

May 23, 2011

NOTE TO THE
REVIEWER OF:

OMB CLEARANCE 1220-0141
“Cognitive and Psychological Research”

FROM:

Brandon Kopp
Research Psychologist
Office of Survey Methods Research

SUBJECT:

Submission of Materials for *CPS Disability
Supplement Cognitive Testing*

Please accept the enclosed materials for approval under the OMB clearance package 1220-0141 “Cognitive and Psychological Research.” In accordance with our agreement with OMB, I am submitting a brief description of the study.

The total estimated respondent burden hours for this study are 30 hours.

If there are any questions regarding this project, please direct them to Brandon Kopp (202-691-7514).

I. Introduction and Purpose

The Office of Disability Employment Policy (ODEP) has worked with the Bureau of Labor Statistics (BLS) to develop a supplement to the Current Population Survey (CPS), which is tentatively scheduled for May 2012. The overarching goal of the CPS Disability Supplement is to collect data that will increase our understanding of the labor market challenges facing persons with a disability. Such data are necessary to improve policies and programs designed to help those with a disability.

The CPS Disability Supplement is being conducted to address the following issues:

- A. Learn more about the low labor force participation rates for people with disabilities
- B. Better understand the use and effectiveness of current programs designed to prepare people with disabilities for employment
- C. Learn more about the work history of people with disabilities
- D. Identify the different types of barriers to employment people with disabilities experience
- E. Determine the types of workplace accommodations that assist people with disabilities; such accommodations include assistive technologies, transportation assistance, flexible work schedules, and alternative work arrangements
- F. Measure the use of financial assistance programs among those with disabilities and whether these programs affect the likelihood of working

The purpose of the current study is to perform cognitive testing for the questions in the CPS Disability Supplement to ensure that (a) the questions show construct validity and will serve to address the issues outlined above, (b) respondents to the survey understand the terminology used in the questions, (c) respondents have the requisite knowledge to answer the questions for both themselves and for other members of their household, and (d) respondents feel comfortable relaying this information to CPS interviewers.

II. Research Design

The Office of Survey Methods Research (OSMR) will conduct 30 cognitive interviews: 18 interviews with people who have a disability, 6 interviews with people who live with a person with a disability and would thus offer proxy reports, and 6 interviews with people who do not have a disability. Several questions in the Disability Supplement are aimed at all employed individuals (both with and without a disability) so ensuring the questions are effective with a sample of people without a disability is important as well.

Interviews will be conducted either in-person at the cognitive lab at BLS or, for people with a disability, at their home, place of business, or other location convenient for them. The interviews will be administered by OSMR staff. Each session will follow the cognitive interview protocol outlined in Attachment A. Sessions will be audio taped with the consent of the participant.

III. Procedures

Interviewers will follow the protocol outlined in Attachment A. After introductions, gaining informed consent, and a short explanation of the procedures for the cognitive interview, the interviewer will administer the survey (see Attachment C). The survey will consist of a household roster needed to determine eligible household members, an abbreviated set of labor force participation questions, several questions needed to determine disability status, and the questions from the CPS Disability Supplement. The survey involves branching items as well as

items based on labor force and disability status. Participants will only receive questions for which they are eligible.

Following the administration of the survey, the interviewer will debrief the participant (see Attachment D) to test the Disability Supplement questions for clarity, comprehension, length, and any sensitivity among questions. These interviews will be semi-structured and the interviewer will probe as necessary to obtain additional information.

IV. Participants and Burden Hours

Thirty participants will be interviewed for this cognitive interviewing study. Participants will be recruited by asking groups with members who have disabilities to distribute or post fliers (see Attachment F). We anticipate that each session will average less than 60 minutes (i.e., 5 minutes for front matter, 20 minutes for administration of the questionnaire, and 35 minutes for debriefing) though may last as long as 90 minutes depending on the needs of the participant. For example, if a sign language interpreter is needed for someone who has difficulty hearing then time will be needed to conduct the translations. Therefore, we estimate that the total burden hours will be 30 hours.

V. Payment

For this study, we will be reimbursing participants \$40. Though participants with disabilities will be given the option to conduct the interview in their home, we believe the \$40 incentive is still necessary. Persons with disabilities are a relatively small group that can be difficult to reach and there is a short data collection period for this study.

VI. Data Confidentiality

Participants will be informed of the voluntary nature of the study. Participants also will be informed that the study will be used for internal purposes to improve the design of the Current Population Survey Disability Supplement. Participants will be given a consent form to read and sign (Appendix E) prior to beginning the test session. Alternative means of gaining informed consent will be used for participants who have difficulty reading the consent form (e.g., those with limited eyesight, dyslexia, etc.). This will be accomplished through one of several means. For participants with a screen reader, the consent form will be sent to them 48 hours in advance in a screen readable format (a Word document) so they can take the time to read and understand the form. Alternatively, interviews can be set up with the individual with a disability and a person who they trust to read the consent form to them. Information related to this study will not be released to the public in any way that would allow identification of individuals except as prescribed under the conditions of the Privacy Act Notice.

VII. Attachments

<u>Attachment A:</u>	Cognitive Testing Protocol
<u>Attachment B:</u>	Introductory Material
<u>Attachment C:</u>	Draft CPS Survey Questions
<u>Attachment D:</u>	Debriefing Items
<u>Attachment E:</u>	Consent Agreement Form and Privacy Act Statement
<u>Attachment F:</u>	Recruitment Flyer

Attachment A: Cognitive Testing Protocol

1. Introduction
 - a. Study overview
 - b. Permission to audiotape
2. Questions
 - a. Household Roster
 - b. CPS Disability Questions
 - c. Workforce Questions
 - d. CPS Disability Supplement Questions
3. Debriefing
 - a. CPS Disability Supplement Questions Only
4. Closing

Attachment B: Introductory Material

- Hi! Thank you for coming in today.
- I am [This is my colleague () who will be taking notes for us today]
- Have you participated in any of our studies before? (if yes, Which ones?)
- Consent Form/Permission to audiotape
- Explanation:
 - We are going to be working with some questions from the Current Population Survey, an ongoing survey that provides a continuous flow of information about the characteristics of the American workforce. Are you familiar with the national unemployment rate?
 - What we are going to do today is go through a few questions from the survey and get your reactions to them. The purpose of today's session is to help us find out more about how people respond to these questions. Basically, we're trying to find out what you think a question is asking and how hard it is to answer. We are not here to evaluate you, we are looking to improve the questions, so there are no wrong answers. All the information you give us will be kept completely confidential, and will be used to improve the survey questions.
- Any questions before we begin?

Attachment D: Debriefing Items

Instructions/Transition: I'd like to begin by asking you about your general reactions to the survey.

1. What was it like for you to participate in this survey?
 - i. Were there any questions you found difficult or confusing?
 - ii. Were there any questions you found sensitive or personal?

2. Near the end of the survey I read you the following statement: *“This month we would like to learn more about how people in different circumstances deal with labor market challenges.”* Can you tell me in your own words what this means?

Instructions/Transition: Next, I would like to go back and ask you about your thoughts about specific questions. Let's begin with this question:

Question Number	Question	Response Options
1	Previously, you mentioned that (you/Name) had difficulty _____. How has this affected (your/his/her) ability to complete current work duties? Would you say this has caused no difficulty, a little difficulty, moderate difficulty, or severe difficulty?	1. No difficulty 2. A little difficulty 3. Moderate difficulty 4. Severe difficulty 5. Don't Know 6. Refused

1. What was your reaction when you first heard this question?
2. What do you think this question is asking?
3. You said (your/NAME's) condition caused (you/him/her) _____ completing (your/his/her) current work duties? Can you tell me more about that?
 - a. How did you decide on _____ instead of _____?
4. What did you think of when you heard the phrase “work duties?”
5. Do you think this is a sensitive topic? (*Probe if necessary: Do you think others would consider this a sensitive topic?*)

2	[(Have you)/(Has Name)] EVER worked for pay at a job or business?	1. Yes 2. No 3. Don't Know 4. Refused
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1. Can you tell me in your own words what this question is asking?
2. **(if yes)** How many jobs have (you/he/she) had?
3. **(if yes)** How long did (you/he/she) work at (this job/these jobs)?
4. How did you arrive at your answer for this question? (*Probe if necessary: Did you think of all your past jobs or did you think of your last job?*)

3	Earlier it was reported that (you/Name) had difficulty _____. Did (you/he/she) ever leave a job because of reasons related to (this difficulty/these difficulties)?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused
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1. What do you think this question is asking?
2. **(if yes)** What were the circumstances led to you leaving this job?

4	The purpose of this next question is to identify barriers to employment faced by persons with difficulties. What would you say the main barriers to employment are for (you/Name)?	<ol style="list-style-type: none"> 1. Education or training 2. Job counseling 3. Transportation 4. Loss of government assistance 5. Need special features at the job 6. Other 7. Not interested in working 8. None 9. Don't Know 10. Refused
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1. What types of things did you think of when you heard the phrase “barriers to employment?”
2. What are some terms you would use other than “barriers to employment”?
3. **(if 1-6)** You answered _____. Can you tell me more about that?
4. **(if 4)** You answered _____ (coded as #4). Is this loss of medical or financial assistance?
5. **(if 8 or 9)** I am going to read you some categories of possible barriers to employment, please tell me if any have applied to (you/Name) in the past.

6. One of the barriers we identified is “need special features at the job.” What does this phrase mean to you?

7. **(READ LIST)** Can you think of any other ‘barriers to employment’ that we might have missed/should add to this list?
 - a. Do you consider discrimination a barrier to employment?

5	If these barriers could be removed, would (you/Name) be able to work?	1. Yes 2. No 3. Don't Know 4. Refused
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1. To this question you answered _____. Can you tell me a bit more about this - how did you arrive at this answer?

2. **(if proxy report)** Is this a topic you have discussed with (Name)? *(Probe if necessary: How did you arrive at your answer for (him/her))?*

6	The purpose of this next question is to find out if (you have/Name has) taken advantage of any of the following sources that help people prepare for work or advance on the job. [(Have you)/(Has Name)] received assistance from: <ol style="list-style-type: none"> 1. Vocational Rehabilitation Programs 2. One Stop Career Centers 3. Ticket to Work Program 4. Assistive Technology Act Program 5. Center for Independent Living for Individuals with Disabilities 6. Client Assistance Program 7. Any other employment assistance program 	1. Yes 2. No 3. Don't Know 4. Refused
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1. What does “received assistance from” mean to you? *(Probe if necessary: What things come to mind?)*
 - a. Are there any types of assistance you think the question is NOT referring to?

2. You said you have received assistance from _____. When was the last time you received assistance from (this/these) organization(s)?

3. Have you ever attempted to get assistance from an organization but didn’t receive any? Did you count these attempts when answering this question?

4. Were there any programs or organizations I mentioned **(REREAD LIST)** that you have never heard of? Are there other sources of assistance you think should be included on the list?

7	How helpful was (this source)? Would you say it was not at all helpful, a little helpful, some help, or very helpful?	1. Not at all helpful 2. A little helpful 3. Some help 4. Very helpful 5. Don't Know 6. Refused
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1. What types of assistance did you consider when determining if a program was helpful?
2. What do you think the term “helpful” means in this question? (*Probe if necessary: What does “helpful” mean to you?*)

8	Have (you/NAME) ever requested any change, for example, in equipment or work processes, to help you do your job better?	1. Yes 2. No 3. Don't Know 4. Refused
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1. This question asks about changes in equipment or work processes to help you do your job better. What types of changes did you think about when answering this question?
 - a. What types of changes do you think the question is NOT referring to?
2. **(if proxy report)** Would you know if (NAME) requested a change at work?
3. Are you familiar with the term workplace accommodations? If I had asked if you had ever requested any workplace accommodations what would your answer be? **(if yes)** Why is that?

9	What change did (you/Name) request?	1. New or modified equipment 2. Physical changes to the workplace 3. Policy changes to the workplace 4. Changes in work tasks, job structure or schedule 5. Changes in communication or information sharing 6. Changes to comply with religious beliefs 7. Accommodations for family or personal obligations 8. Other changes 9. Don't Know 10. Refused
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1. Could you describe this change in a bit more detail (*Probe if necessary: How was that change made?*)
2. What do you think this question is asking for? (*Probe if necessary: most recent change?, all changes?, largest change?*)

10	Was the change granted?	1. Yes 2. Partially
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		3. No 4. Don't Know 5. Refused
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1. **(if 1)** Was the change you requested granted in the way you originally wanted?
 - a. **(if no)** Please explain.

11	How [(do you)/(does Name)] typically commute to work?	<ol style="list-style-type: none"> 1. Bus 2. Specialized bus or van service for people with disabilities 3. Train/subway 4. Taxi 5. Own car 6. Passenger in a family member's car 7. Passenger in friend's car 8. Passenger in carpool 9. Driver in carpool 10. Motorcycle 11. Bicycle 12. Walk 13. Other 14. Work from home 15. Don't Know 16. Refused
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1. What do you think the word “typically” means in this question?
 - a. How often do you commute to work by _____?

2. **(if R gives one answer)** Were you aware you could give more than one answer to this question? Would you add to your previous answer? What would you add?

3. **(if R gives more than one answer)** Do you alternate between these modes of transportation to get to work or do you use (both/all) of them on each commute?
 - a. How often is each method used?

12	(Do you/Does Name) do any work at home for (your/his/her) job or business?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused
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1. What do you think this question is asking?

2. What types of work do you think the question is referring to? Are there any types of work you think the question is NOT referring to?

13	[When (you/he/she) (work/works) at home, how/How] many hours per week (do/does) (you/he/she) usually work at home as part of this job?	1. Free Response ____ 2. Hours vary
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1. You responded _____ to this question. How did you arrive at your answer?
2. **(if proxy report)** How sure are you of your answer for (Name)? *(Probe if necessary: How did you arrive at your answer for (him/her))?*

14	Are those hours worked at home usually considered paid work hours?	1. Yes 2. No 3. Don't Know 4. Refused
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1. Can you tell me in your own words what you think this question is asking?
2. You responded _____. Can you tell me more about that? *(Probe if necessary: Are there times when these hours are paid and times when they are not?)*

15	(Do/Does) (you/he/she) have a formal arrangement with (your/his/her) employer to be paid for the work that (you/he/she) (do/does) at home, or (were/was) (you/he/she) just taking work home from the job?	1. Paid 2. Taking work home
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1. What do you think the question means by “formal arrangement?”
2. Do both of these situations apply to you? That is, are there times when you are paid for work at home and times when you are not? If so, how did you arrive at your answer?

16	What is the main reason why (you work/Name works) at home?	1. Less commuting 2. Reduce expenses for transportation, food, clothing, etc. 3. Coordinate work schedule with work and family needs 4. More control over own life 5. Illness, disability, health reasons 6. Mandated by employer to reduce employer costs 7. Mandated by employer to meet local transportation management and pollution abatement requirement 8. More productive 9. Other 10. Don't Know 11. Refused
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1. Are there any other reasons why you work from home? Anything else?
2. **(if proxy report)** Do you feel you have a good sense of why (Name) works from home? **YES**
NO

a. Why is that?

17	Do (you/Name) have flexible work hours that allow (you/him/her) to vary or make changes in the time [(you begin and end)/(he begins and ends)/(she begins and ends)] work?	1. Yes 2. No 3. Don't Know 4. Refused
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1. Can you tell me in your own words what this question is asking?
2. **(if yes)** Do you take advantage of this policy at work?
 - a. Do you have a regular time that you begin work? **YES NO**
 - i. **(if yes)** How often do you vary from that regular time?
3. **(if no)** Is there an option to work flexible hours that you don't take advantage of?
YES NO
4. Was this question easy or difficult to understand? Why?

18	Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is your job temporary?	1. Yes 2. No 3. Don't Know 4. Refused
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1. Can you please tell me in your own words what this question is asking?
2. What does the term 'temporary' mean to you?
3. Can you give me some examples of temporary jobs?
4. **(if yes)** You said that your job is temporary. Can you tell me why you view it as temporary?

19	<p>A variety of programs exist to help people in different situations. In the past year did (you/Name) receive assistance from any of the following programs?</p> <ol style="list-style-type: none"> 1. Workers Compensation 2. Social Security Disability Income 3. Supplemental Security Income 4. Veterans Disability compensation 5. Disability Insurance Payments 6. Other disability payments 7. Medicaid 8. Medicare 	1. Yes 2. No 3. Don't Know 4. Refused
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1. What do you think this question is asking?
2. You said you have received assistance from _____. When was the last time you received assistance from (this/these) organization(s)?
3. What type of assistance do you think the question is referring to? Are there any types of assistance you think the question is NOT referring to?
4. Have you ever attempted to get assistance from an organization but didn't receive any? Did you count these attempts when answering this question?
5. Were there any organizations I mentioned (**REREAD LIST**) that you have never heard of? Are there any organizations you think should be added to that list?

20	Did (source) affect whether or not [(you worked)/(Name worked)]?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know 4. Refused
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1. Can you please tell me in your own words what this question is asking?
2. **(for each yes)** Please explain how (source) affected whether or not you worked?
3. Is this benefit dependent on whether or not you can work?
4. Is there any restriction on the amount of work you can do related to this program?
5. Do you think this is a sensitive topic? (*Probe if necessary: Do you think others would consider this a sensitive topic?*)

Do you have any other comments?

Attachment E: Consent agreement form and Privacy Act statement

Consent Form

The Bureau of Labor Statistics (BLS) is conducting research to improve the quality of BLS surveys. This study is intended to suggest ways to improve the procedures the BLS uses to collect survey data.

The BLS, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. The Privacy Act notice on the back of this form describes the conditions under which information related to this study will be used by BLS employees and agents.

During this research you may be audio and/or videotaped, or you may be observed. If you do not wish to be taped, you still may participate in this research.

We estimate it will take you an average of one hour to participate in this research.

Your participation in this research project is voluntary, and you have the right to stop at any time. If you agree to participate, please sign below.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. The OMB control number is 1220-0141, and it expires February 29, 2012.

I have read and understand the statements above. I consent to participate in this study.

Participant's signature

Date

Participant's printed name

Researcher's signature

OMB Control Number: 1220-0141

Expiration Date: 2/29/12

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that this study is sponsored by the U.S. Department of Labor, Bureau of Labor Statistics (BLS), under authority of 29 U.S.C. 2. Your voluntary participation is important to the success of this study and will enable the BLS to better understand the behavioral and psychological processes of individuals, as they reflect on the accuracy of BLS information collections. The BLS, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.



Research Participants Needed

The U.S. Bureau of Labor Statistics is looking for:

Individuals with a disability

OR

People who live with someone who has a disability

to help develop questions that will be used in a national survey.

\$40 for a 1 hour session

Call (202) 691-7524

For more information

Sessions will be conducted at the Bureau of Labor Statistics office near Union Station (2 Massachusetts Ave., Washington, DC 20212) or, for individuals with a disability, arrangements can be made to meet at a location in the DC area convenient for you.