**Attachment S: Screening Script for Domestic VACS Pilot Cognitive Interviews**

Form Approved

OMB No: 0920-xxxx  
Exp. Date: xx-xx-xxxx

Public Reporting burden of this collection of information is estimated at 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-xxxx) or byws@cdc.gov.

**Screening script for cognitive interviewing respondents for Domestic VACS Pilot Project recruited through flyers/partner outreach**

1. As of today, what is [your/your child’s] age?
   1. 13-17
   2. 18-21
   3. 22-24
   4. Refused/Ineligible
2. [IF PARENT/GUARDIAN of CHILD 13-17] What is your relationship to this child?
   1. Parent who lives with them
   2. Parent, does not live with them
   3. Legal guardian who lives with them
   4. Legal guardian, does not live with them
   5. Something else/Ineligible
   6. Refused/Ineligible
3. What is the highest degree or level of school [you/they] have completed?
   * 1. NO SCHOOLING COMPLETED
     2. 5th grade
     3. 6th grade
     4. 7th grade
     5. 8th grade
     6. 9th grade
     7. 10th grade
     8. 11th grade
     9. 12th grade/HS diploma or equivalent (e.g., GED)
     10. Vocational/technical/business/trade school certificate or diploma
     11. Some college, no degree
     12. Associates degree
     13. Bachelor’s degree or higher
     14. Don’t know
     15. Refused
4. What is [your/their] gender?
   1. Female
   2. Male
   3. Non-binary
   4. None of those: What is your gender identity? [TEXT]
   5. Don’t know
   6. Refused
5. [Are you/is your child] Hispanic or Latino/a(x)?
   * 1. Yes
     2. No
6. What is [your/your child’s] race? Please choose one or more.
   * 1. American Indian or Alaska Native
     2. Asian
     3. Black or African American
     4. Native Hawaiian or other Pacific Islander
     5. White
     6. NONE/DON’T KNOW
7. [IF INTERVIEW TO BE CONDUCTED IN PERSON] Would you [and your child] be able to have our interviewer come to your home in-person?
   1. YES, Come to home
   2. NO: FIND OUT WHERE RESPONDENT WOULD LIKE TO BE INTERVIEWED GIVEN AVAILABLE PUBLIC LOCATIONS; WE WILL DETERMINE IF TRAVEL ARRANGEMENTS CAN BE MADE; CONTINUE SCREENING.
8. [IF INTERVIEW TO BE CONDUCTED VIRTUALLY] Would you [your child] be able to connect to a video chat such as Zoom or Microsoft Teams to have our interviewer conduct the interview?
9. YES,
10. NO: FIND OUT HOW RESPONDENT WOULD LIKE TO BE INTERVIEWED; WE WILL DETERMINE IF ARRANGEMENTS CAN BE MADE; CONTINUE SCREENING.
11. [IF INTERVIEW TO BE CONDUCTED VIRTUALLY] Would you [your child] be able to connect to complete the video interview privately, away from where they can hear, or be heard, by others?
12. YES,
13. NOFIND OUT WHY, IDENTIFY RESPONDENT CONCERNS AROUND PRIVACY AND QUIET.  Ineligible

IF RESPONDENT IS ELIGIBLE

* OK, it looks like you are eligible to participate in the study. SCHEDULE APPOINTMENT

We would like to audio-record the interview so that we may review our conversation as we prepare a summary of our findings. Is this OK with you? [NOTE TO RECRUITER: THIS QUESTION IS NOT MEANT TO ASK FOR CONSENT. RESPONDENTS WILL BE ASKED AGAIN ABOUT RECORDING DURING THE CONSENT PROCESS. THEY WILL HAVE THE OPPORTUNITY TO DECIDE NOT BE RECORDED AND STILL PARTICIPATE IN THE INTERVIEW. WE PREFER TO RECRUIT RESPONDENTS WHO ARE LIKELY TO CONSENT TO RECORDING.]

1. YES
2. NO

* Ok, let’s schedule an appointment for [you/you and your child] the interview.
* COLLECT CONTACT INFORMATION AND SCHEDULE APPOINTMENT. IF PAIRS INTERVIEW, WHEN CALLING/EMAILING TO REMIND RESPONDENT OF APPOINTMENT.
* POST-SCHEDULING: We’re interested in learning more about why you decided to participate in this interview. Could you tell us a bit about why [IF 18+ you wanted to; IF minor you wanted your child to] participate? Where did you hear about this study? Have you spoken to anyone else who has signed up to participate/has already participated?

IF RESPONDENT IS NOT ELIGIBLE

I’m sorry that right now we have enough people who have similar characteristics as you. Could I put your name on the waiting list and call you if a slot opens?

1. YES
2. NO