Fire-Related Injuries Treated in Hospital Emergency Rooms

Questionnaire # _____

Q.1 Please enter Task Number

_____

Q.2 Instructions: If the injured person is under 18 years of age, ask for the parent or guardian.

Introduction
Hello, May I speak with _____?
I'm calling for the Consumer Product Safety Commission. I understand that you recently received an injury caused by a fire. We are presently performing a study on fires and would like to ask you some questions about the fire.

Be prepared to answer questions with the following information:

- that the identity will be kept confidential
- that the purpose of the study is to prevent future incidents and injuries
- there is a particular interest in what caused the fire

[REQUIRE ANSWER]

❏₁ Agreed
❏₂ Refused

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 233]

Q.3 **Are you familiar with how this incident happened?**

[REQUIRE ANSWER]

❏₁ Yes
❏₂ No

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 9]

Q.4 Is there someone else who is more familiar with the details of the incident?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 299]

Q.5 May I speak with him/her?

[REQUIRE ANSWER]

❑₁ yes
❑₂ no

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 2]

Q.6 Record name and phone number if different

_____

Q.7 When would be a good time to contact him/her?

[REQUIRE ANSWER]

_____

Q.8 Continue with interview?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 299]

Q.9 **We are particularly interested in learning the causes of the fires that involved smoke inhalation, unintended flames or smoke, or unintended spread of flames or smoke. Did any of these happen?**

[REQUIRE ANSWER]

❏₁ Yes
❏₂ Not a fire, but fireworks were involved
❏₃ Not a fire

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 233]
[S - IF THE ANSWER IS 3, THEN SKIP TO QUESTION 233]

Q.10 **The information shows that _____ is a (male/female) who was age _____ at the time of the incident. Is this correct?**

[REQUIRE ANSWER]

❏₁ Yes
❏₂ No
❏₃ Don't Know

[S - IF THE ANSWER IS 1 OR 3, THEN SKIP TO QUESTION 12]

Q.11 **What is the correct age and sex?**

_____

Q.12 Who is the respondent?

[REQUIRE ANSWER]

❏₁ Injured person
❏₂ Parent or guardian of injured person
❏₃ Other (specify in next window)

[S - IF THE ANSWER IS 1 OR 2, THEN SKIP TO QUESTION 14]

Q.13 Specify relationship of respondent to injured person

[REQUIRE ANSWER]

_____

Q.14 Can you briefly describe the incident that resulted in your/ name of victim's injury?

[REQUIRE ANSWER]

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Q.15 Was anyone else injured in this incident?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 17]

Q.16 **How many additional people were injured?**

[REQUIRE ANSWER]

- ❑₁ 1
- ❑₂ 2
- ❑₃ 3
- ❑₄ 4
- ❑₅ 5 or more

Q.17 **Did anyone die in this incident?**

[REQUIRE ANSWER]

- ❑₁ Yes
- ❑₂ No
- ❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 19]

Q.18 **How many people?**

[REQUIRE ANSWER]

- ❑₁ 1
- ❑₂ 2
- ❑₃ 3
- ❑₄ 4
- ❑₅ 5 or more

Q.19 **What was the date of the fire?**
(enter in MM/DD/YYYY format)

[REQUIRE ANSWER]

_____

Q.20 **At about what time of day did it happen?**
(enter in HH:MM am/pm format. noon is p.m. and midnight is a.m.)

<center>[REQUIRE ANSWER]</center>

_____

Q.21 **Did the fire department come?**

<center>[REQUIRE ANSWER]</center>

❏₁ Yes
❏₂ No
❏₃ Don't know

<center>[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 25]</center>

Q.22 **Can you tell me the name of the fire department?**

<center>[REQUIRE ANSWER]</center>

❏₁ Yes
❏₂ No
❏₃ Don't know

<center>[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 24]</center>

Q.23 Enter name of fire department. Explore specific jurisdiction, ex. Baltimore City, Baltimore County, etc.

_____

Q.24 **We would like to contact the fire department to find out if they investigated the fire cause. Can you tell me the address where the fire occurred?**

_____

Q.25 Now I would like to ask you how the fire started. Did you see the fire start?

☐₁ Yes
☐₂ No

Q.26 Can you describe what item or equipment provided the heat that started the fire, for example, a stove, heater, cigarette, cigarette lighter, match, fireplace, open bonfire,etc?

☐₁ Yes
☐₂ No / Unknown

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 50]

Q.27 Describe the item or equipment.

[If the incident described involved a friendly fire (a fire ignited for an intended purpose such as cooking, heating, burning trash, etc.) probe for the equipment/item involved in unintended fire spread rather than the product (match/lighter) used to light the friendly fire. For example, list the gas grill rather than the match used to light the grill.]

Record as close to verbatim as possible, write unknown if they do not provide any details about the heat source.

_____

_____

Q.28 Interviewer: Was the source described a manufactured product?
(manufactured product: stove, toaster, electric cord, etc.
non-manufactured product: bonfire, etc.)

[REQUIRE ANSWER]

☐₁ Yes, manufactured product
☐₂ No / Don'tknow

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 31]

Q.29 **Can you tell me the manufacturer's or brand name? I can wait while you go get it.**

[REQUIRE ANSWER]

❑₁ Yes, specify in next window
❑₂ Don't know

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 31]

Q.30 **Specify**

[REQUIRE ANSWER]

_____

Q.31 **What kind of power or fuel did the** [heat source in question 26] _____ **use?**

[REQUIRE ANSWER]

❑₁ Electricity
❑₂ Liquid fuel, includes gasoline
❑₃ Gaseous fuel, e.g., natural gas
❑₄ Solid fuel
❑₅ Other, specify in next window
❑₆ Don't know
❑₇ Not applicable

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 33]
[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 35]
[S - IF THE ANSWER IS 3, THEN SKIP TO QUESTION 37]
[S - IF THE ANSWER IS 4, THEN SKIP TO QUESTION 39]
[S - IF THE ANSWER IS 6, THEN SKIP TO QUESTION 41]
[S - IF THE ANSWER IS 7, THEN SKIP TO QUESTION 43]

Q.32 **Specify power or fuel**

[REQUIRE ANSWER]

_____

[D - IF THE ANSWER TO QUESTION 31 IS 5, THEN SKIP TO QUESTION 41]

Q.33 What was the source of electricity, household current or batteries?

[REQUIRE ANSWER]

- ❑₁ Household current
- ❑₂ Batteries
- ❑₃ Other, specify
- ❑₄ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 4, THEN SKIP TO QUESTION 41]

Q.34 Specify source of electricity

[REQUIRE ANSWER]

_____

[D - IF THE ANSWER TO QUESTION 31 IS 1, THEN SKIP TO QUESTION 41]

Q.35 What type of liquid fuel was involved?

[REQUIRE ANSWER]

- ❑₁ Gasoline
- ❑₂ Kerosene
- ❑₃ Alcohol
- ❑₄ Fuel oil
- ❑₅ Lighter fluid
- ❑₆ Lamp oil
- ❑₇ Other (specify in next window)
- ❑₈ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 8, THEN SKIP TO QUESTION 41]

Q.36 Specify liquid fuel type

[REQUIRE ANSWER]

_____

[D - IF THE ANSWER TO QUESTION 31 IS 2, THEN SKIP TO QUESTION 41]

Q.37 **What type of gaseous fuel was involved?**

[REQUIRE ANSWER]

❑₁ Natural gas
❑₂ LP or propane gas
❑₃ Butane
❑₄ Other
❑₅ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 3 OR 5, THEN SKIP TO QUESTION 41]

Q.38 **Specify type of gaseous fuel**

[REQUIRE ANSWER]

_____

[D - IF THE ANSWER TO QUESTION 31 IS 3, THEN SKIP TO QUESTION 41]

Q.39 **What type of solid fuel was involved?**

[Mark all that apply]

[REQUIRE ANSWER]

❑₁ Unprocessed wood (cut trees, lumber, firewood)
❑₂ Wood pellets
❑₃ Artificial fireplace logs
❑₄ Coal
❑₅ Charcoal
❑₆ Other (specify in next window)
❑₇ Don't know

[A - IF THE ANSWER TO QUESTION 39 IS NOT 6, THEN SKIP TO QUESTION 41]

Q.40 **Specify type of solid fuel**

[REQUIRE ANSWER]

_____

Q.41 **Was this heat source portable (easily moved) or stationary (installed or difficult to move)?**

[REQUIRE ANSWER]

❑₁ Portable, easily moved
❑₂ Stationary, installed, difficult to move
❑₃ Other (describe in next window)
❑₄ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 4, THEN SKIP TO QUESTION 43]

Q.42 **Describe**
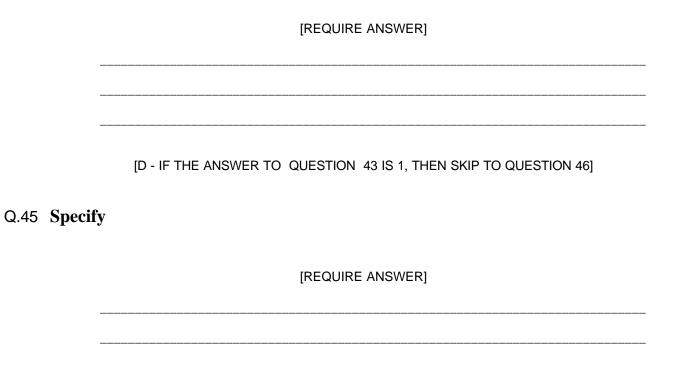
[REQUIRE ANSWER]

_____

Q.43 **Do you have any reason to believe the fire started (or spread) because the heat source didn't work as intended?**

[REQUIRE ANSWER]

❑₁ Yes, describe in next window
❑₂ No
❑₃ Other, specify in next window
❑₄ Don't know

[S - IF THE ANSWER IS 2 OR 4, THEN SKIP TO QUESTION 46]
[S - IF THE ANSWER IS 3, THEN SKIP TO QUESTION 45]

Q.44 **Please describe the reason**

_____

_____

_____

[D - IF THE ANSWER TO QUESTION 43 IS 1, THEN SKIP TO QUESTION 46]

Q.45 **Specify**

_____

_____

Q.46 **Were flammable liquids such as gasoline or kerosene involved** (eg, gasoline being used to clean something) **or were vapors ignited?**

[REQUIRE ANSWER]

- ❑₁ Yes
- ❑₂ No
- ❑₃ Don't Know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 48]

Q.47 **Please describe the circumstances**

[REQUIRE ANSWER]

_____

_____

_____

Q.48 **Is there anything else you want to tell me about the heat source?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 50]

Q.49 **Specify**

[REQUIRE ANSWER]

_____

_____

Q.50 **Now I would like to ask you about what caught fire. Can you tell me what was the first thing to catch fire that was unexpected?**

[REQUIRE ANSWER]

❑₁ Yes (specify in next window)
❑₂ No flame spread
❑₃ Don't know

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 58]
[S - IF THE ANSWER IS 3, THEN SKIP TO QUESTION 53]

Q.51 **Specify**

_____

_____

Q.52 **What was this item made of, for example: fabric, plastic, paper, etc.?**
Interviewer: write "Don't know" if the respondent doesn't know the material.

_____

Q.53 **Can you tell me about any other things that were most involved in ignition and spread of the fire?**

Interviewer: Enter each item and what material that item is made of below. If respondent doesn't know, write "Don't know".

_____

_____

_____

_____

Q.54 **Is there anything else you want to tell me about the things that burned?**

❑₁ Yes
❑₂ No

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 56]

Q.55 **Specify**

_____

_____

_____

_____

Q.56 **Was the fire *started* by a child playing with a heat source? For example: a lighter, match, heater, etc.?**

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 58]

Q.57 **How old was the child at the time of the fire?**

Enter years and months for the age of the child or "don't know" if age is unknown. If more than one child was present and the respondent doesn't know which one started the fire, enter the age of the older child.

_____

Q.58 **Now I would like to ask about where the incident occurred. Did it occur in, or involve, a structure or building of some sort?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No (specify location in next window)
❑₃ Other (specify in next window)
❑₄ Unknown

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 60]
[S - IF THE ANSWER IS 4, THEN SKIP TO QUESTION 89]

Q.59 **Specify**

[REQUIRE ANSWER]

_____

[A - IF THE ANSWER TO QUESTION 58 IS 2 OR 3, THEN SKIP TO QUESTION 89]

Q.60 **What kind of structure was it, for example: single family residence, apartment building, dormitory, hotel, etc.?**

[REQUIRE ANSWER]

❑₁ 1 or 2 family home, w/wo garage, inc mobile home
❑₂ multi-family structure, inc condo , apt, town home
❑₃ Other residential- dorm, group house, hotel
❑₄ Other commercial/industrial building
❑₅ Camper, recreational vehicle
❑₆ Shed, detached garage
❑₇ Other (specify in next window)
❑₈ Don't know

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 64]
[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 66]
[S - IF THE ANSWER IS 4, THEN SKIP TO QUESTION 62]
[S - IF THE ANSWER IS 5 OR 6 OR 8, THEN SKIP TO QUESTION 89]
[S - IF THE ANSWER IS 7, THEN SKIP TO QUESTION 63]

Q.61 **Specify other residential type**

[REQUIRE ANSWER]

_____

[D - IF THE ANSWER TO QUESTION 60 IS 3, THEN SKIP TO QUESTION 64]

Q.62 **Specify other commercial/industrial**
i.e. office, store, manufacturing plant, etc.

[REQUIRE ANSWER]

_____

[D - IF THE ANSWER TO QUESTION 60 IS 4, THEN SKIP TO QUESTION 89]

Q.63 **Specify other**

[REQUIRE ANSWER]

_____

[D - IF THE ANSWER TO QUESTION 60 IS 7, THEN SKIP TO QUESTION 89]

Q.64 **Was it a mobile structure such as a mobile home or manufactured home?**

[REQUIRE ANSWER]

❑ 1 Yes (specify type in next window)
❑ 2 No
❑ 3 Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 66]

Q.65 **Specify type**

_____

Q.66 **What room or area did the fire incident start in?**

❑ 01 Kitchen
❑ 02 Bedroom
❑ 03 Living room, family/rec room, dinning room
❑ 04 Bathroom, lavatory
❑ 05 Storage room, closet
❑ 06 Unfinished basement, crawl space, attic
❑ 07 Space between walls, floors, etc.
❑ 08 Attached garage
❑ 09 Exterior, including porch, deck, wall, or roof
❑ 10 Other (specify in next window)
❑ 11 Don't know

Q.67 **Specify**

_____

Q.68 **Did the flames spread to other rooms or areas?**

❑ 1 Yes
❑ 2 No
❑ 3 Other, specify
❑ 4 Don't know

Q.69 **Specify**

_____

Q.70 **How many rooms or areas were damaged by flames?**

_____

Q.71 **Did the structure have an installed smoke alarm** (detector) **at the time of the fire?**

❑₁ Yes
❑₂ No
❑₃ Don't know

Q.72 **Did a smoke alarm sound/signal during the fire?**

❑₁ Yes
❑₂ No
❑₃ Other (specify in next window)
❑₄ Don't know

Q.73 **Specify**

_____

[D - IF THE ANSWER TO QUESTION 72 IS 3, THEN SKIP TO QUESTION 76]

Q.74 **Did a smoke alarm provide the first warning of the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 78]
[S - IF THE ANSWER IS 3, THEN SKIP TO QUESTION 76]

Q.75 **Do you think smoke reached a smoke alarm?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

Q.76 **What alerted someone in the household that there was a fire?**
[Do not read choices, record all that apply]
[Note: applies to the person who recognized the fire]

[REQUIRE ANSWER]

❑ 01 Smoke detector alarm sounded
❑ 02 Heat detector sounded
❑ 03 CO detector sounded
❑ 04 Felt heat from the fire
❑ 05 Heard fire burning
❑ 06 Noticed/smelled smoke
❑ 07 Person was there when fire started
❑ 08 Saw flames
❑ 09 Saw smoke
❑ 10 Some other way (specify in next window)

☐ 11 Don't know
☐ 12 Refused

[A - IF THE ANSWER TO QUESTION 76 IS NOT 10, THEN SKIP TO QUESTION 78]

Q.77 Specify way the person was alerted

[REQUIRE ANSWER]

_____

Q.78 Did the structure/building have a sprinkler system at the time of the fire?

[REQUIRE ANSWER]

☐ 1 Yes
☐ 2 No
☐ 3 Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 84]

Q.79 Did the sprinkler system operate?

[REQUIRE ANSWER]

☐ 1 Yes
☐ 2 No
☐ 3 Other (specify in next window)
☐ 4 Don't know

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 82]
[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 81]
[S - IF THE ANSWER IS 4, THEN SKIP TO QUESTION 84]

Q.80 Specify

[REQUIRE ANSWER]

_____

[D - IF THE ANSWER TO QUESTION 79 IS 3, THEN SKIP TO QUESTION 84]

Q.81 **Do you know why the sprinkler didn't operate?**

[REQUIRE ANSWER]

_____

_____

[D - IF THE ANSWER TO QUESTION 79 IS 2, THEN SKIP TO QUESTION 84]

Q.82 **What effect did the sprinkler system have on the fire?**

[REQUIRE ANSWER]

❑₁ Extinguished completely
❑₂ Partially extinguished
❑₃ No effect
❑₄ Other (specify in next window)
❑₅ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 3 OR 5, THEN SKIP TO QUESTION 84]

Q.83 **Specify**

[REQUIRE ANSWER]

_____

_____

Q.84 **Do you know what was the estimated property damage from this fire? Include both structure and contents damage.**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 86]

Q.85 **What was this estimated dollar amount?**

[REQUIRE ANSWER]

_____

Q.86 **Did you (the injured person) reside in the structure where the fire took place?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

Q.87 Interviewer: If the injured person did not live in the structure (previous question), word the question to ask if the residents living in the structure had to relocate.

Did you/the injured person (or the residents of the structure) have to relocate your/their residence either temporarily or permanently due to fire damage?

[REQUIRE ANSWER]

❑₁ Yes, temporarily
❑₂ Yes, permanently
❑₃ No
❑₄ Don't know

[S - IF THE ANSWER IS 2 OR 3 OR 4, THEN SKIP TO QUESTION 89]

Q.88 **How long did you/they live elsewhere?**

[REQUIRE ANSWER]

❑₁ Still in a temporary location
❑₂ Less than 1 week
❑₃ 1-2 weeks
❑₄ 3-4 weeks
❑₅ Greater than 4 weeks
❑₆ Unknown

Q.89 **Now I would like to ask you about your/** name of victim's **injury. What was the immediate cause of your/** name of victim's **injury, for example: smoke inhalation, too close when the fire started, injured while putting out the fire, jumped or fell while escaping, etc.?**

[REQUIRE ANSWER]

_____

_____

_____

_____

Q.90 **Please describe your/** name of victim's **injury or injuries in the fire.**

[REQUIRE ANSWER]

_____

_____

Q.91 Interviewer: did the injuries include burns?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No

[S - IF THE ANSWER IS 2, THEN SKIP TO QUESTION 93]

Q.92 **How did the doctor characterize the burns you/** victim's name **received in the fire?**
[Probe: Did the doctor specify the percent of body surface burned?
Did the doctor specify whether the burns were first, second, or third degree burns?
Did the doctor specify whether the burns were partial thickness or full thickness burns?]

[REQUIRE ANSWER]

_____

_____

_____

_____

Q.93 **As a result of this fire, did you/** name of victim **receive any additional treatment by a medical professional, such as a doctor or nurse, other than your treatment in the emergency room?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 111]

Q.94 **What kind of additional treatment did you/** name of victim **receive?**

[Select all that apply]

[REQUIRE ANSWER]

❑₁ Checkup, cleaning, new bandages, remove stitches
❑₂ Plastic or reconstructive surgery, skin grafts
❑₃ Other surgery
❑₄ Pressure garments
❑₅ Physical therapy
❑₆ Other (specify in next window)
❑₇ Don't know

[A - IF THE ANSWER TO QUESTION 94 IS NOT 6, THEN SKIP TO QUESTION 96]

Q.95 **Specify**

[REQUIRE ANSWER]

_____

Q.96 **Where did you/** victim's name **get this treatment?**

[Select all that apply]

[REQUIRE ANSWER]

❏ 1 Same (NEISS) hospital where treatment was first received
❏ 2 Another hospital (specify in next window)
❏ 3 Walk-in clinic
❏ 4 Private physician
❏ 5 HMO
❏ 6 At home
❏ 7 Other (specify in next window)
❏ 8 Don't know

[A - IF THE ANSWER TO QUESTION 96 IS NOT 2, THEN SKIP TO QUESTION 98]

Q.97 **Specify hospital name**

[REQUIRE ANSWER]

_____

[A - IF THE ANSWER TO QUESTION 96 IS NOT 7, THEN SKIP TO QUESTION 99]

Q.98 **Specify**

[REQUIRE ANSWER]

_____

Q.99 **Were you/** victim's name **hospitalized at any time due to the incident?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 109]

Q.100 **Where were you/** victim's name **hospitalized?**
[Include NESS hospital if appropriate. List multiple hospitals if appropriate. Write "don't know" if respondent doesn't know.]

[REQUIRE ANSWER]

_____

Q.101 Interviewer: was the respondent/ victim at more than one hospital?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No

Q.102 **What kind of facility was it?**
[Enter information for the first hospital listed in the previous question]

[REQUIRE ANSWER]

❑₁ Burn hospital or hospital with a special burn ward
❑₂ Other hospital
❑₃ Rehabilitation/ nursing home
❑₄ Other (specify in next window)
❑₅ Don't know

[S - IF THE ANSWER IS NOT 4, THEN SKIP TO QUESTION 104]

Q.103 **Specify**

_____

Q.104 **How many nights did you**/ name of victim **stay at the** (first) **hospital**/medical facility**?**
[Leave blank and continue if length of stay is unknown.]

_____

[A - IF THE ANSWER TO QUESTION 101 IS 2, THEN SKIP TO QUESTION 108]

Q.105 **What kind of facility was the second hospital** (the second hospital previously.)**?**

[REQUIRE ANSWER]

❑₁ Burn hospital or hospital with special burn ward
❑₂ Other hospital
❑₃ Rehabilitation/ nursing home
❑₄ Other (specify in next window)
❑₅ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 3 OR 5, THEN SKIP TO QUESTION 107]

Q.106 **Specify**

_____

Q.107 **How many nights did you/** victim's name **stay at the second hospital/** medical facility**?**
[enter "don't know" if length of stay is unknown]

[REQUIRE ANSWER]

_____

Q.108 **Is the victim still in the hospital?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

Q.109 **Do you think you/** victim's name **will need more treatment?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 111]

Q.110 **What kind of treatment?**
[enter "don't know" if type of treatment is unknown]

[REQUIRE ANSWER]

_____

Q.111 **Did the injury cause you/** victim's name **to lose any whole or partial days of work or school?** (Interviewer: clarify between work and school.)

[REQUIRE ANSWER]

❑₁ Yes, Work
❑₂ Yes, School
❑₃ No
❑₄ Don't Know

[S - IF THE ANSWER IS 3 OR 4, THEN SKIP TO QUESTION 115]

Q.112 **How many days or hours did this involve?**
[approximate if respondent is unsure]

[REQUIRE ANSWER]

____

Q.113 Interviewer: Was the previous answer in days or hours?

[REQUIRE ANSWER]

❏₁ Days
❏₂ Hours

Q.114 **Have you /the victim returned to work or school or are you still out?**

[REQUIRE ANSWER]

❏₁ Returned to work or school
❏₂ Still out

[A - IF THE ANSWER TO QUESTION 15 IS 2 OR 3, THEN SKIP TO QUESTION 227]

Q.115 **You said earlier that someone else**/other people **was**/were **injured in the fire.** Beginning
with the first additional person injured, **what is his/**her **age?**
[record victim's age in years. If age is unknown, enter 0]

[REQUIRE ANSWER]

____

Q.116 **What is his**/her **gender?**

[REQUIRE ANSWER]

❏₁ Male
❏₂ Female
❏₃ Unknown

Q.117 **Were they treated at _____ (NEISS hospital)?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

Q.118 **What injuries did this person suffer in the fire?**
[check all that apply]

[REQUIRE ANSWER]

❑₁ Burns
❑₂ Lacerations
❑₃ Fractures
❑₄ Smoke inhalation
❑₅ Other (specify in next window)
❑₆ Don't know

[S - IF THE ANSWER IS 6, THEN SKIP TO QUESTION 143]
[EXCLUSIVE ANSWER: "Don't know"]

[A - IF THE ANSWER TO QUESTION 118 IS NOT 5, THEN SKIP TO QUESTION 120]

Q.119 **Specify other injuries**

[REQUIRE ANSWER]

_____

[A - IF THE ANSWER TO QUESTION 118 IS NOT 1, THEN SKIP TO QUESTION 121]

Q.120 **How did the doctor characterize the burns this person received in the fire?**
[Probe: Did the doctor specify the percent of body surface burned?
Did the doctor specify whether the burns were first, second, or third degree burns?
Did the doctor specify whether the burns were partial thickness or full thickness burns?]

[REQUIRE ANSWER]

_____

_____

Q.121 **As a result of this fire, did this person receive any additional treatment by a medical professional, such as a doctor or nurse, other than their treatment in the emergency room?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 139]

Q.122 **What kind of additional treatment did this person receive?**

[Select all that apply]

[REQUIRE ANSWER]

❑₁ Checkup, cleaning, new bandages, remove stitches
❑₂ Plastic or reconstructive surgery, skin grafts
❑₃ Other surgery
❑₄ Pressure garments
❑₅ Physical therapy
❑₆ Other (specify in next window)
❑₇ Don't know

[A - IF THE ANSWER TO QUESTION 122 IS NOT 6, THEN SKIP TO QUESTION 124]

Q.123 **Specify**

_____

Q.124 **Where did this person get this treatment?**

[Select all that apply]

❑ 1 Same (NEISS) hospital where treatment was first received
❑ 2 Another hospital
❑ 3 Walk-in clinic
❑ 4 Private physician
❑ 5 HMO
❑ 6 At home
❑ 7 Other (specify in next window)
❑ 8 Don't know

[A - IF THE ANSWER TO QUESTION 124 IS NOT 2, THEN SKIP TO QUESTION 126]

Q.125 **Specify hospital name**

_____

[A - IF THE ANSWER TO QUESTION 124 IS NOT 7, THEN SKIP TO QUESTION 127]

Q.126 **Specify**

_____

Q.127 **Was this person hospitalized at any time due to the incident?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 137]

Q.128 **Where was this person hospitalized?**
[Include NESS hospital if appropriate. List multiple hospitals if appropriate. Write "don't know" if respondent doesn't know.]

[REQUIRE ANSWER]

_____

Q.129 Interviewer: was this victim at more than one hospital?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No

Q.130 **What kind of facility was the first hospital listed in the previous question?**

[REQUIRE ANSWER]

❑₁ Burn hospital or hospital with a special burn ward
❑₂ Other hospital
❑₃ Rehabilitation/ nursing home
❑₄ Other (specify in next window)
❑₅ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 3 OR 5, THEN SKIP TO QUESTION 132]

Q.131 **Specify**

_____

Q.132 **How many nights did this person stay at the** (first) **hospital**/medical facility**?**
[Leave blank and continue if length of stay is unknown.]

____

[A - IF THE ANSWER TO QUESTION 129 IS 2, THEN SKIP TO QUESTION 137]

Q.133 **What kind of facility was the second hospital** (the second hospital listed in question 127.)**?**

[REQUIRE ANSWER]

❑₁ Burn hospital or hospital with special burn ward
❑₂ Other hospital
❑₃ Rehabilitation/ nursing home
❑₄ Other (specify in next window)
❑₅ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 3 OR 5, THEN SKIP TO QUESTION 135]

Q.134 **Specify**

_____

Q.135 **How many nights did this person stay at the second hospital/**medical facility**?**
[enter 0 if length of stay is unknown
If the person is still there, enter the number of nights they've stayed there so far.]

[REQUIRE ANSWER]

_____

Q.136 **Is the victim still in the hospital?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

Q.137 **Do you think this person will need more treatment?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 139]

Q.138 **What kind of treatment?**
[enter "don't know" if type of treatment is unknown]

[REQUIRE ANSWER]

_____

Q.139 **Did the injury cause the victim to lose any or partial days of work or school? (Interviewer: Clarify between work and school)**

[REQUIRE ANSWER]

❑₁ Yes, work
❑₂ Yes, school
❑₃ No
❑₄ Don't know

[S - IF THE ANSWER IS 3 OR 4, THEN SKIP TO QUESTION 143]

Q.140　**How many days or hours did this involve?**
[approximate if respondent is unsure]

[REQUIRE ANSWER]

____

Q.141　**Interviewer: Was the previous answer in days or hours?**

[REQUIRE ANSWER]

❏₁ Days
❏₂ Hours

Q.142　**Has the victim returned to work or school or are they still out?**

[REQUIRE ANSWER]

❏₁ Returned to work or school
❏₂ Still out

[A - IF THE ANSWER TO QUESTION 16 IS 1, THEN SKIP TO QUESTION 227]

Q.143　**Now I would like to ask you questions about the second additional person who was injured. What is his/**her **age?**
[record victim's age in years. If age is unknown, enter 0]

[REQUIRE ANSWER]

____

Q.144　**What is his**/her **gender?**

[REQUIRE ANSWER]

❏₁ Male
❏₂ Female
❏₃ Unknown

Q.145 **Were they treated at _____ (NEISS hospital)?**

❑₁ Yes
❑₂ No
❑₃ Don't know

Q.146 **What injuries did this person suffer? in the fire**
[select all that apply]

❑₁ Burns
❑₂ Lacerations
❑₃ Fractures
❑₄ Smoke inhalation
❑₅ Other (specify in next window)
❑₆ Don't know

[S - IF THE ANSWER IS 6, THEN SKIP TO QUESTION 171]
[EXCLUSIVE ANSWER: "Don't know"]

[A - IF THE ANSWER TO QUESTION 146 IS NOT 5, THEN SKIP TO QUESTION 148]

Q.147 **Specify other injuries**

_____

[A - IF THE ANSWER TO QUESTION 146 IS NOT 1, THEN SKIP TO QUESTION 149]

Q.148 **How did the doctor characterize the burns this person received in the fire?**
[Probe: Did the doctor specify the percent of body surface burned?
Did the doctor specify whether the burns were first, second, or third degree burns?
Did the doctor specify whether the burns were partial thickness or full thickness burns?]

[REQUIRE ANSWER]

_____

_____

Q.149 **As a result of this fire, did this person receive any additional treatment by a medical professional, such as a doctor or nurse, other than their treatment in the emergency room?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 167]

Q.150 **What kind of additional treatment did this person receive?**
[select all that apply]

[REQUIRE ANSWER]

❑₁ Checkup, cleaning, new bandages, remove stitches
❑₂ Plastic or reconstructive surgery, skin grafts
❑₃ Other surgery
❑₄ Pressure garments
❑₅ Physical therapy
❑₆ Other (specify in next window)
❑₇ Don't know

[A - IF THE ANSWER TO QUESTION 150 IS NOT 6, THEN SKIP TO QUESTION 152]

Q.151 **Specify**

_____

Q.152 **Where did this person get this treatment?**

[Select all that apply]

❏ 1 Same (NEISS) hospital where treatment was first received
❏ 2 Another hospital
❏ 3 Walk-in clinic
❏ 4 Private physician
❏ 5 HMO
❏ 6 At home
❏ 7 Other (specify in next window)
❏ 8 Don't know

[A - IF THE ANSWER TO QUESTION 152 IS NOT 2, THEN SKIP TO QUESTION 154]

Q.153 **Specify hospital name**

_____

[A - IF THE ANSWER TO QUESTION 152 IS NOT 7, THEN SKIP TO QUESTION 155]

Q.154 **Specify**

_____

Q.155 **Was this person hospitalized at any time due to the incident?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 165]

Q.156 **Where was this person hospitalized?**
[Include NESS hospital if appropriate. List multiple hospitals if appropriate. Write "don't know" if respondent doesn't know.]

[REQUIRE ANSWER]

_____

Q.157 Interviewer: was this victim at more than one hospital?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No

Q.158 **What kind of facility was the first hospital listed in the previous question?**

[REQUIRE ANSWER]

❑₁ Burn hospital or hospital with a special burn ward
❑₂ Other hospital
❑₃ Rehabilitation/ nursing home
❑₄ Other (specify in next window)
❑₅ Don't know

[S - IF THE ANSWER IS NOT 4, THEN SKIP TO QUESTION 160]

Q.159 **Specify**

_____

Q.160 **How many nights did this person stay at the** (first) **hospital**/medical facility**?**
[Leave blank and continue if length of stay is unknown.]

_____

[A - IF THE ANSWER TO QUESTION 157 IS 2, THEN SKIP TO QUESTION 165]

Q.161 **What kind of facility was** (the second hospital listed previously.)**?**

[REQUIRE ANSWER]

❏₁ Burn hospital or hospital with special burn ward
❏₂ Other hospital
❏₃ Rehabilitation/ nursing home
❏₄ Other (specify in next window)
❏₅ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 3 OR 5, THEN SKIP TO QUESTION 163]

Q.162 **Specify**

_____

Q.163 **How many nights did this person stay at the second hospital/**medical facility**?**
[enter 0 if length of stay is unknown
If the person is still there, enter the number of nights they've stayed there so far.]

[REQUIRE ANSWER]

_____

Q.164 **Is the victim still in the hospital?**

<div align="center">

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

</div>

Q.165 **Do you think this person will need more treatment?**

<div align="center">

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 167]

</div>

Q.166 **What kind of treatment?**
[enter "don't know" if type of treatment is unknown]

<div align="center">

[REQUIRE ANSWER]

</div>

_____

Q.167 **Did the injury cause the victim to lose any or partial days of work or school?**
(Interviewer: Clarify between work and school)

<div align="center">

[REQUIRE ANSWER]

❑₁ Yes, work
❑₂ Yes, school
❑₃ No
❑₄ Don't know

[S - IF THE ANSWER IS 3 OR 4, THEN SKIP TO QUESTION 171]

</div>

Q.168 **How many days or hours did this involve?**
[approximate if respondent is unsure]

[REQUIRE ANSWER]

____

Q.169 Interviewer: Was the previous answer in days or hours?

[REQUIRE ANSWER]

❑₁ Days
❑₂ Hours

Q.170 **Has the victim returned to work or school or are they still out?**

[REQUIRE ANSWER]

❑₁ Returned to work or school
❑₂ Still out

[A - IF THE ANSWER TO QUESTION 16 IS 1 OR 2, THEN SKIP TO QUESTION 227]

Q.171 **Now I would like to ask you questions about the third additional person who was injured. What is his/her age?**
[record victim's age in years. If age is unknown, enter 0]

[REQUIRE ANSWER]

____

Q.172 **What is his/her gender?**

[REQUIRE ANSWER]

❑₁ Male
❑₂ Female
❑₃ Unknown

Q.173 **Were they treated at _____ (NEISS hospital)?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

Q.174 **What injuries did this person suffer? in the fire**
[select all that apply]

[REQUIRE ANSWER]

❑₁ Burns
❑₂ Lacerations
❑₃ Fractures
❑₄ Smoke inhalation
❑₅ Other (specify in next window)
❑₆ Don't know

[S - IF THE ANSWER IS 6, THEN SKIP TO QUESTION 199]
[EXCLUSIVE ANSWER: "Don't know"]

[A - IF THE ANSWER TO QUESTION 174 IS NOT 5, THEN SKIP TO QUESTION 176]

Q.175 **Specify other injuries**

[REQUIRE ANSWER]

_____

[A - IF THE ANSWER TO QUESTION 174 IS NOT 1, THEN SKIP TO QUESTION 177]

Q.176 **How did the doctor characterize the burns this person received in the fire?**
[Probe: Did the doctor specify the percent of body surface burned?
Did the doctor specify whether the burns were first, second, or third degree burns?
Did the doctor specify whether the burns were partial thickness or full thickness burns?]

[REQUIRE ANSWER]

_____

_____

Q.177 **As a result of this fire, did this person receive any additional treatment by a medical professional, such as a doctor or nurse, other than their treatment in the emergency room?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 193]

Q.178 **What kind of additional treatment did this person receive?**

[Select all that apply]

[REQUIRE ANSWER]

❑₁ Checkup, cleaning, new bandages, remove stitches
❑₂ Plastic or reconstructive surgery, skin grafts
❑₃ Other surgery
❑₄ Pressure garments
❑₅ Physical therapy
❑₆ Other (specify in next window)
❑₇ Don't know

[A - IF THE ANSWER TO QUESTION 178 IS NOT 6, THEN SKIP TO QUESTION 180]

Q.179 **Specify**

_____

Q.180 **Where did this person get this treatment?**

[Select all that apply]

❑₁ Same (NEISS) hospital where treatment was first received
❑₂ Another hospital
❑₃ Walk-in clinic
❑₄ Private physician
❑₅ HMO
❑₆ At home
❑₇ Other (specify in next window)
❑₈ Don't know

[A - IF THE ANSWER TO QUESTION 180 IS NOT 2, THEN SKIP TO QUESTION 182]

Q.181 **Specify hospital name**

_____

[A - IF THE ANSWER TO QUESTION 180 IS NOT 7, THEN SKIP TO QUESTION 183]

Q.182 **Specify**

_____

Q.183 **Was this person hospitalized at any time due to the injury?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 193]

Q.184 **Where was this person hospitalized?**
[Include NESS hospital if appropriate. List multiple hospitals if appropriate. Write "don't know" if respondent doesn't know.]

[REQUIRE ANSWER]

_____

Q.185 Interviewer: was this victim at more than one hospital?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No

Q.186 **What kind of facility was the first hospital listed in the previous question?**

[REQUIRE ANSWER]

❑₁ Burn hospital or hospital with a special burn ward
❑₂ Other hospital
❑₃ Rehabilitation/ nursing home
❑₄ Other (specify in next window)
❑₅ Don't know

Q.187 **Specify**

_____

Q.188 **How many nights did this person stay at the** (first) **hospital**/medical facility**?**
[Leave blank and continue if length of stay is unknown.]

____

[A - IF THE ANSWER TO QUESTION 185 IS 2, THEN SKIP TO QUESTION 193]

Q.189 **What kind of facility was** (the second hospital previously listed.)**?**

[REQUIRE ANSWER]

❑ ₁ Burn hospital or hospital with special burn ward
❑ ₂ Other hospital
❑ ₃ Rehabilitation/ nursing home
❑ ₄ Other (specify in next window)
❑ ₅ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 3 OR 5, THEN SKIP TO QUESTION 226]

Q.190 **Specify**

_____

Q.191 **How many nights did this person stay at the second hospital/**medical facility**?**
[enter 0 if length of stay is unknown
If the person is still there, enter the number of nights they've stayed there so far.]

[REQUIRE ANSWER]

_____

Q.192 **Is the victim still in the hospital?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

Q.193 **Do you think this person will need more treatment?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 195]

Q.194 **What kind of treatment?**
[enter "don't know" if type of treatment is unknown]

[REQUIRE ANSWER]

_____

Q.195 **Did the injury cause the victim to lose any or partial days of work or school?**
(Interviewer: Clarify between work and school)

[REQUIRE ANSWER]

❑₁ Yes, work
❑₂ Yes, school
❑₃ No
❑₄ Don't know

[S - IF THE ANSWER IS 3 OR 4, THEN SKIP TO QUESTION 199]

Q.196 **How many days or hours did this involve?**
[approximate if respondent is unsure]

[REQUIRE ANSWER]

____

Q.197 Interviewer: Was the previous answer in days or hours?

[REQUIRE ANSWER]

❏₁ Days
❏₂ Hours

Q.198 **Has the victim returned to work or school or are they still out?**

[REQUIRE ANSWER]

❏₁ Returned to work or school
❏₂ Still out

[A - IF THE ANSWER TO QUESTION 16 IS 1 OR 2 OR 3, THEN SKIP TO QUESTION 227]

Q.199 **Now I would like to ask you questions about the fourth additional person who was injured. What is his/her age?**
[record victim's age in years. If age is unknown, enter 0]

[REQUIRE ANSWER]

____

Q.200 **What is his/her gender?**

[REQUIRE ANSWER]

❏₁ Male
❏₂ Female
❏₃ Unknown

Q.201 **Were they treated at _____ (NEISS hospital)?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

Q.202 **What injuries did this person suffer? in the fire**
[select all that apply]

[REQUIRE ANSWER]

❑₁ Burns
❑₂ Lacerations
❑₃ Fractures
❑₄ Smoke inhalation
❑₅ Other (specify in next window)
❑₆ Don't know

[S - IF THE ANSWER IS 6, THEN SKIP TO QUESTION 226]
[EXCLUSIVE ANSWER: "Don't know"]

[A - IF THE ANSWER TO QUESTION 202 IS NOT 5, THEN SKIP TO QUESTION 204]

Q.203 **Specify other injuries**

[REQUIRE ANSWER]

_____

[A - IF THE ANSWER TO QUESTION 202 IS NOT 1, THEN SKIP TO QUESTION 205]

Q.204 **How did the doctor characterize the burns this person received in the fire?**
[Probe: Did the doctor specify the percent of body surface burned?
Did the doctor specify whether the burns were first, second, or third degree burns?
Did the doctor specify whether the burns were partial thickness or full thickness burns?]

[REQUIRE ANSWER]

_____

_____

Q.205 **As a result of this fire, did this person receive any additional treatment by a medical professional, such as a doctor or nurse, other than their treatment in the emergency room?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 223]

Q.206 **What kind of additional treatment did this person receive?**

[Select all that apply]

[REQUIRE ANSWER]

❑₁ Checkup, cleaning, new bandages, remove stitches
❑₂ Plastic or reconstructive surgery, skin grafts
❑₃ Other surgery
❑₄ Pressure garments
❑₅ Physical therapy
❑₆ Other (specify in next window)
❑₇ Don't know

[A - IF THE ANSWER TO QUESTION 206 IS NOT 6, THEN SKIP TO QUESTION 208]

Q.207 **Specify**

[REQUIRE ANSWER]

_____

Q.208 **Where did this person get this treatment?**

[Select all that apply]

[REQUIRE ANSWER]

❑₁ Same (NEISS) hospital where treatment was first received
❑₂ Another hospital
❑₃ Walk-in clinic
❑₄ Private physician
❑₅ HMO
❑₆ At home
❑₇ Other (specify in next window)
❑₈ Don't know

[A - IF THE ANSWER TO QUESTION 208 IS NOT 2, THEN SKIP TO QUESTION 210]

Q.209 **Specify hospital name**

[REQUIRE ANSWER]

_____

[A - IF THE ANSWER TO QUESTION 208 IS NOT 7, THEN SKIP TO QUESTION 211]

Q.210 **Specify**

[REQUIRE ANSWER]

_____

Q.211 **Was this person hospitalized at any time due to the incident?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 221]

Q.212 **Where was this person hospitalized?**
[Include NESS hospital if appropriate. List multiple hospitals if appropriate. Write "don't know" if respondent doesn't know.]

[REQUIRE ANSWER]

_____

Q.213 Interviewer: was this victim at more than one hospital?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No

Q.214 **What kind of facility was the first hospital listed in the previous question?**

[REQUIRE ANSWER]

❑₁ Burn hospital or hospital with a special burn ward
❑₂ Other hospital
❑₃ Rehabilitation/ nursing home
❑₄ Other (specify in next window)
❑₅ Don't know

[S - IF THE ANSWER IS NOT 4, THEN SKIP TO QUESTION 216]

Q.215 **Specify**

[REQUIRE ANSWER]

_____

Q.216 **How many nights did this person stay at the** (first) **hospital**/medical facility**?**
[Leave blank and continue if length of stay is unknown.]

____

[A - IF THE ANSWER TO QUESTION 213 IS 2, THEN SKIP TO QUESTION 221]

Q.217 **What kind of facility was** (the second hospital listed previously.)**?**

[REQUIRE ANSWER]

❑ ₁ Burn hospital or hospital with special burn ward
❑ ₂ Other hospital
❑ ₃ Rehabilitation/ nursing home
❑ ₄ Other (specify in next window)
❑ ₅ Don't know

[S - IF THE ANSWER IS 1 OR 2 OR 3 OR 5, THEN SKIP TO QUESTION 219]

Q.218 **Specify**

[REQUIRE ANSWER]

_____

Q.219 **How many nights did this person stay at the second hospital/**medical facility**?**
[enter 0 if length of stay is unknown
If the person is still there, enter the number of nights they've stayed there so far.]

[REQUIRE ANSWER]

_____

Q.220 **Is the victim still in the hospital?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

Q.221 **Do you think this person will need more treatment?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Don't know

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 223]

Q.222 **What kind of treatment?**
[enter "don't know" if type of treatment is unknown]

[REQUIRE ANSWER]

_____

Q.223 **Did the injury cause the victim to lose any or partial days of work or school?**
(Interviewer: Clarify between work and school)

[REQUIRE ANSWER]

❑₁ Yes, work
❑₂ Yes, school
❑₃ No
❑₄ Don't know

[S - IF THE ANSWER IS 3 OR 4, THEN SKIP TO QUESTION 226]

Q.224 **How many days or hours did this involve?**
[approximate if respondent is unsure]

[REQUIRE ANSWER]

____

Q.225 Interviewer: Was the previous answer in days or hours?

[REQUIRE ANSWER]

❑₁ Days
❑₂ Hours

Q.226 **Has the victim returned to work or school or are they still out?**

[REQUIRE ANSWER]

❑₁ Returned to work or school
❑₂ Still out

[A - IF THE ANSWER TO QUESTION 17 IS 2 OR 3, THEN SKIP TO QUESTION 233]

Q.227 **You indicated earlier that someone died in the fire. Can you tell me the age of the person who died?** (Interviewer: type in 0 if age is unknown)

[REQUIRE ANSWER]

____

Q.228 **What was the gender of the deceased?**

[REQUIRE ANSWER]

❑₁ Male
❑₂ Female
❑₃ Unknown

Q.229 **Was the deceased taken to _____ (the NEISS hospital)?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

[A - IF THE ANSWER TO QUESTION 18 IS 1, THEN SKIP TO QUESTION 233]

Q.230 **What was the age of the 2nd person who died?**

[REQUIRE ANSWER]

____

Q.231 **What was the gender of the 2nd deceased person?**

[REQUIRE ANSWER]

❑₁ Male
❑₂ Female
❑₃ Unknown

Q.232 **Was the deceased person taken to _____ (the NEISS hospital)?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

Q.233 **Is there anything else you would like to tell me about the fire or about the injuries that occurred?**

[REQUIRE ANSWER]

_____

_____

_____

_____

_____

_____

_____

[D - IF THE ANSWER TO QUESTION 9 IS 2, THEN SKIP TO QUESTION 298]

Q.234 Interviewer: Did their responses involve... ?
[select all that apply]

[REQUIRE ANSWER]

❑₁ A mattress or bedding on fire
❑₂ Clothing on fire
❑₃ Fireworks involved in the fire
❑₄ None of those were mentioned

[EXCLUSIVE ANSWER: "None of those were mentioned"]

[A - IF THE ANSWER TO QUESTION 234 IS NOT 1, THEN SKIP TO QUESTION 279]

Q.235 **You stated earlier that a mattress (or a bedding item) caught fire. Now I would like to ask you about the mattress and bedding.**

Q.236 Did the mattress catch fire at some point during this incident, even if it didn't ignite first?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 252]

Q.237 How old was the mattress?

[REQUIRE ANSWER]

❑₁ less than 5 years
❑₂ 5 - 9 years
❑₃ 10 - 19 years
❑₄ 20 - 29 years
❑₅ 30 or more years
❑₆ Unknown

[S - IF THE ANSWER IS NOT 6, THEN SKIP TO QUESTION 239]

Q.238 Can you tell me what year the mattress was obtained?
[enter "no" if unknown]

[REQUIRE ANSWER]

_____

Q.239 Was the mattress new or used when you got it?

[REQUIRE ANSWER]

❑₁ New
❑₂ Used
❑₃ Unknown

[S - IF THE ANSWER IS 1, THEN SKIP TO QUESTION 242]

Q.240 **Where did you get it, friends or relatives, garage sale, etc.?**

[REQUIRE ANSWER]

❏ 1 Friends/relatives
❏ 2 Garage sale
❏ 3 Other (specify in next window)
❏ 4 Unknown

[S - IF THE ANSWER IS NOT 3, THEN SKIP TO QUESTION 242]

Q.241 **Specify**

[REQUIRE ANSWER]

_____

Q.242 **Who was the manufacturer or what was the brand name?**

[REQUIRE ANSWER]

_____

Q.243 **What size was the mattress?**

[REQUIRE ANSWER]

❏ 1 Crib
❏ 2 Twin
❏ 3 Double/full size
❏ 4 Queen
❏ 5 King
❏ 6 Other (specify in next window)

[S - IF THE ANSWER IS NOT 6, THEN SKIP TO QUESTION 245]

Q.244 **Specify**

_____

Q.245 **What did its top surface look like?**
[read responses 1-4]

❑ 1 Quilted
❑ 2 Smooth
❑ 3 Tufted
❑ 4 Other (specify in next window)
❑ 5 Unknown

[S - IF THE ANSWER IS NOT 4, THEN SKIP TO QUESTION 247]

Q.246 **Specify**

_____

Q.247 **Was the mattress an...**
[Read choices 1 - 5]

❑ 1 Innerspring
❑ 2 Foam
❑ 3 Futon
❑ 4 Waterbed
❑ 5 Air-filled
❑ 6 Other (specify in next window)
❑ 7 Unknown

[S - IF THE ANSWER IS NOT 6, THEN SKIP TO QUESTION 249]

Q.248 **Specify**

[REQUIRE ANSWER]

_____

Q.249 **Was the mattress placed on ... ?**
[Read choices 1- 4]

[REQUIRE ANSWER]

❑₁ Box springs
❑₂ Bed board (e.g. for bunk beds)
❑₃ Bed frame
❑₄ Floor
❑₅ Other
❑₆ Unknown

Q.250 **What part of the mattress ignited first in the fire?**
[read choices 1 - 6]

[REQUIRE ANSWER]

❑₁ Smooth top surface
❑₂ Tape edge on mattress
❑₃ Quilted/tufted depression on top of mattress
❑₄ Side of mattress
❑₅ Underside of mattress
❑₆ Dust cover on box springs/foundation
❑₇ Other (specify in next window)
❑₈ Unknown

[S - IF THE ANSWER IS NOT 7, THEN SKIP TO QUESTION 252]

Q.251 **Specify**

[REQUIRE ANSWER]

_____

Q.252 Did a bedding item ignite at some point, even if it didn't ignite first?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 278]

Q.253 Was the bedding on a mattress at the time of the fire?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

Q.254 Was a mattress pad on the bed (or in the area of origin if bedding was not on a mattress) **at the time of the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 257]

Q.255 Was the mattress pad damaged by the fire?

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

Q.256 **What filling material did the mattress pad have?**

[REQUIRE ANSWER]

_____

Q.257 **Was one or more sheets on the bed** (or in the area of origin of the fire if bedding was not on a mattress**) at the time of the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 260]

Q.258 **Was (were) the sheet(s) damaged by the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

Q.259 **How many sheets were on the bed?**

[REQUIRE ANSWER]

_____

Q.260 **Was one or more blankets on the bed** (or in the area of origin if bedding was not on a mattress**) at the time of the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Uknown

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 263]

Q.261 **Was (were) the blanket(s) damaged by the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

Q.262 **How many blankets were on the bed?**

[REQUIRE ANSWER]

_____

Q.263 **Was a comforter on the bed** (or in the area of origin if bedding was not on a mattress) **at the time of the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 267]

Q.264 **Was the comforter(s) damaged by the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

Q.265 **How many comforters where on the bed?**

[REQUIRE ANSWER]

_____

Q.266 **What material was the comforter(s) made of?**

[REQUIRE ANSWER]

_____

Q.267 **Was a bedspread on the bed** (or in the area of origin if bedding was not on a mattress) **at the time of the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 271]

Q.268 **Was the bedspread(s) damaged by the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

Q.269 **How many bedspreads were on the bed?**

[REQUIRE ANSWER]

_____

Q.270 **What material was the bedspread made of?**

[REQUIRE ANSWER]

_____

Q.271 **Were there any pillows on the bed** (or in the area of origin if bedding was not on a mattress) **at the time of the fire?**

[REQUIRE ANSWER]

❏₁ Yes
❏₂ No
❏₃ Unknown

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 275]

Q.272 **Was the pillow(s) damaged by the fire?**

[REQUIRE ANSWER]

❏₁ Yes
❏₂ No
❏₃ Unknown

Q.273 **How many pillows were on the bed?**

[REQUIRE ANSWER]

_____

Q.274 **What material was (were) the pillow(s) made of?**

[REQUIRE ANSWER]

_____

Q.275 **Was a dust ruffle on the bed** (or in the area of origin if bedding was not on the mattress) **at the time of the fire?**

[REQUIRE ANSWER]

❏₁ Yes
❏₂ No
❏₃ Unknown

[S - IF THE ANSWER IS 2 OR 3, THEN SKIP TO QUESTION 277]

Q.276 **Was the dust ruffle damaged by the fire?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

Q.277 **What else was on the bed (or in the area of origin if bedding was not on a mattress) at the time of the fire?**

(Probe for type and number of items)

[REQUIRE ANSWER]

_____

Q.278 **You said earlier that _____ ignited first. How far was it from the bed or bedding?**
[Read choices]

[REQUIRE ANSWER]

❑₁ Direct contact
❑₂ Less than 1 foot away
❑₃ 2 - 3 feet
❑₄ Greater than 3 feet

[A - IF THE ANSWER TO QUESTION 234 IS NOT 2, THEN SKIP TO QUESTION 298]

Q.279 **You said that clothing was ignited. What type of clothing was it? For example: a tee-shirt or pajamas?**
[If victim was a child, probe for size of garment, i.e. child or adult.]

[REQUIRE ANSWER]

_____

Q.280 **What did you/the victim do upon discovering that the clothing had ignited?**

[REQUIRE ANSWER]

❑ 1 Ran to another location
❑ 2 Tried to pat out the flames
❑ 3 Tried to remove clothing
❑ 4 Dropped and rolled
❑ 5 Other (specify in next window)
❑ 6 Unknown

[S - IF THE ANSWER IS NOT 5, THEN SKIP TO QUESTION 282]

Q.281 **Specify**

[REQUIRE ANSWER]

_____

Q.282 **What kind of material was the garment made of?**

[REQUIRE ANSWER]

❑ 1 100 percent cotton
❑ 2 Cotton/synthetic blend
❑ 3 Synthetic
❑ 4 Other natural fiber (specify in next window)
❑ 5 Other (specify in next window)
❑ 6 Unknown

[S - IF THE ANSWER IS 1 OR 2 OR 3, THEN SKIP TO QUESTION 285]
[S - IF THE ANSWER IS 4, THEN SKIP TO QUESTION 284]
[S - IF THE ANSWER IS 6, THEN SKIP TO QUESTION 287]

Q.283 **Specify**

[REQUIRE ANSWER]

_____

Q.284 **Specify natural fiber (silk, wool, etc.)**

[REQUIRE ANSWER]

_____

Q.285 **How did you determine what the garment was made of?**

[REQUIRE ANSWER]

❑₁ From the tag
❑₂ From memory of bystander or victim
❑₃ From general knowledge of fabrics
❑₄ Other (specify in next window)
❑₅ Unknown

[S - IF THE ANSWER IS NOT 4, THEN SKIP TO QUESTION 287]

Q.286 **Specify**

[REQUIRE ANSWER]

_____

Q.287 **Can you get the garment and read the material labeling to me?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

[S - IF THE ANSWER IS NOT 1, THEN SKIP TO QUESTION 289]

Q.288 Tag labeling

_____

Q.289 **Was the fabric knit or woven?**
[If the respondent seems uncertain, say knit fabrics are formed by inter looping yarns and woven fabrics are formed by interlacing yarns.]

❏ 1 Knit
❏ 2 Woven
❏ 3 Unknown

Q.290 **Can you describe the garment's fit, particularly the part that ignited first?**
[If the respondent has difficulty responding, ask was it snug fitting, loose fitting, etc.?]

_____

Q.291 **What part of the garment ignited first, e.g., sleeve, pant leg, hem, etc.?**
Specify

_____

Q.292 **Can you describe how the garment burned? For example, did it...** (read choices)

[REQUIRE ANSWER]

❑₁ Flash on the surface
❑₂ Fire spread rapidly
❑₃ Melted and dripped
❑₄ Smoldered
❑₅ Other (specify in next window)
❑₆ Unknown

[S - IF THE ANSWER IS NOT 5, THEN SKIP TO QUESTION 294]

Q.293 **Specify**

[REQUIRE ANSWER]

_____

Q.294 **Had the garment been cleaned prior to the incident?**

[REQUIRE ANSWER]

❑₁ Yes
❑₂ No
❑₃ Unknown

[S - IF THE ANSWER IS NOT 1, THEN SKIP TO QUESTION 297]

Q.295 **How had it been cleaned?**

[REQUIRE ANSWER]

❑₁ Laundered
❑₂ Dry Cleaned
❑₃ Other (specify in next window)
❑₄ Unknown

[S - IF THE ANSWER IS NOT 3, THEN SKIP TO QUESTION 297]

Q.296 **Specify**

[REQUIRE ANSWER]

_____

Q.297 **How old was the garment?**

[REQUIRE ANSWER]

❏ 1 Brand new, first wearing
❏ 2 One year or less
❏ 3 More than one year
❏ 4 Unknown

[A - IF THE ANSWER TO QUESTION 234 IS NOT 3, THEN SKIP TO QUESTION 299]

Q.298 Continue with fireworks questionnaire

Q.299 **Thank you for your time. Your information has been very helpful.**

Q.300 Interviewer: What is the date this interview was completed? (MM/DD/YY)

_____