

Consent and Privacy in the National Survey of Family Growth: A Report on the Pilot Study for Cycle III

This report describes the results of a pilot study for Cycle III of the National Survey of Family Growth. The report compares the effects on interview response and data quality of three pairs of alternative data collection procedures.

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Preface

This report describes the results of a pilot study for Cycle III of the National Survey of Family Growth. It compares the effects of three alternative data collection procedures on interview response and data quality. The survey was designed and conducted by the Institute for Survey Research of Temple University, Philadelphia, Pa., under a contractual agreement with the National Center for Health Statistics. The alternative data collection procedures were designed by Koray Tanfer of the Institute for Survey Research in cooperation with William F. Pratt and Gerry E. Hendershot of the National Center for Health Statistics. Much of the report is based on the final report submitted by the Institute, and many of the tabulations in the report were prepared by Lee Robeson of the Institute.

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Symbols

- - - Data not available
 - . . . Category not applicable
 - Quantity zero
 - 0.0 Quantity more than zero but less than 0.05
 - Z Quantity more than zero but less than 500 where numbers are rounded to thousands
 - * Figure does not meet standards of reliability or precision *
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Consent and Privacy in the National Survey of Family Growth: A Report on the Pilot Study for Cycle III

by Koray Tanfer, Ph.D., Institute for Survey Research, Temple University, and William Grady, M. A., and Christine Bachrach, Ph.D., Division of Vital Statistics

Introduction

The primary mission of the National Center for Health Statistics is to collect and publish data relating to the health of the population of the United States. In carrying out this mission, the Center collects data on vital events registered in the United States, conducts inventories of health facilities and manpower, and conducts probability sample surveys based on household interviews, health examinations, and medical records. Data collection programs are supplemented by research projects to investigate new techniques of data collection and evaluate operating programs.

In response to the need for current information on the interrelated topics of fertility, family planning, and their effects on population growth, the National Survey of Family Growth was established as an integral part of the Center program in 1971. The National Survey of Family Growth is a cyclic survey; that is, data are collected every few years by means of a sample survey. The first cycle of the survey was conducted in 1973, the second was conducted in 1976, and Cycle III is being conducted in 1982.

The sample design and data collection for Cycle I of the National Survey of Family Growth were contracted to the National Opinion Research Corporation of the University of Chicago. Interviews were completed with 9,797 women from July 1973 through February 1974. For Cycle II of the National Survey of Family Growth, the sample design and data collection were contracted to Westat, Inc., of Rockville, Md. The Cycle II sample consisted of 8,611 women with whom interviews were completed from January 1976 through September 1976.

The target population of Cycle I and Cycle II was the civilian household population of women 15-44 years of age living in the conterminous United States who were currently or previously married or were never-married mothers with offspring living in the household at the time of the interview. Data were

collected by means of personal interviews with probability samples of these women. The interviews furnished information for determining trends and differentials in fertility, family planning practices, sources of family planning advice and services, effectiveness and acceptability of various methods of family planning, and aspects of maternal and child health that are related closely to family planning and child-bearing.

Purpose of the Cycle III Pilot Study

Cycle III of the National Survey of Family Growth will be the first cycle to include a sample of women of reproductive age (defined to be 15-44 years) regardless of marital status. All never-married women will be eligible for inclusion in the sample, rather than only those with offspring living in the household at the time of interview (as in previous cycles). The potential sensitivity of interviews with women who have never married (especially women who are minors) on the topics covered in the survey raised the question whether it is feasible for the Federal Government to conduct such interviews. If so, special procedures to minimize the sensitivity of the interview and to maximize survey response and data quality needed to be tested.

The feasibility of interviewing adolescents who had never married was demonstrated in three national surveys of young women conducted by researchers at Johns Hopkins University,^{1,2,3} as well as in other studies of adolescents based on more selective samples. However, methodological issues in interviewing never-married women have received little attention in the literature. A notable exception is DeLamater and MacCorquodale,⁴ who examined the effects of question location and type of interview administration on the reporting of sexual behaviors; however, their study was based on a sample of young, white men and women in a single Midwestern city.

The pilot study for Cycle III of the National Sur-

vey of Family Growth (NSFG) was designed to test the feasibility of conducting interviews under the auspices of the Federal Government on topics such as fertility, family planning practices, and maternal and child health with never-married women 15-44 years of age. A major objective of the pilot study was to compare three alternative procedures for obtaining optimal response rates and ensuring data quality. The pilot study was conducted under contract by the Institute for Survey Research of Temple University. This report details the results of the pilot study. Definitions of terms used in this report are found in appendix I.

Data collection procedures tested

Three pairs of alternative data collection procedures were tested in the pilot study for Cycle III. One pair of the procedures tested the effect on the interview refusal rate of the *amount of prior information* provided to the respondent as a basis for informed consent to the interview. A second pair of procedures tested the effectiveness of administering a *parent questionnaire* in obtaining parental consent to interview a minor (15-17 years of age). The third pair of procedures tested the relative efficacy of two forms of *interview administration* (interviewer-administered compared with self-administered) in obtaining information on sensitive topics from the respondent.

Amount of prior information.—The National Survey of Family Growth is required to provide enough prior information to each respondent to obtain an “informed consent” to the interview. The information provided should allow the respondent to make a decision about participation that is based on knowledge of the nature of the survey and the right to refuse to participate.

The amount of prior information supplied to the respondent may affect the survey response rate and the quality of data collected in several ways. Supplying complete and detailed information about the survey may reduce the likelihood of refusal by increasing the respondent’s interest and curiosity and creating an atmosphere of trust. It also may reduce the likelihood of misreporting and nonresponse on sensitive questions by providing assurances of confidentiality and uses of the data obtained.

On the other hand, it may be that the more information the respondent is given, the greater the likelihood that the respondent would find some aspect of the survey threatening, that interest would be diminished by the lengthy explanation, or that she would feel she did not know enough to participate in the survey.

For the pilot study for Cycle III, all women in the sample were mailed a letter that contained general information about the NSFG, the sample selection process, confidentiality of responses, the purpose of

the survey, and the voluntary nature of participation. The women also received a second introduction to the survey from the interviewer that included a pamphlet and a short, standard verbal presentation.

In addition to this basic information, half of the women in the sample were given supplemental information by the interviewer. The supplemental information consisted of a flip-chart containing 10 graphs depicting the types and uses of the data sought in the interview (appendix II). In both instances, the information was supplied *before* attempting to conduct an extended (main) interview. The research question addressed by this procedure was whether the additional amount of prior information provided to the respondent affected the interview refusal rate.

Providing information about the interview serves as a basis for informed consent as well as a means of obtaining respondent cooperation. The pilot study also explored the question of how much information is necessary before the respondent feels adequately informed. All respondents were asked at the end of the interview whether they had been “told enough about what the interview would be like.” The responses of women who had received only the basic information were then compared with the responses of those who had been given both the basic and the supplemental information.

Parent questionnaire.—Whenever the eligible respondent was a never-married minor, signed parental consent was requested in addition to the verbal consent of the respondent. The necessity of obtaining the consent of a parent (or guardian) may increase the likelihood of an interview refusal for two reasons: (1) two persons must agree to the interview rather than one, and (2) parents may be reluctant to expose an adolescent daughter to any interview, or to an interview about fertility-related behaviors.

High rates of interview refusal, in turn, increase the likelihood of a selection bias, that is, bias resulting from differences between the total group of eligible women and the subset of women who complete the interview.

The pilot study was designed to test a strategy to reduce the likelihood of interview refusal among never-married women and their parents. The strategy tested in this study was administration of a short interview with a parent (the mother whenever possible) before parental consent was requested. This brief interview elicited information on the mother’s child-bearing and on socioeconomic characteristics such as education and family income.

The parental interview may reduce refusal rates for two reasons: (1) the parent becomes a participant in the survey, thus increasing his or her psychological stake in its outcome; and (2) it provides a mechanism to develop rapport between the parent and the interviewer. On the other hand, it is possible that the content of the questionnaire, such as questions on family

income, would be considered too sensitive and have an adverse effect on the parent's willingness to provide consent, thus increasing refusal rates. The parent questionnaire is shown in appendix III.

The parent questionnaire was administered (after the prior information was given and before consent was requested) in half of the households in which a never-married minor was identified as the eligible respondent. In the remaining such households, consent was requested immediately after the prior information was given. Interview refusal rates then were compared for these groups.

The parent questionnaire treatment also served another research function. Because data on the socioeconomic characteristics of the parents were collected in both the parental and respondent interviews, a crude indication of accuracy of family background information reported by minor respondents could also be obtained by comparison.

Interview administration.—Questions about sexual activity and other fertility-related topics may be especially sensitive for never-married women. Because verbalizing responses to sensitive questions may be embarrassing or threatening to these respondents, the likelihood of item nonresponse and misreporting may be great in interviews requiring oral responses. Although the use of "answer cards," which require only letter or number responses, may alleviate this problem, the number of cards that may be used is limited. In an attempt to partially avoid these problems, some surveys have used a self-administered questionnaire to elicit information on sensitive topics. This approach offers the respondent greater privacy than when oral answers are required and may be associated with more candid and complete responses.

However, the additional privacy afforded by the self-administered questionnaire also may affect data

quality. This method does not allow as much complexity in the design of the questionnaire as questionnaires for oral responses do (that is, it requires less complex skip patterns) and also does not permit interviewer intervention for missing, incomplete, or inappropriate responses. Furthermore, the quality of data obtained from a self-administered questionnaire depends on the literacy and educational level of the respondent.

In the pilot study, half of the respondents received interviewer-administered questions only, and half received a combination of interviewer-administered questions and self-administered questions. The self-administered portion of the interview, which covered potentially threatening or sensitive questions, was given after approximately 20 interviewer-administered questions and was followed by 40 to 85 additional interviewer-administered questions. The content and design of both interview procedures were similar, with minor format changes to facilitate self-administration. Selected questions from the self-administered questionnaire and interviewer-administered questionnaire are shown in appendix IV. Responses to the sensitive questions were compared for the two groups with respect to (1) frequency of item nonresponse, and (2) aggregate distribution of responses to each item.

At the end of the interview, the respondents from each group were asked whether any of the questions had been "hard or uncomfortable to answer" and whether they thought they might have preferred the form of interview administration that they had not received. Responses to these questions provided an indication of the effect of type of interview administration on the respondent's comfort with the interview.

Summary of principal findings

Three data collection strategies were tested in the pilot study. Two strategies, provision of supplemental information about the nature and uses of the survey and administration of a short interview with a parent of minor respondents, were tested to determine their efficacy in reducing interview refusal rates. The third strategy, the self-administered questionnaire, was tested to determine its effects on data quality.

Provision of supplemental information was associated with a reduction in the refusal rate for women 18-44 years of age but not for minor women 15-17 years of age, who had the highest refusal rate of any age group (figure 1). It also had little effect among black women but resulted in a reduction of more than 3 percentage points among women of other races. Thus supplemental information about the survey yielded a small reduction in refusal rates but was not effective among all women.

Administration of a parent questionnaire reduced refusal rates by more than 5 percentage points among minor women. Although interviewing a parent had almost no effect among black women, the refusal rate among women of other races was reduced almost 7 percentage points when a parent questionnaire was administered (figure 2). This reduction is particularly important because without a parental interview the refusal rate for women of other races was 19.9 percent compared with only 5.1 percent for black women; thus the procedure was most effective in the racial group for which refusals were greatest.

The parental interview also had an important effect on obtaining information on family characteristics. Only approximately 46 percent of minor women provided any information on family income, but 84 percent of parents provided this information in response to questions asked during the parental interview (figure 3). Parents were also more likely to provide data on the educational attainment of the father than minor women were. A parental interview thus provides an effective strategy to improve survey response and availability of background information for never-married minor women.

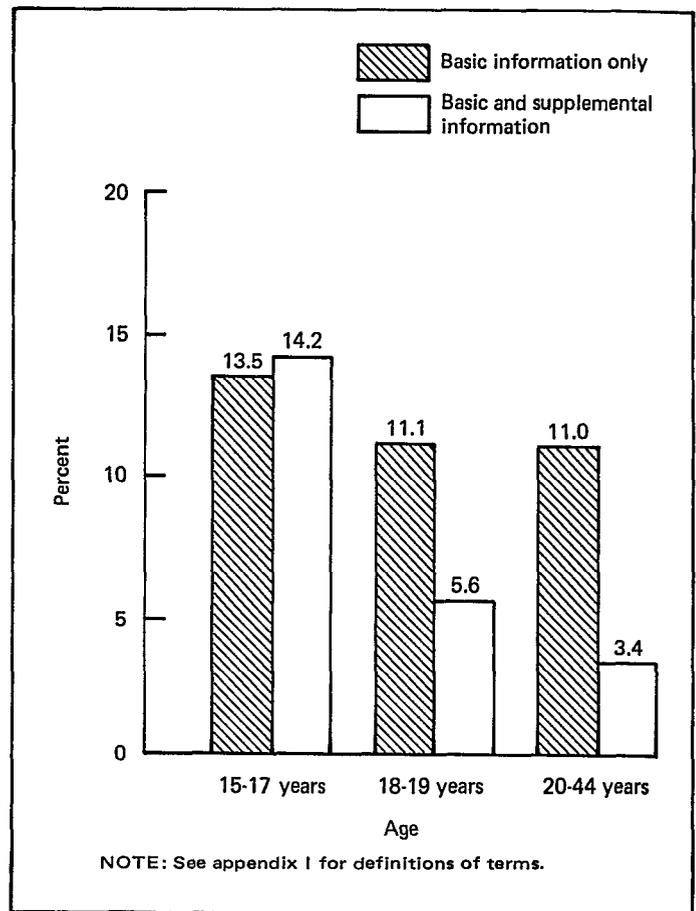


Figure 1. Interview refusal rates by amount of prior information and age

The major strategy for improving data quality that was tested in the pilot study was the use of a self-administered questionnaire to obtain information on sensitive topics. It was thought that self-administration might reduce response distortion for sensitive questions by providing the respondent with greater privacy than is afforded by interviewer administration and by reducing the risk of "courtesy responses" (answers the respondent believes conform to the interviewer's or society's values). However, com-

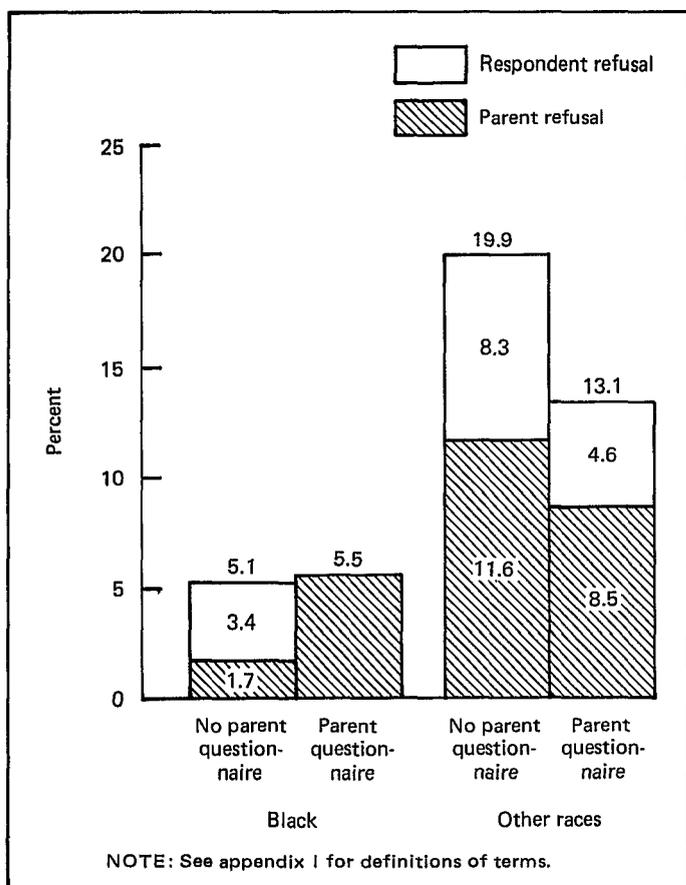


Figure 2. Interview refusal rates for minor women 15-17 years of age by source of refusal, whether a parent questionnaire was administered, and race

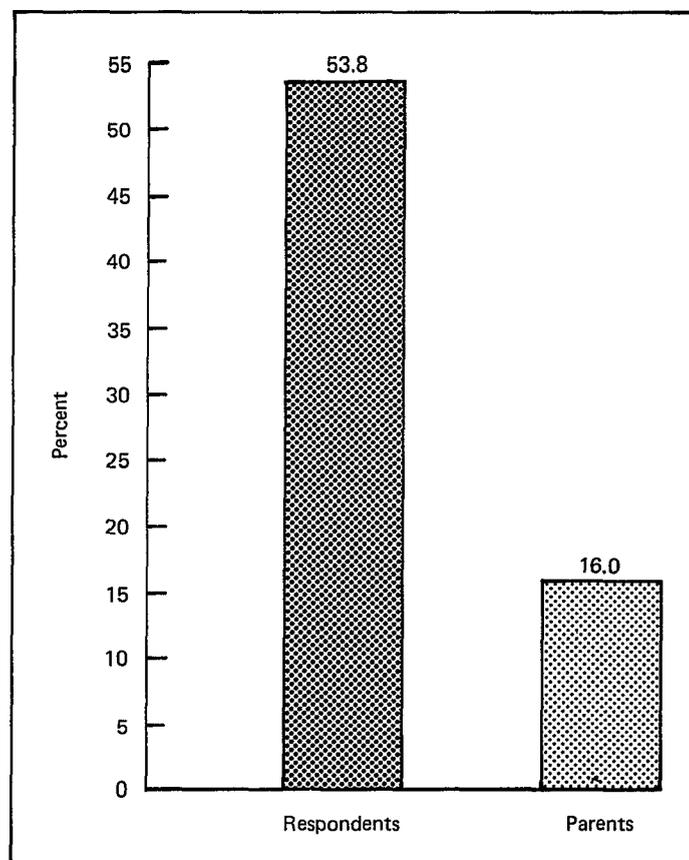


Figure 3. Percent of respondents 15-17 years of age and parents who provided neither an exact amount nor a range in response to questions on family income

parison of responses obtained from self-administered questionnaires with responses obtained from interviewer-administered questionnaires did not support this expectation; the distributions of responses were similar for both questionnaire forms. However, greater item nonresponse was found in the self-administered questionnaire, especially for open-ended questions.

The pilot study results thus provided no evidence that response distortion is reduced when sensitive questions are asked using a self-administered form, but the results did indicate that greater item nonresponse rates are associated with this procedure. Given that the results obtained from a self-administered questionnaire are to some extent dependent on the complexity of the questionnaire design and the literacy of the respondents, this questionnaire form appears to entail several costs with no apparent gains in data quality.

The combined response rate for the pilot study of 70.4 percent is the product of a screening response rate of 88.2 percent and an interview response rate of 79.8 percent. Much of the nonresponse may be attributed to two factors: the timing and the duration of the field period. August and September, when the fieldwork was carried out, are associated with high

population mobility, which reduces the probability of finding respondents at home. This problem was compounded by the characteristics of the study population (young, never-married women are highly mobile) and by the short field period of 4 weeks, which reduced the number of possible calls. The effects of these factors were evident in high screener and interview nonresponse rates due to reasons other than refusal.

Figures 4 and 5 show that interview refusal rates varied by race and age. Black women identified as eligible for the study were less likely to refuse the interview than eligible women of other races (figure 4), resulting in a lower overall interview nonresponse rate among black women. Interview refusal and overall interview nonresponse rates were greater among eligible women 15-17 years of age, for whom parental consent for the interview was required, than among older women (18-44 years of age), for whom parental consent was not necessary (figure 5). Rates of nonresponse for reasons other than refusal varied little by race and age.

Item nonresponse rates for sensitive questions about pregnancy and family planning were generally very low; among respondents given the interviewer-administered questionnaire, nonresponse was zero for

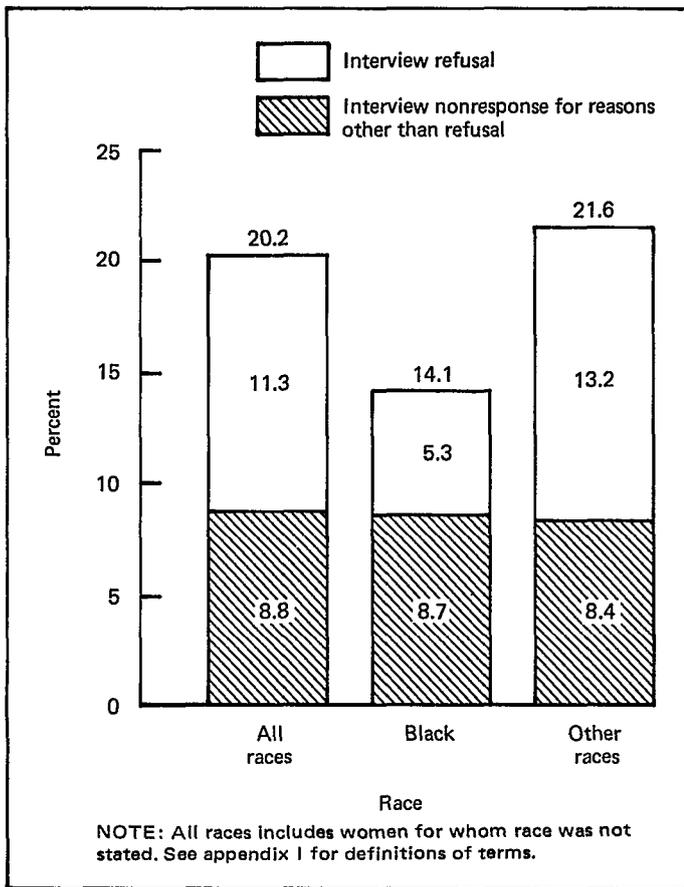


Figure 4. Interview nonresponse rates by reason for nonresponse and race

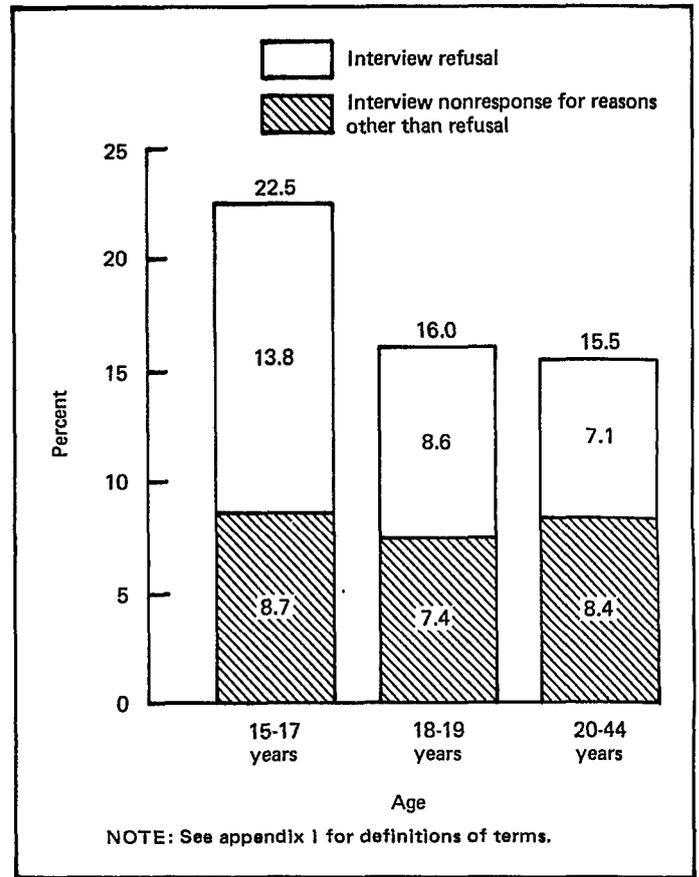


Figure 5. Interview nonresponse rates by reason for nonresponse and age

most items and never exceeded 2 percent for any item. Furthermore, approximately 71 percent of respondents given the interviewer-administered questionnaire found none of the questions hard or uncomfortable to answer, indicating that response distortion due to question sensitivity is probably not large.

The results of the pilot study demonstrated the feasibility of including never-married women in the NSFG and of asking them potentially sensitive questions about topics such as fertility, family planning, and maternal and child health. The survey response rate was acceptable given the timing and duration of

the field period, and the item response rate for sensitive questions was very high. The study also showed that the parental interview is an effective procedure for reducing nonresponse and enhancing data quality for never-married minor women, who are an important target population of the Cycle III survey. The results further indicate that survey refusals can be reduced among never-married adult women (18-44 years of age) and among women of other races by giving them supplemental information about the survey before attempting an interview.

Source and limitations of the data

The sample design and fieldwork for the pilot study of Cycle III were contracted to the Institute for Survey Research of Temple University, Philadelphia, Pa. The sample consisted of 759 eligible women, of whom 606 (79.8 percent) were interviewed; of the 606 interviewed women, 347 were 15-17 years of age, and 259 were 18-44 years of age. All interviews were conducted during August and September 1979.

Sample design

The sample was designed to broadly represent the civilian noninstitutional population of never-married women 15-44 years of age living in households and group quarters in the conterminous United States. The sample was selected using a five-stage design but, because the study was not intended to obtain national estimates of population characteristics, it was not a strict probability sample.

The first stage of the sampling process resulted in selection of four primary sampling units. The four areas were purposely chosen to provide variation in geographic region, level of urbanism, and racial composition, as well as some variation in age structure and income level. The sample areas comprised the central city and suburban portions of a large Northeastern standard metropolitan statistical area, the urban portion of a small Southern standard metropolitan statistical area, and a rural Southern area (composed of two rural counties). When aggregated, the population of the four areas was similar to that of the national population with respect to the characteristics on which they were chosen.

Within each of the first-stage sample areas, strict probability sampling rules were observed. The second and third stages of the sampling process resulted in selection of 48 small geographic areas (listing areas), 12 from each primary sampling unit. Selections at both stages were made with probabilities proportionate to size (number of dwelling units). In addition, the second-stage selection of census tracts and

enumeration districts used stratification by race and income to ensure that the sample remained broadly representative by those characteristics.

The fourth stage of sampling consisted of the selection of dwelling units within listing areas. Because more treatments applied to minor women (15-17 years of age) than to adult women (18-44 years of age) (see section on "Assignment to treatment groups"), and because minor women were an important target population for the study, the study design specified that two-thirds of the approximately 600 interviews were to be completed with minor women and the remaining interviews with adult women. Thus because only about one-third of never-married women 15-44 years of age are minors, minor women had to be sampled at a greater rate than adult women. These different sampling rates were achieved during the fourth stage of sampling by randomly designating a portion of the dwelling units in the sample listing areas as subsample units. In these units (identified for the interviewer by a pink screener interview form), interviews were to be conducted *only* with an eligible minor. In the remaining households (assigned blue screener interview forms), any eligible woman, either minor or adult, could be interviewed.

When more than one eligible woman was identified in a household, all eligible women were listed on the screener interview form, and one woman was selected randomly. This constituted the fifth stage of the selection process. In subsample units, only minor women were eligible for this operation.

Sample disposition and survey response

Table 1 shows the final disposition by survey area of dwelling units assigned for listing during the fourth stage of sampling. Examination of the table shows that of the 8,442 dwelling units assigned, 703 were either vacant, were not dwelling units as defined by the NSFG, or were outside the listing areas. Of the remaining 7,739 units, 6,826 were successfully

screened, yielding a screener response rate of 88.2 percent (table 2). Only about 20 percent of the dwelling units not successfully screened were missed because of refusals; the remaining portion of screener nonresponse was primarily a result of unsuccessful attempts to locate anyone eligible for the screener interview at home during the study period.

Screening identified 759 women eligible for the extended interview (excluding adult women in subsample units, for which only minor women were eligible to be interviewed, and excluding women living in multiple-eligible households who were eligible but not selected). Among the eligible women, 606 completed an interview, producing an interview response rate of 79.8 percent (a discussion of interview nonresponse appears in a later section of this report) and an overall response rate (the product of the screener and interview response rates divided by 100) of 70.4 percent. The overall response rate varied by survey area, ranging from a low of 65.2 percent in the urban South to a high of 78.8 percent in the rural South. Although refusal to participate in the survey was a factor in producing the low overall response rates, three other factors were also very important: (1) timing of the survey (during the summer months when seasonal mobility is high), (2) composition of the study population (predominantly young, never-married women, who are highly mobile), and (3) short duration of the field period.

Assignment to treatment groups

The major objective of the pilot study was to examine the effects of the alternative interviewing procedures on response rates and data quality. Therefore, it was important that the characteristics of the respondents in each treatment cell (figure 6) be equal within the limits of random sampling error. This was necessary to limit the possibility that the effects of the treatments would be confounded with the effects of the characteristics of the respondents.

Respondent assignment to treatment groups was accomplished after the fourth-stage selection of addresses was completed. Starting with a randomly

selected address in each listing area, addresses systematically were assigned to one of the eight treatment cell combinations. This assignment of cases ensured a random distribution of respondents among treatment combinations and avoided spot assignment by the interviewers. Because cases were assigned to treatment cells before contact was made with the sample households, households containing eligible women 15-44 years of age were designated to receive the parent questionnaire. However, this treatment was carried out only when the selected respondent was 15-17 years of age, as a part of the procedure for obtaining parental consent.

The outcome of the assignment of women to treatment groups is shown in tables 3, 4, and 5. Table 3 shows numbers of eligible and responding women by amount of prior information received, according to age, race, and survey area; table 4 shows numbers of eligible and responding minor women by whether a parent was interviewed, according to race and survey area; table 5 shows the number of responding women by type of interview administered, according to age, race, and survey area.

Data limitations

The pilot study was to provide information about the effectiveness of various survey procedures that would be applicable to a survey of the national population. For reasons of cost and efficiency, however, the sample design employed to select pilot study respondents was not a national probability sample. Therefore, strictly speaking, the results of the study cannot be generalized for the national population. However, the four areas selected as sites for the pilot study were chosen to be broadly representative of the national population; that is, the distribution of the study populations as a whole by characteristics such as age, race, and income was similar to that of the Nation (according to 1970 census data). Therefore, the results of the study, although not precisely general for the national population, will provide information of value in planning a national survey.

Although the four pilot study sites were chosen

Type of interview administration	Basic information only		Basic and supplemental information	
	No parent questionnaire	Parent questionnaire (minor women only)	No parent questionnaire	Parent questionnaire (minor women only)
Interviewer-administered	①	③	⑤	⑦
Self-administered	②	④	⑥	⑧

Figure 6. Treatment and control groups case assignment design

to be broadly representative of the national population, the respondents in the pilot study differ from single American women of reproductive age in their distribution by age and race. According to data collected in the March 1979 *Current Population Survey*, approximately 17 percent of never-married women 14-44 years of age were black, and approximately 40 percent were under 18 years of age.⁵ Among pilot study respondents (15-44 years of age), these figures are 29 percent and 57 percent. In interpreting study results, overrepresentation of minor women and black women should be taken into account. Therefore, wherever the number of cases allows, results are shown separately by age and racial group.

Most results shown in this report are given in the form of percent distributions and simple cross tabula-

tions. Multiple classification analysis also was used to statistically adjust the report findings for age, race, and survey area but, because the adjusted results were virtually identical to the unadjusted findings, these data are not presented. Interactions between treatments also were explored by observing whether the effects of one treatment were similar within categories of other treatments. The analysis yielded no evidence of such interaction effects.

Because a strict probability sample was not used in the pilot study, no statistical tests of group differences in rates or percents are reported in the analysis of results. Statistical tests based on an assumption of simple random sampling were calculated for use as a rough guide to the analysis.

Results

Age, race, and survey area

Interview nonresponse rates, refusal rates, and rates of nonresponse for reasons other than refusal are shown in table 6, according to survey area, race, and age. Nonresponse rates ranged from 15.4 percent in the rural South to 26.1 percent in the urban South. Interview refusal was more common and constituted a greater proportion of total interview nonresponse in the South than in the Northeast. The high levels of nonresponse for other reasons in the two Northeastern areas sampled may reflect some "disguised refusal," as, for example, respondents not keeping appointments or respondents deliberately staying away from home. Another factor that may contribute to geographic differences in nonresponse for other reasons is variation in seasonal mobility by area, which would result in differing proportions of eligible women not at home.

Interview nonresponse rates were lower among eligible black women than among eligible women of other races, primarily because black women were less likely to refuse the interview. Rates of nonresponse for other reasons are similar for the two racial categories.

Age variations in interview nonresponse rates are in part a result of the requirement for written parental consent for interviews with minor respondents. Interview nonresponse rates ranged from 22.5 percent among women 15-17 years of age to 15.5 percent among women 20-44 years of age. The refusal rates among women in these age groups were 13.8 percent and 7.1 percent. However, because of the requirement for parental consent, each interview with an eligible minor had two potential sources of refusal—the parent and the minor. When the refusal rate for women 15-17 years of age is broken into its two components, parental and respondent refusals (8.5 percent and 5.4 percent), the resulting rates of respondent refusal are similar to those observed in the older age groups.

Although parental consent was not required for

respondents 18 years of age and over, a small number of parents did intervene and refuse to allow their daughters to participate. Three parental refusals occurred among women 18 or 19 years of age, but none occurred among women 20-44 years of age. After accounting for the effect of parental refusal on response rates, age made little or no difference in the willingness of eligible women to participate in the study.

Amount of prior information

An examination of table 7 reveals that refusal rates among women 18-44 years of age were lower for those who received basic and supplementary information about the survey (3.9 percent) than among those receiving only basic information (11.0 percent). Among women 15-17 years of age, however, provision of supplementary information had virtually no effect on refusal rates (14.2 compared with 13.5). The absence of a difference among women 15-17 years of age results from the different effect of the supplemental information on minor women than on their parents; although the supplemental information reduced parental refusals from 9.2 percent to 7.8 percent, respondent refusals increased from 4.4 percent to 6.4 percent at the same time.

Provision of supplementary information also reduced the refusal rate among women of other races by 3.3 percentage points. This difference probably is understated because of the overrepresentation in the sample of women 15-17 years of age for whom the supplementary information had no effect.

Legal and ethical considerations require that respondents be given enough information about an interview to allow them to make an informed choice about participation in the study. However, the amount of information needed as a basis for informed consent is difficult to determine. In an effort to address this issue, pilot study respondents were asked at the end of the interview whether they thought

they had been told enough about what the interview would be like. Table 8 shows the percents of respondents who answered "yes," "no," and "not sure" or "don't know" to this question.

More than four-fifths (82.8 percent) of the respondents felt they had been told enough about the interview. Among those who did not answer yes, nearly two-thirds were not sure. Approximately 6 percent of the respondents felt they had not been given enough information.

Table 9 shows the percent of respondents who answered yes to this question according to the amount of prior information given. This percent is similar for respondents who received the supplemental information before the interview (84.3 percent) and for respondents who were given the basic information only (81.4 percent). Similar results were obtained when the relationship between amount of prior information and the likelihood of respondents reporting they had been told enough about the interview was examined in each survey area and race and age group shown in table 9; in most cases, the differences are small, and none are larger than might be expected by chance in samples of this size.

Another issue addressed in the pilot study was whether the provision of supplemental information about the nature of the questions to be asked would more adequately prepare the respondent for sensitive topics in the interview and make these topics less threatening or embarrassing to the respondent. To gather information on this issue, all respondents were asked at the end of the interview if any of the questions had been "hard" or "uncomfortable" to answer. Table 10 shows that about a quarter (25.7 percent) of the pilot study respondents answered yes to this question, and that there was little variation in this percent by the amount of prior information received. When the relationship between the amount of prior information and the percent answering yes was examined within categories of race, age, and survey area, the only substantial difference occurred among residents of the urban Southern area (table 10).

Parent questionnaire

When a designated respondent was under 18 years of age, interviewers were instructed to obtain written consent of the parent to interview the daughter. In approximately one-half of the cases, a brief interview with the mother concerning her own childbearing and socioeconomic characteristics was to be conducted before her consent to interview the daughter was requested. The main objective of this procedure was to test its effect on the likelihood of parental refusal. The procedure also allowed the comparison of information on family characteristics given by minor respondents with that obtained from their parents.

Table 11 shows interview refusal rates by whether a parent questionnaire was used, according to survey

area and race. Because the parent questionnaire was used only for eligible women under 18 years of age, this table excludes women 18-44 years of age.

The results in table 11 indicate that a smaller proportion of parents and minor respondents refused to participate when a parent questionnaire was administered than when it was not used. Approximately 1 in 6 (16.3 percent) of the respondents in the "no parent questionnaire" group refused to be interviewed (or parental consent was denied), compared with approximately 1 in 9 (11.1 percent) of the respondents or parents in the "parent questionnaire" group. Furthermore, although the parent questionnaire was designed to reduce refusals among parents, daughters of parents who were given the questionnaire were only about half as likely to refuse the interview as their counterparts in the "no parent questionnaire" group (3.4 percent compared with 7.1 percent).

Table 11 also shows that the effects of the parental interview on the refusal rate varied by race. The parent questionnaire had little effect among black women, but among women of other races it was associated with a reduction of about 7 percentage points. A substantial reduction (8.7 percentage points) also was found among residents of the suburban Northeast. However, the observed differences among residents of other areas are too small (given the small sample size) to support any statements that the procedure was effective in reducing refusals in those areas.

The parent questionnaire procedure also allowed a rough assessment of whether complete and accurate information on family characteristics could be obtained from minor respondents. During the interview, respondents were asked two questions about family income, one question about the education of their fathers, and one question about the education of their mothers. The same questions were asked of the parent as part of the parent questionnaire. The percents of parents and minor respondents giving answers to the questions and the distributions of responses given by parents and respondents then were compared.

Minor respondents may have difficulty providing accurate answers to questions on family characteristics for several reasons. A minor's knowledge of family income and parental education often depends on what he or she is told by the parents. Some minor respondents may be unable to answer the questions because they never were told the information. Furthermore, because the information may be less important or meaningful to minor respondents than to their parents, they may not recall what they have been told or may remember it incorrectly.

Table 12 shows the percent of minor respondents and their parents who answered "don't know," did not answer, or refused to answer questions on family

income, mother's education, and father's education. Two questions on family income were asked. The first asked for the exact dollar amount. If a response that could be coded was not given to the first question, the respondent was asked to identify a range within which her family income fell. Table 12 shows the percent not answering each of these questions as well as the overall proportion answering neither question.

Minor respondents were more than 3 times as likely as their parents to provide no information on family income; approximately 54 percent of the respondents compared with 16 percent of the parents did not report either an exact amount or a range for income. Respondents were also more than twice as likely as their parents to provide no information on fathers' education (approximately 18 percent compared with approximately 8 percent). However, there was little difference between parents and respondents in the likelihood of reporting mothers' education.

In table 13, the distribution of responses to these questions on family characteristics given by parents is compared with that given by their daughters. Differences in the distributions may be the result of several factors—misreporting by minor respondents, misreporting by parents, and bias resulting from the exclusion of persons who did not answer the questions. Thus the comparisons in table 13 provide only a crude indication of the level of misreporting by minor respondents.

Table 13 shows that the distributions of responses given by minor respondents are similar to the distributions of parental responses. Minor respondents were somewhat more likely than their parents to report an exact family income of \$25,000 or more (38.5 percent compared with 29.4 percent) but have the same distribution when reporting in either exact amounts or categories. Minor respondents were more likely to report 12 years of education for mothers (49.1 percent compared with 42.8 percent), but these differences are not large and are based on small numbers of women. The data thus suggest that the major problem in collecting family background information from minor respondents is the large proportion of women who are unable or unwilling to answer the questions.

The pilot study also addressed the question of whether use of the parent questionnaire affects the cost of data collection. Because the questionnaire required only a short time to administer, the amount of interviewing time was not expected to differ substantially between the "parent questionnaire" and "no parent questionnaire" treatments. However, if additional visits to households in the "parent questionnaire" group were needed to find the parent at home at a convenient time for conducting the interview, data collection costs might be affected. As table 14 shows, 64 percent of interviews with minor respondents were completed within two calls, and 92

percent were completed within four calls, when a parent questionnaire was not used. When a parent questionnaire was administered, these percents were only slightly less (59 percent and 88 percent).

Type of interview administration

For about half of the pilot study respondents, the entire questionnaire was administered by an interviewer. In the alternate procedure, a portion of the questionnaire containing the most sensitive questions was given in a self-administered schedule. It was thought that the greater privacy afforded by the self-administered questionnaire (SAQ) might result in less response distortion (misreporting) and greater comfort with the sensitive questions asked. On the other hand, the greater control over the interview situation in the interviewer-administered questionnaire (IAQ) group was expected to result in lower levels of item nonresponse. The respondent did not know the type of interview administration at the time of the initial contact; therefore, the interview refusal rate was not used to compare the two procedures.

In the absence of accurate measures on the sensitive topics included in the pilot study, the presence or absence of response distortion cannot be determined directly. An indirect test is possible, however. Because respondents were assigned randomly to SAQ and IAQ treatment groups, the two groups may be expected to be similar with respect to most characteristics. If the lack of privacy in the IAQ leads respondents to alter answers to sensitive questions, the distributions of responses to these questions should differ between the SAQ and IAQ groups. Specifically, IAQ respondents would be expected to give "courtesy" responses more frequently than respondents answering the SAQ. "Courtesy" responses are answers given to conform with perceptions of the interviewer's or society's values or expectations rather than with the respondent's actual behavior.

Table 15 compares the responses of SAQ and IAQ respondents to selected sensitive items in the questionnaire. The distributions of responses for women in the two treatment groups were similar. In only two instances are the differences as large as 8 percentage points: among ever-pregnant women, the SAQ respondents were 8.2 percentage points less likely than IAQ respondents to report the use of contraception at first intercourse and 8.3 percentage points less likely to report that their first pregnancy ended in abortion. However, these differences remain well within the range of sampling variability. Therefore, the overall pattern of similar responses by IAQ and SAQ respondents gave little evidence of response distortion resulting from the interviewer-administered questionnaire.

To examine the effect of type of interview administration on the extent of nonresponse to

sensitive items, the proportions of respondents giving no answer to selected items were compared for the SAQ and IAQ groups. These data are shown in table 16. For respondents given the IAQ, percents of respondents giving no answer are zero for 10 of the 12 items shown in the table. For the remaining two items, only a small percent of respondents, 1.0 percent for use of contraception at first intercourse and 2.0 percent for age at first intercourse, gave no answer to the question. However, among those given the SAQ, percents giving no answer were zero for only 2 of the 12 items and ranged from 0.7 percent to 18.2 percent for the remaining 10 items.

Table 16 shows percents of respondents giving "no answer" responses only, because "don't know" is a valid answer to the items shown. However, in some cases, "don't know" may be a disguised refusal, that is, a way to avoid answering the question. No "don't know" responses were given by SAQ respondents to the items in the table; four were given by the IAQ group (two to whether currently pregnant and two to age at first intercourse for ever-pregnant women). No refusals were given by either group to the items in the table. Even when these types of item nonresponse are taken into account, rates of nonresponse were substantially greater in the self-administered questionnaire than in the interviewer-administered questionnaire.

Open-ended questions were particularly liable to nonresponse in the SAQ. As table 17 shows, approximately 1 in 5 SAQ respondents gave no answer to questions on the reason for not using a method of contraception at first intercourse (20.0 percent) and on the reasons for currently skipping use of contraceptives (17.8 percent). The proportion of IAQ respondents who gave no answer to these questions was 1 percent or less in both cases. IAQ respondents were more likely to respond to the two preceding questions that they did not know the reason or that there was no reason; such responses were given by 11.2 percent and 3.4 percent of IAQ respondents, compared with 4.7 percent and 2.2 percent of SAQ respondents. Nevertheless, the proportion giving specific answers that could be coded was 12 and 17 percentage points greater in the interviewer-administered questionnaire than in the self-administered questionnaire.

In view of the privacy afforded by the SAQ, respondents given it might be expected to be more comfortable in answering questions on sensitive topics than those given the IAQ. Table 18 shows the proportions of SAQ and IAQ respondents who, at the end of the interview, reported finding any of the questions hard or uncomfortable to answer. Of the IAQ respondents, about 29 percent reported finding questions hard or uncomfortable, compared with approximately 23 percent of the SAQ respondents.

This small difference was maintained for each geographic area and for each race and age group.

However, the magnitude of the difference varied considerably, the greatest being in the suburban Northeast and among women 20-44 years of age. In these two subgroups, the proportion of respondents finding questions hard or uncomfortable to answer were about 15 and 11 percentage points greater among those given the IAQ than in the SAQ group.

Another question was asked at the end of the interview to determine whether respondents in the IAQ and SAQ groups would have preferred the method of interview administration they had not received. The SAQ respondents were asked, "Would you have preferred if an interviewer asked those questions to you, instead of filling out the questionnaire yourself?" The IAQ respondents were asked, "Would you have preferred to answer some of the questions by filling out a questionnaire yourself?" Tables 19 and 20 show the answers to these questions according to survey area, race, and age.

In both groups, most respondents answered no to the question, indicating a preference for the method of interview administration they had received; about 66 percent of the SAQ respondents and about 51 percent of the IAQ respondents answered no. Also, almost 3 times as many IAQ respondents stated a preference for the SAQ (39.4 percent) compared with SAQ respondents who preferred the IAQ (13.7 percent). However, in interpreting these results, two factors should be noted. First, of the two groups of women, only the SAQ respondents were interviewed with the alternative questionnaire form. Second, a large proportion of women in each treatment group responded "don't know" or "not sure" to these questions.

A final consideration in evaluating the alternate types of interview administration is the length of time needed to complete an interview. Interview length affects respondent burden as well as the average cost of an interview. It was expected that use of the self-administered questionnaire would result in a longer average interview time, due to respondent difficulties in reading and understanding questions and in following instructions. Table 21 shows mean interview length by type of interview administration, survey area, race, and age.

As table 21 shows, the mean length of interview was almost identical for the two procedures. Interviews that included the SAQ averaged 39.4 minutes; interviews administered entirely by an interviewer required an average of 39.6 minutes to complete. Differences in mean interview length for SAQ and IAQ also were small for each of the survey areas and racial groups shown in table 21. When differences in interview length were examined by age, however, some differences were observed. Among the youngest respondents (15-17 years of age), SAQ interviews averaged approximately 3 minutes longer to complete than IAQ interviews. Among those 18-44 years of age, however, mean interview length was approxi-

mately 4 minutes longer for the IAQ group than for the SAQ group.

Several factors may explain the longer average length of IAQ compared with SAQ among respondents 18-44 years of age. Respondent sophistication and experience with self-administered questionnaires may have alleviated the problems of using an SAQ. Also, as discussed previously, item nonresponse was

substantially greater for the self-administered questionnaire. Giving no answer shortens the length of the interview, particularly when open-ended questions are asked. Finally, when questions are answered, absence of interviewer intervention when an inappropriate or incomplete answer is given probably contributes to shortening interview time.

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Table 1. Number of dwelling units, by survey area and sample disposition

[See appendix I for definitions of terms]

Sample disposition	All survey areas	Survey area			
		Suburban Northeast	Central city Northeast	Urban South	Rural South
Number of dwelling units					
Total dwelling units assigned	8,442	1,379	2,358	2,583	2,122
Vacant, not a dwelling unit, outside listing area	703	89	198	195	221
Dwelling units eligible for screening	7,739	1,290	2,160	2,388	1,901
Refused screening	183	26	93	35	29
Other screening nonresponse	730	127	255	246	102
Number of dwelling units for which a screener was completed	6,826	1,137	1,812	2,107	1,770
Number of dwelling units with an eligible woman	759	196	204	203	156
Interview refused	86	17	15	34	20
Other interview nonresponse	67	19	25	19	4
Interview completed	606	160	164	150	132

Table 2. Response, nonresponse, and refusal rates by survey area and type of rate

[See appendix I for definitions of terms]

Type of rate	All survey areas	Survey area			
		Suburban Northeast	Central city Northeast	Urban South	Rural South
Percent					
Screening response	88.2	88.1	83.9	88.2	93.1
Screening refusal	2.4	2.0	4.3	1.5	1.5
Other screening nonresponse	9.4	9.8	11.8	10.3	5.4
Interview response	79.8	81.6	80.4	73.9	84.6
Interview refusal	11.3	8.7	7.4	16.7	12.8
Other interview nonresponse	8.8	9.7	12.3	9.4	2.6
Overall response ¹	70.4	71.9	67.5	65.2	78.8

¹The combined response rate is the product of the screening response rate and the interview response rate divided by 100.

Table 3. Number of eligible and responding women, by amount of prior information, age, race, and survey area

[See appendix I for definitions of terms]

<i>Age, race, and survey area</i>	<i>Amount of prior information</i>					
	<i>Total</i>		<i>Basic information only</i>		<i>Basic and supplemental information</i>	
	<i>Eligible</i>	<i>Responding</i>	<i>Eligible</i>	<i>Responding</i>	<i>Eligible</i>	<i>Responding</i>
	Number of women					
All women ¹	759	606	385	307	374	299
Age						
15-17 years	448	347	229	184	219	163
18-44 years	307	259	154	123	153	136
18-19 years	81	68	45	35	36	33
20-44 years	226	191	109	88	117	103
Race						
Black	206	177	107	92	99	85
Other races	547	429	277	215	270	214
Survey area						
Suburban Northeast	196	160	96	81	100	79
Central city Northeast	204	164	98	77	106	87
Urban South	203	150	108	79	95	71
Rural South	156	132	83	70	73	62

¹Includes 4 women for whom age was not ascertained and 6 women for whom race was not ascertained.

Table 4. Number of eligible and responding minor women 15-17 years of age, by whether a parent questionnaire was administered, race, and survey area

[See appendix I for definitions of terms]

<i>Race and survey area</i>	<i>Total</i>		<i>No parent questionnaire</i>		<i>Parent questionnaire</i>	
	<i>Eligible</i>	<i>Responding</i>	<i>Eligible</i>	<i>Responding</i>	<i>Eligible</i>	<i>Responding</i>
	Number of women					
All minor women	448	347	240	178	208	169
Race						
Black	114	94	59	48	55	46
Other races	334	253	181	130	153	123
Survey area						
Suburban Northeast	124	100	65	50	59	50
Central city Northeast	91	72	49	36	42	36
Urban South	135	95	70	47	65	48
Rural South	98	80	56	45	42	35

Table 5. Number of respondents by type of interview administration, age, race, and survey area
 [See appendix I for definitions of terms]

<i>Age, race, and survey area</i>	<i>Interview administration</i>		
	<i>Total</i> ¹	<i>Interviewer-administered</i>	<i>Self-administered</i>
	Number of respondents		
All respondents	606	310	293
Age			
15-17 years	347	172	174
18-44 years	259	138	119
18-19 years	68	33	35
20-44 years	191	105	84
Race			
Black	177	91	86
Other races	429	219	207
Survey area			
Suburban Northeast	160	79	80
Central city Northeast	164	92	71
Urban South	150	78	71
Rural South	132	61	71

¹Includes 3 women assigned to self-administered questionnaire but given interviewer-administered questionnaire.

Table 6. Number of eligible women and interview nonresponse rates, by reason for nonresponse, age, race, and survey area
 [See appendix I for definitions of terms]

<i>Age, race, and survey area</i>	<i>Number of women</i>	<i>Reason for nonresponse</i>		
		<i>Total</i>	<i>Refusal</i>	<i>Other reasons</i>
		Percent		
All eligible women ¹	759	20.2	11.3	8.8
Age				
15-17 years	448	22.5	² 13.8	8.7
18-44 years	307	15.6	³ 7.5	8.1
18-19 years	81	16.0	⁴ 8.6	7.4
20-44 years	226	15.5	7.1	8.4
Race				
Black	206	14.1	5.3	8.7
Other races	547	21.6	13.2	8.4
Survey area				
Suburban Northeast	196	18.4	8.7	9.7
Central city Northeast	204	19.6	7.4	12.3
Urban South	203	26.1	16.7	9.4
Rural South	156	15.4	12.8	2.6

¹Includes 4 women for whom age was not ascertained and 6 women for whom race was not ascertained.

²Respondent refusal = 5.4 percent; parent refusal = 8.5 percent.

³Respondent refusal = 6.5 percent; parent refusal = 1.0 percent.

⁴Respondent refusal = 4.9 percent; parent refusal = 3.7 percent.

Table 7. Interview refusal rates by amount of prior information, age, race, and survey area

[See appendix 1 for definitions of terms]

<i>Age, race, and survey area</i>	<i>Amount of prior information</i>		
	<i>Total</i>	<i>Basic information only</i>	<i>Basic and supplemental information</i>
		Percent	
All eligible women	11.3	12.5	10.2
<i>Age</i>			
15-17 years	13.8	¹ 13.5	² 14.2
18-44 years	7.5	11.0	3.9
18-19 years	8.6	11.1	5.6
20-44 years	7.1	11.0	3.4
<i>Race</i>			
Black	5.3	5.6	5.1
Other races	13.2	14.8	11.5
<i>Survey area</i>			
Suburban Northeast	8.7	8.3	9.0
Central city Northeast	7.4	10.2	4.7
Urban South	16.7	18.5	14.7
Rural South	12.8	12.0	13.7

¹ Respondent refusal = 4.4 percent; parent refusal = 9.2 percent.

² Respondent refusal = 6.4 percent; parent refusal = 7.8 percent.

Table 8. Number and percent distribution of respondents, by response to the question "Do you think that the letter and the pamphlet we gave you told you enough about what the interview would be like?"

<i>Response</i>	<i>Number of respondents</i>	<i>Percent distribution</i>
All respondents	606	100.0
Yes	502	82.8
No	37	6.1
Don't know, not sure, or no answer	67	11.1

Table 9. Percent of respondents who answered yes to the question "Do you think that the letter and the pamphlet we gave you told you enough about what the interview would be like?", by amount of prior information, age, race, and survey area

[See appendix I for definitions of terms]

<i>Age, race, and survey area</i>	<i>Amount of prior information</i>		
	<i>Total</i>	<i>Basic information only</i>	<i>Basic and supplemental information</i>
		Percent	
All respondents	82.8	81.4	84.3
Age			
15-17 years	82.1	81.5	82.7
18-44 years	84.2	81.3	86.8
18-19 years	95.6	94.3	97.0
20-44 years	80.1	76.1	83.5
Race			
Black	83.1	84.8	81.2
Other races	82.9	80.0	85.9
Survey area			
Suburban Northeast	78.1	79.0	77.2
Central city Northeast	86.0	83.1	88.5
Urban South	81.2	78.5	84.3
Rural South	87.1	85.7	88.7

Table 10. Percent of respondents who answered yes to the question "Did you find any of the questions hard or uncomfortable to answer?", by amount of prior information, age, race, and survey area

[See appendix I for definitions of terms]

<i>Age, race, and survey area</i>	<i>Amount of prior information</i>		
	<i>Total</i>	<i>Basic information only</i>	<i>Basic and supplemental information</i>
		Percent	
All respondents	25.7	27.7	23.7
Age			
15-17 years	25.1	27.7	22.1
18-44 years	26.6	27.6	25.7
18-19 years	20.6	22.9	18.2
20-44 years	28.8	29.5	28.2
Race			
Black	28.2	31.5	24.7
Other races	24.7	26.0	23.4
Survey area			
Suburban Northeast	21.9	19.8	24.1
Central city Northeast	24.4	26.0	23.0
Urban South	34.0	40.5	26.8
Rural South	22.7	24.3	21.0

Table 11. Interview refusal rates of eligible minor women 15-17 years of age, by whether parent questionnaire was administered, source of refusal, race, and survey area

[See appendix I for definitions of terms]

<i>Race and survey area</i>	<i>No parent questionnaire</i>			<i>Parent questionnaire</i>		
	<i>Source of refusal</i>			<i>Source of refusal</i>		
	<i>Total</i>	<i>Parent</i>	<i>Eligible minor</i>	<i>Total</i>	<i>Parent</i>	<i>Eligible minor</i>
	Percent					
All eligible minor women	16.3	9.2	7.1	11.1	7.7	3.4
Race						
Black	5.1	1.7	3.4	5.5	5.5	-
Other races	19.9	11.6	8.3	13.1	8.5	4.6
Survey area						
Suburban Northeast	13.8	9.2	4.6	5.1	5.1	-
Central city Northeast	4.1	2.0	2.0	7.1	7.1	-
Urban South	24.3	11.4	12.9	16.9	10.8	6.2
Rural South	19.6	12.5	7.1	14.3	7.1	7.1

Table 12. Number of responses given by minor respondents 15-17 years of age and their parents to selected questions on family characteristics and percent "no answer," "don't know," or refusal, by type of respondent and question

[See appendix I for definitions of terms]

<i>Question</i>	<i>Type of respondent</i>			
	<i>Minor respondent</i>	<i>Parent</i>	<i>Minor respondent</i>	<i>Parent</i>
Family income				
	Number of responses		Percent no answer, don't know, or refusal	
Range or exact amount	169	169	53.8	16.0
Exact amount	169	169	84.6	49.7
Range	143	84	63.6	32.1
Education				
Mother's educational attainment	169	169	2.4	1.8
Father's educational attainment	169	169	17.8	8.3

Table 13. Number and percent distribution of answers¹ given by minor respondents 15-17 years of age and their parents to selected questions on family characteristics by question, according to type of respondent

[See appendix I for definitions of terms]

Question	Type of respondent			
	Minor respondent	Parent	Minor respondent	Parent
Family income				
	Number of answers		Percent distribution	
Total giving exact amount	26	85	100.0	100.0
Less than \$15,000	9	31	34.6	36.5
\$15,000-24,999	7	29	26.9	34.1
\$25,000 or more	10	25	38.5	29.4
Total giving range or exact amount	78	142	100.0	100.0
Less than \$15,000	30	54	38.5	38.0
\$15,000-24,999	24	46	30.8	32.4
\$25,000 or more	24	42	30.8	29.6
Mother's educational attainment				
Total giving answer	165	166	100.0	100.0
Less than 12 years	52	62	31.5	37.3
12 years	81	71	49.1	42.8
13 years or more	32	33	19.4	19.9
Father's educational attainment				
Total giving answer	139	155	100.0	100.0
Less than 12 years	51	60	36.7	38.7
12 years	51	56	36.7	36.1
13 years or more	37	39	26.6	25.2

¹Excludes "no answer," "don't know," and refusal responses.

Table 14. Number of interviews with minor respondents 15-17 years of age and cumulative percent distribution by number of calls necessary to complete interview, according to whether parent questionnaire was administered

Number of calls	Parent questionnaire	
	Not administered	Administered
All interviews	178	169
	Number	
	Cumulative percent distribution	
1	27.5	21.9
2	64.0	58.6
3	80.9	77.5
4	92.1	87.6
5	94.9	91.7
6 or more	100.0	100.0

Table 15. Number of respondents¹ asked about selected sensitive characteristics and percent reporting characteristic, by type of interview administration

[See appendix I for definitions of terms]

Characteristic	Interview administration			
	Self-administered	Interviewer-administered	Self-administered	Interviewer-administered
All respondents	Number of respondents		Percent with characteristic	
Ever had intercourse	293	310	49.5	49.0
Ever pregnant	293	310	16.7	17.1
Currently pregnant	293	310	2.1	1.9
Ever pregnant				
Used contraception:				
At first intercourse	49	53	23.9	32.1
Between first intercourse and first pregnancy	49	53	32.6	35.8
Between first and second pregnancy	19	23	52.6	52.2
Number of pregnancies:				
1	49	53	61.2	56.6
2	49	53	24.5	24.5
3 or more	49	53	14.3	18.9
Outcome of first pregnancy:				
Live birth	49	53	75.0	66.7
Abortion	49	53	16.7	25.0
Miscarriage or stillbirth	49	53	8.3	8.4
Sexually active, never pregnant				
Used contraception:				
At first intercourse ²	92	98	46.7	46.4
Since first intercourse ³	47	53	66.7	67.9
Ever	92	98	80.5	82.7

¹Excludes 3 respondents assigned to self-administered questionnaire group but receiving interviewer-administered questionnaire.

²Excludes those not having intercourse after menstruation began.

³Excludes users at first intercourse, respondents having only 1 intercourse, and those not having intercourse after menstruation began.

Table 16. Number of respondents¹ asked about selected sensitive characteristics and percent giving no answer, by type of interview administration
 [See appendix I for definitions of terms]

Characteristic	Interview administration			
	Self-administered	Interviewer-administered	Self-administered	Interviewer-administered
All respondents	Number of respondents		Percent giving no answer	
Ever had intercourse	293	310	2.0	-
Ever pregnant	293	310	1.4	-
Currently pregnant	293	310	0.7	-
Ever pregnant				
Used contraception:				
At first intercourse	49	53	6.1	-
Between first intercourse and first pregnancy	49	53	6.1	-
Between first and second pregnancy	19	23	-	-
Number of pregnancies	49	53	-	-
Outcome of first pregnancy	49	53	18.2	-
Age at first intercourse	49	53	2.0	-
Sexually active, never pregnant				
Used contraception:				
At first intercourse ²	92	98	2.2	1.0
Since first intercourse ³	47	53	10.6	-
Age at first intercourse	93	99	3.2	2.0

¹Excludes 3 respondents assigned to self-administered questionnaire group but receiving interviewer-administered questionnaire.

²Excludes those not having intercourse after menstruation began.

³Excludes users at first intercourse, respondents having only 1 intercourse, and those not having intercourse after menstruation began.

Table 17. Number and percent distribution of responses¹ to selected open-ended items by type of response, according to type of interview administration
 [See appendix I for definitions of terms]

Item and type of response	Interview administration			
	Self-administered	Interviewer-administered	Self-administered	Interviewer-administered
Reason for nonuse of contraception at first intercourse	Number of responses		Percent distribution	
All responses	85	89	100.0	100.0
Specific reason given	64	78	75.3	87.6
No reason or don't know	4	10	4.7	11.2
No answer	17	1	20.0	1.1
Reason for skipping use of contraception				
All responses	45	29	100.0	100.0
Specific reason given	36	28	80.0	96.6
No reason or don't know	1	1	2.2	3.4
No answer	8	-	17.8	-

¹Excludes 3 respondents assigned to self-administered questionnaire group but receiving interviewer-administered questionnaire.

Table 18. Percent of respondents who answered yes to the question "Did you find any of the questions hard or uncomfortable to answer?", by type of interview administration, age, race, and survey area

[See appendix I for definitions of terms]

<i>Age, race, and survey area</i>	<i>Interview administration</i>		
	<i>Total</i> ¹	<i>Self-administered</i>	<i>Interviewer-administered</i>
		Percent	
All respondents	25.7	22.5	28.7
Age			
15-17 years	25.1	23.0	27.3
18-44 years	26.6	21.8	30.4
18-19 years	20.6	20.0	21.2
20-44 years	28.8	22.6	33.3
Race			
Black	28.2	25.6	30.8
Other races	24.7	21.3	27.9
Survey area			
Suburban Northeast	21.9	13.8	29.1
Central city Northeast	24.4	22.5	26.1
Urban South	34.0	32.4	35.9
Rural South	22.7	22.5	23.0

¹Includes 3 respondents assigned to self-administered questionnaire group but receiving interviewer-administered questionnaire.

Table 19. Percent distribution of respondents¹ given the self-administered questionnaire by preference for interviewer-administered questionnaire, according to age, race, and survey area

[See appendix I for definitions of terms]

<i>Age, race, and survey area</i>	<i>Preference for interviewer-administered questionnaire</i>			
	<i>Total</i>	<i>Preferred</i>	<i>Not preferred</i>	<i>Don't know or not sure</i>
		Percent distribution		
All respondents	100.0	13.7	65.6	20.6
Age				
15-17 years	100.0	15.0	62.4	22.5
18-44 years	100.0	11.9	70.3	17.8
18-19 years	100.0	5.7	85.7	8.6
20-44 years	100.0	14.5	63.9	21.7
Race				
Black	100.0	23.3	58.1	18.6
Other races	100.0	9.8	68.8	21.5
Survey area				
Suburban Northeast	100.0	7.5	81.3	11.3
Central city Northeast	100.0	18.6	54.3	27.1
Urban South	100.0	14.3	62.9	22.9
Rural South	100.0	15.5	62.0	22.5

¹Excludes 3 respondents assigned to self-administered questionnaire group but receiving interviewer-administered questionnaire.

Table 20. Percent distribution of respondents¹ given the interviewer-administered questionnaire by preference for self-administered questionnaire, according to age, race, and survey area

[See appendix 1 for definitions of terms]

<i>Age, race, and survey area</i>	<i>Preference for self-administered questionnaire</i>			
	<i>Total</i>	<i>Preferred</i>	<i>Not preferred</i>	<i>Don't know or not sure</i>
	Percent distribution			
All respondents	100.0	39.4	51.3	9.4
Age				
15-17 years	100.0	43.0	50.6	6.4
18-44 years	100.0	34.8	52.2	13.0
18-19 years	100.0	48.5	42.4	9.1
20-44 years	100.0	30.5	55.2	14.3
Race				
Black	100.0	34.1	57.1	8.8
Other races	100.0	41.6	48.9	9.6
Survey area				
Suburban Northeast	100.0	41.8	50.6	7.6
Central city Northeast	100.0	38.0	51.1	10.9
Urban South	100.0	44.9	44.9	10.3
Rural South	100.0	31.1	60.7	8.2

¹Excludes 3 respondents assigned to self-administered questionnaire group but receiving interviewer-administered questionnaire.

Table 21. Mean length of interview in minutes of respondents,¹ by type of interview administration, age, race, and survey area

[See appendix 1 for definitions of terms]

<i>Age, race, and survey area</i>	<i>Interview administration</i>		
	<i>Total</i>	<i>Self-administered</i>	<i>Interviewer-administered</i>
	Mean length of interview in minutes		
All respondents	39.5	39.4	39.6
Age			
15-17 years	36.2	37.8	34.6
18-44 years	44.0	41.8	46.0
18-19 years	37.1	34.2	40.3
20-44 years	46.5	45.0	47.7
Race			
Black	47.9	48.0	47.7
Other races	36.3	36.0	36.5
Survey area			
Suburban Northeast	33.9	34.6	33.1
Central city Northeast	42.4	41.1	43.4
Urban South	39.0	39.6	38.5
Rural South	43.5	43.2	43.7

¹Excludes 3 respondents assigned to self-administered questionnaire group but receiving interviewer-administered questionnaire.

Appendixes

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Appendix I. Definitions of certain terms used in this report

Combined response rate.—Product of the screener and interview response rates divided by 100.

Conterminous United States.—Land area consisting of the District of Columbia and all States except Alaska and Hawaii.

Dwelling unit.—A single room, or group of rooms, intended for separate living quarters in which the people must live and eat separately from everyone else in the building (or apartment), and the room or group of rooms must have either:

- a. A separate entrance directly from the outside of the building or through a common hall, or
- b. Complete kitchen facilities for the use of this household only including:
 - A range or cooking stove.
 - A sink with piped water.
 - A mechanical refrigerator.

Education.—The highest grade of regular school completed.

Family income.—Total combined income during 1978 for all family members living in the household, including income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives, and so forth.

Geographic region.—U.S. Bureau of the Census groups the 50 States and the District of Columbia into four regions as follows:

Region	States included
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North Central . .	Michigan, Ohio, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, Nebraska
South	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Texas, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma

Region	States included
West	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Alaska, Oregon, California, Hawaii

Alaska and Hawaii are not included in the NSFG sample design.

Household.—A family living together, or five or fewer unrelated individuals living together in a dwelling unit.

Interview nonresponse rate.—Percent of women eligible to be interviewed who did not complete the interview because of refusal or other reasons.

Interview refusal rate.—Percent of women eligible to be interviewed who refused to complete the interview.

Interview response rate.—Percent of women eligible to be interviewed for whom an interview was completed.

Interviewer-administered questionnaire.—Questionnaire form in which all questions are read to the respondent by the interviewer, and in which all responses are recorded by the interviewer.

Item nonresponse rate.—Percent of women who provided no answer, refused to answer, or answered “don’t know” to a particular question in the interview.

Race.—Classification as black or of “other races” according to interviewer observation at the time of the screener interview.

Screener interview.—Preliminary interview at the household to collect information about the dwelling unit and to determine whether the household includes one or more women who are eligible for the detailed interview.

Screener response rate.—Percent of sample dwelling units for which a screener interview was completed.

Self-administered questionnaire.—Questionnaire form in which the respondent reads the interview

questions and records the answers without interviewer intervention.

Standard metropolitan statistical area (SMSA).—A county or group of contiguous counties (except in New England) that contains at least one central city of 50,000 people or more, or “twin cities” with a combined population of at least 50,000. In addition, other contiguous counties are included in an SMSA if,

according to certain criteria, they are socially and economically integrated with the central city.

Urban area.—As defined by the U.S. Bureau of the Census, all cities or “twin cities” with at least 50,000 population in 1970 together with the surrounding closely settled area and all other incorporated or unincorporated population centers with 2,500 inhabitants or more.

Appendix II. Advance letter, pamphlet, and flip charts constituting the prior information provided to respondents

Advance letter



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
OFFICE OF HEALTH POLICY, RESEARCH, AND STATISTICS
HYATTSVILLE, MARYLAND 20782

NATIONAL CENTER FOR
HEALTH STATISTICS

Dear Friend:

The United States Public Health Service is doing an important study about American families and childbearing. This study will show changes in our population and in the needs for medical care and other services, both public and private. It will also give scientific information on maternal care, teenage pregnancy, day care services, family planning, sterility, and other matters about childbearing--information which is needed for many public health service and medical programs.

We have asked the Institute for Survey Research of Temple University--a nongovernment survey organization--to visit and talk with women in a sample of households around the Nation. Every household in the country had a chance to be chosen.

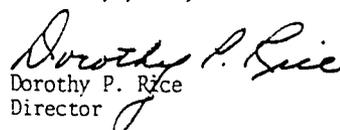
Since we cannot visit every household in the Nation, the sample households were scientifically selected from among all groups of our people. Your household is one of those chosen. Although your help in this study is completely voluntary, it is also very important. Each chosen household, like yours, must represent many others that we cannot visit, and once a household is chosen, we are not permitted to substitute another. So, only you may answer for all those you represent.

In the next few days, an interviewer from the Institute for Survey Research will call at your home. Please show this letter to the other members of your household, so that they will be expecting the interviewer, too. She will have an identification card and will carry a letter of introduction from the United States Public Health Service.

When you talk with the interviewer, the information you give will be kept completely confidential as required under laws passed by the Congress of the United States. Your answers will be put together with the answers from other households to make totals, averages, and other statistics. The results will help us to understand better the growth and needs of American families. Your cooperation is a public service that will be very much appreciated.

This study is called the National Survey of Family Growth and is authorized by the Public Health Service Act (42 USC 242k). If you have other questions, we will be pleased to answer them.

Sincerely yours,


Dorothy P. Rice
Director



Institute for Survey Research
Temple University

National Survey of Family Growth

Conducted for:

**U.S. Public Health Service
National Center for
Health Statistics**

NATIONAL CENTER FOR HEALTH STATISTICS

National Survey of Family Growth

All your life you've been reading and hearing about national surveys, yet it is unlikely that you ever participated in any. Now your household has been chosen to take part in an important study called the NATIONAL SURVEY OF FAMILY GROWTH.

In this pamphlet, we try to answer some of the questions people frequently ask us about the survey.

WHAT IS THE NATIONAL SURVEY OF FAMILY GROWTH?

It is a nationwide survey conducted by the National Center for Health Statistics, a part of the U.S. Public Health Service. Every few years, brief interviews are conducted in a sample of households across the nation, chosen to represent all groups in our population. More detailed interviews are conducted with about 10,000 women in the childbearing years who live in these sample households. The survey is authorized in Section 306 (b)(1)(h) of the Public Health Service Act (42 USC 242k).

From the National Survey of Family Growth, we learn many medical and social facts about pregnancy and childbirth among American women. In the interviews, we talk with women about their knowledge of pregnancy and childbearing, about marriage or plans to marry, about their physical and sexual development, about the babies they have had or expect to have, about their planning of births or getting help to have babies, and about health problems and health care before, during and after pregnancy. There are other questions in the survey which ask about some related family facts such as schooling, work experience, day care, and present employment.

HOW WAS I CHOSEN?

In doing this survey we cannot talk to every woman--that would be far too expensive. So we scientifically select a "cross section" of households. We begin by choosing certain counties or cities. Then, in each of the selected areas, we choose small areas such as blocks or tracts of land. Finally, we choose certain households within the smaller areas.

We do not know who lives in the chosen households before we get to the door. But the people who live in this select group of households make a sample of the people in the counties and cities chosen. Since the survey is about pregnancy and childbearing, only women in the childbearing years (15-44 years of age) will be interviewed, and only one eligible woman will be interviewed in a household. If there is more than one eligible woman in the household, one of them is randomly chosen to be sure that the sample is representative of all women in the childbearing years. Thus, each woman who is chosen to be interviewed represents many others of the same age, education, medical history and so forth. If you are chosen in your household and cannot participate in the survey, for any reason, then all the other women you represent will also be missing from the totals. The results may be misleading.

HOW DO I KNOW MY ANSWERS WILL BE KEPT CONFIDENTIAL?

Confidentiality of all the information you give is protected by public law, Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552a).

Any information which will allow the questionnaire to be identified with an individual is kept separately from the actual questionnaire. Your answers will be used by research project staff working on this survey. Each of them has signed an affidavit to keep confidential all information provided by respondents. Finally, all personal identifying information such as names, addresses, local community and other selected information which might readily identify an individual is removed before data from this survey are made available to others for bona-fide research purposes.

The answers you give will be combined with those from thousands of other households and the results will be reported in percentages and totals in such a way that no one's answers can be identified.

WHY IS THE PUBLIC HEALTH SERVICE DOING THIS SURVEY?

The U.S. Public Health Service uses the survey results to better carry out its responsibilities for the health of the nation. From the survey we can better understand how much the population is likely to grow in the next few years. This information is needed for planning public facilities—such as schools, housing, hospitals and facilities for older citizens.

The survey information is a vital part of health research to provide better health services and health education--programs which help people in need such as couples unable to have babies of their own, pregnant teenagers trying to solve their problems, couples looking for a safe and acceptable way to space their children, women concerned about cancer of the reproductive organs, and working mothers who need reliable day care services for their children.

Many other public and private organizations also need the statistics from this survey. Since surveys like this one are expensive, and each organization cannot afford one of its own, the government makes the results available in statistical summaries and reports, and in other data forms for research purposes.

DO I HAVE TO ANSWER THE QUESTIONS?

No! Your participation is completely voluntary and confidential, and your choice will have no effect on any services, privileges, or benefits to which you are entitled.

However, each chosen household represents many others that were not chosen, and it is very important that we get your answers so that others like you will be represented. Once your household is chosen, we are not permitted to substitute another household for yours, so only you may answer for all those other households you represent.

WHAT GOOD ARE SURVEYS, ANYWAY?

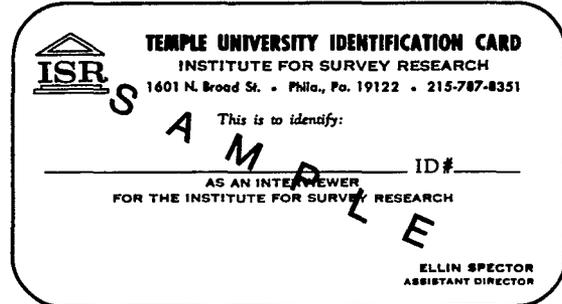
A survey is conducted when information is needed about a larger group of people, but time and money make it impossible to talk to everyone. A sample of the total group is carefully selected and used to estimate the answers that would have been given by all. Surveys are not a new idea. In earlier days, survey methods tended to be poor and unscientific. But in recent years, researchers have developed far better methods of conducting surveys, so that it is now possible to make very good estimates about the population from a carefully drawn sample.

WHO IS THE INSTITUTE FOR SURVEY RESEARCH?

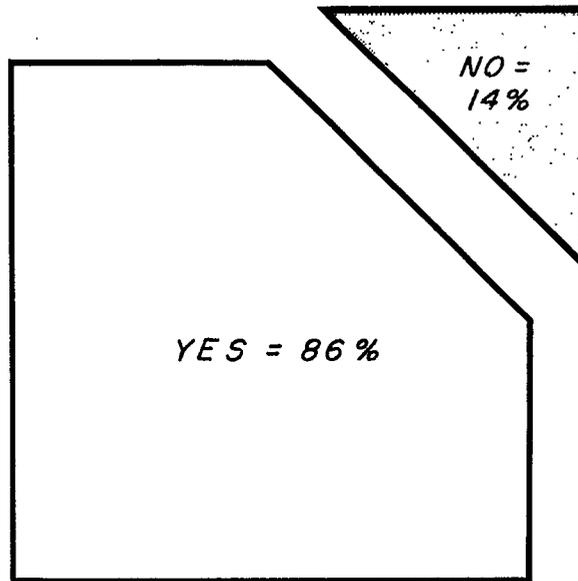
The Institute for Survey Research is an independent research organization which is a part of Temple University in Philadelphia, Pennsylvania. It conducts surveys on many different subjects. It has been chosen by the National Center for Health Statistics to conduct this phase of the National Survey of Family Growth.

HOW WILL I RECOGNIZE THE FAMILY GROWTH SURVEY INTERVIEWER?

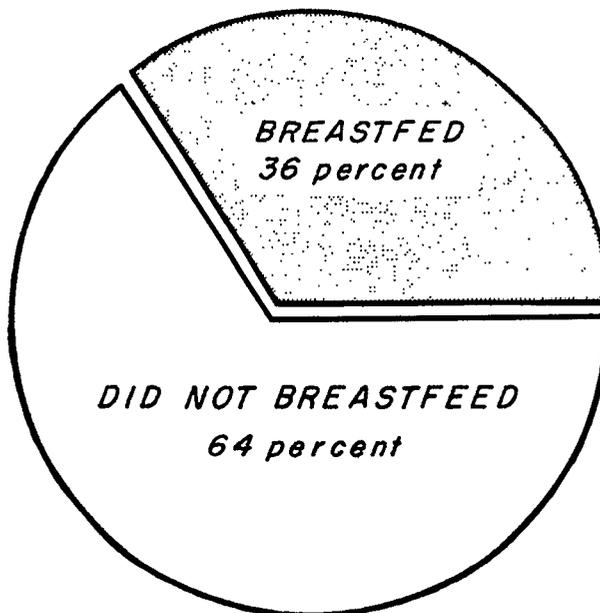
The interviewer who calls on you is the Institute for Survey Research representative in your area. She will be carrying identification which looks like the card shown below.



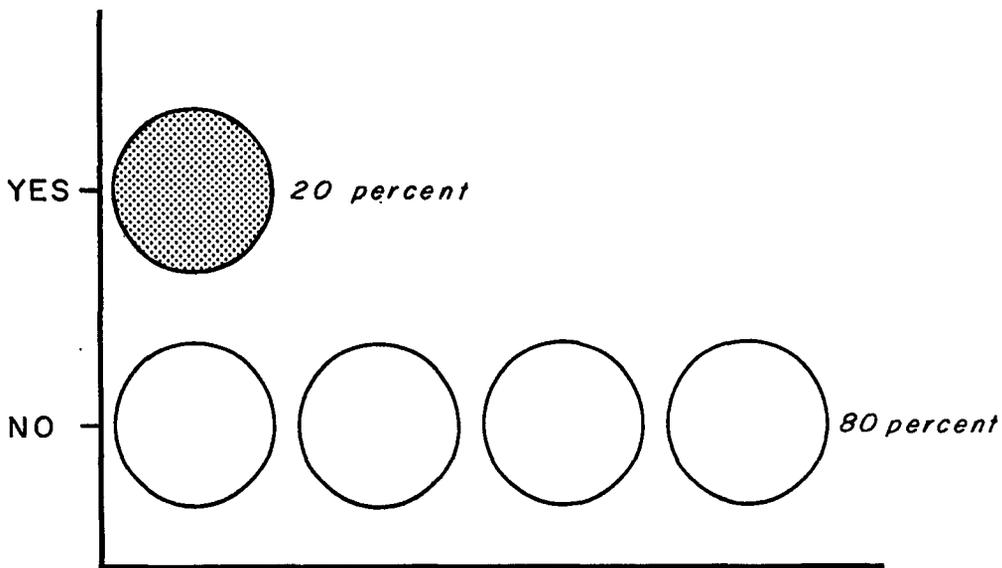
Institute for Survey Research
Temple University
1601 N. Broad St.
Philadelphia, PA 19122
215-787-8351



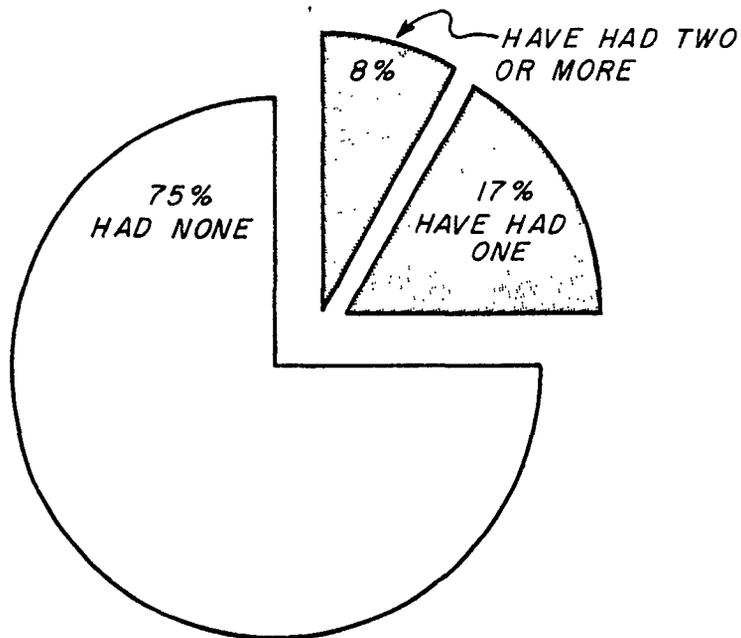
HAVE YOU HAD A BABY BORN TO YOU AT ANY TIME?



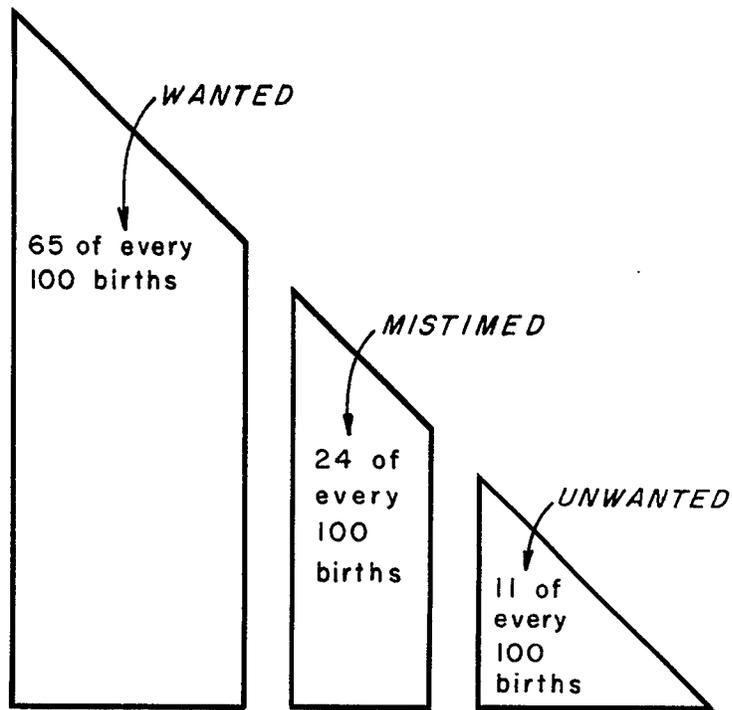
ABOUT ONE OF EVERY THREE WOMEN INTERVIEWED SAID THAT THEY BREASTFED THEIR CHILDREN AT INFANCY.



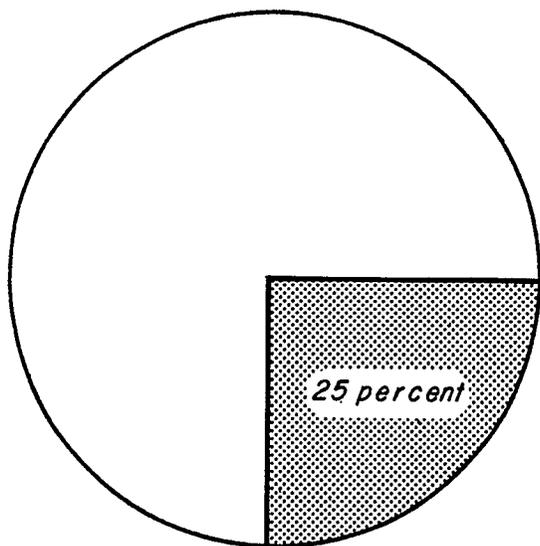
ONE OF EVERY FIVE WOMEN INTERVIEWED HAD BEEN HOSPITALIZED BECAUSE OF PREGNANCY COMPLICATIONS, THAT IS, FOR REASONS OTHER THAN NORMAL DELIVERY OR FALSE LABOR.



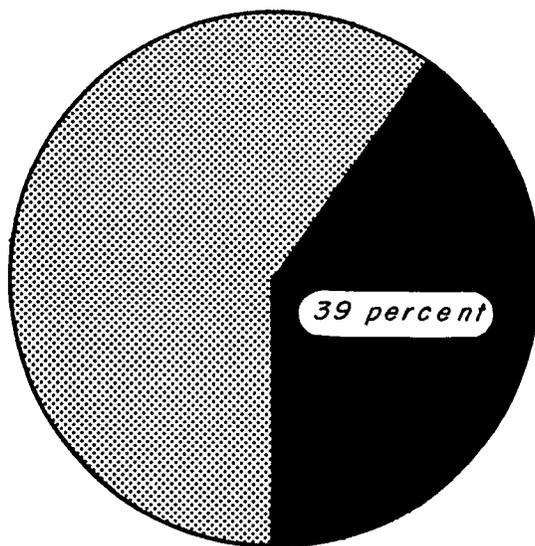
WHILE THREE QUARTERS OF THE WOMEN REPORTED NO PREGNANCY LOSS, ONE OUT OF FOUR HAS HAD AN ABORTION, A MISCARRIAGE OR A STILLBIRTH.



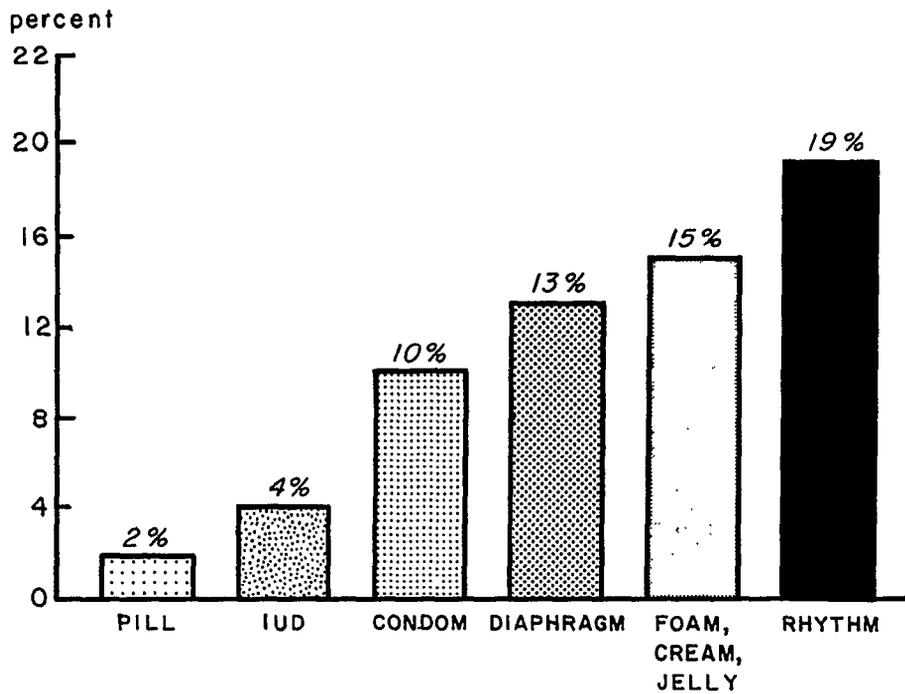
MORE THAN ONE THIRD OF THE BABIES BORN TO AMERICANS EITHER ARRIVED AT THE WRONG TIME OR WERE NOT WANTED AT ALL.



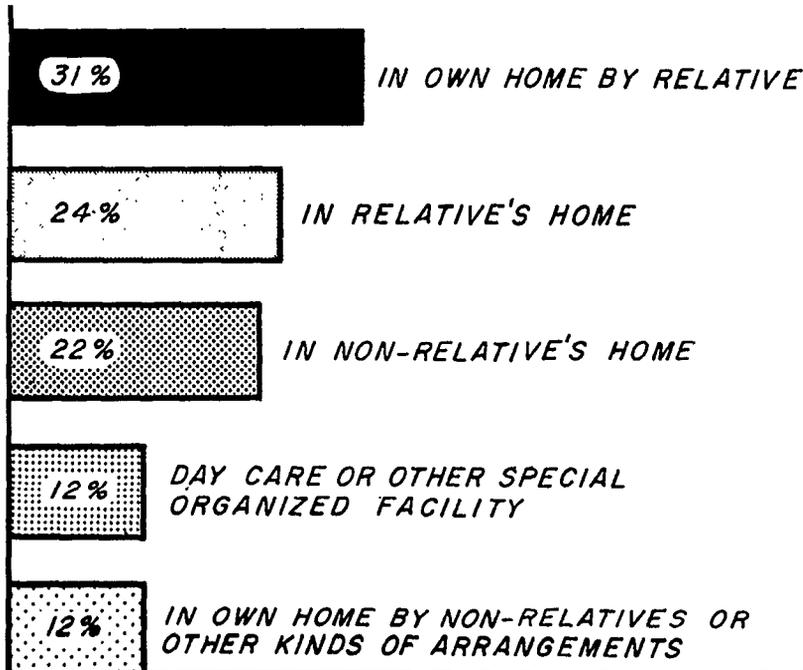
ABOUT 25 PERCENT OF MARRIED WOMEN HAVE A MEDICAL PROBLEM THAT MAKES IT DIFFICULT OR IMPOSSIBLE TO HAVE ANY BABIES IN THE FUTURE.



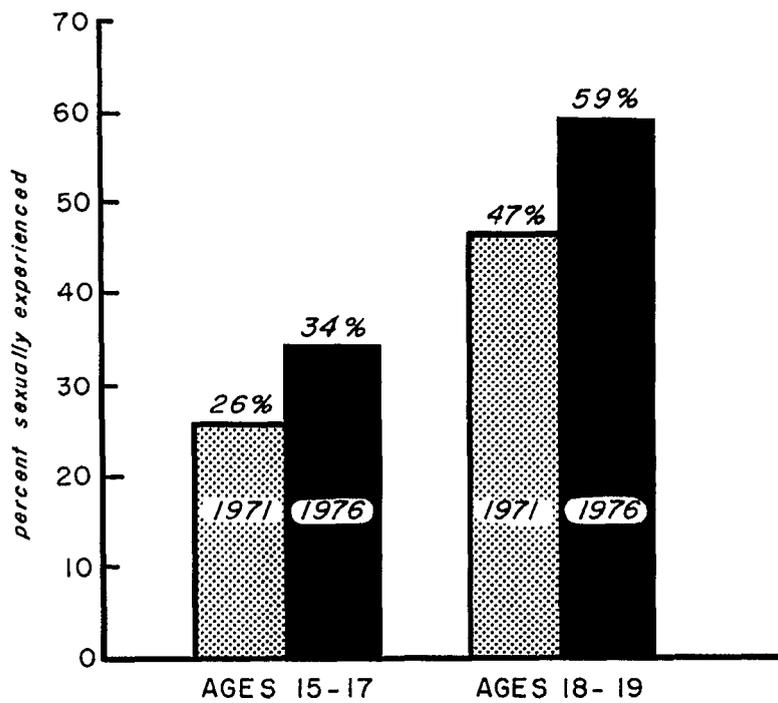
39 PERCENT OF WOMEN WITH MEDICAL PROBLEMS IN HAVING BABIES WOULD LIKE TO HAVE A CHILD IN THE FUTURE.



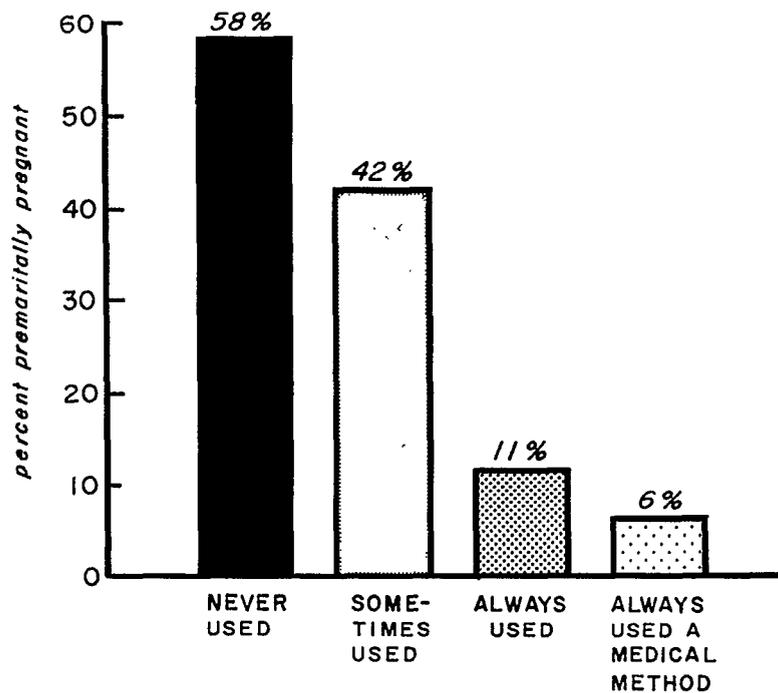
CONTRACEPTIVE METHODS DIFFER IN TERMS OF THEIR EFFECTIVENESS. FOR INSTANCE, THE COUPLES USING THE CONDOM ARE FIVE TIMES MORE LIKELY TO FAIL THAN THOSE USING THE PILL; AND THE DIAPHRAGM THREE TIMES MORE THAN THE IUD.



MORE THAN ONE-HALF OF WORKING MOTHERS HAVE RELATIVES TAKE CARE OF CHILDREN, AND ABOUT 12 PERCENT USE ORGANIZED FACILITIES LIKE DAY CARE



PROPORTION OF SEXUALLY EXPERIENCED SINGLE WOMEN HAS INCREASED BETWEEN 1971 AND 1976



PREMARITAL PREGNANCY IS CONSIDERABLY MORE FREQUENT AMONG ADOLESCENTS WHO NEVER USE A CONTRACEPTIVE METHOD THAN AMONG THOSE WHO ALWAYS DO.

Appendix III. Parent questionnaire

INSTITUTE FOR SURVEY RESEARCH
TEMPLE UNIVERSITY
-Of The Commonwealth System Of Higher Education-
1601 NORTH BROAD STREET
PHILADELPHIA, PENNSYLVANIA 19122

STUDY #518-225-01

OMB No.: 68-578056

SUMMER 1979

Expires: December 1980

PARENT QUESTIONNAIRE

ONLY FOR MINORS IN GROUPS 3, 4, 7, 8

LA#:

HU#: -

TREATMENT #:

Assurance of Confidentiality

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by the contractor and NCHS, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of NCHS without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Introduction

My sampling rules show that _____ is the person
(NAME OF RESPONDENT)
selected to be interviewed in this household. I see that she is _____
(AGE)
years old. Before we can include her in the survey, we are required to have parental consent and we need to talk with her mother about some of the questions that she can answer best.

INTERVIEWER'S NAME: _____ ID#: _____

DATE: _____ CASE #:

(ONLY ADMINISTER IF IN TREATMENT #'S 3, 4, 7, OR 8)

1. Altogether, how many babies have you given birth to, including any who died very young?

(NUMBER OF LIVE BIRTHS)	(SKIP TO Q. 5)	None	000
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Now I'd like to get some information about (your baby/each of your babies).

(ASK QQ. 2-4 FOR EACH LIVE BIRTH)

2. When was your (1st, 2nd, etc.) child born? (RECORD IN COLUMN 1)
3. What did you name the baby? (RECORD IN COLUMN 2)
4. Was _____ a boy or a girl? (CIRCLE CODE IN COLUMN 3)
(NAME OF CHILD)

	COLUMN 1	COLUMN 2	COLUMN 3	
	BIRTH DATE	NAME	SEX	
			Boy	Girl
First child			1	2
Second child			1	2
Third child			1	2
Fourth child			1	2
Fifth child			1	2

5. When were you born?

_____ / _____ / _____ OR _____
 (MONTH) (DAY) (YEAR) (AGE)

(IF DOES NOT KNOW DATE OF BIRTH, ASK): How old were you on your last birthday?

6. What is the highest grade or year of regular school or college you have completed?

No formal schooling	00
Elementary School	01 02 03 04 05 06 07 08
High School	09 10 11 12
College and Graduate/Professional School	13 14 15 16 17 18+
Other (SPECIFY): _____	96

7. Are you Protestant, Roman Catholic, Jewish, or something else?

(GO TO Q. 8)	Protestant	01
	Roman Catholic	20
(SKIP	Jewish	30
TO	Other (SPECIFY): _____ _____	40
Q. 9)	None	50
	Don't know	98

8. What denomination is that?

Baptist	21
Lutheran	22
Methodist	23
Presbyterian	24
Episcopalian	25
No specific denomination	28
Other Protestant (SPECIFY): _____	29
Don't know	98

9. What is the highest grade or year of regular school or college (RESPONDENT'S FATHER) has completed?

No formal schooling	00
Elementary School	01 02 03 04 05 06 07 08
High School	09 10 11 12
College and Graduate/Professional School	13 14 15 16 17 18+
Other (SPECIFY): _____	96

10. Is (RESPONDENT'S FATHER) Protestant, Roman Catholic, Jewish, or something else?

(GO TO Q. 11) (SKIP TO Q. 12)	Protestant	01
	Roman Catholic	20
	Jewish	30
	Other (SPECIFY): _____ _____	40
	None	50
	Don't know	98

11. What denomination is that?

Baptist	21
Lutheran	22
Methodist	23
Presbyterian	24
Episcopalian	25
No specific denomination	28
Other Protestant (SPECIFY): _____	29
Don't know	98

Appendix IV. Selected questions from the self-administered questionnaire (SAQ) and the interviewer-administered questionnaire (IAQ)

<i>Topic</i>	<i>SAQ</i>	<i>IAQ</i>
Whether currently pregnant	(ASKED OF RESPONDENTS WHOSE LAST MENSTRUAL PERIOD WAS NOT WITHIN THE LAST 31 DAYS): What do you think is the reason why your period is delayed? (Q.1)	(ASKED OF RESPONDENTS WHOSE LAST MENSTRUAL PERIOD WAS NOT WITHIN THE LAST 31 DAYS): Are you pregnant now? (Q.23) (IF NO): What do you think is the reason that your period is delayed? (Q.29)
Whether ever pregnant	Have you ever been pregnant? (Q.2)	Have you ever been pregnant (before)? (Q.30)
Number of pregnancies	How many times have you been pregnant <i>including</i> your current pregnancy if you are pregnant or think you may be pregnant now?	How many times have you been pregnant altogether (including this one)? (Q.31)
Outcome of first pregnancy	How did this first pregnancy end? (Q.C22)	Did your first pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth? (Q.44)
Whether ever had intercourse	(ASKED OF NEVER-PREGNANT RESPONDENTS): Have you ever missed a period when you thought you might be pregnant? (Q.3) (IF NO): Have you had sexual intercourse at any time in your life? (Q.4)	(ASKED OF NEVER-PREGNANT RESPONDENTS): Have you ever missed a period and thought you might be pregnant? (Q.69) (IF NO): Have you had sexual intercourse at any time in your life? (Q.70)
Age at first intercourse	(ASKED OF EVER-PREGNANT RESPONDENTS): How old were you when you had sexual intercourse for the first time in your life? (Q.9) (ASKED OF NEVER-PREGNANT RESPONDENTS): How old were you when you had sexual intercourse for the first time ever? (Q.36)	(ASKED OF EVER-PREGNANT RESPONDENTS): How old were you when you had sexual intercourse for the first time in your life? (Q.32) (ASKED OF NEVER-PREGNANT RESPONDENTS): How old were you when you had sexual intercourse for the first time ever? (Q.71)
Whether contraception used at first intercourse	(ASKED OF EVER-PREGNANT RESPONDENTS): The first time you had sexual intercourse <i>after your</i>	(ASKED OF EVER-PREGNANT RESPONDENTS): The first time you had sexual intercourse (after

	<p><i>monthly periods began</i>, did you or your partner use any method of birth control to prevent pregnancy? (Q.12) (ASKED OF NEVER-PREGNANT RESPONDENTS): The first time you had intercourse after your monthly periods began, did you or your partner use <i>any method of birth control</i> so you would not get pregnant? (Q.39)</p>	<p>your monthly periods began), did you or your partner use any method of birth control to prevent pregnancy? (Q.34) (ASKED OF NEVER-PREGNANT RESPONDENTS): The first time you had intercourse (after your monthly periods began), did you or your partner use any method of birth control so you would not get pregnant? (Q.73)</p>
Whether contraception used since first intercourse	(ASKED OF NEVER-PREGNANT RESPONDENTS WHO DID NOT USE CONTRACEPTION AT FIRST INTERCOURSE): Have you or your partner ever used a method of birth control since the first time you had intercourse? (Q.41)	(ASKED OF NEVER-PREGNANT RESPONDENTS WHO DID NOT USE CONTRACEPTION AT FIRST INTERCOURSE): Have you or your partner <i>ever</i> used a method of birth control? (Q.77)
Whether contraception used between first intercourse and first pregnancy	Between the first time you had sexual intercourse and the time you first became pregnant, did you or your partner use any methods of birth control? (Q.13)	Between the first time you had sexual intercourse and the time you first became pregnant, did you or your partner use any method of birth control? (Q.37)
Whether contraception used between first and second pregnancies	Between your first pregnancy and your second pregnancy, did you or your partner use any method of birth control? (Q.13)	Between your first pregnancy and second pregnancy, did you or your partner use any method of birth control? (Q.37)

NOTE: Copies of the pilot study questionnaires are available upon request.

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