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ABSTRACT

Teenagers' utilization of family planning services is of major concern in view of the estimated 4.1 million adolescent females at risk, defined as fertile, sexually active teenagers who are not pregnant and who are not seeking to become pregnant. To obtain information regarding teenagers' use of medical family planning services in clinical settings, the National Reporting System for Family Planning Services operated, from 1972-1978, a full-count survey of clinic-based visits for medical family planning services in the United States, Guam, Puerto Rico, and the Virgin Islands. A random sample of family planning service sites (N=1,195) participated in the 1978 survey, which studied visits made specifically for medical services associated with famly planning; visits for replenishing contraceptive supplies, counseling, pregnancy, or venereal disease tests were excluded. This document reports data from this survey, providing information, with tables and graphs, in the following areas: age, race, and ethnicity; visit status; education and income; pregnancy history; prior contraceptive method; contraceptive method adopted or continued; medical services provided; and geographic region. The appendices contain technical information on survey methodology, data collection and processing, and reliabiltiy of estimates; definitions of terms used in the report; and a copy of the Clinic Visit Record which was used to collect survey data. (WAS)

VITAL & HEALTH STATISTICS

Family Planning Visits by Teenagers: United States, 1978

Statistics obtained from a national sample of visits to organized family planning clinics are presented for women under age 20 years. Baseline data are also presented on visits by women of all ages. Family planning visits by patient sociodemographic characteristics, visit status, prior and current contraceptive method, and medical services provided are examined by race and geographic region.

Data on Health Resources Utilization
Series 13, No. 58

Jean Foster
Eugenia Eckard

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Family Planning Visits by Teenagers

by Jean Foster, formerly of Division of Health Care Statistics, and Eugenia Eckard, Division of Health Care Statistics

Introduction

According to 1978 data from the National Reporting System for Family Planning Services, about 32.5 percent of all clinic-based visits for medical family planning services were made by females under 20 years of age. Teenagers' utilization of family planning services is of particular concern in view of the estimated 4.1 million females[1] who constitute the population at risk for this age group, i.e., fecund teenagers who are sexually active but who are not pregnant nor seeking to become pregnant.

The National Reporting System for Family Planning Services is an ongoing survey conducted by the Division of Health Care Statistics of the National Center for Health Statistics. It was begun in 1972 to collect information on clinic-based visits for medical family planning services in the United States, Guam, Puerto Rico, and the Virgin Islands.

The scope of the survey encompasses medical family planning visits in clinic settings. The clinics include those operated by public health departments, hospitals, and by private organizations, such as affiliates of Planned Parenthood Federation of America, Inc. Family planning service sites are found in a variety of settings, from single-purpose clinics to those operating as part of multipurpose health programs. Specifically excluded from the survey are family planning visits to private physicians' offices.

Only those visits made specifically for medical services associated with family planning are included in the survey. Excluded are visits only for obtaining contraceptive supplies, for counseling, or for pregnancy or venereal disease tests.

From 1972 until mid-1977, the reporting system operated as a full-count survey; information for every medical family planning visit at every participating service site was collected. However, beginning July 1, 1977, the 100-percent reporting system was converted to a sample survey. The data for the 1977 survey year were collected under both modes, and 1978 marks the first year in which the sample survey approach was used for the entire year.

The survey employs a two-stage sampling design. Out of a universe of 5,619 known family planning service sites, 1,195 were randomly selected as sample sites. This represents about 1 in 4 sites nationally. Survey participation is required for all facilities selected for the sample that are supported by Public Health Service grants for family planning services; however, participation is voluntary for nonfederally funded service sites selected for the sample. The proportion of the sample site's visits that are systematically selected for inclusion in the survey varies according to the site's reported annual number of visits and its geographic location; this averages to about 1 in 25 visits nationally. Additional information regarding the sampling design may be found in appendix I. The reader is also referred to appendix II, which contains definitions of certain terms used in this report.

Other data sources from the National Center for Health Statistics provide related statistics on utilization of family planning services. For example, data from the National Ambulatory Medical Care Survey, which is also conducted by the Division of Health Care Statistics, cover visits to office-based physicians' practices that include family planning services. The National Survey of Family Growth, conducted by the Division of Vital Statistics in 1973 and 1976, provides more detailed statistics on women who made family planning visits to their physicians or to organized family planning clinics in the 3 years prior to the survey. Unlike the other two surveys, data for the National Survey of Family Growth were collected by means of personal interviews with a national sample of women age 15-44 years who were ever married or never married with offspring living in the household.

The data in this report are based on information collected on the Clinic Visit Record or, in those service sites that collected the survey data through participation in a computerized record system, on locally

developed forms that contain the same 14 items as the Clinic Visit Record. These items cover basic socio-demographic information about the patient and other information pertaining to family planning (see appendix III for facsimile).

It should be emphasized that this report focuses on the number of visits made by teenagers to family planning service sites, while another report[2] discusses the number of teenagers who used organized family planning services. Both reports use data from the 1978 National Reporting System for Family Planning Services.

Highlights

Age, race, and ethnicity

Table 1 and figure 1 show that the number of teenagers' family planning visits increases with age. The bulk of the visits (56.4 percent) are concentrated among those age 18 and 19 years. About 9.1 percent of the visits were made by patients under age 16 years.

The proportion of visits by white teenagers is 67.8 percent compared with 30.8 percent by black teenagers. However, the visit rate per 1,000 population is much higher for black teenagers than for white teenagers. About 5.8 percent of the visits were made by teenagers of Hispanic origin or descent.[a] The visit rate per 1,000 Hispanic females age 13-19 years is 152; the visit rate for the non-Hispanic population is 171.

[a]Hispanic origin or descent was determined independently of racial classification.

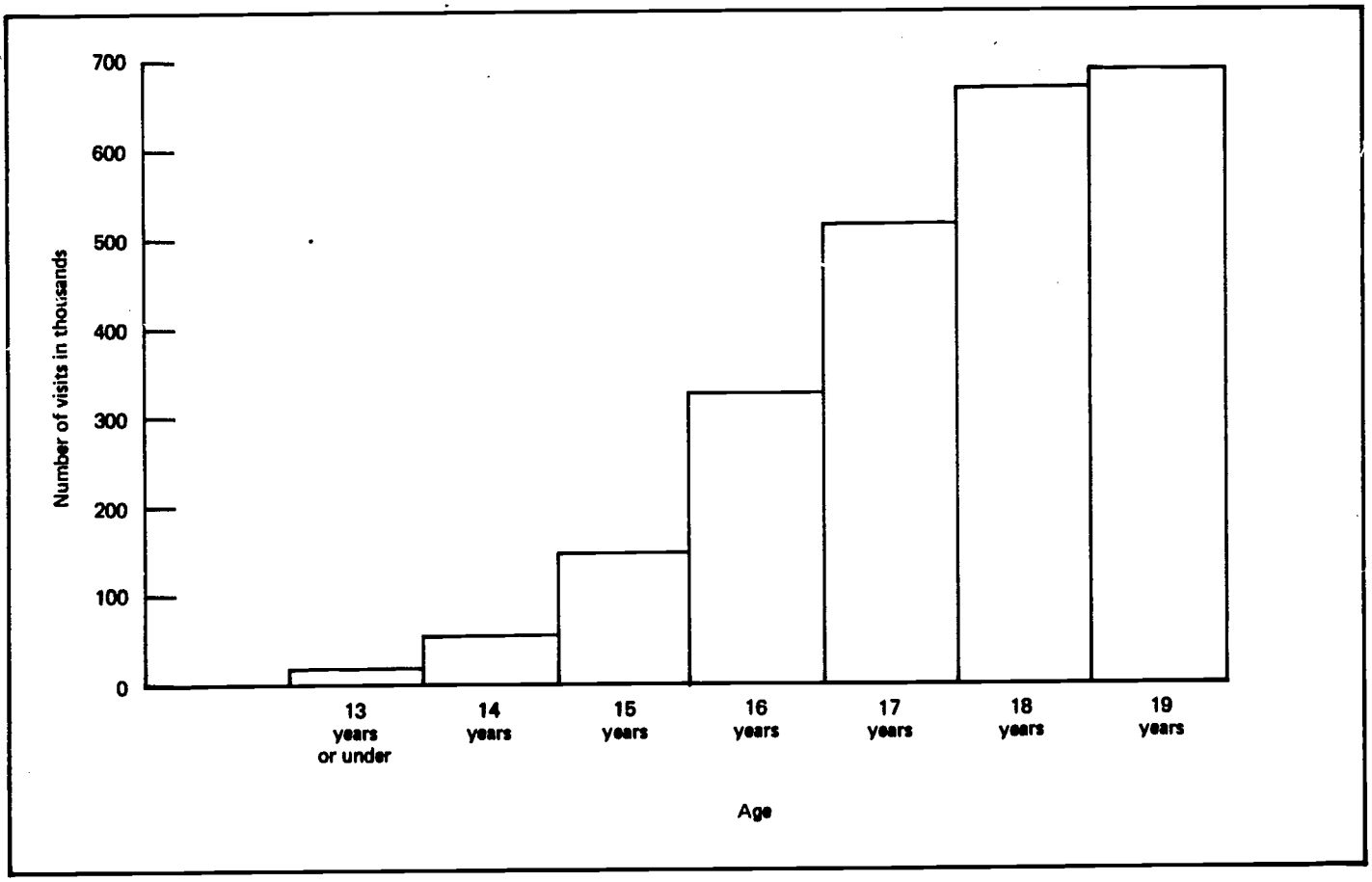

Figure 1. Number of family planning visits by females under age 20 years, by age: United States, 1978

Visit status

Initial visits are identified on the basis of the patient's response to the question, "Have you *ever* been a patient of this or any other clinic for family planning *medical* services?" Thus initial visits represent the patient's first contact with the organized family planning program but do not preclude prior contact with other providers of medical family planning services, such as private physicians. Figure 2 shows that about three-fourths of all initial visits were made by white teenagers, but they account for a lower proportion (65.2 percent) of the return visits.[b] Conversely, the proportion of black teenagers at all return visits (33.6 percent) is higher than at initial visits (23.7 percent). The proportion of all visits within each race that are initial visits is about 10 percentage points higher for white teenagers than for black teenagers (31.5 percent and 22.1 percent, respectively).

Education and income

Table 2 indicates that the majority of visits by teenagers (61.5 percent) were made by those who had not yet completed high school. This finding is not unexpected, since at least 4 out of 10 such visits were made by females under 18 years of age. Of all visits, 39.7 percent were made by those with less than 12 years of education. More than half of the teenagers' visits are associated with those who were students at the time of the visit. A large proportion of the black teenagers reported less than a high school education (68.5 percent) than did white teenagers (58.3 percent). This difference by race is also apparent for initial visits.

Data on whether the patient's family receives public assistance income are indicative of the patient's need for subsidized medical services. On the average, visits made by members of families receiving public assistance income are about as common among teenagers as among women of all ages, 14.9 percent and 15.4 percent, respectively. It is also evident that a higher proportion of visits by black teenagers are characterized by the family's receipt of public assistance income (30.8 percent) than is found among visits by white teenagers (7.8 percent).

Pregnancy history

Table 3 and figure 3 reveal the relatively large proportion of visits by teenagers who had never been pregnant (64.3 percent). The comparable figure for visits by women of all ages is 41.8 percent. A higher proportion of the teenagers' visits were made by never-pregnant white persons (68.1 percent) than by

[b]Return visits include continuation and readmission visits.

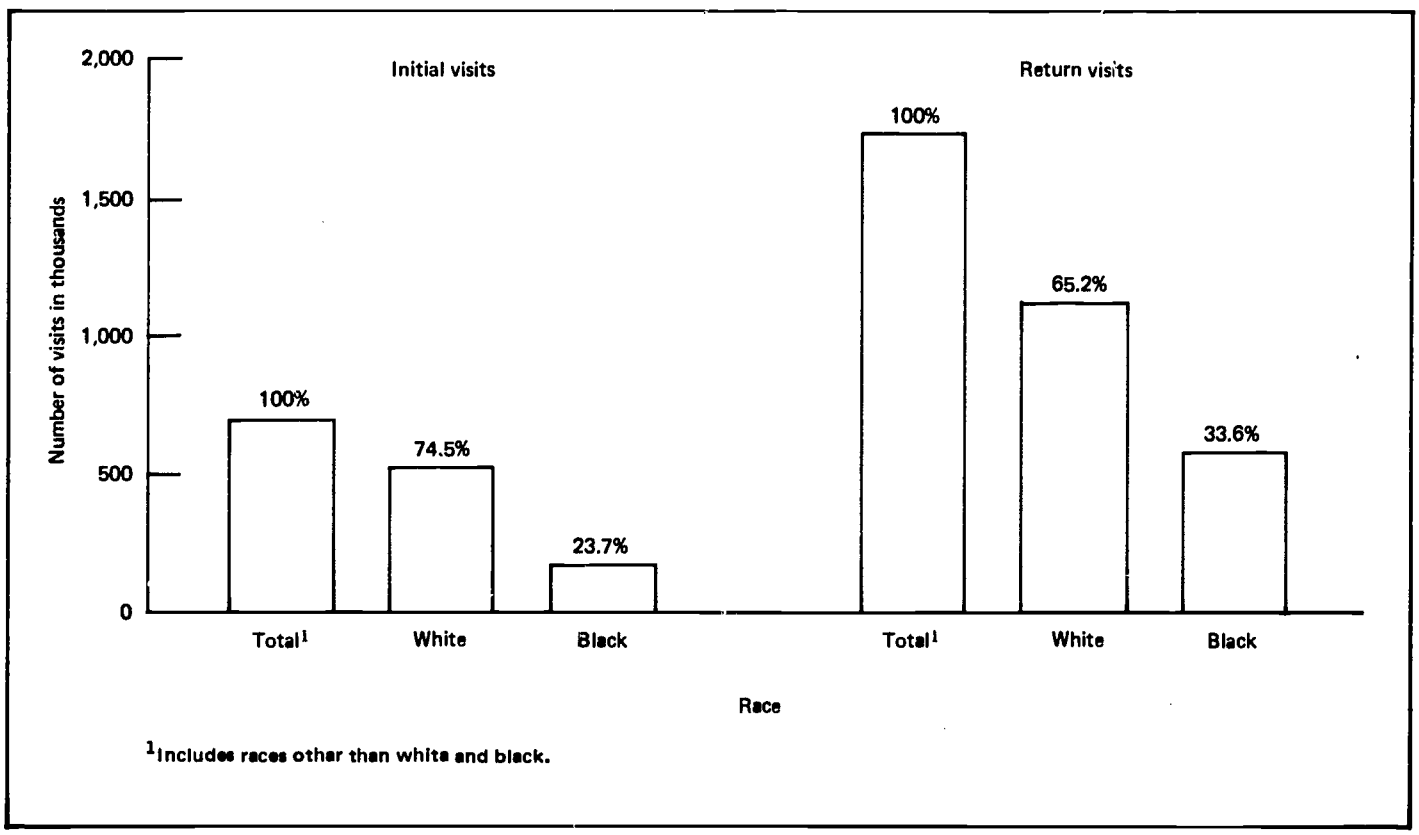

Figure 2. Percent distribution of family planning visits by females under age 20 years by race and visit status, according to number of visits: United States, 1978

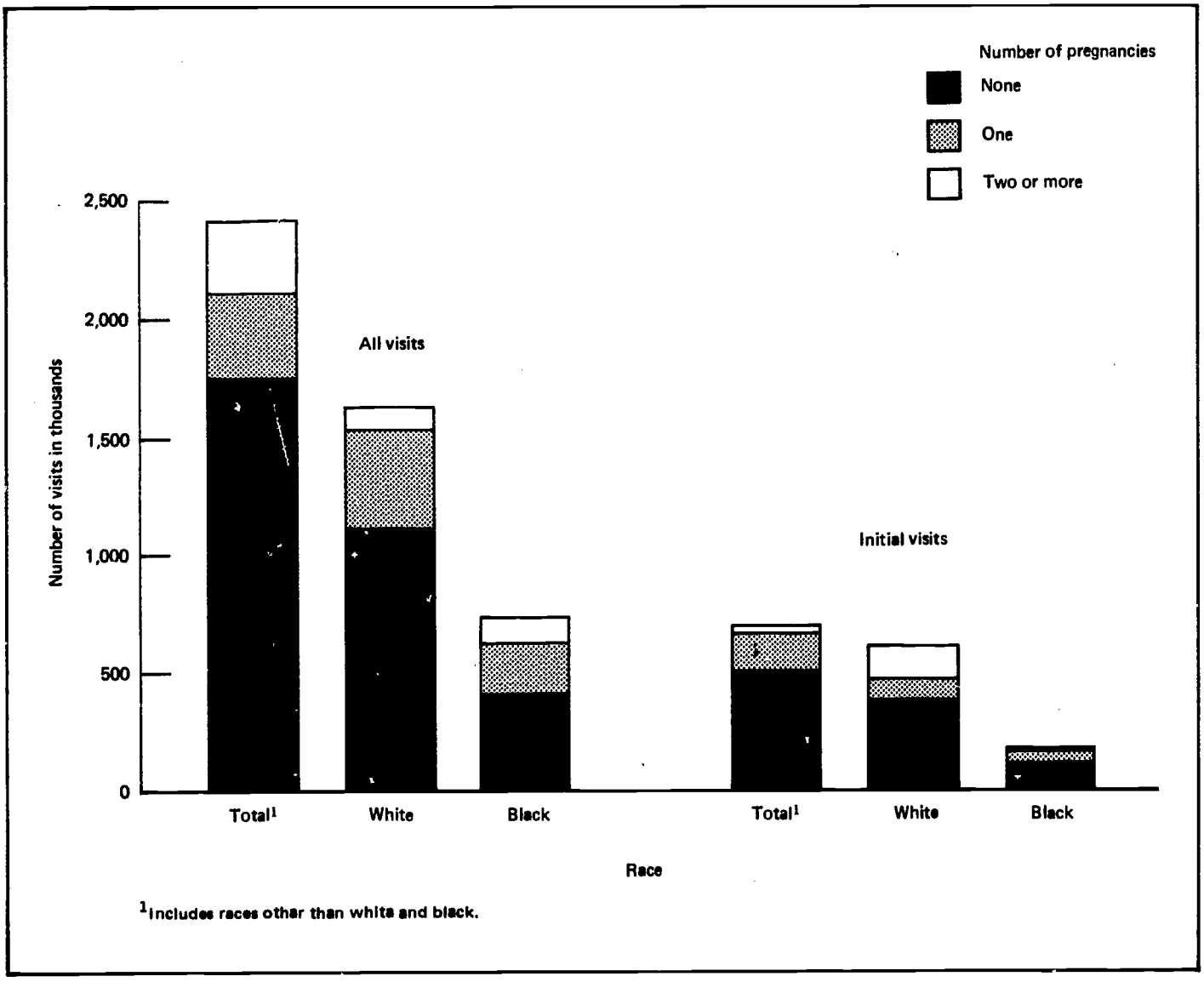

Figure 3. Number of family planning visits by females under age 20 years, by number of pregnancies, race, and visit status: United States, 1978

never-pregnant black persons (55.9 percent); this racial differential is also apparent at initial visits, although the proportions are larger.

About 77.6 percent of all visits and 82.6 percent of initial visits are associated with teenage patients who had never had a live birth. Visits by black teenagers were about 1.9 times as likely to be made by those who had had one live birth, compared with visits made by white teenagers. At 24.1 percent of the visits made by women of all ages, the patient reported two or more live births, but for visits by teenagers, this figure is much lower—only 3.6 percent.

Table 3 shows that 16.0 percent of the visits by teenagers were made by those who had had at least one fetal death, compared with 22.7 percent of the visits made by women of all ages; the comparable figures for initial visits are 11.9 percent and 20.1 percent, respectively. Although fetal mortality is generally more common among the other-than-white population,[3] the survey reveals no apparent differences by race.

Prior contraceptive method

Table 4 shows 28.2 percent of all visits and 65.0 percent of initial visits are associated with teenagers who had never regularly used a contraceptive method. The comparable proportions for visits by women of all ages—15.3 percent of all visits and 45.5 percent of initial visits—are clearly lower. There is no statistically significant difference in the proportions of visits made by white teenagers and black teenagers who had never regularly used a method.

About 60.3 percent of all visits were made by teenagers who reported the oral contraceptive pill as their prior method. The proportion of initial visits that were made by teenage users of the pill and the intrauterine devices (IUD)—24.5 percent—points to the likelihood of prior contact with other types of

family planning service providers, such as private physicians. Utilization of other contraceptive methods is minimal; combined, these methods were reported by teenagers at only 8.6 percent of all visits and 10.4 percent of initial visits.

According to the 1978 survey data, the pill and the IUD were reported as the most recent regularly used contraceptive method in 63.2 percent of all visits by teenagers; the comparable proportion for visits by women of all ages is 72.8 percent.

Contraceptive method adopted or continued

Adoption or continuation of the oral contraceptive pill occurred at 77.0 percent of the teenagers' family planning visits (see figure 4 and table 5). The proportion of initial visits where the pill was adopted or continued is 71.5 percent. Adoption or continuation of the IUD, diaphragm, and foam/jelly/cream each accounts for about 4 percent of all teenagers' visits. At 7.3 percent of all visits by teenagers, no contraceptive method was adopted or continued; the figure is somewhat higher at initial visits. Compared with visits by teenagers, visits by women of all ages show a lower level of pill use, but larger proportions of their visits are associated with the IUD and diaphragm.

A recent report on characteristics of teenage wives and mothers shows that ever-married teenagers were much more likely to use the pill than ever-married women 20-44 years of age (51 percent compared with 22 percent, respectively). However, no significant differences were found between teenagers and their 20-44-year-old counterparts in the percent trying to become pregnant or using the IUD.[4]

Patterns of contraceptive utilization differ very little by race. Nearly equal proportions of the visits by white and black teenagers are associated with the pill (76.6 and 78.0 percent, respectively), although preference for the diaphragm appears to be slightly more common at visits by white teenagers than by black teenagers. There are no statistical differences by race in the proportion of visits at which no method of contraception was adopted or continued, either for all visits or for initial visits.

However, Zelnik and Kanter provide a somewhat different perspective in their comparison of contraceptive-use status (prior to pregnancy, marriage, or survey; whichever came first) as reported by sexually active respondents in 1976 and 1979 surveys. They report that, although the proportion that never used a method declined between 1976 and 1979 for each race, in 1979 a larger proportion of black females age 15-19 years were never users (36 percent) compared with their white counterparts (24 percent).[5]

Table 6 shows number of pregnancies and prior contraceptive method according to the contraceptive method adopted or continued at the end of the visit. Pregnancy history appears to be related to contraceptive method. For example, at visits where the pill was the chosen method, 65.9 percent of patients reported they had never been pregnant, whereas at visits where the IUD was chosen, the proportion was 38.7 percent.

At about 25.7 percent of the teenagers' visits, the contraceptive method was "upgraded," that is, the patient adopted either the pill or IUD when she had previously used no contraceptive method or one of the less effective methods. In absolute terms, the largest jump includes approximately 479,000 visits where the teenage patient opted for the pill in lieu of no method. Proportionally, a somewhat different picture emerges. Looking at visits by each method of contraception that was adopted or continued, the sizable proportion "switching over" from the pill is evident—at least one-quarter of the visits in each method are associated with the pill as the prior contraceptive method, but this amounts to only about 128,000 visits, or about 5 percent of the total number of visits by teenagers.

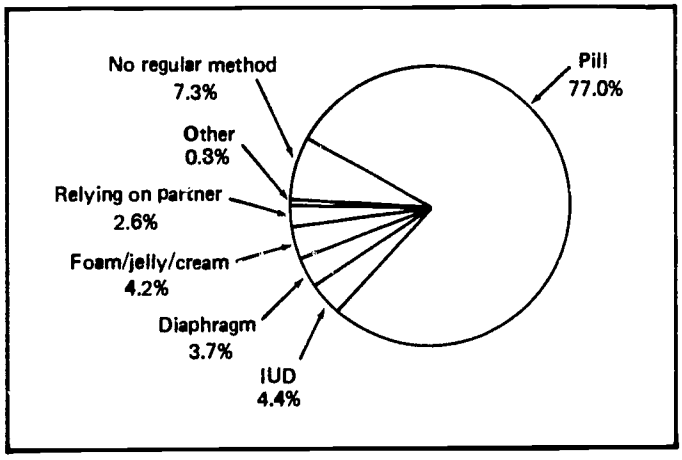

Figure 4. Percent distribution of family planning visits by females under age 20 years, by contraceptive method adopted or continued: United States, 1978

Medical services provided

Table 5 and figure 5 show data on the provision of medical services related to family planning. A total of 10,652,000 medical family planning services were provided at teenagers' visits, yielding an average of 4.4 services per visit. If visits by all women are considered, the average number of medical services provided is also about 4.4 per visit. Four of the core medical services (i.e., pap smear, pelvic exam, breast exam, and blood pressure test) account for 56 percent of the medical services provided to teenagers. At initial visits, these procedures account for 55.5 percent of the medical services provided to teenagers. Only minor variations are apparent when the provision of medical services to teenagers is examined by race.

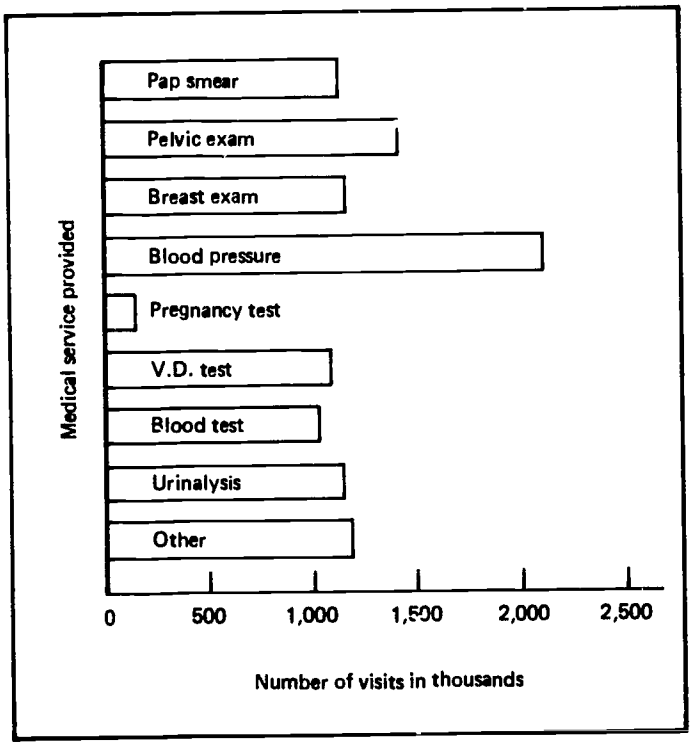

Figure 5. Number of family planning visits by females under age 20 years, by medical service provided: United States, 1978

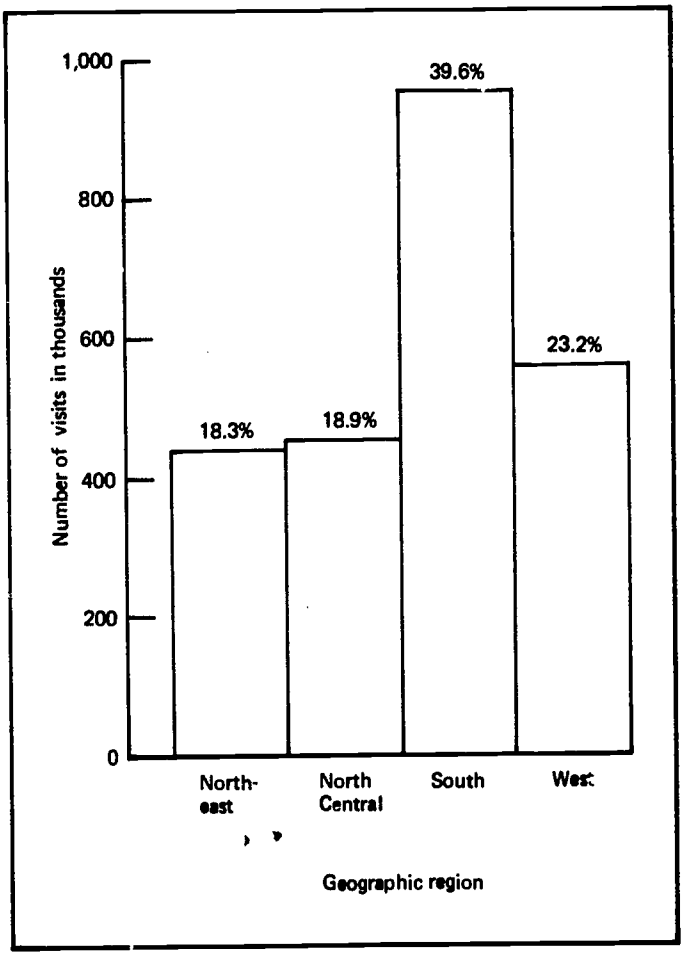

Figure 6. Percent distribution of family planning visits by females under age 20 years by geographic region, according to number of visits: United States, 1978

Geographic region

It is evident from figure 6 that more clinic-based family planning visits were made by teenagers in the South region than in any other region. Table 7 reveals that in every geographic region except the South there were more visits by white teenagers than by black teenagers. In the South, about an equal share of the visits were made by white and black teenagers (48.6 percent and 50.6 percent, respectively), whereas in the West the proportion of black teenagers is only 7.9 percent. In examining ethnicity by region, the proportion of visits by teenagers of Hispanic origin is largest in the West (12.0 percent).

In every region, as is true overall, the proportion of visits by teenagers with less than 12 years of education is higher than for those who have completed at least 12 years of education. The difference is as high as 40 percentage points in the South, where more visits were made by black teenagers than in any other region. The South is the only region where visits by teenagers who were students did not outnumber visits by teenagers who were not students.

For every region, a much larger proportion of visits are associated with teenagers whose families do not receive public assistance than are associated with teenagers whose families do receive such assistance; however, the proportions vary slightly among the regions. About 18 percent of the teenagers' visits in the Northeast and South regions were made by members of families receiving public assistance, compared with only about 9 percent in the West. In fact, the West had the smallest proportion of visits associated with teenagers whose families receive public assistance.

Looking at the status of visits by region, it can be seen that the proportion of visits that are initial visits is larger in the West (39.9 percent) and Northeast (31.9 percent) than in the other regions (about 23 percent for both). Conversely, the proportions of return visits are larger in the South (77.0 percent) and North Central (76.3 percent) regions than in the other two regions.

As noted previously, the proportion of visits made by teenagers with less than a high school education is higher for black persons than for white persons. This difference is not statistically significant, however, when comparing the figures for black and white teenagers within regions (tables 8 and 9). The proportion of visits by students is significantly higher than by nonstudents in every region for black teenagers except in the West and for white teenagers in two out of four regions (South and West).

Another racial difference can be seen by comparing the proportion of visits by black teenagers whose families receive public assistance income with the proportion of visits by their white counterparts. With-

in three of the four geographic regions, a larger proportion of visits by black teenagers than by white teenagers are associated with families that receive public assistance income; the difference between the two racial groups in the West is not statistically significant.

With regard to visit status shown in Tables 8 and 9, there are a few differences between the two racial categories, but they are not statistically significant. Within races, however, there is a significantly higher proportion of initial visits by both white and black teenagers in the West than in the South.

Table 10 shows the proportion of teenagers' visits by prior contraceptive method and method adopted or continued at the end of the visit according to geographic region. The only major difference in the distribution of visits according to prior contraceptive method among the regions is the higher proportion of visits associated with the pill in the North Central region (67.0 percent) and the South (63.6 percent) as compared with the Northeast (51.8 percent) and the West (56.0 percent). In all regions, the pill is the prior method associated with the largest percentage of teenagers' visits. The next largest proportion of visits were made by teenagers who had never used a method regularly. A rather small proportion of visits are associated with each of the other methods, which include the diaphragm, foam/jelly/cream, and the IUD.

The pill was the method adopted or continued by teenagers most often at visits in all the regions and especially in the South, where the pill was accepted at almost 82 percent of the visits. Furthermore, the pill was adopted at a significantly higher proportion of the visits in the South than in the Northeast and West. Looking at the IUD and diaphragm together, a higher proportion of visits in the Northeast (14.4 percent) were associated with these methods than in the North Central and South regions. However, the proportion of the visits associated with these methods in the North Central region was higher than that of the South. There are no statistically significant differences among the regions in the proportions associated with the other contraceptive methods.

Tables 11 and 12 show only slight variations by region between visits by black and white teenagers according to prior contraceptive method and contraceptive method adopted or continued. For white teenagers, the proportion of visits associated with pill use as prior method is higher in the North Central than in the Northeast or West regions, and it is higher in the South than in the Northeast. Also, the proportion of visits by those who had never used a method regularly is higher in the Northeast region than in the North Central region.

There are no statistically significant differences among the regions for visits by black teenagers with regard to contraceptive methods adopted or continued.

References

[1]The Alan Guttmacher Institute: *Contraceptive Services for Adolescents: United States, each State and County, 1975.* New York. 1978.

[2]National Center for Health Statistics: Teenagers who use organized family planning services: National Reporting System for Family Planning Services, United States, 1978, by Eugenia Eckard. *Vital and Health Statistics.* Series 13—No. 57. DHHS Pub. No. (PHS) 81-1718. Public Health Service, Hyattsville, Md. In preparation.

[3]National Center for Health Statistics: *Health, United States, 1980.* DHHS Pub. No. (PHS) 81-1232. Public Health Service. Hyattsville, Md. p. 32.

[4]National Center for Health Statistics: Selected demographic characteristics of teenage wives and mothers: United States, by S. Millman and W. D. Mosher. *Advance Data from Vital and Health Statistics,* No. 61. DHHS Pub. No. (PHS) 80-1250. Public Health Service. Hyattsville, Md. Sept. 26, 1980.

[5]Zelnik, M., and Kanter, J. F.: Sexual activity, contraceptive use and pregnancy among metropolitan-area teenagers: 1971-79. *Fam. Plann. Perspectives* 12(5). Sept.-Oct. 1980, pp. 230-237.

[6]Final Report of Data Quality Study for the National Reporting System for Family Planning Services. Aug. 1980, Informatics (Unpublished).

List of detailed tables

Table 1. Number, percent distribution, and rate per 1,000 population of family planning visits by females under age 20 years, by age, race, and ethnicity: United States, 1978

Age, race, and ethnicity	Number of visits in thousands	Percent distribution	Visit rate per 1,000 population[1]
All visits	2,410	100.0	170
Age			
13 years or under	18	0.8	1
14 years	53	2.2	27
15 years	148	6.1	74
16 years	322	13.3	159
17 years	510	21.2	246
18 years	671	27.8	324
19 years	688	28.6	327
Race			
White	1,635	67.8	138
Black	742	30.8	368
Other	34	1.4	131
Ethnicity			
Hispanic origin or descent	139	5.8	[2]152
Non-Hispanic origin or descent	2,271	94.2	171

[1]Based on the U.S. civilian noninstitutionalized female population age 13-19 years.
[2]Population for denominator of rate is estimated from available Census Bureau figures for the Spanish-origin population.

NOTE: Numbers may not add to totals due to rounding.

Table 2. Number of family planning visits by females and percent distribution by visit status and selected characteristics, according to age and race: United States, 1978

Visit status and selected characteristics	All patients	Patients under age 20 years		
		Total[1]	White	Black
	Number in thousands			
All visits	7,425	2,410	1,635	742
	Percent distribution			
All visits	100.0	100.0	100.0	100.0
Education				
Less than 12 years	39.7	61.5	58.3	68.5
12 years or more	60.3	38.5	41.7	31.5
Student status				
Student	29.0	54.4	52.0	59.7
Nonstudent	71.0	45.6	48.0	40.3
Public assistance income				
Income includes public assistance	15.4	14.9	7.8	30.8
Income does not include public assistance	84.6	85.1	92.2	69.2
	Number in thousands			
Initial visits	1,466	691	515	164
	Percent distribution			
Initial visits	100.0	100.0	100.0	100.0
Education				
Less than 12 years	42.7	63.1	60.4	72.0
12 years or more	57.4	36.8	39.4	28.0
Student status				
Student	37.9	60.2	58.2	66.8
Nonstudent	62.1	39.7	41.8	33.2
Public assistance income				
Income includes public assistance	12.4	11.9	7.4	26.2
Income does not include public assistance	87.6	88.1	92.6	73.2

[1]Includes races other than white and black.

NOTE: Numbers may not add to totals due to rounding.

Table 3. Number of family planning visits by females and percent distribution by visit status and pregnancy history, according to age and race: United States, 1978

Visit status and pregnancy history	All patients	Patients under age 20 years		
		Total[1]	White	Black
	Number in thousands			
All visits	7,425	2,410	1,635	742
	Percent distribution			
All visits	100.0	100.0	100.0	100.0
Number of pregnancies				
None	41.8	64.3	68.1	55.9
One	26.8	27.6	25.2	33.0
Two or more	31.4	8.2	6.7	11.3
Number of liva births				
None	53.2	77.6	82.4	66.8
One	22.6	18.8	14.9	27.8
Two or more	24.1	3.6	2.8	5.5
Number of fatal deaths				
None	77.3	84.0	83.6	84.8
Ona	17.4	14.1	14.5	13.1
Two or more	5.3	1.9	1.9	1.9
	Number in thousands			
Initial visits	1,466	691	515	164
	Percent distribution			
Initial visits	100.0	100.0	100.0	100.0
Number of pregnancies				
None	52.6	72.3	75.5	62.2
One	24.3	22.1	19.4	31.1
Two or more	23.2	5.5	5.0	7.3
Number of live births				
None	63.6	82.6	86.0	71.3
One	19.6	15.1	12.0	25.6
Two or more	16.7	2.3	*1.9	*3.7
Number of fetal deaths				
None	79.9	88.1	88.2	87.8
Ona	15.5	10.6	10.5	11.0
Two or more	4.6	*1.3	*1.4	*1.2

[1]Includes races other than white and black.

NOTE: Numbers may not add to totals due to rounding.

Table 4. Number of family planning visits by females and percent distribution by visit status and prior contraceptive method, according to age and race: United States, 1978

Visit status and prior contraceptive method	All patients	Patients under age 20 years		
		Total[1]	White	Black
	Number in thousands			
All visits	7,425	2,410	1,635	742
	Percent distribution			
All visits	100:0	100.0	100.0	100.0
Prior contraceptive method				
Pill	64.3	60.3	59.1	63.2
IUD	8.5	2.9	2.4	3.8
Diaphragm	3.9	1.6	1.9	*1.0
Foam/jelly/cream	3.3	2.5	2.6	2.3
Other[2]	4.7	4.5	5.3	2.6
No regular method	15.3	28.2	28.7	27.0
	Number in thousands			
Initial visits	1,466	691	515	164
	Percent distribution			
Initial visits	100.0	100.0	100.0	100.0
Prior contraceptive method				
Pill	36.8	23.6	24.5	20.7
IUD	4.4	*0.9	*0.8	*1.2
Diaphragm	2.7	*0.6	*0.6	*0.6
Foam/jelly/cream	3.8	2.6	2.9	*1.8
Other[2]	6.9	7.2	8.6	*3.0
No regular method	45.5	65.0	62.5	72.5

[1]Includes races other than white and black.

[2]Includes natural contraceptive methods and sterilization, as well as other contraceptive methods.

NOTE: Numbers may not add to totals due to rounding.

Table 5. Number of family planning visits by females and percent distribution by visit status, contraceptive method adopted or continued, and medical services provided, according to age and race: United States, 1978

Visit status, contraceptive method continued or adopted, and medical services provided	All patients	Patients under age 20 years			Visit status, contraceptive method continued or adopted, and medical services provided	All patients	Patients under age 20 years		
		Total[1]	White	Black			Total[1]	White	Black
	Number in thousands					Number in thousands			
All visits	7,425	2,410	1,635	742	Initial visits	1,466	691	515	163
	Percent distribution					Percent distribution			
All visits	100.0	100.0	100.0	100.0	Initial visits	100.0	100.0	100.0	100.0
Contraceptive method adopted or continued					Contraceptive method adopted or continued				
Pill	67.1	77.0	76.6	78.0	Pill	60.8	71.5	71.3	72.4
IUD	9.5	4.4	3.9	5.4	IUD	6.8	3.0	2.9	*3.7
Diaphragm	6.4	3.7	4.4	2.0	Diaphragm	8.0	4.6	5.2	*2.5
Foam/jelly/cream	4.8	4.2	3.7	5.3	Foam/jelly/cream	6.5	6.1	5.4	8.6
Relying on partner	3.2	2.6	2.7	2.4	Relying on partner	4.6	3.6	3.7	*3.7
Other	2.0	0.8	0.9	*0.7	Other	2.1	*1.0	*0.8	*0.6
No regular method	6.9	7.3	7.6	6.2	No regular method	11.0	10.3	10.3	8.6
Medical services provided					Medical services provided				
Pap smear	48.2	48.0	48.6	46.5	Pap smear	69.4	74.1	74.0	75.3
Pelvic exam	63.2	60.8	61.0	60.2	Pelvic exam	81.5	83.1	82.5	85.4
Breast exam	50.2	49.7	49.3	50.7	Breast exam	70.8	75.8	74.8	80.2
Blood pressure	86.1	87.0	85.9	89.6	Blood pressure	88.2	90.7	90.1	93.1
Pregnancy test	7.9	9.0	9.7	7.4	Pregnancy test	11.1	11.0	11.1	9.4
V.D. test	44.1	44.8	44.7	45.1	V.D. test	62.2	67.0	65.8	71.4
Urinalysis	48.3	49.4	50.9	46.1	Urinalysis	67.7	72.9	74.2	70.4
Blood test	41.8	42.6	43.1	41.4	Blood test	63.7	69.5	69.1	71.4
Other	51.0	50.7	50.8	49.6	Other	49.2	48.9	48.5	49.8

[1] Includes races other than white and black.

NOTE: Numbers may not add to totals due to rounding.

Table 6. Number of family planning visits by females under age 20 years and percent distribution by number of pregnancies and prior contraceptive method, according to contraceptive method adopted or continued: United States, 1978

Number of pregnancies and prior contraceptive method	Total	Contraceptive method adopted or continued					
		Pill	IUD	Diaphragm	Foam/jelly/cream	Other	No regular method
	Number in thousands						
All visits	2,410	1,856	107	88	101	83	176
	Percent distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of pregnancies							
None	64.3	65.9	38.7	66.3	56.6	58.8	69.3
One	27.6	27.0	42.5	25.3	31.0	29.5	22.4
Two or more	8.2	7.1	18.8	*8.4	12.4	11.7	8.3
Prior contraceptive method							
Pill	60.3	67.5	31.3	31.4	37.2	34.4	42.8
IUD	2.9	0.8	38.5	*2.4	*4.1	*2.9	*2.5
Diaphragm	1.6	*0.5	*1.9	24.4	*0.8	*1.3	*1.7
Foam/jelly/cream	2.5	1.7	*4.2	*4.5	13.8	*2.6	*2.5
Other	4.5	3.7	*3.8	*6.8	*5.0	16.0	5.6
No regular method	28.2	25.8	20.1	28.5	39.1	42.8	44.9

NOTE: Numbers may not add to totals due to rounding.

Table 7. Number of family planning visits by females under age 20 years and percent distribution by selected characteristics, according to geographic region: United States, 1978

Selected characteristics	Total	Geographic region			
		Northeast	North Central	South	West
		Number in thousands			
All visits	2,410	441	455	954	560
		Percent distribution			
Total	100.0	100.0	100.0	100.0	100.0
Race					
White	67.8	72.3	78.3	48.6	88.6
Black	30.8	27.3	20.9	50.6	7.9
Other	1.4	*0.4	*0.8	*0.9	3.5
Ethnicity					
Hispanic origin or descent	5.8	5.7	2.5	3.7	12.0
Non-Hispanic origin or descent	94.2	94.3	97.5	96.3	88.0
Education					
Less than 12 years	61.4	55.6	55.8	70.0	56.0
12 years or more	38.6	44.4	44.2	30.0	44.0
Student status					
Student	54.4	60.6	57.0	50.0	54.8
Nonstudent	45.6	39.4	43.0	50.0	45.2
Public assistance income					
Income includes public assistance	14.9	17.8	13.9	17.5	9.0
Income does not include public assistance	85.1	82.2	86.1	82.5	91.0
Visit status					
Initial	28.7	31.9	23.7	23.0	39.9
Return	71.3	68.1	76.3	77.0	60.1

NOTE: Numbers may not add to totals due to rounding.

Table 8. Number of family planning visits by white females under age 20 years and percent distribution by selected characteristics, according to geographic region: United States, 1978

Selected characteristics	Total	Geographic region			
		Northeast	North Central	South	West
		Number in thousands			
All visits	1,635	319	356	463	496
		Percent distribution			
Total	100.0	100.0	100.0	100.0	100.0
Education					
Less than 12 years	58.3	51.7	53.3	69.1	56.1
12 years or more	41.7	48.3	46.7	30.9	43.9
Student status					
Student	52.0	59.1	55.6	41.8	54.4
Nonstudent	48.0	40.9	44.4	58.2	45.6
Public assistance income					
Income includes public assistance	7.8	10.7	7.9	5.7	7.8
Income does not include public assistance	92.2	89.3	92.1	94.3	92.2
Visit status					
Initial	31.5	33.7	24.4	27.4	38.9
Return	68.5	66.3	75.6	72.6	61.1

NOTE: Numbers may not add to totals due to rounding.

Table 9. Number of family planning visits by black females under age 20 years and percent distribution by selected characteristics, according to geographic region: United States, 1978

Selected characteristics	Total	Geographic region			
		Northeast	North Central	South	West
	Number in thousands				
All visits	742	121	95	482	44
	Percent distribution				
Total	100.0	100.0	100.0	100.0	100.0
Education					
Less than 12 years	68.5	65.9	64.8	70.9	57.2
12 years or more	31.5	34.1	35.2	29.1	42.8
Student status					
Student	59.7	64.8	63.0	58.0	57.4
Nonstudent	40.3	35.2	37.0	42.0	42.6
Public assistance income					
Income includes public assistance	30.8	36.7	36.2	29.1	*21.4
Income does not include public assistance	69.2	63.3	63.8	70.9	78.6
Visit status					
Initial	22.0	26.7	20.5	18.8	48.2
Return	78.0	73.3	79.5	81.2	51.8

NOTE: Numbers may not add to totals due to rounding.

Table 10. Number of family planning visits by females under age 20 years and percent distribution by prior contraceptive method and contraceptive method adopted or continued, according to geographic region: United States, 1978

Prior contraceptive method and contraceptive method adopted or continued	Total	Geographic region			
		Northeast	North Central	South	West
	Number in thousands				
All visits	2,410	441	455	954	560
	Percent distribution				
Total	100.0	100.0	100.0	100.0	100.0
Prior contraceptive method					
Pill	60.3	51.8	67.0	63.6	56.0
IUD	2.9	4.1	2.0	2.6	3.0
Diaphragm	1.6	3.7	*1.4	*0.5	1.9
Foam/jelly/cream	2.5	2.8	*2.0	2.7	2.4
Other	4.5	5.4	4.0	3.9	5.1
No regular method	28.2	32.2	23.6	26.6	31.5
Contraceptive method adopted or continued					
Pill	77.0	68.0	78.9	81.8	74.3
IUD	4.4	6.0	2.9	4.1	5.0
Diaphragm	3.7	8.4	2.9	*1.2	4.7
Foam/jelly/cream	4.2	4.7	2.6	4.5	4.6
Relying on partner	2.6	3.8	3.2	1.9	2.3
Other	0.8	*0.6	*1.2	*0.8	*0.8
No regular method	7.3	8.5	8.4	5.7	8.2

NOTE: Numbers may not add to totals due to rounding.

Table 11. Number of family planning visits by white females under age 20 years and percent distribution by prior contraceptive method and contraceptive method adopted or continued, according to geographic region: United States, 1978

Prior contraceptive method and contraceptive method adopted or continued	Total	Geographic region			
		Northeast	North Central	South	West
		Number in thousands			
All visits	1,635	319	356	463	496
		Percent distribution			
Total	100.0	100.0	100.0	100.0	100.0
Prior contraceptive method					
Pill	59.1	51.2	67.2	61.3	56.3
IUD	2.4	2.7	*1.8	*2.2	2.8
Diaphragm	1.9	4.0	*1.4	*0.7	*2.0
Foam/jelly/cream	2.6	2.9	*1.9	3.3	2.4
Other	5.3	6.5	4.4	5.3	5.1
No regular method	28.7	32.7	23.4	27.2	31.4
Contraceptive method adopted or continued					
Pill	76.6	69.6	79.8	81.3	74.6
IUD	3.9	4.6	2.5	3.6	4.8
Diaphragm	4.4	9.4	3.0	*1.5	4.8
Foam/jelly/cream	3.7	3.5	*2.3	4.0	4.7
Relying on partner	2.7	3.8	2.9	2.4	2.2
Other	0.9	*0.8	*0.7	*1.2	*0.9
No regular method	7.6	8.4	8.2	6.4	8.2

NOTE: Numbers may not add to totals due to rounding.

Table 12. Number of family planning visits by black females under age 20 years and percent distribution by prior contraceptive method and contraceptive method adopted or continued, according to geographic region: United States, 1978

Prior contraceptive method and contraceptive method adopted or continued	Total	Geographic region			
		Northeast	North Central	South	West
		Number in thousands			
All visits	742	121	95	482	44
		Percent distribution			
Total	100.0	100.0	100.0	100.0	100.0
Prior contraceptive method					
Pill	63.2	53.5	66.4	65.7	55.9
IUD	3.8	*7.7	*2.9	3.0	*4.4
Diaphragm	*1.0	*2.7	*1.6	*0.4	*1.3
Foam/jelly/cream	2.3	*2.7	*2.3	*2.2	*3.0
Other	2.6	*2.3	*2.8	2.6	*3.3
No regular method	27.0	31.1	24.0	26.1	32.1
Contraceptive method adopted or continued					
Pill	78.0	63.9	75.3	82.4	74.2
IUD	5.5	*9.8	*4.3	4.5	*6.7
Diaphragm	2.0	*5.8	*2.4	*0.8	*4.2
Foam/jelly/cream	5.2	*7.6	*3.7	5.0	*4.9
Relying on partner	2.4	*3.9	*4.3	*1.5	*3.7
Other	*0.7	*0.3	*1.1	*0.7	*0.8
No regular method	6.2	*8.7	*8.8	5.1	*5.6

NOTE: Numbers may not add to totals due to rounding.

Appendixes

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Appendix I. Technical notes

Survey methodology

The National Reporting System for Family Planning Services covers family planning visits to nonmilitary service sites in the United States, Guam, Puerto Rico, and the Virgin Islands that offer medical family planning services. The survey specifically excludes family planning visits to office-based private physicians' practices; these visits are included in the National Ambulatory Medical Care Survey, which is also conducted by the Division of Health Care Statistics of the National Center for Health Statistics (NCHS).

Sampling design.—The data presented in this report are based on a two-stage stratified sample survey. The first-stage sampling frame was completed during the summer of 1976. The frame consisted of a list of family planning service sites enrolled in the full-count survey (the mode in which the survey operated prior to the adoption of the sampling approach on July 1, 1977). The frame was augmented by lists of family planning service sites compiled by the Bureau of Community Health Services of the U.S. Department of Health and Human Services and by the Alan Guttmacher Institute, which, at that time, was the research and development division of the Planned Parenthood Federation of America, Inc. Family planning service sites that were identified on more than one list were deleted from the frame prior to sample selection.

Prior to selection of the sample service sites, the sampling frame was arranged into six State groups, which were formed by combining States with similar numbers of family planning service sites. Within each State group, each family planning service site was classified into one of the following three classes according to reported information for the facility's annual number of family planning visits: sites with less than 1,000 visits, sites with 1,000-3,999 visits, and sites with 4,000 visits or more. Within each of the sampling strata defined by the six State groups and the three visit-size classes, the service sites were ordered by State, type of sponsorship (i.e., public health department, affiliate of the Planned Parenthood Federation of America, Inc., hospital, and other), and county. The sample service sites were systematically selected from these strata after a random start, with the probability of selection ranging from certainty to 1 in 18. The 1978 U.S. sample comprised 1,195 sites, with 85.1 percent of the sites participating in the survey.

In the second stage, family planning visits at each sample site were systematically selected. NCHS assigned to each sample site a sampling rate dependent on the site's reported visit volume and the State in which the site was located. Overall, 14 visit sampling rates were used to determine the proportion of each site's family planning visits needed for the survey; the visit sampling rates ranged from certainty to 1 in 30.

Data collection and processing

Visit data were either abstracted from the patient's medical file or obtained by interviewing the patient. The primary data collection form is the Clinic Visit Record, which consists of the survey's minimum basic data set (see appendix III).

Each sample service site had the option of collecting data for the survey by participating in a computerized record system, provided NCHS criteria for data collection were met. NCHS required that (1) the record system's data be based on a source document that included the survey's minimum basic data set, and (2) the procedures and definitions used to collect such data be consistent with those specified for the survey. About 3 out of 4 sample service sites participating in the 1978 survey collected data by participating in a computerized record system. The remaining sites collected survey data on Clinic Visit Records, which were submitted to NCHS for processing.

The procedure for sampling visits was done in one of two ways. Sample service sites that collected visit data for the survey by participating in a computerized

record system usually opted to have the sample visits selected by computer. The remaining sites selected sample visits through their staffs' maintenance of visit logs used to list every patient making a family planning visit. Individuals who answered "yes" to the screening question ("Are you here to see a health provider [physician, nurse, allied health personnel] about obtaining health services related to contraception, infertility treatment, or sterilization?") were listed consecutively on the visit log. Those individuals whose names appeared on the last line of each page in the visit log were selected and data for those visits were collected. The total number of lines used to list patients on the family planning visit log was equal to the reciprocal of the sampling fraction used by the site; different versions of the family planning visit logs corresponded to each of the 14 sampling rates employed to select sample visits.

Data processing.—Data processing differed according to the mode of data submission. Visit data received on Clinic Visit Records had to be keyed to machine-readable form prior to computer processing. Keying for all data items was independently verified for 100 percent of the Clinic Visit Records. Visit data received on a computer tape or on punched cards from a computerized record system did not require precomputer processing.

All visit data—regardless of the form of data submission—were edited by NCHS for completeness and consistency. Visit records with errors, inconsistencies, or item nonresponse were corrected, if possible, through followup with the service site or the computerized record system. Imputation was used for specific data items when the overall level of nonresponse for an item was small.

Reliability of estimates

Estimation.—The survey statistics are derived by a complex estimation procedure used to produce essentially unbiased data. The procedure's two principal components are inflation by the reciprocal of the probability of sample selection and adjustment for nonresponse.

Sampling error.—The statistics presented in this report are based on a sample survey and therefore differ from those that would be based on a full-count (100-percent) survey that used the same data collection definitions and procedures. The probability sampling design allows calculation of estimated standard errors from the sample data.

The standard error is primarily a measure of the variability that occurs by chance because a sample rather than the entire sampling frame is surveyed. While the standard errors calculated for this report reflect some of the random variation inherent in the measurement process, they do not measure any systematic error, or bias, that is present in the data. One is referred to the section titled "Nonsampling error" for additional information on measurement error.

The chances are about 0.68 that the interval specified by the estimate plus or minus one standard error contains the figure that would be obtained through a full-count survey of the sampling frame. The chances are about 0.95 that the interval specified by the estimate plus or minus two standard errors contains the figure that would be obtained through a full-count survey of the sampling frame.

In order to derive standard errors at moderate cost that would be applicable to a wide variety of statistics, several approximations were required. It is necessary to utilize the estimates of domain sizes, relative standard errors, and sample sizes shown in tables I-III; table IV provides the range of recommended design effects. Also, the following distribution of the 94,350 sample family planning visits by teenagers is needed to determine the standard error for the percentage estimates in table 6: in

Table I. Estimated number of family planning visits, by age and race: United States, 1978

Race	Total	Age			
		Under 20 years	20-24 years	25-29 years	30 years and over
	Number of visits in thousands				
All races[1]	7,425	2,410	2,831	1,321	864
White	4,938	1,635	1,934	842	527
Black	2,356	742	848	449	317

[1]Includes races other than white and black.

Table II. Relative standard error of estimated number of family planning visits, by age and race: United States, 1978

Race	Total	Age			
		Under 20 years	20-24 years	25-29 years	30 years and over
	Relative standard error in percent				
All races[1]	3.4	3.7	3.5	3.6	3.3
White	3.8	4.5	4.0	3.7	3.1
Black	4.5	4.7	4.0	5.3	6.4

[1]Includes races other than white and black.

Table III. Number of sample (i.e., unweighted) family planning visit records, by age and race: United States, 1978

Race	Total	Age			
		Under 20 years	20-24 years	25-29 years	30 years and over
All races[1]	276,619	94,350	106,085	47,587	28,597
White	196,897	68,721	76,993	32,524	18,659
Black	72,841	23,761	26,513	13,576	8,991

[1]Includes races other than white and black.

Table IV. Range of recommended design effects for proportion estimates

Estimated number of visits in base of proportion (domain size)	Range of recommended design effects	Design effect used in this report to determine reliability
Less than 1 million	1-6	6
1-3 million	1-7	7
More than 3 million	2-8	8

Table V. Number of sample (i.e., unweighted) family planning visits by females under age 20 years, by visit status, race, and geographic region: United States, 1978

Visit status and race	Total	Geographic region			
		Northeast	North Central	South	West
All visits					
All races[1]	94,350	17,701	19,883	33,836	22,930
White	68,721	15,101	16,329	16,969	20,322
Black	23,761	2,544	3,279	16,570	1,368
Initial visits					
All races[1]	26,130	5,059	5,188	7,951	7,932
White	20,043	4,355	4,279	4,612	6,797
Black	5,260	681	751	3,275	553

[1] Includes races other then black end white.

72,550 sample visits, teenagers reported continuation or adoption of the pill; 3,422 reported an IUD; 3,186 reported the diaphragm; 3,778 reported foam/jelly/cream; 3,193 reported other methods (including sterilization, natural methods, injection, or relying on partner's method); and 8,221 reported no contraceptive method. The number of teenagers' sample (unweighted) visits by region, visit status, and race is presented in table V.

The standard error of proportion estimates may be approximated by use of the design effect approach. For data from the National Reporting System for Family Planning Services, the design effect varies with the size of the base of the proportion (see table IV). With the selection of larger values in the range of recommended design effects, fewer comparisons of survey parameters will result in significant differences. The largest value in each range of recommended design effects was used to determine reliability for this report.

Accordingly, the standard error of an estimated proportion of visits is approximated by the following formula:

$$\text{Standard error}\,(p) = (\text{D.E.})\sqrt{\frac{p\,(1-p)}{n}}$$

where

p = the estimated proportion.

n = the number of sample (i.e., unweighted) visits in the base of the proportion.

D.E. = the design effect corresponding to the size of the estimated base of the proportion p (see table IV).

For example, 77.0 percent ($p = 0.770$) of the 2,410,000 family planning visits by teenagers were made by patients who adopted or continued use of the oral contraceptive pill. The following computation may be used to determine the standard error for this estimated proportion:

$$\text{Standard error} = 7\sqrt{\frac{(0.770)\,(1-0.770)}{94{,}350}} = 0.010$$

where

$p = 0.770$

D.E. = 7

$n = 94{,}350$

and

$$\text{Relative standard error} = \frac{0.010}{0.770} = 0.013.$$

One may also wish to compute the standard error associated with national aggregate estimates. To calculate the approximate standard error of an aggregate estimate X, first compute the relative standard error (RSE) of the proportion (X/Y), where Y is the aggregate estimate for the smallest category of visits listed in table I containing X population (e.g., if X is the estimated number of family planning visits by teenagers where the oral contraceptive pill was adopted or continued, Y is the estimated number of family planning visits by teenagers).

Then

$$\text{RSE}\,(X) = \sqrt{(\text{RSE}\,(X/Y))^2 + (\text{RSE}(Y))^2}$$

and

$$\text{Standard error}\,(X) = X\ \text{RSE}\,(X).$$

To continue with the example, one may calculate the standard error of the estimated 1,856,000 family planning visits by teenagers where the oral contraceptive pill was adopted or continued.

First, the relative standard error of the proportion estimate (the estimated proportion of family planning visits by teenagers where the oral contraceptive pill was adopted or continued) is calculated. This was determined to be 0.013. The relative standard error for the base of the proportion (i.e., the estimated total number of family planning visits by teenagers) is provided in table II.

Therefore

$$\text{RSE}\,(1{,}856{,}000) = \sqrt{(0.013)^2 + (0.037)^2} = 0.039.$$

The standard error is the aggregate estimate multiplied by the RSE:

Standard error (1,856,000)=(0.039) (1,856,000) = 72,384.

The standard error of a regional aggregate estimate is approximated by multiplying the standard error of the corresponding national estimate by the appropriate value of k (where k = 0.422 if the aggregate estimate is for the Northeast, k = 0.411 for the North Central, k = 0.661 for the South, and k = 0.471 for the West).

For example, there were an estimated 441,000 family planning visits by teenagers in the Northeast. The corresponding national aggregate estimate is the total number of visits by teenagers in the United States (2,410.000). The standard error of the national aggregate is approximately 89,000 (computed by multiplying the relative standard error of the estimate, shown in table II, by the estimate). Therefore, the standard error of the estimated 441,000 family planning visits by teenagers in the Northeast is approximately 38,000 (89,000 x 0.422).

Nonsampling error.—The data presented in this report are also subject to nonsampling error, including that due to service site nonresponse, item nonresponse, information incompletely or inaccurately recorded, and processing error.

A major component of nonsampling error is associated with the gap between the survey sampling frame and the universe. The frame only partially covered those sites that had inaugurated the provision of family planning services since early 1976.

During early 1980 the National Center for Health Statistics conducted a study to identify and measure nonsampling error associated with data from the National Reporting System for Family Planning Services.[6] The study included site visits to 174 family planning facilities in the 1980 sample. The study revealed that it was not generally possible to verify the number of medical family planning visits. For example, service sites frequently did not differentiate between medical and nonmedical family planning visits. The study indicated visit totals are probably underestimated. Other problems associated with adherence to survey definitions and procedures were identified, and evidence suggests that patient data were not always updated in the site's record system at every visit.

Rounding.—Aggregate estimates of family planning visits are rounded to the nearest thousand.

Appendix II. Definitions of terms used in this report

Clinic.—See family planning service site.

Clinic Visit Record.—The primary data collection form used by the National Center for Health Statistics for the National Reporting System for Family Planning Services. See appendix III for facsimile.

Continuation visit.—A visit by a patient who made at least one visit to any family planning service site during the last calendar year.

Contraception.—Conscious use of medication, devices, or practices that permit coitus with reduced likelihood of conception (commonly known as birth control).

Contraceptive method.—Any medication, device, or practice that permits coitus with reduced likelihood of conception.

Education.—The highest grade of "regular" school completed (not the highest grade entered). "Regular" school refers to any institution in which a person can earn credits toward an accredited elementary school certification, high school diploma, or college degree. Trade schools, beauty schools, business schools, and the like are excluded unless credits are granted toward an elementary school certificate, high school diploma, or college degree.

Family planning service site.—A location providing family planning services on a regular basis under the supervision of a physician. Private physicians' offices and group medical practices are excluded unless they receive a U.S. Department of Health and Human Services grant for the provision of family planning services. Military service sites are also excluded from the survey.

Family planning services.—Medical services that are primarily related to regulation of conception; that is, they enable a person either to reduce the risk of conception (contraceptive services) or to induce conception (infertility services) as desired.

Family planning visit.—A visit to a family planning service site to receive medical services related to contraception, sterilization, or infertility treatment.

Fetal death.—Death of a product of conception prior to complete expulsion or extraction from its mother. This includes miscarriages, stillbirths, and induced abortions.

Hispanic origin or descent.—Individuals who consider themselves to be of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or descent, regardless of race.

Infertility.—Diminished or absent ability to conceive.

Initial visit.—A visit at which the patient receives medical family planning services from a family planning service site for the first time.

Live birth.—A child born alive any time after conception. In the event of a multiple birth, each child is counted as one birth. For example, twins count as two live births, and triplets count as three live births.

Medical services.—These include the provision of contraceptive methods, general physical examinations, and other tests involved in maintaining the health of the patient. The following services are included:

Pap smear: Papanicolaou's test to detect cervical cancer.

Pelvic exam: Speculum examination of the vagina and bimanual examination of internal pelvic organs.

Breast exam: Inspection and palpation of the breast and axillary glands.

Blood pressure: Routine measurement of a patient's blood pressure.

Pregnancy testing: Any diagnostic test performed to determine pregnancy.

V.D. testing: Test to detect the presence of venereal disease.

Urinalysis (not elsewhere specified): Any test done on the patient's urine sample other than for venereal disease detection or a pregnancy test.

Blood test (not elsewhere specified): Any test of a patient's blood except for venereal disease detection or a pregnancy test.

Sterilization: Any procedure or operation that results

in permanent incapability of a person to reproduce. Examples of such operations or procedures are vasectomies and tubal ligations.

Infertility treatment: Performance of tests to determine causes of infertility and/or treatment to attempt a reversal of the patient's inability to reproduce.

Other medical services: Medical family planning services not specified on the Clinic Visit Record. Examples include X-rays and immunizations.

Public assistance income.—The patient's family income includes money from any Federal, State, or local public assistance program. Scholarships, education grants, unemployment benefits, and Social Security pensions are not considered public assistance income.

Readmission visit.—A family planning visit when the last visit occurred more than 1 year before the survey year.

Region.—The family planning service sites are classified by location in one of the four geographic regions of the United States, which correspond to those used by the U.S. Bureau of the Census. The following framework is used:

Northeast . . . . .Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania.

North Central . .Michigan, Ohio, Illinois, Indiana, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas.

South . . . . . .Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas.

West . . . . . .Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Hawaii, and Alaska.

Appendix III. Clinic Visit Record for Family Planning Services

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

Clinic Visit Record for Family Planning Services

B

O.M.B. 68-R1137
EXPIRATION DATE

ASSURANCE OF CONFIDENTIALITY—All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose. Provision of services is in no way contingent on the patient's providing any information for this form.

1. SERVICE NUMBER ☐☐☐☐☐☐☐ Number

2. PATIENT NUMBER ☐☐☐☐☐☐☐☐☐ Number

3. DATE OF THIS VISIT ☐☐ Month ☐☐ Day ☐☐ Year

4. PATIENT'S SEX
a ☐ Female b ☐ Male

5. ARE YOU OF HISPANIC ORIGIN OR DESCENT?
HAND CARD A
a ☐ Yes b ☐ No

6. PATIENT'S RACE *(Check one box)*
a ☐ White c ☐ Asian or Pacific Islander
b ☐ Black d ☐ American Indian or Alaskan Native

7. WHAT IS YOUR BIRTH DATE?
a Date → ☐☐ Month ☐☐ Day ☐☐ Year
b ☐ If unknown ask—"How old are you"? _____ (No. of Years)

8. PATIENT STATUS
Have you ever been a patient of this or any other clinic for family planning medical services?
a ☐ Yes b ☐ No
If "Yes," when were you last a patient at any clinic for family planning medical services? → ☐☐ Month ☐☐ Year

9. EDUCATION
A. What is the highest grade (or year) of regular school you have completed? *(Circle one number)*
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+
(If "zero," go to 10)
B. Are you presently a student in a regular school?
a ☐ Yes
b ☐ No

10. FAMILY INCOME AND FAMILY SIZE
HAND CARD B and HAND CARD C
A. Which of the following groups represents your total combined gross (before deductions) family income for the past 12 months?
a ☐ 0-$1,249 d ☐ $6,250-$8,749 g ☐ $15,750+
b ☐ $1,250-$3,749 e ☐ $8,750-$13,749 h ☐ Unknown
c ☐ $3,750-$6,249 f ☐ $13,750-$15,749
B. How many people are in your family, that is, the number supported by this income? _____
C. Does this income include any public assistance?
a ☐ Yes b ☐ No
D. What is your relationship to the chief earner?
a ☐ Chief earner c ☐ Daughter/Son
b ☐ Wife/Husband d ☐ Other relative

AGENCY USE ONLY						
	A	B	C	D	E	F
1.						
2.						
3.						
4.						
5.						
6.						

11. PREGNANCY HISTORY (Females only)
A. Have you ever been pregnant?
a ☐ Yes b ☐ No — *Go to 12*
B. How many live births have you had? _____
C. Of these, how many are now living? _____
D. How many of your pregnancies were ended by stillbirth, induced abortion, or miscarriage? *(If "zero," go to F)* _____
E. How many of these pregnancies were ended by induced abortion since January 1973? _____
F. In what month and year did your last pregnancy end (regardless of how it ended)? ☐☐ Month ☐☐ Year

12. CONTRACEPTIVE HISTORY
A. Have you ever used a method of birth control regularly?
a ☐ Yes b ☐ No — *Go to 13*
HAND CARD D
B. What method did you last use regularly? *(Check all methods that apply)*
a ☐ Sterilization f ☐ Condom
b ☐ Oral (Pill) g ☐ Foam/Jelly/Cream
c ☐ IUD h ☐ Natural (including rhythm)
d ☐ Diaphragm i ☐ Other
e ☐ Injection
C. Do you currently use that method (primary method checked in 12B)?
a ☐ Yes — *Go to E* b ☐ No
D. In what month and year did you stop using that method? ☐☐ Month ☐☐ Year
E. How long did you use that method?
_____ Days (if less than a month)
_____ Months (if less than a year)
_____ Years
F. Where was the method prescribed or obtained?
a ☐ This service site e ☐ Drug store (nonprescription)
b ☐ Clinic (if other than this site) f ☐ Other
c ☐ Hospital (if other than this site) g ☐ Unknown
d ☐ Private physician

13. MEDICAL SERVICES PROVIDED AT THIS VISIT
a ☐ Pap smear g ☐ Urinalysis (n.e.c.)
b ☐ Pelvic exam h ☐ Blood test (n.e.c.)
c ☐ Breast exam i ☐ Sterilization
d ☐ Blood pressure k ☐ Infertility treatment
e ☐ Pregnancy testing m ☐ Other medical services
f ☐ V.D. testing

14. CONTRACEPTIVE METHOD AT THE END OF THIS VISIT
A. Method *(Check all that apply)*
a ☐ Sterilization f ☐ Condom
b ☐ Oral (Pill) g ☐ Foam/Jelly/Cream
c ☐ IUD h ☐ Natural (including rhythm)
d ☐ Diaphragm i ☐ Other
e ☐ Injection k ☐ None
B. If "None," give reason *(Check one only)*
a ☐ Pregnant d ☐ Other medical reasons
b ☐ Infertility patient e ☐ Relying on partner's method
c ☐ Seeking pregnancy f ☐ Other

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