

Protocol for 2025 National Survey of Children's Health (NSCH) Questionnaire Pretesting

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 \$50 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)

Medication shortages

A30a. (Population: T1, T2/T3)

Has a doctor or other health care provider EVER told you that this child has Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is ADD or ADHD?

- Yes

- No

(If yes, then answer A30b)

A30b. (Population: T1, T2/T3)

If yes, does this child CURRENTLY have the condition?

- Yes

- No

(If yes, then answer A31)

A31. (Population: T1, T2/T3)

Is this child CURRENTLY taking medication for ADD or ADHD?

- Yes

- No

Standard Probes:

1. How easy or difficult was it to answer this question?
2. In your own words, what do you think this question is asking?
3. What do you think is meant by the phrase "currently taking medication?"
4. Would your answer be different if you were asked if your child has a prescription for ADD/ADHD medication?

A32 (new question). (Population: T1, T2/T3)

DURING THE PAST 12 MONTHS, have medication shortages impacted your ability to fill this child's ADHD or ADD prescription?

- Yes

- No

- This child did not have an ADHD or ADD prescription during the past 12 months.

Standard Probes:

1. Can you tell me in your own words what you think this question is asking?
2. How easy or difficult was it to answer this question?
3. Have you experienced any problems at all with obtaining medication for your child's ADHD or ADD during the last 12 months?
 - a. If yes, did you consider that when answering the previous question?
4. If yes, do you believe that medication shortages currently make it difficult to obtain medication?

Early intervention

Early intervention1. (Population: T1, T2/T3)

Has this child ever received any of the following services? *Mark ALL that apply.*

- An individualized education plan (IEP)
- A family service plan (IFSP)
- A 504 plan
- Not sure
- None of these

(Skips follow-up is answers not sure or none of these)

Standard Probes:

1. How easy or difficult was it to answer this question?
2. Are you familiar with these services/plans?
3. For those who answer not sure or none of these: “Do you see a difference between “not sure” and “none of these”?”
 - a. What sorts of services were you thinking about?
4. Note any hesitation and probe as appropriate.
5. If your child had received an educational plan or service that isn’t one of the ones listed, which response option would you have chosen?

Early intervention2. (Population: T1, T2/T3)

What type(s) of plan(s) does this child receive currently? *Mark ALL that apply.*

- An individualized education plan (IEP)
- A family service plan (IFSP)
- A 504 plan
- Not sure
- None of these

Standard Probes:

1. How easy or difficult was it to answer this question?
2. For those who answer not sure or none of these: “Do you see a difference between “not sure” and “none of these”?”

3. Note any hesitation and probe as appropriate.

Childcare

G3. (Population: T1)

Has this child started school? *Include any formal home schooling.*

- Yes, preschool
- Yes, kindergarten
- Yes, first grade
- No

(If “Yes, preschool” or “no,” then moves onto following questions.)

Standard Probes:

No scripted probes.

Childcare1. (Population: T1)

How many hours in a typical week does this child receive care from someone other than their parent or guardian? *This care could be from a childcare center or daycare center, preschool, pre-K program, Head Start or Early Head Start program, home-based childcare or in-home daycare program, nanny, au pair, babysitter, relative, or friend.*

- 0 hours per week
- 1-10 hours per week
- 11-20 hours per week
- 21-30 hours per week
- More than 30 hours per week

(If any option > 0 hours per week, then move onto follow-up)

Standard Probes:

1. How easy or difficult was it to answer this question?
2. What do you think is meant by “a typical week”?
3. Were you thinking about care that happens weekly? Care that happens regularly even if not every week?
4. Briefly describe your childcare set-up.

Childcare2. (Population: T1)

What type of care does this child receive most often?

- Childcare center, preschool, or prekindergarten program
- Head Start or Early Head Start program
- Home-based childcare program
- Nanny, au pair, or babysitter
- Relative or friend
- Other

Standard Probes:

1. How easy or difficult was it to answer this question?
2. Are there other types of care that you think should be included in this list?
 - a. Were you thinking of your response to the previous question (number of hours) when choosing the types of care?

Material hardship

New question1. (Population: T1, T2/T3)

DURING THE PAST 12 MONTHS, how often did you worry that your household's food would run out before you had money to buy more?

- Often
- Sometimes
- Never

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 do you interpret the phrase "your household's food"? Is it clear?

New question2. (Population: T1, T2/T3)

DURING THE PAST 12 MONTHS, how often did your household's food run out and you didn't have money to buy more?

- Often
- Sometimes
- Never

Standard Probes:

1. How do you think this question is different from the previous one?
2. How easy or difficult was it to answer this question?
3. In your own words, what do you think this question is asking?

New question3. (Population: T1, T2/T3)

DURING THE PAST 12 MONTHS, has the electric, gas, oil, or water company shut off or threatened to shut off service to your home?

- Yes
- No

Standard Probes:

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

EPA**EPA1a. (Population: T1, T2/T3)**

At any time DURING THE PAST 12 MONTHS, do you think this child has had heat exhaustion or heat stroke? *Heat exhaustion or heat stroke can happen in very hot or humid weather and cause problems such as muscle cramps, dizziness, confusion, weakness, throbbing headache, nausea or vomiting, or fainting.*

- Yes
- No
- Don't know

(If yes, move on to follow-up)

Standard Probes:

1. How easy or difficult was it to answer this question?
2. What do you think this question is asking?
3. What do you think of the instructional text? Was anything unclear?

EPA1b. (Population: T1, T2/T3)

If yes, did you seek medical care from a doctor or other health care provider?

- Yes
- No

(If yes, move on to follow-up)

Standard Probes:

1. If yes, tell me more about that.
2. How easy or difficult was it to answer this question?

EPA1c. (Population: T1, T2/T3)

If yes, did a doctor or other health care provider tell you that your child had heat exhaustion or heat stroke?

- Yes
- No

Standard Probes:

1. How easy or difficult was it to answer this question?

EPA2. (Population: T1)

DURING THE PAST 12 MONTHS, how many days was this child unable to play outdoors because of smog, wildfire smoke, pollution, or poor air quality in general? *Include days where this child was unable to participate in their usual activities, including recess or sports.*

- 0 days
- 1-7 days
- 8-14 days
- 15 or more days
- This child does not exercise, play sports, or participate in physical activity outdoors.

Standard Probes:

1. How easy or difficult was it to answer this question?
2. How did you determine the number of days? Were you thinking about consecutive or the total number of days?
3. What do you think is meant by the phrase “poor air quality in general”?
4. How do you determine poor air quality?

EPA3. (Population: T2/T3)

DURING THE PAST 12 MONTHS, how many days was this child unable to exercise, play sports, or participate in outdoor physical activity because of smog, wildfire smoke, pollution, or poor air quality in general? *Include days where this child was unable to participate in their usual activities, including recess or sports.*

- 0 days
- 1-7 days
- 8-14 days
- 15 or more days
- This child does not exercise, play sports, or participate in physical activity outdoors.

Standard Probes:

1. How easy or difficult was it to answer this question?
2. How did you determine the number of days? Were you thinking about consecutive or the total number of days?
3. What do you think is meant by the phrase “poor air quality in general”?
4. How do you determine poor air quality?

Vision screening

C15. (Population: T1, T2/T3)

DURING THE PAST 2 YEARS, has this child received a vision screening from a care provider other than an eye doctor? *This screening could have occurred at a pediatrician's office, in a school, preschool/childcare center, or a community setting using pictures, shapes, letters, or a camera like tool.*

- Yes

- No

(If yes, move on to follow-up)

Standard Probes:

1. How easy or difficult was it to answer this question?
2. In your own words, how would you describe the difference between a screening and an exam? Or are they the same thing?
3. Do you know what qualifications the person doing the screening had? Whether they were an eye doctor?
4. What did you think of the description of a vision screening?

New question1. (Population: T1, T2/T3)

If yes, was it recommended that this child see an eye doctor for an eye examination as a result of the vision screening? *An eye doctor is an optometrist or ophthalmologist.*

- Yes

- No

(If yes, move on to follow-up)

Standard Probes:

1. How easy or difficult was it to answer this question?

New question2. (Population: T1, T2/T3)

If yes, did this child receive an eye exam because of this recommendation?

- Yes

- No

(If yes, move on to follow-up)

Standard Probes:

1. How easy or difficult was it to answer this question?

New question3. (Population: T1, T2/T3)

If yes, was this child prescribed eyeglasses or contact lenses?

- Yes

- No

(If yes, move on to follow-up)

Standard Probes:

1. How easy or difficult was it to answer this question?

New question4. (Population: T1, T2/T3)

If yes, did this child receive eyeglasses or contact lenses?

- Yes

- No

Standard Probes:

1. How easy or difficult was it to answer this question?

Newborn screening

New question1. (Population: T1, T2/T3)

Does this child have a medical, behavioral, or other health condition that requires ongoing treatment?

- Yes

- No

(If yes, then receive follow-up)

Standard Probes:

1. If participant hesitates, how easy or difficult was it to answer this question?
2. If yes, tell me more about that.
3. What types of things do you consider to be “health conditions”? Do you think it is something that requires a diagnosis by a doctor?
4. What do you think is meant by the phrase “ongoing treatment”?

New question2. (Population: T1, T2/T3)

Were you told that this child’s condition was found through a blood test done shortly after birth? *These tests are sometimes called newborn screening or the heel-prick test.*

- Yes

- No

Standard Probes:

1. How easy or difficult was it to answer this question?
2. How confident are you in your response?
3. Do you remember your child receiving a newborn screening?
4. If needed, was their condition found through a test that wasn’t a blood test?

Oral health

New question1. (Population: T1, T2/T3)

DURING THE PAST 12 MONTHS, did this child receive preventive dental services during a PREVENTIVE check-up with a pediatrician, family doctor, or other primary care provider? *Examples of preventive dental services include fluoride treatment, instruction on tooth brushing, or asking questions about this child's teeth. Do not include preventive check-ups with dentists or other oral health care providers.*

- Yes

- No

Standard Probes:

1. In your own words, what do you think this question is asking? Is there anything that is unclear?
2. How easy or difficult was it to answer this question?
3. What sorts of preventive checkups were you thinking about when you answered this question?

New question2. (Population: T1, T2/T3)

DURING THE PAST 12 MONTHS, did a pediatrician, family doctor, or other primary care provider recommend that this child see a dentist or other oral health care provider for dental care? *Examples of other oral health care providers are dental hygienists and dental therapists. Do NOT include orthodontists.*

- Yes

- No

Standard Probes:

1. How easy or difficult was it to answer this question?
2. Is anything about this question unclear?

New question3. (Population: T1, T2/T3)

DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for any kind of dental or oral health care? *Examples of other oral health care providers are dental hygienists and dental therapists. Do NOT include orthodontists. Mark ALL that apply.*

- Yes, saw a dentist
- Yes, saw other oral health care provider
- No

(If yes, then move onto follow-up)

Standard Probes:

1. How easy or difficult was it to answer this question?

New question4. (Population: T1, T2/T3)

If yes, DURING THE PAST 12 MONTHS, how many times did this child see a dentist or other oral health care provider? Do NOT include orthodontic visits.

- 0 visits
- 1 visit
- 2 or more visits

Standard Probes:

1. How easy or difficult was it to answer this question?
2. What types of oral health care providers did you consider?

Asthma

A6. (Population: T1, T2/T3)

Has a doctor or other health care provider EVER told you that this child has asthma?

- Yes
- No

(If yes, move onto follow-up)

Standard Probes:

No scripted probes.

A6a. (Population: T1, T2/T3)

If yes, does this child CURRENTLY have the condition?

- Yes
- No

(If yes, move onto follow-up)

Standard Probes:

No scripted probes.

A6b. (Population: T1, T2/T3)

If yes, DURING THE PAST 12 MONTHS, has this child had an episode of asthma or an asthma attack?

- Yes
- No

Standard Probes:

1. How easy or difficult was it to answer this question?
2. What sort of events were you thinking about when coming up with an answer to this question?
3. What do you think about the phrase “episode of asthma”?

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 \$50 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 \$50 in the mail upon completing this session. You can expect to receive it in about one week.