



Women Who Use Organized Family Planning Services: United States, 1979

A descriptive analysis is made of women who visited organized family planning clinics in 1979. The social and demographic characteristics of the women are related to their pregnancy and contraceptive histories and to the types of services received during their visits.

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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
 - # Figure suppressed to comply with confidentiality requirements
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Women Who Use Organized Family Planning Services: United States, 1979

by Eugenia Eckard, Division of Health Care Statistics

Introduction

This report presents data on women who used organized family planning clinics in the United States in 1979. Statistics based on data from the National Reporting System for Family Planning Services are provided to show the sociodemographic characteristics of the women using family planning clinics and the types of services women received.

The National Reporting System for Family Planning Services is a sample survey conducted by the Division of Health Care Statistics of the National Center for Health Statistics. It was begun in 1972 for the purpose of collecting information on visits to clinics for medical family planning services in the United States and some of its territories. Organized family planning clinics include those operated by public health departments; hospitals; Planned Parenthood Affiliates and other agencies, including community action programs; neighborhood health centers; and freestanding clinics. Medical family planning visits to the offices of private physicians are excluded from the survey. In this survey, family planning patients are defined as individuals who made a visit for medical family planning services related to contraception, infertility treatment, or sterilization. Persons seeking only a pregnancy or venereal disease test are not counted as family planning patients, nor are persons interested only in obtaining contraceptive supplies or counseling.

The Clinic Visit Record is the basic form used to collect data from these family planning patients in the National Reporting System for Family Planning Services (NRSFPS). Other data in this report are based on information obtained either by observation or from medical records or, in those service sites that collected data through participation in a computerized record system, from locally developed forms that contain the Clinic Visit Record items. There are 14

items on the Clinic Visit Record, covering basic sociodemographic information about the patient and other questions pertaining to family planning behavior.

Although the primary sampling unit in NRSFPS is the family planning visit, an unduplicated count of patients can be obtained by identifying new patients at the time of their first visit and continuation and readmission patients at the time of their first visit in the survey year (continuation and readmission patients are referred to as "return" patients in this report). Data based on patients rather than on visits are inherently limited because NRSFPS data items may change from one visit to another. For example, the type of method chosen may not be the same on the patient's last visit as it had been on the first visit of the year. Therefore the reader should be cautious when interpreting the data.

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 15-44 years of age who were ever married or never married with offspring living in the household. Further discussion of NRSFPS survey methodology, the sampling variation associated with the statistics, definitions of certain terms used in this report, and a facsimile of the Clinic Visit Record are included in the appendixes.

Highlights

Social and demographic characteristics

According to data from the National Reporting System for Family Planning Services an estimated 4.3 million women visited organized family planning clinics in the United States in 1979, almost a 14-percent increase over the number of family planning patients in 1978.¹ The text table shows that teenagers accounted for about 34 percent of the patients, while most patients were women in their twenties (53.8 percent) and another 12 percent of the women were 30 years of age or over. The largest group of female family planning patients were 20-24 years of age, with an enrollment rate of 156 per 1,000 women in the total population in that age interval.

Although there were proportionately more white female patients than black female patients (71.7 percent and 25.9 percent, respectively), the enrollment rate for the total population in the family planning clinics is much higher for black women (178 per 1,000 women 15 to 44 years of age) than for white women (72 per 1,000 women 15 to 44 years of age). Close to 12 percent of the patients were of Hispanic origin, with an enrollment rate of 143 per 1,000 women 15 to 44 years of age.

Two out of 3 women patients were returning to a family planning clinic, while a third of the women were visiting a clinic for the first time. Table 1 shows that while the majority of the patients had at least a high school education, almost 40 percent did not. However, a portion of the women who had not completed high school may be represented by the proportion of women who were students at the time of their visit (29.7 percent).

Within every age group there was a higher proportion of black women among the return patients than

among the new patients. Conversely, more than three-quarters of the new patients were white women, while a little more than two-thirds of return patients were white women. More of the return patients than the new patients had completed at least 12 years of education and were not students, which facts suggest, perhaps, that the return female patients were older than the new female patients. Close to 14 percent of the women are from families whose income includes public assistance, increasing to a little more than 15 percent among women 30 years of age and over.

The data in tables 2 and 3 reveal that white women and black women differ significantly on several characteristics. For example, a larger proportion of white women than of black women are of Hispanic ethnicity (14.9 percent compared with 3.2 percent). More white women than black women have also had more than 12 years of education (22.9 percent and 16.2 percent, respectively). More black women were from families whose income included public assistance (26.6 percent) than were white women (9.0 percent). This latter difference is evident within all age groups. There is also a significant difference between the proportions of black and white women under 20 years of age who are students: while 55.1 percent of the white women under 20 reported having student status, 62.6 percent of their black counterparts reported the same.

Contraceptive use and medical services provided

Table 4 shows that 23.4 percent of all female patients and as many as 42.8 percent of the women under 20 years of age had not used a method of contraception regularly prior to the visit. This diminished to 8.4 percent for all women and to 9.4 percent for the younger women who chose no method after the visit. As expected, the proportion of new patients who had never used a contraceptive method (54.7 percent) was much larger than that of women who had been to a clinic before (7.2 percent). Among those women who

¹National Center for Health Statistics: Patient profile, National Reporting System for Family Planning Services: United States, 1978, by J. E. Foster. *Advance Data From Vital and Health Statistics*, No. 73. DHHS Pub. No. (PHS) 81-1250. Public Health Service. Hyattsville, Md. June 24, 1981.

Text table. Number, percent distributions, and enrollment rates of female family planning patients by age, race, and ethnicity: United States, 1979

<i>Age, race, and ethnicity</i>	<i>Number in thousands</i>	<i>Percent distribution</i>	<i>Enrollment rate per 1,000 population¹</i>
All female patients	4,347	100.0	86
<i>Age</i>			
Under 15 years	50	1.1	...
15-19 years	1,443	33.2	141
20-24 years	1,584	36.4	156
25-29 years	755	17.4	82
30-34 years	312	7.2	38
35-39 years	124	2.9	18
40-44 years	48	1.1	8
45 years and over	31	0.7	...
<i>Race</i>			
White	3,118	71.7	72
Black	1,128	25.9	178
Other	102	2.3	91
<i>Ethnicity</i>			
Hispanic origin	515	11.8	143
Not of Hispanic origin	3,832	88.2	81

¹Based on the U.S. civilian, noninstitutionalized female population 15-44 years of age.

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

had used a method prior to the visit, the largest proportion had used the pill (57.6 percent). This was true for both new and return patients; however, more than twice as many return patients as new patients had used the pill (71.2 percent and 31.4 percent, respectively). The intrauterine device (IUD) also had been used by another 7.9 percent of the women prior to their visit. Other methods used by women prior to the visit were the diaphragm and foam, jelly, or cream, among others.

The source from which the prior method was obtained was, for most of the women, the same service site (43.4 percent). However, for new patients, the source of the method for the majority of those who had used a method was a private physician (37.7 percent).

The pill was the method adopted by 64.0 percent of the women and was the method most often adopted by women in all age groups. Although it was the method most adopted by all women, more of the teenagers and fewer of the women 30 years and over chose the method (74.0 percent and 38.3 percent, respectively). The adoption of methods other than the pill is shown to increase with age.

The data also indicate that within every age group a higher proportion of the return patients than of the new patients adopted the pill or continued with it as a method, although this is not statistically significant for women 30 years of age and over. The new patients more than the return patients reported adopting the less effective methods (methods other than the pill, IUD, or diaphragm). The statistics also reveal that about twice as many new patients as return pa-

tients did not adopt any method at the visit, regardless of age. However, almost twice as many new patients adopted some method after their first visit (87.6 percent) as compared with before their visit (45.3 percent), and more than two-thirds of them adopted the more effective methods.

Table 4 also shows the types of medical services provided to the women who visited family planning clinics. The majority of the women received a Pap smear, pelvic exam, breast exam, blood pressure, and urinalysis. The venereal disease test, blood test, and other medical services were provided to over half of the women, while a smaller proportion of women received a pregnancy test (10.0 percent). The same general pattern is seen in all age groups. Except for the blood pressure test and "other medical services," each of the medical services was provided to a larger proportion of new patients than of return patients.

Tables 5 and 6 show that black and white patients do not differ significantly in the proportion of women among them who had never used a method of contraception regularly before their visit (20.9 percent and 24.3 percent, respectively). For both races the largest proportion of women who had not used a method before the visit was among the teenagers; 43.9 percent of white teenagers and 39.3 percent of black teenagers had never used a method regularly. However, a higher proportion of black women had used the pill as a method prior to the visit than had white women (61.4 percent compared with 56.3 percent). Only slight variations exist between the two racial groups in the use of other methods prior to the visit.

A higher proportion of black women had returned to the same service site from which they obtained their prior method than had white women (52.4 percent and 40.4 percent, respectively). It also can be seen in tables 5 and 6 that more of the white women had obtained their prior method from a private physician (19.9 percent) than had black women (11.6 percent). This difference is also evident within the different age groups, with over twice as many white women 30 years of age and over as black women of this age having visited a private physician for their previous method.

For both black and white women, the same general pattern is evident with the types of contraceptive methods adopted or continued. Although the largest proportion of both groups of women adopted the pill, its use declines with age. There is a corresponding increase with age in the proportion of women adopting methods other than the pill. Except for the diaphragm, where a higher proportion of white women than of black women adopted the method or continued with it, no significant differences exist between the two racial groups in the proportion of women choosing various methods.

Pregnancies, live births, and fetal deaths

In table 7 the number of pregnancies, live births, and fetal deaths are shown for women of different social and economic backgrounds. As expected, a larger proportion of women under 20 years of age than women of other ages have had no pregnancies, no live births, and no fetal deaths. This proportion decreases as the numbers of pregnancies and live births increase except among women 30 years of age and over, for whom the proportion increases. For all age intervals, the proportion of women having experienced fetal mortality declines as the number of fetal deaths increases. The same general pattern is evident for white and black women separately. It is also evident that a higher proportion of black women than of white women have had at least one pregnancy and one live birth, especially among teenage women and women in their twenties.

Women of Hispanic origin differ significantly from other women in the proportion of women who have had at least one pregnancy and at least one live birth. About half of the Hispanic women under 20 have had at least one pregnancy. However, for both Hispanic and non-Hispanic women, the largest proportion of them with no children occurs within the youngest age group, though this is the case for a larger proportion of the non-Hispanic women. The number of fetal deaths ever experienced follows the same general pattern for both Hispanic and non-Hispanic women.

As the number of years of their education increases, the proportion of women with more than

two pregnancies or more than two live births decreases. A larger proportion of women who had more than a high school education than of women with less education had never been pregnant nor had a child. However, the number of fetal deaths appears to increase with more years of education. As might be expected, more women who were students have had neither a pregnancy nor a child than have women who were not students at the time of their visit. Consistent with this is the finding that a larger proportion of women who were not students have had at least one fetal death compared with women who were students. At every level of gravidity and parity except zero, there is a larger proportion of women who belong to families that receive public assistance than of women who do not. Also, proportionately more women whose families received public assistance than women whose families did not experienced at least one fetal death.

It may also be seen in table 7 that for all women, regardless of their socioeconomic characteristics, more have had a pregnancy than have had a live birth (although the numbers are not statistically significant for women 30 years of age and over). Because some of the women at every socioeconomic level have had a fetal death, it may be expected that the number of pregnancies will be higher than the number of live births. However, the disparity in some cases, such as for women who have had more than a high school education, is large enough to suggest that included among the fetal deaths may be induced abortions.

Table 7 shows that more than half of the new female patients have not had a pregnancy, and about two-thirds were without children at the time of their first visit. Also, a larger proportion of the return patients than of new patients have had at least one pregnancy or one live birth. A larger proportion of black women than of white women among both the new patients and return patients have had at least one pregnancy or at least one child. As with all Hispanic patients, a larger proportion of the new Hispanic patients have had at least one pregnancy or live birth than have the non-Hispanic women who were new patients. Overall, the pattern for new patients shows that a larger proportion of them have not had a pregnancy, a live birth, or a fetal death than women have who are returning to family planning clinics.

Contraceptive use according to pregnancies, live births, and fetal deaths

Table 8 shows the pattern of use of various contraceptive methods for women according to number of pregnancies, live births, and fetal deaths. Most women who have never used a contraceptive method regularly have also not experienced a pregnancy, live birth, or fetal death. This is probably linked to the finding that the younger women who were less likely

to have been pregnant (see table 7) were also the women who were less likely to have used a method regularly (see table 4).

More than half of the women who had used some method of contraception before visiting a clinic had experienced at least one pregnancy, but the majority of women who had used either the pill or the diaphragm, despite their pregnancy status, had not had any children. Women who had used the IUD as a method prior to visiting a clinic were more likely than women who had used other methods to have been pregnant at least once and to have had one or more children. Most women, regardless of the contraceptive method used prior to the visit, had not had a fetal death.

Table 8 also shows data on the source from which women obtained their prior method of contraception according to gravidity, parity, and fetal mortality status at the time of the visit. The most striking statistic seen here is the relatively small proportion of women having used the hospital as their source of prior method who had not had a pregnancy (13.0 percent) or who had not borne any children (20.1 percent). This suggests that women who received family planning services from hospitals may also have been admitted for a delivery and thus were a handy market for hospital clinics.

In table 8 it may also be seen that women who have had no live births represent the largest proportions of women adopting or continuing to use a contraceptive method other than the IUD, and including women choosing no method. These proportions are larger still among women who chose the pill, the diaphragm, or no method of birth control than among women who chose other methods.

Table 8 also shows the distribution of women according to contraceptive history and method adopted by number of pregnancies, live births, and fetal deaths for white women and black women separately. Overall, a larger proportion of white women than black women who visited a family planning clinic had not been pregnant or had not had a live birth.

In considering the number of pregnancies, the largest proportion of white women in every prior contraceptive method group except the IUD and "other" methods were those women who had never been pregnant, while for black women this was true only among those who had never used a method regularly. While a significantly higher proportion of the white women at every contraceptive status except IUD had not had a live birth, this was true of only those black women who had not used any method or who had used the pill. Another interesting finding is that while the largest proportion of white women whose prior method was "other" had not had any children (42.4 percent), the largest proportion of black women using the same method had three or more children (42.9 percent). There are no significant differences between

the two racial groups in the proportion of women who had experienced a fetal death.

The largest proportion of white women for every source of prior contraceptive method except the hospital had not had a pregnancy or a live birth. This was not the case, however, with black women when looking at the number of pregnancies. Only for black women whose prior method was obtained from the same service site was there a larger proportion of women who had not had a live birth. A larger proportion of white women than of black women, regardless of contraceptive method adopted or continued, have had neither a pregnancy nor a live birth. For black women choosing the pill or no method, a larger proportion have had no pregnancies than have had one or more. In every category except the IUD, a larger proportion of the corresponding white women have had no pregnancies than have had one or more.

Method switching

Table 9 shows the distribution of women according to contraceptive method used prior to the patients' visit by type of method that was adopted or continued after the visit. Four out of every 5 women who used the pill prior to the visit continued with the same method. Twelve percent of the women who had previously used the IUD switched to the pill, 64.4 percent stayed with the IUD, and the remaining 23.6 percent switched to other methods or chose no method.

Most of the women who had used the diaphragm before the visit continued with that method (65.3 percent), while the next largest group among them switched to the pill (14.2 percent). Among the remaining 20.5 percent whose prior method had been the diaphragm, as many as 9.5 percent did not adopt a method.

Close to one-third of the women whose prior method had been foam, jelly, or cream adopted the pill after their clinic visit, while a comparable number of these women continued with foam, jelly, or cream. Almost 11 percent of them did not choose any method; and of those remaining, 8.7 percent chose the diaphragm, and 5.1 percent chose the IUD.

For "other" unspecified methods of contraception, the largest proportions of women using them switched to the pill or to sterilization (27.3 percent for both methods). About 10 percent chose to rely on their partners, and as many as 8.6 percent chose no method. The group with the highest proportion of women who switched to the pill is seen among the women who had never used a method regularly before the visit. More than half of these women (59.6 percent) switched to the pill, another 26.2 percent switched to other methods as shown, and 14.2 percent did not adopt any method.

Finally, in table 9 the new female patients can be

compared to the return female patients in their patterns of method switching. While the largest proportions of the return patients in each method category except "never used method regularly" continued with their previous methods, the largest proportions of new patients whose prior methods had not been the most effective methods had switched to these more effective methods. For example, the largest propor-

tions of new patients whose prior method had been foam, jelly, or cream or "other" methods switched to the pill after visiting a family planning clinic for the first time (over 40 percent in each instance). A larger proportion of the new patients who had never used a method regularly than of the return patients in the same group switched to the pill (61.6 percent as compared with 51.3 percent).

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Table 1. Number of female family planning patients and percent distributions by selected characteristics, according to age and patient status: United States, 1979

<i>Patient status and selected characteristics</i>	<i>Age</i>			
	<i>All ages</i>	<i>Under 20 years</i>	<i>20-29 years</i>	<i>30 years and over</i>
		Number in thousands		
All female patients	4,347	1,493	2,338	516
		Percent distribution		
Total	100.0	100.0	100.0	100.0
Race				
White	71.7	73.2	71.8	67.2
Black	25.9	25.1	25.7	29.5
Other	2.3	1.7	2.5	3.3
Ethnicity				
Hispanic origin	11.9	7.0	12.7	22.2
Not of Hispanic origin	88.1	93.0	87.3	77.8
Education				
Less than 12 years	39.7	61.9	25.1	40.9
12 years	39.2	31.1	44.0	40.5
13 years or more	21.2	7.0	30.8	18.6
Student status				
Student	29.7	57.0	17.4	6.7
Not a student	70.3	43.0	82.6	93.3
Public assistance income				
Income includes public assistance	13.7	12.5	14.1	15.3
Income does not include public assistance	86.3	87.5	85.9	84.7
		Number in thousands		
New female patients	1,489	762	606	121
		Percent distribution		
Total	100.0	100.0	100.0	100.0
Race				
White	78.4	77.7	79.0	79.0
Black	18.7	20.1	17.4	16.5
Other	2.9	2.2	3.5	*4.5
Ethnicity				
Hispanic origin	11.8	7.5	15.0	22.7
Not of Hispanic origin	88.2	92.5	85.0	77.3
Education				
Less than 12 years	44.8	63.9	22.8	34.9
12 years	35.5	29.0	42.6	40.1
13 years or more	19.7	7.0	34.6	25.1
Student status				
Student	40.0	61.7	19.1	8.7
Not a student	60.0	38.3	80.9	91.3
Public assistance income				
Income includes public assistance	11.3	10.4	11.8	14.5
Income does not include public assistance	88.7	89.6	88.2	85.5

See note at end of table.

Table 1. Number of female family planning patients and percent distributions by selected characteristics, according to age and patient status: United States, 1979—Con.

<i>Patient status and selected characteristics</i>	<i>Age</i>			
	<i>All ages</i>	<i>Under 20 years</i>	<i>20-29 years</i>	<i>30 years and over</i>
		Number in thousands		
Return female patients	2,858	731	1,732	395
		Percent distribution		
Total	100.0	100.0	100.0	100.0
Race				
White	68.3	68.5	69.2	63.6
Black	29.7	30.3	28.6	33.4
Other	2.0	1.2	2.2	2.9
Ethnicity				
Hispanic origin	11.9	6.5	11.8	22.0
Not of Hispanic origin	88.1	93.5	88.2	78.0
Education				
Less than 12 years	37.0	59.8	26.0	42.7
12 years	41.1	33.3	44.5	40.6
13 years or more	22.0	7.0	29.5	16.6
Student status				
Student	24.4	52.1	16.9	6.1
Not a student	75.6	47.9	83.1	93.9
Public assistance income				
Income includes public assistance	14.9	14.7	14.8	15.5
Income does not include public assistance	85.1	85.3	85.2	84.5

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

Table 2. Number of white female family planning patients and percent distributions by selected characteristics, according to age:
United States, 1979

<i>Selected characteristics</i>	<i>Age</i>			
	<i>All ages</i>	<i>Under 20 years</i>	<i>20-29 years</i>	<i>30 years and over</i>
		Number in thousands		
White female patients	3,118	1,093	1,679	347
		Percent distribution		
Total	100.0	100.0	100.0	100.0
Ethnicity				
Hispanic origin	14.9	8.6	15.9	30.4
Not of Hispanic origin	85.1	91.4	84.1	69.5
Education				
Less than 12 years	39.2	59.6	25.2	42.2
12 years	37.9	32.6	41.5	37.8
13 years or more	22.9	7.7	33.3	20.1
Student status				
Student	29.8	55.1	17.9	7.4
Not a student	70.2	44.9	82.1	92.5
Public assistance income				
Income includes public assistance	9.0	7.4	9.5	11.9
Income does not include public assistance	91.0	92.6	90.5	88.1

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

Table 3. Number of black female family planning patients and percent distributions by selected characteristics, according to age:
United States, 1979

<i>Selected characteristics</i>	<i>Age</i>			
	<i>All ages</i>	<i>Under 20 years</i>	<i>20-29 years</i>	<i>30 years and over</i>
		Number in thousands		
Black female patients	1,128	375	600	152
		Percent distribution		
Total	100.0	100.0	100.0	100.0
Ethnicity				
Hispanic origin	3.2	2.0	3.6	*4.4
Not of Hispanic origin	96.8	98.0	96.4	95.5
Education				
Less than 12 years	41.4	68.7	25.0	38.2
12 years	42.5	26.4	51.3	47.2
13 years or more	16.2	4.8	23.7	14.5
Student status				
Student	30.1	62.6	16.1	5.1
Not a student	69.9	37.4	83.9	94.9
Public assistance income				
Income includes public assistance	26.6	27.4	27.0	23.4
Income does not include public assistance	73.4	72.6	73.0	76.6

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

Table 4. Number of female family planning patients and percent distributions by contraceptive use and medical services provided, according to age and patient status: United States, 1979

Patient status, contraceptive use, and medical services provided	Age			
	All ages	Under 20 years	20-29 years	30 years and over
		Number in thousands		
All female patients	4,347	1,493	2,338	516
		Percent distribution		
Total	100.0	100.0	100.0	100.0
Prior contraceptive method				
Never used method regularly	23.4	42.8	13.7	11.4
Pill	57.6	48.8	65.5	46.9
IUD	7.9	2.0	8.9	20.2
Diaphragm	4.2	1.2	5.5	6.7
Foam, jelly, or cream	3.8	3.0	3.6	6.7
Other ¹	3.2	2.1	2.8	8.1
Source of prior method				
Same service site	43.4	33.7	48.5	48.4
Another service site	8.7	5.9	10.5	8.3
Hospital	2.4	1.1	2.7	4.8
Private physician	17.8	12.5	20.3	22.2
Other	4.3	4.0	4.2	4.9
Contraceptive method adopted or continued				
Pill	64.0	74.0	63.3	38.3
IUD	7.8	2.8	8.5	18.9
Diaphragm	6.8	3.6	8.3	9.0
Foam, jelly, or cream	5.7	4.9	5.4	9.6
Other	7.3	5.2	6.7	15.9
None	8.4	9.4	7.8	8.3
Pregnant or seeking pregnancy	4.9	5.5	4.8	3.4
Other reason	3.6	3.9	3.0	4.8
Medical services provided				
Pap smear	61.0	61.6	59.3	66.8
Pelvic exam	69.8	69.0	69.1	75.9
Breast exam	62.7	63.3	61.0	68.2
Blood pressure	89.3	89.5	89.0	90.2
Pregnancy test	10.0	11.6	9.6	6.6
Venereal disease test	53.5	54.5	52.6	54.7
Urinalysis	61.1	63.2	59.3	63.5
Blood test	54.8	56.7	53.2	56.8
Other medical services	55.1	55.1	55.1	54.7
		Number in thousands		
New female patients	1,489	762	606	121
		Percent distribution		
Total	100.0	100.0	100.0	100.0
Prior contraceptive method				
Never used method regularly	54.7	73.6	36.2	28.2
Pill	31.4	18.9	45.2	40.7
IUD	3.6	*0.6	5.8	10.9
Diaphragm	2.6	*0.6	4.2	6.6
Foam, jelly, or cream	4.2	3.2	5.1	6.4
Other ¹	3.6	3.0	3.5	7.2
Source of prior method				
Same service site				
Another service site				
Hospital				
Private physician	37.7	20.2	54.7	62.2
Other	7.6	6.2	9.1	9.5

See footnote and note at end of table.

Table 4. Number of female family planning patients and percent distributions by contraceptive use and medical services provided, according to age and patient status: United States, 1979—Con.

Patient status, contraceptive use, and medical services provided	Age			
	All ages	Under 20 years	20-29 years	30 years and over
Contraceptive method adopted or continued				
	Percent distribution			
Pill	60.2	69.3	54.6	30.9
IUD	4.4	1.7	6.5	11.3
Diaphragm	7.3	4.3	10.1	12.2
Foam, jelly, or cream	7.1	6.1	7.6	11.0
Other	8.6	6.7	9.0	19.2
None	12.4	12.0	12.2	15.4
Pregnant or seeking pregnancy	7.1	6.9	7.4	6.7
Other reason	5.2	5.1	4.7	8.8
Medical services provided				
Pap smear	73.2	75.9	70.2	70.8
Pelvic exam	80.6	81.4	79.4	82.0
Breast exam	74.9	77.8	71.6	72.8
Blood pressure	89.4	90.5	88.4	87.3
Pregnancy test	13.4	13.4	13.8	11.2
Venereal disease test	62.5	66.0	59.2	56.9
Urinalysis	72.8	76.7	69.1	67.3
Blood test	67.1	70.4	63.9	62.2
Other medical services	55.3	56.2	54.1	54.1
Return female patients				
	Number in thousands			
	Percent distribution			
Return female patients	2,858	731	1,732	395
Total	100.0	100.0	100.0	100.0
Prior contraceptive method				
Never used method regularly	7.2	10.8	5.9	6.2
Pill	71.2	79.9	72.6	48.8
IUD	10.1	3.4	10.0	23.1
Diaphragm	5.0	1.9	5.9	6.8
Foam, jelly, or cream	3.5	2.7	3.1	6.7
Other ¹	3.0	1.3	2.5	8.4
Source of prior method				
Same service site	66.0	68.8	65.5	63.2
Another service site	13.2	12.1	14.1	10.9
Hospital	3.7	2.3	3.7	6.2
Private physician	7.5	4.3	8.3	10.0
Other	2.5	1.7	2.5	3.4
Contraceptive method adopted or continued				
Pill	66.0	79.0	66.4	40.6
IUD	9.5	4.0	9.1	21.3
Diaphragm	6.5	2.9	7.7	8.0
Foam, jelly, or cream	5.0	3.7	4.6	9.2
Other	6.6	3.8	5.9	14.7
None	6.3	6.6	6.3	6.2
Pregnant or seeking pregnancy	3.7	4.0	3.7	2.5
Other reason	2.7	2.6	2.4	3.7
Medical services provided				
Pap smear	54.6	46.6	55.5	65.6
Pelvic exam	64.2	56.1	65.4	74.0
Breast exam	56.3	48.2	57.3	66.7
Blood pressure	89.2	88.4	89.2	91.1
Pregnancy test	8.2	9.9	8.2	5.2
Venereal disease test	48.8	42.5	50.3	54.1
Urinalysis	55.0	49.0	55.9	62.4
Blood test	48.4	42.3	49.5	55.1
Other medical services	54.9	53.8	55.5	54.9

¹Includes natural methods and sterilization.

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

Table 5. Number of white female family planning patients and percent distributions by contraceptive use and medical services provided, according to age: United States, 1979

Contraceptive use and medical services provided	Age			
	All ages	Under 20 years	20-29 years	30 years and over
		Number in thousands		
White female patients	3,118	1,093	1,679	347
		Percent distribution		
Total	100.0	100.0	100.0	100.0
Prior contraceptive method				
Never used method regularly	24.3	43.9	14.0	12.4
Pill	56.3	47.3	64.3	46.5
IUD	7.3	1.6	8.7	18.5
Diaphragm	4.7	1.4	6.4	7.0
Foam, jelly, or cream	4.0	3.3	3.9	6.7
Other ¹	3.4	2.5	2.9	8.9
Source of prior method				
Same service site	40.4	31.2	45.9	43.2
Another service site	8.7	5.8	10.6	8.2
Hospital	1.9	*0.8	2.1	4.2
Private physician	19.9	13.6	22.6	26.4
Other	4.9	4.7	4.8	5.5
Contraceptive method adopted or continued				
Pill	63.8	73.7	62.5	38.7
IUD	7.1	2.4	8.0	17.0
Diaphragm	7.7	4.3	9.6	9.5
Foam, jelly, or cream	5.1	4.3	4.9	8.9
Other	7.5	5.4	6.9	17.1
None	8.9	10.0	8.2	8.9
Pregnant or seeking pregnancy	5.3	6.0	5.1	3.9
Other reason	3.7	4.0	3.1	5.1
Medical services provided				
Pap smear	61.6	62.6	59.8	67.6
Pelvic exam	69.9	69.2	69.0	76.5
Breast exam	62.9	63.7	61.1	69.1
Blood pressure	88.2	88.2	87.7	90.1
Pregnancy test	10.9	12.8	10.5	7.2
Venereal disease test	52.3	53.7	51.5	52.5
Urinalysis	63.1	65.1	61.3	65.8
Blood test	55.8	58.0	54.1	57.6
Other medical services	55.8	55.9	55.7	56.4

¹Includes natural methods and sterilization.

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

Table 6. Number of black female family planning patients and percent distributions by contraceptive use and medical services provided, according to age: United States, 1979

<i>Contraceptive use and medical services provided</i>	<i>Age</i>			
	<i>All ages</i>	<i>Under 20 years</i>	<i>20-29 years</i>	<i>30 years and over</i>
		Number in thousands		
Black female patients	1,128	375	600	152
		Percent distribution		
Total	100.0	100.0	100.0	100.0
Prior contraceptive method				
Never used method regularly	20.9	39.3	12.6	8.5
Pill	61.4	53.7	69.5	47.8
IUD	9.3	3.1	9.3	24.3
Diaphragm	2.7	*0.7	3.1	6.4
Foam, jelly, or cream	3.2	2.1	3.1	6.5
Other ¹	2.5	*1.1	2.4	6.5
Source of prior method				
Same service site	52.4	41.7	56.7	61.6
Another service site	8.7	6.4	10.3	8.5
Hospital	4.0	2.1	4.6	6.1
Private physician	11.6	8.6	13.3	12.3
Other	2.3	1.9	2.4	*3.1
Contraceptive method adopted or continued				
Pill	65.5	75.4	66.4	37.8
IUD	9.2	3.9	9.0	22.9
Diaphragm	4.4	*1.7	5.1	8.5
Foam, jelly, or cream	7.5	6.7	7.0	11.5
Other	6.5	4.9	6.0	12.3
None	6.9	7.4	6.6	6.9
Pregnant or seeking pregnancy	3.6	4.1	3.7	*2.4
Other reason	3.2	3.4	3.0	*4.5
Medical services provided				
Pap smear	59.9	59.0	58.9	66.3
Pelvic exam	70.5	68.6	70.3	76.4
Breast exam	63.2	62.9	62.0	68.4
Blood pressure	93.0	93.5	93.0	91.7
Pregnancy test	7.2	8.1	7.2	5.1
Venereal disease test	57.5	57.5	56.7	60.9
Urinalysis	56.5	57.8	54.9	59.6
Blood test	52.8	53.0	51.9	55.8
Other medical services	52.5	52.3	52.9	51.4

¹Includes natural methods and sterilization.

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

Table 7. Number of female family planning patients and percent distributions by number of pregnancies, number of live births, and number of fetal deaths, according to patient status and selected characteristics: United States, 1979

Patient status and selected characteristics	Number of female patients in thousands	Total	Number of pregnancies				Number of live births				Number of fetal deaths			
			0	1	2	3 or more	0	1	2	3 or more	0	1	2	3 or more
All female patients														
Race and age														
All races														
All ages	4,347	100.0	44.9	24.9	14.8	15.4	55.0	21.2	13.4	10.4	78.7	16.1	3.8	1.4
Under 20 years	1,493	100.0	69.6	23.8	5.2	1.4	80.2	16.5	2.8	*0.5	86.9	11.5	1.4	*0.2
20-29 years	2,338	100.0	36.7	28.3	19.7	15.3	48.1	25.6	17.5	8.8	75.6	18.2	4.6	1.5
30 years and over	516	100.0	10.4	12.4	20.8	56.4	13.5	14.7	25.1	46.8	59.1	19.8	7.1	3.9
White														
All ages	3,118	100.0	48.7	23.7	14.0	13.6	59.6	18.7	12.4	9.3	79.3	15.8	3.6	1.3
Under 20 years	1,093	100.0	73.4	21.3	4.3	1.1	84.2	13.4	2.1	*0.4	87.2	11.2	1.3	*0.3
20-29 years	1,679	100.0	40.6	27.6	18.7	13.1	53.2	23.1	16.3	7.4	76.2	17.9	4.5	1.4
30 years and over	347	100.0	9.7	12.4	22.0	55.9	13.0	14.4	26.1	46.5	69.1	20.2	6.8	3.9
Black														
All ages	1,128	100.0	34.2	28.6	17.3	19.9	42.1	28.3	16.1	13.5	77.3	16.7	4.3	1.6
Under 20 years	375	100.0	58.4	31.4	8.0	2.2	68.3	25.7	5.0	*0.9	85.9	12.3	*1.6	*0.2
20-29 years	600	100.0	25.2	30.8	22.7	21.3	33.2	33.0	21.1	12.7	74.0	18.9	5.1	1.9
30 years and over	152	100.0	10.4	12.6	18.9	58.1	12.6	16.0	23.4	48.0	69.0	18.9	8.1	*4.0
Ethnicity and age														
Hispanic origin														
All ages	515	100.0	21.4	24.7	21.6	32.3	27.6	25.5	22.6	24.3	73.6	18.8	5.4	2.3
Under 20 years	104	100.0	49.1	36.9	10.4	*3.6	58.9	32.5	*6.5	*2.1	85.4	12.4	*2.0	*0.2
20-29 years	296	100.0	18.2	26.8	26.5	28.5	25.0	28.6	27.4	19.0	72.9	19.9	5.3	*1.9
30 years and over	114	100.0	*4.2	*8.1	19.1	68.6	*5.6	11.3	24.9	58.2	64.6	21.7	*8.7	*5.0
Not of Hispanic origin														
All ages	3,832	100.0	48.1	24.9	13.9	13.1	58.7	20.6	12.1	8.6	79.4	15.7	3.6	1.2
Under 20 years	1,388	100.0	71.2	22.8	4.8	1.2	81.8	15.3	2.6	*0.4	87.0	11.4	1.3	*0.2
20-29 years	2,042	100.0	39.4	28.6	18.7	13.4	51.4	25.2	16.1	7.3	76.0	18.0	4.6	1.5
30 years and over	402	100.0	12.2	13.6	21.3	52.9	15.7	15.6	25.1	43.5	70.4	19.3	6.7	3.6
Education														
Less than 12 years	1,724	100.0	42.4	23.2	14.6	19.8	49.4	21.1	14.4	15.0	81.0	14.2	3.4	1.3
12 years	1,703	100.0	40.5	27.8	17.0	14.7	50.9	24.6	15.3	9.1	77.6	17.1	3.9	1.4
13 years or more	921	100.0	57.5	22.8	11.3	8.5	72.9	14.9	7.9	4.3	76.4	17.8	4.4	1.4
Student status														
Student	1,293	100.0	71.4	19.3	5.7	3.5	83.2	11.3	3.6	2.0	84.7	12.6	2.2	*0.5
Not a student	3,054	100.0	33.7	27.3	18.7	20.4	43.1	25.4	17.5	14.0	76.2	17.6	4.5	1.7
Public assistance income														
Income includes public assistance	594	100.0	21.7	30.9	21.4	26.0	26.0	36.0	20.6	17.4	74.9	17.6	5.3	2.2
Income does not include public assistance	3,754	100.0	48.6	23.9	13.8	13.7	59.6	18.8	12.2	9.3	79.3	15.9	3.6	1.2
New female patients														
Race														
All races	1,489	100.0	57.1	21.9	10.4	10.5	66.0	18.2	9.2	6.6	82.5	13.5	2.9	1.1
White	1,167	100.0	59.2	20.6	10.1	10.1	68.3	16.3	8.9	6.4	82.9	13.2	2.8	1.0
Black	279	100.0	48.7	27.8	11.5	12.0	56.6	26.2	10.0	7.2	81.4	14.1	3.3	1.2
Ethnicity														
Hispanic origin	175	100.0	33.0	26.2	17.2	23.7	39.9	25.8	17.0	17.3	77.1	16.8	*4.3	*1.8
Not of Hispanic origin	1,314	100.0	60.4	21.4	9.5	8.8	69.5	17.2	8.1	5.2	83.2	13.0	2.7	1.0
Education														
Less than 12 years	667	100.0	60.5	20.3	8.9	10.3	67.0	17.4	8.2	7.4	86.0	10.8	2.3	*0.8
12 years	528	100.0	50.9	24.8	12.4	11.9	60.7	21.1	11.2	7.1	80.2	15.3	3.3	1.2
13 years or more	294	100.0	60.7	20.4	10.2	8.7	73.5	14.6	7.6	4.3	78.7	16.1	3.7	*1.4

See note at end of table.

Table 7. Number of female family planning patients and percent distributions by number of pregnancies, number of live births, and number of fetal deaths, according to patient status and selected characteristics: United States, 1979—Con.

Patient status and selected characteristics	Number of female patients in thousands	Total	Number of pregnancies				Number of live births				Number of fetal deaths			
			0	1	2	3 or more	0	1	2	3 or more	0	1	2	3 or more
New female patients—Con.														
Student status														
Student	596	100.0	80.7	13.7	3.2	2.5	88.8	7.7	2.0	1.4	89.6	8.8	1.3	*0.3
Not a student	893	100.0	41.4	27.5	15.2	15.9	50.8	25.2	13.9	10.1	77.8	16.6	4.0	1.5
Public assistance income														
Income includes public assistance	168	100.0	32.7	31.7	16.6	19.0	37.6	35.2	15.5	11.8	77.9	15.8	4.4	*1.9
Income does not include public assistance	1,321	100.0	60.2	20.7	9.6	9.5	69.7	16.0	8.3	6.0	83.1	13.2	2.8	*0.9
Return female patients														
Race														
All races	2,858	100.0	38.5	26.4	17.2	17.9	49.3	22.7	15.6	12.4	76.7	17.5	4.3	1.5
White	1,951	100.0	42.4	25.5	16.4	15.8	54.3	20.2	14.5	11.0	77.1	17.3	4.1	1.4
Black	849	100.0	29.5	28.8	19.2	22.5	37.4	29.0	18.0	15.6	76.0	17.6	4.7	1.8
Ethnicity														
Hispanic origin	340	100.0	15.4	23.9	23.9	36.8	21.2	25.4	25.5	27.9	71.8	19.8	5.9	*2.5
Not of Hispanic origin	2,518	100.0	41.6	26.7	16.3	15.4	53.1	22.4	14.2	10.3	77.4	17.2	4.1	1.4
Education														
Less than 12 years	1,056	100.0	31.3	24.9	18.2	25.6	38.4	23.4	18.3	19.9	77.9	16.4	4.0	1.7
12 years	1,174	100.0	35.8	29.1	19.1	16.0	46.6	26.2	17.2	10.1	76.5	17.9	4.2	1.4
13 years or more	627	100.0	56.0	23.8	11.8	8.5	72.6	15.0	8.0	4.3	75.3	18.6	4.8	1.4
Student status														
Student	697	100.0	63.5	24.1	8.0	4.4	78.4	14.3	4.9	2.4	80.6	15.9	2.9	*0.6
Not a student	2,161	100.0	30.5	27.2	20.1	22.2	39.9	25.4	19.0	15.7	75.5	18.0	4.7	1.8
Public assistance income														
Income includes public assistance	426	100.0	17.4	30.6	23.2	28.8	21.5	36.3	22.6	19.6	73.7	18.3	5.7	2.3
Income does not include public assistance	2,433	100.0	42.2	25.7	16.1	16.0	54.1	20.4	14.3	11.2	77.3	17.3	4.0	1.4

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

Table 8. Number of female family planning patients and percent distributions by number of pregnancies, number of live births, and number of fetal deaths, according to race and contraceptive use: United States, 1979

Race and contraceptive use	Number of female patients in thousands	Total	Number of pregnancies				Number of live births				Number of fetal deaths			
			0	1	2	3 or more	0	1	2	3 or more	0	1	2	3 or more
Percent distribution														
All races	4,347	100.0	44.9	24.9	14.8	15.4	55.0	21.2	13.4	10.4	78.7	16.1	3.8	1.4
Prior contraceptive method														
Never used method regularly	1,019	100.0	65.5	19.2	7.4	8.0	72.1	16.1	6.2	5.5	87.4	9.7	2.1	*0.8
Pill	2,502	100.0	41.6	27.9	16.4	14.1	53.1	23.1	14.6	9.2	77.8	17.4	3.7	1.1
IUD	342	100.0	18.6	24.6	23.4	33.4	27.3	25.7	23.1	24.0	68.2	22.0	6.6	3.2
Diaphragm	181	100.0	42.8	24.5	16.0	16.7	60.7	18.2	12.2	9.0	67.8	22.0	7.4	*2.8
Foam, jelly, or cream	164	100.0	35.6	23.2	16.5	24.6	44.5	21.9	16.3	17.3	75.2	17.7	5.0	*2.1
Other ¹	139	100.0	31.3	16.0	16.9	35.8	37.8	14.7	18.2	29.3	75.8	16.3	4.8	*3.1
Source of prior method														
Same service site	1,888	100.0	41.3	25.6	16.5	16.6	51.1	22.1	15.1	11.6	78.7	16.3	3.7	1.3
Another service site	377	100.0	37.4	28.8	17.0	16.9	53.5	21.9	13.8	10.9	70.7	21.9	5.5	*1.8
Hospital	105	100.0	13.0	27.5	24.0	35.5	20.1	29.8	23.7	26.4	69.7	20.3	7.0	*2.9
Private physician	775	100.0	34.5	28.9	18.3	18.2	47.2	24.6	16.8	11.4	73.1	20.5	4.8	1.7
Other	184	100.0	45.1	22.6	15.0	17.3	56.2	18.6	14.1	11.1	76.4	17.1	4.3	*2.3
Contraceptive method adopted or continued														
Pill	2,784	100.0	49.2	25.9	13.8	11.1	59.5	21.2	12.1	7.2	81.1	15.0	3.0	0.9
IUD	338	100.0	20.1	24.6	23.1	32.3	28.8	25.1	22.9	23.2	69.1	21.6	6.5	2.8
Diaphragm	294	100.0	49.8	22.9	13.2	14.1	64.8	17.4	10.0	7.8	73.0	19.2	5.6	2.3
Foam, jelly, or cream	249	100.0	32.6	24.9	17.5	25.0	40.3	24.4	17.2	18.0	76.1	16.7	4.9	*2.3
Other	317	100.0	33.4	19.9	17.1	29.6	40.3	19.1	17.2	23.4	76.6	16.1	5.0	2.3
None	365	100.0	49.3	23.4	12.9	14.4	59.6	20.3	11.3	8.8	77.8	16.3	4.3	1.7
Pregnant or seeking pregnancy														
Pregnant or seeking pregnancy	210	100.0	49.2	25.1	13.4	12.2	60.3	22.0	11.0	6.7	77.1	16.9	4.4	*1.6
Other reason	154	100.0	49.4	21.2	12.2	17.3	58.6	18.0	11.7	11.6	78.7	15.4	4.0	*1.9
White	3,118	100.0	48.7	23.7	14.0	13.6	59.6	18.7	12.4	9.3	79.3	15.8	3.6	1.3
Prior contraceptive method														
Never used method regularly	757	100.0	69.7	16.6	6.5	7.1	76.4	13.0	5.5	5.1	88.5	8.9	1.9	*0.7
Pill	1,756	100.0	44.8	26.9	15.6	12.7	57.4	20.7	13.7	8.3	77.9	17.5	3.6	1.1
IUD	227	100.0	21.6	25.1	23.8	29.5	31.5	25.0	22.6	21.0	69.1	21.6	6.4	*2.9
Diaphragm	147	100.0	47.2	24.2	15.6	13.0	66.1	16.2	11.1	6.5	69.4	21.4	6.9	2.3
Foam, jelly, or cream	124	100.0	37.6	23.9	16.2	22.3	46.8	22.0	15.5	15.7	76.2	17.3	*4.7	*1.8
Other ¹	106	100.0	35.4	16.0	16.2	32.4	42.4	14.2	17.4	26.1	76.7	15.6	*4.7	*2.9
Source of prior method														
Same service site	1,260	100.0	45.6	24.4	15.6	14.4	56.5	19.4	13.9	10.2	79.1	16.1	3.6	1.2
Another service site	271	100.0	42.4	28.2	15.4	14.1	59.8	19.1	11.9	9.2	71.4	21.9	5.1	*1.6
Hospital	58	100.0	14.9	27.7	24.2	33.2	22.6	28.2	24.0	25.3	71.9	19.0	*6.3	*2.8
Private physician	620	100.0	35.5	28.6	18.4	17.6	48.8	23.5	16.8	10.9	73.1	20.5	4.7	1.7
Other	152	100.0	47.5	22.5	14.7	15.4	59.0	17.8	13.5	9.7	77.1	16.5	4.2	*2.1
Contraceptive method adopted or continued														
Pill	1,989	100.0	52.9	24.1	12.9	10.1	64.0	18.3	11.1	6.5	81.2	15.0	3.0	0.8
IUD	220	100.0	22.5	25.2	23.3	29.0	32.3	24.3	23.0	20.3	69.4	21.3	6.4	*2.9
Diaphragm	241	100.0	55.4	22.1	12.1	10.4	71.1	14.8	8.3	5.8	75.3	18.5	4.5	*1.8
Foam, jelly, or cream	160	100.0	35.3	24.3	17.7	22.8	43.2	23.2	16.6	17.0	77.3	16.3	4.4	*2.0
Other	231	100.0	35.4	19.8	16.9	27.8	42.8	18.0	17.0	22.2	77.8	15.2	4.8	*2.2
None	278	100.0	51.9	23.4	12.0	12.7	62.6	19.0	10.5	7.9	79.3	15.2	4.0	*1.5
Pregnant or seeking pregnancy														
Pregnant or seeking pregnancy	164	100.0	52.1	24.7	12.5	12.4	61.1	20.7	10.7	7.6	78.9	15.4	4.2	*1.4
Other reason	113	100.0	51.5	21.5	11.4	15.7	61.5	16.7	10.8	11.1	80.1	14.8	*3.6	*1.5

See footnote and note at end of table.

Table 8. Number of female family planning patients and percent distributions by number of pregnancies, number of live births, and number of fetal deaths, according to race and contraceptive use: United States, 1979—Con.

Race and contraceptive use	Number of female patients in thousands	Total	Number of pregnancies				Number of live births				Number of fetal deaths			
			0	1	2	3 or more	0	1	2	3 or more	0	1	2	3 or more
Percent distribution														
Black	1,128	100.0	34.2	28.6	17.3	19.9	42.1	28.3	16.1	13.5	77.3	16.7	4.3	1.6
Prior contraceptive method														
Never used method regularly	236	100.0	52.1	27.5	10.1	10.3	58.9	26.2	8.2	6.7	84.2	12.0	*2.7	*1.1
Pill	692	100.0	33.3	30.8	18.7	17.3	41.8	30.0	16.9	11.3	77.9	16.9	4.1	1.1
IUD	104	100.0	11.6	23.2	23.1	42.0	17.7	27.0	24.8	30.5	66.2	22.6	7.1	*4.0
Diaphragm	31	100.0	20.3	25.7	*18.8	35.2	32.0	29.1	*17.7	21.1	60.5	23.7	*10.3	*5.6
Foam, jelly, or cream	36	100.0	28.0	21.5	18.6	31.9	35.8	21.9	20.0	22.3	72.2	19.1	*5.9	*2.9
Other ¹	29	100.0	*14.9	*15.0	19.4	50.7	19.2	*16.3	21.6	42.9	72.1	19.0	*5.3	*3.6
Source of prior method														
Same service site	590	100.0	32.1	28.3	18.6	21.0	39.4	28.2	17.7	14.6	78.0	16.5	4.0	1.5
Another service site	99	100.0	24.1	30.6	21.6	23.6	36.0	30.1	18.8	15.1	69.0	21.8	*6.8	*2.4
Hospital	45	100.0	*9.7	27.6	24.3	38.3	15.9	32.6	23.7	27.8	67.3	21.3	*8.1	*3.2
Private physician	131	100.0	28.1	31.4	18.6	21.8	37.9	30.3	17.7	14.0	72.6	20.2	5.5	*1.6
Other	26	100.0	30.8	23.7	*17.6	28.0	40.0	24.3	*17.3	*18.3	72.1	*19.4	*5.0	*3.4
Contraceptive method adopted or continued														
Pill	739	100.0	39.0	30.9	16.3	13.7	47.1	29.3	14.6	9.0	81.1	14.9	3.2	0.9
IUD	104	100.0	12.2	24.3	23.4	40.1	18.6	27.8	23.8	29.8	67.3	22.8	*6.8	*3.1
Diaphragm	50	100.0	23.6	26.5	18.2	31.7	35.1	30.0	17.3	17.7	62.7	22.0	*10.7	*4.7
Foam, jelly, or cream	85	100.0	27.6	26.1	17.4	28.9	34.5	27.0	18.8	19.7	74.1	17.0	*5.9	*3.0
Other	73	100.0	24.9	20.2	18.9	36.0	30.6	22.4	18.4	28.6	72.4	19.4	*5.7	*2.6
None	78	100.0	40.5	24.2	16.1	19.2	49.8	24.9	13.8	11.5	72.8	19.8	*5.2	*2.3
Pregnant or seeking														
pregnancy	41	100.0	38.3	27.7	17.4	16.7	49.5	27.8	*13.0	*9.7	71.3	22.1	*4.9	*1.7
Other reason	37	100.0	42.7	20.5	*14.8	22.1	50.1	21.9	*14.7	*13.3	74.2	17.4	*5.4	*3.1

¹Includes natural methods and sterilization.

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

Table 9. Number of female family planning patients and percent distribution by contraceptive method adopted or continued, according to prior contraceptive method and patient status: United States, 1979

Patient status and contraceptive method adopted or continued	Total	Prior contraceptive method					
		Pill	IUD	Diaphragm	Foam, jelly, or cream	Other ¹	Never used method regularly
Number in thousands							
All female patients	4,347	2,502	342	181	164	139	1,019
Percent distribution							
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Contraceptive method adopted or continued							
Pill	64.0	80.7	12.0	14.2	32.6	27.3	59.6
IUD	7.8	2.7	64.4	4.0	5.1	*2.9	2.9
Diaphragm	6.8	3.2	4.8	65.3	8.7	5.8	5.6
Foam, jelly, or cream	5.7	3.5	5.8	*2.8	35.0	5.0	7.1
Natural	0.5	*0.2	*0.3	*0.4	*0.6	4.3	*0.6
Relying on partner	4.3	2.7	4.0	*2.4	4.5	10.1	7.9
Sterilization	1.6	0.6	*0.6	*0.5	*1.6	27.3	*0.9
Other	0.9	0.5	*0.9	*0.9	*1.1	5.8	1.2
None	8.4	5.9	7.2	9.5	10.9	8.6	14.2
Number in thousands							
New female patients	1,489	468	53	38	63	53	814
Percent distribution							
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Contraceptive method adopted or continued							
Pill	60.2	70.5	18.0	16.5	42.7	43.4	61.6
IUD	4.4	4.0	45.4	*6.4	*4.2	*1.9	2.1
Diaphragm	7.3	5.2	*8.4	55.8	11.8	9.4	5.6
Foam, jelly, or cream	7.1	4.9	*9.1	*3.6	22.9	*7.5	7.2
Natural	*0.5	*0.3	*0.3	*0.2	*0.2	*3.8	*0.5
Relying on partner	6.0	4.3	*5.5	*3.0	*4.9	9.4	7.0
Sterilization	1.1	*0.8	*1.0	*1.0	*0.9	9.4	*0.7
Other	1.0	*0.8	*1.9	*0.5	*0.7	*3.8	1.0
None	12.4	9.2	*10.4	*13.0	11.7	13.2	14.4
Number in thousands							
Return female patients	2,858	2,035	289	143	100	86	205
Percent distribution							
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Contraceptive method adopted or continued							
Pill	66.0	83.0	10.9	13.6	26.2	19.8	51.3
IUD	9.5	2.4	67.9	*3.4	*5.7	*3.5	6.3
Diaphragm	6.5	2.7	4.1	67.9	6.7	*3.5	5.8
Foam, jelly, or cream	5.0	3.2	5.2	*2.6	42.6	*3.5	6.6
Natural	0.5	*0.2	*0.3	*0.5	*0.8	*4.7	*1.2
Relying on partner	3.5	2.3	3.7	*2.2	*4.3	10.5	11.7
Sterilization	1.8	0.6	*0.5	*0.4	*2.0	38.4	*1.5
Other	0.8	*0.4	*0.7	*1.0	*1.3	7.0	*2.2
None	6.3	5.2	6.6	8.6	10.4	7.0	13.4

¹ Includes natural methods and sterilization.

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

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Appendix I. Technical notes on methods

Survey methodology

Scope of the survey.—The National Reporting System for Family Planning Services covers all family planning visits to nonmilitary service sites that offer medical family planning services in the United States, American Samoa, Guam, Puerto Rico, trust territories, and the Virgin Islands. The survey specifically excludes family planning visits to office-based private physicians' practices: these visits are included in the scope of 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). A family planning patient is an individual making one or more family planning visits to a family planning service site.

Sampling design.—The data presented in this report are based on a two-stage stratified sample survey. The original, first-stage sampling frame for NRSFPS was completed during the summer of 1976 and was updated in 1979. 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 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 (that is, 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 1979 U.S. sample comprised 1,389 sites, with 78.9 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 family planning visits needed in each site for the survey; the visit sampling rates ranged from certainty to 1 in 30.

Although the survey is based on a sample of family planning visits, estimates for family planning patients are derivable from survey data. Each patient (that is, an individual making one or more family planning visits) can be uniquely associated with the first visit made during the calendar year.

The date of the prior family planning visit, if any, for each individual making a sample family planning visit is recorded in item 8 of the Clinic Visit Record (see appendix III). With this information, sample family planning visits that correspond to an individual's first family planning visit during the calendar year can be identified. Of the 376,472 sample family planning visits in the United States in 1979, some 191,656 reflect data for the individual's first family planning visit during that year. The patient estimates presented in this report are based on those 191,656 sample family planning visits (or, equivalently, sample family planning patients).

Data collection and processing

Visit data were either abstracted from the patient's medical file, obtained by interviewing the patient, or determined by observation. 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 1979 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. Different versions of the family planning visit log corresponded to each of the 14 sampling rates employed to select sample visits: 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.

Data processing differed according to the mode of data submission. Visit data received on Clinic Visit Records had to be keyed to machine-readable forms 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 essen-

tially 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. The reader 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 use the estimates of domain sizes, relative standard errors, and sample sizes shown in tables I-III.

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 patients 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 (that is, unweighted) patients in the base of the proportion (see table III)

Table I. Estimated number of female family planning patients, by age and race: United States, 1979

Race	Age				
	All ages	Under 20 years	20-24 years	25-29 years	30 years and over
	Number in thousands				
All races ¹	4,347	1,493	1,584	755	516
White	3,118	1,093	1,156	523	347
Black	1,128	375	393	208	152

¹Includes races other than white and black.

Table II. Relative standard error of estimated number of female family planning patients, by age and race: United States, 1979

Race	Age				
	All ages	Under 20 years	20-24 years	25-29 years	30 years and over
	Relative standard error in percent				
All races ¹	4.6	5.3	4.8	4.0	4.7
White	5.4	6.5	5.7	4.2	5.1
Black	4.9	4.9	4.8	5.3	6.6

¹Includes races other than white and black.

Table III. Number of sample (that is, unweighted) female family planning patient records, by age and race: United States, 1979

Race	Age				
	All ages	Under 20 years	20-24 years	25-29 years	30 years and over
All races ¹	191,656	67,685	69,966	32,758	21,247
White	139,306	49,991	51,691	23,186	14,438
Black	45,811	15,926	15,871	8,148	5,866

¹Includes races other than white and black.

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

For example, 40.9 percent (*p* = 0.409) of the 516,000 female family planning patients 30 years of age and over had less than 12 years of education. The following computation may be used to determine the standard error for this estimated proportion:

$$\text{Standard error} = 5 \sqrt{\frac{(0.409)(1.0-0.409)}{21,247}} = 0.017$$

where

$$\begin{aligned} p &= 0.409 \\ \text{D.E.} &= 5 \\ n &= 21,247 \end{aligned}$$

and

$$\text{relative standard error} = \frac{0.017}{0.409} = 0.042.$$

Table IV. Range of recommended design effects for proportion estimates

Estimated number of patients in base of proportion (domain size)	Range of recommended design effects	Design effect used in this report to determine reliability
Less than 1 million	1-5	5
1-3 million	1-7	7
More than 3 million	1-7	7

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 patients listed in table I containing *X* population (for example, if *X* is the estimated number of female patients who are 30 years of age and over with less than 12 years of education, then *Y* is the estimated number of female patients 30 years of age and over).

Then

$$\begin{aligned} \text{relative standard error (X)} &= \text{RSE (X)} \\ &= \sqrt{(\text{RSE (X/Y)})^2 + (\text{RSE (Y)})^2} \end{aligned}$$

and

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

To continue with the example, one may calculate the standard error of the estimated 211,000 female patients 30 years of age and over with less than 12 years of education.

First, the relative standard error of the proportion estimate (the estimated proportion of female patients 30 years of age and over with less than 12 years of education) is calculated. This was determined to be 0.042. The relative standard error for the base of the proportion is provided in table II.

Therefore

$$\text{RSE (211,000)} = \sqrt{(0.042)^2 + (0.047)^2} = 0.063.$$

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

$$\text{Standard error (211,000)} = (211,000)(0.063) = 13,000.$$

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.

During early 1980 the National Center for Health Statistics conducted a study to identify and measure nonsampling error associated with 1980 data from the National Reporting System for Family Planning Services.²

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. Other problems associated with adherence to NRSFPS definitions and procedures were identified, and evidence suggests that patient data were not always updated in the site's record system at every visit. The study indicated patient totals are probably underestimated.

Rounding.—Aggregate estimates of family planning patients are rounded to the nearest thousand. Because the percents were computed according to unrounded estimates, the figures may not add to the totals.

²Final Report of Data Quality Study for the National Reporting System for Family Planning Services, August 1980, Informatics. (Unpublished.)

Appendix II. Definitions of certain terms used in this report

Terms relating to the survey

Clinic.—See family planning service site.

Clinic Visit Record.—The Clinic Visit Record is 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 a facsimile.

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

Contraception.—Contraception is the conscious use of medication, devices, or any practice that permits coitus with reduced likelihood of conception (commonly known as birth control).

Contraceptive method.—A contraceptive method is any medication, device, or practice that permits coitus with reduced likelihood of conception.

Education.—Education signifies 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 so forth are excluded unless credits are granted toward an elementary school certificate, high school diploma, or college degree.

Family planning service site.—A family planning service site is 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 support through a U.S. Department of Health and Human Services grant for the provision of family planning services. Military service sites are excluded from the survey.

Family planning services.—Medical services that are primarily related to the regulation of conception are known as family planning services. They enable a person either to reduce the risk of conception (con-

traceptive 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 is a family planning visit.

Fetal death.—Fetal death refers to the 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, are referred to as being of Hispanic origin or descent.

Infertility.—Infertility is a diminished or absent ability to conceive.

Live births.—A live birth refers to 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.

New patients.—All patients whose first visit (that is, initial visit) to a family planning service site occurred during the survey year are new patients. This does not preclude an individual’s having visited a private physician.

Public assistance income.—The patient’s family income includes money from any Federal, State, or local public assistance program (for example, Aid for Dependent Children or general assistance). Scholarships, education grants, unemployment benefits, and Social Security pensions are not considered public assistance income.

Readmission visit.—A family planning visit if the last visit occurred more than 1 year before the survey year is known as a readmission visit.

Region.—Each of the family planning service sites is 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.

Terms relating to medical services

Pap smear.—The Pap smear is Papanicolaou's test to detect cervical cancer.

Pelvic examination.—Speculum examination of the vagina and bimanual examination of internal pelvic organs constitute a pelvic examination.

Breast examination.—Inspection and palpation of the breast and axillary glands constitute a breast examination.

Blood pressure.—A patient's blood pressure is routinely measured.

Pregnancy testing.—Any diagnostic test performed to determine pregnancy constitutes pregnancy testing.

V.D. testing.—Any test to detect the presence of venereal disease constitutes V.D. testing.

Urinalysis (not elsewhere specified).—Urinalysis is 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 constitutes a blood test.

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

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

Nº 1204 O.M.B. 68-R1137
AN EXPIRATION DATE 12/31/77

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

2. PATIENT NUMBER

3. DATE OF THIS VISIT

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

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?

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 \$18,750+
b \$1,250-\$3,749 e \$8,750-\$13,749 h Unknown
c \$3,750-\$6,249 f \$13,750-\$18,749
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)?

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 j 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?
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.s.)
b Pelvic exam h Blood test (n.e.s.)
c Breast exam j 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 j 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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