Attachment F: Round 3 web survey instrument with parents

Welcome! Thank you for your previous participation in our study for the National Longitudinal Survey of Youth, a survey that follows American youth to collect information on labor market behavior and educational experiences. We will be asking similar questions to the previous survey you completed.

The study should take about 10 minutes. Please only start the study when you will be able to complete the whole study without interruption. Please do your best to respond to the questions accurately.

Please do not use your browser's back button.

This voluntary study is being collected by the Bureau of Labor Statistics under OMB No. 1220-0141 (Expiration Date: July 31, 2027). Without this currently approved number, we could not conduct this survey. This survey will take approximately 10 minutes to complete. If you have any comments regarding this estimate or any other aspect of this study, send them to BLS\_PRA\_Public@bls.gov. The BLS cannot guarantee the protection of survey responses and advises against the inclusion of sensitive personal information in any response. This survey is being administered by Qualtrics and resides on a server outside of the BLS Domain. Your participation is voluntary, and you have the right to stop at any time.

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What is your CloudResearch Connect ID?

[open entry]

For accuracy, please re-enter your CloudResearch Connect ID:

[open entry]

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Next, we would like you to read a revised draft of the parental consent form for the National Longitudinal Survey of Youth.

As you are reading the form, please use your cursor or finger to highlight any sentences, words, or phrases as follows:

* BLUE: Information that is helpful or important
* ORANGE: Information that is confusing or unclear

<Insert parental consent form – Attachment A>

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Based on the information in the consent form…

In your own words, what is the main purpose of the survey? [open ended entry]

Does the consent form ask you to complete the survey one time or over multiple years?

* One time
* Multiple years
* Not sure

Would your child be able to withdraw from the survey anytime? (yes/no/don’t know)

Would your child be able to skip any questions they do not want to answer? (yes/no/don’t know)

Would your child be paid for participating in the survey? (yes/no/don’t know)

Would you be paid for participating in the survey? (yes/no/don’t know)

Would your child’s responses be kept confidential? (yes/no/don’t know)

Would your responses be kept confidential? (yes/no/don’t know)

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How well does the form address the following topics?

 *(Order randomized); not at all well; somewhat well; moderately well; very well; extremely well*

* Purpose of the survey
* The content of the survey
* Why your child was asked to participate
* The possible risks or discomforts of the survey
* What your child will receive for participating in the survey
* How the survey data will be used
* Whether your child can withdraw from the survey
* Whether your child can skip any survey questions
* Whether or not the survey is voluntary
* Length of the survey
* Who to contact if you have questions about the survey
* Confidentiality of the survey data

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Which of the following groups would be able to access data from the NLSY27 survey? *Select all that apply. <order randomized>*

* Department of Labor
* U.S. Census Bureau
* Internal Revenue Service
* Bureau of National Workforce Development
* Bureau of Labor Statistics
* Department of Education
* RTI International
* Social Security Administration

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(If one child)

How likely would you be to to allow your child to participate in the survey?

* Not at all likely
* Somewhat likely
* Moderately likely
* Very likely
* Extremely likely

 *Please explain (optional):* [open-end]

Do you think your child would like to participate in the survey?

* Yes
* No
* Maybe, it depends

 *Please explain (optional):* [open-end]

(If multiple children and one is 11-14)

How likely would you be to allow your child or children to participate in the survey?

* Not at all likely
* Somewhat likely
* Moderately likely
* Very likely
* Extremely likely

 *Please explain (optional):* [open-end]

Do you think your child would participate in the survey?

* Yes
* No
* Maybe, it depends

 *Please explain (optional):* [open-end]

(If multiple children and one is 15-17)

How likely would you be to allow your child or children to participate in the survey?

* Not at all likely
* Somewhat likely
* Moderately likely
* Very likely
* Extremely likely

 *Please explain (optional):* [open-end]

How likely would you be to allow your child or children to participate in the survey?

* Not at all likely
* Somewhat likely
* Moderately likely
* Very likely
* Extremely likely

 *Please explain (optional):* [open-end]

 *Please explain (optional):* [open-end]

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If you participated in this survey, would you agree to link your survey responses to other records?

* Yes
* No

 *Please explain (optional):* [open-end]

Thank you for answering these questions.

Your completion code is: 10816