic designation					
		White	Black	Puerto Rican	Other Spanish surname	American Indian	Other
		Number					
All ages							
Under 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 and over							
		Percent by ethnic designation					
All ages							
Under 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 and over							

¹Age of the patient at the patient's last visit of this report period.

Table 4. Number and percent of patients receiving family planning services, by highest grade of school completed and age

Age ¹ (in years)	Total	Highest grade of school completed									
		No formal education	Grade school			High school			College		
			Total	1-3	4-6	7-8	Total	1-3	4	Total	1
Number											
All ages											
Under 15											
15-19											
20-24											
25-29											
30-34											
35-39											
40 or more											
Percent by highest grade of school completed											
All ages											
Under 15											
15-19											
20-24											
25-29											
30-34											
35-39											
40 or more											

¹Age of the patient at the patient's last visit of this report period.

Table 5. Number and percent of contraceptive patients receiving family planning services, by live births and contraceptive method adopted

Type of contraceptive method adopted	Total	Number of live births				
		None	1	2	3-4	5 or more
	Number					
Total, contraceptive patients ¹						
Oral						
IUD						
Foam						
Diaphragm						
Rhythm						
Condom						
Other						
None						
	Percent by contraceptive method adopted					
Total, contraceptive patients ¹						
Oral						
IUD						
Foam						
Diaphragm						
Rhythm						
Condom						
Other						
None						

¹Excludes all patients receiving infertility services.

Table 6. Number and percent of new patients receiving family planning services, by age and source of referral

Source of referral	All ages	Age (in years) ¹						
		Under 15	15-19	20-24	25-29	30-34	35-39	40 or more
Number								
All new patients								
Program personnel								
Hospital, medical, or other health sources								
Public welfare agency								
Other social welfare agency								
Other clinic patient, friend, or relative								
Other source or self								
Unknown								
Percent by source of referral								
All new patients								
Program personnel								
Hospital, medical, or other health sources								
Public welfare agency								
Other social welfare agency								
Other clinic patient, friend, or relative								
Other source or self								
Unknown								

¹Age of the patient at the patient's last visit of this report period.

Table 7. Number and percent of patients receiving family planning services, by age and by public welfare status

Public welfare program	All ages	Age (in years) ¹						
		Under 15	15-19	20-24	25-29	30-34	35-39	40 or more
		Number						
All patients served								
Total receiving publ. welf.								
AFDC								
Other publ. welf.								
Both AFDC and other								
New patients served								
Total receiving publ. welf.								
AFDC								
Other publ. welf.								
Both AFDC and other								
		Percent by public welfare assistance						
All patients served								
Total receiving publ. welf.								
AFDC								
Other publ. welf.								
Both AFDC and other								
New patients served								
Total receiving publ. welf.								
AFDC								
Other publ. welf.								
Both AFDC and other								

¹Age of the patient at the patient's last visit of this report period.

Table 8. Number and percent of patients receiving family planning services, by live births and highest grade of school completed

Number of live births	Total	Highest grade of school completed										
		No formal education	Grade school			High school			College			
			Total	1-3	4-6	7-8	Total	1-3	4	Total	1	2 or more
Number												
Total ¹												
None												
1												
2												
3-4												
5+												
Percent by highest grade of school completed												
Total ¹												
None												
1												
2												
3-4												
5+												
Percent by live births												
Total ¹												
None												
1												
2												
3-4												
5+												

¹Unduplicated count of patients who received one or more services at this clinic during report period.

B. NATIONAL REPORTING SYSTEM FOR FAMILY PLANNING SERVICES

Monthly Tables

Table M-1. Family planning services and contraceptive method by type of visit and summary reports

Reporting period (Mo/Day/Yr to Mo/Day/Yr)

Service site <u>(number)</u>	Project <u>(number)</u>	PP affiliate <u>(number)</u>	<u>(Service site name)</u>	<u>(City)</u>	<u>(State)</u>	
Services and contraceptive method	Patient visits accepted this month by the NRSFPS					Summary of visits on file year to date (by type of patient visit)
	Initial visits TV=1	First revisit for year TV=2	Subsequent revisits TV=3	Readmission visits TV=4	Total visits TV=1+2+3+4	
All visits						Initial visits (TV=1)
Medical services						First revisit for year (TV=2)
Pap smear						Subsequent revisits (TV=3)
Pelvic exam						Readmission visits (TV=4)
Breast exam						Total visits (TV=1+2+3+4)
Blood pressure						
Pregnancy testing						
V.D. testing						
Urinalysis (n.e.s.)						
Blood test (n.e.s.)						
Sterilization						
Infertility treatment						
Other						
Counseling services						Current month processing summary
Sterilization						Visits received this month
Contraception						Reprocess input + _____
Infertility						Total visits input = _____
Other						Visits rejected - _____
Referrals						Net visits processed this month = _____
Abortion						
Sterilization						
Infertility						
Other medical services						
Social services						
Contraceptive patients						
Method presently used						
Oral (pill)						
IUD						
Diaphragm						
Foam						
Rhythm						
Condom						
Injection						
Sterilization						
Other						
None						
Interim method						
Duplicate visits merged						
This months visits deleted						
Visits deleted from master						

Table M-2. Number of family planning patient visits by type of visit: each service site and project within State

<u>(State name)</u>		<u>Region (number)</u>	<u>Reporting period (Mo/Day/Yr to Mo/Day/Yr)</u>				
Projects and service sites	City	Responsible agency(s) *	Patient visits accepted this month by the NRSFPS				
			Initial visits TV=1	First revisit for year TV=2	Subsequent revisits TV=3	Readmission visits TV=4	Total visits TV=1+2+3+4
State totals							
Project xxxx	City						
Service site xxxx	City						
Project xxxx	City						
Service site xxxx	City						
Service site xxxx	City						
Service site xxxx	City						
Etc.							

Table M-3. Number of family planning patient visits by type of visit, by funding agency: each project and State within region

<u>Funding agency _____</u>		<u>Region (number)</u>	<u>Reporting period (Mo/Day/Yr to Mo/Day/Yr)</u>				
States and projects	City	Responsible agency(s) *	Patient visits accepted this month by the NRSFPS				
			Initial visits TV=1	First revisit for year TV=2	Subsequent revisits TV=3	Readmission visits TV=4	Total visits TV=1+2+3+4
Region totals							
State name							
Project xxxx	City						
Project xxxx	City						
Project xxxx	City						
State name							
Project xxxx	City						
Project xxxx	City						
Project xxxx	City						
Project xxxx	City						
Etc.							

Quarterly Tables

Table Q-1. Activity status of patients by selected patient characteristics

Project (number) (City) Funding agency _____ Reporting period (Mo/Day/Yr to Mo/Day/Yr)

Patient characteristics	Patients seen this period			Patients discontinued this period	Active patients end of period
	Total	New	Continuation		
Total patients					
Sex					
Female					
Male					
Age groups					
Under 18					
18-19					
20-24					
25-29					
30-34					
35+					
Live births					
None					
1					
2					
3					
4					
5+					
Unknown/male					
Latin American descent					
Yes					
No					
Race					
White					
Negro					
American Indian					
Other					
Unknown					
Education					
None					
1-8 years					
9-11 years					
12					
13+					
Unknown					
Welfare recipient					
Yes					
No					
Unknown					
Registered for Medicaid					
Yes					
No					
Unknown					

Table Q-1. Activity status of patients by selected patient characteristics

Project (number)		Reporting period (Mo/Day/yr to Mo/Day/yr)		
Service site (number)	(City)	Funding agency _____	PP affiliate (number)	
Patient characteristics	Patients seen this period			Ancillary services provided
	Total	New	Continuation	
Total patients				Medical services
Sex				Supply visits
Female				Outreach contacts
Male				Attendees at lecture sessions
Age groups				Telephone contacts
Under 18				Other services
18-19				
20-24				
25-29				
30-34				
35+				
Live births				
None				
1				
2				
3				
4				
5+				
Unknown/male				
Latin American descent				
Yes				
No				
Race				
White				
Negro				
American Indian				
Other				
Unknown				
Education				
None				
1-8 years				
9-11 years				
12				
13+				
Unknown				
Welfare recipient				
Yes				
No				
Unknown				
Registered for Medicaid				
Yes				
No				
Unknown				

Table Q-2. New female contraceptive patients by selected characteristics

Project (number)		Reporting period (Mo/Day/Yr to Mo/Day/Yr)									
Service site (number)	(City)	Funding agency	PP affiliate (number)								
A. Patient characteristics	Total all ages		Age groups						B. Contraceptive method prior to service site enrollment		
	Number	Percent	-18	18-19	20-24	25-29	30-34	35+	Method	Patients	
										Number	Percent
Total new female contraceptive patients									Total		
Live births									Oral (pill)		
None									IUD		
1									Diaphragm		
2									Injection		
3									Condom		
4									Foam		
5+									Rhythm		
Unknown									Other		
Source of referral									None		
Outreach worker									Unknown		
Other FP clinic									C. Contraceptive method at end of initial visit		
Hosp., oth. hith. agency									Method	Patients	
Private phy. or nurse										Number	Percent
Welfare agency									Total		
Cl. Pt., family, friend									Oral (pill)		
Mass media									IUD		
Other									Diaphragm		
Unknown and not reported									Injection		
Ever used any method									Condom		
Yes									Foam		
No									Rhythm		
Unknown									Sterilized		
Education									Other		
None									## interim		
1-8 years									## patients prescribed methods for an interim period are also included in the figures for each method listed above.		
9-11 years											
12 years											
13+ years											
Unknown											
Latin American descent											
Yes											
No											
Race											
White											
Negro											
American Indian											
Other											
Unknown											

Table Q-3. Patient visits by type of visit and type of services provided

Project (number) _____ Reporting period (Mo/Day/Yr to Mo/Day/Yr) _____
 Service site (number) _____ (City) _____ Funding agency _____ PP affiliate (number) _____

Type of services	Total visits		Type of visit		
	Number	Percent	Initial visit	First revisit this year	Subsequent revisit this year
Total visits					
Medical services					
No medical services					
One or more medical services					
Pap smear					
Pelvic exam					
Breast exam					
Blood pressure					
Pregnancy testing					
VD testing					
Urinalysis (n.e.s.)					
Blood test (n.e.s.)					
Sterilization					
Infertility treatment					
Other					
Counseling services					
No counseling services					
One or more counseling services					
Sterilization					
Contraception					
Infertility					
Other					
Referrals					
No referrals					
One or more referrals					
Abortion					
Sterilization					
Infertility					
Other medical services					
Social services					
Method at end of visit					
Oral (pill)					
IUD					
Diaphragm					
Injection					
Condom					
Sterilization					
Foam					
Rhythm					
Other					
None (reasons given below)					
Pregnant					
Other medical reason					
Seeks pregnancy					
Other					
Interim					

Table Q-4. Number and percent distribution of all patients by selected characteristics: each State, project, and service site

Funding agency _____		Region (number)		Reporting period (Mo/Day/Yr to Mo/Day/Yr)										
State project number serv. site, funding service site city	All patients	Sex		Age groups						Race				Latin American descent
		Male	Female	-18	18-19	20-24	25-29	30-34	35+	White	Negro	Am. Ind.	Other	
Region _____	# %													
State name	# %													
Project number	# %													
SS. number City	# %													
Etc.														

Table Q-5. Number and percent distribution of new patients by selected characteristics: each State, project, and service site

Funding agency _____		Region (number)		Reporting period (Mo/Day/Yr to Mo/Day/Yr)										
State project number serv. site, funding service site city	All patients	Sex		Age groups						Race				Latin American descent
		Male	Female	-18	18-19	20-24	25-29	30-34	35+	White	Negro	Am. Ind.	Other	
Region _____	# %													
State name	# %													
Project number	# %													
SS. number City	# %													
Etc.														

Table Q-8. Number and percent distribution of female patients by type of patient and number of live births: each State, project, and service site

Funding agency _____		Region (number)					Reporting period (Mo/Day/Yr to Mo/Day/Yr)											
State project number service site, funding service site city	Total	A. All patients					Total	B. New patients					Total	C. Sterilized patients				
		Number of live births						Number of live births						Number of live births				
		0	1	2	3	4+		0	1	2	3	4+		0	1	2	3	4+
Region _____	# %																	
State name	# %																	
Project number	# %																	
SS. number City	# %																	
Etc.																		

Table Q-9. Number of patients and visits for each project, State, and region, United States

Geographical location	Number of patients reported			Number of visits reported	Project reported ancillary services
	Total	New	Continuation		
United States total					
Region _____					
State name					
Proj number					
Proj number					
Proj number					
Etc.					

Annual Tables

Table A-1. Number of patients and visits for the United States: each region and State

Reporting period (Mo/Day/Yr to Mo/Day/Yr)										
Region and states	No. of service sites	A Act. pts. at begin. of year	B New patients	C Cont. patients	D Discont. patients	E Act. pts. not seen this year	F Act. pts. at end of year	G Subsequent revisits	H Total visits	I Total ancillary services
US total										
Region ____ State name State name State name State name										
Region ____ State name State name State name										
Etc.										

Table A-2. Number of patients and visits by State and funding source for each participating project

Reporting period (Mo/Day/Yr to Mo/Day/Yr)										
Project	Project funding agencies	A Act. pts. at begin. of year	B New patients	C Cont. patients	D Discont. patients	E Act. pts. not seen this year	F Act. pts. at end of year	G Subsequent revisits	H Total visits	I Total ancillary services
State total										
Project ____										
Project ____										
Project ____										
Project ____										
Etc.										

Table A-3. Number of patients and visits for each project and its service sites

Reporting period (Mo/Day/Yr to Mo/Day/Yr)										
Project and service sites	Funding agencies	A Act. pts. at begin. of year	B New patients	C Cont. patients	D Discont. patients	E Act. pts. not seen this year	F Act. pts. at end of year	G Subsequent revisits	H Total visits	I Total ancillary services
Project number										
Service site number										
Service site number										
Service site number										
Service site number										
Service site number										
Etc.										

Table A-3P. Number of patients and visits for each Planned Parenthood affiliate

Affiliate (number)		Reporting period (Mo/Day/Yr to Mo/Day/Yr)								
Affiliates	Funding agencies	A Act. pts. at begin. of year	B New patients	C Cont. patients	D Discont. patients	E Act. pts. not seen this year	F Act. pts. at end of year	G Subsequent revisits	H Total visits	I Total ancillary services
Affiliate number										
Service site number										
Etc.										

Table A-4. Number of service sites, patients, and visits by project funding source for the United States

Reporting period (Mo/Day/Yr to Mo/Day/Yr)										
	No. of service sites	A Act. pts. at begin. of year	B New patients	C Cont. patients	D Discont. patients	E Act. pts. not seen this year	F Act. pts. at end of year	G Subsequent revisits	H Total visits	I Total ancillary services
US total										
MCHS										
OEO										
NCFPS										
PP										
MCHS, OEO										
MCHS, NCFPS										
MCHS, PP										
OEO, NCFPS										
OEO, PP										
NCFPS, PP										
MCHS, OEO, NCFPS										
MCHS, OEO, PP										
MCHS, NCFPS, PP										
OEO, NCFPS, PP										
MCHS, OEO, NCFPS, PP										
Other										
Unknown										

Table A-5. Number of service sites, patients, and visits by project funding source for each region

Region (number)		Reporting period (Mo/Day/Yr to Mo/Day/Yr)								
Project funding source	No. of service sites	A Act. pts. at begin. of year	B New patients	C Cont. patients	D Discont. patients	E Act. pts. not seen this year	F Act. pts. at end of year	G Subsequent revisits	H Total visits	I Total ancillary services
Region total										
MCHS										
OEO										
NCFPS										
PP										
MCHS, OEO										
MCHS, NCFPS										
MCHS, PP										
OEO, NCFPS										
OEO, PP										
NCFPS, PP										
MCHS, OEO, NCFPS										
MCHS, OEO, PP										
MCHS, NCFPS, PP										
OEO, NCFPS, PP										
MCHS, OEO, NCFPS, PP										
Other										
Unknown										

Table A-6. Number of service sites, patients, and patient visits by funding agency, each region, and the United States

Funding agency _____		Reporting period (Mo/Day/Yr to Mo/Day/Yr)								
	No. of service sites funded	A Act. pts. at begin. of year	B New patients	C Cont. patients	D Discort. patients	E Act. pts. not seen this year	F Act. pts. at end of year	G Subsequent revisits	H Total visits	I Total ancillary services
US total										
Region _____										
Region _____										
Etc.										

Table A-7. Number of service sites, patients, and patient visits by region, State, and project for each funding agency

Agency _____ Region (number)		Reporting period (Mo/Day/Yr to Mo/Day/Yr)								
State project number agency codes	No. of service sites	A Act. pts. at begin. of year	B New patients	C Cont. patients	D Discort. patients	E Act. pts. not seen this year	F Act. pts. at end of year	G Subsequent revisits	H Total visits	I Total ancillary services
Region _____										
State name										
Proj number										
Proj number										
Proj number										
Proj number										
Proj number										
Proj number										
Proj number										
Proj number										
Proj number										
Proj number										
Proj number										
State name										
Proj number										
Proj number										
Proj number										
Proj number										
Etc.										

Table A-20. Number of female patient visits by type of service provided for the United States

(Level of aggregation)¹

Reporting period (Mo/Day/Yr to Mo/Day/Yr)

Type of service	Initial visits	First revisit this year	Subsequent revisits this year	Total visits
Total number of visits				
Medical services				
No med. serv.				
One or more serv.				
Total med. serv.				
Pap smear				
Pelvic exam				
Breast exam				
Blood pressure				
Preg. testing				
VD testing				
Urinalysis (nes)				
Blood test (nes)				
Sterilization				
Infertility tr.				
Other				
Counseling services				
No counseling				
One or more serv.				
Total coun. serv.				
Sterilization				
Contraception				
Infertility				
Other				
Referrals				
No referrals				
One or more ref.				
Total referrals				
Abortion				
Sterilization				
Infertility				
Other medical				
Social services				
Source of referral				
Outreach				
Other FP clinic				
Hosp. etc.				
Private MD or RN				
Welfare agency				
Other clinic pt.				
Family or friend				
Radio, TV, paper ad.				
Other				
Unknown				

¹Level of aggregation will be either United States, agency, region, project (or affiliate), or service site.

Table A-30(N). Number of (new) female patients by age according to selected characteristics for the United States

(Level of aggregation)¹

Reporting period (Mo/Day/Yr to Mo/Day/Yr)

Patient characteristics	Total female patients	Under 18	18-19	20-24	25-29	30-34	35 and over
Total patients							
Live births							
None							
1							
2							
3							
4							
5+							
Unknown							
Living children							
None							
1							
2							
3							
4							
5+							
Unknown							
Number of pregnancies							
None							
1							
2							
3							
4							
5+							
Unknown							
Method at end of year							
Oral							
IUD							
Diaphragm							
Foam							
Rhythm							
Condom							
Injection							
Sterilization							
Other							
None							
Interim (not in total)							
Ever used any method							
Yes							
No							
Unknown							

¹Level of aggregation will be either United States, agency, region, State, project (or affiliate), or service site.

Table A-40(N). Number of (new) patients by patient characteristics according to sex and age for the United States

(Level of aggregation)¹

Reporting period (Mo/Day/Yr to Mo/Day/Yr)

Patient characteristics	Age of women							Age of men					
	Total	-18	18-19	20-24	25-29	30-34	35+	Total	-24	25-29	30-34	35-39	40+
Total													
Race													
White													
Negro													
Amer. Indian													
Other													
Unknown													
Latin Am origin													
Yes													
No													
Education													
None													
1-8 yrs													
9-11 yrs													
12 yrs													
13+ yrs													
Unknown													
Public assist.													
Yes													
No													
Unknown													
Medicaid regis.													
Yes													
No													
Unknown													
Sterilization													
Medical serv.													
Counseling													
Referral													
Males only:													
Method													
Steril.													
Condom													
None													
Other													

¹Level of aggregation will be either United States, agency, region, State, project (or affiliate), or service site.

Table A-50. Characteristics of patients receiving public assistance by age and parity for the United States

Patient characteristics	Total patients	Percent		Percent in each age group						Percent by number of live births						
		Women	Men	-18	18-19	20-24	25-29	30-34	35+	0	1	2	3	4	5+	Unk
Total patients																
Contraceptive method																
Oral																
IUD																
Diaphragm																
Foam																
Condom																
Sterilization																
Other + injection																
Rhythm																
None																
Race																
White																
Negro																
Am. Indian																
Other																
Unknown																
Latin American origin																
Yes																
No																
Unknown																
Education																
None																
1-8 yrs.																
9-11 yrs.																
12 yrs.																
13+ yrs.																
Unknown																
Fetal deaths																
None																
1																
2																
3+																
Unknown																
Referrals																
None																
Abortion																
Sterilization																
Infertility																
Other medical																
Social services																

¹Level of aggregation will be either United States or agency.

Table A-60. Number of method changes by type of method after change according to type of method before change and type of patient: female patients for the United States

(Level of aggregation)¹

Reporting period (Mo/Day/Yr to Mo/Day/Yr)

Method before change	Total changes	Method after change									
		Oral	IUD	Diaphragm	Foam	Rhythm	Condom	Inject.	Steril.	Other	None
New patients											
Number patients with no method change											
Total number of method changes											
Oral											
IUD											
Diaphragm											
Foam											
Rhythm											
Condom											
Injection											
Sterilization											
Other											
No method											
Continuation pats.											
Number patients with no method change											
Total number of method changes											
Oral											
IUD											
Diaphragm											
Foam											
Rhythm											
Condom											
Injection											
Sterilization											
Other											
No method											

¹Level of aggregation will be either United States or agency.

Table A-70-1. Number of new female patients by method prior to clinic enrollment and method at last visit, and source of method prior to clinic enrollment for the United States

<u>(Level of aggregation)¹</u>		<u>Reporting period (Mo/Day/Yr to Mo/Day/Yr)</u>								
Method at last visit	Total new female patients	Method prior to clinic enrollment								
		Oral	IUD	Diaphragm	Foam	Rhythm	Condom	Injection	Other	None*
Total patients										
Oral										
IUD										
Diaphragm										
Foam										
Rhythm										
Condom										
Injection										
Sterilization										
Other										
None										
Source of prior method										
Clinic										
Private doctor										
Drug store										
Other										
Unknown										
No prior method										

¹Level of aggregation will be either United States, agency, region, or project (or affiliate).
 *Includes patients with unknown prior methods.

Table A-70-2. Number of female patients by method prior to clinic enrollment, method at end of initial visit, and method at end of last visit according to type of patient and type of method for the United States

<u>(Level of aggregation)¹</u>				<u>Reporting period (Mo/Day/Yr to Mo/Day/Yr)</u>			
Type of contraceptive method	Prior to clinic enrollment	End of initial visit	End of last visit	Type of contraceptive method	Prior to clinic enrollment	End of initial visit**	End of last visit
Total new patients				Total continuation patients			
Oral				Oral			
IUD				IUD			
Diaphragm				Diaphragm			
Foam				Foam			
Rhythm				Rhythm			
Condom				Condom			
Injection				Injection			
Sterilization				Sterilization			
Other				Other			
None				None			
Unknown				Unknown			

¹Level of aggregation will be either United States, agency, region, or project (or affiliate).
 **Does not include patients for which initial visits are not on file.

Table A-80. Female contraceptive patients by contraceptive use prior to clinic enrollment according to age and number of live births for the United States

(Level of aggregation)¹

Reporting period (Mo/Day/Yr to Mo/Day/Yr)

Contraceptive use prior to clinic enrollment	Total number patients	Percent in each age group						Percent by number of live births						
		-18	18-19	20-24	24-29	30-34	35+	0	1	2	3	4	5+	Unk
Total number of patients														
Ever used a method														
Yes														
No														
Unknown														
Currently using a method														
Yes														
No														
Unknown														
Last method used prior to clinic enrollment														
Oral														
IUD														
Diaphragm														
Foam														
Rhythm														
Condom														
Injection														
Other														
Unknown														
No prior method														
Source of last method														
Clinic														
Private doctor														
Drug store														
Other														
Unknown														
No prior method														

¹Level of aggregation will be either United States, agency, or region.

Table A-90. Number of new female patients who are under 19 years by selected characteristics for the United States

(Level of aggregation)¹

Reporting period (Mo/Day/Yr to Mo/Day/Yr)

Patient characteristics	Age groups					Patient characteristics	Age groups				
	Total	-15	16	17	18		Total	-15	16	17	18
Total patients						Total patients					
Number of live births						Race					
None						White					
1						Negro					
2						American Indian					
3						Other					
4						Unknown					
5+						Latin Amer. origin					
Unknown						Yes					
No. of living children						No					
None						Education					
1						None					
2						1-8 years					
3						9-11 years					
4						12 years					
5+						13+ years					
Unknown						Unknown					
Number of pregnancies						Public assistance					
None						Yes					
1						No					
2						Unknown					
3						Medicaid registrant					
4						Yes					
5+						No					
Unknown						Unknown					
Method at end of visit						Referrals					
Oral						None					
IUD						Abortion					
Diaphragm						Sterilization					
Foam						Infertility					
Rhythm						Other medical ser.					
Condom						Social services					
Injection						Unknown					
Sterilization						Reason for no method					
Other						Pregnant					
None						Other med.					
Interim (not in total)						Seeking preg.					
Ever used any method						Other					
Yes											
No											
Unknown											

¹Level of aggregation will be either United States or agency.

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