2011 SIPP-EHC COGNITIVE TEST INSTRUMENT
Jan 10th, 2011

Participant ID # _____

Date: _____

Interviewer: _____

Location :_____

SECTION ONE
Current SIPP-EHC Household Roster and Demographics Questions

USE CONTROL CARD TABLE

A. **HH ROSTER**

First, I need to list all the people who live or stay at this address – that is, people who live and sleep here most of the time. Let's begin with the name of the person or one of the persons who owns or rents this home.

B. **SEX** (Ask or verify):
What is your sex? Are you male or female?
Person 2+: And what about …?

C. **RELATIONSHIP**

Please look at Flashcard A [RELATIONSHIPS] **and tell me what is (your / …'s) relationship to [PERSON 1]?**
(1) Husband/Wife   (2) Unmarried Partner   (3) Child (biological/step/adopted)
(4) Grandchild   (5) Mother/Father   (6) Brother/Sister
(7) Other Relative (uncle/cousin/mother-in-law/father-in-law/etc.)
(8) Foster Child   (9) Housemate/Roommate   (10) Roomer/Boarder
(11) Other Non-Relative

D. **DATE OF BIRTH**
What is (your/his/her) date of birth?

E. **AGE** (Ask or verify):
What is (your/his/her) date of birth?

F. **HISPANIC**
(Are you / Is he/Is she) Spanish, Hispanic, or Latino? **And what about …?**

G.   RACE

Please choose one or more races from Flashcard B [RACE] **that (you / …) consider(s) (your/him/her)self to be.** [MARK 6 FOR "OTHER"]
(1) White   (2) Black or African American   (3) American Indian or Alaska Native
(4) Asian   (5) Native Hawaiian or Other Pacific Islander

H.   EDUCATION

Please look at Flashcard C [EDUCATION]. **What is the highest level of school (you have / … has) <u>completed</u>, or the highest degree (you have / he/she has) received?**

I.   MARITAL STATUS
(Are you / Is he/Is she) currently   (1) married,   (2) widowed,   (3) divorced,   (4) separated,   or (5) (have you / has he/ has she) never been married?

J.   LINE NUMBER OF SPOUSE

(Does your/his/ her) spouse lives here?

K.   LINE NUMBER OF MOTHER

(Does your/his/ her) mother lives here?

L.   TYPMOM

Is (name of mother) (name of person's) biological, step or adopted mother?

M   LINE NUMBER OF DAD

(Does your/his/ her) father lives here?

N.   TYPDAD

Is (name of dad) (name of person's) biological, step or adopted father?

CHECK POINT

IF THE PERSON IS LIVING ALONE, GOTO ANNINCSCR [PATH B].

SECTION TWO
New Screener Questions

ALLYEAR (suggested revision)
Universe – households with more than one member

> **In 2010, did you and everyone who is living here now live together all year, from the beginning of January through the end of December?**
>
> **1.** YES – live with all household members throughout all of 2010 →go to ANNINCSCR [PATH A].
> **2.** NO- did not live with all household members throughout all of 2010 → go to ANNINCSCR [PATH B].

PROBE:
Can you tell me in your own words what this question is asking?

      3.

PATH A: INCOME AND PROGRAM SCREENERS

Q1. ANNINCSCR [PATH A]

Universe – age 15+ and 'Yes' to ALLYEAR. Annual income screener question asked of the respondent who lived together with all household members all year in 2010. (Using income threshold for family of 3 with children under 17)

> **To make this interview more efficient, I am going to ask a couple of preliminary questions. In 2010, was your household total annual income below $35,000?**

> 1. YES
> 2. NO

Q2. MTHINCSCR [PATH A]

Universe – age 15+ and 'Yes' to ALLYEAR.

> **During any month in 2010, was your household total monthly income ever below $3,000?**

> 1. YES – go to PGMSCR
> 2. NO – go to PGMSCR

Q3. PGMSCR [PATH A]

Universe – age 15+ and 'No' to ANNINCSCR and 'No' to MTHINCSCR

> **Just to be sure nothing is missed, at any time during 2010, did (you/<u>anyone in your household</u>) receive assistance from a welfare program, or public assistance from a federal, state, or local office, such as The Temporary Cash Assistance Program, Temporary Emergency Medical and Housing Assistance (TEMHA), or General Assistance? How about food assistance from Food Stamps/SNAP or WIC?**

> 1. YES – go to WRKSCRN
> 2. NO – go to WRKSCRN

PROBE:
- Can you tell me in your own words what this question is asking?
- Are there terms used that you are not familiar with?

GOTO EMPLOYMENT SCREENER

PATH B: INCOME AND PROGRAM SCREENERS

Q1.   ANNINCSCR [PATH B]

Universe – age 15+ and 'No' to ALLYEAR. Annual income screener question for individuals, asked of people who did not live with all household members all year in 2010. (Using income threshold for a single adult.)

> **To make this interview more efficient, I am going to ask a couple of preliminary questions. In 2010, was your total annual income below $25,000?**
>
> 1. YES
> 2. NO

Q2.   MTHINCSCR [PATH B]

Universe – age 15+ and 'No' to ALLYEAR. Monthly income screener question for individuals, asked of people who did not live with any of the household members all year. (using income threshold for a single adult)

> **During any month in 2010, was your total monthly income ever below $2,000?**
>
> 1. YES
> **2.** NO

Q3.   PGMSCR [PATH B]

Universe – age 15+ and 'No' to ANNINCSCR and 'No' to MTHINCSCR

> **Just to be sure nothing is missed, at any time during 2010, did (<u>you</u>/anyone in your household) receive assistance from a welfare program, or public assistance from a federal, state, or local office, such as The Temporary Cash Assistance Program, Temporary Emergency Medical and Housing Assistance (TEMHA), or General Assistance? How about food assistance from Food Stamps/SNAP or WIC?**
>
> 1. YES – go to WRKSCRN
> 2. NO – go to WRKSCRN

PROBE:
- Can you tell me in your own words what this question is asking?
- Are there terms used that you are not familiar with?

Q1.   WRKSCRN (suggested revision)
Universe – age 15+

Now I'd like to ask you about [<u>YOUR</u>/HIS/HER] work situation since January 1st, 2010. Did (<u>YOU</u>/HE/SHE) have a job or business or do any kind of work for pay at all from the beginning of January through the end of December 2010?

> 1. YES, worked for pay at some point in 2010 – go to ANYCHILD
> 2. NO, did not work for pay at all in 2010 – go to NOWKVFY

Q2.   NOWKVFY
Universe – age 15+ and 'No' to WRKSCRN

Just to confirm, in 2010, (<u>YOU</u>/HE/SHE) did not have <u>any</u> paid jobs, or do <u>any</u> work at all, no matter how small, that earned some money. Is this correct?

> 1. YES, did not have any paid jobs - go to RSNOWRK
> 2. NO - did work for pay (GO BACK TO WRKSCRN)

PROBE:
* Can you tell me in your own words what (this question/these two questions) are asking?
Goal: Are these screeners effective? WE WANT TO MAKE SURE THAT PEOPLE WHO SAY THEY DIDN'T WORK REALLY DIDN'T WORK

Q3.   RSNOWRK
Universe – age 15+ and 'No' to WRKSCRN and 'YES' to NOWKVFY

Why didn't (<u>YOU</u>/HE/SHE) work for pay in 2010? (Mark all that apply)
1. Temporarily unable to work because of an injury
2. Temporarily unable to work because of an illness
3. Unable to work because of chronic health condition or disability
4. Retired
5. Pregnancy/childbirth
6. Taking care of children/other persons
7. Going to school
8. Unable to find work
9. On layoff (temporary or indefinite)
10. Not interested in working at a job
11. Usually worked 15 or more hours per week without pay in a family business or farm
12. Other
13. ERROR – Did work for pay
➢ GO BACK TO WRKSCRN and correct

CHECK POINT #1
- Person is living with children (any type)➔ go to SECTION THREE, complete and return for a proxy interview with other adults if there is more than one adult in the HH;
- Person is not living with any children ➔ ASK ANYCHILD

MULTIPLE PARTNER FERTILITY SCREENER

ANYCHILD
Universe: Age 15+ with no children listed on the HH roster

[Do you have/ Does name have] any biological, step or adopted children, either living or deceased?
1. YES   (continue on next page –SECTION THREE)
2. NO   (skip fertility items) – GOTO CHECKPOINT # 1 (p7); continue with another adult age 15+

SECTION THREE
Proposed New Multiple Partners Fertility Question Items

INTRO

Universe - Age 15+ and has any type of children
Respondent: self or proxy

> **Now I'll ask you about [your/name's] biological children. By this I mean any children that [you have/name has] [ever given birth to / fathered], even if they don't live with [you/name] now or if they died or were adopted by someone else.**

Q1. BCHDNUM

> **How many biological children [have you / has name] [given birth to / fathered] altogether? (NOTE: Do NOT include step, adopted or foster children).**

_____ (whole number)
IF BCHDNUM Less Than # BIOKID ON ROSTER – ERROR – ASK VERBCHNUM

Q1a. VERBCHNUM

Universe: number of biological children identified on the roster is higher than BCHDNUM

> **Just to verify, how many biological children [do you have/does name has] altogether, even if they don't live with [you/name] now or if they died or were adopted by someone else?**

_____ (whole number)

PROBES:
1. Please tell me in your own words what this question (BCHDNUM) is asking?
2. What were you thinking when I asked you about children that [you have ever given birth to / fathered]? Do you think other people may be interpretation the phrase differently?
3. What is your interpretation of the term "biological children?"
4. If respondent has difficulty coming up with an answer – Probe and Ask "Do you think other people may have difficulty coming up with an answer?"

CHECKPOINT #2

- Only 1 biological and non-coresident child→ goto PATH B1 on p11
- Only 1 bio coresident child --_ goto PATH B2 on p12
- Two or more children
    - IF BCHDNUM GT Number of coresident children→ GOTO PATH C1 ON p13
    - IF BCHDNUM=bio-coresident children and IF TYPMOM or TYPDAD missing for other parent- GOTO PATH C2 p15
    - IF BCHDNUM=bio-coresident children and TYPMOM & TYPDAD known → interview the next adult from checkpoint #1; if no more adult is in the HH; GOTO SECTION FOUR, ADDRESS VERIFICATION AND UPDATE FORM

Table 1 For Q2 to Q4

	Q2 CHDNAME	Q3 CHDDOB (mm/dd/yyyy)	Q4 CHDLIV
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Table 2 for Q6 to Q8.

	Q6. CHDCLUS Name of Children who share parent	Q7. OTHPARENT Parent Live in HH (Yes/No)	Q8. WHOBIOP Linenum of Other Parent
CHILD CLUSTER 1			
CHILD CLUSTER 2			
CHILD CLUSTER 3			
CHILD CLUSTER 4			
CHILD CLUSTER 5			

PATH B1: ONLY ONE CHILD
<u>Universe: NOT LISTED ON HH ROSTER/TYPE 2 ROSTER</u>

USE TABLE 1

Q2 **CHDNAM**

What is [your/his/her] biological child's name (or initials)?

Q3 **CHDDOB**
What is [his/her] date of birth?

Q4. **CHDLIV**
With whom does [he/she] live?

1. In ^HISHER_LIVNOW own household
2. With ^HISHER_LIVNOW other parent
3. With ^HISHER_LIVNOW own grandparent(s)
4. With adoptive parent(s)
5. With other relatives
6. In foster care/foster family
7. In an institution (hospital)
8. In a school dormitory /residence hall
9. In a correctional facility
10. The child is deceased
11. The child has some other living arrangement

Q5. **OTHPARENT**

Does [child's name]'s [biological father/mother] live here?

1. YES, Someone in the HH
2. NO, Someone NOT in the HH

- GO BACK TO CHECKPOINT 1 FOR NEXT ADULT
- IF NO MORE ADULT, GOTO DEBRIEFING QUESTIONS ON P17

PATH B2: ONLY ONE CHILD – HAVE INFORMATION

Universe: <u>LISTED ON HH ROSTER/ TYPE 2 ROSTER</u>
USE TABLE 1

Q2.   **CHDNAM2 - VERIFY**

   That would be [child's name], is that correct?

   1. YES – AUTOFIL NAME(GOTO NEXT PERSON OR SECTION)
   2. NO – CORRECT NAME

Q3.   **CHDDOB**
   IF KNOWN - VERIFY
   I have [name's] date of birth as [DOB], is that correct?
   1. YES – FILL DOB(GOTO NEXT PERSON OR SECTION)
   2. NO – CORRECT DOB

   IF DOB IS MISSING
   What is [his/her] date of birth?

Q4.   **CHDLIV**
IF NOT KNOWN(TYPE 2)
   With whom does [he/she] live?
   1. In ^HISHER_LIVNOW own household
   2. With ^HISHER_LIVNOW other parent
   3. With ^HISHER_LIVNOW own grandparent(s)
   4. With adoptive parent(s)
   5. With other relatives
   6. In foster care/foster family
   7. In an institution (hospital)
   8. In a school dormitory /residence hall
   9. In a correctional facility
   10. The child is deceased
   11. The child has some other living arrangement

Q7. **OTHPARENT** -IF NOT KNOWN(TYPE 2)
   Does [child's name]'s [biological father/mother] live here?
   1. YES, Someone in the HH
   2. NO, Someone NOT in the HH

- GO BACK TO CHECKPOINT 1 FOR NEXT ADULT
- IF NO MORE ADULT, GOTO DEBRIEFING QUESTIONS ON P17

PATH C1: TWO OR MORE BIOLOGICAL CHILDREN

Universe: at least one child not living at home (# of biological children GT # of coresident children)

TOPIC-BASED QUESTIONS

USE TABLE 1

Q2.   **CHDNAM**

SHOW ROSTER TO SELECT NAMES OF THOSE ON ROSTER

I need to list the names of all your biological children. Let's start with your oldest child. What is [his or her] name (or initials)?
(2+times ask) What is the name of your next child?

Q3.   **CHDDOB**

IF NOT KNOWN

What is [name's] date of birth?

IF KNOWN – AUTOFIL & VERIFY

I have [name's] date of birth as [DOB], is that correct?
> 1. YES – FILL DOB(GOTO NEXT PERSON OR SECTION)
> 2. NO – CORRECT DOB

Q4.   **CHDLIV**

Universe: non-coresident children

With whom does [name] live?
> 12. In ^HISHER_LIVNOW own household
> 13. With ^HISHER_LIVNOW other parent
> 14. With ^HISHER_LIVNOW own grandparent(s)
> 15. With adoptive parent(s)
> 16. With other relatives
> 17. In foster care/foster family
> 18. In an institution (hospital)
> 19. In a school dormitory /residence hall
> 20. In a correctional facility
> 21. The child is deceased
> 22. The child has some other living arrangement

Q5. **SAMEPAR**

Do all of [your/his/her] biological children have the same biological [mother/father]?

1. YES (all were non-coresident children) → OTHPARENT (AUTOFIL CHDCLUS)
2. YES, (at least one co-resident-child) → IF THERE IS ANOTHER ADULT IN THE HOUSEHOLD GO BACK TO ANYCHILD, ELSE, GOTO CHANGE OF ADDRESS FORM
3. NO → IF #biokid GT 2 → Q6. CHDCLUS
4. NO → IF #biokid=2 →Q7. OTHPARENT (AUTOFIL Q6)

Q6. **CHDCLUS (USE TABLE B)**

Universe - 3 or more biological children with different biological parents

1st time ASK:
Which of [your/his/her] children have the same biological [mother/father]?
IF NONE OF THE CHILDREN SHARE THE SAME BIOLOGICAL [MOTHER/FATHER], LIST NAME OF CHILD IN SEPARATE CLUSTER, then ASK >OTHPARENT<

2+ times ASK:
Which other of [your/his/her] children have the same biological [mother/father]?

Q7. **OTHPARENT**

Universe – "cluster" of children with the same 'other' biological parent and other bio-parent is not known

[DO NAMES / DOES NAME]'s biological [mom/dad] live here?
1. Yes, live in the HH →continue with WHOBIOP
2. No, do not live in the HH →continue with next cluster

Q8. **WHOBIOP**

Universe - if child's biological parent lives in the HH

Who is [name/names] [biological mother/father]? [REFER TO ROSTER]

- GO BACK TO CHECKPOINT 1 FOR NEXT ADULT
- IF NO MORE ADULT, GOTO DEBRIEFING QUESTIONS ON P17

PATH C2: TWO OR MORE BIOLOGICAL CHILDREN

Universe: number of co-resident children= # if biological children and other-bio parent not known

USE TABLE 1

Q2.   **CHDNAM2 - VERIFY (ASSUMING WE HAVE ALL THE NAMES-otherwise goto PATH C1)**

I have a list of all your biological children's name. They are: READ NAMES, is that correct?

1. YES – AUTOFIL NAME
2. NO – CORRECT NAME

Q3.   **CHDDOB**
IF KNOWN - VERIFY
I have [name's] date of birth as [DOB], is that correct?
1. YES – FILL DOB
2. NO – CORRECT DOB

IF DOB IS MISSING
What is [his/her] date of birth?

Q5.   **SAMEPAR**
Do all of [your/his/her] biological children have the same biological [mother/father]?

1. YES → IF THERE IS ANOTHER ADULT IN THE HOUSEHOLD GO BACK TO ANYCHILD, ELSE, GOTO CHANGE OF ADDRESS FORM
2. NO → IF #biokid=2 →OTHPARENT (autofil CHDCLUS)
3. NO → IF #biokid GT 2 → CHDCLUS

Q6. **CHDCLUS (USE TABLE 2)**
UNIVERSE - 3 or more biological children with different biological parents

1st time ASK*:*
Which of [your/his/her] children have the same biological [mother/father]?

IF NONE OF THE CHILDREN SHARE THE SAME BIOLOGICAL [MOTHER/FATHER], LIST NAME OF CHILD IN SEPARATE CLUSTER, then ASK >OTHPARENT<

2+ times ASK*:*
Which other of [your/his/her] children have the same biological [mother/father]?

Q7. **OTHPARENT**
Universe – "cluster" of children with the same 'other' biological parent and other bio-parent is not known

[DO NAMES / DOES NAME]'s biological [mom/dad] live here?

1. Yes, lives in the HH →continue with WHOBIOP
2. No, does not live in the HH →continue with next child

Q8. **WHOBIOP**
Universe - if child's biological parent lives in the HH

Who is [name/names] [biological mother/father]? [REFER TO ROSTER]

- GO BACK TO CHECKPOINT 1 FOR NEXT ADULT
- IF NO MORE ADULT, GOTO DEBRIEFING QUESTIONS ON P17

DEBRIEFING QUESTIONS FOR MULTIPLE PARTNER FERTILITY QUESTIONS

1. Did you find any of the questions regarding [your/his/her) biological children easy or difficult? Please explain.

2. Did you find any question sensitive, alarming or unsettling? Please explain.

3. Any other thoughts?

CONTINUE WITH SECTION FOUR

INTRODUCTION

"Now that I have completed asking you all the new questions for the new survey, I would like you to take a look at this letter and fill out the form. When an address is selected to be in the survey, this envelope and materials are sent to the home about four to six months after the interviewer has completed the interview. Let's pretend that your home has been selected and you have participated in the survey and you just received this in the mail in July this year. Please open the envelope and review the materials as you would if you had received it in the mail.   Pretend I am not here. If there are any words or concepts that are unclear or do not sound right to you, please mark them with the pen so we can discuss them later. Let me know when you are finished."

INITIAL OBSERVATION
- Give respondent the envelope
- Observe how respondent handles the letter and the form.
- Did respondent look at the envelope, the addressee, read the letter?
- When respondent is done, take the letter and form from him/her.

RETROSPECTIVE PROBING

"Thank you. Now I would like to ask you a few questions about the letter and the form."

1. What are these materials about? What do you remember? Why do you think we send out this letter?

2. General probing for incidences when respondent frown, looked puzzled or did not know what to do with the form. E.g. Earlier, I noticed that you went back to read the letter the second time after you started filling out the form. Can you tell me what you thinking at the time?"

3. Please tell me whether the letter is easy or difficult to understand?

4. What do you think about the form? Is it easy or difficult to fill out the form?

5. Was it clear what you are supposed to do with the form?

SECOND READING
- Hand the letter back to the respondent and ask him/her to read the letter and to think aloud about his or her thoughts and opinion on the letter and the form.

DEBRIEFING QUESTIONS FOR ADDRESS VERIFICATION AND UPDATE FORM.

1. Was there anything you thought was good or that you liked about the letter or the form?

2. If you receive this letter and the form in the mail, what would you do? Would you complete and return the form?

3. Is there a better way for us to update this information?

4. What did they think about the debit card? Do you think other people will be more or less likely to return the form if they were or were not given a $5 debit card? Why and why not?

5. If you have questions regarding the form or letter, what would you do? Whom would you call?

6. If you were a participant for the survey, how would you feel when you receive the letter and form? Would the letter and form encourage or discourage future survey participation for his/her or others?

7. Any other comments?

GOTO PROTOCOL GUIDE SECTION H.