

June 7, 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 of and satisfaction with 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 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 -- SEPARATE DOCUMENT
<u>Attachment D:</u>	Debriefing Items -- SEPARATE DOCUMENT
<u>Attachment E:</u>	Consent Agreement Form and Privacy Act Statement
<u>Attachment F:</u>	Recruitment Flyer
<u>Attachment G</u>	Screening Questionnaire

## 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 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 will enable the BLS to better understand people's responses. We will use that information to improve the way we ask questions when we conduct surveys.. Your voluntary participation is important to the success of this study.

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. .

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. OMB control number is 1220-0141, and expires February 29, 2012. 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

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

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Participant's signature

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Date

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Participant's printed name

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Researcher's signature

OMB Control Number: 1220-0141  
Expiration Date: 2/29/12



# 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.

### Attachment G: Screening Questionnaire

1. How many people are in your household, including yourself? \_\_\_\_\_
2. How old are you? \_\_\_\_\_
3. Are you currently employed? YES NO  
a. (if no) Are you currently looking for work? YES NO
4. Have you been employed before? YES NO  
a. (if yes) How many jobs have you previously had? \_\_\_\_\_
5. What is the highest level of education you have completed or the highest degree you have received? \_\_\_\_\_

#### Disability Questions:

1. Is anyone in your household deaf or does anyone have serious difficulty hearing? YES NO  
a. (If yes) Is this you or another person in the household?  
**RESPONDENT HH MEMBER BOTH NEITHER**
2. Is anyone in your household blind or does anyone have serious difficulty seeing even when wearing glasses? YES NO  
a. (If yes) Is this you or another person in the household?  
**RESPONDENT HH MEMBER BOTH NEITHER**
3. Because of a physical, mental, or emotional condition, does anyone have serious difficulty concentrating, remembering, or making decisions? YES NO  
a. (If yes) Is this you or another person in the household?  
**RESPONDENT HH MEMBER BOTH NEITHER**
4. Does anyone have serious difficulty walking or climbing stairs? YES NO  
a. (If yes) Is this you or another person in the household?  
**RESPONDENT HH MEMBER BOTH NEITHER**
5. Does anyone have difficulty dressing or bathing? YES NO  
a. (If yes) Is this you or another person in the household?  
**RESPONDENT HH MEMBER BOTH NEITHER**
6. Because of a physical, mental, or emotional condition, does anyone have difficulty doing errands alone such as visiting a doctor's office or shopping? YES NO  
a. (If yes) Is this you or another person in the household?  
**RESPONDENT HH MEMBER BOTH NEITHER**