

2025 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 between the ages of 3-17 years?

Yes

No -> *Ineligible*

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

2. How many children, stepchildren, or foster children age 3-17 years do you have?

Number of children _____

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

3a1. Does this child have a chronic health condition?

Yes [If yes, please describe _____]

No

3a2. Does this child take medication for ADHD or ADD?

Yes

No

3a3. Does this child have asthma?

Yes

No

3a4. [If age 3-5] Has this child started school? *Include any formal home schooling.*

- Yes, preschool

- Yes, kindergarten

- Yes, first grade

- No

(If R, marks "Yes, preschool or "no" then moves on to following question.)

3a4b. [If age 3-5] Does this child receive regular care from someone other than a parent or guardian?

Yes

No

3a5. Has this child EVER received any type of special education services, early intervention plan, or 504 accommodations plan?

Yes

No

Not Sure

3b. [If more than one child]

What is the age of your oldest child? Only include children 3-17 years.

AGE:

3b1. Does this child have a chronic health condition?

Yes [If yes, please describe_____]

No

3b2. Does this child take medication for ADHD or ADD?

Yes

No

3b3. Does this child have asthma?

Yes

No

3b4. [If age 3-5] Has this child started school? *Include any formal home schooling.*

- Yes, preschool

- Yes, kindergarten

- Yes, first grade

- No

(If R, marks "Yes, preschool" or "no" then moves on to following question.)

3b4b. [If age 3-5] Does this child receive regular care from someone other than a parent or guardian?

Yes

No

3b5. Has this child EVER received any type of special education services, early intervention plan, or 504 accommodations plan?

Yes

No

Not Sure

3c. What is the age of your next oldest child? Only include children ages 3-17 years.

3c1. Does this child have a chronic health condition?

Yes [If yes, please describe_____]

No

3c2. Does this child take medication for ADHD or ADD?

Yes

No

3c3. Does this child have asthma?

Yes

No

3c4. [If age 3-5] Has this child started school? *Include any formal home schooling.*

- Yes, preschool

- Yes, kindergarten

- Yes, first grade

- No

(If R, marks "Yes, preschool" or "no" then moves on to following question .)

3c4b. [If age 3-5] Does this child receive regular care from someone other than a parent or guardian?

Yes

No

3c5. Has this child EVER received any type of special education services, early intervention plan, or 504 accommodations plan?

Yes

No

Not Sure

Repeat for each child.

Demographics

[IF RESPONDENT IS ELIGIBLE]

Demo 1. What is your name?

First and Last Name _____

Demo 2. What is your gender?

Female

Male

Transgender, non-binary, or another gender

Prefer not to answer

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. What is your race and/or ethnicity?

Select all that apply.

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

Demo 6. In what city, state, and ZIP code do you currently live?

City _____

State _____

Zip Code _____

Demo 7. 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 8. How did you hear about this research opportunity? _____

Demo 9. What is your telephone number? *We may use it to contact you if you are selected to participate in a research session.*

Demo 10. 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? _____