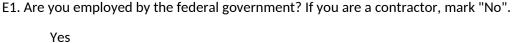
2025 NSCH Content Cognitive Interviewing Screener

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



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

	uestions

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? <i>Include any formal home schooling</i> .
- 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? <i>Include any formal home schooling</i> .
- 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? <i>Include any formal home schooling</i> .
- 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.
<u>Demographics</u>
[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

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

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?

Central Standard Time