Instrument 6

Phase one family cognitive interview guide

CO-INTERVIEWRS WILL CUSTOMIZE THE GUIDE PRIOR TO THE CALL USING INSTRUCTIONS IN CAPITAL, ITALICIZED FONT ON SUBSEQUNET 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 family questionnaire. I am joined by [NAME(S)], who will listen to our discussion and take notes. First, thank you for completing the family questionnaire and talking with us today.

During this call, I will ask you questions about your experience filling out the family questionnaire. Your opinions about the questionnaire will help us to improve the questions and make sure they are easy to understand for other families in the future.

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 family 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 family 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 family 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 FAMILY 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?
	1. PROBE: What ages of children do you think this toolkit is about?
	2. PROBE: In your own words, can you describe who a “home-based child care provider” is? Who do they take care of?
2. Were the instructions in the questionnaire easy to understand?

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

*IF PARTICPANT 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?

1. *IF PARTICIPANT DID NOT FILL IN THE START AND END TIMES*: About how long did it take you to complete all of the questionnaire?
2. Did you do it all at once or come back to it multiple times?
3. Were there any questions that were confusing or difficult to understand? IF YES: which question(s)? [*INTERVIEWER FIND AND READ QUESTION*]
4. In your own words, can you tell me what this question is asking? [*INTERVIEWER CONFIRM UNDERSTANDING OR MISUNDERSTANDINGS*]
5. Were there any specific words or phrases in the question that were hard to understand?
	* + - 1. IF YES: Is there another word or phrase for [WORD/PHRASE] that would make this question easier to understand?
6. Do you have any suggestions to make the question easier to understand?
7. *IF PARTICIPANT CHOSE AN ANSWER:* What made you decide on checking [ANSWER]?
8. Were there any other questions with words or phrases that were hard to understand? IF YES: which question(s)? [*INTERVIEWER FIND AND READ QUESTION*]
9. In your own words, can you tell me what this question is asking? [*INTERVIEWER CONFIRM UNDERSTANDING OR MISUNDERSTANDINGS]*
10. *IF PARTICIPANT CHOSE AN ANSWER:* What made you decide on checking [ANSWER]?
11. Is there another word or phrase for [WORD/PHRASE] that would make this question easier to understand?
12. Do you have any other suggestions to make the question easier to understand?
13. [*INTERVIEWER SELECTS ONE QUESTION OR GROUP OF QUESTIONS (IF THERE’S A THEME) THAT PARTICIPANT SELECTED “NOT SURE”.]*

You answered [QUESTION(S)] is “Not Sure”. Could you tell me why you said you were “not sure”?

1. [*INTERVIEWER SELECTS ONE QUESTION OR GROUP OF QUESTIONS (IF THERE’S A THEME) THAT PARTICIPANT SELECTED “NOT APPLICABLE”.]*

You answered [QUESTION(S)] is “Not Applicable”. Could you tell me why you chose “not applicable” ?

1. *IF PARTICIPANT SELECTED “DISAGREE” AND “VERY” IMPORTANT*:

You answered you have not had the opportunity to share [QUESTION/TOPIC] and it is very important to you. Would you like to have a conversation with your child’s provider about this [QUESTION/TOPIC]?

IF YES: Can you tell me more about why there hasn’t been an opportunity to talk about [QUESTION/TOPIC] with your child’s provider?

 PROBES: Do you think you will have an opportunity to talk about it? What about [QUESTION/TOPIC] do you want to discuss with your child’s provider?

IF NO: Can you tell me more about why you do not want to talk with your child’s provider about [QUESTION/TOPIC] if it is very important to you?

1. [*INTERVIEWER REVIEWS FOR OTHER RESPONSES WITH THEMES*]

I noticed you checked [QUESTION/TOPIC]. Could you tell me why you chose this answer?

1. Other than the questions we talked about, were there any that felt uncomfortable, or hard for you to answer?
2. Which question(s)? [*INTERVIEWER FIND AND READ QUESTION*]
3. What about the question made it uncomfortable to answer?
4. What about the question made it hard to answer?
5. *IF PARTICIPANT CHOSE AN ANSWER*: What made you decide on checking [ANSWER]?
6. Do you have any suggestions to help make the question easier to answer?
7. Do you already talk to [NAME OF HBCC PROVIDER], your child’s provider, about the topics in this questionnaire?
8. IF YES (OR SOME OF THE TOPICS): What are those conversations like?
9. IF NO: Do you want opportunities to talk with [NAME OF HBCC PROVIDER] about these topics?
10. Are there topics in the family questionnaire that you would like to talk about with [NAME OF HBCC PROVIDER]?
11. IF YES: Do you think using this questionnaire would help you have a conversation?
12. IF YES: How do you think you would use the questionnaire? What kind of conversations do you hope to have with [NAME OF HBCC PROVIDER]?
13. IF NO: Why do you think you would not use this questionnaire?
14. Are there other important things about your child’s care that you want the opportunity to talk about with [NAME OF HBCC PROVIDER]?
15. IF YES: Can you tell me more about what you want to discuss with [NAME OF HBCC PROVIDER]?
16. Did you have any issues or challenges returning the questionnaire to [NAME OF HBCC PROVIDER]?
17. IF YES: What was challenging? What would have made it easier for you?
18. Do you have any other comments or thoughts about this family 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 $35 gift card to thank you for your help.

CONFIRM MAILING ADDRESS.