

Protocol for 2021 National Survey of Children’s Health Questionnaire Pretesting

Participant ID #: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Interview Date: |_|_|_|/|_|_|_|/|_|_|_|_|_|_|_|_| (mm/dd/yyyy)

Interviewer initials: |_|_|_|

Start Time: _____ AM / PM End Time: _____ AM / PM

Interview Mode: _____

Number of children 0-17 in participant’s household _____

Age of reference child for this interview _____

****CALL PARTICIPANT USING SKYPE FOR BUSINESS****

Section 1: ** READ/ PARAPHRASE THE FOLLOWING TEXT**

Greeting: Hello. My name is _____, and I work for the Census Bureau.

Thank you for agreeing to participate in our study.

What: The National Survey of Children’s Health, is conducted by the Census Bureau and sponsored by the Health Resources and Services Administration. It collects information about the health and well-being of America’s children. We’re working to improve the survey for 2021. Before we finalize the questions in the survey, we want to test them with people like yourself to make sure the questions are easy to understand and answer.

I’m going to ask you to read through two surveys and complete them as you would if you received them in the mail. We are interested in your feedback so we can know what people think of the survey questions and how we can potentially improve them. I’m going to ask you to read through and respond to the survey questions, and then ask you some questions about them: what you think certain questions are asking, and what your reactions to them are. There are no right or wrong answers. Please give me your honest impressions, whether good or bad.

How: In a moment we’re going to see some questionnaires from the National Survey on Children’s Health. If this were the real survey, you would either receive them in the mail or receive an invitation to complete the survey online. In a couple of minutes I am going to ask you to complete the survey just as you would if you had received it at home but with one major difference.

Think Aloud: I would like you to think aloud as you read and answer the questions in the survey. I am interested in your feedback on the questions, but I am also interested in the process you go through in your mind as you come up with answers to the questions in the survey. I would like you to tell me everything that you are thinking and feeling as you come up with your responses to the survey questions.

You might have some questions about the survey that come up as we go. You can still ask these questions, but I will wait until the end to answer them. I want to use this time to get your thoughts and opinions.

Practice: Let's do a practice before we start. Please think aloud as you answer this question: How many windows are in your home?

Interruptions: I might stop you at a couple of points and ask you some questions about your feedback, or about the materials themselves. I am also going to ask you some questions at the end. There are no right or wrong answers, because only you know what you are thinking.

Do you have any questions before we begin?

Confidentiality: Our session today is completely confidential. Your participation in this study is completely voluntary, and you can decline to answer any particular question.

Recording: So I don't have to rely on my memory later on, I'd like to record this interview. That way, I can focus today on what you're saying rather than having to concentrate on taking notes. Is that ok with you?

****HAVE PARTICIPANT SHARE THEIR SCREEN****

Consent Process

1. PROVIDE PARTICIPANT WITH THE QUALTRICS CONSENT FORM WEB ADDRESS (WEB ADDRESS HERE)

NOTE: IF NEEDED AND PARTICIPANT AGREES, TAKE CONTROL OF PARTICIPANT'S SCREEN AND ENTER THE URL

NOTE: THE PARTICIPANT IS NOT PERMITTED TO TAKE CONTROL OF THE INTERVIEWER'S SCREEN

2. HAVE PARTICIPANT FILL IN NAME AND ADDRESS AND SIGN ELECTRONIC CONSENT.

****REMIND THE PARTICIPANT THAT THE ADDRESS THEY ENTER WILL BE WHERE THE \$40 WILL BE SENT TO THEM AFTER THE INTERVIEW SO TO MAKE SURE THEY ENTER IT CORRECTLY****

3. TAKE CONTROL OF PARTICIPANT'S SCREEN (NOTE – P WILL HAVE TO ALLOW PERMISSION FOR YOU TO TAKE CONTROL)
 4. FILL IN YOUR NAME AND SIGN ELECTRONIC CONSENT
 5. GIVE CONTROL BACK TO THE PARTICIPANT
 6. HAVE PARTICIPANT SUBMIT THE ELECTRONIC CONSENT FORM (ARROW AT BOTTOM OF SCREEN)
-

START INTERVIEW

Typically when we do these sessions I would meet you in-person and hand you a copy of a paper survey and have you fill it out. That's not possible at this time due to COVID-19, so we're doing this over Skype. Instead of handing you a survey, we're going to open it up from a website so you'll be seeing it on your screen instead of on a paper form.

****PROVIDE PARTICIPANT WITH WEB ADDRESS (WEB ADDRESS HERE) TO RETRIEVE THE SCREENER AND TOPICAL QUESTIONNAIRES****

****INSTRUCT PARTICIPANT TO OPEN THE SCREENER AND TOPICAL QUESTIONNAIRE****

****VERIFY THE TOPICAL QUESTIONNAIRE BEING TESTED IS CORRECT, BASED ON THE AGE OF THE REFERENCE CHILD FROM RECRUITMENT****

****BEGIN RECORDING****

OK, let's begin. Please remember to think aloud as you go through the survey.

Interviewer: Note any confusion or difficulties participants have with the questionnaire.

If participant is not being talkative despite reminders, ask them to point things they don't like or find confusing, as well as things they do like in the questionnaire.

Section 1 – Screener Survey

SET-UP: This is the first survey you would receive if you were selected to participate in the National Survey of Children’s Health. Please remember to think aloud as you read the questions and answer them and I’ll follow along as I see your screen.

(IF MORE THAN ONE CHILD AGE 0-17 IN PARTICIPANT’S HOUSEHOLD) Typically a person would complete this for all of the children living in their household but I’m only going to ask you to answer the questions thinking about your child who is _____ years old

9. Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?

INTERVIEWER: NOTE ANY FEEDBACK TO PRONOUN USAGE IN THIS QUESTION

11. Does this child have any kind of emotional, developmental, or behavioral problem for which they needs treatment or counseling?

11a. If yes, has their emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

INTERVIEWER: NOTE ANY FEEDBACK TO PRONOUN USAGE IN THIS QUESTION

Standard Probes:

1. Did you notice in questions 9 and 11 we did not use the words “he or she” or “his or her” and referred to your child as “they” or “their”?
2. What did you think about that?
3. **IF NEEDED:** Was it confusing at all?

****INTERVIEWER: IF PARTICIPANT HAS MORE THAN ONE CHILD, INSTRUCT THEM TO MOVE ON TO THE TOPICAL QUESTIONNAIRE AFTER GOING THROUGH SCREENER QUESTIONS ONE TIME****

Section 2 – Topical Questionnaires

SET-UP: This is the second survey you would receive. You would get this one in the mail a few weeks after you mailed back the first survey. I'd like for you to go ahead and read through the survey and indicate your answers to the questions as you go along. Again, please remember to think aloud as you read the questions and answer them.

INTERVIEWER: FOR QUESTIONS WITHOUT PROBES, NOTE ANY CONFUSION AND PROBE AS NEEDED

Section C: Health Care Services

(T1)

C12. Has this child EVER received a vision screening from a provider other than an eye doctor? *The screening could have occurred in a school, preschool/child care center, community setting, or a pediatrician's office, using pictures, shapes, letters, or a camera like tool.*

INTERVIEWER: NOTE ANY CONFUSION AND PROBE AS NEEDED

Standard Probes:

1. (IF "YES") Can you tell me what you were thinking about? What type of screening and where it occurred?
2. (IF NOT ALREADY MENTIONED) Was anything about this question confusing?
3. (IF NOT OBVIOUS) Did you read the text below the question?
 - a. (IF YES) What do you think of this description?

-

C12a. If YES, was it recommended that this child see an eye doctor or other eye care provider for an eye examination or additional vision services after the vision screening? *An eye doctor may be referred to as an optometrist or ophthalmologist.*

INTERVIEWER: NOTE ANY CONFUSION AND PROBE AS NEEDED

Standard Probes:

1. What types of providers were you thinking about?

C13. Has this child EVER seen an eye doctor? *An eye doctor may be referred to as an optometrist or ophthalmologist.*

INTERVIEWER: NOTE ANY CONFUSION AND PROBE AS NEEDED

C13a. If YES, what care did this child receive from the eye doctor?
Mark (X) ALL that apply.

Standard Probes:

1. (IF NOT ALREADY MENTIONED) Was there anything missing from the response options?

INTERVIEWER: IF RUNNING SHORT ON TIME, FINISH SECTION C, THEN SKIP TO SECTION H

(T2)

C12. DURING THE PAST 2 YEARS, has this child received a vision screening from a care provider other than an eye doctor? *The screening could have occurred in a school, preschool/child care center, community setting, or a pediatrician's office, using pictures, shapes, letters, or a camera like tool.*

INTERVIEWER: NOTE ANY CONFUSION AND PROBE AS NEEDED

Standard Probes:

1. (IF "YES") Can you tell me what you were thinking about? What type of screening and where it occurred?
2. (IF NOT ALREADY MENTIONED) Was anything about this question confusing?
3. (IF NOT OBVIOUS) Did you read the text below the question?
 - a. (IF YES) What do you think of this description?

-

C12a. If YES, was it recommended that this child see an eye doctor or other eye care provider for an eye examination or additional vision services after the vision screening? *An eye doctor may be referred to as an optometrist or ophthalmologist.*

INTERVIEWER: NOTE ANY CONFUSION AND PROBE AS NEEDED

Standard Probes:

1. What types of providers were you thinking about?

C13. DURING THE PAST 2 YEARS, has this child seen an eye doctor? *An eye doctor may be referred to as an optometrist or ophthalmologist.*

INTERVIEWER: NOTE ANY CONFUSION AND PROBE AS NEEDED

C13a. If YES, what care did this child receive from the eye doctor?
Mark (X) ALL that apply.

Standard Probes:

1. (IF NOT ALREADY MENTIONED) Was there anything missing from the response options?

INTERVIEWER: IF RUNNING SHORT ON TIME, FINISH SECTION C, THEN SKIP TO SECTION H

(T3)

C13. DURING THE PAST 2 YEARS, has this child received a vision screening from a care provider other than an eye doctor? *The screening could have occurred in a school, preschool/child care center, community setting, or a pediatrician's office, using pictures, shapes, letters, or a camera like tool.*

INTERVIEWER: NOTE ANY CONFUSION AND PROBE AS NEEDED

Standard Probes:

1. (IF "YES") Can you tell me what you were thinking about? What type of screening and where it occurred?
2. (IF NOT ALREADY MENTIONED) Was anything about this question confusing?
3. (IF NOT OBVIOUS) Did you read the text below the question?
 - a. (IF YES) What do you think of this description?

-

C13a. If YES, was it recommended that this child see an eye doctor or other eye care provider for an eye examination or additional vision services after the vision screening? *An eye doctor may be referred to as an optometrist or ophthalmologist.*

INTERVIEWER: NOTE ANY CONFUSION AND PROBE AS NEEDED

Standard Probes:

1. What types of providers were you thinking about?

C14. DURING THE PAST 2 YEARS, has this child seen an eye doctor? *An eye doctor may be referred to as an optometrist or ophthalmologist.*

INTERVIEWER: NOTE ANY CONFUSION AND PROBE AS NEEDED

C14a. If YES, what care did this child receive from the eye doctor?
Mark (X) ALL that apply.

Standard Probes:

1. (IF NOT ALREADY MENTIONED) Was there anything missing from the response options?

INTERVIEWER: IF RUNNING SHORT ON TIME, FINISH SECTION C, THEN SKIP TO SECTION H

Section H: About You and This Child

(T1 only)

H7. DURING THE PAST WEEK, how many times did this child drink sugary drinks such as soda, fruit drinks, sports drinks, or sweet tea?

INTERVIEWER: NOTE WHETHER PARTICIPANT HAD DIFFICULTY SELECTING A RESPONSE.

Standard Probes:

1. In your own words, what is this question asking?
2. Did you have any trouble selecting one of the response options?
 - a. (If yes), tell me more about that.
 - b. (If yes), how could this question be easier to answer?
3. Is there anything you were not sure if you should include?

H8. DURING THE PAST WEEK, how many times did this child eat vegetables? *Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or potato chips.*

INTERVIEWER: NOTE WHETHER PARTICIPANT HAD DIFFICULTY SELECTING A RESPONSE.

INTERVIEWER: NOTE ANY REACTIONS TO THE EXAMPLES

Standard Probes:

1. How easy or difficult was it for you to come up with your answer?
 - a. Tell me more about why it was easy/difficult for you to come up with your answer.
 - b. (If difficult), how could this question be easier to answer?
2. Is there anything you were not sure if you should include?

H9. DURING THE PAST WEEK, how many times did your child eat fruit? *Include any that were fresh, frozen, canned, or dried. Do NOT include juice.*

INTERVIEWER: NOTE WHETHER PARTICIPANT HAD DIFFICULTY SELECTING A RESPONSE.

Standard Probes:

1. How easy or difficult was it for you to come up with your answer?
 - a. Tell me more about why it was easy/difficult for you to come up with your answer.
 - b. (If difficult), how could this question be easier to answer?
2. Is there anything you were not sure if you should include?

H10. ON MOST WEEKDAYS, how much time does this child spend playing outdoors? *Include time spent playing in your yard or neighborhood, outside at school or child care, in a park, playground or other outdoor recreation area. Your best estimate is fine.*

INTERVIEWER: NOTE WHETHER PARTICIPANT HAD DIFFICULTY SELECTING A RESPONSE.

Standard Probes:

1. What were you thinking about when you came up with your answer?
2. How easy or difficult was it for you to come up with your answer?
 - a. Tell me more about why it was easy/difficult for you to come up with your answer.
 - b. (If difficult), how could this question be easier to answer?

H11. ON AN AVERAGE WEEKEND DAY, how much time does this child spend playing outdoors? *Include time spent playing in your yard or neighborhood, in a park, playground or other outdoor recreation area. Your best estimate is fine.*

INTERVIEWER: NOTE WHETHER PARTICIPANT HAD DIFFICULTY SELECTING A RESPONSE.

Standard Probes:

1. What were you thinking about when you came up with your answer?
2. How easy or difficult was it for you to come up with your answer?
 - a. Tell me more about why it was easy/difficult for you to come up with your answer.
 - b. (If difficult), how could this question be easier to answer?

T2/T3

H6. ON MOST WEEKDAYS, about how much time does this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media? *Do not include time spent doing schoolwork.*

Standard Probes:

1. In your own words, what was this question asking?
 - a. **(If not mentioned)** What does the phrase “screen time” mean to you?
2. How easy or difficult was it for you to come up with your answer?
3. What were you thinking about when you came up with your answer?

H8. How well do you think you are handling the day-to-day demands of raising children?

H10. During the past 12 months, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

Standard Probes:

1. In your own words, what do you think “parenting” means?
2. Do you think “parenting” and “raising children” mean the same thing, or do you think they mean different things?
3. **(If different)** In your own words, what do you think “raising children” means?

Section I: About Your Family and Household

(T1)

I9. To the best of your knowledge, has this child EVER experienced any of the following?

- i. Treated or judged unfairly because of their race or ethnic group?

Standard Probes:

1. What do you think is meant by “treated or judged unfairly”?
2. Tell me more about how you selected your answer.

- ii. Treated or judged unfairly because of a health condition or disability?

Standard Probes:

1. What do you think is meant by “treated or judged unfairly”?
2. What do you think is meant by “a health condition or disability”?
3. Tell me more about how you selected your answer.
4. (If not mentioned in answer to previous probe) Does your child have any health conditions or disabilities you thought about while answering this question?

(T2 and T3)

I9. Other than you or other adults in your home, is there at least one other adult in this child’s school, neighborhood, or community who knows this child well and who they can rely on for advice or guidance?

Standard Probes:

1. (If yes) Who were you thinking of?
2. (If not obvious) How easy or difficult was it for you to answer this question?
3. (If no) Was there anyone you thought about and decided not to include?

I10. To the best of your knowledge, has this child EVER experienced any of the following?

- i. Treated or judged unfairly because of their race or ethnic group?

Standard Probes:

1. What do you think is meant by “treated or judged unfairly”?
2. Tell me more about how you selected your answer.

- ii. Treated or judged unfairly because of a health condition or disability?

Standard Probes:

1. What do you think is meant by “treated or judged unfairly”?
2. What do you think is meant by “a health condition or disability”?
3. Tell me more about how you selected your answer.
(If not mentioned in answer to previous probe) Does your child have any health conditions or disabilities you thought about while answering this question?

I11. When your family faces problems, how often are you likely to do each of the following?

- a. Talk together about what to do
- b. Work together to solve our problems
- c. Know we have strengths to draw on
- d. Stay hopeful even in difficult times

Standard Probes

1. What did you think about this question?
2. How easy or difficult was it for you to come up with your answers?
 - a. (IF NEEDED) Tell me more about why it was easy/difficult for you to come up with your answers.
3. What do you think is meant by “talk together” (In part a. of this question)?
4. What do you think is meant by “problems”? (In part b. of this question)
(IF NEEDED) Who were you thinking about when you were deciding how to answer?
5. Tell me more about how you decided on an answer for parts C. and D.
6. (IF NEEDED) When answering items C. and D. were you thinking about yourself? Or the family as a whole?
7. What do you think is meant by “strengths to draw on”? (in part c. of this question).

--NEW COVID ITEMS--

(T1)

I11. Has a doctor or other health care provider EVER told anyone living in your household that they had or likely had COVID-19, also known as the Coronavirus?

Standard Probes:

1. (If YES) Tell me more about that.
INTERVIEWER: NOTE WHETHER THEY MENTION AN ANTIBODY TEST
2. Do you think of “COVID-19” and “the Coronavirus” as two different things? Or two names for the same thing?
3. Which term do you typically use?

I12. Has anyone living in your household EVER tried to get tested for COVID-19?

INTERVIEWER: NOTE WHETHER THEY MENTION AN ANTIBODY TEST

I13. Has anyone living in your household EVER been tested for COVID-19?

INTERVIEWER: NOTE WHETHER THEY MENTION AN ANTIBODY TEST

Standard Probes:

1. Were you thinking of an antibody test when you answered any of these questions?

INTERVIEWER: NOTE IF PARTICIPANT'S RESPONSE DOES NOT MATCH ANSWER TO SCREENING QUESTIONS

I14. Has this child had any health care visits by video or phone because of the Coronavirus pandemic?

Standard Probes:

1. **(ASK EVERYONE)** Can you tell me in your own words what this question is asking?
2. **(If YES)** I heard you say “yes” to the question. Can you tell me more about that?
3. **(If NO)** Has this child had any health care visits by video or phone since March of this year?
 - a. **(If YES)** Tell me more about that.

I15. Did this child miss or skip any PREVENTIVE check-ups because of the Coronavirus pandemic?

Standard Probes:

1. **(If NO)** Has this child had any PREVENTIVE check-ups by video or phone since March of this year?
 - a. **(If YES)** Tell me more about that.
2. Has this child missed ANY medical appointments because of the pandemic?
3. **(IF NEEDED)** Have there been any times during the pandemic when you would have taken this child to the doctor under normal circumstances but decided against it for reasons related to the pandemic?

INTERVIEWER: MAY NEED TO RE-ORIENT RESPONDENT TO PREVENTIVE CHECKUPS

I16. If yes, did any of the following reasons contribute to this child missing any PREVENTIVE check-ups?

- a. Health care provider’s location was closed due to the Coronavirus pandemic
- b. Health care provider’s location was open but had limited appointments due to the Coronavirus pandemic
- c. Parent, adult caregiver, or child was concerned about going to the health care provider’s location due to the Coronavirus pandemic
- d. This child no longer had health insurance or had a change in health insurance
- e. Someone in the household was ill
- f. Someone in the household had been in contact with someone who was ill

INTERVIEWER: NOTE WHETHER P OFFERED ANOTHER REASON

Standard Probes:

1. Were there any other reasons that this child missed any PREVENTIVE check-ups?

I17. Did any of the following events happen in your household as a result of the Coronavirus pandemic?

- a. At least one adult in the household lost a job or was unable to work
- b. At least one adult in the household worked outside the home
- c. A household member was hospitalized due to the Coronavirus
- d. A household member died from the Coronavirus

INTERVIEWER: NOTE ANY FEEDBACK TO LEAF ITEMS

Standard Probes:

1. (If option a is selected) Tell me more about that.
 - a. (If “unable to work”) Were you unable to work at all or unable to work only some of the time?
2. Can you tell me in your own words what option b, “ At least one adult in the household worked outside the home “is asking?
3. **(IF NEEDED)** What do you think is meant by “worked outside the home”?

I18. Has this child’s school, daycare, or other child care arrangement been closed or unavailable at any time as a result of the Coronavirus pandemic?

If yes, for how long?

INTERVIEWER: NOTE ANY FEEDBACK TO THIS ITEM

I19. Was this child separated from a parent or adult caregiver as a result of the Coronavirus pandemic?

If yes, for how long?

Standard Probes:

1. (If yes) Tell me more about that.

INTERVIEWER: NOTE DETAILS ABOUT THE SEPARATION

INTERVIEWER: NOTE ANY FEEDBACK TO THIS ITEM

(T2, T3)

I12. Has a doctor or other health care provider EVER told anyone living in your household that they had or likely had COVID-19, also known as the Coronavirus?

Standard Probes:

1. (If yes), Tell me more about that.

INTERVIEWER: NOTE WHETHER THEY MENTION AN ANTIBODY TEST

I13. Has anyone living in your household EVER tried to get tested for COVID-19?

INTERVIEWER: NOTE WHETHER THEY MENTION AN ANTIBODY TEST

I14. Has anyone living in your household EVER been tested for COVID-19?

INTERVIEWER: NOTE WHETHER THEY MENTION AN ANTIBODY TEST

Standard Probes:

1. Were you thinking of an antibody test when you answered any of these questions?

INTERVIEWER: NOTE IF PARTICIPANT'S RESPONSE DOES NOT MATCH ANSWER TO SCREENING QUESTIONS

I15. Has this child had any health care visits by video or phone because of the Coronavirus pandemic?

Standard Probes:

1. **(ASK EVERYONE)** Can you tell me in your own words what this question is asking?
2. **(If YES)** I heard you say "yes" to the question. Can you tell me more about that.
3. **(If NO)** Has this child had any health care visits by video or phone since March of this year?
 - a. **(If YES)** Tell me more about that.

I16. Did this child miss or skip any PREVENTIVE check-ups because of the Coronavirus pandemic?

Standard Probes:

1. **(If NO)** Has this child had any PREVENTIVE check-ups by video or phone since March of this year?
 - a. **(If YES)** Tell me more about that.
2. Has this child missed ANY medical appointments because of the pandemic?
3. **(IF NEEDED)** Have there been any times during the pandemic when you would have taken this child to the doctor under normal circumstances but decided against it for reasons related to the pandemic?

INTERVIEWER: MAY NEED TO RE-ORIENT THE RESPONDENT TO PREVENTIVE CHECKUPS

I17. If yes, did any of the following reasons contribute to this child missing any PREVENTIVE check-ups?

- a. Health care provider's location was closed due to the Coronavirus pandemic
- b. Health care provider's location was open but had limited appointments due to the Coronavirus pandemic
- c. Parent, adult caregiver, or child was concerned about going to the health care provider's location due to the Coronavirus pandemic
- d. This child no longer had health insurance or had a change in health insurance
- e. Someone in the household was ill
- f. Someone in the household had been in contact with someone who was ill

INTERVIEWER: NOTE WHETHER P OFFERED ANOTHER REASON

Standard Probes:

1. Were there any other reasons that this child missed any PREVENTIVE check-ups?

I18. Did any of the following events happen in your household as a result of the Coronavirus pandemic?

- a. At least one adult in the household lost a job or was unable to work
- b. At least one adult in the household worked outside the home
- c. A household member was hospitalized due to the Coronavirus
- d. A household member died from the Coronavirus

INTERVIEWER: NOTE ANY FEEDBACK TO LEAF ITEMS

Standard Probes:

1. (If option a is selected) Tell me more about that.
 - a. (If "unable to work") Were you unable to work at all or unable to work only some of the time?
2. Can you tell me in your own words what option b, "At least one adult in the household worked outside the home" is asking?
3. **(IF NEEDED)** What do you think is meant by "worked outside the home"?

I19. Has this child's school, daycare, or other child care arrangement been closed or unavailable at any time as a result of the Coronavirus pandemic?

If yes, for how long?

INTERVIEWER: NOTE ANY FEEDBACK TO THIS ITEM

I20. Was this child separated from a parent or adult caregiver as a result of the Coronavirus pandemic?

If yes, for how long?

Standard Probes:

1. (IF YES) Tell me more about that.

INTERVIEWER: NOTE DETAILS ABOUT THE SEPARATION

INTERVIEWER: NOTE ANY FEEDBACK TO THIS ITEM

GENERAL DEBRIEFING PROBES:

Overall, what would you say about the survey you looked at today? If needed: Tell me more about that.

Do you think there are questions some people would find confusing? Which ones?

Were there any questions that you found sensitive?

(IF YES) Were there any questions you answered today that you might not feel comfortable answering if you received this survey in the mail?

(IF YES) Would you continue the survey?

Is there anything else you would like to tell us that you haven't already mentioned?

Thank you for your feedback today. Your participation is greatly appreciated and your input has been really helpful.

****REMIND THE PARTICIPANT THAT THEY WILL RECEIVE THE \$40 INCENTIVE VIA MAIL IN APPROXIMATELY ONE WEEK****

If you recall when you signed the consent form at the beginning of our session we noted that you would receive \$40 in the mail upon completing this session. You can expect to receive it in about one week.