

2024 NSCH Content Cognitive Interviewing Screener

The US Census Bureau is looking for participants to help test questions for an upcoming survey on children's health topics. Thank you for your interest in this research opportunity. Eligible participants who complete a 60-minute research session will receive a \$50 stipend. In order to establish your eligibility to participate, we need to ask you a few simple questions.

Eligibility Questions

E1. Are you employed by the federal government? If you are a contractor, mark "No".

Yes

No

E1a. (If yes) Since you are a federal employee, we are not able to pay you the \$50 stipend. However, you may still be eligible for the study. Are you still interested in participating?

Yes

No -> *Ineligible*

E2. Have you participated in any other research studies with the U.S. Census Bureau in the past year?

Yes -> *Ineligible*

No

E3. Eligible participants who complete the research session will receive \$50, sent by USPS Priority Mail. Do you have an address where we can mail the money? This could be a home address, a P.O. box, or an address of a friend or family member.

Yes

No -> *Ineligible*

E4. This research study will take place remotely via video chat. You and the researcher will each be in your own homes and will use a video chat application to talk and screen share. Do you have a desktop, laptop, or tablet capable of using video chat applications? We do not recommend using a phone to screen share.

Yes

No -> *Ineligible*

Screening Questions

1. Are you a parent or primary caregiver of any children, stepchildren, or foster children age 2-17?

Yes

No -> *Ineligible*

[If yes, (for topical age group screening)]

2. How many children, stepchildren, or foster children age 2-17 do you have?

Number of children _____

3a. [If only one child] How old is this child? _____

3a1. Does this child wear glasses, sunglasses or contact lenses?

Yes, prescription lenses

Yes, corrective lenses (but not prescription)

No

3a1a. (IF YES), how often does this child wear their glasses, sunglasses or contact lenses?

All of the time

Regularly

Occasionally

Rarely

3a2. Does this child use hearing aids or cochlear implants?

Yes, hearing aids

Yes, cochlear implants

No

3a3. Does this child currently use any equipment or assistance for walking or getting around?

Yes

Yes, but only temporarily

No

3a4. Does this child currently use a wheelchair?

Yes

Yes, but only temporarily

No

3a5. Does this child have difficulties in any of the following areas? Mark yes or no for each item.

Communicating or speaking	Yes	No
Learning, remembering, or concentrating	Yes	No
Fine motor skills	Yes	No
Mental or emotional health	Yes	No

3b. [If more than one child]

What is the age of your oldest child (between the ages of 2-17)?

AGE:

3b1. Does this child wear glasses, sunglasses or contact lenses?

- Yes, prescription lenses
- Yes, corrective lenses (but not prescription)
- No

3b1a. (IF YES), how often does this child wear their glasses, sunglasses or contact lenses?

- All of the time
- Regularly
- Occasionally
- Rarely

3b2. Does this child use hearing aids or cochlear implants?

- Yes, hearing aids
- Yes, cochlear implants
- No

3b3. Does this child currently use any equipment or assistance for walking or getting around?

- Yes
- Yes, but only temporarily
- No

3b4. Does this child currently use a wheelchair?

- Yes
- Yes, but only temporarily
- No

3b5. Does this child have difficulties in any of the following areas? Mark yes or no for each item.

Communicating or speaking	Yes	No
Learning, remembering, or concentrating	Yes	No
Fine motor skills	Yes	No
Mental or emotional health	Yes	No

3c. What is the age of your next oldest child (between the ages of 2-17)?

3c1. Does this child wear glasses, sunglasses or contact lenses?

Yes, prescription lenses
Yes, corrective lenses (but not prescription)
No

3c1a. (IF YES), how often does this child wear their glasses, sunglasses or contact lenses?

All of the time
Regularly
Occasionally
Rarely

3c2. Does this child use hearing aids or cochlear implants?

Yes, hearing aids
Yes, cochlear implants
No

3c3. Does this child currently use any equipment or assistance for walking or getting around?

Yes
Yes, but only temporarily
No

3c4. Does this child currently use a wheelchair?

Yes
Yes, but only temporarily
No

3c5. Does this child have difficulties in any of the following areas? Mark yes or no for each item.

Communicating or speaking	Yes	No
Learning, remembering, or concentrating	Yes	No
Fine motor skills	Yes	No
Mental or emotional health	Yes	No

Repeat for each child.

Demographics

[IF RESPONDENT IS ELIGIBLE]

Demo 1. What is your name?

First and Last Name _____

Demo 2. Are you male or female?

Male

Female

Demo 3. What is the highest grade of school you have completed, or the highest degree you have received?

Less than high school

Completed high school

Some college, no degree

Associate degree (AA/AS)

Bachelor's degree (BA/BS)

Post-Bachelor's degree (For example MA, MS, Ph.D, JD, etc.)

Demo 4. What is your current age?

Age _____

Demo 5. Are you of Hispanic, Latino, or Spanish origin?

Yes

No

Demo 6. What is your race? Select all that apply.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Other (Specify)

Demo 7. In what city, state, and ZIP code do you currently live?

City _____

State _____

Zip Code _____

Demo 8. What is your time zone?

Eastern Standard Time

Central Standard Time

Mountain Standard Time

Pacific Standard Time

Alaska Standard Time

Hawaii-Aleutian Standard Time

Demo 9. How did you hear about this research opportunity? _____

Demo 10. What is your telephone number? _____

Demo 11. What is your email address? _____

Thank you for your time.

You may be selected to participate in our study. If you are selected, our staff will contact you to schedule a time that works best for you.

END SCREENER

[IF RESPONDENT IS INELIGIBLE]

Unfortunately, you are not eligible to participate in this research project. Would you like us to keep your contact information on file for future research opportunities?

Yes

No -> END SCREENER

What is your name? _____

What is your email address? _____