Family Choices Study
Interviewer Study Guide

Sponsoring Agency: National Institute of Child Health and Human Development.

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2005 Study Guide

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Description of Study

This longitudinal national survey of women between the ages of 25-45 is designed to help us understand how decisions to remain childless or to have children affect women’s lives. This survey aims to determine how women make these decisions and how these decisions affect and are affected by their work, relationships, and well-being.

The researchers are particularly interested in what happens when women want children but medical problems or social circumstances interfere. Recent advances in medical research have provided many new ways for women to get pregnant, but we are unaware of the social impact of these advances. It is estimated that only half of people who have medical fertility problems seek medical help. We know very little about these people—what kinds of fertility problems they have, why they don’t seek help, and what the consequences are for their well-being and their marriages. The researchers are also interested in childlessness, specifically why women choose it (or drift into it), and the consequences of childlessness for their well-being and social relationships. By interviewing a randomly selected sample of women and their partners about their family situations, their childbearing decisions, and their general feelings about their specific situations, we will be able to better understand this issue.

The study is being funded by the National Institute of Child Health and Human Development.

Some background

The pilot for this study was conducted at the University of Nebraska in 2002 with a sample of Midwestern women. The current study will use a larger national sample. Interviews will be conducted by both the Survey Research Center at Penn State and by the Bureau of Sociological Research at the University of Nebraska.

The Telephone Survey and Sample

In order to complete this study, 5,700 women will complete the full interview (another 1,800 will complete the first 6 questions). The SRC will be completing 40% of these interviews over the next 2 years.

We will also be interviewing some participants' partners a few weeks after the initial interview with the participant. 2,300 partner interviews will take place by the end of the first wave of the study.
This particular survey will be conducted with women living across the Continental United States. While this study is like a typical RDD study, we will be sending out pre-notification letters to households that we believe we will be contacting. This letter will inform the household about the study and will include at $2.00 bill. We will be sharing the calling with University of Nebraska. Since they are located on the Midwest, they will be call numbers in the Central, Mountain, and Pacific Times Zones. This means that we will be calling the Eastern Time Zone for this study.

**Important Reminder and Recap**

This study has two purposes:

1. To determine how many people have experienced difficulty getting pregnant, and how they have handled their situation.

2. To understand the choices and circumstances involved in being childless.

Although any mention of childbearing choices might sound like a code word for abortion, this is not a study about abortion. We are interested in people who want children and don’t have them.

**Also, DO NOT refer to the study as Infertility.** While one topic of this research is infertility, we are most interested in the decisions involved with family planning and how family life affects well-being.

**General Interviewing Reminders:**

**Asking the Questions**

Most of the interview questions you will ask come from standard social scientific scales. In the past, these questions have been used by other researchers to measure people’s well-being. In order for us to meet the objectives of this study the questions **must be asked as they are written**.

Please keep in mind that although we are using some standard scales, we are not making clinical diagnoses. **If a respondent meets screening criteria, it does not necessarily mean that the respondent has a fertility problem or is in need of treatment. We should never suggest to the respondent that she/he has a problem with fertility.** Above all, please **DO NOT LABEL THE RESPONDENTS “INFERTILE”** or even use the word. Instead, please refer to any problems with reproduction as “difficulty getting pregnant.”
Reaching the Household and Designating a Respondent

Verifying the Phone Number
The strategy of survey research is to allow every household equal opportunity to participate in the study. For that reason, we are very selective about the conditions under which we will conduct an interview. We try to eliminate circumstances that may result in a household having more than one opportunity to be surveyed. For this reason, we ONLY complete the interview with the respondent if s/he can verify that the actual number for that residence is the number on the screen and the number you dialed.

If the respondent says you have reached a different number, apologize and tell her/him you must have mis-dialed and try dialing the number again. If you reach the same party, apologize again and hang up. All disconnected, number changed, and wrong numbers must be dialed twice before being coded as disconnected. Please make a note in the computer that this was verified by dialing the number twice.

We do NOT call CHANGED numbers - “The number you have dialed has been changed; the new number is ####-####.” The changed number may already be in the sample that was generated by the computer. If it is in the sample, calling it as a changed number would give this household two opportunities to be reached. When you get this message, you should call the number again to verify that you dialed correctly and if you get the same message the second time, code the call as a disconnected number.

If the initial contact is made to a teen-line, do not complete the interview. A teen-line is a second line in a household. To maintain our standard of allowing one possible contact per household, we only determine respondents on the primary phone line in a house. Be sure that the initial contact is made on the primary household phone line.

Do not complete an interview at a phone number considered to be a business phone, unless it is the only telephone line in the household. You may call a respondent back at a business number, if she was initially reached on the main household line but requests that you complete the interview at a business number. Remember, the key is whether or not the telephone number is their primary household number.

When you reach a person in an eligible household:

1. You will be directed to ask "How many women in your household between ages 25 and 45?" If there is more than one, the computer will direct you to ask for the “oldest,” “youngest,” “middle,” etc. female age 25 to 45 living in the household. This procedure is similar but more accurate then the “last birthday method” which we typically use for RDD studies.
2. If you receive permission to interview but the designated respondent is not available, find out the **best approximate days and times to call back**. Avoid specific appointment times, like “at 7:30.” Instead, try to determine blocks of time like “between 7 and 9” or “around 7:30.” Make sure you are scheduling callbacks that are convenient for the respondent rather than for you.

Any time you speak with someone in a household, record who gave you the message about the respondent’s availability. It is important to let the next interviewer know if the respondent was spoken to or if the interviewer must start from the beginning to introduce the study to the respondent.

- Give as much detail as possible
- Put the name (or initial, if name is refused) of the designated respondent on the respondent line, if possible. If you are not able to get a name, try to get some descriptive information such as “35 year old woman.”

**When Conducting an Interview**

**Do NOT read the words in the interview which are printed in UPPERCASE letters**

This information is for you, the interviewer, only. The only exceptions to this are:

1. When the uppercase is used on a word within a sentence to provide emphasis or clarification
2. When you are instructed to read the responses to the respondent, if necessary, and they are in uppercase letters

**OTHER responses:**
For all open-end and OTHER responses, please get as much detail as possible from the respondent. This means that you will have to probe appropriately.

Please pay close attention to the numbers corresponding with the responses. Sometimes the response categories are not listed in numerical order and they are not the same number for each question of it. For example, 8 for one question might code the response DK, but on another it may be the choice for OTHER. Please be sure to practice thoroughly and pay close attention to the response choices for each item.

**Study Specific Information:**

**Please read the questions EXACTLY as written and be sure to ask EVERY QUESTION on your screen.** Sometimes the wording of a question may seem awkward, or it may seem that we are asking the same thing over and over again.
The questions have been written this way for a reason. It is very important that every interviewer follows this procedure and ask all questions as written.

Your respondent may be curious or even frustrated as to why you are asking them questions that do not seem to apply to them. Please reassure your respondent that they are getting asked the questions that the researchers would like them to be asked. Let them know that we appreciate their responses and thank them for the time that they are giving us. If a respondent seems really frustrated, offer a call back at another time when they may have more time. DO NOT skip over any questions because you believe that R should not be asked them. If you skip over questions that appear on your screen, you will be asked to call that respondent back to complete any questions that were skipped. However, if you think there is a problem with the survey, please let us know ASAP (talk to a supervisor, Amanda, Rob or Tami), but ask the question anyway.

Be prepared for variations. There are slightly different versions of the interview. Don't be surprised if a question or block of questions appears in a place that seems unusual or doesn't appear in some interviews at all. Be sure to continue the interview and ask every question.

Pay attention to the time frame of the questions. The Family Choices survey asks respondents about events during different periods of their lives. These periods (or time frames) are typically:

1. the past week
2. the past two weeks
3. the past month
4. the last 12 months
5. lifetime

Sometimes the time frame will change abruptly so be sure to read the questions as they appear on the screen. After you've completed the interview a few times, it may be tempting to work from memory; however, remembering the time frames will be difficult. Please be sure to pay attention to the information on the screen as you conduct the survey. This is a complicated survey that will keep you on your toes. Most interviews that you conduct will be different in some way, so you will need to pay very close attention to what comes up on your screen.

When a question asks you to enter a month and a year, be sure to enter the full year. That is, if a respondent reports that something happened in 1996, be sure to enter 1996 - not just 96. Four spaces are allowed on the screen for
entering the year, so use them all. Failing to enter the year in this format will cause problems for the people who will be analyzing the data.

As always, it is important that you be an active listener. Since there is so much variability in the length of this survey and line of questioning, it is difficult to anticipate how long it will be for a particular respondent. If the survey is running long and the respondent seems distracted or annoyed, suggest a callback to complete the interview. This will give the respondent an opportunity to attend to other things, if necessary, and reinforce the importance of a quality interview.

PLEASE BE AWARE: You will be asked to call back any respondent to complete, correct, or verify any responses that appear incomplete or questionable. To try and avoid these situations, please be sure that you are getting as much detail as possible and are probing respondents for complete responses. If you are ever in doubt of an interview or response, please leave a note in the computer and talk to a supervisor, Amanda, Rob or Tami.

Collecting Contact Information

At the end of each interview, you will be collecting contact information that will be used for follow-up interviews. We plan to be calling these respondents back every year or two years for the next several years (at least). IT IS VERY IMPORTANT THAT YOU COLLECT CORRECT CONTACT INFORMATION FOR EACH RESPONDENT! This means that it will be necessary for you to check the spelling and verify all contact information (i.e. name, address, city, state, zip code, reference name, phone numbers) with the respondent (even if you think that it is spelled correctly or you got it right). We realize that this will take a few moments, but if this information is not correct, it will seriously affect our ability to contact them in a year or two. Having this information to help contact respondents down the road is essential to the success of this research project. Again, you may be asked to re-contact respondents in cases where information was not collected correctly.

It is very important that you collect all the contact information that the computer asks you to. This means that if you have a respondent that is reluctant to give contact or reference information, you must try to avoid refusals on these items. Please be sure to get references that are can be contacted at a different phone number than the respondent. This will allow us to contact the respondent in the event that R’s number is disconnected. Please remind the respondent that this information will be used for contact for the study only. We will not sell or give out any information to other agencies or organizations. This contact information will not be linked to any of the answers that they have given during the interview and all information is confidential. Any reference listed will only be contacted, if we cannot reach the respondent with the other information
that they provided. We will not tell a reference the purpose of the study, only that we are trying to reach them and they listed them as a reference.

Due to the sensitive and possibly upsetting nature of this study for some, you will be given a list of contacts and resources that you can offer respondents at their request or if you believe that a respondent has been upset by the interview process.

**Dealing with reluctant respondents**

Below are some examples of questions people might have about the survey, which (if unanswered) may keep them from participating. Your ability to answer their questions will help reassure reluctant respondents. We have also made a separate sheet with this information, so that you can easily refer to it when you are on the phones.

1. How was my household selected?

Your telephone number was selected by a computer as a part of a scientifically representative sample of all residents in the United States. The computer selects from a list of all telephone numbers, listed as well as unlisted numbers.

2. What are the questions about?

The questions concern issues important to many people, such as decisions about marriage and having children, social support, overall well-being and quality of life, as well as some basic demographic background questions.

3. What if I don’t want to answer specific questions?

Participation in the study is voluntary, and you may decline to participate with no negative consequences. If you do decide to participate, your responses to the questions will be completely confidential. You may decline to answer any questions that make you uncomfortable, and you may terminate the interview at any time.

4. Why should I participate?

Results from this study may help shape national policy about families. Whether you have no children or two or three, we think you will find the questions are about issues that you have thought about seriously and that are very important to you. Although the study results will probably not affect your life, we think you will enjoy doing the interview and having a chance to talk about issues important to you. Of course, we will be happy to send you results of our study.

5. Who is responsible for this study? How can I contact them?

The interviews are being conducted at the Survey Research Center at the Pennsylvania State University. The Director of the Survey Research Center is Dr. David R. Johnson, who is also the Penn State Project Director. You may contact Dr. Johnson personally at the research center
(office phone 814/863-0170 or email drj10@psu.edu), and you may visit their website at http://www.ssri.psu.edu/survey to find out more about the organization.

6. What about my rights as a research subject?

This project has been approved by the Human Subjects committee of the Pennsylvania State University as meeting appropriate standards for protecting human subjects (including maintaining confidentiality). If you have questions concerning your rights as a research subject that we do not answer to your satisfaction, you may contact the Pennsylvania State University Office for Research Protections (814/865-1775).

Preparing to Conduct Interviews

Before you conduct any “real” interviews, you should make a lot of practice runs to get the feel of the survey. This is a survey that can be very different for different respondents because so much of what is asked depends on how previous questions have been answered. There are three main things that will affect the questions that a respondent is asked:

1. **Whether the respondent has had any fertility problems.** Respondents who report having fertility problems will be asked a battery of questions about fertility tests, treatments, and reactions.
2. **Whether the respondent is married or in a cohabiting union, together referred to as “in union.”** Note that we don’t care whether the partner is male or female. At least a few of the cohabiting partners may be same-sex. Whether the partner is male or female, we want to know partner’s education and job status and the quality of the relationship.
3. **The respondent’s number of children.** So that we can compare those who choose small families or childlessness with those who have medical problems having children, we ask some questions specifically of those who are childless or have only one child even though they could have more.

As you conduct practice trials, keep these three things in mind. Try to conduct interviews under different conditions so that you have some idea of how the survey will flow under different circumstances. Please use the attached scenarios for practice. You must run through each of them twice, once as an interviewer and once as a respondent. This means that you will have to work with another interviewer during practice.

**If you are uncomfortable with any of the topics or questions in this study, please talk with Amanda, Rob or Tami before you begin interviewing. We may be able to find other projects for you to work on.**

It is very important that you become familiar with the different terms in the survey. A glossary with pronunciations and definitions of different terms has been provided for you. Become acquainted with this information. Mispronouncing terms to respondents will appear very unprofessional! If you need help with pronunciation, please ask for it.
EVERY INTERVIEWER MUST COMPLETE THE SCENARIOS (BOTH AS AN INTERVIEWER AND A RESPONDENT) AND A PRACTICE INTERVIEW WITH A SUPERVISOR BEFORE MAKING CALLS! While this process may seem tedious, we want to make sure that you are completely prepared and confident to begin interviewing and collecting quality data.
Dear household member,

In the next few weeks you will receive a call from one of our interviewers asking you to participate in an important study called the Family Choices Study, which is being conducted by researchers at Pennsylvania State University. Your household has been randomly selected to be part of a study of life decisions, especially family decisions, and how they affect people’s well-being. We will be talking to people all over the country to determine how they make decisions about having (or not having) children and how these decisions affect and are affected by their work, their relationships, and their well-being.

Most people who have participated find the interview interesting and the questions easy to answer. The telephone survey itself may take as little as 2 or 3 minutes or as long as 35 minutes. Some people will be selected by the computer to answer more detailed questions than others. If you are selected for the longer interview and find it inconvenient to answer the questions in one call, we can easily arrange to have you complete the interview in shorter calls over a period of time.

We are enclosing a $2 bill to provide a small token of our appreciation for the time we are asking you to take for the study. We realize your time is valuable, and we hope this small gesture communicates our sincere appreciation for your cooperation.

We are writing because we have found that many people like to know ahead of time that they will be called. Please show this letter to other people in the household who may answer the telephone when we call. If you have any questions or concerns about this research, you can raise them when we call or you can talk to us before we call you. Additional information about the study, the sponsors, and how to contact us is provided on the back of this letter.

We look forward to talking to you and hope you will agree to participate in the Family Choices Study.

Cordially,

David R. Johnson, PhD
Survey Research Center
Pennsylvania State University
GLOSSARY AND PRONUNCIATION GUIDE

PLEASE NOTE: THE DEFINITIONS LISTED ARE TO HELP YOU BETTER UNDERSTAND THE SURVEY. THEY ARE NOT TO BE USED TO HELP A RESPONDENT. THE ONLY TIME THAT YOU SHOULD DEFINE A WORD FOR A RESPONDENT IS WHEN YOU ARE GIVEN A PROBE WITHIN A QUESTION.

Acupuncture
(ACK-u-Punk-ture) Practice of puncturing the body (as with needles) at specific points to cure disease or relieve pain.

Adhesions
(ad-HE-shuns) Scar tissue occurring in the abdominal cavity, fallopian tubes, or inside the uterus. Adhesions can interfere with egg transport and embryo implantation.

Annovulation

Aspiration
(Ass-per-A-shun) Suctioning of fluid. For example, suctioning the fluid from a follicle to retrieve an egg.

Cervical mucous
(Sir-vic-al meu-cus) Mucous produced by the cervix allowing the passage of sperm to the uterus and fallopian tubes. Its volume and quality changes during ovulation.

Clomid
(Klow-mid) Brand name of the drug Clomiphene. Treats ovulation problems in women who want to become pregnant.

Cohabiting
(Ko-hab-it-tate-ing)

Contraception
(con-tra-cep-shun) The prevention of conception or pregnancy.
**Cystoplasmic transfer**
(sis-toe-plaz-mic) An extension of IVF. Genetic material is taken from a mother's egg and combined with the cytoplasm of a donor egg. Two methods of cytoplasm transfer exist: one transfers a small amount of cytoplasm by tiny needle from the donor to the recipient egg, the other transfers a larger amount of cytoplasm, which is then electrically fused, to the recipient cytoplasm.

**Electroejaculation**
(E-lect-row-e-jack-u-lay-shun) A controlled electric stimulation inducing ejaculation in a male with damage to the nerves controlling ejaculation.

**Elevated FSH [follicle stimulating hormone]**
(fall-ick-al) Elevated FSH levels indicate gonadal failure in both men and woman.

**Endometriosis**
(En-dow-me-tree-o-sis) The presence and growth of endometrial tissue outside the uterus. This often results in severe pain and infertility.

**Fallopian Tubes**
(Fall-o-pee-an) This pair of tubes normally carries the eggs of the female from the egg sac, or ovary, to the womb, or uterus.

**Fecundity**
(Fa-cun-di-ty) A measure of fertility such as sperm count, egg count, or the number of live offspring produced.

**Fibroids**
(f-i-br-oids) Non-cancerous smooth muscle tumors of the uterus.

**FSH [Follicle Stimulating Hormone]**
Hormone produced in the anterior pituitary gland that stimulates the ovary to develop a follicle.

**Foster parent**
Agency approved, licensed person(s) who provide protective service for children and adolescents for a planned, temporary period of time.

**Gestational carrier**
(Jess-tay-shun-al) A woman who contracts to carry a pregnancy for someone else. The carrier is not the biological mother of the baby being carried.
**GIFT [Gamete intra-fallopian transfer]**
(gam-meet) Procedure combining eggs and sperm outside of the body and immediately placing into the fallopian tubes to achieve fertilization. [Similar to IVF through the egg retrieval stage, but potential fertilization takes place in the fallopian tubes].

**Glucophage**
(Glue-ko-fage) Brand name of the drug Metformin. Used for treatment of Type 2 diabetes.

**Gynecologist**
A medical doctor who specializes in gynecology and diseases affecting the female reproductive system.

**Homeopathic**
(hoe-me-o-path-ic) a system of medical practice that treats a disease especially by the administration of minute doses of a remedy that would in healthy persons produce symptoms similar to those of the disease

**Hysterectomy**
(his-toe-rec-toe-me) Surgical removal of the uterus through the abdominal wall or through the vagina.

**ICSI [Intracytoplasmic Sperm Injection]**
(in-tra-cye-toe-plaz-mic)
The process of injecting a single sperm directly into the cytoplasm of the egg. Used in cases of severe male infertility or several failed IVF cycles.

**Infecundity**
(in-fa-cun-de-tee) Sterility; inability to “conceive.”

**Infertility**
In women under 35-the inability to conceive after a year of unprotected intercourse, in women over 35-after six months; the inability to carry a pregnancy to term. Also included are diagnosed problems such as anovulation, tubal blockage, low sperm count, etc.

**Insemination**
(in-sem-in-a-shun) Artificial introduction of semen into the vagina for the purpose of inducing conception.
**IVF [In vitro Fertilization]**
(in-vee-tro) Fertilization outside the body in a laboratory (oldest, most common procedure). The term “test tube baby” is inaccurate-fertilization occurs in a small circular dish, not a test tube. Involves stimulation of the ovaries with hormone medications, retrieval of the resulting oocytes, insemination with sperm to form embryos, and transfer of the embryos.

**Luteal phase defect**
(loo-t-al) The luteal phase is the final part of the menstrual cycle occurring after ovulation ending either with embryo implantation or menstruation. In luteal phase defect the corpus luteum inadequately functions, sometimes preventing a fertilized egg from implanting in the uterus or leading to early pregnancy loss.

**Morphology**
(more-f-all-o-gee) The shape of sperm as studied in a semen analysis.

**Motility**
(mo-till-i-tee) The measurement of motion and forward progression of sperm in a semen analysis.

**Naturopathic**
(nat-u-roe-path-ic) a system of treatment of disease that avoids drugs and surgery and emphasizes the use of natural agents (as air, water, and sunshine) and physical means (as manipulation and electrical treatment)

**OBGYN**
Commonly used abbreviation: GYN is short for gynecology (or a gynecologist) OB is short for obstetrician.

**Obstetrician**
(ob-sta-trisch-an) A physician specializing in obstetrics (a branch of medical science that deals with birth and with its antecedents and sequels).

**Oophorectomy**
(oo-fa-rec-toe-me) Surgical removal of the ovaries.

**Orchidectomy**
(Or-ke-deck-toe-me) Surgical removal of the testis.

**Ovulate**
(ahv-u-late) The release of the egg (ovum) from the ovarian follicle.

**PCO [Polycystic ovaries]**
(poly-sis-tick) A condition in women who do not ovulate, characterized by multiple ovarian cysts and increased androgen production.
PGD [Preimplantation genetic diagnosis]  
(pre-im-plant-tay-shun) Analysis of one-two cells of the developing embryos to detect whether they carry inherited medical conditions.

POF [Premature ovarian failure]  
Premature end of menstruation (associated with high levels of gonadotropins and low levels of estrogen) before age 40.

Proxeed (prock-seed) A dietary (nutritional) supplement clinically proven to optimize sperm quality.

Reproductive Endocrinologist  
(en-do-krin-all-o-jist) An ob-gyn specializing in the treatment of hormonal disorders that affect reproductive function.

Sertoli cell only syndrome  
(sir-toll-i) Sertoli cells are testicular cells responsible for providing nourishment to the spermatids (immature sperm). "Sertoli cell only" means there are absolutely no sperm cells in the testicle.

Subfecundity  
(sub-fe-cun-de-tee) Broad concept which includes difficulty or danger carrying a baby to term as well as problems conceiving

Testes  
(test-ies) The two male sexual glands contained in the scrotum that produce both the male hormone testosterone and the male reproductive cells, the sperm.

Testosterone  
(test-toss-ta-rone) Male sex hormone (androgen) responsible for development of sperm and the formation of secondary sex characteristics and for supporting the sex drive.

Tubal ligation  
(too-bal lie-gay-shun) Female surgical sterilization procedure. The fallopian tubes are closed to prevent an unfertilized egg from reaching the uterus.

Union coupled

Varicocele  
(vare-a-co-seal) Varicose veins in the scrotum.

Vas deferens  
(vass diff-rens) A long tube through which sperm travel during ejaculation.
**Vasectomy**
(vass-sec-toe-me) Male surgical sterilization procedure which removes a segment of the vas deferens.

**ZIFT [zygote intra-fallopian transfer]**
(zye-goat) Combination of the IVF and GIFT procedures. IVF is employed up to the stage of embryo transfer, then the embryos are placed into the fallopian tubes through a catheter.