



NATIONAL CENTER FOR HEALTH STATISTICS

Quality Profile Appendix

Round 7: Data collected July-August 2025



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Introduction: Comparison of Estimates of Fertility and Reproductive Health Services Measures

The Rapid Surveys System (RSS) is well-suited for developmental work including improving concept measurement, informing future question design, and evaluating the fitness for use of health estimates from commercial online panels. A select set of variables collected in round 7 were excluded from formal benchmarking (Quality Profile, Tables 15 and 16) although estimates are available from external data sources. These variables, including select measures of fertility and reproductive health services collected on the National Survey of Family Growth (NSFG), were collected for methodological purposes, including assessments of the comparability of data sources and the feasibility of collecting sensitive data using probability-based web panels. While this Appendix reports limited comparisons, RSS data can be used for further evaluations of comparability and feasibility of using online surveys for these topics. Thus, it is recommended to use the RSS data on these topics for methodological studies and developmental work only, and to use data from the NSFG for national prevalence estimates and analytic research purposes. Some limitations are described below.

Table A1 presents estimates of fertility and reproductive health services measures among women ages 18-49 collected with RSS-7 and the 2022-2023 NSFG. While some of the RSS-7 estimates of these topics were consistent with the official estimate from the 2022-2023 NSFG, some differences exist. In particular, differences greater than 10 percentage points were identified for the estimates of physical ability to have a baby and main reason for nonuse of contraception.

Measure: Physically impossible to have a(another) baby

The questions from the NSFG and RSS questionnaires that were used to derive this estimate are shown below. Estimates were calculated as the percent of “No” responses (5 for NSFG and 0 for RSS as indicated in the questions that follow this text). The corresponding questions from each survey are nearly identical in wording. However, there are differences in the broader questionnaire. For example, the NSFG questionnaire asks a series of questions about types of surgeries women may have received that may have impaired their ability to become pregnant, including questions about tubal ligation and hysterectomies. For the RSS, respondents receive a single question asking whether the respondent has ever had any surgery that would make it impossible to get pregnant (thus receiving fewer questions and less detail than the NSFG). For both surveys, women who responded “yes” to the question(s) about surgeries are excluded from receiving the question about physical ability to have a

baby. In addition, since the series of questions preceding this measure differ between the two surveys, respondents may be considering different factors when responding to this question.

NSFG

POSIBLPG: The next few questions are about your physical ability to have (a/another) baby at some time in the future. Some women are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have (a/another) baby?

Yes1

No5

RSS

FER_PHYSPOS: Some women are not physically able to have children. As far as you know, is it physically possible for you, yourself, to have [IF FER_LIVENUM = 0, -6, -7, -9: a; IF FER_LIVENUM > 0: another] baby?

1 Yes

0 No

Measure: Main reason for nonuse of contraception

The questions from the NSFG and RSS questionnaires that were used to derive these estimates are shown below. NSFG uses a two-question series (WHYNOUSING and MAINNOUSE) while RSS uses a single question (FER_WHYNOBC) to determine the main reason for nonuse of contraception. For NSFG, the responses to WHYNOUSING are presented to the respondent in a second question MAINNOUSE, which asks the respondent to select one as the main reason. Alternatively, in RSS, the response to FER_WHYNOBC, which displays all response options in one question, is categorized as the main reason. This difference in the question format could contribute to large differences seen in at least some estimates. In addition, the NSFG question WHYNOUSING includes the response option “I AM using a method” (WHYNOUSING=7) while RSS does not have an equivalent response.

NSFG

WHYNOUSING EH-2c: (Please look at Card 46.) Which of the following statements applies to you right now? You are not using birth control because...

- SELECT ALL THAT APPLY
- For examples of “not taking or using your method consistently” and other guidance, see the Help Screen.

[HELP AVAILABLE]

- I do not expect to have sex.....1
- I do not think I can get pregnant.....2
- I don't really mind if I get pregnant.....3
- I am worried about the side effects of birth control.....4
- My male partner does not want me to use a birth control method.....5
- My male partner himself does not want to use a birth control method..... 6
- I AM using a method.....7
- I cannot get a method.....8
- I am not taking, or using my method consistently.....9

{ ASKED IF R REPORTED MORE THAN ONE REASON IN WHYNOUSING

MAINNOUSE EH-2d: Which one of these is the main reason that you are not using birth control?

[ALL RESPONSE CATEGORIES THAT RESPONDENT MENTIONED ARE DISPLAYED AGAIN]

RSS

FER_WHYNOBC: Which one of these is the main reason that you did not use birth control?

- 0 I did not expect to have sex
- 1 I did not think I could get pregnant

-
- 2 I didn't really mind if I got pregnant
 - 3 I was worried about the side effects of birth control
 - 4 My male partner did not want me to use a birth control method
 - 5 My male partner himself did not want to use a birth control method
 - 6 Other reason

Summary

This Appendix highlights a few of the differences between estimates from Table A1, but users conducting comparisons between RSS and NSFG measures should note other discrepancies that may exist between the two survey questionnaires and measure definitions. Due to these differences, users are recommended to use the NSFG for national prevalence estimates and analytic research but could use the RSS data to conduct further developmental and methodological work on these topics.

Suggested citation

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