



CDC Motor Vehicle Questionnaire

Q.1 Enter Task Number:

[REQUIRE ANSWER]

(5-17)

Q.2 Hello. May I speak with _____ ? (Ask for parent or guardian of the victim).

If the above person is not available ask: When would be a good time to contact him/her?

Q.3 Hello, I'm _____ from _____. We are working with the U.S. Consumer Product Safety Commission and the Centers for Disease Control and Prevention to find out more about how to keep children safe in car crashes. We sent you a letter about 10 days ago to tell you about this research study and this interview. I would like to ask you a few questions about your child's motor vehicle accident. This should take about ten minutes. The main purpose of this survey is to learn better ways to keep children from being hurt in car crashes. Will you agree to answer the survey questions for us?

Interviewer: If the person does not agree to answer the survey questions, proceed to question 52.

Q.4 If the respondent does not remember reading the letter, or would like to know more about the study, read the following:

We are asking you to be in this study because your child was seen in the Emergency Department at (*Name of hospital*) after being hurt in a motor vehicle accident.

We will ask you questions about the type of motor vehicle your child was riding in at the time of the accident, where in the car your child was sitting, whether your child was using a seat belt or was in a child car seat, and any other things you feel are important for us to know.

If you choose to answer these questions, the only risk is perhaps feeling bad about your child being in a motor vehicle accident. You are free to choose not to answer any part of

the survey. You will not be paid for answering the survey and while there is no direct benefit to you or your child for answering our questions, your answers will help us learn how to keep children safe in motor vehicle accidents and what we can do to prevent injuries. The only cost to you for being in our study is the time you spend on the telephone.

Q.5 We will keep your answers confidential to the extent allowed by the law. To protect your privacy, we will keep the records under a code number rather than your name. We will keep records in locked files and only study staff will be allowed to look at them. Your name or other facts that might point to you or your child will not appear when we present this study or publish its results.

You are free to join the study or to decide not to join. If you decide to join you may refuse to answer any question or to stop the interview at any time for any reason. If you choose not to be in the study or do not finish the survey, your child's medical care will not be affected in any way, now or in the future.

If you have any questions about how this study works, or concerns about harm resulting from the study, you can call Dr. Ann Dellinger, the principal investigator at (770-488-4811). If you have questions about your rights as a study participant, please contact the office of CDC's Deputy Associate Director for Science at 1-800-584-8814. Leave a message with your name, phone number, and refer to CDC study #3999, and someone will call you back.

Q.6 Will you agree to answer the survey questions for us?

Respondent:

[REQUIRE ANSWER]

(18)

₁ agreed

₂ refused

₃ set appointment to call at a more convenient time.

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 52]

[S - IF THE ANSWER IS 3, THEN SKIP TO QUESTION 51]

Q.7 What is your relationship to [*name of child involved in the accident*]?

[REQUIRE ANSWER]

Q.8 Were you in the vehicle during the accident ?

[REQUIRE ANSWER]

- (44)
- ₁ Yes
- ₂ No

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 11]

Q.9 How did you learn about the circumstances of the accident?

[REQUIRE ANSWER]

(45-144)

Q.10 If possible, we would prefer to have someone answer the interview questions who was present during the accident if possible ... if not, just continue with interview.

Q.11 Where was [*name of child*] seated in the vehicle during the accident?

[REQUIRE ANSWER]

- (145)
- ₁ Front seat center
- ₂ Front seat passenger
- ₃ Front seat driver's side
- ₄ Back seat center
- ₅ Back seat passenger's side
- ₆ Back seat driver's side
- ₇ Third seat center in van
- ₈ Third seat passenger's side in van
- ₉ Third seat driver's side in a van
- ₀ Other, specify in next window

[S - IF THE ANSWER IS NOT 10, THEN SKIP TO QUESTION 13]

Q.12 Please specify:

[REQUIRE ANSWER]

(146-170)

Q.13 What **type** of vehicle was [*name of child*] in during the accident?

[REQUIRE ANSWER]

(171)

- ₁ Car
- ₂ Van
- ₃ Sport Utility Vehicle (SUV)
- ₄ Truck
- ₅ Other
- ₆ Don't Know

[S - IF THE ANSWER IS NOT 5, THEN SKIP TO QUESTION 15]

Q.14 Please specify the other type of vehicle:

[REQUIRE ANSWER]

(172-221)

Q.15 Do you know the make, model, and year of the vehicle [*name of child*] was in during the accident?

[REQUIRE ANSWER]

(222)

- ₁ Yes
- ₂ No

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 19]

Q.16 What is the make of the car involved in the accident?

[REQUIRE ANSWER]

_____ (223-247)

Q.17 What is the model of the car involved in this accident?

[REQUIRE ANSWER]

_____ (248-287)

Q.18 What is the year of the car involved in this accident?

[REQUIRE ANSWER]

_____ (288-312)

Q.19 Which of the following best describes the accident?

[REQUIRE ANSWER]

(313)

- ₁ A crash involving ONLY 2 vehicles
- ₂ A crash involving 3 OR MORE vehicles
- ₃ The vehicle hit an object such as a tree, pole, wall, animal, curb, rock, or embankment
- ₄ The vehicle rolled-over on its side or roof
- ₅ The vehicle ran off the road but did not hit anything
- ₆ Other, please specify in the next window

[S - IF THE ANSWER IS NOT 3, THEN SKIP TO QUESTION 21]

Q.20 Specify the object the vehicle hit:
(a tree, pole, wall, animal, curb rock, embankment, etc.)

[REQUIRE ANSWER]

_____ (314-363)

[A - IF THE ANSWER TO QUESTION 19 IS NOT 6, THEN SKIP TO QUESTION 22]

Q.21 Please specify.

[REQUIRE ANSWER]

_____ (364-463)

Q.22 What part of the vehicle was hit first? (*Ask about first impact*)

[REQUIRE ANSWER]

(464)

- ₁ Front
- ₂ Back or rear
- ₃ Driver side
- ₄ Passenger side
- ₅ Roof
- ₆ Bottom or underside
- ₇ Hood
- ₈ Other, specify in next window
- ₉ No impact

[S - IF THE ANSWER IS NOT 8, THEN SKIP TO QUESTION 24]

Q.23 Please specify what other part of the vehicle was hit:

[REQUIRE ANSWER]

_____ (465-564)

[A - IF THE ANSWER TO QUESTION 22 IS 9, THEN SKIP TO QUESTION 26]

Q.24 From the impact of the accident, did any part of the vehicle get pushed into the passenger compartment (the interior of the vehicle where the passengers sit)? (*Do not count broken glass*)

[REQUIRE ANSWER]

- (565)
- ₁ Yes
- ₂ No
- ₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 26]

Q.25 What part of the vehicle was pushed in, where was it pushed in, and how far was it pushed in? (*For example, driver door pushed in, almost to steering wheel.*)

[REQUIRE ANSWER]

_____ (566-665)

Q.26 Was the vehicle towed from the scene of the accident?

[REQUIRE ANSWER]

- (666)
- ₁ Yes
- ₂ No
- ₃ Don't know

Q.27 Was the child ejected from the vehicle as a result of the accident?

[REQUIRE ANSWER]

(667)

- ₁ Yes
- ₂ No
- ₃ Don't know

Q.28 Was the car parked, stopped, or still at the time of the accident?

[REQUIRE ANSWER]

(668)

- ₁ Yes
- ₂ No
- ₃ Don't know

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 30]

Q.29 What was the approximate speed of the car at the time of impact?

[REQUIRE ANSWER]

(669-718)

Q.30 Was the vehicle equipped with airbags?

[REQUIRE ANSWER]

(719)

- ₁ Yes
- ₂ No
- ₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 33]

Q.31 Did any of the air bags go off during the accident?

[REQUIRE ANSWER]

(720)

- ₁ Yes
- ₂ No
- ₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 33]

Q.32 Which air bags went off?

Interviewer: Probe for more than one and record all mentioned.

[REQUIRE ANSWER]

- Front seat driver air bag _ (721)
- Front seat side driver air bag _ (722)
- Front seat passenger air bag _ (723)
- Front seat side passenger air bag _ (724)
- Back seat side air bag- behind driver _ (725)
- Back seat side air bag- behind passenger _ (726)

Q.33 I know that children are not buckled up on every trip. Was [*name of child*] buckled up on that day?

[REQUIRE ANSWER]

(727)

- ₁ Buckled up
- ₂ Not buckled up
- ₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 36]

Q.34 How was [*name of child*] buckled up?

If parent reports convertible or conversion seat, probe for rear or forward facing. If rear facing, select "rear-facing infant seat". If forward facing, ask if the car seat belt was over the child (as in a booster seat), code as "booster seat". If a harness that is part of the car seat went over the child, code as "forward-facing car seat". If confused, give examples such as "car seat" or "booster seat".

[REQUIRE ANSWER]

(728)

- 1 Rear-facing infant seat
- 2 Forward-facing child safety seat
- 3 Booster seat
- 4 Lap and shoulder belt
- 5 Lap belt only
- 6 Other, specify in next window

[S - IF THE ANSWER IS NOT 6, THEN SKIP TO QUESTION 36]

Q.35 Please specify type(s) of restraint that were used at the time of the accident

[REQUIRE ANSWER]

(729-778)

Q.36 How tall is [*name of child*]?

Interviewer: enter units, i.e. feet, inches, meters, etc.

[REQUIRE ANSWER]

(779-803)

Q.37 How much does your child weigh?

Interviewer: specify units, i.e. pounds (lbs.), kilograms (kg), etc.

[REQUIRE ANSWER]

(804-828)

Q.38 Was [*name of child*] enrolled or going to a school, day care, or preschool at the time of the accident?

[REQUIRE ANSWER]

(829)

₁ Yes

₂ No

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 41]

Q.39 How many days per week does your child go to (school, day care, preschool)?

[REQUIRE ANSWER]

(830)

₁ 1

₂ 2

₃ 3

₄ 4

₅ 5

₆ 6

₇ 7

Q.40 Since the accident, about how many days did [*name of child*] miss of school, day care, or preschool because of his/her injuries?

[REQUIRE ANSWER]

(831-855)

Q.41 Since the motor vehicle accident, about how many days did the injury(ies) keep [*name of child*] in bed for more than half the day? (*Include days spent in hospital*)

[REQUIRE ANSWER]

(856-880)

Q.42 Since the accident, has your child been limited in the kind or amount of physical activity he/she can do during play because of his/her injury(ies)?

[REQUIRE ANSWER]

(881)

₁ Yes

₂ No

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 45]

Q.43 Is he/she still limited?

[REQUIRE ANSWER]

(882)

₁ Yes, still limited

₂ No longer limited

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 45]

Q.44 How many days was [*name of child*] limited in his/her physical activity?

[REQUIRE ANSWER]

(883-907)

Q.45 At any time since the accident, has your child had any disabilities, physical limitations, memory or concentration problems or other health problems as a result of this accident?

[REQUIRE ANSWER]

(908)

- 1 Yes
- 2 No
- 3 Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 49]

Q.46 Does your child still have any disabilities or health problems because of the motor vehicle accident?

[REQUIRE ANSWER]

(909)

- 1 Yes
- 2 No

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 48]

Q.47 How many days did your child have these problems?

[REQUIRE ANSWER]

_____ (910-959)

Q.48 What type of disabilities or health problems were/are they? (eg. difficulty walking, difficulty concentrating, fatigue, headaches).

[REQUIRE ANSWER]

_____ (960-1059)

Q.49 Did anybody injured in the accident have to stay overnight in a hospital because of his/her injuries?

[REQUIRE ANSWER]

(1060)

1 Yes

2 No

3 Don't know

Q.50 Is there anything else that you would like to tell us about the accident or about the injuries that occurred?

[REQUIRE ANSWER]

(1061-1310)

[A - IF THE ANSWER TO QUESTION 6 IS 1, THEN SKIP TO QUESTION 52]

Q.51 What is the most convenient time to call back?

[REQUIRE ANSWER]

(1311-1335)

Q.52 End of Interview

Read if applicable: Thank you for your time. Your information has been very helpful. **Do you have any questions?**

Q.53 Interviewer: What day was this interview completed (MM/DD/YY)?

(1336-1345)