

Instrument 5

Phase one provider cognitive interview guide

CO-INTERVIEWERS WILL CUSTOMIZE THE GUIDE PRIOR TO THE CALL USING INSTRUCTIONS IN CAPITAL, ITALICIZED FONT ON SUBSEQUENT PAGES.

INTERVIEWER: Hello [NAME]. My name is [NAME] from Mathematica. I am calling to talk with you about your experience filling out the Home-Based Child Care Toolkit for Nurturing School-Age Children, provider questionnaire. I am joined by [NAME(S)], who will listen to our discussion and take notes. First, thank you for completing the provider questionnaire and talking with us today.

During this call, I will ask you questions about your experience filling out the provider questionnaire. Your opinions will help make the provider questionnaire easier to understand and help other home-based providers like you use it to identify strengths and areas for growth in providing care for children and partnering with families.

This discussion will take about 30 minutes. Talking with us on this call is completely up to you and voluntary, and we will keep your responses private. Because this is a federally funded study, I want to tell you that 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. The OMB number for this collection is 0970-0355 and the expiration date is 08/31/2024.

Do you have a copy of the provider questionnaire handy so we can look at the questions together?

IF YES: Great!

IF NO: That's ok, we'll do our best to stay on the same page. If you joined the call by clicking the meeting link, I can share my screen to show you the questions we are referring to from the provider questionnaire.

There are no right or wrong answers to any of the questions and you can tell us you don't want to answer any of our questions. We welcome any and all opinions you have about the provider questionnaire.

I would like to record our discussion so I can listen to it later when I finalize my notes. No one besides our study team will listen to the recording. If you want to say anything that you don't want recorded, please let me know and I will be glad to stop recording during those times. Is it ok for me to record our discussion?

IF YES: START RECORDING.

IF NO: Ok, no problem. I will not record this discussion.

[INTERVIEWER MAY SHARE PROVIDER QUESTIONNAIRE ON SCREEN AS NEEDED]

INTERVIEW QUESTIONS:

1. This toolkit is named the Home-Based Child Care Toolkit for Nurturing School-Age Children. Based on this name, what do you think this toolkit is about?
 - a. PROBE: What ages of children do you think this toolkit is about?
 - b. PROBE: If you had not talked to us about the pilot study, based on just the toolkit's name and other materials like the flyer, would you think the toolkit is right for you?
2. Were the instructions easy to understand?

IF NO: Can you tell me about what was hard to understand? How would you recommend making the instructions clearer?

IF PARTICIPANT FILLED OUT SOMETHING INCORRECTLY: I see that you [WHAT THEY DID]. What did you think we wanted you to do here?

[DESCRIBE WHAT WE INTENDED RESPONDENTS TO DO] How would you recommend making this instruction clearer?
3. Did the pictures help you understand which questions to answer based on the ages of the children in your care?
 - a. IF NO: Is there anything we could have done to make the pictures clearer?
4. *IF PARTICIPANT DID NOT FILL IN THE START AND END TIMES:* About how long did it take you to complete the provider questionnaire?
 - a. Did you complete it in one sitting or come back to it multiple times?
5. *[INTERVIEWER TO REVIEW THE QUESTIONS PARTICIPANT CHECKED AS "DON'T KNOW" AND REPEAT AS NEEDED]*

I see that you checked the box for "don't know" for [READ ITEM]. Can you tell me why you checked don't know? If something was confusing or difficult to understand about this question, what was it?

 - a. In your own words, can you tell me what this question is asking? [INTERVIEWER CONFIRM UNDERSTANDING OR MISUNDERSTANDINGS]
 - b. Were there any specific words or phrases in the question that were hard to understand?
 - i. IF YES: Is there another word or phrase for [WORD/PHRASE] that would make this question easier to understand?
 - c. Do you have any suggestions to make the question easier to understand?
6. Were there any other questions that had words or phrases that were hard to understand? IF YES: which question(s)? *[INTERVIEWER FIND AND READ QUESTION]*
 - a. In your own words, can you tell me what this question is asking?
 - b. *IF PARTICIPANT CHOSE AN ANSWER:* What made you decide on checking [ANSWER]?
 - c. Is there another word or phrase for [WORD/PHRASE] that would make this question easier to understand?

d. Do you have any other suggestions to make the question easier to understand?

7. *[INTERVIEWER SELECTS ONE QUESTION OR GROUP OF QUESTIONS (IF THERE'S A THEME) THAT PARTICIPANT ANSWERED "NEVER". IF THEY DIDN'T ANSWER ANYTHING "NEVER", CHOOSE USING "RARELY"]*

I noticed that you checked doing [QUESTION/TOPIC] "never"/"rarely". Do you think [QUESTION/TOPIC] is important?

IF YES: Can you tell me more about what stops you from doing [QUESTION/TOPIC]?

IF NO: Can you tell me more about why [QUESTION/TOPIC] is not important?

8. *[INTERVIEWER SELECTS ONE QUESTION OR GROUP OF QUESTIONS (IF THERE'S A THEME) THAT PARTICIPANT ANSWERED "A LOT"]*

I noticed that you checked doing [QUESTION/TOPIC] "a lot".

a. What came to mind to help you decide you do this practice "a lot"?

a. PROBE: Do you do this every day? Multiple times a day?

9. Other than the questions we talked about, were there any that felt uncomfortable, or hard for you to answer?

a. Which question(s)? *[INTERVIEWER FIND AND READ QUESTION]*

b. What about the question made it uncomfortable to answer?

c. What about the question made it hard to answer?

d. *IF PARTICIPANT CHOSE AN ANSWER:* What made you decide on checking [ANSWER]?

e. Do you have any suggestions to help make the question easier to answer?

10. *[INTERVIEWER TO SELECT TWO DOMAINS]* Are there other important things you do with children to support their [DOMAIN] in your home that is not represented in this questionnaire?
[REPEAT FOR EACH DOMAIN]

11. If this provider questionnaire was available to you, would you use it in your work?

IF YES: What makes you want to use it in your work? What would you hope to gain out of using it?

IF NO: Why do you think you would not use it?

12. Do you have any other comments or thoughts about the provider questionnaire?

Those are all the questions I have for you. Thank you again for your time and insights! We would like to mail you a \$75 gift card to thank you for your help.

CONFIRM MAILING ADDRESS.