

Public Health Service Centers for Disease Control and Prevention

National Center for Health Statistics 3311 Toledo Road Hyattsville, Maryland 20782

February 11, 2009

Margo Schwab, Ph.D. Office of Management and Budget 725 17th Street, N.W. Washington, DC 20503

Dear Dr. Schwab:

The staff of the NCHS Questionnaire Design Research Laboratory (QDRL) is requesting approval to conduct 20 additional cognitive interviews for the Washington Group on Disability Statistics project under (OMB No. 0920-0222, exp. 02/28/10).

Based on analysis of the 20 conducted interviews, some questions in the original instrument have been slightly revised. In order to determine if the proposed changes work, additional testing and analysis is required.

The protocol is exactly the same as was described in a letter dated to you on October 23, 2008 for which we received approval to conduct the initial 20 interviews on November 12, 2008.

The original questions with revisions are shown below. The changes are all in the wording, no new topics have been introduced.

# Changes made to Washington Group International Disability Group Instruments Based on 20 initial cognitive interviews

## Follow-up questions added to each particular difficulty:

How old were you when the difficulty [fill] began?
Is your difficulty [fill] due to a health problem or something else?
Does your difficulty [fill] limit your ability to carry out daily activities?
Does your difficulty [fill] limit your ability to carry out other activities that are not part of your day-to-day life?

## 1. Expanded Short Set:

1. Do you have difficulty seeing, even when wearing glasses? New follow-up Q -1.1a Do you wear glasses to see far away? New follow-up Q- 1.1b. Do you wear glasses to see up close?

New follow-up Q - 1.1c. Do you wear glasses for another reason? (other): \_\_\_\_\_\_

# 2. Extended Set:

#### **Mobility Section**

Changed order of Q3.3 and Q3.4. From 500/100 yards to 100/500 yards

- 3.4 Do you have difficulty walking 100 (meters/yards) on level ground, that would be about (insert country-specific example) [without the use of your [insert aid]]?
- 3.5 Do you have difficulty walking 500 (meters/yards) on level ground, that would be about

## (insert country-specific example) [without the use of your [insert aid]]?

#### **Communication Section:**

Revised old Q4.1 and Q4.2 question and combined into a new question.

Old Question Q4.1 - Do you have difficulty speaking clearly (that is, using spoken language)?

Old Questions Q4.2 - Do you have difficulty making yourself understood when speaking? Revised Question - 4.1 Do people have difficulty understanding you when you speak?

## Revised Q5B.1

Old Question Q5B.1 - Do you have difficulty remembering a few things, a lot of things, or something in between?

Revised Q5B.1 - Do you have difficulty remembering a few things, a lot of things, or **almost** everything?

#### **Affect**

#### Revised O8A.1

Old Question Q8A.1 - Q8A.1. How often during the past year did you feel anxious? Not at all; Daily; Weekly; Monthly

Revised Q8A.1 - How often do you feel worried, nervous or anxious? Daily, Weekly, Monthly, A few times a year, or Never?

## Revised Q8A.4

Old Question Q8A.4 - How often during the past year did you feel depressed? Not at all; Daily; Weekly; Monthly

Revised Question Q8A.4 - How often do you feel depressed? Daily, Weekly, Monthly, A few times a year, or Never?

## Pain

## Revised O9B.1

Old Question Q9B.1 - Do you have **chronic or frequent** pain? Revised Question Q9B.1 - Do you have **frequent** pain?

## Revised Q9A.2

Old Question - On how many days during the past week did you have pain? Revised Question - In the past 3 months, how often did you have pain? A few days, Some days, Most days, Almost every day?

## Revised O9A.3

Old Question – Thinking about the last time you had pain, how long did the pain last [even when taking your medication]? Would you say under 1 hour, 1-2 hours, or more than 2 hours?

Revised Question - Thinking about the last time you had pain, how long did the pain last [even when taking your medication]? A little of the day, Some of the day, Most of the day, All of the day?

#### Revised O9A.4

Old Question - Thinking about the last time you had pain, how would you describe the level of pain [even when taking your medication]? Would you say it was 1) none, 2) a little, 3) a lot, or 4) somewhere in between a little and a lot?

Revised Question - Thinking about the last time you had pain, how much pain did you have, a little, a lot, or somewhere in between a little and a lot? If somewhere in between: Would you say the amount of pain was closer to a little, closer to a lot, or exactly in the middle?

## New Open Ended Question

How would you describe your pain?

# **Fatigue**

Revised Q10.2

Old Question - How often during the past year did you have chronic or frequent feelings of being tired? Would you say 1) daily, 2) weekly, 3) monthly, 3) less than monthly, or 4) not at all?

Revised Question - In the past 3 months, how often did you feel tired? A few days, Some days, Most days, Almost every day?

The revised testing instrument is shown in Attachment 1.

In total, for this project, the maximum additional respondent burden will be 20 hours of interviewing in addition to travel time. An updated additional burden table for this project is shown below:

Projects	Number of Participants	Number of Responses/ Participant	Average hours per response	Response burden
QDRL Interviews				
2) Other questionnaire testing	20	1	1	20

Attachment

cc:

M. Moien

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