



NATIONAL CENTER FOR HEALTH STATISTICS

Cognitive Interviewing Report

Round 2: Data collected October-November 2023



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Introduction

The National Center for Health Statistics (NCHS) seeks to evaluate questions included on the second round of the Rapid Surveys System (RSS-2). RSS is designed to produce timely estimates on emerging and relevant public health-related topics. Given the short timeline that RSS operates under, the more typical workflow of conducting cognitive interviews as a pretest before a survey is fielded is not possible. Rather, the cognitive interviews for RSS-2 were conducted shortly after the survey's field period, and the findings presented in this report can help inform interpretation of the survey results. For RSS-2, 25 interviews were completed several months after data collection.

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Background

Rapid Surveys System (RSS) is intended for situations in which decision makers' need for time-sensitive data of known quality about emerging and priority health concerns is a higher priority than their need for statistically unbiased estimates.

NCHS's traditional household surveys generate robust nationally representative statistics using methods that maximize relevance, accuracy, and reliability. Whereas NCHS's gold standard sampling, interviewing, and post-processing strategies are pivotal for examining national yearly trends in disease and behavioral risk factors and differences across demographic and geographic groups, they are less flexible when responding to short-term challenges to public health. As a result, CDC uses other data sources to identify and track emerging public health threats, such as those associated with disease outbreaks. During the COVID-19 pandemic, the implications of unknown data quality from some public health surveillance approaches became clearer. In response, CDC is working to better understand the limits of its public health surveillance systems and to develop a mechanism that facilitates collection of time-sensitive survey data with known quality. To that end, the NCHS RSS has three major goals: (1) to provide CDC and partners with time-sensitive data of known quality about emerging and priority health concerns, (2) to increase NCHS's expertise in online panel use and to evaluate the quality of public health estimates generated from commercial online panels, and (3) to improve methods to appropriately communicate the fitness for use of public health estimates generated from commercial online panels.

RSS will examine the ability of panel data to represent the U.S. adult population. Depending on the sample size, topic, and analytic goals, estimates for specific subpopulations defined by demographics or socioeconomic characteristics can be generated. RSS uses NORC's AmeriSpeak panel and Ipsos's KnowledgePanel, two commercially available probability-based online panels, to create a platform designed to produce national estimates from the combined results. RSS includes multiple mechanisms to evaluate the resulting survey data for its appropriateness for use in public health surveillance and research, including cognitive interviewing.

Nine new, emerging, or supplemental topics from contributing agencies were specifically included on RSS-2, including:

- ADHD – Attention Deficit Hyperactivity Disorder
- Online Connectedness
- Contraceptive Access among Women of Reproductive Age
- Chronic Pain
- Illegal Drug Use and Naloxone Awareness
- Swimming
- Suicide
- Technology-Facilitated Sexual Violence
- Hearing Protector Fit-testing

RSS-2 also included demographic questions such as age, race, ethnicity, and sex; calibration variables such as civic engagement and languages spoken at home; and benchmarking questions such as chronic conditions and chronic pain.

Methodology

Cognitive Interviewing

Cognitive interviewing focuses on participants' cognitive process while completing a survey^{1,2}. Interviewers are interested in identifying survey elements that invoke unnecessary cognitive burden or that prevent respondents from effectively comprehending, recalling, judging, and reporting proper answers to questions. Interviewers are also interested in differences in the cognitive process by key subgroups and in how participant interpretation of the questions could impact results.

Cognitive interviewing consists of one-on-one interviews to assess general comprehension, clarity of question and response wording, effectiveness of skip logic, and visual aids in a survey. The goal is to gain an understanding of how well the questions work when administered to a sample of the survey's target population. The interviews follow a protocol with some general pre-scripted probes. Cognitive interviewers are trained to instruct the participant on thinking aloud and to encourage that behavior, and to use spontaneous probing to fully understand a participant's response. Cognitive interviewing works best for:

- Learning about the thought process respondents use in answering the questions
- Probing deeper into the response process
- Observing non-verbal, human reactions
- Testing navigation in self-administered modes
- Examining new items for potential for measurement error
- Gauging opinions on the survey as a whole

Sample and Respondent Recruitment

For RSS-2, recruitment for cognitive interviewing focused on building a demographically diverse, purposive qualitative sample and including respondents who have ADHD or use ADHD medication, those with chronic pain, victims of technology-

¹ Willis, G. (2005). *Cognitive Interviewing: A Tool for Improving Questionnaire Design*. Thousand Oaks, CA: Sage Publications.

² Miller, K., Willson, S., Chepp, V., and Padilla, J. (Eds.). (2014). *Cognitive Interviewing Methodology*. Hoboken, NJ: Wiley and Sons.

facilitated sexual violence, and those who have been professionally fitted for hearing protectors.

Advertisements were placed online asking potential respondents to fill out a screener online. This screening process allowed a diverse but nonrandom sample to be created for these interviews.

Data Collection and Analysis

Data Collection

All cognitive interviews were conducted virtually, using Zoom. Interviews lasted no more than 60 minutes and all participants received a \$50 electronic Visa gift card for participating even if they ended the interview early. Prior to beginning the interview, the interviewer reviewed the informed consent form with the participant, and answered any questions they had about the form. Interviewers also obtained verbal consent for participation in the interview, consent for observation by RSS staff, and consent for audio and video recordings.

Interviewers shared their screen with participants, displaying the web version of the questionnaire. Participants were asked to read the questions aloud and tell the interviewer how they would respond if answering the survey on their own. Participants were asked to think aloud when answering the survey questions. Participants were shown all questions in the web instrument, however, cognitive interviewers probed only on the nine new, emerging, or supplemental topics specifically included in RSS-2. Interviewers probed these topics to better understand how participants decided on their answer, and to assess participant understanding of the question. Participants could refuse to answer any question they did not want to answer.

Participants were assigned to either the Ipsos version or the NORC version of the instrument. Though the visual presentation of the web instrument differed between these two versions, the question text and response options were identical.

Data Analysis

To facilitate analysis, all interviews were video and audio recorded. Recordings allowed the interviewer to fully engage with the participant and concentrate during the interview without focusing on notetaking during the discussion. Using the recordings, interviewers created summary notes about how the participant answered the survey questions, how participants decided on their responses to survey questions, and their interpretation and understanding of the survey items, as evidenced by both summary and verbatim statements. Summary notes were entered into a template with each

summary labeled with the participant ID. The notes did not contain any personally identifiable information, maintaining participant confidentiality throughout analysis. The summary notes were analyzed using thematic analysis, a method for analyzing qualitative data that involves reviewing a set of data and looking for patterns in the meaning of the data to identify themes³.

Table 1 displays the demographic characteristics of the 25 cognitive interview participants.

Table 1. Cognitive Interview Participant Characteristics

PARTICIPANT CHARACTERISTICS	
	Number of Participants
Race	
White	19
Black or African American	5
American Indian or Alaska Native	0
Asian	1
Middle Eastern or North African	0
Native Hawaiian and Pacific Islander	0
Other	1
Hispanic or Latino (Yes)	5
Age	
18-29	5
30-49	15
50+	5
Sex	
Male	10
Female	15
Education	

³ Clarke, V. & Braun, V. (2017). Thematic analysis. *The journal of positive psychology*, 12(3), 297-298.

Less than HS diploma	0
HS diploma or equivalent	1
Some college, no degree	8
Associate's degree	1
Bachelor's degree	9
Post-bachelor's degree	6
No formal education	0
Diagnosed with ADHD	15
Uses ADHD Medication	11
Chronic Pain	17
Victims of Technology-facilitated Sexual Violence	8
Professionally Fitted for Hearing Protection	8

Overall Findings

The cognitive interviews included survey questions and probes about selected questions from the nine topics that were specifically included on RSS-2. The other health and demographic characteristics described previously are recurring across rounds of RSS and are used for calibration and other methodological purposes. This section provides an overview of the findings from the specific RSS-2 topics.

- 1) *ADHD - Attention-Deficit/Hyperactivity Disorder.* Participants were easily able to answer these questions and knew if and when they were diagnosed by a health professional. They were able to talk about therapy and medication they were using for ADHD without any issues. However, some participants expressed some uncertainty over “difficulty” getting their medication and compared their own situation to the widespread medication shortage when determining their answers.
- 2) *Online Connectedness.* Participants had different experiences and familiarity with social media, online games, and forums and message boards. However, all participants were able to give accurate examples of all three forms on online interaction. Although participants had a more varied understanding of what forums and message boards were compared to social media and online games, in general, forums and message boards were defined as apps or sites where someone could ask questions, sometimes of experts, and receive answers on specific topics. In addition, when asked to give examples of online games,

participants listed games played on a smartphone, games played on a computer while connected to the internet, and games played on gaming consoles while connected to the internet. These examples included games played with others online as well as playing online games alone. This distinction influenced the way that participants answered questions about social isolation and feeling like a member of a community while playing online games. In general, though, participants did differ in their reports of social isolation and feeling like a member of the community but understood the terms consistently and correctly.

- 3) *Contraception Access among Women of Reproductive Age.* Participants were easily able to answer these questions but thought the list of contraceptive methods was incomplete. This list was not an exhaustive list of all birth control methods by design because the sponsor was only interested in these particular birth control methods. No participants reported changing or stopping a birth control method in the past 12 months, and as such the questions on reasons for stopping or changing methods were not tested.
- 4) *Chronic Pain.* Overall, participants had a consistent and correct understanding of chronic pain. None of the participants who received questions about experiences with their healthcare providers reported negative interactions, limiting the ability to describe how these questions performed for people who have had such experiences.
- 5) *Harm Reduction and Treatment.* While answering this series of questions, no participant had purchased prescription medication online without a prescription and some participants expressed confusion or misinterpreted the questions to be about prescription medication ordered online with a prescription. Few participants had experience with Narcan but most did report knowing what it was and were more familiar with the brand name Narcan over naloxone. Participants felt that the list of reasons someone might not carry Narcan was incomplete. Participants had varying responses regarding drug use by people close to them and the level blame associated with illegal drug use.
- 6) *Swimming.* Most participants easily remembered learning, or not learning, how to swim but found rating their own swimming skill more cognitively taxing than other survey questions. Participants who reported receiving training on how to help a drowning person also had difficulty recalling and describing details of the training they had received.

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- 7) *Suicide*. Some participants found these questions very sensitive and opted to skip this section. Among those who responded, the questions were still sensitive, however most of those participants were comfortable or comfortable enough answering them. Participants were easily able to answer these questions.
 - 8) *Technology-Facilitated Sexual Violence*. One participant found this section very sensitive and opted to skip these questions. Among those who responded, participants were able to answer these questions easily and had a consistent and correct understanding of “sexual photo or video.” Not all participants were familiar with the term “deepfake”. Those who were not familiar with the term were able to understand how technology could be used to create and share a fake pornographic photo or video.
 - 9) *Hearing Protector Fit-Testing*. There was some misunderstanding around these questions. One participant reflected on hearing aids that help with noise disturbance. Participants found the question asking if they had ever used hearing protectors at work confusing, likely because of the order of the response options. These were participants who had not used hearing protectors at work and were unsure if they should select “No” or “I have never worked around loud noises”.

Question by Question Findings

Below are the cognitive interview findings for each topic probed on during the interviews. Findings include direct quotes from participants, where applicable. Questions were asked of all participants unless specified otherwise. Survey items and related findings are presented in the order in which they were asked and probed on. Only items which were probed on are included in this report; the full questionnaire is available at [Rapid Surveys System - Data Files and Documentation \(cdc.gov\)](https://www.cdc.gov/rapid-surveys-system/data-files-and-documentation). For some topics, probing was conducted at the end of a group of questions rather than after each individual question; for these cases the questions are grouped together above the related findings.

ADHD Questions

Questions on ADHD were asked of respondents who indicated that they had been diagnosed with ADHD by a doctor or other health professional. The questions in this section asked about age of diagnosis, counseling or therapy experiences, prescription medications, health insurance coverage, and use of telehealth visits.

ADHD_EVER	Have you ever been diagnosed with attention-deficit/hyperactivity disorder, or ADHD, by a doctor or other health professional? <i>Health professionals can include psychologists and nurses.</i>
ADHD_AGE	How old were you when a doctor or other health professional first diagnosed you with ADHD?
ADHD_NOW	Do you currently have ADHD?
ADHD_TREAT	During the past 12 months, did you receive counseling or therapy from a mental health professional to help you with your ADHD? <i>Mental health professionals can include psychiatrists, psychologists, psychiatric nurses, or clinical social workers.</i>
ADHD_MEDS	During the past 12 months, were you prescribed medication to help you with your ADHD?

ADHD_MEDDIFF	During the past 12 months, did you have any difficulty getting your ADHD prescription filled because your ADHD medication was not available?
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Participants found these questions easy to answer. Some participants without an ADHD diagnosis explained they had family members who had been diagnosed with ADHD and therefore knew they did not have the same diagnosis. Those who reported having ADHD affirmed that they had been told by a doctor or health care professional about their diagnosis and that this was easy for them to remember.

- “My husband has ADHD so I know all about it and I have never been diagnosed with it or take medicine for it.”
- “I was 17 or 18 when I first got diagnosed and I’ve been going back and forth on medications ever since then.”

No participant with ADHD expressed any difficulty remembering when they were first diagnosed or if they had been prescribed medication for ADHD in the past 12 months. One participant, who had not been diagnosed with ADHD by a doctor or health care professional, wondered what “other health professionals” should be included in the first two questions.

Three participants reported receiving therapy and clarified that their therapy included treatment for ADHD but was not exclusively to treat ADHD.

- “It treats ADHD, like things that I can pay attention to. We talk about other things and ADHD.”
- “I have anxiety and ADHD, and I work with my therapist on both of those things. It is not ADHD specific but we discuss it. I would say most of the time we will talk about ADHD as part of what we are talking about.”

Three participants expressed some uncertainty over “difficulty” getting their medication. One participant initially said “yes” to this question, then changed his answer to “no.” He had experienced brief delays while the pharmacy filled his prescription but this was not due to a national medication shortage, so he felt he should answer “no.” Another participant expressed a similar comparison of her own situation to a wider medication shortage.

- “Most of the answers were like very straightforward for me. And really, the thing I struggled most with was the question about did you have any difficulty getting a prescription filled because I think difficulty feels subjective and I know that the medication shortage is causing significant difficulty for a lot of people and I don't identify with that. I've had relatively no problem at all.”

These participants seemed to perceive the question as asking about the current medication shortage and felt any issues they may have had getting their medication did not rise to the same level of “difficulty.”

Online Connectedness Questions

These questions asked respondents how often they played online games, used social media, and visited online forums and message boards. These questions also asked when respondents did these activities, how much they felt socially isolated from others and how much they felt like a member of a community.

ONL_SOCMED	How often do you use social media?
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Most participants reported using social media daily. When asked for examples of social media, participants most frequently named Facebook, Instagram, Twitter, Reddit, and TikTok. Participants seemed to have a good understanding of social media apps and sites.

ONL_GAMES	How often do you play online games?
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Participants varied widely in how frequently they played online games. When asked to give examples of online games, participants listed games played on a smartphone, such as Monopoly Go and Candy Crush, games played on a computer while connected to the internet, and games played on gaming consoles, such as PlayStation and Xbox, while connected to the internet. Participants mentioned playing with others online, like in Fortnite, as well as playing online games alone, such as Wordle. Regardless of the frequency of their gaming, participants generally understood what was meant by “online games.”

ONL_MSGBOARD	How often do you visit forums and message boards?
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Participants had a more varied understanding of what forums and message boards were. One participant felt these were outdated terms.

- “To me that is a bit of a dated term, like back when AOL was first starting and that’s when I was first on the internet. Like-minded individuals could meet and share information in a variety of forms.”

Several participants mentioned Reddit as a forum or message board site and at least one participant questioned if Reddit was social media or a forum. This participant decided not to include Reddit as a forum because it has a direct message feature between users which seemed more like social media to her.

In general, forums and message boards were defined as apps or sites where someone could ask questions, sometimes of experts, and receive answers on specific topics. Participants mentioned forums for specific careers, health conditions, and locations.

- “I was picturing Reddit. I was also picturing Quora, that’s one where you can ask questions and community members will provide you with responses. But it could also mean message boards like NextDoor, it’s one that I use where it’s your neighbors.”
- “Reddit mostly. I also visit Disney forums, and forums about books. Where you can post questions, answer questions, or see questions from other people.”
- “My husband belongs to Michael J Fox Parkinson’s Foundation, so there would be a plethora of information on Parkinson’s on that forum...”

There was not a consensus among participants about whether certain sites or apps (i.e., Reddit, NextDoor) are social media versus forums or message boards. This suggests that these concepts were not mutually exclusive for participants.

ONL_SOCISO	How much do you agree or disagree with the following statement? When I use social media, I feel socially isolated from others.
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This question was clear and easily understood by all participants. Participants defined social isolation as feeling lonely or disconnected from others.

- “Not invited to the party, not being part of the activities, not being as successful as other people, not being in the moment from the standpoint of interaction, like being in the room, by looking at a lot of pictures, videos, if you know people and you’re not in the room, sometimes you feel like I should have been in that room.”

- “Alienated or you’re not included. You feel kind of alone.”

Most participants disagreed with feeling socially isolated from others when using social media. Several participants felt that social media made them feel more connected to others.

- “When I use social media I actually feel socially connected. Sometimes I feel more connected to people on social media.”
- “It’s safe. I can express my opinions. My thoughts, my ideas. And I’m also connecting with others, so I don’t see how it makes me feel isolated. I just never get that feeling.”

In some cases, isolation and connectedness were both caused by social media use, but that the connectedness was more important or stronger than the feeling of isolation.

- “Generally speaking, when I use social media, I feel connected to influencers that I follow. But at the same time, I couldn’t say strongly disagree because there have been moments where I saw an event and I had FOMO. Like wishing I was there. So that can make me feel kind of like lonely or isolated for short periods of time.”
- “I agree that social media can sometimes feel isolating. When I am feeling isolated already and sort of using social media mindlessly. However, most of the time it does not make me feel socially isolated. It can also make me feel connected to people, so I would somewhat disagree because my sense that it makes me feel isolated is smaller than my sense that it makes me feel sort of connected or engaged and informed.”

ONL_SOCISO	How much do you agree or disagree with the following statement? When I use social media, I feel like I’m a member of a community.
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This question was clear and easily understood by most participants. Two participants wanted more detail in the question about what it means to be a member of the community. One stated that being a member of a community could be different to

different people. This made the question more difficult to answer accurately for these two participants.

Participants defined being a member of the community as being accepted, being part of something bigger, giving and receiving support from other people, and being connected to others.

Based on this definition, participants generally agreed that using social media made them feel like a member of a community. These communities could be groups of friends or a community with a shared interest or trait, such as health conditions.

- “Again a lot of my friends when they post life updates I feel like I am part of that life even if I am not physically there.”
- “I feel like I am connected to people that I have things in common with. Especially when there are not many people in my actual community that I have things in common with.”

Some participants agreed they felt like part of a community, but with some caveats, such as being on the outskirts of a group.

- “I’m on a lot of subgroups for Reddit on a variety of topics... I don’t track any individuals to see what they post, I just read them as they come up. Very rarely would I comment on someone else’s post and if I do, it’s very few words. So I feel like part of the community, but one of the peripheral ones at best.”
- “Just because people like your posts or don’t like your posts, doesn’t really mean or resonate that you’re part of their world, you are, but it could be a comfortable distance, it may be too far away, it may be just because they’re nosy. You want to stay connected, but that doesn’t mean that it’s a true connection. It’s kind of like being seen, you want someone to see you, know you’re around, accomplished something, your kids, whatever the case, pets.”

ONL_GAMESISO	How much do you agree or disagree with the following statement? When I play online games, I feel socially isolated from others.
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This question was clear and easily understood by all participants. Some participants mentioned playing online games with friends and family, which made them feel more connected to the people in their lives.

Participants generally disagreed with feeling socially isolated from others when playing online games. One participant did note he only played games with the computer, not against other people, so he was not interacting with others even when playing online, which did make him feel socially isolated sometimes.

Two other participants, who play online games alone, did not feel like they could be socially isolated while playing games that are not social in nature.

- “The games that I play, I don't play with other people. I play games with myself. I don't feel like there is a way for me to feel socially isolated with games that aren't social.”
- “I don't do a ton of gaming and the games that I do play it's just mostly just a challenge myself. It is kind of a solo activity. I guess it's not even relatable to me.”

ONL_GAMESCOM	How much do you agree or disagree with the following statement? When I play online games, I feel like I'm a member of a community.
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This question was clear and easily understood by all participants. Generally, participants who disagreed with this statement played online games alone. Participants who agreed did so because they played online games with friends and family or because they felt connected to a community of other players.

- “So, it's funny. I'm gonna actually say strongly agree to this one even though I just said I play alone. But the reason why is because I do really enjoy doing Wordle and some of my friends and I, we like to talk about like did you solve it today or like how that whole experience went. So it's kind of like a bonding experience to some degree.”
- “Because when you're involved with that, you kind of go back there every day, at least I do. If you're really into that brand or that activity, you tend to want to pursue it, it like becomes a part of a fabric of your personality, you look forward to it, it's kind of addictive actually.”

However, not all participants who shared online games with friends and family thought this made them a member of a community.

- “This one is tough for me, because like I was saying in the last question. My mom plays the same online games that I do and we definitely connect over that. So,

there's some amount of like feeling closer when we share but it's not a community that's like, created by the game. It's my mom and I feel like I'm a member of her community in any case. So I think I would probably say somewhat disagree, because at the end of the day, would say that like the online games are not like generating the community or making me feel like a part of a community in and of themselves, but I wouldn't say strongly disagree because there is this shared element in my experience."

ONL_MSGISO	How much do you agree or disagree with the following statement? When I visit forums and message boards, I feel socially isolated from others.
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Though this question was clear and easily understood by all participants, one participant thought the question was strange because she did not see forums and message boards as social. For her, they are places to access information only.

All participants disagreed with this statement. One participant disagreed with this statement because he did not feel he used forums or message boards frequently enough to feel socially isolated by them. Others disagreed with this statement because forums and message boards felt interactive to them.

- "I just can't recall a time where visiting a forum or a message board made me feel socially isolated. If anything, I feel like I'm getting advice sometimes or just being able to vent or hear other people's experiences. So that's not isolating to me at all."
- "The fact that I'm able to access information from experts and people who really know what they're talking about and the fact that that is available to me, it makes me feel... I guess a good feeling. I don't have any negative feelings while doing these things"
- "On forums and message boards you are allowed to express your opinion and it is an open community that others can respond to your messages."

ONL_MSGCOM	How much do you agree or disagree with the following statement? When I visit online message boards, I feel like I'm a member of a community.
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This question was clear and easily understood by all participants.

Two participants disagreed with this statement and described forums more as information sources than participatory communities.

- “In a sense that anybody else who is searching for the same things that I’m searching for, we’re kind of in that same community, having that same common interest. I don’t feel like I’m a member of the forum community.”
- “I am only ever visiting forums or message boards to get sort of crowdsourced information. I’m never like participating or posting myself.”

Other participants felt that because forums and message board are generally based around a common interest or trait, a feeling of community naturally develops.

- “I very rarely visit them but I think if I did I would strongly agree with this statement just because in my limited experience message boards are specifically for different members of a community, so they foster a sense of a community.”
- “I am talking with people that have the same hobbies or likes so it makes me feel connected to a community of people that like the same things.”
- “Like I said, I belong to like “everything free” groups where people can list stuff for free, or you can pick it up and I think that’s really great. Like, it’s been a way to get to know some of the people that live near me.”

Participants were divided on whether the communities they experience using social media, playing online games, and visiting forums and messages boards are the same or different. Participants who felt they were the same focused on the acceptance and connection to others. Those who felt they were different focused on the function of each of these communities.

- “Social media is very individualized and I am sharing things specifically about me, whereas message boards is a thematic topic.”

- “I think they're different. for me when I think of games that's more like just a personal challenge or whatever and then like a little bit of escapism. And then for me using social media, it's more about like creativity and expressing myself in that way. And then the forums and message boards is the time where I really do feel like the most community centered place for me, sometimes like I said with Facebook, I feel that too. But I think forums and message boards are kind of, in many cases designed to connect others in a deeper sort of way.”

Contraception Access among Women of Reproductive Age Questions

These questions asked women aged 18-49 about contraception use, reasons for changing or stopping their birth control method, and difficulty in obtaining their birth control method.

CON_SEX12M	The next questions are about birth control. At any time in the past 12 months, have you had sexual intercourse with a male partner?
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One participant chose not to answer this series of questions. She thought they were too sensitive and she would not answer them on a government survey if taking the survey on her own. No other participant mentioned being uncomfortable or unwilling to answer these types of questions on a government survey, and the other participants were comfortable answering the remaining items in this series. Participants who completed the series were able to answer this question quickly and easily.

CON_BC12M	In the past 12 months, did you or your male partner use any of the following methods to prevent pregnancy? <ul style="list-style-type: none"> • An IUD or implant, such as Mirena, Liletta, ParaGard, or Nexplanon • Birth control shots, such as Depo-Provera • Birth control pills, vaginal ring such as NuvaRing, or patch such as Xulane • Emergency contraception or the morning after pill, such as Plan B or Ella • A sterilization method such as tubal ligation or Essure, or a vasectomy for a male partner • My partner and I used other methods to prevent pregnancy • My partner and I did not do anything to prevent pregnancy
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Overall, participants were able to answer this question easily. However, participants did note that several birth control methods were missing from the list: condoms, abstinence, pulling out, and non-vaginal sex.

When answering this question, three respondents were confused that condoms were not included. Two of these participants selected “My partner and I used other methods to prevent pregnancy”. The other participant reported using an IUD to prevent hormonal migraines but specified she was only thinking about preventing pregnancy when answering this question. This participant had to think about what to select because she had used an IUD for several years and usually does not have to think about pregnancy prevention.

Three other participants who received this question were able to easily select the birth control method they had used in the past 12 months. Two of these participants reported using an IUD and one reported using emergency contraception.

CON_BCCHANGE	Over the past 12 months, have you changed or stopped a method you used to prevent pregnancy?
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Of the respondents who reported using an IUD or some form of hormonal birth control, no participants reported changing or stopping a birth control method in the past 12 months. One participant did initially think of a second birth control method but realized she stopped using that method more than 12 months ago. Participants who reported using an IUD were easily able to remember when the device was inserted and knew it was more than 12 months ago. Because of this, they were confident in their answer that they did not change or stop a birth control method in the past 12 months.

CON_CHNGEWHY	Why did you change or stop a method you used to prevent pregnancy?
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No participants received this series of questions.

CON_IUD12M	In the past 12 months, has obtaining an IUD or implant become more difficult, less difficult, or stayed the same?
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The participant who reported having an IUD received this question and reported that she had not tried to replace her IUD in the past 12 months, so she was not probed further.

CON_SHOTS12M	In the past 12 months, has obtaining birth control shots become more difficult, less difficult, or stayed the same?
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No participants received this question.

CON_BCPILLS12M	In the past 12 months, has obtaining birth control pills, vaginal rings, or patches become more difficult, less difficult, or stayed the same?
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No participants received this question.

CON_EMERG12M	In the past 12 months, has obtaining emergency contraception become more difficult, less difficult, or stayed the same?
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One participant received this question. She obtained emergency contraception only once in the past 12 months and was unsure if it had become more or less difficult to obtain because she had no point of comparison. She would have preferred a “not applicable” option here and was unsure how to answer the question.

Chronic Pain Questions

These questions asked respondents about chronic pain and experiences with health care providers who treat chronic pain. These questions were only asked of respondents who said that they have had pain most days or every day in the past three months.

CPN_MEDCARE	Are you currently receiving medical care from a health care provider for your chronic pain?
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In general, this question was clearly understood and easily answered by participants regardless of their chronic pain diagnosis. Participants who reported receiving medical care for their chronic pain defined chronic pain with their condition as well as other specific examples, such as fibromyalgia and Parkinson's. Participants who did not report receiving medical care for chronic pain defined the term more broadly.

- “Pain in an area of your body that is most days and has been there for more than six or 12 months.”
- “Probably pain that lasts more than 2-3 weeks and of a certain severity... If your pain level is 2, my guess for most people, is that chronic pain is not life-changing.”

When probed, three participants reported being diagnosed by a health care professional with chronic pain. Two participants reported chronic pain as a side effect of another health condition (arthritis).

- “Yes...Well not chronic pain exactly, but I have been diagnosed with arthritis which causes chronic pain.”

CPN_TRTDEC	During the past 12 months, did you or your health care provider have to make any decisions regarding treatment for your pain, such as getting prescriptions, referrals for care, and procedures?
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Participants received the remaining questions in this series if they reported currently receiving medical care from a health care provider for their chronic pain. This question was generally understood and easily answered by the participants who received it. One participant thought about changes to her regular treatment and diet as well as referrals to other doctors in the past 12 months. The second participant reported one new treatment “several months ago.” The third participants thought about tests and procedures their doctor had ordered to get a diagnosis documented. One participant was unsure how to answer:

- “I have arthritis, so I see a chiropractor, so I don't know how to answer this. [What would you do if I weren't here?] I'd answer “Yes” because I guess adjustments are procedures? I don't know. I don't take anything. I just get adjusted.”

CPN_RESPECT	During the past 12 months, how often did your health care provider treat you with respect when seeking medical care for your pain?
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This question was clearly understood and easily answered by the participants who received it. All reported that they were always treated with respect by their health care provider. Participants were thinking about providers they see for the conditions that cause their chronic pain or a pain specialist when answering this question. These participants defined being treated with respect by their health care provider as:

- “Believing me when I say I am in pain, even if I look OK. Letting me have a say in my treatment.”
- “You don't have the usual doctor attitude that are just above you somehow or dismissive. They care, and they spend time with you or don't act like they're just going through the motions and that they can be bothered. They're too busy.”
- “No judgement, don't look at you a certain way because you take medication for pain.”

CPN_LISTEN	During the past 12 months, how often did your health care provider listen carefully to you when you were seeking care for pain?
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Four participants received this question and all answered “always.” All answered this question about the same health care provider(s) as they previous question. One participant defined “listen carefully” as:

- “I think it means they are asking more questions, answering questions that you are asking in detail and not brushing you off, and taking the time to be there if you need them.”

This question was easy to answer for all participants.

CPN_OPINION	During the past 12 months, how often did your health care provider ask for your opinions or beliefs about your medical care or treatment for your pain?
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This question was easy to answer for all participants and was answered similarly to the previous question. Three participants answered “always” while one answered “usually.” The participant who answered usually said:

- “She knows me so well so she usually knows what to do when I come to see her, but she does always ask how I'm feeling and how I'm doing. I don't know about beliefs of medical care because we have the same goal in mind.”

Participants answered this question about the same health care provider(s) as the previous question. These participants said their doctors listening to them was important to their care when answering this question.

Illegal Drug Use and Naloxone Awareness Questions

These questions asked participants about prescription pills or prescription medications that are ordered online without a prescription. This section also includes questions about awareness and opinions of naloxone, also known as Narcan, and opinions on illegal drug use.

HRD_ONLPILLS	<p>The next questions are about the safety of getting prescription pills or prescription medications that are ordered online without a prescription.</p> <p><i>Include all types of online sites such as forums and message boards, online marketplaces, social media, and the dark web. This does not include retail pharmacy chains or Amazon.</i></p> <p>Have you ever ordered prescription pills or prescription medications online without a prescription?</p>
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Most participants identified ordering prescription medication online without a prescription as “illegal,” “ethically wrong,” and “sketchy.” One participant was unsure how to answer this question because they did not know you could order prescription medication without a prescription.

- "You're saying prescription medications and then you're saying without a prescription so which is it? How can you order prescription pill online unless you have a prescription that makes no sense? [What do you think this question means?] It's not legal. Trading pills online on eBay or something else. I don't know. You can't order prescription pills unless you have a prescription. How is that possible? Like I said, they can put it on eBay or something else. And order it that way illegally. Or maybe from a foreign country. That something that comes to mind maybe because there was Viagra at one point, you couldn't get it here but you could get it in Canada."

Five participants thought this question was asking about ordering prescription medication online with a prescription. Two of these participants were not able to understand the questions and answered “yes” when they had ordered prescription medication online with a prescription. This question was commonly misinterpreted by participants in a way that led to incorrect responses. This could be an indication of misreporting, leading to false positives, when using this question.

No participants reported ordering prescription medication online without a prescription.

HRD_CONCERNA	How concerned were you about the ingredients in prescription pills or prescription medications that you ordered online that you did not have a prescription for?
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Two participants received this item because they responded “yes” to the previous item based on their misunderstanding that it was asking about medication ordered online through a legal prescription service. Both participants answered “not at all” to this question.

HRD_CONCERNB	If you <u>were</u> to order prescription pills or prescription medications online that you did not have a prescription for, how concerned would you be about the ingredients?
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Participants received this question if they answered “no” to HRD_ONLPILLS. Most participants who received this question reported being “very concerned” about the ingredients in prescription medications ordered online without a prescription. One participant responded “somewhat concerned.” Participants were concerned there would be no way to verify what the medication actually was, that it was not contaminated with fentanyl, and other safety concerns.

- “Just not having the backing of my doctor to do this. I’m picturing like where is it coming from? How safe is it? Where I wouldn’t normally have those concerns with a prescription with my doctor. It just feels a little sketchy.”
- “Because I have no idea what is contained within and I don’t know about what kind of effect it would have with my health, or if it would be poisonous or health-concerning, cause me more problems than I already have. I wouldn’t trust it.”

The participant who reported “somewhat concerned” spoke about people they knew who purchased estrogen or testosterone online without a prescription. They did think there were ways to make this process safer.

- “It seems a little concerning - the idea of circumventing the prescription process. I think there are ways of assuring yourself -- reading other people’s experiences, talking to a pharmacist about it.”

One participant mentioned that ordering prescription medications online without a prescription could be better than not getting the medication you need because of availability or cost. A second participant noted an exception to her “very concerned” response:

- “I did say very concerned right off the bat. Which is more about the fact that if it were me and I needed something that is a prescription medication I would go to a doctor. However, I think for some things like birth control or abortion pills I would not be concerned about the ingredients in a website that was endorsed by physicians.”

HRD_NALOXONE	Have you ever heard of the medication naloxone, also known as Narcan, which can be used to reverse an opioid overdose?
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Participants were able to answer this question easily, even if they did not know much about Narcan or naloxone. Most participants had heard of naloxone or Narcan before participating in the survey; familiarity ranged from recognizing the name to being trained on how to use Narcan as a medical professional. Narcan was a more familiar name to participants than naloxone.

- “I live in a major city so I've seen it advertised before like “learn how to use it, you can save a life.” I am not sure where I first heard of it but it’s something you can hear about that can save a life.”
- “I'm just familiar with the name Narcan. I really don't have a lot of knowledge of it and I can't remember where I've heard it. Probably in a conversation about somebody using it. Maybe it was on TV, I can't even recall.”

HRD_NALOTC	Do you know that naloxone, or Narcan, is now available over the counter without a prescription?
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Participants who did not know naloxone, or Narcan, was available over the counter generally responded that they had never needed Narcan and were not familiar enough with it to know how it was available. Those that were aware responded that they had

read about Narcan's availability, even if they were not sure if it was available in their area, or that they had purchased it themselves.

Even if they were not sure about its availability, it seemed natural to some participants that Narcan would be available over the counter.

- "I think I kind of knew that. Because they say for you to have it on hand, in case somebody's dying. Like, you just have it."

HRD_GETNAL, HRD_GETNACOM, HRD_GETNADR, HRD_GETNAHD, HRD_GETNARX	Do you know that you can get naloxone or Narcan at: <ul style="list-style-type: none">• Community harm reduction organization• Doctor's office• Health department• Pharmacy
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Participants answered these questions with limited knowledge and generally relied on assumptions. Most participants did not have firsthand knowledge of where Narcan was available. Most participants said "yes" to the locations where they assumed medication could normally be obtained, such as a doctor's office or pharmacy.

Some participants were also aware of community harm reduction organizations having Narcan available because they had read or seen news about this in their communities. One participant said "yes" to only pharmacy as a location where Narcan could be obtained because she has gotten it before from a pharmacy.

HRD_CARRYNAL	Do you currently carry naloxone or Narcan?
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One participant reported carrying Narcan and a second participant said "no" and clarified that she owns Narcan but does not carry it with her. She was unsure how to answer this question.

- "I don't carry it but I own it. So I don't know how to answer that one. I have it because my husband's on 25 pills, and sometimes the pills interact with each other and cause side effects and unfortunately we've had to use it. But I don't carry it with me in my purse. Although, it's not a bad idea to do that, so no."

All other participants were able to answer this question quickly and easily.

HRD_NOCARRY, HRD_DKWRK, HRD_DKUSE, HRD_DKWHERE	Why do you think people don't carry naloxone or Narcan? <ul style="list-style-type: none"> • They do not think it works • They do not know how to use it • They do not know where to get it
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At least one participant said “yes” to each of the reasons people don’t carry Narcan listed above. Most commonly, participants thought people do not carry Narcan because they do not know how to use it.

Participants suggested several additional reasons people do not carry Narcan that were not included on this list:

- People do not know someone who uses opioids and therefore do not need Narcan.
- Stigma or others, including police, seeing them as drug users.
- Cost barriers or expense.
- People feel it is not their responsibility to revive someone who has overdosed.
- People don’t want to have to use it.

Two participants found the question wording confusing. One participant thought the use of “don’t” in the question stem with “do not” in the individual items was a double negative and made the question harder to understand. One participant wanted the question to be asked about why she didn’t carry Narcan rather than trying to think about the general public.

The interview ended at this point for several participants due to time constraints.

HRD_NALAVAIL, HRD_NABUS, HRD_NABUS, HRD_NAELMMD, HRD_NAHS, HRD_NAWRSHP, HRD_NALIB	Do you think naloxone or Narcan should be available at the following places: <ul style="list-style-type: none"> • Businesses? • College or university campuses? • Elementary and Middle Schools? • High Schools? • Places of worship?
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	<ul style="list-style-type: none"> Public libraries?
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At least one participant said “yes” to each of the locations listed above. Of locations where participants said Narcan should not be available, the most common were elementary and middle schools, high schools, and places of worship. One participant clarified they were thinking about the adults who work in elementary, middle, and high schools rather than the children when answering these questions.

One participant answered “no” to all locations because they felt only a professional should administer Narcan and a professional would not be available at these locations.

One participant noted that defibrillators are required in public places like schools and some businesses so Narcan should be as well as a lifesaving device.

Generally, participants understood “available” to mean Narcan would be onsite and accessible in case of an emergency. Several participants clarified that Narcan should be not available for children to use in a school setting but an adult, like a teacher or nurse, could administer it.

One participant interpreted this question as Narcan would be available for sale at these locations.

HRD_RELDRUG	<p>How much do you agree or disagree with the following statement?</p> <p>I would be comfortable being in a committed relationship with someone who misuses prescription opioids or uses illegal drugs such as cocaine or heroin.</p>
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One participant said “somewhat agree” and one participant said “somewhat disagree” to this question. All other participants said “strongly disagree.” The participant who somewhat agreed noted they would not be comfortable starting a relationship with someone who misuses opioids or illegal drugs but may stay in a relationship with someone who began using during the relationship.

- “In terms of my approach to substance use disorder is that I would not leave a relationship if someone developed a substance use disorder. So, I think that does express some amount of comfort with staying in the relationship.”

The participant who said “somewhat disagree” had to use Narcan after her husband’s accidental overdose.

- “One of the reasons I’ve had to use Narcan, but my husband has Parkinson’s and I doubt it was “intentional misuse.” But you are saying just any misuse. I don’t think his was intentional but he overdosed and if I didn’t have the Narcan, he would not be here today. So I would just put somewhat disagree. Because it doesn’t make me feel comfortable, but in, in the same tone of voice, I know the option is available for him to misuse prescriptions.”

Participants had different understandings of what a “committed relationship” meant. Most identified this as a serious romantic relationship. Some participants felt this was tied to a time frame, like 6 or 9 months, while others felt the seriousness of the relationship was about commitment rather than time. Two participants defined a committed relationship as someone you spend time with but did not specify if this was solely romantic. One participant took a broader view of a committed relationship:

- “Siblings, father, son, mother, girlfriend, boyfriend. Someone you care about basically.”

HRD_BLAKE	How much do you agree or disagree with the following statement? I think that a person who misuses prescription opioids or uses illegal drugs such as cocaine or heroin is to blame for his or her drug use.
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Participants gave a wide range of responses to this question; all were able to answer easily. Those who selected “strongly disagree” decided on their answer because they saw addiction as a disease and public health issue.

- “Things like this can be addictive. Addiction is a disease and I don’t blame anyone for that.”
- “They’re addictive drugs by definition. I’m reluctant to point blame to what is often a public health issue. Would I say it’s a character weakness? No.”
- “I know there’s a genetic component. It really is a disease. Obviously it’s their choice to some degree, but I feel like after becoming addicted to it and really feel the need to have that, it starts really becoming a disease”

Five participants selected “somewhat agree.” Their responses focused largely on personal responsibility.

- “You have to take the drug, so the onus is going to be on you.”

- “Sometimes people are just trying to take their pain away by doing drugs.”

Two participants did clarify their answer because they felt prescription opioids and illegal drugs should not be asked about together in this question.

- “I feel like these categories (prescription opioids and illegal drugs) should not be together. Prescription opioids can be very addictive for people in pain - it's often not somebody's fault when they get hooked on them especially since they're overprescribed. But, illegal drugs, you're being reckless and getting high and you're absolutely to blame for your drug use.”
- “Again, intentionally misuse? I mean, if you're on cocaine and heroin yeah, you're to blame. I mean the cocaine and heroin, they're putting themselves out there. If it's just someone like my husband, who's taking an extra pain pill and it messes with his other medication and he needs Narcan, then I would disagree. But if the person's using illegal drugs, cocaine, and heroin, they get what they deserve.”

HRD_JOBDRUG	How much do you agree or disagree with the following statement? I would work closely on a job with someone who misuses prescription opioids or uses illegal drugs, such as cocaine or heroin.
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Most participants understood this question and were able to answer easily. One participant was initially confused by this question but was able to answer after rereading.

One participant, who worked in social work, selected “strongly agree” because she was thinking about clients rather coworkers. Some participants noted that the nature of their jobs made this question complicated.

- “This one is sort of tricky for me because being in medicine. People can lose their license for doing these things. So I would strongly disagree with that because I think if I were aware of that, I would not feel comfortable not reporting it and reporting it would mean that I would not work closely with them.”
- “Usually my jobs involve people's safety. If I can't trust the person I'm with, they're going to compromise my safety or safety of others. I would either quit or ask to be reassigned somewhere else.”

- “It would depend on the job. I work in automotive and I wouldn’t want someone I work with doing that while driving. I think if the person is alone and doesn’t have much contact with anyone, I might be OK with it. If they were not strung out all the time.”

Several participants noted that they may not know if a coworker is misusing prescription opioids or using illegal drugs. Most participants felt they had no or limited choice in who they worked with. One participant was self-employed and stated he would not hire someone who was using drugs.

Swimming Questions

These questions asked respondents about their swimming abilities, experience with swimming lessons, activities in and around swimming pools and alcohol use, activities in other bodies of water and alcohol use, CPR training, and water rescue skills.

SWM_SKILLVL	How would you rate your swimming skill level? <ul style="list-style-type: none">• I do not know how to swim• I am comfortable in water where I can stand up• I can swim in water over my head• I can swim multiple strokes efficiently
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Participants ranged from being regular swimmers to being afraid of the water. Several specifically mentioned swimming lessons as a child when evaluating their swimming skill level.

Two participants changed their answers during the interview. The first initially selected “I don’t know how to swim” then changed to “I am comfortable where I can stand.” They stated they could not prevent a drowning but were comfortable wading in water. The second participant changed her answer from “I am comfortable where I can stand” to “I don’t know how to swim” because she would want someone to know that she cannot swim when spending time in the water.

- “Because I may be in the water, but someone needs to know that I don’t know how to swim, it doesn’t matter if I can stand up or not. Someone might do something stupid and then they find out I don’t know how to swim.”

Participants seemed to think more about their responses to this question than questions in earlier topics, which could indicate a greater cognitive burden.

SWM_PRVLESS	Have you taken <u>private</u> swim lessons from a professional or certified instructor?
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SWM_GRPLESS	Have you taken <u>group</u> swim lessons from a professional or certified instructor?
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SWM_FRREL	Did you learn to swim from a friend or relative?
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SWM_TCHSELF	Did you teach yourself to swim?
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SWM_EVERLESS	Have you ever taken a swim lesson?
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Most participants were easily able to remember if they had taken a swimming lesson and, if so, if the lesson was private or in a group. One participant remembered taking lessons but did not know what kind of lessons and one participant did not remember if they had taken lessons or not. Two participants reported being able to remember learning to swim easily because it was a traumatic experience.

If participants said “no” to having taken private or group lessons from a professional instructor, they were asked if they have ever taken a swim lesson. Some participants said “yes” to “have you ever taken a swim lesson?” because they received lessons from family or friends rather than from a swim instructor. One participant was unsure if the lessons she received were considered private or a group lesson. She was given lessons with her brother.

SWM_DAYSPOOL	In the past 6 months, on how many days in total did you spend time in or around a swimming pool?
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Nine of the 22 participants who received this question reported spending any time in or around a swimming pool in the past six months. Several clarified that this was because the past six months were colder months, and this answer would be different if they were asked at a different time of year.

Participants included the following activities in spending time in or around a swimming pool:

- Tanning and sunbathing
- Putting your feet in the water
- Having a party around the pool
- Hanging out near the pool
- Aquasize and other exercise classes in the pool
- Supervising children around the pool
- Reading a book near the pool
- Diving

Two participants included being at the beach or near the ocean in this question, without including a pool. It seemed, in this question and others, that some participants were including multiple bodies of water in these questions. One participant included activities at his gym as being “in or around a swimming pool” because his gym has a pool. One participant interpreted this question to mean only swimming in a pool.

SWM_ALCPPOOL	Of those times that you spent time in or around a swimming pool, about how often did you drink alcoholic beverages?
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All participants found this question easy to answer. Participants who received this question answered either “never” or “less than half the time.” One participant noted that if the time frame were longer and included last summer, her answer would be different.

Three participants mentioned the beach in their answers or wondered why this series of questions was specific to a pool and not the beach.

SWM_DAYSBOAT	In the last 6 months, on how many days in total did you go swimming, boating, fishing, or participate in water sports in another body of water such as an ocean, lake, river, or stream?
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Only five participants reported spending any time in another body of water in the past six months. One of these participants incorrectly reported time she has spent in a

swimming pool last summer rather than time spent in another body of water in the past six months. Several participants clarified that this was because the past six months were colder months, and this answer would be different if they were asked at a different time of year.

Participants considered the following activities when answering this question:

- Snorkeling
- Parasailing
- Going to a water park
- Canoeing
- Any activity within five feet of water

When probed specifically if they considered sitting on a dock and wading in the water to be activities included in this question, participants said that they did.

SWM_ALCBOAT	Of those times that you spend swimming, boating, fishing, or participating in water sports, about how often did you drink alcoholic beverages?
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The five participants who answered this question found it easy to answer; all reported “never” drinking alcoholic beverages while engaging in these activities. For most of these participants, they reported not drinking at all. One participant specifically said he chooses not to drink while around a lake.

- “When I’m at the lake I want to have my wits about me. It’s also just a time to completely unwind and also to get some exercise in. So I just don’t even consider having any drinks.”

SWM_HELPDRWN	Have you <u>ever</u> been trained on how to help a drowning person without putting yourself in danger?
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Participants seemed to answer this question inconsistently by including various types of training, and because participants did not always remember or know the details of their past training, exactly what kind of training they had received was unclear.

Six participants reported they had been trained on how to help a drowning person without putting themselves in danger. Some participants received this training as part of CPR training but others received this training in other ways, such as lifeguard training, swim team safety training, and during swimming lessons. One participant noted that he received this training during swimming lessons more than ten years ago and was no longer confident in his abilities.

Several participants selected “don’t know” when answering this question. These participants did not feel confident in their ability because they had been trained many years ago. One participant cannot swim but has had CPR training and could administer that if someone is out of the water.

Suicide Questions

These questions asked respondents about thoughts of suicide and knowledge of people who have killed themselves. The introduction to this set of questions reminded participants that they did not have to answer any questions they did not want to answer and provided a link to resources they could access should the question content upset them.

SUI_THKSUI12	At any time in the past 12 months, did you seriously think about trying to kill yourself?
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Two participants chose to skip this section and not answer suicide questions. One participant did answer but felt uncomfortable reading the questions out loud.

The participants who answered this question did not have any difficulty responding.

SUI_KNOWSUI	Do you personally know anyone who has died by suicide?
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Participants did not have any difficulty answering this question.

Most participants who answered this question were comfortable doing so. Several commented that it is necessary to ask these types of questions even if they are personal. Two participants who answered the suicide questions said they were uncomfortable and would not answer these questions in a government survey.

- “I would only be comfortable with it if it was in a doctor’s office and related to my care.”

One participant mentioned appreciating the introduction text:

- “It’s good they give you the disclaimer. They’re personal questions but I don’t mind sharing. It gives me peace of mind that I’m not being forced to answer any questions I don’t want to answer. I have no issue with it.”

Technology-Facilitated Sexual Violence Questions

These questions asked respondents about sexual pictures or videos that may have been sent to them or of them without consent. It also asks about the use of technology to create and share fake sexual photos and videos without consent. The introduction to this set of questions reminded participants that they did not have to answer any questions they did not want to answer and provided a link to resources they could access should the question content upset them.

TSV_PHOTOEV	To your knowledge, has anyone ever emailed, texted, or electronically posted a revealing or sexual photo or video of you without your consent?
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One participant chose to skip this section and not answer these questions. Of the participants that did answer these questions, none had any difficulty.

Participants who answered these questions had a good understanding of what a revealing or sexual photo or video was. They gave the examples of revenge porn, pictures or video in revealing clothing or nude, or doing something suggestive. Two participants included text-based sexting in this question.

Participants understood “without your consent” to be without their permission or approval. One participant thought that agreeing to take these types of photos or videos indicated consent to share them.

- “You didn’t say it was okay... but I guess, once you start doing that, it must be okay because you did it, so who do you need consent from if you did it anyways?”

TSV_THREATEV	Has anyone ever threatened to share a revealing or sexual picture or video of you, through the internet, social media, email, or text message to get you to do something – like take or send other sexual
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	pictures of yourself, have a sexual relationship with them, pay them money, or something else?
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No participant responded “yes” to this question and all participants were able to answer easily. In anticipation of a small number of “yes” responses to this item and to ensure adequate testing of these items, if participants answered “no”, the interviewer asked if they knew anyone personally that this had happened to. Three participants knew someone this had happened to; they were then asked to complete the subsequent items thinking of that person. These three participants were able to answer the following questions based on that knowledge.

TSV_THRTWHY, TSV_THRTPIC, TSV_THRTSEX, TSV_THRTPAY, TSV_THRTREL, TSV_THRTOTH	What did the person ask you to do when they threatened to share a revealing or sexual picture or video of you? <ul style="list-style-type: none"> • Take or send additional revealing or sexual pictures or videos • Have a sexual relationship with them • Pay them money • Stay in or maintain a relationship with them • Something else
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Each participant who answered about a friend’s experience endorsed multiple threats in these questions. All participants were easily able to answer these questions and did not find anything confusing or unclear.

Two participants suggested other threats that could be included in “something else”:

- “For you to perform something on their behalf.”
- “Give them their vehicle.”

TSV_FAKEPORN	To your knowledge, has anyone ever used technology to create and share fake pornographic photos or videos of you online without your consent?
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All participants said “no” to this question and did not have any difficulty answering this question for themselves.

Participants generally understood “fake pornographic photos or videos” to be using AI or a photo editing tool to put one person’s face on another person’s body or editing photos to put someone in a sexual situation. However, two participants did not fully understand this terminology, even though they were confident in their response. One participant did not know what this phrase meant, and another participant defined it as real pictures of a person put online without their consent.

To investigate whether it would be a helpful term to include in a similar item in the future, participants were probed on whether they had heard the term “deepfake” and what they thought it meant. Eight participants reported hearing the term before. Most participants that had heard of the term had a general understanding that this referred to faking pictures or videos, including voices and movements, in a way that was more convincing than photo manipulation. Several associated “deepfakes” more with imitations of political figures than pornography. One participant defined it incorrectly as “going off the deep end.”

Hearing Protector Fit Testing

These questions asked respondents about the use of hearing protectors, such as earplugs or earmuffs, to protect against exposure to loud noises while working.

HPF_EVERUSE	The next few questions are about the use of hearing protectors, such as earplugs or earmuffs, to protect against exposure to loud noises while working. Loud means so loud that you must speak in a raised voice to be heard. Have you <u>ever</u> used hearing protectors when exposed to loud noises at work?
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Five participants reported wearing hearing protectors when exposed to loud noises at work. One of these participants does not use hearing protectors but was thinking of a friend who wears hearing aids that can help with noise. Based on probing, their “yes” response is a false positive for this question.

Several participants had difficulty selecting the correct response option. Three participants initially selected “no” then changed their answer to “I have never worked around loud noises.” One participant commented that “I have never worked around loud noises” should come before “no” in the list to make it easier to find. Another participant thought it was silly to have both “no” and “I have never worked around loud noises” as response options.

Those that said “yes” to this question reported using hearing protectors when working in manufacturing plants, a warehouse, and an airport. They reported wearing ear plugs and earmuffs.

HPF_KNOWFIT	Hearing protector fit testing is a procedure to measure the amount of noise reduction person gets from a specific hearing protector, such as earplugs or earmuffs, to reduce exposure to loud noises. Prior to taking this survey, did you know that hearing protectors can be fit-tested to ensure you are getting proper noise reduction?
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Five participants reported knowing that hearing protectors could be fit-testing prior to taking the survey, including three participants who reported using hearing protections at work.

One participant was thinking about his friend’s hearing aids being fit-tested when responding to this question rather than hearing protectors. Another participant was familiar with fit-testing because her ex-partner had hearing protection fitted as part of his job. One participant was familiar with fit-testing because a relative owns a gun range and hearing protection is common there.

Two participants reported having fit-testing available at their place of work.

HPF_EVERFIT	Have you <u>ever</u> had your hearing protection devices fit-tested to see how much noise they block?
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The two participants who previously reported having fit-testing available at their place of work said “yes” to this question. For both participants, this was a standard and required part of their job. Both participants worked at manufacturing plants and one stated that wearing hearing protection was required when on the manufacturing floor.

HPF_IMPORT	How important do you think it is to have hearing protectors fit-tested to protect your hearing?
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Participants received this question if they reported using hearing protectors at work and knowing hearing protectors could be fit-tested. These participants were able to answer this question quickly and easily. All participants who received this question reported it was “very important” or “somewhat important” to have hearing protectors fit-tested.

HPF_IMPORTDK	How important do you think it is to have hearing protectors fit-tested to protect someone's hearing?
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Participants received this question if they had not used hearing protectors at work, did not know how to answer, or refused to answer that question. These participants were able to answer this question quickly and easily.

One participant, who previously worked at an airport, said it was “not important at all” to have hearing protectors fit-testing to protect someone’s hearing.

- “When I worked, we didn’t really use them. We got used to the airplanes.”
Two participants said it was “somewhat important”, depending the person’s job.
- “It’s very important if you work in this kind of field but it’s not that important if you don’t.”
- “It just depends on the environment they’re in. If they’re around loud noises and a fitted earmuff would help reduce noise that would be somewhat important.”

The remaining eight participants who received this question said it was “very important” to have hearing protectors fit-tested to protect someone’s hearing.

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