

Protocol for 2025 National Survey of Children’s Health (NSCH) Questionnaire Pretesting – EPA ITEMS

Participant ID #: | | | | | | | |

Interview Date: | | / | | / | | | | (mm/dd/yyyy)

Interviewer initials: |_|_|

Start Time: AM / PM End Time: AM / PM

Mode:

Section 1: **** READ/ PARAPHRASE THE FOLLOWING TEXT****

Greeting: Hello. My name is _____, and I work for the Census Bureau.

Thank you for agreeing to participate in our study.

INTERVIEWER NOTE: CLEAR YOUR AREA OF ANY SENSITIVE INFORMATION OR INAPPROPRIATE MATERIALS THAT COULD BE VIEWED BY OTHERS BEFORE ACTIVATING YOUR WEBCAM

I'm going to activate my webcam so that we can have a little bit more interpersonal interaction. If you want to do so as well, click on the camera icon and allow access. If you would prefer not to turn your camera on, that's fine too.

What: The National Survey of Children’s Health, is conducted by the Census Bureau and sponsored by the Health Resources and Services Administration. It collects information about the health and well-being of America’s children. We’re working to improve the survey for 2025. Before we finalize the questions in the survey, we want to test them with people like yourself to make sure the questions are easy to understand and answer.

We are interested in your feedback so we can know what people think of the survey questions and how we can potentially improve them. I'm going to ask you to read through and respond to the survey questions. I'll ask you some questions along the way: what you think certain questions are asking, and what your reactions to them are. There are no right or wrong answers. Please give me your honest impressions, whether good or bad.

How: If this were the real survey, you would either receive it in the mail or receive an invitation to complete the survey online. In a couple of minutes, I am going to ask you to complete the survey just as you would if you were at home but with one major difference.

Think Aloud: I would like you to think aloud as you read and answer the questions in the survey. I am interested in your feedback on the questions, but I am also interested in the process you go through in your mind as you come up with answers to the questions in the survey. I would like you to tell me everything that you are thinking and feeling as you come up with your responses to the survey questions. You might have some questions about the survey that come up as we go. You can still ask these questions, but I will wait until the end to answer them. I want to use this time to get your thoughts and opinions.

Interruptions: I will stop you at a couple of points and ask you some questions about your feedback, or about the questions themselves. I am also going to ask you some questions at the end. 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 particular question.

Recording: So that 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? **[IF NO, DO NOT RECORD INTERVIEW]**

Screensharing: So that I can follow along with you as you go through the survey questions, I'm going to ask that you share your screen with me. I can walk you through how to do that if you don't know how.

1. **PASTE THE CONSENT FORM LINK IN THE CHAT WINDOW AND ASK THE PARTICIPANT TO CLICK ON IT**

CONSENT FORM ([Link forthcoming](#))

****HAVE PARTICIPANT SHARE THEIR SCREEN****
(IF NEEDED) WALK THE PARTICIPANT THROUGH SHARING THEIR SCREEN:

Consent Process

2. **READ/PARAPHRASE THE PARAGRAPH BELOW TO VERBALLY INFORM THE PARTICIPANT THAT PART OF THE CONSENT FORM IS AUTHORIZATION FOR THE SESSION TO BE RECORDED:**

Consent Process: Before we turn our attention to the survey questions, we need to get some paperwork out of the way. I need you to sign this form acknowledging that your participation today is completely voluntary. You can stop at any time and can decline to answer any question you would prefer not to. **[IF INTERVIEW IS BEING RECORDED]** Signing this form also gives me permission to record this session for my notes. It will be stored in a secure location and no one but me or my colleagues on this project will ever access it.

3. HAVE PARTICIPANT FILL IN NAME AND ADDRESS, SIGN, AND SUBMIT ELECTRONIC CONSENT.

****REMIND THE PARTICIPANT THAT THE ADDRESS THEY ENTER WILL BE WHERE THE \$25 WILL BE SENT TO THEM AFTER THE INTERVIEW SO TO MAKE SURE THEY ENTER IT CORRECTLY****

START INTERVIEW

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

INTERVIEWER: NOTE ANY CONFUSION OR DIFFICULTIES PARTICIPANTS HAVE WITH THE QUESTIONNAIRE.

IF PARTICIPANT IS NOT BEING TALKATIVE DESPITE REMINDERS, ASK THEM TO POINT OUT THINGS THEY DON'T LIKE OR FIND CONFUSING, AS WELL AS THINGS THEY DO LIKE IN THE QUESTIONNAIRE.

Intro Items

INTERVIEWER: VERIFY THE AGE OF THE REFERENCE CHILD. IF THE PARTICIPANT HAS MORE THAN ONE CHILD, SELECT THE ONE THAT IS IN THE AGE RANGE OF THE T1 OR THE T2/3 QUESTIONNAIRE, BASED ON PRIORITY FOR THE INTERVIEW.

INTRO1.

What is the age of this child? _____

INTRO2.

What is this child's name _____

(USED TO POPULATE NAME_FILL IN THE QUESTIONS BELOW)

EPA Items**EPA1. (Population: T1, T2, T3)**

At any time during the last 12 months, has [NAME_FILL] had heat stroke or heat exhaustion? *Heat stroke or heat exhaustion can happen in very hot or humid weather and cause problems such as muscle cramps, dizziness, tiredness, weakness, throbbing headache, nausea or vomiting, fainting, or paleness.*

- Yes

- No

Standard Probes:

1. How easy or difficult was it to answer this question?
2. (IF NEEDED) What did you think of the description of heat stroke and heat exhaustion?
(IF NEEDED) Was it clear or was anything unclear?
3. How confident are you in your answer?
4. [IF P says they Don't Know] What answer would you select if there is not an option to select "Don't know"?

EPA2. (Population: T2, T3)

Does [NAME_FILL]'s school have air conditioning in most or all of their classrooms? *Include central air conditioning, window or wall air conditioners, portable air conditioners, and evaporative or swamp coolers.*

- Yes

- No

- Don't know

- This child is not enrolled in school or is homeschooled

Standard Probes:

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

2. What do you think is meant by “most or all of their classrooms”?
3. How easy or difficult was it to answer this question?
4. How confident are you in your answer?

EPA3. (Population: T2, T3)

DURING THE PAST 12 MONTHS, how many days did [NAME_FILL]’s school close for heat days or because it was too hot? *Include partial closures like shortened days and early release days.*

- None
- 1-3 days
- 4-6 days
- 7-10 days
- 11 or more days
- The child was not enrolled in school or was homeschooled

Standard Probes:

1. How easy or difficult was it to answer this question?
2. How confident are you in your answer?
3. Were you thinking of consecutive days- days that all happened in a row? Or were you thinking of the total number of days even if they did not all occur in a row?

EPA4. (Population: T2, T3)

DURING THE PAST 12 MONTHS, how many days was [NAME_FILL] unable to exercise, play sports, or participate in physical activity because it was too hot? *Include missed recess and outdoor time at school or childcare, in your yard or neighborhood, in a park, playground or other outdoor recreation area.*

- None
- 1-5 days
- 6-10 days
- 11 or more days
- This child does not exercise, play sports or participate in physical activity outdoors

Standard Probes:

1. What do you think is meant by “too hot”? How do you determine whether it is “too hot”?
2. Were you thinking of consecutive days- days that all happened in a row? Or were you thinking of the total number of days even if they did not all occur in a row?
3. How easy or difficult was it to answer this question?
4. How confident are you in your answer?

EPA5. (Population: T2, T3)

DURING THE PAST 12 MONTHS, how often was [NAME_FILL] unable to exercise, play sports, or participate in physical activity because of smog, wildfire smoke, pollution, or other causes of poor air quality? *Include missed recess and outdoor time at school or childcare, in your yard or neighborhood, in a park, playground or other outdoor recreation area.*

- None
- 1-5 days
- 6-10 days
- 11 or more days
- This child does not exercise, play sports or participate in physical activity outdoors

Standard Probes:

1. What do you think is meant by “poor air quality”? How do you determine whether the air quality is poor?
2. Were you thinking of consecutive days- days that all happened in a row? Or were you thinking of the total number of days even if they did not all occur in a row?
3. How easy or difficult was it to answer this question?
4. How confident are you in your answer?

EPA6. (Population: T1; ages 3-5)

DURING THE PAST 12 MONTHS, how many days was [NAME_FILL] unable to play outdoors because it was too hot? *Include missed recess and outdoor time at school or childcare, in your yard or neighborhood, in a park, playground or other outdoor recreation area.*

- None
- 1-5 days

- 6-10 days
- 11 or more days
- This child does not play outdoors

Standard Probes:

1. What do you think is meant by “too hot”? How do you determine whether it is “too hot”?
2. Were you thinking of consecutive days- days that all happened in a row? Or were you thinking of the total number of days even if they did not all occur in a row?
3. How easy or difficult was it to answer this question?
4. How confident are you in your answer?

EPA7. (Population: T1; ages 3-5)

DURING THE PAST 12 MONTHS, how many days was [NAME_FILL] unable to play outdoors because of smog, wildfire smoke, pollution, or other causes of poor air quality?

Include recess and outdoor time at school or childcare, in your yard or neighborhood, in a park, playground or other outdoor recreation area.

- None
- 1-5 days
- 6-10 days
- 11 or more days
- This child does not play outdoors

Standard Probes:

1. What do you think is meant by “poor air quality”? How do you determine whether the air quality is poor?
2. Were you thinking of consecutive days- days that all happened in a row? Or were you thinking of the total number of days even if they did not all occur in a row?
3. How easy or difficult was it to answer this question?
4. How confident are you in your answer?

EPA8. (Population: T1)

Does your home have air conditioning? *Include central air conditioning, window or wall air conditioners, portable air conditioners, and evaporative or swamp coolers.*

- Yes, all rooms are air conditioned

- Yes, some rooms are air conditioned
- No

Standard Probes:

1. In your own words, what do you think this question is asking?
2. How easy or difficult was it to answer this question?
3. How confident are you in your answer?

GENERAL DEBRIEFING PROBES:

1. Overall, what would you say about the questions that you looked at today? If needed: Tell me more about that.
2. Do you think there are questions some people would find confusing? Which ones?
3. Is there anything else you would like to tell us that you haven't already mentioned?

Thank you for your feedback today. Your participation is greatly appreciated, and your input has been really helpful.

****REMIND THE PARTICIPANT THAT THEY WILL RECEIVE THE \$25 INCENTIVE VIA MAIL IN APPROXIMATELY ONE WEEK****

If you recall when you signed the consent form at the beginning of our session we noted that you would receive \$25 in the mail upon completing this session. You can expect to receive it in about one week.