

ORDER FOR SUPPLIES OR SERVICES

OF PAGES

20

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

6. SHIP TO: EHDS591

Ult Dest: CPSC001

DATE OF ORDER: 20 Aug 1998
 ORDER NO.: CPSC-S-98-5162
 ISSUING OFFICE: CPSC

a. NAME OF CONSIGNEE: CONSUMER PRODUCT SAFETY COMMISSION
 b. STREET ADDRESS: DIVISION OF HAZARD & INJURY DATA SYSTEMS
 4330 EAST WEST HIGHWAY, ROOM 604
 c. CITY: BETHESDA
 d. STATE: MD
 e. ZIP CODE: 20814-4408
 f. SHIP VIA:

4. REQUISITION/REFERENCE NO.: 00059111179-0004/027
 7. TO: 00017929
 (301) 504-0444/1156

8. TYPE OF ORDER
 a. PURCHASE
 REFERENCE YOUR: QUOTATION DATED 8/10/98
 b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.
 Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.

a. NAME OF CONTRACTOR: ERNEST E. CORDOVA
 b. COMPANY NAME:

10. REQUISITIONING OFFICE: EHDS

c. STREET ADDRESS: 12409 CARTERS GROVE PL.
 d. CITY: SILVER SPRING
 e. STATE: MD
 f. ZIP CODE: 20904

9. ACCOUNTING AND APPROPRIATION DATA: 98 2 591 11179 25.29
 \$24,980.67

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
 a. SMALL
 b. OTHER THAN SMALL
 c. DISADVANTAGED
 d. WOMEN-OWNED

12. F.O.B. POINT: DESTINATION
 13. PLACE OF: a. INSPECTION: BETHESDA, MARYLAND
 b. ACCEPTANCE: BETHESDA, MARYLAND
 14. GOVERNMENT B/L NO.
 15. DELIVER TO F.O.B. POINT ON OR BEFORE: 19 Aug 1999
 16. DISCOUNT TERMS: 00.00% 0 Days Net 30

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QTY ACCEPT. (g)
0001	OPEN MARKET THE CONTRACTOR SHALL CONDUCT TELEPHONE INVESTIGATIONS OF WORK-RELATED AND OTHER PRODUCT-RELATED INJURIES IN ACCORDANCE WITH SECTION C.1., STATEMENT OF WORK. MINIMUM NO. OF CASES: 100 MAXIMUM NO. OF CASES: 647	Up to 647	CS	38.61	24,980.67	

18. SHIPPING POINT
 19. GROSS SHIPPING WEIGHT
 20. INVOICE NO.
 21. MAIL INVOICE TO:
 a. NAME: CONSUMER PRODUCT SAFETY COMM
 b. STREET ADDRESS (or P.O. Box): ACCT OFFICER DIV OF FIN MGMT ROOM 522
 c. CITY: WASHINGTON
 d. STATE: DC
 e. ZIP CODE: 20207
 23. NAME (Typed): ROBERT J FROST
 TITLE CONTRACTING/ORDERING OFFICER
 (301) 504-0444

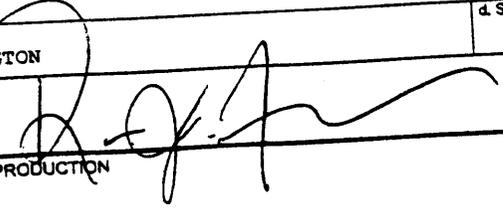
22. UNITED STATES OF AMERICA BY (Signature): 
 SEE BILLING INSTRUCTIONS ON REVERSE
 17(h) TOTAL (Cont. pages) \$ 0.00
 17(i) GRAND TOTAL \$ 24,980.67
 AUTHORIZED FOR LOCAL REPRODUCTION Previous edition not usable
 OPTIONAL FORM 347 (REV. 6/95) Prescribed by GSA/FAR 48 CFR 53.213(e)

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SECTION A - Order for Supplies or Services

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SECTION B - Supplies/Services and Prices/Costs

B.1. DESCRIPTION OF SERVICES

This procurement is for telephone investigations of work-related and other product-related injuries in accordance with Section C.1., STATEMENT OF WORK, below.

B.2. CONTRACT TYPE

This is a firm-fixed-price, indefinite-quantity contract for services described in the Statement of Work.

B.3. SERVICES AND PRICES

The Contractor shall conduct telephone investigations of work-related and other product-related injuries. The Contractor will be paid a firm-fixed-price of \$38.61 for each completed case, up to a total contract ceiling price not to exceed \$24,980.67. Travel costs are included in the case pricing.

SECTION C - Description/Specification/Work Statement

C.1. STATEMENT OF WORK

Independently, and not as an agent of the Government, the Contractor shall furnish all necessary personnel, materials, and facilities to perform the work set forth below; except as provided in H.1., GOVERNMENT FURNISHED MATERIALS/EQUIPMENT.

- a. The Contractor shall perform telephone investigations of work-related and other product-related injuries using the Consumer Product Safety Commission's (CPSC) furnished Epidemiologic Investigation Report (shown in Attachment A) and questionnaires similar to that shown in Attachments B thru E. (The attachments were included in the Request for Quotation package previously submitted to the Contractor.) The CPSC reserves the right to occasionally visit the Contractor's site to observe telephone interviewers conducting actual interviews.

- b. The Contractor shall not perform telephone investigations unless authorized as specified in Section F.5.
- c. The Contractor shall provide all telephone facilities and materials for completing the investigations, with the exception of the required questionnaire forms, which will be provided by the Government.
- d. For each case assigned, the Contractor shall contact the victim or most knowledgeable person within one week of receipt of each group of cases, or provide acceptable descriptions of the efforts to contact the victim or most knowledgeable person and the reasons for its inability to do so. For victims under age 18, the Contractor shall obtain parental permission to interview the victim.
- e. For each case, the Contractor shall complete the questionnaire following the skip patterns and instructions in the questionnaire and complete the Epidemiologic Investigation Report.
- f. The Contractor shall complete all investigation questionnaires and Epidemiologic Investigation Reports that includes a complete scenario, including the pre-accident, accident and post-accident activities of the victim.
- g. The Contractor shall complete questionnaires typed or in writing (black ink) and shall be legible to facilitate easy duplication for distribution within CPSC.
- h. Any questions in the questionnaires requesting the victim's permission for recontact by CPSC staff or its Contractor are very important. A questionnaire will be considered incomplete if these questions are not answered.
- i. The Contractor shall return all completed materials as quickly as possible, but no later than twenty-five (25) working days of receipt of each group of cases. The CPSC may grant extensions on a case by case basis.
- j. The Contractor shall maintain a minimum completion rate of 90% of all assigned cases. Failure to maintain a completion rate of 90% may be grounds for termination for default. In the event of termination

for default, the Government is not required to pay for the minimum case level as specified in Section I.7., INDEFINITE QUANTITY.

- k. The Contractor shall send its project manager and the telephone interviewers to CPSC to attend a telephone investigation orientation and practice session which will be conducted by CPSC Team Leaders and the CPSC survey statistician (see F.2.(1)). Background information on the purpose and procedures of the study will be provided. The training will take approximately four (4) hours, and will be conducted at CPSC's Bethesda, Maryland facility.
- l. The Contractor shall meet weekly at the CPSC offices with each of the three (3) leader(s) as specified in Sections F.2.(2) and F.3. during the term of the contract to deliver and discuss completed cases; to provide a status report on pending cases; to receive new assignments of groups of cases; to discuss outstanding cases and the quality control of the questionnaires; and to resolve difficulties or questions on the study and/or individual cases.
- m. Travel to Bethesda, Maryland shall be at the expense of the Contractor (loaded into the pricing) for the telephone investigations orientation and the weekly meetings.

C.2. REPORTING REQUIREMENTS

- a. The Contractor shall return all completed investigation reports to CPSC's Team Leaders at the weekly meetings, but no later than twenty-five (25) working days after receipt of each group of cases. The Contractor shall include completed investigation reports with the weekly status reports, described in paragraphs b. and c. below.
- b. The Contractor shall submit a weekly status report in the format and content specified in paragraph c. below to the Team Leaders at the weekly meetings, with a copy of the cover letter to the Contracting Officer.
- c. Weekly Status Reports:

Format - The status report shall be in the following format:

- (1) 8 1/2" x 11" white bond paper

- (2) Handwritten (or typed) in black ink
- (3) Legible and reproducible

Content - The weekly status reports shall contain the following:

- (1) Completed investigation reports
- (2) Status report on all open investigations issued to date since beginning of the contract.

SECTION D - Packaging and Marking

NOT APPLICABLE

SECTION E - Acceptance of Deliverables

E.1. ACCEPTANCE OF DELIVERABLES

- a. All materials submitted for approval will be reviewed by the Project Officer or his designee(s) within five (5) working days after date of receipt.
- b. Acceptance/rejection will be transmitted to the Contractor by the Project Officer, in writing, within ten (10) working days after date of receipt.
- c. Acceptance/rejection will be based on the requirements of the purchase agreement and individual groups of cases provided in accordance with C.1., STATEMENT OF WORK, a. thru m.

SECTION F - Deliveries or Performance

F.1. PERIOD OF PERFORMANCE

The period of performance is from August 20, 1998 through August 19, 1999 or until the maximum number of cases has been assigned, whichever is earlier. No groups of cases will be assigned under this contract after August 19, 1999.

F.2. DELIVERY OR PERFORMANCE

The following items shall be performed or delivered in accordance with the following schedule:

	ITEM	QUANTITY	DELIVERY OR PERFORMANCE
(1)	Attend Telephone Investigation Orientation Meeting (See Section C.1.k.)	One (1) Training Session	Time/Day at the discretion of the Project Officer
(2)	Attend Team Leaders' Weekly Meeting and submit Status Reports (See Sections C.1.l. and C.2.b. and c.)	Once a week	Time/Day to be agreed upon at the Orientation Meeting
(3)	Complete and Submit Cases to CPSC Team Leaders (See Sections C.1.i. and l. and C.2.a.)	Approx. 5-30 cases per group	At the weekly meetings, but no later than 25 working days following receipt of each group of cases

F.3. PLACE OF DELIVERY OR PERFORMANCE

The Contractor shall submit completed assignments and a report on the status of outstanding assignments to the Commission at the weekly meetings with the Team Leaders at the following address:

EAS-Q, CEN-Q, or WES-Q Team Leaders, as appropriate
U.S. Consumer Product Safety Commission
Division of Hazard & Injury Data Systems
4330 East West Highway, Room 604
Bethesda, Maryland 20814

F.4. TERMINATION OF INVESTIGATIONS/CASES

a. The Contractor may terminate an investigation for the following reasons:

- (1) The victim refuses to answer questions about the incident.

- (2) Six attempts have been made to contact the victim or the most knowledgeable person without success, including evening and weekend calls. All such attempts must be documented in writing, including the time and outcome of the call. At this point, the Contractor may choose to terminate the case. However, it is not required that the Contractor terminate after six attempts.
 - (3) If the Contractor is unable to contact the victim or the most knowledgeable person, under the provision of F.4.a.(2) above, but is able to contact some other family member or friend of the victim, the Contractor shall request that the victim be told to contact the following telephone number: 800-638-8095. If the office indicated on the assignment sheet is CENQ, the Contractor shall tell the victim to ask for Mr. Dennis Wierdak; if EASQ, Ms. Suzanne Newman; if WESQ, Mr. Joel Friedman. The Contractor shall give the respondent the case number at this time so that the victim can provide it when he or she calls. These cases will be considered terminated by the Contractor.
- b. Terminated cases will not be considered completed cases for the purpose of reimbursement.
 - c. All assignment materials for terminated cases shall be returned to the Government with the completed assignments under the applicable group.

F.5. ISSUANCE OF CASES

- a. The Contractor should anticipate receiving approximately three groups of cases per week, consisting of approximately 5 to 30 cases per group.
- b. The Government will be obligated to pay only for those case groups provided by authorized personnel. The following personnel are authorized to provide case groups against this agreement:

Eileen Kessler
Arthur McDonald
Joseph Lansing
Flip Hastings
Don Kendall

- c. After acceptance of completed questionnaires by the Team Leaders at the weekly meetings, the Contractor shall submit monthly invoices for payment of completed questionnaires with cases listed by Team.

SECTION G - Contract Administration Data

G.1. CONSIDERATION

As consideration for its satisfactory performance, the Contractor will be paid a firm-fixed-price for each completed telephone investigation as set forth in this contract up to a total contract ceiling price not to exceed \$24,980.67.

G.2. PAYMENT

- a. In accordance with the Prompt Payment Act (P.L. 97-177), payments under this contract will be due on the 30th calendar day after the later of:

- (1) The date of actual receipt of a proper invoice in the office designated to receive the invoice, or
- (2) The seventh (7th) day after the equipment or service is actually delivered or performed and accepted by the Government.

- b. The date of payment by wire transfer through the Automated Clearing House (ACH) shall be considered to be the date payment is made.

c. PARTIAL PAYMENTS

The Contractor may submit invoices on a monthly basis for payment of accepted questionnaires in accordance with Section F.5.c.

- d. Payment will be made as close as possible to, but not later than, the 30th day after receipt of a proper invoice as defined in G.3, "BILLING INSTRUCTIONS," except as follows:

When a time discount is taken, payment will be made as close as possible to, but not later than, the discount date. Discounts will be taken whenever economically justified.

G.3. BILLING INSTRUCTIONS

- a. Pursuant to the Prompt Payment Act (P.L. 97-177), all Federal Agencies are required to pay their bills on time, pay interest penalties when payments are made late, and to take discounts only when payments are made within the discount period.
- b. To assure compliance with the Act, vouchers and/or invoices shall be submitted on Standard Form (SF) 1034, Public Voucher for Purchases and Services Other Than Personal, and Continuation Form 1035 (or any acceptable form of the Contractor's choosing) in ORIGINAL AND FOUR (4) copies on a monthly basis. As a minimum, each invoice shall include:
 - (1) The name of the business concern.
 - (2) The voucher/invoice number and date.
 - (3) The contract number, and any other authorization for delivery.
 - (4) Accounting and appropriation data.
 - (5) Number of cases completed and accepted (listed by Team) and price.
 - (6) Labor hours billed by labor category (if applicable).*
 - (7) Other direct costs, with sufficient detail to determine allowability and acceptability of charges (if applicable).*
 - (8) Travel costs, with applicable receipts and adequate detail to permit review/approval of costs (if applicable).*
 - (9) Shipping cost terms (if applicable).*
 - (10) Payment terms.
 - (11) Other substantiating documentation or information as specified in the contract or purchase order.
 - (12) Name, where practicable, title, phone number, and complete mailing address of responsible official to whom payment is to be sent.
- c. Invoices not submitted in accordance with the above-stated minimum documentation may not be processed for payment until complete documentation is received.

*Not applicable to this contract.

d. Vouchers/invoices shall be sent to:

Ms. Cecelia R. Smith, Agency Payment Officer
Consumer Product Safety Commission
Division of Financial Services, Room 522
Washington, D.C. 20207
(Phone: 301-504-0018)

e. Inquiries regarding payment should be directed to the above-named payment officer. Problems related to the late payment of an invoice should be directed to:

Ms. Deborah Peebles-Hodge, Prompt Payment Officer
Consumer Product Safety Commission
Division of Financial Services, Room 522
Washington, D.C. 20207
(Phone: 301-504-0018)

f. SF 1034 and 1035 forms will be furnished by CPSC, Division of Financial Services, upon request of the Contractor.

G.4. METHOD OF PAYMENT

Payments by the Government under this contract will be made by check or electronic funds transfer (EFT) at the option of the Government.

G.5. WITHHOLDING OF CONTRACT PAYMENT

Notwithstanding any other payment provision of this contract, failure of the Contractor to submit required reports when due, or failure to perform or deliver required work, supplies, or services, will result in the withholding of payments under this contract unless such failure arises out of causes beyond the control, and without the fault or negligence of the Contractor. The Government shall promptly notify the Contractor of its intention to withhold payment of any invoice or voucher submitted.

G.6. PROJECT OFFICER DESIGNATION

Eileen Kessler, of the Commission's Division of Hazard and Injury Data Systems, has been designated as the Government's Project Officer for this contract. This individual may be reached on (301) 504-0539, ext. 1246.

- a. The Project Officer is responsible for:
- (1) Monitoring the Contractor's technical progress, including surveillance and assessment of performance, and notifying the Contracting Officer within one week when deliverables (including reports) are not on schedule in accordance with Section F.2., DELIVERY OR PERFORMANCE.
 - (2) Performing technical evaluation as required, assisting the Contractor in the resolution of technical problems encountered during performance; and
 - (3) Inspecting and accepting all items required by the contract.
- b. The Project Officer is not authorized to and shall not:
- (1) Make changes in scope of work, contract schedules and/or specifications to meet changes and requirements,
 - (2) Direct or negotiate any change in the terms, conditions, or amounts cited in the contract; and
 - (3) Take any action that commits the Government or could lead to a claim against the Government.

G.7. KEY PERSONNEL

- a. The Contractor has identified the following individuals as key personnel who will be assigned to perform tasks under this contract.

NAME	TITLE
Ernest E. Cordova	Owner/Telephone Interviewer
Dave Zyck	Telephone Interviewer
Leslie Salay	Telephone Interviewer
Brenda Cordova	Telephone Interviewer

- b. The personnel specified above are considered to be essential to the work being performed hereunder. If these individuals are unavailable for assignment for work under the contract, or it is anticipated that their level of involvement will be significantly

different from the negotiated level, the Contractor shall immediately notify the Contracting Officer and shall submit justifications (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. Prior to substitution of key personnel, the Contractor shall obtain the written consent of the Contracting Officer as to the acceptability of the succeeding personnel: Provided, that the Contracting Officer may ratify in writing such substitution and such ratification shall constitute the consent of the Contracting Officer required by this clause.

SECTION H - Special Contract Requirements

H.1. GOVERNMENT FURNISHED MATERIALS/EQUIPMENT

- a. The Government shall furnish to the Contractor for use in connection with this contract the following:

Epidemiologic Investigation Reports and
Questionnaires

- b. All materials provided hereunder are for exclusive use in performance of this contract. Any such material not expended in performance of this contract shall be returned to CPSC upon completion of the contract.
- c. All other materials/equipment required in the performance of this contract shall be furnished by the Contractor.

H.2. PAPERWORK REDUCTION ACT

This procurement is subject to the Paperwork Reduction Act (44 U.S.C. 3507) and the required clearance has been obtained. The Office of Management & Budget clearance number 3041-0029 has been assigned. Collection of information is authorized until May 31, 2000. The contractor shall not collect information under this contract beyond May 31, 2000 unless the Contracting Officer notifies the contractor that the OMB clearance has been extended. This notification will be provided by issuance of a modification to the contract. Instructions concerning the application of the clearance will be provided by the Contracting Officer.

PART II - CONTRACT CLAUSES

SECTION I - Contract Clauses

I.1. CLAUSES INCORPORATED BY REFERENCE

This contract incorporates the following clauses by reference from the Federal Acquisition Regulation (48 CFR Chapter 1) with the same force and effect as if set forth in full text. Upon request, the Contracting Officer will make their full text available.

Clause	Title	Date
52.202-1	Definitions	Oct. 1995
52.219-6	Notice of Total Small Business Set-Aside	July 1996
52.222-26	Equal Opportunity	April 1984
52.222-35	Affirmative Action for Disabled Veterans and Veterans of the Vietnam Era	April 1998
52.222-36	Affirmative Action for Handicapped Workers	April 1984
52.232-33	Mandatory Information for Electronic Funds Transfer Payment	Aug. 1996
52.233-1	Disputes	Oct. 1995
52.243-1	Changes - Fixed Price - Alternate I	April 1984
52.249-4	Termination for Convenience of the Government (Services) (Short Form)	April 1984
52.249-8	Default (Fixed-Price Supply and Service)	April 1984

The following clauses are incorporated in full text:

I.2. DISCLOSURE OF INFORMATION

- a. The Contractor shall submit to the Commission any report, manuscript or other document containing the results of work performed under this contract, before

such document is published or otherwise disclosed to the public, to assure compliance with Section 6(b) of the Consumer Product Safety Act (15 U.S.C. Section 2055(b)), Commission regulations (16 C.F.R. Part 1101), and a Commission directive (Order 1450.2). These provisions restrict disclosure by Commission Contractors of information that (1) permits the public to identify particular consumer products or (2) reflects on the safety of a class of consumer products. Prior submission allows the Commission staff to review the Contractor's information and comply with the applicable restrictions. CPSC should be advised of the Contractor's desire to submit or publish an abstract or a report as soon as practical.

- b. Any publications of or publicity pertaining to, the Contractor's document shall include the following:

"This project (study) (report) has been (partially) funded with federal funds from the United States Consumer Product Safety Commission under contract number CPSC-S-98-5162. The content of this publication does not necessarily reflect the views of the Commission, nor does mention of trade names, commercial products, or organizations imply endorsement by the Commission."

I.3. HANDLING OF CONFIDENTIAL INFORMATION

- a. If the Contractor obtains confidential business information about any company in connection with performance of this contract, either from the CPSC or from the other company itself, the Contractor agrees that it will hold the information in confidence and not disclose it either to anyone outside the CPSC or to any Contractor employee not involved in performance of this contract.
- b. At the completion of performance of this contract, the Contractor shall return any confidential information, obtained as described above, either to its owner or to the CPSC. No such information shall be retained by the Contractor. Furthermore, the Contractor agrees not to use any such confidential business information for any purpose other than performance of this contract. The Contractor shall maintain confidential business and personal information obtained as described in this article in a safe or locked file cabinet to which only employees performing work under this contract shall have access.

I.4. RESTRICTIONS ON USE OF INFORMATION

- a. If the Contractor, in the performance of this contract, obtains access to information such as CPSC plans, policies, reports, studies, financial plans, internal data protected by the Privacy Act of 1974 (5 U.S.C. 552a), or data which has not been released or otherwise made available to the public, the Contractor agrees that without prior written approval of the Contracting Officer it shall not: (a) use such information for any private purpose unless the information has been released or otherwise made available to the public; (b) compete for work for the CPSC based on such information for a period of six (6) months after either the completion of this contract or until such information is released or otherwise made available to the public, whichever is first; (c) submit an unsolicited proposal to the Government which is based on such information until one year after such information is released or otherwise made available to the public; and (d) release such information unless such information has previously been released or otherwise made available to the public by CPSC.
- b. In addition, the Contractor agrees that to the extent it receives or is given access to proprietary data, data protected by the Privacy Act of 1974 (5 U.S.C. 552a), or other confidential or privileged technical, business, or financial information under this contract, it shall treat such information in accordance with any restrictions imposed on such information.
- c. The restrictions described herein shall apply to performance or participation by the Contractor and any of its affiliates or their successors in interest (hereinafter collectively referred to as the "Contractor") in the activities covered by this clause as a prime Contractor, subcontractor, cosponsor, joint venturer, consultant, or in any similar capacity.
- d. Remedies. For breach of any of the above restrictions, the Government may terminate the contract for default, disqualify the Contractor for subsequent related contractual efforts, and pursue such other remedies as may be permitted by law or this contract.

I.5. PRIVACY ACT

This contract does not require the Contractor to maintain a system of records as defined in the Privacy Act of 1974. More specifically, the Contractor is not required to, and agrees not to, maintain any system of records for or on behalf of the U.S. Consumer Product Safety Commission, in which any records or any personal data are indexed by, or retrieved by, a person's name, social security number, or any other unique identification.

I.6. AUDIT AND EXAMINATION OF RECORDS BY CPSC/COMPTROLLER GENERAL

In compliance with the Consumer Product Safety Act, Section 27(i)(2), the Contractor is hereby notified that the Commission and the Comptroller General of the United States, or their duly authorized representatives, shall have access for the purpose of audit and examination to any books, documents, papers, and records of the recipients that are pertinent to the grants or contracts entered into under this Act under other than competitive bidding procedures.

I.7. INDEFINITE QUANTITY

- a. It is estimated that the Commission's total requirements under this contract will not exceed 647 cases. It is impossible to determine the number of cases described herein that will be required during the performance of this contract; however, a minimum of 100 cases will be provided and paid for under this contract unless the contract is terminated. The Contractor is obligated to furnish all cases described herein for the stated minimum of 100 cases and, if provided, furnish additional cases up to the maximum of 647 for the amount stated herein. Cases will be assigned in groups of approximately 5 to 30.
- b. The total maximum amount to be expended under this contract shall not exceed \$24,980.67. When the total amount billed for services rendered under this contract equals \$24,980.67, the Contractor shall immediately give written notice to the Contracting Officer.

I.8. ORGANIZATIONAL CONFLICTS OF INTEREST

- a. Purpose. The purpose of this clause is to ensure that the Contractor (1) is not biased in the performance of this contract because of past, present, or currently planned interests (financial, contractual, organizational, or otherwise, which relate to the work under this contract), and (2) does not obtain any unfair competitive advantage over other parties by virtue of its performance under this contract.
- b. Scope. This clause shall apply to performance or participation by the Contractor and any of its affiliates or their successors in interest (hereinafter collectively referred to as the "Contractor") in the activities covered by this clause as a prime Contractor, subcontractor, cosponsor, joint venturer, consultant, or in any similar capacity.
- c. The Contractor warrants that, to the best of its knowledge and belief, there are no relevant facts which could give rise to an organizational conflict of interest, or that the Contractor has disclosed to the Contracting Officer all relevant information pertaining to such a conflict of interest.
- d. If the Contractor is aware of an organizational conflict of interest with respect to this contract before receiving award of this contract, but does not disclose the conflict to the Contracting Officer, the Government may terminate the contract for default.
- e. Duty to disclose conflicts discovered after award. The Contractor agrees that if, after award, it discovers an organizational conflict of interest with respect to this contract, it shall make an immediate and full disclosure to the Contracting Officer, including a description of the action which the Contractor has taken or proposes to take to avoid or mitigate such conflict. The CPSC may, however, terminate the contract for convenience if it deems such termination to be in the best interest of the Government.
- f. Remedies. For nondisclosure or misrepresentation of any relevant facts required to be disclosed concerning this contract, the Government may terminate the contract for default or convenience, disqualify the Contractor for subsequent related contractual efforts, and pursue such other remedies as may be permitted by law or this contract.

- g. Waiver. The Contractor's request for waiver or modification under this clause shall be directed in writing to the Contracting Officer and shall include a full description of the requested waiver or modification and the reasons in the support thereof. If it is determined to be in the best interests of the Government, the Contracting Officer shall grant such a waiver or modification in writing.

PART III - LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS

SECTION J - List of Attachments

Attachments:

- A. Epidemiologic Investigation Report
- B. Sample Questionnaire - Occupational Injuries to Young Workers
- C. Sample Questionnaire - Child Care Telephone Interview
- D. Sample Questionnaire - Generic Questionnaire for NEISS
Telephone Interview
- E. Sample Questionnaire - Childhood Agricultural Injuries

(ABOVE ATTACHMENTS WERE INCLUDED IN THE RFQ PACKAGE PREVIOUSLY SUBMITTED TO THE CONTRACTOR.)

Attachment A: Epidemiologic Investigation Report

1. TASK NUMBER		2. INVESTIGATOR'S ID		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE	4. DATE OF ACCIDENT YR MO DAY	5. DATE INITIATED YR MO DAY		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT				UPC
7. LOCATION (Home, School, etc.)		8. CITY		9. STATE
10A. FIRST PRODUCT		10B. TRADE/BRAND NAME		10C. MODEL NUMBER
10D. MANUFACTURER NAME AND ADDRESS				
11A. SECOND PRODUCT		11B. TRADE/BRAND NAME		11C. MODEL NUMBER
11D. MANUFACTURER NAME AND ADDRESS				
12. AGE OF VICTIM	13. SEX	14. DISPOSITION	15. INJURY DIAGNOSIS	
16. BODY PART (S) INVOLVED	17. RESPONDENT	18. TYPE OF INVESTIGATION	19. TIME SPENT (OPERATIONAL HOURS)	
20. ATTACHMENT (S)	21. CASE SOURCE		22. SAMPLE COLLECTION NUMBER	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY)				
24. REVIEW DATE	25. REVIEWED BY		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION				

Attachment B: Sample Questionnaire -
Occupational Injuries to Young Workers

**OCCUPATIONAL INJURIES TO YOUNG WORKERS
IN RETAIL TRADES OR SERVICES INDUSTRIES**
National Institute for Occupational Safety and Health/Division of Safety Research
Version Date—July 7, 1997

TASK NO.: _____ HEP _____

RECORD OF CALLS

Date	Day of Week	Time (Eastern)	Result	Suggested Call Back Time
//___	_____	__:__ am/pm	_____	_____
//___	_____	__:__ am/pm	_____	_____
//___	_____	__:__ am/pm	_____	_____
//___	_____	__:__ am/pm	_____	_____
//___	_____	__:__ am/pm	_____	_____
//___	_____	__:__ am/pm	_____	_____

Result Codes: **B = Language Barrier** **NA = No Answer**
 C = Completed **R = Refusal**
 CB = Call Back **T = Terminate**
 I = Injury not work-related **W = Wrong Number**
 N = Non-working number

INTERVIEWER INSTRUCTIONS

The respondent must be the injured victim— do not use a proxy such as a parent

If the victim is age 17 or younger, obtain parental permission to interview the victim

Fill in answers needed in Questions 1, 2, and 3 before you begin

In general, the lower case bold text should be read to the respondent, the upper case text in [] are interviewer instructions and should not be read.

(1) Hello. May I please speak with the (parent/guardian) of _____ [WORKER'S FULL NAME]?

1. YES, THE GUARDIAN IS AVAILABLE

Hello. My name is _____ and I am working with the US Consumer Product Safety Commission and we are interested in learning about work-related injuries that occur to adolescents. I understand that _____ [WORKER'S NAME] was recently treated at a hospital for an injury that happened at work. We would like to speak to (him/her) about the injury and (his/her) job. All the information _____ [WORKER'S NAME] provides will be held strictly confidential and could help us learn how to protect young workers from injury on the job. Would you help us by allowing _____ [WORKER'S NAME] to answer these questions?

1. YES

↘ May I speak with
_____ [WORKER'S NAME] → Q2

2. YES-- HOWEVER ADOLESCENT NOT AVAILABLE

↘ When would be a good time to call back? _____

3. NO, PERMISSION NOT GRANTED

↘ Since you feel uncomfortable, would you be willing to listen on an extension phone, if available, while I conduct the interview?

1. YES --> Q2

2. NO --> [TERMINATE INTERVIEW WITH]
"Thank you very much for your time.
I am sorry to have bothered you."

2. ADOLESCENT INDEPENDENT (NO GUARDIAN OR 18-YEARS OLD) → Q2

3. NO, GUARDIAN IS NOT AVAILABLE

When would be a good time to contact (him/her)? _____
Thank you, I will call back then.

(2) My name is _____ and I am working with the Consumer Product Safety Commission. (As your parent probably told you,) I would like to ask you questions about your recent injury and your job. This will take about 30 minutes. The information you provide will be held strictly confidential and your cooperation is voluntary. Would you help us by answering these questions?

1. YES → Q3

- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

(2b) I assure you that everything you tell us will be kept confidential. Your answers are very important to us because your answers will be used to represent about 100 young workers who were also injured at work but were not selected for an interview. Would you consider helping us?

1. YES → Q3

- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

[TERMINATE WITH]
"I am sorry to have bothered you.
I will not keep you any longer."

(3) I understand that you were seen at _____ hospital on __/__/97 which was a _____ [DAY OF WEEK] for an injury that happened while you were working. Were you injured on that day or another day?

- 1. THAT DAY
- 2. ANOTHER DAY, SPECIFY DATE: __/__/97 DAY OF WEEK: _____
- 3. NOT SURE OF DATE BUT DAY OF WEEK WAS: _____
- 7. DON'T KNOW
- 9. NOT ASCERTAINED

- (4) Now I would like for you to think about the day you were injured. What time of day did you start your workshift, and what time were you supposed to get off work had you not been injured? [CLARIFY AM OR PM AND FILL IN RESPONSE ACCORDINGLY]

START OF WORKSHIFT

___:___ AM
___:___ PM
9997 DON'T KNOW
9999 REFUSED

SCHEDULED END OF WORKSHIFT

___:___ AM
___:___ PM
9997 DON'T KNOW
9999 REFUSED

- (5) At what time of day were you injured? [CLARIFY AM OR PM AND FILL IN RESPONSE ACCORDINGLY]

___:___ AM } → Q6
___:___ PM }

9997 DON'T KNOW



(5b) Approximately how long had you been at work prior to your injury?

___ MINUTES
___ HOURS AND ___ MINUTES
9997 DON'T KNOW
9999 REFUSED

9999 REFUSED

(7) Did you report this injury to your employer?

1. YES

(7b) I am going to read a list of possible things your employer may have done after you were injured. I would like for you to respond to each statement with a yes or no. [READ ALL OF THE FOLLOWING]

	<u>YES</u>	<u>NO</u>	<u>D/K</u>	<u>REFUSED</u>
A supervisor investigated the accident to find out what happened	1	2	7	9
Conducted training on how to do the task without being injured	1	2	7	9
Required the use of safety gear such as work gloves, cooking mitts, or back belts	1	2	7	9
Warned other employees about how to avoid being hurt when doing the same type of work	1	2	7	9

(7c) Did your employer do anything else to prevent you or other employees from being hurt while doing the same type of work in the future?

1. YES

(7cii) What was it that your employer did?

2. NO

7. DON'T KNOW

9. REFUSED

2. NO

7. DON'T KNOW

9. REFUSED

(8) Were you using any type of safety or protective equipment such as work gloves, cooking mitt, safety glasses, or back belt when you were injured? [READ THE FOLLOWING AND CIRCLE ALL THAT APPLY]

1. WORK GLOVES
2. COOKING MITT
3. SAFETY GLASSES
4. BACK BELT
5. OTHER (SPECIFY) _____
6. NO — NOT USING ANY TYPE OF SAFETY EQUIPMENT
7. DON'T KNOW
9. REFUSED

(9) At the time of your injury, was the type of work you were doing something that you normally do, or was the work task new or unfamiliar to you?

1. TASKS NORMALLY DO
2. NEW OR UNFAMILIAR TASKS
7. DON'T KNOW
9. REFUSED

(10) Were you alone when you were injured or were other coworkers in the immediate area where you were working?

1. ALONE
2. OTHER COWORKERS IN AREA
7. DON'T KNOW
9. REFUSED

(11) Was your supervisor in the immediate area when you were injured?

1. YES

(11b) Were you in sight of your supervisor?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

→ Q12

2. NO

(11c) Was a supervisor around but just not in the immediate area?

- 1. YES. AROUND BUT NOT IN THE IMMEDIATE AREA
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

- 7. DON'T KNOW
- 9. REFUSED

(12) What would you say is the age of this supervisor who was on duty when you were injured? Would you say he or she is [READ THE FOLLOWING]

- 1. LESS THAN 18
- 2. 18-20
- 3. 21-24
- 4. 25 OR OLDER

7. DON'T KNOW

(12b) Although you do not know your supervisor's age, would you say he or she is [READ THE FOLLOWING]

- 1. ABOUT THE SAME AGE AS YOU
- 2. A LITTLE BIT OLDER THAN YOU
- 3. SOMEWHAT OLDER THAN YOU
- 4. QUITE A BIT OLDER THAN YOU
- 7. DON'T KNOW
- 9. REFUSED

- 8. NOT APPLICABLE— NO SUPERVISOR ON DUTY
- 9. REFUSED

(13) **What was the name of the business you were working for at the time you were injured? [IF NEEDED— we are not going to contact them, we need the name for industry classification purposes]**

(14) **What type of business is this? That is, was this business a Fast Food establishment, other type of Restaurant, Department Store, Nursing Home, Amusement or Recreational Park, or something else?**

(15) **What was your job title at the time you were injured? For example, were you a cook, crew member, sales person, stocker, health care aide, or something else?**

(16) **Did you receive money for working, work for some other type of compensation, or did you work without being paid?**

- 1. RECEIVED MONEY FOR WORKING
- 2. SOME OTHER TYPE OF COMPENSATION
- 3. WORKED WITHOUT PAY
- 3. OTHER [SPECIFY] _____
- 7. DON'T KNOW
- 9. REFUSED

(17) **Before your injury, how long had you worked for this business or employer?**

____ YEARS ____ MONTHS ____ DAYS

979797 DON'T KNOW
999999 REFUSED

(18) Do you still work for the same business or employer where you were injured?

1. YES

(18b) Have you returned to work?

1. YES

(18c) Did you change how you do your work as a result of this injury?

1. YES

(18cii) What do you do differently now?

} → Q19

2. NO
7. DON'T KNOW
9. REFUSED

2. NO

(18d) Is this because you are still injured?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

**(18e) Did you decide to quit, or for some other reason was your job terminated after you were injured?
[PROBE FOR CORRECT RESPONSE]**

1. NO— STILL WORK
2. DECIDE TO QUIT
3. SOME OTHER REASON
JOB TERMINATED
4. OTHER
(SPECIFY)
7. DON'T KNOW
9. REFUSED

} → Q19

7. DON'T KNOW } → Q19
9. REFUSED }

2. NO → [GO TO "NO" NEXT PAGE]

(18) [CONTINUED]

2. NO

(18f) Is this because you are still injured?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

(18g) Did you decide to quit, or for some other reason was your job terminated after you were injured?
[PROBE FOR CORRECT RESPONSE]

- 1. NO— STILL WORK
 - 2. DECIDE TO QUIT
 - 3. SOME OTHER REASON
JOB TERMINATED
 - 4. OTHER
(SPECIFY) _____
 - 7. DON'T KNOW
 - 9. REFUSED
- } → Q19

7. DON'T KNOW
9. REFUSED

(19) **Approximately how many people work for your employer? Include people who work at this business location not just the number who worked on your shift.**

___ PEOPLE } --> Q20

9997 DON'T KNOW



(19b) **Even though you don't know the exact number, would you say that less than 10 people work there, 10-20, 21-50, or more than 50?**

- 1. LESS THAN 10
- 2. 10-20
- 3. 21-50
- 4. MORE THAN 50
- 7. DON'T KNOW
- 9. REFUSED.

9999 REFUSED

(20) **In the 7-day week prior to your injury, how many hours did you work? What was the total number during the weekdays? The total over the weekend?**

___ TOTAL HOURS FOR 7-DAY WEEK
___ TOTAL ON WEEK DAYS
___ TOTAL OVER WEEKEND

(21) **At the time of your injury, did you have a second job?**

1. YES



(21b) **What kind of job was it?**

(21c) **In the 7-day week prior to your injury, how many hours did you work at this second job? What was the total number during the weekdays? The total over the weekend?**

___ TOTAL HOURS FOR 7-DAY WEEK
___ TOTAL ON WEEK DAYS
___ TOTAL OVER WEEKEND

2. NO
7. DON'T KNOW
9. REFUSED

(22) Does your job ever require you to lift or move objects which weigh 50 pounds or more?

1. YES

(22b) Would you say you do this several times per day, once a day, once or twice a week, or less than once a week?

- 1. SEVERAL TIMES PER DAY
- 2. ONCE A DAY
- 3. ONCE OR TWICE A WEEK
- 4. LESS THAN ONCE A WEEK
- 7. DON'T KNOW
- 9. REFUSED

(22c) Does your work ever require you to lift or move objects which weigh 100 pounds or more?

1. YES

(22cii) Would you say you do this several times per day, once a day, once or twice a week, or less than once a week?

- 1. SEVERAL TIMES A DAY
- 2. ONCE A DAY
- 3. ONCE OR TWICE A WEEK
- 4. LESS THAN ONCE A WEEK
- 7. DON'T KNOW
- 9. REFUSED

→ Q23

- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

(23) For the next few questions, I am going to read a statement relating to your job and I would like for you to respond by answering with one of the following—strongly agree, agree, disagree, or strongly disagree. [READ THE 4 ANSWERS FOLLOWING EACH QUESTION IF NECESSARY]

	<u>STRONGLY AGREE</u>	<u>AGREE</u>	<u>DIS- AGREE</u>	<u>STRONGLY DISAGREE</u>	<u>D/K</u>	<u>RF</u>
Many injuries and accidents at work just happen, there is little employees can do to avoid them	1	2	3	4	7	9
Sometimes I am so busy at work that I cannot be concerned about getting hurt	1	2	3	4	7	9
I feel free to report safety concerns to my supervisor	1	2	3	4	7	9
Ensuring that employees are not hurt or injured is a big priority with my supervisor	1	2	3	4	7	9
New employees quickly learn that they are expected to work safely to avoid getting hurt	1	2	3	4	7	9
Employees are told by the supervisors when they are not working safely	1	2	3	4	7	9
My responsibilities at work are often so demanding that I cannot spend time trying to work safely	1	2	3	4	7	9
I did not receive adequate safety training specific to the type of work I was doing to avoid being injured	1	2	3	4	7	9
I often discuss how to avoid getting injured with my coworkers	1	2	3	4	7	9
Supervisors often provide suggestions while I am working about how to avoid injury	1	2	3	4	7	9
My employer provides any safety equipment I need, such as work gloves, cooking mitt, or back belt	1	2	3	4	7	9

(26) Have you ever received any job safety training information from the school you attend? This job safety information could include classroom discussion, pamphlets, video presentation, or the guidance counselor discussing work safety with you?

1. YES

(26b) What type of information was this? [READ THE FOLLOWING]

	<u>YES</u>	<u>NO</u>	<u>D/K</u>	<u>REFUSED</u>
CLASSROOM LECTURE	1	2	7	9
PAMPHLETS	1	2	7	9
VIDEO	1	2	7	9
GUIDANCE COUNSELOR	1	2	7	9
ANY OTHER? (SPECIFY) _____				

2. NO

7. DON'T KNOW

8. NOT APPLICABLE— NOT A STUDENT

9. REFUSED

(27) Before you started to work, did you have to get written permission or a work permit [READ THE FOLLOWING]

	<u>YES</u>	<u>NO</u>	<u>D/K</u>	<u>REF</u>
From your parents	1	2	7	9
From your school	1	2	7	9

(28) At the time of your injury, were you in a program at your school for students who work? These are sometimes called work experience programs, career exploration, school-to-work, or an internship program.

1. YES —> What was it called? _____

2. NO

7. DON'T KNOW

9. REFUSED

(29) Was there a written agreement or work-plan between your school and employer regarding your job duties and work conditions?

1. YES

2. NO

7. DON'T KNOW

9. REFUSED

(30) Now I have some questions about the severity of your injury and the type of medical treatment you received. Please list the parts of your body that were injured and what kind of injury that occurred? For example, if you incurred a laceration to one hand and several fingers, we would like for you to explain what part of your hand was cut—the top or palm of the hand, and how many fingers were cut.

NATURE OF INJURY BODY PART INJURED [PROBE FOR DETAIL IF NEEDED]

_____	_____
_____	_____
_____	_____

[if *SPRAIN OR STRAIN*]

(30b) Was the sprain or strain caused by lifting or moving something?

1. YES

(30bii) What was it you were moving or lifting?

(30biii) About how much did it weigh? _____ [POUNDS]

2. NO

7. DON'T KNOW

9. REFUSED

[if *BURN*]

(30c) Did your burn develop any blisters?

1. YES

2. NO

7. DON'T KNOW

9. REFUSED

(31) **When the injury first occurred, did you leave work to go the hospital, go home first and then to the hospital, finish the work shift before going to the hospital, or did you wait until the next day to go to the hospital?**

1. LEFT WORK TO GO TO THE HOSPITAL
2. LEFT WORK TO GO HOME, THEN TO THE HOSPITAL
3. STAYED AT WORK UNTIL MY SHIFT WAS OVER
4. WAIT UNTIL THE NEXT DAY TO GO TO THE HOSPITAL
7. DON'T KNOW
9. REFUSED

(32) **How did you get to the hospital? Did you drive yourself, did another employee or supervisor drive you, did your parents take you, or was emergency transport called to take you to the hospital?**

1. DRIVE YOURSELF
2. ANOTHER EMPLOYEE DRIVE
3. SUPERVISOR DRIVE
4. PARENTS TOOK
5. EMERGENCY TRANSPORT
6. SOMETHING ELSE --> Please specify. _____
7. DON'T KNOW
8. NOT APPLICABLE
9. REFUSED

(33) **Did you stay overnight in the hospital?**

1. YES

↙ (33b) **How many nights did you stay in the hospital? _____**

2. NO
7. DON'T KNOW
9. REFUSED

(34) After your first visit to the hospital emergency department, did you have to go back to any type of health care professional like a doctor or nurse for a second visit? For example, to have your condition checked, have stitches removed, or go to physical therapy or to a chiropractor.

1. YES

Where did you go for this medical treatment-- to a hospital, doctor's office, physical therapist, chiropractor or some other place? How many times did you visit and what type of treatment did you receive? [CIRCLE ALL THAT APPLY AND ASK FOR NUMBER OF VISITS AND REASON(S) FOR VISIT]

	<u>NO. VISITS</u>	<u>REASON FOR VISIT</u>
1. HOSPITAL	—	_____
2. DOCTOR'S OFFICE	—	_____
3. PHYSICAL THERAPY	—	_____
4. CHIROPRACTOR	—	_____
5. OTHER (SPECIFY) _____		_____

- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

(35) Because of the injury, did a doctor or nurse tell you to stay in bed for rest for at least 1-day?

1. YES

(35b) How many days were you told to rest in bed? _____

- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

(36) **Did the doctor prescribe any medications for you because of your injury?**

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

(37) **Have you taken any nonprescription or over-the-counter medications such as aspirin, tylenol, advil, or ibuprofen because of your injury?**

- 1. YES

↙ (37b) **What was this medicine?** **How long did you take it?**
_____ (DAYS/WEEKS)

- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

(38) Other than the day of your injury, did you miss any days of work?

1. YES

↓ (38b) Not counting the day of the injury,
how many days of work did you miss? ____ } → Q39

2. NO

↓ (38c) Were you scheduled to work the next day
after your injury?

1. YES → Q39

2. NO

↓ (38e) If you had been scheduled to work the
day after your injury, would you have
been able to work?

1. YES

2. NO

7. DON'T KNOW

9. REFUSED

} → Q39

7. DON'T KNOW
9. REFUSED

7. DON'T KNOW
9. REFUSED

(39) Were there any days at work where you were on light duty? That is
you could not perform your normal tasks so you did other types of work
or limited what you normally do.

1. YES

↓ (39b) How many days was this? ____

2. NO

7. DON'T KNOW

9. REFUSED

(40) Did you miss any school days because of your injury?

1. YES

↓
{ (40b) Not counting the day of injury, how many days of school did you miss? ____ } → Q41

2. NO

↓
{ (40c) Was school in session at the time you were injured, or was it during break?

1. YES, SCHOOL WAS IN SESSION
2. NO, IT WAS DURING BREAK
7. DON'T KNOW
8. NOT APPLICABLE, NOT A STUDENT
9. REFUSED } → Q41

7. DON'T KNOW
9. REFUSED

(41) Because of your injury, did you miss any sports or physical activities, including a game, practice, or workouts?

1. YES

↓
(41b) How many days did you miss these activities? ____

2. NO
7. DON'T KNOW
9. REFUSED

(42) Because of your injury, did you miss any organized extracurricular activities such as club meetings, band practice, or church group activities?

1. YES

↘ (42b) How many days did you miss these activities? _____

2. NO

7. DON'T KNOW

9. REFUSED

(43) Did you have to limit or restrict any normal activities you do around the house, such as chores, because of your injury?

1. YES

↘ (43b) How many days were your normal activities around the house restricted? _____

2. NO

7. DON'T KNOW

9. REFUSED

(44) **Have you fully recovered from your injury? That is, you are free from any pain, headaches, stiffness or sore body parts, or some other discomfort.**

- 1. YES
- 2. NO

(44b) **What would you say best describes your condition— pain, headaches, stiffness, sore body parts, or something else?**

- 1. PAIN
 - 2. HEADACHES
 - 3. STIFFNESS
 - 4. SORE BODY PARTS
 - 5. SOMETHING ELSE
- } → Q44c

(44bii) **How would you describe this discomfort?**

} → Q44c

- 7. DON'T KNOW
- 9. REFUSED

(44c) **Please indicate which phrase best describes how your injury makes you feel at this time? [READ THE FOLLOWING CHOICES]**

1. CAUSES NO DISCOMFORT → Q45

- 2. CAUSES MILD DISCOMFORT
- 3. CAUSES MODERATE DISCOMFORT
- 4. CAUSES GREAT DISCOMFORT

(44cii) **Does this discomfort occur some of the time, much of the time, or all of the time?**

- 1. SOME OF THE TIME
 - 2. MUCH OF THE TIME
 - 3. ALL OF THE TIME
 - 7. DON'T KNOW
 - 9. REFUSED
- } → Q45

- 7. DON'T KNOW
- 9. REFUSED

- 7. DON'T KNOW
- 9. REFUSED

(45) Do you think that you may have a permanent problem because of your injury? By permanent, I mean any scarring, limited movement of a body part like hand or leg, limited feeling or sensation of any body part, pain which won't go away, or loss of a body part such as a finger.

1. YES

(45b) What type of problem is this? [READ THE FOLLOWING, CIRCLE ALL THAT APPLY. THEN PROBE FOR PART OF BODY]

TYPE OF PROBLEM

BODY PART

- 1. SCARRING
- 2. LIMITED MOVEMENT
- 3. LIMITED FEELING
OR SENSATION
- 4. PAIN
- 5. AMPUTATION
- 6. ANY OTHER
(SPECIFY)
- 7. DON'T KNOW
- 9. REFUSED

- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

(46) I only have a couple of more questions and our interview is complete. In what State were you working when you were injured?

____ (2-CHARACTER ABBREVIATION)
97. DON'T KNOW
99. REFUSED

(47) What is the zip code where you live? _____

(48) What is your birth date? / /
97/97/97 DON'T KNOW
99/99/99 REFUSED

(49) **What grade are you currently in?**
[IF DURING SUMMER — What grade did you last complete?]

- | | |
|-----------------|---------------------------------|
| 1. NO SCHOOL | 8. 7TH |
| 2. KINDERGARTEN | 9. 8TH |
| 3. 1ST | 10. 9TH |
| 4. 2ND | 11. 10TH |
| 5. 3RD | 12. 11TH |
| 6. 4TH | 13. 12TH/HIGH SCHOOL EQUIVALENT |
| 7. 5TH | 14. 1ST YEAR OF COLLEGE |
| 8. 6TH | 15. OTHER, SPECIFY _____ |
| | 97. DON'T KNOW |
| | 99. REFUSED |

(50) **About how tall are you?**

___ (FEET) ___ (INCHES)

(51) **About how much do you weigh?**

___ (POUNDS)

- [997. DON'T KNOW
999. REFUSED

(51b) I'll read some categories, and you can stop me when I get to the one that you think your weight would be in.
[READ THE FOLLOWING]

- 01. UNDER 90 POUNDS
- 02. 90 TO 99
- 03. 100 TO 110
- 04. 111 TO 120
- 05. 121 TO 130
- 06. 131 TO 150
- 07. 151 TO 175
- 08. MORE THAN 175
- 97. DON'T KNOW
- 99. REFUSED

(52) How would you describe your race, that is are you white, african-american, asian or pacific islander, american indian or alaska native, or would you classify your race as something else? [IF RESPONSE IS "HISPANIC", VERIFY IF WHITE OR BLACK]

1. WHITE
2. AFRICAN-AMERICAN
3. ASIAN OR PACIFIC ISLANDER
4. AMERICAN INDIAN/ALASKA NATIVE/ALEUT
5. OTHER, SPECIFY _____
7. DON'T KNOW
9. REFUSED

(53) Are you of Hispanic origin?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

This concludes our interview. Thank you very much. We hope this information will help us learn how to prevent other young people from having injuries at work.

PLEASE ASSESS IF ANY OF THE FOLLOWING APPLY TO THIS INTERVIEW.
[CIRCLE ALL THAT APPLY]

1. MIGHT HAVE BEEN A LANGUAGE BARRIER
2. RESPONDENT HAD TROUBLE UNDERSTANDING SOME OF THE QUESTIONS
3. PARENT OR GUARDIAN LISTENED ON ANOTHER PHONE LINE
4. RESPONDENT DID NOT SEEM ATTENTIVE, OR BECAME BORED
5. SOMETHING ELSE [SPECIFY] ---> _____