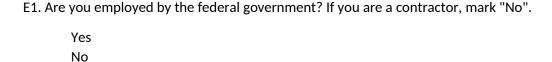
2024 NSCH Content Cognitive Interviewing Screener

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



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?

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Yes
No ->Ineligible
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E2. Have you participated in any other research studies with the U.S. Census Bureau in the past year?

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Yes ->Ineligible
No
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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

	uestions

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

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 an	y of the following areas?	? Mark yes or no for each item
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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

Νo

3c4. Does this child currently use a wheelchair?

Yes

Yes, but only temporarily

No

3c5. Does this child have difficulties in any of the follow	wing areas? Mark ye	s or no for each item.
Communicating or speaking	Yes	No
Learning, remembering, or concentrating	Yes	No
Fine motor skills Mental or emotional health	Yes Yes	No No
Mental of emotional health	103	110
Repeat for each child.		
<u>Demographics</u>		
[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 received?	completed, or the hi	ghest degree you have
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
Zip Code
Zip Code Demo 8. What is your time zone?
Demo 8. What is your time zone?
Demo 8. What is your time zone? Eastern Standard Time
Demo 8. What is your time zone? Eastern Standard Time Central Standard Time
Demo 8. What is your time zone? Eastern Standard Time Central Standard Time Mountain Standard Time
Demo 8. What is your time zone? Eastern Standard Time Central Standard Time Mountain Standard Time Pacific Standard Time
Demo 8. What is your time zone? Eastern Standard Time Central Standard Time Mountain Standard Time Pacific Standard Time Alaska Standard Time
Demo 8. What is your time zone? Eastern Standard Time Central Standard Time Mountain Standard Time Pacific Standard Time Alaska Standard Time
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 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?