

**Appendix F: Telephone survey questionnaire**

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**INTERVIEWER INSTRUCTIONS**

***Before calling the participant:***

Referencing the car seat database, mark an “X” if family attended car seat class and/or picked up car seat and/or booster seat. Please also write-in the date of the service.

\*\* Record month and year family received seat near top of page 2 as well. \*\*

	<u>No</u>	<u>Yes</u>	<u>Date</u>	<u>Info Missing</u>
Did a family member ATTEND CLASS?				
Did family PICK-UP car seat and/or booster seat?				

Please note:

**If YES to ATTEND CLASS: Family will be considered CLASS FAMILY.**

**If NO to ATTEND CLASS: Family will be considered APPOINTMENT ONLY FAMILY.**

Referencing the car seat database, record how many and what type(s) of seat(s) the family received. **Code: 0=** Rear-facing car seat, **1=** Forward-facing car seat, and **2=** Booster seat. Circle month or year to indicate age units.

	<u>Child age</u>	<u>Seat received</u>
1.	_____ [mos] [yrs]	
2.	_____ [mos] [yrs]	
3.	_____ [mos] [yrs]	
4.	_____ [mos] [yrs]	
5.	_____ [mos] [yrs]	
6.	_____ [mos] [yrs]	

**SCREENING & INTRODUCTION**

Hello. My name is (interviewer’s name) and I am calling from the car seat program at the Injury Prevention Center at Rhode Island Hospital. May I please speak with (parent’s name)? **Mark an “X” in the corresponding box.**

**If parent is unavailable ask:** “When is a good time to call back? Days of the week? Time of day?” **Record days/times parent is available:** \_\_\_\_\_

- If wrong number say:** “It looks like I have the wrong number. Sorry to bother you” **and hang-up.**
- If participant answers in Spanish, switch to Spanish language questionnaire. When complete, staple two interviews together.**
- If respondent available: If participant didn’t answer the phone:** “Hello. My name is (interviewer’s name) and I am calling from the car seat program at the Injury Prevention Center at Rhode Island Hospital.”

**Continue:**

We are contacting you today because your family received a car seat and/or booster seat from our program in \_\_\_\_\_ (month) of \_\_\_\_\_ (year).

		<u>No</u>	<u>Yes</u>
	Did you <u>PERSONALLY</u> pick up a car seat or booster seat in an installation appointment with us?	[ 0 ]	[ 1 ]
B	<b>Only if CLASS FAMILY:</b> Did you <u>PERSONALLY</u> attend a car seat class before this appointment?	[ 0 ]	[ 1 ]

**CLASS FAMILY:**

- If YES to A & B, continue interview
- If NO to A and YES to B, continue interview
- If NO B, ask to speak to person who attended class
  - If person is home, start questionnaire from beginning
  - If person not home, ask to call back at a convenient time

**APPOINTMENT-ONLY FAMILY:**

- If YES to A, continue interview
- If NO to A, ask to speak to person who went to seat pick-up appointment
  - If person is home, start questionnaire from beginning
  - If person not home, ask to call back at a convenient time
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Are you 18 years old or older? If “yes,” continue interview. If “no,” explain that you can only speak with adults 18 years or older, and discontinue.

Yes.....[ 1 ]  
 No.....[ 0 ]

We are doing a study to see how well our current car seat program is working and to improve our programs in the future. We called you because you received a car seat and/or booster seat from us. We recently mailed you a letter about this study. Did you receive this letter?

Yes.....[ 1 ]

No .....[ 0 ]

This study has been approved by the Research Review Committee at Rhode Island Hospital. The answers you give me will not be connected with any personal information that could identify you. The questionnaire will take about fifteen minutes to complete, depending on how you answer the questions. If you have questions about car seat safety, please ask them after we are finished with the survey. At any time if you want, we can stop the interview. There will be no consequences if you choose not to participate.

Do you have any questions? **Field any questions they might have. Write their questions below:**

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Can we begin? **If “yes,” continue interview. If “no,” say, “Thanks for your time,” and discontinue interview.**

Yes .....[ 1 ]

No .....[ 0 ]

**CAR SEAT SERVICES RECEIVED**

Please think about when you came to our program in (month, year) for your appointment to get your car seat and/or booster seat installed. Now I am going to ask you about that appointment.

- 1. Were the car and/or booster seat installation instructions clear and easy to follow?
  - Yes .....[ 1 ]
  - No .....[ 0 ]
- 2. Would you suggest we do anything differently during the car seat installation appointment? **Only if the response is “yes,” ask: What do you suggest we change?**
  - Yes .....[ 1 ]
  - No .....[ 0 ]

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***SKIP NEXT TWO QUESTIONS—#3 & #4—if APPOINTMENT-ONLY FAMILY.***

Now I am going to ask you about that car seat safety class you attended before your car seat installation appointment.

- 3. Were the class instructions clear and easy to follow?
  - Yes .....[ 1 ]
  - No .....[ 0 ]
  - Doesn't apply (Appointment-only family)* .....[ 9 ]

4. Would you suggest we do anything differently in the car seat class in the future? **Only if the response is “yes,” ask: What could we change? Fill in answers in lines provided below.**

Yes .....[ 1 ]

No .....[ 0 ]

*Doesn't apply (Appointment-only family)* .....[ 9 ]

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**CAR SEAT SAFETY PRACTICES**

Now I am going to ask you about what types of car seats and/or booster seats your family currently uses.

5. How many children live with you who are 8 years old or younger?

# children 0-8 years old ..... **IF >1 SKIP TO #7** [ \_ \_ ]

6. Is this your first child?

Yes .....[ 1 ]

No .....[ 0 ]

7. What is the age of each of these children, in the order of oldest to youngest? **Fill in ages in SAFETY BEHAVIOR GRID.**

<b>SAFETY BEHAVIOR GRID</b>					
	<i>Age</i>	<i>Weight</i>	<i>Seat type</i>	<i>Child faces which direction?</i>	<i>Relationship with child?</i>
	<p><b>Fill in age. Then, circle if age is in months or years.</b></p>	<p><b>Code:</b>  <b>0=</b> &lt;20 lbs  <b>1=</b> 20-40 lbs  <b>2=</b> 40-80 lbs  <b>3=</b> &gt;80 lbs</p>	<p><b>Code:</b>  <b>0=</b>Car seat  <b>1=</b> Booster seat  <b>2=</b>Seat belt</p>	<p><b>Code:</b>  <b>0=</b> Front of car  <b>1=</b> Back of car</p>	<p><b>Code:</b>  <b>0=</b> Mother  <b>1=</b> Stepmother  <b>2=</b> Father  <b>3=</b> Stepfather  <b>4=</b> Grandmother  <b>5=</b> Grandfather  <b>6=</b> Other (write-in)</p>
1	_____ [mos] _____ [yrs]				
2	_____ [mos] _____ [yrs]				
3	_____ [mos] _____ [yrs]				
4	_____ [mos] _____ [yrs]				
5	_____ [mos] _____ [yrs]				
6	_____ [mos] _____ [yrs]				

7. Good. Now for each child, I am going to ask several questions. Let's start with the oldest child. **Ask #7a-7e for each child, oldest to youngest. Fill out the grid.**

**7a.** Approximately how much does the (year/month) old weigh? **If participant unsure, prompt:** Does the child weigh less than 20 pounds, from 20 to 40 pounds, from 40 to 80 pounds, or over 80 pounds? **Code weight category in grid above.**

**7b.** Do you still use the (car seat/booster seat) that we gave you for this child?

Yes.....[ **1** ] **SKIP TO #7D.**

No.....[ **0** ]

**7c.** What do you use now? **Prompt:** Different seat? Booster seat? Seat belt? **Fill in grid above.**

7d. Does the (year/month) old face the front of the car or face the back of the car?  
**Fill in grid above.**

7e. What is your relationship with this child? Are you this child's...Mother, stepmother, father, stepmother, grandmother, grandfather, or other? **If participant is obviously male or female, only ask relevant options. Repeat #7a-e for each child, filling out SAFETY BEHAVIOR GRID above.**

8. Do you currently use the same car in which we installed your child(ren)'s car or booster seat(s)?  
Yes..... **SKIP TO #10** [ 1 ]  
No ..... [ 0 ]

9. Have you had your child(ren)'s car or booster seats checked by a professional in this new car?  
Yes..... [ 1 ]  
No ..... [ 0 ]

10. Have you experienced any problems with the car or booster seat(s) we gave you? **If "yes," ask: Please explain.**  
Yes..... [ 1 ]  
No ..... [ 0 ]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. There are times when it might be hard for you to buckle your child(ren) in a car seat. Other times it might be easier. In the LAST TEN car rides with your child, how many times do you think your child(ren) was(were) NOT buckled? **If participant responds "don't know," probe participant for their best guess.**  
# of times ..... [ \_ \_ ]  
*Don't know/not sure* ..... [ 97 ]  
*Refused* ..... [ 98 ]  
*Not applicable* ..... [ 99 ]

12. When other parents you know DO buckle their child(ren) in a car seat or booster seat, what do you think their reasons are? Please answer YES or NO to each of the following.

When parents <u>DO</u> put their child in a car seat or booster seat is it because...	No	Yes	<i>Don't know</i>	<i>Refused</i>
<b>12a.</b> They are afraid of getting a ticket?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>12b.</b> They think about their child's safety?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>12c.</b> They say their child likes the car/booster seat?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>12d.</b> They think car seats and booster seats are affordable?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>12e.</b> They think car seats and booster seats are easy to install and use?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>12f.</b> Of another reason? <i>Please specify:</i> _____	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
_____				

**13.** When other parents you know DON'T buckle their child(ren) in car seat or booster seat, what do you think their reasons are? Please answer YES or NO to each of the following.

When parents <u>DON'T</u> put their child in a car seat or booster seat is it because...	No	Yes	<i>Don't know</i>	<i>Refused</i>
<b>13a.</b> They say their child is too big?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>13b.</b> They say their child is too old?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>13c.</b> They don't understand the importance of car seats?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>13d.</b> They say car seats or booster seats are too expensive?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>13e.</b> Their child is uncomfortable or doesn't like the seat?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>13f.</b> There are too many people in the car?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]
<b>13g.</b> It takes too much time to buckle the seat?	[ 0 ]	[ 1 ]	[ 7 ]	[ 8 ]

When parents DON'T put their child in a car seat or booster seat is it because...      No      Yes      *Don't know*      *Refused*

**13h.** Of another reason? *Please specify:*

\_\_\_\_\_ [ 0 ]      [ 1 ]      [ 7 ]      [ 8 ]  
 \_\_\_\_\_

**CHILD PASSENGER SAFETY KNOWLEDGE**

Now I am going to ask you some questions about car seats in general. These are NOT questions about your child specifically.

**14.** When can a child STOP using a booster seat? How much should s/he weigh? How old approximately should s/he be? A booster seat is a seat with or without a supportive back used to lift up the child so that the seat belt fits properly. **If participant responds “don’t know,” probe participant for their best guess.**

Age (in years) .....[ \_ \_ ]  
 Weight (in pounds) .....[ \_ \_ ]  
*Don't know* .....[ 97 ]  
*Refused* .....[ 98 ]

**15.** In the car, WHERE is the safest place for a child between the ages of 0 and 12 years old to ride in the car? Would you say...

The front seat, or.....[ 0 ]  
 Back seat.....[ 1 ]

**16.** When can an infant’s car seat be switched from facing the BACK of the car to the FRONT of the car? How much should s/he weigh? How old approximately should s/he be?

Age (in years) .....[ \_ \_ ]  
 Weight (in pounds) .....[ \_ \_ ]  
*Don't know* .....[ 97 ]  
*Refused* .....[ 98 ]

**17.** Rhode Island law states that a child should be restrained in a car seat or booster seat until what age?

Age (in years) .....[ \_ \_ ]  
*Don't know* .....[ 97 ]  
*Refused* .....[ 98 ]

**DEMOGRAPHICS**

The next questions are about you. Please remember that everything you tell me will be kept private and confidential.

18. Are you Hispanic or Latino?

- Yes ..... [ 1 ]
- No ..... [ 0 ]
- Don't know/not sure* ..... [ 7 ]
- Refused* ..... [ 8 ]

The next questions ask about what languages you speak.

19. Do you speak a language other than English at home?

- Yes ..... [ 1 ]
- No ..... [ 0 ] (SKIP TO #22)

20. What is that language?

\_\_\_\_\_

21. How well do you speak English?

- Not at all ..... [ 0 ]
- Very well ..... [ 3 ]
- Don't know* ..... [ 7 ]
- Refused* ..... [ 8 ]

**(ONLY FOR SPANISH-SPEAKERS):**

	Spanish h only	Mostly Spanish (some English)	Spanish and English equally	Mostly Englis h (some Spanis h)	Englis h only	<i>Refuse d</i>
<b>22a.</b> In general, do you speak...?	[ 0 ]	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 8 ]
<b>22b.</b> What do you speak with your family?	[ 0 ]	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 8 ]
<b>22c.</b> What do you speak with your friends?	[ 0 ]	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 8 ]
<b>22d.</b> At a doctors appointment, what do you feel most comfortable	[ 0 ]	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 8 ]

**23.** Were you born in the United States?  
 Yes.....[ 1 ] **SKIP TO #26**  
 No.....[ 0 ]  
*Refused* .....[ 8 ]

**24.** In what country were you born?

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**25.** How many years have you lived in the United States? **If participant says “don’t know” or “don’t remember,” encourage them to estimate.**  
**If less than one year, mark an “X” here** .....[ \_ \_ ]  
 Years.....[ \_ \_ ]  
*Don’t know* .....[ 97 ]  
*Refused* .....[ 98 ]

**26.** How old are you? \_\_\_\_\_ (YEARS)  
*Refused* .....[ 888 ]

27. Which of these groups would you say best represents your race? Would you say... **Check all that apply.**

- Asian.....[ 0 ]
- American Indian or Alaska Native .....[ 1 ]
- Black or African American.....[ 2 ]
- Native Hawaiian or Other Pacific Islander .....[ 3 ]
- White .....[ 4 ]
- Other (*ask to specify:* \_\_\_\_\_).....[ 5 ]
- Refused* .....[ 8 ]

28. What is the highest grade or year of school you completed?

- Never attended school or only kindergarten.....[ 0 ]
- Grades 1-8 (Elementary) .....[ 1 ]
- Grades 9-11 (Some high school) .....[ 2 ]
- Grade 12 or GED (High school graduate).....[ 3 ]
- College 1 year to 3 years (some college or technical school).....[ 4 ]
- College 4 years or more (college graduate).....[ 5 ]
- Refused* .....[ 8 ]

29. Do you have any further questions or comments about child passenger safety or our program? **If participant has questions about car seat safety, give them the number of the car seat safety technician, (401) 444-2685.**

- Yes.....[ 1 ]
- No .....[ 0 ]

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30. Would you like to set up an appointment to have your car seat and/or booster seat checked? **If “yes,” give them car seat safety technician number, (401) 444-2685.**

- Yes.....[ 1 ]
- No .....[ 0 ]

31. Would you like me to mail you a brochure on child passenger safety? **If “yes,” ask, “What is your mailing address?” and write in below.**

- Yes.....[ 1 ]
- No .....[ 0 ]

Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zipcode: \_\_\_\_\_

CONCLUSION AND THANK YOU!

Thank you very much for your time answering my questions. We will use your feedback to improve our programs and to see how much our participants are learning. Have a nice (day/afternoon/evening).