

Attachment C: Sample Questionnaire -
Child Care Telephone Interview

Child Care Telephone Interview

4/1/98

Task Number _____

Interviewer Instructions:

If at all possible, the respondent should be the adult that was in charge of caring for the child when the injury occurred.

If the adult charged with caring for the child when the injury occurred does not live at this home, ask to speak to the parent or guardian with the most knowledge of the injury.

Throughout the questionnaire the injured child is referred to as '(the child)', 'he/she'. Try to use the child's first name at these spots.

Fill in the name of the child, date of injury, hospital name, and products involved on pages 2, 3, and 9 prior to the interview.

Be aware of the skip patterns. Depending upon the situation, there will be several skip patterns. No respondent will answer all the questions.

If the respondent refuses to answer a question and circling (9 - Refused) is not an option, leave the question blank.

In general, in the questionnaire, the **bolded** or blocked text and / or text in parentheses () contains interviewer instructions and should not be read to the respondent.

Child care definitions:

- Parental Care - mother, father, or legal guardian
(can be biological, step, or adoptive)
- Relative Care - brother, sister, aunt, uncle, grandparent, cousin
- Family Home Care - non-relative care in a residential home
includes - neighbor, friend, nanny, baby sitter, etc...
- Day Care Center - nonresidential setting - day care centers, nursery schools,
pre-k, Head Start, churches, community centers, etc...

Hello, may I speak with the parents or guardian of _____(child's name)?

Hello, I'm _____ from _____. We are working with the U.S. Consumer Product Safety Commission and some hospitals to find out more about injuries to children under the age of 5 in order to learn how similar injuries can be prevented in the future. I have some questions about the recent injury to _____(child's name). This will take about 10 minutes. Your answers will be kept completely confidential. The information will only be used for statistical analysis, and no names will be used. Will you help us?

INTERVIEWER: Please circle the number of the correct response:

Respondent:

- 1 Agreed

- 2 Refused **(Try to set up another time or speak with someone else willing to do the interview)**
Would another time be better?
 - 1 Yes **(Set up another time to call back)**
 - 2 NoIs there someone else in the house that would be willing to help us?
 - 1 Yes **(Ask to speak to that person or set up time to call back and speak to that person)**
 - 2 No **Thank Respondent And Terminate Interview**

- 3 Other (specify): _____

(Call Back Time And Person To Talk To)

I. Injury Verification

At this point I am going to ask you a few questions to verify that the information I already have is correct.

I understand that _____ (child's name) was treated at _____ hospital on April _____ (day) for an injury involving _____ (product(s)) that occurred at _____ (location).

1. Is that correct?

1 Yes

- 2 No
- a. (Correct treatment date) _____ (Continue)
 - b. (Correct products) _____ (Continue)
 - c. (Correct location) _____ (Continue)
 - d. (Child was not injured or treated in hospital ER)

Thank Respondent and Terminate Interview

8 Don't Know (Ask if anyone else in the household knows more about the incident and can respond. If necessary, set up a time to call back. Record on call sheet.)

(Call Back Time And Person To Talk To)

2. Is it correct that _____ (child's name) is a

- a. 1 Boy ?
- 2 Girl ?

What is _____ (child's name) birth date?

b. ____ / ____ / ____ (month/ day/ year)

January	= 1	February	= 2	March	= 3
April	= 4	May	= 5	June	= 6
July	= 7	August	= 8	September	= 9
October	= 10	November	= 11	December	= 12

3. You are (the child)'s ?

- 1 mother / step mother of victim
- 2 father / step father of victim
- 3 legal guardian
- 4 sister / brother of victim
- 5 aunt / uncle of victim
- 6 grandparent of victim
- 7 Someone else (specify): _____

4. Did you witness or see the injury to (the child) happen?

- 1 Yes
- 2 No

5. Who was caring for (the child) when the injury occurred?

- 1 mother / step mother of victim (skip questions 6,7)
- 2 father / step father of victim (skip questions 6,7)
- 3 legal guardian (skip questions 6,7)
- 4 sister / brother of victim (skip question 7)
- 5 aunt / uncle of victim (skip question 7)
- 6 grandparent of victim (skip questions 6,7)
- 7 day care worker / teacher (skip question 6)
- 8 adult friend / adult neighbor (skip question 6)
- 9 nanny / au pair
- 10 baby sitter / friend's child / neighbor's child
- 11 Someone else (specify): _____

INTERVIEWER: Ask question 6 only if the person caring for the child when the injury occurred was (from question 5):

- 4. sister / brother of victim
 - 5. aunt / uncle
 - 9. nanny / au pair
 - 10. baby sitter / friend's child / neighbor's child
 - 11. Someone else
-

6. How old (was the care giver) at the time of the injury?
(If the respondent doesn't know, probe to see if the care giver is a teenager or adult)

- 1 _____ years
 - 992 Early Teens (13 - 17)
 - 993 Late Teens (18, 19)
 - 994 Adult (20+)
 - 999 Don't know
-

INTERVIEWER: Ask question 7 only if the person caring for the child when the injury occurred was (from question 5):

- 7 day care worker / teacher
 - 8 adult friend / adult neighbor
 - 9 nanny / au pair
 - 10 baby sitter / friend's child / neighbor's child
 - 11 Someone else
-

7. Did the care giver care for the (child):

- 1 In (his/her) own home?
- 2 In your home?
- 3 In a non-residential day care center, school, church, or community center?
- 4 Somewhere else? (specify) _____

INTERVIEWER: If the child was injured inside or outside a day care center that is also someone else's home (example: neighbors that run a center out of their home), code this as 'another home' only. If the respondent says the child was injured in a day care center, probe to determine if it was a center in a residential home (currently someone's place of residence) or a center in a building.

8. Where was (the child) when the injury occurred? Inside or outside?

a. Inside → Was (the child) inside:

- 11 The child's own home
- 12 Another home
- 13 A day care center or school
- 14 Somewhere else (specify) _____
- 88 Don't know
- 99 Refused

b. Outside → Was (the child) outside:

- 21 The child's own home
- 22 Another home
- 23 A day care center or school
- 24 Public playground
- 25 Somewhere else (specify) _____
- 88 Don't know
- 99 Refused

**INTERVIEWER: Ask question 10 only if the person caring for the child
when the injury occurred was (from question 5):**

- 1 mother / step mother of victim
 - 2 father / step father of victim
 - 3 legal guardian
-

10. In the month of April, was anyone else other than a parent ever in charge with watching the child?

- 1 Yes
- 2 No → SKIP TO QUESTION 13 ON PAGE 12

11. We are interested both in injuries that happen while under the care of a parent or guardian and in injuries that happen while the child is under someone else's care. In order to learn more about this, we would like to know how much time children spend in the care of someone other than a parent. This could be in the care of a relative, baby sitter, neighbor, day care center, or school.

Let's see, (the child's name) _____ was injured on April _____.

This was a _____ (day of week, CIRCLE ON CALENDAR BELOW).

Do you remember who was watching (the child's name) _____ each of the 7 days prior to the day he/she was injured?

That would be from (Day of week and number) _____ the _____
to _____ the _____?

- 1 Yes (circle days on calendar below)
- 2 No O.k. then how about the last 7 days?
Yes (Enter today's date _____)
- 9 No SKIP TO PAGE 12
- 9 Refused SKIP TO PAGE 12

Sunday	Monday	Tuesday	Wednes.	Thursday	Friday	Saturday
MARCH						
22	23	24	25	26	27	28
29	30	31				
APRIL						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

INTERVIEWER INSTRUCTIONS FOR 7 DAY SCHEDULE

INTERVIEWER: In the 7 day grid on the next page, it is important to write in who was caring for the child. Probe for detailed information on the time period in which someone else is in charge of watching the child. Also probe to determine if a day care worker works out of a home or out of a 'public' building such as a church or office building. Anyone non-relative such as a friend or neighbor working out of public building day care should be coded as BDAY. If a parent was caring for the child during a certain time period, leave the block blank. Code the full block if at least 1/2 hour is covered.

WHO Codes:

SIB	sister / brother of victim
AU	aunt / uncle of victim
GRAND	grandparent of victim
HDAY	day care worker / teacher working out of a home
BDAY	day care worker / teacher working out of a building
FRD	adult friend / adult neighbor
NAN	nanny / au pair
SIT	baby sitter / friend's child / neighbor's child

If you are unsure what code to use, write in the person's relationship to the child

12. Ok, Let's start with ___(day)___ the ___(date)___ of ___(month)___.
Who other than a parent was caring for the child on that day?
(Probe for time period during the day)

(Continue to cycle through the whole day until you are sure you have everything)

Possible probing questions:

- Was there any other child care on that day?
- Did anyone else care for the child that day?

(Continue to cycle through all 7 days)

Possible probing questions:

- Ok, now on to (Monday, Tuesday, ...), who other than a parent was caring for the child on that day?

TASK NUMBER: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 am							
7-8 am							
8-9 am							
9-10 am							
10-11 am							
11-12 am							
12-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6 pm							
6-7 pm							
7-8 pm							
8-9 pm							

Now I have some questions about (the child) and circumstances of (his/her) injury

II. Questions about the child and injury

13. How familiar was (the child) with the environment (he/she) was in where the injury occurred? By that I mean about how many times had (the child) been there before?

- 1 0 - 5 times
- 2 6 - 10 times
- 3 more than 10 times
- 8 Don't know
- 9 Refused

14. Now, thinking about the actual injury, about what time of day did the injury occur?
(Probe for time and circle am/pm)

- 1 Hour _____ AM / PM
- 2 Other _____ (example: in the morning)
- 8 Don't know
- 9 Refused

15. At the time of the injury, was (the child) ill or did he/she have any other physical condition that may have played a role in the injury?

- 1 Yes - illness (specify) _____
- 2 Yes - physical (specify) _____
- 3 Yes - other (specify) _____
- 4 No
- 8 Don't know
- 9 Refused

16. Had (the child) been on any medication?

- 1 Yes (specify) _____
- 2 No
- 8 Don't know
- 9 Refused

17. Prior to going to the emergency room, was any first aid treatment such as a bandage wrap or ice pack given to the child?

- 1 Yes _____
- 2 No
- 8 Don't know
- 9 Refused

18. Who took the child to the emergency room?

- 1 Person caring for the child at the time of injury
- 2 Parent / guardian / relative who wasn't caring for the child
- 3 Day care / Family care staff
- 4 Other (Specify) _____
- 8 Don't know
- 9 Refused

19. When was it decided to take the child to the emergency room?

Was it:

- 1 Immediately after the injury occurred?
- 2 After (the child) continued to show signs of pain or discomfort?
- 3 After the parent / guardian was informed of the injury?
- 4 Sometime else? (specify) _____
- 8 Don't know
- 9 Refused

20. How soon after the injury occurred was (the child) transported to the emergency room?

Was it:

- 1 less than 1 hour?
- 2 1 - 2 hours?
- 3 3 or more hours?
- 8 Don't know
- 9 Refused

21. How was (the child) transported to the emergency room?
- 1 By ambulance?
 - 2 By personal vehicle?
 - 3 By some other way? (specify) _____
 - 8 Don't know
 - 9 Refused
22. Was the child:
- 1 Treated and released from the emergency room?
 - 2 or hospitalized? → How long, i.e. how many nights?
_____ (nights)
 - 3 or transferred to another hospital?
(If transferred)
Was the child then:
 - 32 hospitalized? → How long, i.e. how many nights?
_____ (nights)
 - 33 treated and released?
 - 8 Don't know
 - 9 Refused
23. Has (the child) fully recovered from the injury?
- 1 Yes
 - 2 No → How is the child still affected?

 - 8 Don't know
 - 9 Refused
24. Was all, part, or none of the child's treatment covered by medical insurance?
- 1 Fully covered (minus any co-pay)
 - 2 Partially covered
 - 3 Not at all
 - 4 Other (describe) _____
 - 9 Refused to answer

Now I have a few more questions about the person taking care of (the child) when the injury occurred.

INTERVIEWER: If the person taking care of the child was NOT the parent or guardian, SKIP to next page.

III. Questions about the person taking care of the child (Parent / guardian)

25. How many other children were (you/they) watching when the injury occurred?
- ___ just the 1 child
_____ children
- 8 Don't know
9 Refused
26. About how close (were you / was he / was she) when the injury occurred?
- Were you:
- 1 Within eye site (same room if indoors, within 100 ft. outdoors)?
2 Within ear shot (another room if indoors, 100 - 200 ft. outdoors)?
3 Somewhere else (**specify**) _____
8 Don't know
9 Refused

SKIP TO Page 22

IV. Questions about the person taking care of the child (Not the parent)

INTERVIEWER: If at all possible we are interested in the individual who was watching the child at the time the injury occurred. However, if the child goes to a day care center that has several teachers, the respondent might not know the answer for the individual person. In this case, repeat the question for the day care center using the alternate words in the (parenthesis) and check the appropriate box.

27. About how close was the care giver to the child when the injury occurred?

Where they:

- 1 Within eye site (same room if indoors, within 100 ft. outdoors)
- 2 Within ear shot (another room if indoors, 100 - 200 ft. outdoors)
- 3 Somewhere else (specify) _____
- 8 Don't know
- 9 Refused

28. Approximately how many days (times) had the child been watched (by the care giver /at the child care program) prior to the day of the injury?

- 1 0 - 5 days
 - 2 6 - 10 days
 - 3 more than 10 days
 - 8 Don't know
 - 9 Refused
- ANSWERED FOR**
/___/ Specific person.
/___/ Day Care Program

29. Thinking about the day of the injury to your child, how many children including your child was the care giver in charge of watching ?

___ just the 1 child
_____ children

- 88 Don't know
- 99 Refused

30. (Did the care giver have/ Does the child care program require its workers to have) any formal training in child care such as a class or seminar in child development, first aid training, or CPR?

- 1 Yes **ANSWERED FOR**
- 2 No /___/ Specific person
- 8 Don't know /___/ Day Care program
- 9 Refused

31. In what language (does the care giver / do the care givers) speak most often to the child?

- 1 English
- 2 Spanish **ANSWERED FOR**
- 3 Other _____ /___/ Specific person
- 8 Don't know /___/ Day Care program
- 9 Refused

32. Is the child still cared for by the same (person / program) that was caring for the child when the injury took place?

- 1 Yes **ANSWERED FOR**
- 2 No → Why not? _____
- 8 Don't know /___/ Specific person
- 9 Refused /___/ Day Care program

33. (Was the care giver / Is the child care program) paid or compensated in any way to care for the child?

- 1 Yes → How were they compensated? **ANSWERED FOR**
Was it by: /___/ Specific person
- 11 Money /___/ Day Care program
- 12 Goods or services
- 13 or someway else (specify) _____
- 2 No
- 8 Don't know
- 9 Refused

V. Questions about the child care / family care center

Interviewer: If the child was in the care of a parent or relative when the injury occurred and the parent or relative does not run a day care, skip to PAGE 22.

Now I would like to ask you a few questions about the child care center, head start program, or school that was caring for (the child) when the injury occurred. To simplify the questions, I will refer to the child care center, home care center, or school simply as 'the program'. Also to simplify questions, if a neighbor, friend, or baby sitter was caring for (the child) when the injury occurred, I am also considering them as 'a program'.

34. Is the program licensed or regulated by any group such as the city, county, state, school system, or some other group?

- 1 Yes By whom? (specify) _____
- 2 No
- 8 Don't know
- 9 Refused

35. Is the program your child attends split into separate classes or groups?

- 1 Yes
- 2 No → SKIP TO QUESTION 39 Page 20
- 8 Don't know → SKIP TO QUESTION 39 Page 20
- 9 Refused → SKIP TO QUESTION 39 Page 20

36. What is the range of ages of the children in your child's class or group?
That is what is the age of the youngest child and the age of the oldest child?
(Enter ages and circle months or years)

- 1 _____ months / years to _____ months / years old
- 8 Don't know
- 9 Refused

37. About how many children are enrolled in your child's class or group each day?

- 1 _____ children
- 8 Don't know → Is it:
 - 81 _____ Less than 5
 - 82 _____ 5 to 9
 - 83 _____ 10 - 20
 - 84 _____ More than 20
 - 88 _____ Still don't know
- 99 Refused

38. Approximately how many adults actually provide the care for the children in your child's class or group?

- 1 _____ adults
- 8 Don't know → Is it:
 - 81 _____ 1 or 2
 - 82 _____ 3 to 5
 - 83 _____ More than 5
 - 88 _____ Still don't know
- 99 Refused

SKIP TO QUESTION 42 ON PAGE 21

39. What is the range of ages for all the children in the program?
That is what is the age of the youngest child and the age of the oldest child?
(Enter ages and circle months or years)

- 1 _____ months / years to _____ months / years old
- 8 Don't know
- 9 Refused

40. About how many children in total are enrolled in the program each day?

- 1 _____ children
- 8 Don't know → Is it:
 - 81 _____ Less than 5
 - 82 _____ 5 to 9
 - 83 _____ 10 - 20
 - 84 _____ More than 20
 - 88 _____ Still don't know
- 99 Refused

41. About how many adults actually provide the care for the children?

- 1 _____ adults
- 8 Don't know → Is it:
 - 81 _____ 1 to 2
 - 82 _____ 3 to 5
 - 83 _____ More than 5
 - 88 _____ Still don't know
- 99 Refused

42. What is the approximate cost of the program per week?
(If unknown, probe for cost per day or per hour)

- 1 _____ \$ per week _____ \$ per day _____ \$ per hour
- 7 No \$ cost →SKIP TO NEXT PAGE
- 8 Don't know →SKIP TO NEXT PAGE
- 9 Refused →SKIP TO NEXT PAGE

43. Is this amount for (the child) only, or does it include other children in your household?

- 1 Child only
- 2 Child and other(s) How many others including the child? _____

44. How many hours of child care per week does this cost cover?
(If unknown, probe for hours per day)

- 1 _____ hrs per week _____ hrs per day
- 8 Don't know
- 9 Refused

VI. General questions about the parent / guardian

INTERVIEWER:

In this section, the words 'parents', 'guardians', 'mother', 'father', 'wife', and 'husband', etc.. are interchangeable with 'you' in all questions.

Now for classification purposes only, I would like to finish by asking a few questions about (the child)'s parents or guardians who the child lives with most of the time. If, for example, the child lives with his/her mother and stepfather, I am asking about the stepfather and not the biological father.

45. What language do (you) speak to the child most often?
- 1 English
 - 2 Spanish
 - 3 Other (specify) _____
46. What language does the child speak most often at home?
- 1 English
 - 2 Spanish
 - 3 Other (specify) _____
47. Do both you and the (father / mother) live with the child?
- 1 Yes
 - 2 No
- Who does?
- 21 Father
 - 22 Mother

INTERVIEWER: If only one parent or guardian lives with the child, ask questions only about that parent.

48. What is (are) the ages of the child's:
- a. mother _____
 - b. father _____

49. What is the highest year of school completed by the child's:
- | | |
|---------------------------------|---------------------------------|
| a. mother | b. father |
| 11 Less than high school | 21 Less than high school |
| 12 High school /GED | 22 High school / GED |
| 13 Vocational / some college | 23 Vocational / some college |
| 14 College graduate | 24 College graduate |
| 15 Graduate/professional school | 25 Graduate/professional school |
| 88 Don't know | 88 Don't know |
| 99 Refused | 99 Refused |

50. Is the mother (and father) employed?
- | | |
|-------------------------------------------------------------------|-------------------------------|
| a. mother | b. father |
| 1 Yes | 1 Yes |
| About how many hours per week (do you / does she / does he) work? | |
| 11 35 hours or more / week | 21 35 hours or more / week |
| 12 Less than 35 hours /week | 22 Less than 35 hours / week |
| 2 No | 2 No |
| Is she: | Is he: |
| 13 Looking for work? | 23 Looking for work? |
| 14 or not in the labor force? | 24 or not in the labor force? |
| 8 Don't know | 8 Don't know |
| 9 Refused | 9 Refused |

**INTERVIEWER: If both parents DO NOT work, skip to question 52.
If either parent works, ask the following question.**

51. Did caring for the injured child result in (you or your spouse) having to take any time off from work?

- | | | | | | |
|---|-----|---|-----------|-------|------------------------|
| 1 | Yes | → | How long? | _____ | (Circle: days / hours) |
| 2 | No | | | | |

52. What is the approximate total household income per year of the child's parents/guardians?
(Interviewer: Read down until you reach the correct level)

- 1 \$10,000 or less?
- 2 \$10,001 - \$20,000 ?
- 3 \$20,001 - \$30,000 ?
- 4 \$30,001 - \$40,000 ?
- 5 \$40,001 - \$50,000 ?
- 6 \$50,001 - \$75,000 ?
- 7 More than \$75,000 ?
- 8 Don't know
- 9 Refused

53. That is all the questions I have to ask you. Is there any other information you think would be useful for CPSC to have in learning more about injuries to children under the age of 5?

1 Yes

2 No

Thank the respondent for his / her time and conclude the interview

Attachment D: Sample Questionnaire -
Generic Questionnaire for NEISS Telephone Interview

Task Number: _____

Product/Study: _____

RECORD OF TELEPHONE CALLS FOR FOLLOW-BACK INTERVIEW

Inter- viewer	Day	Date	Time	Result*	Comments
			am/pm		

*** RESULT OF CALL:**

- C = Completed
- CB = Call Back
- LB = Line Busy
- WN = Wrong Number
- NWN = Non-working Number
- NER = No Eligible Respondent
- R = Refused
- NA = No Answer

Suggested call back time: Day: _____

Time: _____ am/pm

AM/N = Answering machine - no message left
AM/M = Answering machine - message left

PLEASE BE SURE TO ENTER THE TASK NUMBER AND THE PRODUCT OR STUDY NAME ON BOTH THIS AND THE NEXT PAGE.

Task Number: _____

Product/Study: _____

GENERIC QUESTIONNAIRE FOR NEISS TELEPHONE INTERVIEW

Review NEISS information.

Interviewer introduction:

The respondent should be the victim if at all possible.
If the victim is age 17 or younger, obtain parental permission to interview the victim.

If permission is not given to speak to the child, ask the parent/guardian if he/she would be willing to listen to the interview (on an extension phone, if available) while you interview the victim.

If not, interview the parent or guardian of the victim.

If respondent was the injured person, use "You" where appropriate in the questions; otherwise use victim's name or say "the victim" or "the patient."

In general, in the questionnaire, the bolded text contains interviewer instructions and should not be read to the respondent!

Hello. May I speak with _____? (Ask for victim by name or parent or guardian of victim under age 18.)

(If the above person is available, continue with introduction below.) Otherwise, ask: When would be a good time to contact him/her? (Record on page 1 and when desired person is contacted, continue with introduction.)

Hello, I'm _____ from _____. We are working with the U.S. Consumer Product Safety Commission and some hospitals to learn about how accidents happen so we can help others avoid similar accidents. We would like to ask you a few questions about your/victim's recent accident. This should take only a few minutes. Your answers will be kept completely confidential. The information is only for statistical totals and no names will be used. Will you help us?

Interviewer: Please circle the number of the correct response:

Respondent:

- 1 agreed
- 2 refused
- 3 other (specify:)

1. I understand you/victim were treated at _____ Hospital on _____ (date) for an injury that involved _____. Is that correct?

1. yes
2. no --> STOP after obtaining correct product information. _____
9. don't know --> Ask if anyone else in the household knows more about the incident and can respond. If necessary, set up a time to call back. (Record on page 1.)

INTERVIEWER: Please circle the number of the correct response:

Respondent is:

1. injured person --> skip to question 2
2. parent of an injured child under 18
3. other --> Specify: _____

Respondent:

1. witnessed the accident
2. did not witness the accident

INTERVIEWER: Be sure to check the assignment message for questions or requirements concerning the assignment and include that information in the narrative on the next page.

Attachment E: Sample Questionnaire -
Childhood Agricultural Injuries

CHILDHOOD AGRICULTURAL INJURIES

NEISS,

National Institute for Occupational Safety and Health, Division of Safety Research

Version Date-May. 15, 1998

Call Disposition

Call	Date	Time	Disp Code	Callback Time
1	__/__/__	__:__ am/pm	___	__ am/pm __/__/__
2	__/__/__	__:__ am/pm	___	__ am/pm __/__/__
3	__/__/__	__:__ am/pm	___	__ am/pm __/__/__
4	__/__/__	__:__ am/pm	___	__ am/pm __/__/__
5	__/__/__	__:__ am/pm	___	__ am/pm __/__/__
6	__/__/__	__:__ am/pm	___	__ am/pm __/__/__
7	__/__/__	__:__ am/pm	___	__ am/pm __/__/__

CALL DISPOSITION CODES

- | | | | |
|---|---------------------|---|-----------------------|
| 1 | Completed Interview | 5 | Answering/Fax Machine |
| 2 | Unreliable Caller | 6 | Wrong Number |
| 3 | Wrong phone number | 7 | Language Barrier |
| 4 | Wrong number | 8 | Refusal |

INTERVIEWER INSTRUCTIONS

If injured person is over 16 years of age, they should be the respondent

If injured person is less than 16 years of age, the female head of household should be the respondent

CHILDHOOD AGRICULTURAL INJURIES QUESTIONNAIRE

INTRO if R is 16 or older:

INT1. Hello, may I please speak with [CHILD/ADOLESCENT'S NAME]?

1. YES
2. NOT AVAILABLE - - When would be a good time to call back? _____

INT2. Hello, my name is _____ and I am working with the Consumer Product Safety Commission. We are interested in learning more about agricultural injuries to children and adolescents. I understand that you were recently treated at a hospital for an injury which occurred on a farm/ranch/orchard. I would like to ask you a few questions about your recent injury. This will take about _____ minutes. The information you provide will be held strictly confidential and your cooperation is voluntary. Your information will be combined with others' who have had similar injuries to help identify common patterns of injury and the means of preventing such agricultural injuries to children and adolescents. Would you help us by answering these questions?

1. YES [Begin Q'naire]
2. NO

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 other young people who were also injured on a farm but were not selected for an interview. Would you consider helping us?

1. YES [Begin Q'naire]
2. NO — I'm sorry to have bothered you. Thank you for your time.

INTRO IF R IS UNDER 16:

INT3. Hello, may I please speak with the female head of the household?

1. YES
2. NOT AVAILABLE - - When would be a good time to call back? _____

INT4. Hello, my name is _____ and I am working with the Consumer Product Safety Commission. We are interested in learning more about agricultural injuries to children and adolescents. I understand that [CHILD/ADOLESCENT'S NAME] was recently treated at a hospital for an injury which occurred on a farm/ranch/ordchard. I would like to ask you a few questions about their injury. This will take about ___ minutes. The information you provide will be held strictly confidential and your cooperation is voluntary. This information will be combined with others' who have had similar injuries to help identify common patterns of injury and the means of preventing such agricultural injuries to children and adolescents. Would you help us by answering these questions?

1. YES [Begin Q'naire]
2. NO

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 other young people who were also injured on a farm but were not selected for an interview. Would you consider helping us?

1. YES [Begin Q'naire]
2. NO — I'm sorry to have bothered you. Thank you for your time.

1. Our records indicate that (you/the injured person) were/was treated at _____ hospital in _____ (MONTH) for an injury. Do you recall this injury?
1. YES
 2. NO [TERMINATE->I'm sorry to have bothered you. I won't keep you any longer.]
 7. DON'T KNOW
 9. REFUSED
2. Did your injury occur on that day or another day?
1. THAT DAY
 2. ANOTHER DAY, SPECIFY DATE ___/___/98, DAY OF WEEK: _____
 3. NOT SURE OF DATE, BUT DAY OF WEEK WAS _____
 4. NOT SURE OF DATE OR DAY
 7. DON'T KNOW
 9. REFUSED
3. Did this injury happen on a farm/ranch/orchard or while travelling to or from there?
1. ON THE FARM/RANCH/ORCHARD
 2. TRAVELING TO OR FROM THE FARM
 3. INJURY DID NOT HAPPEN ON FARM [SKIP TO 10, IWER ASK ONLY 10-20]
 7. DON'T KNOW
 9. REFUSED
4. Do/does (you/the injured person) live on the farm/ranch/orchard?
1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
5. Did this injury occur while working, doing chores, visiting, or doing other activities on the farm/ranch/orchard?
1. WORKING
 2. CHORES [SKIP TO 8] (Specify relationship _____)
 3. VISITING [SKIP TO 8]
 4. OTHER ACTIVITIES (Specify _____) [SKIP to 8]
 7. DON'T KNOW [SKIP TO 8]
 9. REFUSED [SKIP TO 8]
6. How many hours a week do/does (you/the injured person) typically work on the farm/ranch/orchard?
1. 0-10
 2. 11-20
 3. 21-30
 4. 31-40
 5. MORE THAN 40
 7. DON'T KNOW
 9. REFUSED

7. Was (your/the injured person's) supervisor in the immediate area at the time of the injury?
1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
8. Of the following, which would you say is the main enterprise of the farm/ranch/orchard, livestock, crops, or something else?
1. LIVESTOCK (including Dairy)
 2. CROPS (Specify _____)
 3. OTHER (Specify _____)
 7. DON'T KNOW
 9. REFUSED
9. Where on the FARM/RANCH/ORCHARD did the injury occur?
1. CROP FIELD
 2. PASTURE
 3. IN THE FARM YARD
 4. GRAIN STORAGE/SILO
 5. FARM/RANCH/ORCHARD OUTBUILDING
 6. BARN
 7. FARM/RANCH/ORCHARD ROADWAY
 8. PUBLIC ROADWAY
 9. IN THE HOUSE
 10. GARAGE
 11. HOUSE YARD
 12. POND
 13. FARM/RANCH/ORCHARD SHOP
 14. DRIVEWAY/SIDEWALK
 15. OUTDOORS, GENERAL
 16. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED

10. Now I would like for you to describe in detail how the injury occurred. Include where the injury occurred, what tasks were being completed, what equipment was being used or materials being handled, and any other factors you think might be important. [IWER: PROBE FOR DETAIL]



Horizontal lines for writing the injury description.

NIOSH USE ONLY:

____ SOURCE ____ EVENT
____ 2nd Source ____ E-CODE

11. What part of the body was injured?(IF MULTIPLE INJURIES USE THE MOST SERIOUS)

- 1. HEAD/SKULL
- 2. FACE
- 3. NECK
- 4. SHOULDER/CHEST/BACK
- 5. ABDOMEN
- 6. PELVIC REGION
- 7. ARM
- 8. HAND/WRIST/FINGERS
- 9. LEG
- 10. FOOT/ANKLE/TOES
- 11. INTERNAL INJURIES
- 12. OTHER (SPECIFY _____)
- 77. DON'T KNOW
- 99. REFUSED

12. What type of injury occurred to the _____ [BODY PART]?
1. SCRAPE/ABRASION
 2. BRUISE/CONTUSION
 3. SPRAIN/STRAIN/TORN LIGAMENT
 4. BROKEN BONE/FRACTURE
 5. DISLOCATION
 6. CUT/LACERATION
 7. PUNCTURE/STAB/JAB
 8. TRAUMATIC RUPTURE
 9. CRUSHED/MANGLED
 10. LOSS OF BODY PART/AMPUTATION
 11. NERVE INJURY
 12. BURN/BLISTER/SCALD
 13. OTHER (SPECIFY _____)
 77. DON'T KNOW
 99. REFUSED
13. Was the activity (you/the injured person) were/was doing at the time of injury a new or unfamiliar task?
1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
14. How long were/was (your/the injured person's) normal activities (i.e., school, playtime, extracurricular activities) restricted as a result of this injury?
1. NO RESTRICTION [SKIP TO 17]
 2. 0-4 HOURS
 3. MORE THAN 4 HOURS TO LESS THAN ONE DAY
 4. 1 DAY TO LESS THAN 7 DAYS
 5. 7 DAYS TO LESS THAN 14 DAYS
 6. 14 DAYS TO LESS THAN 1 MONTH
 7. 1 MONTH TO LESS THAN 3 MONTHS
 8. 3 MONTHS OR MORE
 77. DON'T KNOW
 99. REFUSED
15. At this time, are activities still restricted as a result of this injury?
1. YES
 2. NO [SKIP TO 17]
 7. DON'T KNOW
 9. REFUSED
16. To what degree would you say (your/the injured person's) activities are currently restricted? A small amount, a moderate amount, or a large amount?
1. A SMALL AMOUNT
 2. A MODERATE AMOUNT
 3. A LARGE AMOUNT
 7. DON'T KNOW
 9. REFUSED

17. On a scale from 1 to 5, how would you rate the overall seriousness of this injury, with 1 being minor and 5 being life-threatening?

- 1. MINOR
- 2. MODERATE
- 3. SERIOUS
- 4. SEVERE
- 5. LIFE-THREATENING
- 7. DON'T KNOW
- 9. REFUSED

18. Could you tell me what treatment was received for the injury?

19. Did this injury require admission to the hospital?

- 1. YES
- 2. NO [SKIP TO 21]
- 7. DON'T KNOW [SKIP TO 21]
- 9. REFUSED [SKIP TO 21]

20. How long was the hospitalization?

_____ days

21. Was a tractor involved in the injury? (IWER: EXCLUDE LAWN & GARDEN TRACTORS)

- 1. YES
- 2. NO [SKIP TO 28]
- 7. DON'T KNOW [SKIP TO 28]
- 9. REFUSED [SKIP TO 28]

22. Were/was (you/the injured person) operating the tractor when the accident happened?

- 1. YES [SKIP TO 24]
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

23. Were/was (you/the injured person) riding on the tractor as a passenger or were/was (you/the injured person) a bystander?
1. RIDING AS A PASSENGER
 2. BYSTANDER [SKIP TO 27]
 3. OTHER (Specify _____)
 7. DON'T KNOW
 9. REFUSED
24. Did the tractor have a seatbelt?
1. YES
 2. NO [SKIP TO 26]
 7. DON'T KNOW
 9. REFUSED
25. Were/was (you/the injured person) wearing a seatbelt?
1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
26. Did the tractor have a roll-over protection device, such as a roll bar or an enclosed cab?
1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
27. When the accident happened, which of the following best describes what (you/the injured person) were/was doing:
1. TILLING
 2. PLANTING
 3. HARVESTING
 4. MOWING
 5. ADJUSTING/HITCHING A LOAD OR EQUIPMENT
 6. TRANSPORTATION (e.g., traveling between fields, roadway, on farm)
 7. APPLYING CHEMICALS
 8. SPREADING MANURE
 9. USING THE TRACTOR AS A STATIONARY POWER UNIT
 10. REPAIRING THE TRACTOR
 11. USING THE TRACTOR FOR RECREATION
 12. OTHER (SPECIFY _____)
 77. DON'T KNOW
 99. REFUSED
28. Were there any other types of vehicles involved in your injury, such as cars, trucks, or ATV's?
1. YES
 2. NO [SKIP TO 36]
 7. DON'T KNOW [SKIP TO 36]
 9. REFUSED [SKIP TO 36]

29. What other type of vehicle was involved in the injury?
1. CAR [SKIP TO 31]
 2. PICKUP TRUCK [SKIP TO 31]
 3. SMALL TRACTOR, INCLUDING LAWN & GARDEN MOWER [SKIP TO 31]
 4. ALL TERRAIN VEHICLE (SIZE _____)
 5. SNOWMOBILE
 6. MOTOR BIKE/MOTORCYCLE
 7. BICYCLE
 8. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED
30. Were/was (you/the injured person) wearing a helmet at the time?
1. YES [SKIP TO 33]
 2. NO [SKIP TO 33]
 7. DON'T KNOW [SKIP TO 33]
 9. REFUSED [SKIP TO 33]
31. Did the vehicle have a seatbelt?
1. YES
 2. NO [SKIP TO 33]
 7. DON'T KNOW
 9. REFUSED
32. Were/was (you/the injured person) wearing a seat belt at the time?
1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
33. Were/was (you/the injured person) operating the vehicle at the time of the accident?
1. YES [SKIP TO 35]
 2. NO
 7. DON'T KNOW
 9. REFUSED
34. Were/was (you/the injured person) riding in a passenger seat, riding elsewhere in or on the vehicle, a bystander, a pedestrian, or something else?
1. RIDING IN A PASSENGER SEAT
 2. RIDING ELSEWHERE IN OR ON THE VEHICLE (SPECIFY _____)
 3. A BYSTANDER
 4. PEDESTRIAN
 5. OTHER (Specify _____)
 7. DON'T KNOW
 9. REFUSED

35. When the accident happened, which of the following best describes what (you/the injured person) (were/was) doing at the time of the injury:
1. USING THE VEHICLE FOR FARM/RANCH/ORCHARD WORK
 2. USING THE VEHICLE FOR RECREATION
 3. USING THE VEHICLE FOR GENERAL TRANSPORTATION NOT RELATED TO FARM/RANCH/ORCHARD WORK
 4. MAKING ADJUSTMENTS OR REPAIRS
 5. OTHER (Specify _____)
 7. DON'T KNOW
 9. REFUSED
36. Was any type of machinery, equipment, or tools involved in the injury?
1. YES
 2. NO [SKIP TO 42]
 7. DON'T KNOW [SKIP TO 42]
 9. REFUSED [SKIP TO 42]
37. What type of machinery, equipment, or tools was involved in the accident, was it:
1. TILLAGE/PLANTING EQUIPMENT
 2. HARVESTING EQUIPMENT
 3. AUGERS/ELEVATORS
 4. IRRIGATION EQUIPMENT
 5. MOWER (e.g., lawn, field, garden)
 6. POWER CUTTERS (e.g., weed eater, chain saws, etc.)
 7. WAGONS
 8. SPREADERS (e.g., fertilizer, manure)
 9. POWER TOOLS (Specify _____)
 10. HAND TOOLS (Specify _____)
 11. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED
38. Was there any protective equipment in place on the part of machinery or equipment involved in the accident?
1. YES
 2. NO, EQUIPMENT HAD PROTECTIVE EQUIPMENT, BUT IT WAS NOT IN PLACE
 3. NO, EQUIPMENT HAD NO PROTECTIVE EQUIPMENT
 7. DON'T KNOW
 9. REFUSED
39. Were/was (you/the injured person) wearing any protective clothing or equipment, such as goggles, gloves, steel-toed boots, or anything like that?
1. YES
 2. NO [SKIP TO 41]
 7. DON'T KNOW [SKIP TO 41]
 9. REFUSED [SKIP TO 41]

40. What type of protective clothing or equipment was being worn?
1. SAFETY GOGGLES/SAFETY EYEWEAR
 2. GLOVES
 3. BREATHING MASK/RESPIRATOR
 4. SPECIAL PROTECTIVE SUIT
 5. HARD HAT
 6. HEARING PROTECTION
 7. METAL TOED BOOTS/SHOES
 8. RUBBERIZED APRON
 9. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED
41. What were/was (you/the injured person) doing at the time of the accident?
1. TILLING/CULTIVATING
 2. MOWING/CHOPPING
 3. PLANTING
 4. TRAVELING TO OR FROM A FIELD
 5. APPLYING CHEMICALS
 6. SPREADING MANURE
 7. MAKING REPAIRS/ADJUSTMENTS
 8. HITCHING OR ADJUSTING A LOAD
 9. RIDING AS A PASSENGER
 10. A BYSTANDER
 11. HANDLING/TRANSPORTING GRAIN/FEED
 12. CUTTING WOOD
 13. GENERAL FARM/RANCH/ORCHARD WORK
 14. SNOW REMOVAL
 15. CONSTRUCTION
 16. HOUSEHOLD REPAIRS
 17. WOODWORKING
 18. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED
42. Was a horse involved in the injury?
1. YES
 2. NO [SKIP TO 53]
 7. DON'T KNOW [SKIP TO 53]
 9. REFUSED [SKIP TO 53]
43. Were/was (you/the injured person) riding the horse at the time of the injury?
1. YES
 2. NO [SKIP TO 51]
 7. DON'T KNOW [SKIP TO 51]
 9. REFUSED [SKIP TO 51]

44. How fast was the horse going when the injury occurred, would you say it was standing, walking, trotting, galloping, or something else?
1. STANDING
 2. WALKING
 3. TROTting
 4. GALLOPING
 5. OTHER (Specify _____)
 7. DON'T KNOW
 9. REFUSED
45. Were/was (you/the injured person) wearing a helmet when the injury occurred?
1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
46. Was a saddle being used at the time of the injury?
1. YES
 2. NO [SKIP TO 49]
 7. DON'T KNOW [SKIP TO 49]
 9. REFUSED [SKIP TO 49]
47. What type of saddle was being used? Was it a western saddle, an English riding saddle, a side saddle, or something else?
1. WESTERN SADDLE
 2. ENGLISH/RIDING SADDLE
 3. SIDE SADDLE
 4. OTHER (Specify _____)
 7. DON'T KNOW
 9. REFUSED
48. Was the saddle adjusted to the size of the rider?
1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
49. Were there other riders on the horse when the injury occurred?
1. YES
 2. NO [SKIP TO 52]
 7. DON'T KNOW [SKIP TO 52]
 9. REFUSED [SKIP TO 52]
50. Who was the other rider, was it a parent, another adult, or a child?
1. PARENT [SKIP TO 52]
 2. ADULT [SKIP TO 52]
 3. CHILD [SKIP TO 52]
 7. DON'T KNOW [SKIP TO 52]
 9. REFUSED [SKIP TO 52]

51. What were/was (you/the injured person) doing at the time of the injury?
1. LEADING
 2. SHOETING
 3. SADDLING
 4. GROOMING
 5. CLEANING STALLS
 6. ASSISTING ANOTHER RIDER
 7. JUMPING
 8. USING HORSE FOR FARM/RANCH/ORCHARD WORK
 9. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED
52. What type of horse was involved in the injury, was it a pony, a quarter horse, a draft horse, or some other type of horse?
1. PONY
 2. QUARTER HORSE
 3. DRAFT HORSE
 4. OTHER (Specify _____)
 7. DON'T NOW
 9. REFUSED
53. Other than a horse, were any other animals involved in the accident?
1. YES
 2. NO [SKIP TO 56]
 7. DON'T KNOW [SKIP TO 56]
 9. REFUSED [SKIP TO 56]
54. What type of livestock or other animals were involved in the accident?
1. CATTLE
 2. PIG/HOG
 3. POULTRY (e.g., chicken, turkey, goose)
 4. SHEEP
 5. DOG
 6. CAT
 7. RABBIT
 8. RODENT
 9. SNAKE
 10. INSECT/SPIDER
 11. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED

55. What were/was (you/the injured person) doing at the time of the injury?

- 1. FEEDING
- 2. MILKING
- 3. HERDING OR MOVING LIVESTOCK
- 4. CLEANING PEN
- 5. BREEDING
- 6. CASTRATING
- 7. BRANDING
- 8. A BYSTANDER
- 9. TREATING ANIMAL FOR INJURY OR ILLNESS
- 10. HELPING ANIMAL WITH BIRTHING PROCESS
- 11. TRIMMING HOOVES
- 12. SHEARING
- 13. BUTCHERING
- 14. DE-HORNING
- 15. VACCINATING
- 16. HORSING AROUND
- 17. OTHER (Specify _____)
- 77. DON'T KNOW
- 99. REFUSED

56. Was any kind of storage structure or building involved in the injury?

- 1. YES
- 2. NO [SKIP TO 59]
- 7. DON'T KNOW [SKIP TO 59]
- 9. REFUSED [SKIP TO 59]

57. What kind of storage structure or building was it?

- 1. SILO
- 2. BARN
- 3. GRAIN BIN
- 4. CORN CRIB
- 5. FEED CONTAINER/FEED BUNK
- 6. MACHINE SHED
- 7. GARAGE
- 8. WORKSHOP/TOOL SHED
- 9. MANURE PIT/TANK
- 10. OTHER (Specify _____)
- 77. DON'T KNOW
- 99. REFUSED

58. What were/was (you/the injured person) doing at the time of the injury?

- 1. CLEANING
- 2. REPAIRING OR MAINTAINING THE BUILDING
- 3. TENDING LIVESTOCK
- 4. LOADING OR UNLOADING
- 5. CONSTRUCTION
- 6. HORSEPLAY
- 7. REPAIRING OR MAINTAINING EQUIPMENT IN THE BUILDING
- 8. OTHER (Specify _____)
- 77. DON'T KNOW
- 99. REFUSED

59. Were any types of chemicals involved in the injury?
1. YES
 2. NO [SKIP TO 67]
 7. DON'T KNOW [SKIP TO 67]
 9. REFUSED [SKIP TO 67]
60. What type of chemicals were involved in the illness or accident? Would you say it was an agricultural chemical, a household chemical product, or something else?
1. AGRICULTURAL CHEMICAL (Herbicides, Pesticides, etc.)
 2. HOUSEHOLD CHEMICAL PRODUCT
 3. OTHER (Specify _____)
 7. DON'T KNOW
 9. REFUSED
61. What was the chemical product?
- _____
62. Was the product in open view, in a cabinet or on a shelf, in an out building or shed, or somewhere else?
1. OPEN VIEW
 2. CABINET/SHELF
 3. OUT BUILDING/SHED
 4. OTHER (Specify _____)
 7. DON'T KNOW
 9. REFUSED
63. Was a Poison Control Center contacted?
1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
64. What were/was (you/the injured person) doing at the time of the injury?
1. APPLYING OR USING CHEMICAL
 2. MIXING CHEMICAL
 3. DISPOSING OF CHEMICAL
 4. FILLING TANK OR CONTAINER PRIOR TO APPLICATION
 5. REPAIRING CHEMICAL EQUIPMENT [SKIP TO 67]
 6. TRANSPORTING CHEMICAL [SKIP TO 67]
 7. IN AN AREA THAT HAD BEEN SPRAYED [SKIP TO 67]
 8. ACCIDENTAL SPILL [SKIP TO 67]
 9. DELIBERATE INGESTION [SKIP TO 67]
 10. NON-INTENTIONAL INGESTION [SKIP TO 67]
 11. HORSEPLAY [SKIP TO 67]
 12. OTHER (Specify _____) [SKIP TO 67]
 77. DON'T KNOW
 99. REFUSED

65. Were/was (you/the injured person) wearing any protective clothing or equipment, such as a mask or gloves?
1. YES
 2. NO [SKIP TO 67]
 7. DON'T KNOW [SKIP TO 67]
 9. REFUSED [SKIP TO 67]
66. What type of protective clothing or equipment was being worn?
1. SAFETY GOGGLES/SAFETY EYEWEAR
 2. GLOVES
 3. BREATHING MASK/RESPIRATOR
 4. SPECIAL PROTECTIVE SUIT
 5. SPECIAL PROTECTIVE SHOES
 6. RUBBERIZED APRON
 7. DON'T KNOW
 9. REFUSED
67. Was any body of water involved in the injury?
1. YES
 2. NO [SKIP TO 70]
 7. DON'T KNOW [SKIP TO 70]
 9. REFUSED [SKIP TO 70]
68. What type of body of water was involved in the accident?
1. LAKE
 2. RIVER, STREAM, OR CREEK
 3. SWAMP
 4. POND (including stock pond)
 5. STOCK TANK
 6. IRRIGATION DITCH/CHANNEL
 7. WATER-FILLED DITCH
 8. SWIMMING POOL
 9. BATH TUB
 10. HOT TUB OR SPA
 11. TOILET
 12. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSAL
69. What were/was (you/the injured person) doing at the time of the injury?
1. SWIMMING
 2. DIVING/JUMPING IN
 3. BOATING
 4. FISHING
 5. WATERSKIING
 6. FELL THROUGH THE ICE
 7. FELL INTO THE WATER
 8. STANDING IN THE WATER WHILE DOING FARM/RANCH/ORCHARD-RELATED WORK
 9. A BYSTANDER, IN OR ON THE WATER
 10. A BYSTANDER, OUT OF THE WATER
 11. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED

70. Did (your/the injured person's) injury occur while you were playing a sport or involved in a recreation activity?
1. YES
 2. NO [SKIP TO 74]
 7. DON'T KNOW [SKIP TO 74]
 9. REFUSED [SKIP TO 74]
71. What sport or activity were/was (you/the injured person) involved in when the injury occurred?
1. AEROBICS WORKOUT
 2. ARCHERY
 3. BASEBALL
 4. BASKETBALL
 5. FOOTBALL
 6. GENERAL CHILDREN'S PLAY ACTIVITIES (non-specific)
 7. HORSEPLAY
 8. HUNTING
 9. RUNNING/JOGGING
 10. SKATEBOARDING
 11. SKIING, CROSS COUNTRY
 12. SOCCER
 13. SOFTBALL
 14. TARGET PRACTICE/SHOOTING (firearm, other than hunting)
 15. VOLLEYBALL
 16. WEIGHT LIFTING
 17. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED
72. Were/was (you/the injured person) wearing any kind of protective equipment at the time of the injury, for example a helmet, knee pads, etc.?
1. YES
 2. NO [SKIP TO 74]
 7. DON'T KNOW [SKIP TO 74]
 9. REFUSED [SKIP TO 74]
73. What type of protective equipment was being worn?
1. HELMET
 2. PADS (football, knee, elbow, wrist)
 3. EYE/EAR PROTECTION
 4. BACK BELT
 5. GLOVES
 6. OTHER (Specify _____)
 7. DON'T KNOW
 9. REFUSED
74. Did the injury involve a fall?
1. YES
 2. NO [SKIP TO 78]
 7. DON'T KNOW [SKIP TO 78]
 9. REFUSED [SKIP TO 78]

75. What were/was (you/the injured person) doing when the fall occurred?

1. SITTING
 2. STANDING
 3. WALKING
 4. RUNNING
 5. GOING UP OR DOWN STAIRS
 6. PLAYING
 7. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED

76. What type of surface did you fall onto?

1. CONCRETE
 2. GRAVEL
 3. GRASS/DIRT
 4. WOODEN FLOOR (e.g., deck)
 5. BUILDING FLOOR, NEC
 6. OTHER (Specify _____)
 7. DON'T KNOW
 9. REFUSED

77. What was the surface like at the time?

1. DRY, HARD SURFACE
 2. ICY
 3. WET
 4. MUDDY/MANURE
 5. LOOSE SURFACE (e.g., gravel, sand, loose hay, soil)
 6. SURFACE NOT A CONTRIBUTING FACTOR
 7. OTHER (Specify _____)
 77. DON'T KNOW
 99. REFUSED

Now I have just a few more questions for you before we finish.

78. What is (your/the injured person's) birth date?

___/___/___ 97/97/97 DON'T KNOW
 99/99/99 REFUSED

79. In what State did the injury occur?

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

This concludes our interview. Thank you very much for your time. We hope this information will help us learn more about how to prevent other young people from having similar injuries. Have a good (day/evening).

DATE OF INTERVIEW: ___/___/___

INTERVIEWER ID: _____