

[BEGIN Consent Block]



**University of New Hampshire**

**INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH**

CONSENT FORM FOR PARTICIPATION IN A RESEARCH STUDY

**RESEARCHER AND TITLE OF STUDY**

My name is Jess Carson, and I am a research assistant professor at the Carsey School of Public Policy, at the University of New Hampshire. This project is the 2022 Early Supports and Services Workforce Survey for the statewide Preschool Development Grant (UNH IRB #IRB-FY2022-301).

**WHAT IS THE PURPOSE OF THIS FORM?**

This consent form describes the research study and helps you to decide if you want to participate. It provides important information about what you will be asked to do in the study, about the risks and benefits of participating in the study, and about your rights as a research participant. You should:

- Read the information in this document carefully, and contact me with any questions, particularly if you do not understand something.
- Not agree to participate until all your questions have been answered, or until you are sure that you want to.
- Understand that your participation in this study involves you taking a one-time online survey that will last about 5 minutes for directors and 10-15 minutes for staff.
- Understand that the potential risks of participating in this study are minimal.

**WHAT IS THE PURPOSE OF THIS STUDY?**

The purpose of this study is to help us understand the current capacity, training needs, and challenges facing the early supports and services workforce serving children 0-3 years old and their families in New Hampshire.

We expect about 150 people will be involved in this study. You must be 18 years old to participate.

**WHAT DOES YOUR PARTICIPATION IN THIS STUDY INVOLVE?**

Participation involves taking a one-time online survey, which will involve answering questions about your role, expertise, education, and certifications. Directors will be asked about workforce challenges including issues of staff turnover, staff recruitment and retention, and position vacancies. You must be at least 18 years old to participate, must be employed at a Family-Centered Early Supports and Services program in New Hampshire, and must be either a director or provide services for children 0-3 and their families. We expect this survey will take about 5 minutes for directors to complete and about 10-15 minutes for staff to complete.

You should complete the survey only once. You will receive compensation for only one set of responses if you are eligible to participate in the study. The researcher(s) may exclude your data or not provide compensation to you if they determine that you did not meet the eligibility criteria for the study. For questions about compensation or eligibility, please contact the researcher (information provided at the end of the form).

**WHAT ARE THE POSSIBLE RISKS OF PARTICIPATING IN THIS STUDY?**

Your answers will be combined with the answers of about 150 others across the state and used for research purposes only. Data will be kept in secured files, available only to the researchers, who will make every effort to maintain the confidentiality of the data. Research via the internet presents minimal risk of a breach of confidentiality.

**WHAT ARE THE POSSIBLE BENEFITS OF PARTICIPATING IN THIS STUDY?**

You are not anticipated to receive any direct benefits from participating in this research. However, your input is important! Leaders across the state, including the DHHS Bureau for Family-Centered Services, will use the information collected here to support the early supports and services workforce and help meet families' needs for services.

**WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATING IN THIS STUDY?**

If you are at least 18 years old, employed at a Family-Centered Early Supports and Services program in New Hampshire, and either are a director or provide services for children 0-3 and their families, you are eligible to participate and receive a \$20 gift card to Amazon. You should complete the survey only once. You will receive compensation for only one set of responses if you are eligible to participate in the study. We may exclude your data or not provide compensation to you if we determine that you did not meet the eligibility criteria for the study. You will need to provide both your name and email address to receive the compensation.

**DO YOU HAVE TO TAKE PART IN THIS STUDY?**

Taking part in this study is completely voluntary. You may choose not to take part at all. If you agree to participate, you may refuse to answer any question. If you decide not to participate or not to complete this survey, you will not be eligible for compensation.

**CAN YOU WITHDRAW FROM THIS STUDY?**

If you agree to participate in this study and you then change your mind, you may stop participating at any time. Any data collected as part of your participation will remain part of the study records. If you decide to stop participating at any time, you will not be eligible for compensation.

**HOW WILL THE CONFIDENTIALITY OF YOUR RECORDS BE PROTECTED?**

I plan to maintain the confidentiality of all data and records associated with your participation in this research.

There are, however, rare instances when I may be required to share individually identifiable information with the following:

- Officials at the University of New Hampshire,
- Regulatory and oversight government agencies, or
- The sponsor(s).

Further, any communication via the internet poses minimal risk of a breach of confidentiality.

To help protect the confidentiality of your information, responses will be reviewed to ensure they meet eligibility requirements. Once deemed eligible, we will send an e-gift card via email, then separate your name and email address from your survey responses. Your email address will be removed from our records. Your name will be stored in separate list to meet UNH tax policy rules, and that list will be stored in a secure cloud-based storage location (i.e., Box or OneDrive), not linkable to your survey responses. Only the research team will have access to this data, including me (Jess Carson), Carsey School Policy Analyst Sarah Boege, Carsey School Research Assistant Kamala Nasirova, and UNH Survey Center Project Director Zachary Azem. Data, once de-identified may be used for future studies. I will report the results only in aggregate, and not report responses for any individual respondent nor describe responses among respondents that have five or fewer members in the sample. The results may be used in reports, presentations, and publications.

**IS THERE ANYTHING ELSE YOU SHOULD KNOW ABOUT THIS STUDY?**

You may stop this survey and return to it later without losing your place if needed.

**WHOM TO CONTACT IF YOU HAVE QUESTIONS ABOUT THIS STUDY**

If you have any questions pertaining to the research you can contact Jess Carson, [REDACTED] or [REDACTED] to discuss them.

If you have questions about your rights as a research subject you can contact Melissa McGee in UNH Research Integrity Services, [REDACTED] or [REDACTED] to discuss them.

To download this form for your records, click [here](#).

- Click here if you consent to participate in the research study.
- Click here if you decline to participate in the research study.

[END Consent Block]

[Insert CAPTCHA here. If fail to answer, **SKIP TO: End of survey**]

[BEGIN Eligibility Block]

**Q1 Are you at least 18 years old?**

- Yes (1)
- No (0)
- ➔ *(If Q1 = 0 (“No”) SKIP TO: End of survey)*

Thank you for your interest, but we are only surveying adults.

**Q2 Do you work in early supports and services for children aged 0-8 and their families in New Hampshire?**

- Yes (1)
- No (0)
- ➔ *(If Q2 = 0 (“No”) SKIP TO: End of survey)*

Thank you for your interest, but we are only surveying adults who work in early supports and services in New Hampshire.

[END Eligibility Block]

## Section A: Roles and Experience

[BEGIN Section A]

**A0.** [Survey Center: Please insert honeypot question here with 5 response options. If any response, **SKIP TO: End of survey**]

Director screener question

**A1.** Are you the Director of an Early Supports and Services Program?

- Yes (1)
- No (0)

➔ (If A1 = 1("Yes"))

**A2.** How would you describe your level of experience with supporting the social emotional development of children aged 0-3 and their families?

- Not at all experienced (1)
- Slightly experienced (2)
- Moderately experienced (3)
- Very experienced (4)
- Extremely experienced (5)

➔ (If A1 = 1("Yes"))

**A3.** Which of the following area agencies is your program associated with? (Please select all that apply)

- Northern Human Services (Region 1) (1)
- PathWays of the River Valley (Region 2) (2)
- Lakes Region Community Services (Region 3) (3)
- Community Bridges (Region 4) (4)
- Monadnock Developmental Services, Inc. (Region 5) (5)
- Gateways Community Services (Region 6) (6)
- The Moore Center (Region 7) (7)
- One Sky Community Services (Region 8) (8)
- Community Partners (Region 9) (9)
- Community Crossroads (Region 10) (10)

➔ (If A1=1("Yes"), **conclude Section A here and SKIP TO: Section C Workforce Challenges**)

➔ (If A1 = 0("No"))

**A4.** How many years have you been working in Early Supports and Services (ESS)?

- Less than 1 year (1)
- 1 - 3 years (2)
- 4 - 5 years (3)
- 6 - 10 years (4)
- 10+ years (5)

**A5.** How many years have you been working in ESS in New Hampshire?

- Less than 1 year (1)
- 1 – 3 years (2)

## Section A: Roles and Experience

- 4 – 5 years (3)
- 6 – 10 years (4)
- 10+ years (5)

### A6. Where do you work?

- Northern Human Services Family-Centered Early Supports and Services (1)
- PathWays Family-Centered Early Supports and Services (2)
- Lakes Region Family-Centered Early Supports and Services (3)
- Community Bridges Early Supports and Services Program (4)
- MDS Birth to Three *Partnering with Families* (5)
- Rise for baby and family (6)
- Gateways Early Supports and Services (7)
- The Children's Pyramid (8)
- Easterseals Family-Centered Early Supports and Services (9)
- The Moore Center Family Centered Early Supports and Services (10)
- Waypoint Family Centered Early Supports and Services at the Richie McFarland Center (11)
- Community Partners: Family Centered Early Supports and Services (12)

### A7. Which of the following area agencies is your program associated with? (Please select all that apply)

- Northern Human Services (Region 1) (1)
- PathWays of the River Valley (Region 2) (2)
- Lakes Region Community Services (Region 3) (3)
- Community Bridges (Region 4) (4)
- Monadnock Developmental Services, Inc. (Region 5) (5)
- Gateways Community Services (Region 6) (6)
- The Moore Center (Region 7) (7)
- One Sky Community Services (Region 8) (8)
- Community Partners (Region 9) (9)
- Community Crossroads (Region 10) (10)

### A8. How would you describe your primary role within your organization?

- Intake Specialist (1)
- Service Coordinator (2)
- Early Intervention Specialist, general child and family support provider (3)
- Early Childhood Educator (4)
- Special Educator (5)
- Occupational Therapist (6)
- Occupational Therapist Assistant (7)
- Physical Therapist (8)
- Physical Therapist Assistant (9)
- Speech Language Therapist (10)
- Speech Language Assistant (11)
- Behavioral Specialist/Interventionist (12)
- Early Childhood Mental Health Specialist (13)

## Section A: Roles and Experience

- Social Worker (14)
- Nurse (15)
- Other (please specify) (97)\_\_\_\_\_

## Section B: Education, Certifications, and Licensure

[BEGIN Section B]

**B1.** What is the highest level of education you have achieved in your field?

- Associates Degree (1)
- Bachelor's Degree (2)
- Master's Degree (3)
- Post Master's Degree (4)
- None of the above (5)
- Other (please specify) (97)\_\_\_\_\_

**B2.** Do you currently hold any NH licenses? (Please select all that apply)

- Audiologist (1)
- Certified Pediatric Nurse (2)
- Clinical Mental Health Counselor (3)
- Clinical Social Worker (4)
- Clinical Psychologist (5)
- Independent Clinical Social Worker (6)
- Marriage and Family Therapist (7)
- Nursing Assistant (8)
- Occupational Therapist (9)
- Physical Therapist (10)
- Registered Nurse (11)
- Speech Language Assistant (12)
- Speech Language Pathologist (13)
- None (14)
- Other (please specify) (97)\_\_\_\_\_

**B3.** Are you in the process of obtaining any of these NH licenses? (Please select all that apply)

- Audiologist (1)
- Certified Pediatric Nurse (2)
- Clinical Mental Health Counselor (3)
- Clinical Social Worker (4)
- Clinical Psychologist (5)
- Independent Clinical Social Worker (6)
- Marriage and Family Therapist (7)
- Nursing Assistant (8)
- Occupational Therapist (9)
- Physical Therapist (10)
- Registered Nurse (11)
- Speech Language Assistant (12)
- Speech Language Pathologist (13)
- None (14)
- Other (please specify) (97)\_\_\_\_\_



## Section B: Education, Certifications, and Licensure

**B4.** Do you hold any NH Department of Education Credentialing Endorsement? (Please select all that apply)

- Early Childhood Education (N-3) (1)
- Early Childhood Special Education (N-3) (2)
- Special Education Teacher or Assistant (3)
- Blind and Vision Disabilities (4)
- Deaf and Hearing Impaired (5)
- Emotional and Behavioral Disabilities (6)
- Intellectual and Developmental Disabilities (7)
- Physical and Health Disabilities (8)
- Specific Learning Disabilities (9)
- School Speech-Language Specialist (10)
- None (11)
- Other (please specify) (97)\_\_\_\_\_

**B5.** Do you have any specialized certification(s) or hold any of the follow credentials?

- Early Intervention Specialist Credential (1)
- Applied Behavior Analysis Certificate (2)
- Board Certified Behavior Analyst (3)
- NH Early Childhood and Family Mental Health Credential, Intermediate (4)
- NH Early Childhood and Family Mental Health Credential, Advanced (5)
- Early Childhood Mental Health Certificate (6)
- Certified Nursing Assistant (7)
- Clinical Nurse Specialist (8)
- Certificate of Clinical Competence for Speech-Language Pathologists (9)
- Other (please specify) (97)\_\_\_\_\_

**B6.** Please select the name of any one town in your program's service area: [insert dropdown town list]

[END Section B]

Section C: Training Needs

[BEGIN Section C]

**C1.** Which of the following is your primary area(s) of expertise? (Please select up to 2)

- Gross motor development (1)
- Fine motor development (2)
- Sensory concerns (3)
- Behavioral supports (4)
- Feeding concerns (5)
- Receptive and expressive language development (6)
- Cognitive development (7)
- Social emotional development (8)
- Parenting concerns (9)
- Family resources and needs (10)
- Vision issues (11)
- Hearing issues (12)
- De-escalation strategies (13)
- Parent Coaching Model (14)
- Parent-child relationship support (15)
- Other (please specify) (97)\_\_\_\_\_

**C2.** Which of the following areas have you had sufficient training and experience to competently provide intervention, with the support of consultation? (Please select all that apply)

- Gross motor concerns (1)
- Fine motor concerns (2)
- Sensory concerns (3)
- Behavioral concerns (4)
- Feeding concerns (5)
- Receptive and expressive language concerns (6)
- Cognitive concerns (7)
- Social emotional concerns (8)
- Parenting concerns (9)
- Family resources and needs (10)
- Vision concerns (11)
- Hearing concerns (12)
- De-escalation strategies (13)
- Parent Coaching Model (14)
- Parent-child relationship support (15)
- Other (please specify) (97)\_\_\_\_\_

**C3.** What is your experience with the following parent and provider education programs/models? (Please select all that apply)

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<i>I use it in my work (1)</i>	<i>I have training in it (2)</i>	<i>I am familiar with it (3)</i>	<i>I'm interested in seeking training (4)</i>	<i>I haven't heard of it (5)</i>	<i>Not relevant/I'm not interested (6)</i>
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Section C: Training Needs

Nurturing Parent  
(C3a)

Circle of Security  
(C3b)

Positive  
Solutions for  
Families (C3c)

Sober Parenting  
Journey (C3d)

*I use it in my work (1)*    *I have training in it (2)*    *I am familiar with it (3)*    *I'm interested in seeking training (4)*    *I haven't heard of it (5)*    *Not relevant/I'm not interested (6)*

Safecare (C3e)

Parents as  
Teachers (C3f)

Parenting  
Second Time  
Around (C3g)

Trauma-  
Informed Care  
(C3h)

*I use it in my work (1)*    *I have training in it (2)*    *I am familiar with it (3)*    *I'm interested in seeking training (4)*    *I haven't heard of it (5)*    *Not relevant/I'm not interested (6)*

SEE Change  
(C3i)

Pyramid Model  
(C3j)

Evidence-Based  
Adult Learning  
Strategies to  
Support Family  
Engagement  
(C3k)

Peer Coaching  
(C3l)

**Section C: Training Needs**

**C4.** What is your experience with the following mental health intervention models/curricula? (Please select all that apply)

	<i>I use it in my work (1)</i>	<i>I have training in it (2)</i>	<i>I am familiar with it (3)</i>	<i>I'm interested in seeking training (4)</i>	<i>I haven't heard of it (5)</i>	<i>Not relevant/I'm not interested (6)</i>
DC 0-5 Assessment and Diagnosis (C3a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Parent Psychotherapy (C3b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Child Interaction Therapy (C3c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) (97)_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C5.** Do you have any other comments relating to your experience and qualifications that you wish to share?

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**C6.** Would (additional) training in addressing any of the following areas be helpful in your work? (Please select all that apply)

- Gross motor concerns (1)
- Fine motor concerns (2)
- Sensory concerns (3)
- Feeding concerns (4)
- Receptive and expressive language concerns (5)
- Cognitive concerns (6)
- Social emotional concerns (7)
- Parenting concerns (8)
- Family resources and needs (9)
- Vision concerns (10)
- Hearing concerns (11)
- De-escalation strategies (12)

Section C: Training Needs

- Parent Coaching Model (13)
- Behavioral intervention/supports (14)
- Parent-child relationship support (15)
- None of the above (16)
- Other (please specify) (97)\_\_\_\_\_

**C7.** Are there any other training needs that you want to share?

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[END Section C]

[BEGIN Section D]

**DISPLAY SECTION D ONLY IF A1=1("Yes")**

(If A1=0("No"), **SKIP TO: "Section E: Demographics"**)

**D1.** Please select the name of any one town in your program's service area: [insert dropdown town list]

**D2.** What is your field of expertise?

- Early Childhood Education (1)
- Special Education (2)
- Occupational Therapy (3)
- Physical Therapy (4)
- Speech and Language Therapy (5)
- Mental Health Counseling or Marriage and Family Therapy (6)
- Social Work (7)
- Nursing (8)
- Other (please specify) (97)\_\_\_\_\_

**D3.** How often do you participate in developmental evaluations?

- Never (1)
- Less than once a month (2)
- About once a month (3)
- A few times a month (4)
- About once a week (5)
- A few times a week or more (6)

**D4.** Do you currently carry cases?

- Never (1)
- Less than once a month (2)
- About once a month (3)
- A few times a month (4)
- About once a week (5)
- A few times a week or more (6)

**D5.** Have you taken on evaluation and/or direct services responsibilities as a result of program vacancies?

- Yes (1)
- No (2)

**D6.** About what percent of the staff positions in your Early Supports and Services program are currently vacant?

- Under 5% (1)
- 5 – 10% (2)
- 10 – 20% (3)
- 20 – 30% (4)

Section D: Workforce Challenges (DIRECTORS ONLY)

- 30 – 40% (5)
- 40 – 50% (6)
- 50 – 60% (7)
- More than 60% (8)
- No vacancies (9)
- Not sure/prefer not to say (99)

→ (If D6<8 (at least some vacancies))

**D7.** How would you describe these vacant positions? (Please select all that apply)

- Intake Specialist (1)
- Service Coordinator (2)
- Para-professional, general child and family support provider (3)
- Early Childhood Educator (4)
- Special Educator (5)
- Occupational Therapist (6)
- Occupational Therapist Assistant (7)
- Physical Therapist (8)
- Physical Therapist Assistant (9)
- Speech Language Therapist (10)
- Speech Language Assistant (11)
- Behavioral Specialist/Interventionist (12)
- Early Childhood Mental Health Specialist (13)
- Social Worker (14)
- Nurse (15)
- Other (please specify) (97)\_\_\_\_\_

**D8.** In general (that is, whether the position is currently vacant or not), how long would it take to fill each of the following positions?

	<i>Under 3 months (1)</i>	<i>3 – 6 Months (2)</i>	<i>Over 6 months (3)</i>	<i>This is not a position on our team (4)</i>	<i>Don't know (98)</i>
Intake Specialist (D7a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Coordinator (D7b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Para-professional, general child and family support provider (D7c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D: Workforce Challenges (DIRECTORS ONLY)

Early Childhood Educator (D7d)

Special Educator (D7e)

Occupational Therapist (D7f)

*Under 3 months (1)*

*3 – 6 Months (2)*

*Over 6 months (3)*

*This is not a position on our team (4)*

*Don't know (98)*

Occupational Therapist Assistant (D7g)

Physical Therapist (D7h)

Physical Therapist Assistant (D7i)

Speech Language Therapist (D7j)

Speech Language Assistant (D7k)

Behavioral Specialist/ Interventionist (D7l)

*Under 3 months (1)*

*3 – 6 Months (2)*

*Over 6 months (3)*

*This is not a position on our team (4)*

*Don't know (98)*

Early Childhood Mental Health Specialist (D7m)



Section D: Workforce Challenges (DIRECTORS ONLY)

Social Worker (D7n)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse (D7o)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)_____ (D7p)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**D9.** About what percentage of your program staff are consultants?

- Under 5% (1)
- 5 –10% (2)
- 10 – 20% (3)
- 20 – 30% (4)
- 30 – 40% (5)
- 40 – 50% (6)
- 50 – 60% (7)
- More than 60% (8)

**D10.** What type of consultants do you have on your team? (Please select all that apply)

- Early Childhood Educator (1)
- Special Educator (2)
- Occupational Therapist (3)
- Physical Therapist (4)
- Speech Language Therapist (5)
- Behavioral Specialist/Interventionist (6)
- Early Childhood Mental Health Specialist (7)
- Other (please specify) (97)\_\_\_\_\_

**D11.** Which of the following positions tend to experience staff turnover at your organization? (Please select all that apply)

- Intake Specialist (1)
- Service Coordinator (2)
- Para-professional, general child and family support provider (3)
- Early Childhood Educator (4)
- Special Educator (5)
- Occupational Therapist (6)
- Occupational Therapist Assistant (7)
- Physical Therapist (8)
- Physical Therapist Assistant (9)
- Speech Language Therapist (10)
- Speech Language Assistant (11)
- Behavioral Specialist/Interventionist (12)

## Section D: Workforce Challenges (DIRECTORS ONLY)

- Early Childhood Mental Health Specialist (13)
- Social Worker (14)
- Nurse (15)
- Other (please specify) (97)\_\_\_\_\_

**D12.** Listed below are the positions you identified as experiencing staff turnover. Please rank the list according to how difficult the position is to fill, where 1 is the most difficult type, and [*pipe in # of positions selected in D11*] represents the easiest kind of position to fill.

**D13.** What do you think are the main reasons for staff turnover where you work? Please rank the following factors from greatest to least contribution to staff turnover.

- Low pay (1)
- Administrative burden (2)
- Challenges of attracting staff to rural areas (3)
- Lack of opportunity for growth (4)
- Overwhelming caseloads (5)
- Licensing or credentialing requirements (6)
- Frustration with lack of program/system resources (7)
- Seeking alternate setting (8)
- Burnout (9)
- Other (please specify) (97)\_\_\_\_\_
- Not sure/prefer not to say (98)

**D14.** Listed below are the reasons you identified as main reasons for staff turnover. Please rank the list according to how much each factor contributes to staff turnover, where 1 is the most contributing factor and [*pipe in # of reasons selected in D13*] represents the least contributing factor.

[END Section D]

## Section E: Demographic Information

[BEGIN Section E]

**E1.** Before we finish, we would like to get some information on your background. Please select “90” below, confirming you are about 90 percent done with the survey and have only a few questions remaining.

(10) (20) (30) (40) (50) (60) (70) (80) (90) (100)

**E2.** Which of the following best describes your gender?

- Female (1)
- Male (2)
- Transgender (3)
- Nonbinary or Gender non-conforming (4)
- None of these (5)
- Prefer not to say (65)

**E3.** Which of the following ethnic or racial groups do you identify with? (Please select all that apply)

- Native American, Inuit, or Aleut (1)
  - Asian American/Pacific Islander (2)
  - African American/Black/Caribbean American (3)
  - White (4)
  - Latinx, Hispanic, or Spanish origin (5)
  - Other (please specify) (97)
- 
- Prefer not to say (99)

**E4.** What is your age? (Please enter a number only) \_\_\_\_\_

[END Section E]

## Compensation

To receive compensation for this survey, please enter your first name, last name, and a valid email address, below.

First name \_\_\_\_\_

Last name \_\_\_\_\_

Email address \_\_\_\_\_