2024 NSCH Content Protocol

Start of Block: Intro text

Q1 Participant ID

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Q2 Interviewer

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Q3 Thank you for agreeing to participate in our study.

 **What:**
Let me start by telling you a little about what we will be doing today. The survey that our research will center around is The National Survey of Children’s Health (NSCH); it is conducted by the Census Bureau and sponsored by the Health Resources and Services Administration (HRSA).

This survey collects information about the health and well-being of America’s children. We’re working to improve the survey. Before we finalize the enhancements we've made, we want to test it with people like yourself to make sure the questions are easy to understand and answer. We’re asking you to read through a selection of questions from the survey and answer the questions as if you were taking this on your own without me here.

If this were the real survey, you would receive an invitation to participate in the mail and either go online or fill out a paper survey and mail it back.  But since this is a virtual interview, we will be looking at the questions online.  You'll read and answer each question and I'll ask you some questions about them along the way. There are no right or wrong answers. We are interested in what people really think about the survey you will see today so please give me your honest impressions, whether good or bad. We appreciate your help so we can make this survey work well for everyone.

 **How:**In a couple of minutes, I am going to send you a link in our Teams Chat to ask you to look at the questions on your screen.

 **Think Aloud:**
I would like you to think aloud as you go through the survey and answer my questions. I am interested in your feedback on the survey questions, but I am also interested in the process you go through in your mind as you come to your answers. I would like you to tell me everything that you are thinking and feeling as you see and read over this survey. You might have some questions that come up as we go. I want you to ask these questions, but so that I don't influence your impression of subsequent questions, I will wait until the end of our time together to answer them. I want to use this time to get your authentic thoughts and opinions.

 **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 some points throughout the survey. Again, 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 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?

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

INTERVIEWER: Ask participant to share their screen with you.  Once you can see the participant's screen, send the consent form and Instrument link:

https://research.rm.census.gov/jfe/form/SV\_72v6WSCj6moY09U

\*\*\*BEGIN RECORDING\*\*\*

Q4 (IF PARTICIPANT HAS MORE THAN ONE CHILD): After the participant signs the consent form, tell them which child they should consider as the reference child throughout the interview.

 INTERVIEWER: Fill in the age and sex of the reference child below:

* Age (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Sex (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Intro text

Start of Block: Default Question Block

Q1 What is this child's name?

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Q2 How old is this child?

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End of Block: Default Question Block

Start of Block: content

Display This Question:

If If Age Text Response Is Greater Than 1

Q3 The next questions ask about difficulties ${Q1/ChoiceTextEntryValue} may have.

Does ${Q1/ChoiceTextEntryValue} wear glasses or contact lenses?

* Yes (1)
* No (2)

**Standard Probe(s):**
1. IF YES: What kind of glasses are they?
2. (IF NEEDED) Are they corrective lenses? Are they prescription lenses?
3. In your own words, what are corrective lenses?
(IF NEEDED) Do you consider corrective lenses and prescription lenses to be the same thing, or are they different?
4. Were you unsure whether this question was only asking about prescription lenses?
5. Do you think this question is asking only about lenses that are worn all the time? Or would you include lenses that are worn occasionally?
6. Would it have been easier to answer this question if there had been instructions saying "Answer yes even if this child only wears glasses or contact lenses some of the time."?

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Display This Question:

If Wear glasses = Yes

Q4 When wearing their glasses or contact lenses, does ${Q1/ChoiceTextEntryValue} have difficulty seeing?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
 Interviewer: Note any spontaneous feedback regarding the "cannot do at all" response option.

What do you think is meant by, “cannot do at all?”

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Display This Question:

If Wear glasses = No

Q5 Does ${Q1/ChoiceTextEntryValue} have difficulty seeing?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

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| Page Break |  |

**Standard Probe(s):**

Interviewer: Note any spontaneous feedback regarding the "cannot do at all" response option.

1. What do you think is meant by, “cannot do at all?”

2. What kinds of things did you think about when you read “difficulty seeing”? Do you think "difficulty seeing" would include color blindness?

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Q6 Does ${Q1/ChoiceTextEntryValue} use a hearing aid?

* Yes (1)
* No (2)

**Standard Probe(s):**

1. In your own words, what you do you think this question is asking?

INTERVIEWER: note whether the participant mentions cochlear implants. (IF NEEDED) Would you include cochlear implants?

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Display This Question:

If Hearing aid = Yes

Q7 When using their hearing aid, does ${Q1/ChoiceTextEntryValue} have difficulty hearing sounds like people's voices or music?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**1. Can you tell me in your own words what you think this question is asking?

2. Does this child have any trouble hearing sounds *besides* voices or music when using their hearing-aid?

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Display This Question:

If Hearing aid = No

Q8 Does ${Q1/ChoiceTextEntryValue} have difficulty hearing sounds like people's voices or music?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**1. Can you tell me in your own words what you think this question is asking?

2. Does this child have any trouble hearing sounds *besides* voices or music?

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Q9 Does ${Q1/ChoiceTextEntryValue} use any equipment or receive assistance for walking?

* Yes (1)
* No (2)

**Standard Probe(s):**
 1.In your own words, what you do you think this question is asking?

INTERVIEWER: note whether the participant mentions wheelchairs or temporary vs permanent assistance/equipment.
 2. (IF NEEDED) Do you think this would include a wheelchair?
 3. (IF NEEDED) Would you answer “yes” if your child were using crutches for a temporary situation like a sprained ankle or a broken bone?

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Display This Question:

If Walking equipment = No

Q10 Compared with children of the same age, does ${Q1/ChoiceTextEntryValue} have difficulty walking?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. In your own words, what you do you think this question is asking?
2. How confident are you in your answer to this question? (INTERVIEWER: note any mention of making comparisons to other children and their abilities)
3. How did you come up with your answer? (IF NEEDED) Were you thinking of today specifically or more generally?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

And Walking equipment = No

Q11 Compared with children of the same age, does ${Q1/ChoiceTextEntryValue} have difficulty walking 100 yards on level ground? That would be about the length of one football field or one city block.

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. In your own words, what you do you think this question is asking?

INTERVIEWER: note any confusion around or mention of 100 yards vs 1 football field vs 1 city block
2. (IF NEEDED) Were the examples of "1 football field or 1 city block" helpful? (IF NEEDED)

3. How confident are you in your answer to this question? (INTERVIEWER: note any mention of making comparisons to other children and their abilities)
INTERVIEWER: note any reference the participants makes to the examples in the instructional text.

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

And Walking equipment = No

Q12 Compared with children of the same age, does ${Q1/ChoiceTextEntryValue} have difficulty walking a third of a mile on level ground? That would be about the length of five football fields or five city blocks.

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. In your own words, what you do you think this question is asking?
 INTERVIEWER: note any mention of 1/3 or a mile, 5 football fields, 5 city blocks
2. (IF NEEDED) Were the examples of "5 football fields or 5 city blocks" helpful?

3. How confident are you in your answer to this question? (INTERVIEWER: note any mention of making comparisons to other children and their abilities) (IF NEEDED) Do you feel that you are able to reliably compare your child’s walking abilities to other children in this specific scenario?

4. (IF NEEDED) Do you feel that you have the knowledge needed to answer this question?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

Q13 Does ${Q1/ChoiceTextEntryValue} have difficulty with self-care such as feeding or dressing themself?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. Was this question easy or difficult to answer? Why?

INTERVIEWER: note any mention of the "Cannot do at all" response option.
2. (IF NEEDED) What do you think is meant by "Cannot do at all" for this question?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

Q14 When ${Q1/ChoiceTextEntryValue} speaks, do they have difficulty being understood by people inside of this household?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. What do you think is meant by "people inside of this household"? (IF NEEDED) Who are you including in “people inside of this household”?
2. What do you think the response option "Cannot do at all" means for this question?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

Q15 When ${Q1/ChoiceTextEntryValue} speaks, do they have difficulty being understood by people outside of this household?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. In your own words, what you do you think this question is asking?

2. How did you came up with your answer? IF NEEDED: Who did you include in “people outside of this household”?

INTERVIEWER: Note whether the participant mentions any confusion or uncertainty regarding this question.

2. What do you think the response option "Cannot do at all" means for this question?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 2

Q16 Compared with children of the same age, does ${Q1/ChoiceTextEntryValue} have difficulty learning things?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. What do you think "learning things" means?

2. Was this question easy or difficult to answer? (IF NEEDED) Why? INTERVIEWER: note any mention of comparing to other children.
3. How confident are you in your answer? (INTERVIEWER: note any mention of making comparisons to other children)
4. (IF NEEDED) Do you feel like you have the knowledge needed to compare your child to other children in this regard?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

Q17 Compared with children of the same age, does ${Q1/ChoiceTextEntryValue} have difficulty remembering things?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
 1. Was this question easy or difficult to answer?
(IF NEEDED) Why? INTERVIEWER: note any mention of comparing to other children.
 2. (IF NEEDED) How confident are you in your answer?

(INTERVIEWER: note any mention of making comparisons to other children)
3. (IF NEEDED) Do you feel like you have the knowledge needed to compare your child to other children in this regard?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

Q18 Does ${Q1/ChoiceTextEntryValue} have difficulty concentrating on an activity that they enjoy doing?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. What were you thinking of when you answered this question?

2. What do you think is meant by "an activity that they enjoy doing"?
2. What do you think the response option "cannot do at all" means?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

Q19 Does ${Q1/ChoiceTextEntryValue} have difficulty accepting changes in their routine?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. What do you think is meant by "accepting changes in their routine"?

2. How did you come up with your answer to this question? (IF NEEDED) What were you thinking of?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

Q20 Compared with children of the same age, does ${Q1/ChoiceTextEntryValue} have difficulty controlling their behavior?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. What do you think is meant by "controlling their behavior"?

2. How did you come up with your answer to this question? What were you thinking about? (INTERVIEWER: note any mention of making comparisons to other children)
3. (IF NEEDED) Was this question easy or difficult to answer? (IF NEEDED) Why? INTERVIEWER: note any mention of comparing to other children.
4. (IF NEEDED) How confident are you in your answer?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

Q21 Does ${Q1/ChoiceTextEntryValue} have difficulty making friends?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
INTERVIEWER: note any difficulty or confusion the participant indicates, and probe as needed.

Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

Q22 How often does ${Q1/ChoiceTextEntryValue} seem very anxious, nervous or worried?

* Daily (1)
* Weekly (2)
* Monthly (3)
* A few times a year (4)
* Never (5)

**Standard Probe(s):**
 1. In your own words, what do you think this question is asking?
(IF NEEDED) What do you think "**very** anxious, nervous or worried" means here?
 2. In your own words, what does "weekly" mean?
3. In your own words, what does "monthly" mean?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 5

Q23 How often does ${Q1/ChoiceTextEntryValue} seem very sad or depressed?

* Daily (1)
* Weekly (2)
* Monthly (3)
* A few times a year (4)
* Never (5)

**Standard Probe(s):**
 1. In your own words, what do you think this question is asking?
(IF NEEDED) What do you think "**very** sad or depressed" means here?
 2. In your own words, what does "weekly" mean?
3. In your own words, what does "monthly" mean?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 2

And And Age Text Response Is Less Than or Equal to 4

Q28 Compared with children of the same age, does ${Q1/ChoiceTextEntryValue} have difficulty picking up small objects with their hand?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
 1. In your own words, what do you think this question is asking?
 (INTERVIEWER: Note mention of using one hand or two hands)

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 2

And And Age Text Response Is Less Than or Equal to 4

Q30 Does ${Q1/ChoiceTextEntryValue} have difficulty understanding you?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**

INTERVIEWER: note any difficulty or confusion the participant indicates, and probe as needed.

Display This Question:

If If Age Text Response Is Greater Than or Equal to 2

And And Age Text Response Is Less Than or Equal to 4

Q31 When ${Q1/ChoiceTextEntryValue} speaks, do you have difficulty understanding them?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. How did you come up with your answer to this question? What were you thinking about?

2. What do you think the response option "cannot do at all" means for this question?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 2

And And Age Text Response Is Less Than or Equal to 4

Q33 Compared with children of the same age, does ${Q1/ChoiceTextEntryValue} have difficulty playing?

* No, no difficulty (1)
* Yes, some difficulty (2)
* Yes, a lot of difficulty (3)
* Cannot do at all (4)

**Standard Probe(s):**
1. What do you think this question is asking? (IF NEEDED) What do you think "playing" means in this question?

2. Was this question easy or difficult to answer? (IF NEEDED) Why? INTERVIEWER: note any mention of comparing to other children.
3. (IF NEEDED) How confident are you in your answer? (INTERVIEWER: note any mention of making comparisons to other children)

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 2

And And Age Text Response Is Less Than or Equal to 4

Q34 Compared with children of the same age, how much does ${Q1/ChoiceTextEntryValue} kick, bite, or hit other children or adults?

* Not at all (1)
* The same or less (2)
* More (3)
* A lot more (4)

**Standard Probe(s):**
 1. Was this question easy or difficult to answer?
(IF NEEDED) Why? INTERVIEWER: note any mention of comparing to other children.
 2. (IF NEEDED) How confident are you in your answer?

(INTERVIEWER: note any confusion about the response options or if the participant mentions making comparisons to other children)
3. (IF NEEDED) Do you feel like you have the knowledge needed to compare your child to other children in this regard?

4. How would you describe the difference between the response options "more" vs. "a lot more"?

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Display This Question:

If If Age Text Response Is Greater Than or Equal to 6

Q24 DURING THE PAST WEEK, how many times did ${Q1/ChoiceTextEntryValue} drink sugary drinks such as soda, fruit drinks, sports drinks, or sweet tea? Do not include 100% fruit juice.

* 1-3 times during the past week (1)
* 4-6 times during the past week (2)
* 1 time per day (3)
* 2 times per day (4)
* 3 or more times per day (5)

**Standard Probe(s):**
INTERVIEWER: note any difficulty or confusion the participant indicates, and probe as needed.

1. How easy or difficult was it for you to answer this question? (IF NEEDED) Why?

Display This Question:

If If Age Text Response Is Greater Than or Equal to 6

Q25 DURING THE PAST WEEK, how many times did ${Q1/ChoiceTextEntryValue} eat vegetables? Include any that were fresh, frozen, or canned. Do not include french fries, fried potatoes, or potato chips.

* This child did not eat vegetables (1)
* 1-3 times during the past week (2)
* 4-6 times during the past week (3)
* 1 time per day (4)
* 2 times per day (5)
* 3 or more times per day (6)

**Standard Probe(s):**
INTERVIEWER: note any difficulty or confusion the participant indicates, and probe as needed.

1. How easy or difficult was it for you to answer this question? (IF NEEDED) Why?

Display This Question:

If If Age Text Response Is Greater Than or Equal to 6

Q26 DURING THE PAST WEEK, how many times did ${Q1/ChoiceTextEntryValue} eat fruit? Include any that were fresh, frozen, canned, or dried. Do not include juice.

* This child did not eat fruit (1)
* 1-3 times during the past week (2)
* 4-6 times during the past week (3)
* 1 time per day (4)
* 2 times per day (5)
* 3 or more times per day (6)

**Standard Probe(s):**
INTERVIEWER: note any difficulty or confusion the participant indicates, and probe as needed.

1. How easy or difficult was it for you to answer this question? (IF NEEDED) Why?

Q27 DURING THE PAST 12 MONTHS, did ${Q1/ChoiceTextEntryValue} receive any kind of dental or oral health care at some place other than a dentist’s office or clinic?

* Yes (1)
* No (2)

**Standard Probe(s):**
INTERVIEWER: note any difficulty or confusion the participant indicates, and probe as needed.

Display This Question:

If See dentist = Yes

Q35 Where did ${Q1/ChoiceTextEntryValue} receive dental or oral health care?

* Doctor’s Office (1)
* Hospital Emergency Room (2)
* Hospital Outpatient Department (3)
* Urgent Care Center (4)
* Clinic or Health Center (5)
* Retail Store Clinic or “Minute Clinic” (6)
* School (Nurse’s Office, Athletic Trainer’s Office) (7)
* Some other place (8)

**Standard Probe(s):**
INTERVIEWER: note any difficulty or confusion the participant indicates, and probe as needed.

End of Block: content