Form Approved: _____

OMB Number: _____

Expiration Date: _____

RESPONDENT ID................|___|___|___|___|___|___|

DATE...............|___|___||___|___||___|___|___|___|

INTERVIEWER...|___|___|___|___|___|___|___|___|

TOTAL TIME......................................|___|___|___|

[Amended Survey, Protocol #2900, submitted September, 2005 to IRB]
[submitted July, 2006 to OMB]

SECOND INJURY CONTROL AND RISK SURVEY ICARIS-2 (Phase-2)

Final English Version

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ICARIS-2 (Phase-2) Telephone Screener Script

I. INTRODUCTION:
Hello, I'm _____, calling on behalf of the Centers for Disease Control and Prevention or CDC. CDC is a government agency that works to safeguard and improve the health of the public through scientific research, including studies of disease outbreaks and injury prevention. We are conducting a nationwide research study to learn more about how to prevent injuries.

SC1.   Is this a business, a residence, a dormitory or some other type of dwelling? (IF OTHER, PROBE TO DETERMINE IF RESIDENCE OR NOT) (1=Business, 2=Residence, 3=Dormitory, 4=Group quarters or vacation rental)

   IF BUSINESS, DORM OR GROUP QUARTERS – That's all I need to know. Goodbye. **COMPUTER WILL CODE AS** *BUSINESS OR GROUP QUARTERS* **AND BRING UP NEXT NUMBER TO DIAL**

   IF RESIDENCE, CONTINUE

INTERVIEWER CODE WHETHER TO CONTINUE INTERVIEW IN ENGLISH OR SPANISH

II. SCREENING:
I need to speak to a member of this household who is 18 years of age or older. Is that you?

   YES   IF SPEAKING TO AN ADULT HH MEMBER, CONTINUE (COMPUTER WILL ASK YOU TO RECORD GENDER OF ADULT TO WHOM YOU ARE SPEAKING – IF GENDER IS UNCLEAR ASK: And are you a male or a female? **ALSO RECORD THAT HOUSEHOLD CONTAINS AT LEAST ONE ADULT)**

   NO   IF A NEW RESPONDENT COMES TO THE PHONE, <u>REPEAT PARAGRAPHS I AND II</u> AND CONTINUE (COMPUTER WILL ASK YOU TO RECORD GENDER OF ADULT TO WHOM YOU ARE SPEAKING SPEAKING – IF GENDER IS UNCLEAR ASK: And are you a male or a female? **ALSO RECORD THAT HOUSEHOLD CONTAINS AT LEAST ONE ADULT)**

   NO   IF ADULT HH MEMBER IS NOT AVAILABLE ASK: When could I call back to reach an adult member of this household? **GO TO APPOINTMENT TAB AND RECORD DATE AND TIME OF SUGGESTED CALL BACK. ALSO RECORD THAT HOUSEHOLD CONTAINS AT LEAST ONE ADULT**

   NO   ALL HOUSEHOLD MEMBERS ARE LESS THEN 18 YEARS OLD: That's all I need to know. Goodbye. **RECORD THAT HOUSEHOLD CONTAINS NO ADULTS**

III. INCENTIVE:
I need to randomly select an adult to interview. In appreciation for their time and effort, the person I select will be sent a phone card after they complete the interview. The card will provide 100 minutes of pre-paid long distance phone service, or if they like we can donate $5.00 to the United Way instead.

> **IF PERSON REFUSES PRIOR TO OR DURING SCREENING <u>BEFORE</u> ELIGIBLE RESPONDENT IS IDENTIFIED, SELECT A REFUSAL TAB AND CODE** *REFUSED SCREENING.* **POSSIBLE CODES WILL DIFFER DEPENDING ON WHTHER OR NOT WE KNOW THERE IS AN ADULT IN THE HOUSHEOLD.**

SC2.   How many persons live in this household? Include yourself and also include children in answering. NOTE: IF R VOLUNTEERS THAT A HOUSEHOLD MEMBER IS LIVING ELSWHERE OR ON LONG TERM DEPLOYMENT FOR THE ENTIRE FIELD PERIOD, DO NOT COUNT THAT PERSON IN THE HOUSHOLD TOTAL

   RECORD NUMBER [2-digits, 98=DK, 99=RF]

SC3.   How many adults live in this household? An adult is 18 years of age or older?

   RECORD NUMBER [2-digits, 98=DK, 99=RF]

SC4.   How many of these adults are men?

   RECORD NUMBER [2-digits, 98=DK, 99=RF]

> **IF ANY OF SC2, SC3 OR SC4 ARE DK OR RF, WE DO NOT KNOW THE NUMBER OF ADULTS IN THE HOUSEHOLD AND WE NEED TO CODE THIS NUMBER AS REFUSED SCREENING.**

IF SC3 = 1 (YOU ARE SPEAKING TO THE ONLY ADULT IN A ONE ADULT HOUSEHOLD), READ: You are eligible to participate in the study. **GO TO PARAGRAPH IV**

SC5.   Are any of the people who live in this household related to each other?

   RECORD ANSWER [1=Yes, 2=No, 8=DK, 9=RF]

BASED ON ANSWERS TO SC3 AND SC4, THE COMPUTER WILL PICK AN APPROPRIATE GENDER AND ADULT TO INTERVIEW.

   IF SPEAKING TO THE ONLY ADULT OF THE SELECTED GENDER, READ: You are eligible to participate in the study. **GO TO PARAGRAPH IV**

   IF SELECTED GENDER IS OPPOSITE OF RESPONDENT, AND ONLY ONE PERSON OF SELECTED GENDER IS IN HOUSEHOLD, READ: May I please speak with the adult (male/ female) in the household?

      IF A NEW RESPONDENT COMES TO THE PHONE, REPEAT PARAGRAPHS I AND III AND CONTINUE WITH PARAGRAPH IV

      IF OTHER ADULT IS NOT AVAILABLE TO COME TO THE PHONE, ASK: When could I call back to reach (him/her)? Whom should I ask for when I call back? **GO TO APPOINTMENT TAB AND RECORD FIRST NAME OF RESPONDENT AND DATE AND TIME OF CALL BACK. IF SELECTED RESPONDENT NEEDS TO BE CALLED AT ANOTHER NUMBER (E.G., A DORM NUMBER, CELL PHONE OR ON ANOTHER LINE) RECORD NUMBER AND REASON AS A NOTE. IF SELECTED RESPONDENT IS AWAY AND CANNOT BE REACHED AT ANOTHER NUMBER (E.G., IN A DORM, IN THE HOSPITAL, OR ON VACATION) AND NEEDS TO BE CALLED LATER, RECORD REASON AND EXPECTED DATE OF RETURN IN A NOTE.**

   IF HOUSEHOLD HAS MORE THAN ONE ADULT OF SELECTED GENDER, READ: May I please speak to the (oldest, second youngest, youngest) adult living in this household?

      IF SPEAKING TO SELECTED RESPONDENT, READ: You are eligible to participate in the study. **GO TO PARAGRAPH IV**

      IF A NEW RESPONDENT COMES TO THE PHONE, REPEAT PARAGRAPHS I AND III AND CONTINUE WITH PARAGRAPH IV

      IF OTHER ADULT IS NOT AVAILABLE ASK: When could I call back to reach (him/her)? Whom should I ask for when I call back? **GO TO APPOINTMENT TAB AND RECORD FIRST NAME OF RESPONDENT AND DATE AND TIME OF CALL BACK. IF SELECTED RESPONDENT NEEDS TO BE CALLED AT ANOTHER NUMBER (E.G., A DORM NUMBER, CELL PHONE OR ON ANOTHER LINE) RECORD NUMBER AND REASON AS A NOTE. IF SELECTED RESPONDENT IS AWAY AND CANNOT BE REACHED AT ANOTHER NUMBER (E.G., IN A DORM, IN THE HOSPITAL, OR ON VACATION) AND NEEDS TO BE CALLED LATER, RECORD REASON AND EXPECTED DATE OF RETURN IN A NOTE.**

(PROGRAMMER: BEGIN RECORDING SCTIME HERE)

IV. PARTICIPATION:

Injury research covers a wide range of topics in the areas of both unintentional and intentional injury. This particular survey collects information on a variety of topics including child welfare and supervision, firearm storage, injuries and disabilities, difficulties with mobility and transportation, and suicide; all of which will help us better understand ones' risk for injury. Participation in this study is voluntary but we'd very much appreciate your help. All the information given us will be kept private. We will not ask for any personal information that identifies you. Please use first names only if you need to refer to a family member in answering a question. −

> **RECORD ONLY FIRST NAMES OR NICKNAMES THROUGHOUT SCREENER AND QUESTIONNAIRE. DO NOT INCLUDE ANY IDENTIFYING INFORMATION IN THE CATI INSTRUMENT.**

Some questions may make you uncomfortable. You may refuse to answer any question and you may end the interview at any time. By answering this survey, you can help us learn how to prevent injuries. On average, the interview takes about 15 minutes.

Do you have any questions about this study or your rights as a research subject in this survey?

ANSWER FROM FAQs IF POSSIBLE.

IF NEEDED READ: If you have questions about your rights as a participant in this research study, please contact the office of CDC's Deputy Associate Director for Science at 1-800-584-8814. Please leave a brief message including your name, telephone number, and mention that you are calling in reference to CDC Protocol #2900. Someone will return your call as soon as possible. For questions or information about other aspects of the survey, call Chester Pogostin at 1-770-488-4805.

My supervisor may monitor this call for quality purposes.

> **IF IDENTIFIED RESPONDENT REFUSES TO PARTICIPATE, SELECT A REFUSAL TAB AND CODE REFUSED INTERVIEW**

Let's start the interview now.

> **IF RESPONDENT INDICATES TIMING IS INCONVENIENT ASK:** When would be a good time to call back? Whom should I ask for when I call back? **GO TO APPOINTMENT TAB AND RECORD FIRST NAME OF RESPONDENT AND DATE AND TIME OF CALL BACK**

(PROGRAMMER: STOP RECORDING SCTIME HERE)

MODULE 1: DEMOGRAPHICS AND HOME

I would like to ask you for some general background information. If at any time you do not understand a question or words please ask for clarification.

DH1.	SEX OF RESPONDENT IS CODED FROM SCREENER.	MALE..1 FEMALE...2

DH2Mon.
(DH2Day)
DH2Yr.

What year were you born?

DOB....(SKIP TO RESPAGE).....☐☐☐ ☐☐☐ ☐☐☐☐☐
DK   98 98 9998
RF   99 99 9999

DH2A.	Are you younger than 65 years old?	YES..1 NO..2 DK..8 RF..9 N/A (SKIP)...7

PROGRAMMER NOTE: IF DH2A = 1 OR 8 OR 9, FOLLOW SKIPS FOR R BEING < 65.   **IF DH2A = 2, FOLLOW SKIPS FOR R BEING ≥ 65.**

RespAge   CALCULATE AGE OF RESPONDENT.

AGE _____ ☐☐☐
DK   _____   998
RF   _____   999

DH3.	What is the highest grade or year of school you have completed? READ ANSWERS 1-6 IF NEEDED	EIGHTH GRADE OR LESS...01 SOME HIGH SCHOOL..02 HIGH SCHOOL GRAD OR GED CERTIFICATE.........03 SOME POST HIGH SCHOOL......................................04 COLLEGE GRADUATE (ASSOCIATE OR BACHELORS)..........05 POST GRADUATE EDUCATION OR DEGREE.........06 SOMETHING ELSE..............(SPECIFY)..................07 DK..98 RF..99

DH3Code   SPECIFY: _____   ☐☐

EDITOR NOTE: USE CODES 8-95, 98 99 ONLY IN DH3Code

IF SC2 = 1 OR IF DH3 = 06, THEN FILL DH4 WITH DH3 ANSWER AND SKIP TO DH5

DH4.	What is the highest grade or year of school that anyone in your current household has completed? READ ANSWERS 1-6 IF NEEDED	EIGHTH GRADE OR LESS...01 SOME HIGH SCHOOL..02 HIGH SCHOOL GRAD OR GED CERTIFICATE.........03 SOME POST HIGH SCHOOL......................................04 COLLEGE GRADUATE (ASSOCIATE OR BACHELORS)..........05 POST GRADUATE EDUCATION OR DEGREE.........06 SOMETHING ELSE..............(SPECIFY)..................07 DK..98 RF..99

DH4Code   SPECIFY: _____   ☐☐

EDITOR NOTE: USE CODES 8-95, 98 99 ONLY IN DH4Code

DH5. Are you currently (READ ANSWERS)?

Employed or self-employed full-time......................................01
Employed or self-employed part-time.....................................02
Homemaker or caregiver...03
Out of work or unable to work...04
Student..05
Student and employed..06
Retired...07
DK...98
RF..99

DH6 Do you consider yourself of Hispanic/Latino origin such as Mexican, Latin American, Puerto Rican, or Cuban?

YES..1
NO..2
DK..8
RF...9

DH7 What is your race? Please select one or more of the following. READ ANSWERS AND CODE ALL THAT APPLY

American Indian or Alaska Native..1
Asian..2
Black or African American..3
Native Hawaiian or Other Pacific Islander...............................4
White _____ 5
RF 9

> **PROGRAMMER NOTE: RE-CODE INTO DH7_01 … DH7_05 WHERE 1=YES AND 2=NO**

DH8. Are you currently (READ ANSWERS)?

Married...1
Divorced...2
Widowed...3
Separated...4
Never married...5
A member of an unmarried couple 6
DK 8
RF 9

DH9 Which of the following **best** describes the building you live in? READ ANSWERS. NOTE: DORMS OR NURSING HOMES ARE NOT ELIGIBLE – END INTERVIEW.

A one-family house not attached to any other house....01
A one-family house attached to one or more homes....02
A mobile home or trailer..03
A building with only 2 apartments.....................................04
A building with just 3 to 4 apartments..............................05
A building with 5 or more apartments..............................06
Or something else...07
DK……………………………………………………………98
RF……………………………………………………………99

DH10. Is the place in which you live (READ ANSWERS)?

Owned by you or someone else in the home........................1
Rented by you or someone else in the home.......................2
Military housing..3
Or something else   (SPECIFY) 4
DK 8
RF 9

DH10 Code SPECIFY: (1) WHO OWNS THE HOME OR APARTMENT UNIT, (2) WHETHER THE OWNER LIVES IN THIS HOME, (3) WHETHER THE PEOPLE LIVING HERE PAY ANY RENT TO THE OWNERS, AND (4) ANY OTHER DETAILS:

._____ ☐☐

> **EDITOR NOTE:**   **USE CODES 05-95 ONLY IN DH10CODE.**

DH11 Does more than one telephone number ring in this residence? Do not include cell phones or telephone lines that are only answered by a computer or other machine, or telephone lines used only for business purposes.

YES..1
NO.............................(SKIP TO MOBL1)............................2
DK.............................(SKIP TO MOBL1)............................8
RF.............................(SKIP TO MOBL1)............................9

DH12.   Including the number I just dialed, how many different numbers ring in this home?

TOTAL TELEPHONE NUMBERS.................................|__|__|
DK……………………………………………………………..98
RF……………………………………………………………..99
N/A (SKIP)...97

IF DH12 < 4 OR = 98 OR 99, SKIP TO MOBL1.

(A)   Are these (DH12) lines actually different phone numbers? We are not counting multiple phones for the same telephone number

YES...1
NO...............................(RETURN TO DH12)...............................2
DK...............................(RETURN TO DH12)...............................8
RF...............................(RETURN TO DH12)...............................9
N/A (SKIP)   7

MODULE 2: OLDER ADULT MOBILITY

> **IF RESPAGE < 65 OR = 98 OR = 99, SKIP TO SUPR1.**

We would like to ask you a few questions about how much you drive and how much you walk.

MOBL1. About how many miles did you drive during the **past 12 months**, that is since (MONTH, YEAR)? IF R ANSWERS "NONE" OR "DID NOT DRIVE IN PAST 12 MONTHS," PROMPT AS NEEDED: Is that because you don't have a driver's license? IF LESS THAN 500 MILES, ROUND DOWN TO THE NEAREST THOUSAND. IF 500 MILES OR MORE, ROUND UP TO NEAREST THOUSAND.

NONE/ DID NOT DRIVE
  PAST 12 MONTHS................(SKIP TO MOBL3).............000
DROVE LESS THAN 1,000 MILES......................................995
NUMBER OF MILES.. |__|__|__|
                                                              IN THOUSANDS
NO DRIVERS LICENSE............(SKIP TO MOBL3).............996
DK...998
RF...999
N/A (SKIP)...997

> **PROGRAMMER NOTE: CONFIRM NUMBER OF MILES MULTIPLIED BY 1,000.**

MOBL2. For the following driving situations, please respond with often, sometimes or never.

	Often	Some times	Never	DK	RF	N/A (SKIP)
a. Do you drive at night? Would you say often, sometimes or never?	1	2	3	8	9	7
b. (Do you drive) on long trips, that is more than 50 miles one way? (Would you say often, sometimes or never?)	1	2	3	8	9	7
c. (Do you drive) in heavy traffic? (Would you say often, sometimes or never?)	1	2	3	8	9	7
d. (Do you drive) in bad weather? (PROMPT: including rain, sleet, snow) (Would you say often, sometimes or never?)	1	2	3	8	9	7

MOBL3. Are you able to walk outside the home for at least 10 minutes, or a quarter mile, without resting?
IF "R" SAYS UNABLE DUE TO A TEMPORARY MEDICAL CONDITION, PROMPT: Are you normally able to walk that far?

YES..1
NO...2
DK...8
RF...9
N/A (SKIP)...7

MOBL4. If you wanted to visit a friend, say no more than 3 or 4 blocks away, would you walk, (IF MOBL1 NE 0,996: drive), get a ride, or get there some other way? IF "R" SAYS ANSWER DEPENDS ON WEATHER, PROMPT: During a day with good weather.

WALK..1
DRIVE...2
GET A RIDE...3
OTHER..............................(SPECIFY)...................................4
DK...98
RF...99
N/A (SKIP)...97

MOBL4CD SPECIFY:_____ |__|__|

> **EDITOR NOTE: USE CODES 5 TO 95, 98, 99 ONLY IN MOBL4CD.**

MOBL5. About how many minutes do you walk outside the home each week? IF R SAYS I DO NOT WALK, PROMPT: Can you no longer walk or is this a temporary condition? IF R SAYS UNABLE DUE TO A TEMPORARY MEDICAL CONDITION, PROMPT: When you do walk, about how many minutes do you walk outside the home each week? IF R SAYS IT VARIES FROM WEEK TO WEEK, PROMPT: Just give an average, or the usual amount of time. CONVERT HOURS TO MINUTES. 1 HOUR = 60 MINUTES, ½ HOUR = 30 MINUTES, ¼ HOUR = 15 MINUTES

MINUTES.. |__|__|__|
DON'T WALK/DON'T WALK OUTSIDE................................000
DK..998
RF..999
N/A (SKIP)..997

MOBL6. Do you limit how much you walk outside your home because you are worried about falling?

YES...1
NO..2
DK..8
RF..9
N/A (SKIP)..7

MOBL7. In the past three months, that is since (MONTH AND DATE), have you fallen?

YES...1
NO..2
DK..8
RF..9
N/A (SKIP)..7

MOBL8. Do you currently use an assistive device like a cane or walker when you go outdoors?

YES...1
NO..2
DK..8
RF..9
N/A (SKIP)..7

MOBL9. At what age (do you think you will stop/did you stop) driving?

AGE BELOW 95.. |__|__|
AGE 95 OR OLDER...95
GAVE REASON, NOT AGE...................(SPECIFY)...............01
WILL NEVER STOP DRIVING.................................00
NEVER DROVE...96
DK..98
RF..99
N/A (SKIP)..97

MOBL9 CD   SPECIFY: _____ |__|__|

| PROGRAMMER NOTE: USE "did you stop" WHEN MOBL1 = 000 OR 996. |

| EDITOR NOTE: USE CODES 2 TO 15, 98, 99 ONLY IN MOBL9CD. |

MODULE 3: CHILD SUPERVISION

We would like to ask you a few questions about how children of all ages spend their time in and around the home.

SUPR1.   How many children under 18 live in your household, all or most of the year?

NUMBER OF CHILDREN...|__|__|
NONE........................(SKIP TO SUPR5)..............................00
DK............................(SKIP TO SUPR5)..............................98
RF   (SKIP TO SUPR5)
99

(SUPR2).   How old is the (youngest/next youngest) child?
RECORD 00 IF LESS THAN 1 YEAR OLD. ROUND DOWN.

(SUPR3). Is this child a boy or a girl?

	AGE	DK	RF	N/A(SKIP)	BOY	GIRL	DK	RF	NA(SKIP)
CHILD 1	|__|__|	98	99	97	1	2	8	9	7
CHILD 2	|__|__|	98	99	97	1	2	8	9	7
CHILD 3	|__|__|	98	99	97	1	2	8	9	7
CHILD 4	|__|__|	98	99	97	1	2	8	9	7
CHILD 5	|__|__|	98	99	97	1	2	8	9	7
CHILD 6	|__|__|	98	99	97	1	2	8	9	7
CHILD 7	|__|__|	98	99	97	1	2	8	9	7
CHILD 8	|__|__|	98	99	97	1	2	8	9	7
CHILD 9	|__|__|	98	99	97	1	2	8	9	7
CHILD 10	|__|__|	98	99	97	1	2	8	9	7

> **PROGRAMMER NOTE: THE VARIABLES SUPR2 AND SUPR3 DO NOT ACTUALLY APPEAR ON THE DATA SET. INSTEAD, VARIABLES SUPR2_01 - SUPR2_10, SUPR3_01 – SUPR3_10 WILL APPEAR.**

SUPR4   Are you ever responsible for looking after the (child who lives/children who live) in your home?

YES...........................(SKIP TO SUPR6)..................................1
NO...2
DK...8
RF...9
N/A (SKIP)   7

SUPR5   Have you ever been a caretaker for a child under 15 years old?

YES...1
NO...2
DK...8
RF...9
N/A (SKIP)..7

> **IF NO CHILDREN AGED 1-10, SKIP TO SUPR10**

The next four questions will ask about the child in your home who is age (YOUNGEST AGE BETWEEN 1-10)

SUPR6   Does (he/she) ever play outside for more than 10 minutes without an adult outside?

YES...1
NO...2
DK...8
RF...9
N/A (SKIP)   7

SUPR7 Does (he/she) ever play in a room in the house for more than 10 minutes without an adult in the room?

YES...1
NO..2
DK..8
RF..9
N/A (SKIP)..7

SUPR8 Is (he/she) ever in the bathtub with another child without an adult present in the room, even if just for a few seconds?

YES...1
NO..2
NO BATHTUB   6
DK..8
RF..9
N/A (SKIP)..7

IF SUPR8 = 6, CODE SUPR9 = 6 AND SKIP TO SUPR10.

SUPR9. Is (he/she) ever in the bathtub alone? That is, without anyone else in the room, even if just for a few seconds?

YES...1
NO..2
NO BATHTUB..6
DK..8
RF..9
N/A (SKIP)..7

SUPR10 Thinking now about a **typical** child, what do you think is the minimum age a child can safely be left alone in their house without an adult? (PROMPT: There is not a right or wrong answer to this question. We just want you to think about the average child, and what the minimum age might be that they can safely be left alone in their house without an adult.) ROUND DOWN.

YEARS...|__|__|
DK.......... …………………………………………………… 98
RF..99

SUPR11 What do you think is the minimum age a child can safely take a bath without an adult in the room? Again, we are asking you to think about the typical child. (PROMPT: There is not a right or wrong answer to this question. We just want you to think about the average child, and what the minimum age might be that they can safely take a bath without an adult in the room.) ROUND DOWN.

YEARS...|__|__|
DK.......... …………………………………………………… 98
RF..99

SUPR12 What do you think is the minimum age a child can safely ride a bike in a low traffic area without an adult outside? (We are asking you to think about the typical child.) (PROMPT: There is not a right or wrong answer to this question. We just want you to think about the average child, and what the minimum age might be that they can safely ride a bike in a low traffic area without an adult outside.) ROUND DOWN.

YEARS...|__|__|
DK.......... …………………………………………………… 98
RF..99

MODULE 4: INJURY AND DISABILITY

We are now going to ask questions about injuries you may have recently experienced. (PROMPT: Such as a car crash, falls, sports injuries, and assaults. ADDITIONAL PROMPT: The term injury does not include cases of tumors, infection, disease, stroke or aneurysm.)

DIS1.   During the past 12 months, that is since (MONTH, YEAR) were you treated in an Emergency Room or Urgent Care Center because of an injury?

YES...1
NO   (SKIP TO HD1) 2
DK   (SKIP TO HD1) 8
RF   (SKIP TO HD1)..9

DIS2.   How many times have you been treated in the past 12 months? Do not include multiple ER visits for the same injury or multiple visits for different injuries from the same incident.

NUMBER OF ER VISITS................................|__|__|
DK.. 98
RF...99
N/A (SKIP)…………………………………………...…………….97

PROGRAMMER NOTE: ASK DIS3A – DIS11A FOR MOST RECENT INCIDENT.
REPEAT DIS3A – DIS11A FOR SECOND INCIDENT USING QUESTIONS DIS3B – DIS11B.
REPEAT DIS3A – DIS11A FOR THIRD INCIDENT USING QUESTIONS DIS3C – DIS11C.
REPEAT DIS3A – DIS11A FOR FOURTH INCIDENT USING QUESTIONS DIS3D – DIS11D.

DIS3A.   IF DIS2>1: (Beginning with the most recent/Thinking about the 2nd, 3rd, 4th) injury producing incident for which you were treated at an Emergency Room…

Were you admitted to the hospital for one or more nights?

YES...1
NO................................(CODE DIS4A = 0)............................2
NOT TREATED FOR ANOTHER INJURY IN THE ER…………
   ....(SKIP TO HD1)...............................6
DK.................................(SKIP TO DIS5A)...............................8
RF.................................(SKIP TO DIS5A)...............................9
N/A (SKIP)...7

PROGRAMMER NOTE: ANSWER 6 ONLY APPLIES TO DIS3B, DIS3C AND DIS3D.

DIS4A.   Altogether, how many nights did you stay in the hospital?

NUMBER OF NIGHTS.....................................|__|__|
DK...98
RF...99
N/A (SKIP)...97

DIS5A.   What injuries did you sustain? Did you have (READ CATEGORIES)?

	YES	NO	DK	RF	N/A (SKIP)
1. a head or brain injury (PROMPT: skull fracture, concussion)...	1	2	8	9	7
2. a spinal cord injury, broken neck or back.................	1	2	8	9	7
3. any other broken bones, dislocated joints................	1	2	8	9	7
4. any burns..	1	2	8	9	7
5. any internal injuries...	1	2	8	9	7
6. any cuts or lacerations...	1	2	8	9	7
7. any sprains or strains...	1	2	8	9	7
8. something else (SPECIFY)......................................	1	2	8	9	7

DIS5ACD   SPECIFY:_____ |__|__|

EDITOR NOTE: USE CODES 1-95, 97=N/A(SKIP). 98=DK, 99=RF ONLY IN DIS5ACD.

DIS6A. What was the cause of (this injury/these injuries), a motor vehicle crash, sports or recreation related, a fall not related to sports or recreation, an assault, or something else?

MOTOR VEHICLE CRASH...1
SPORTS OR RECREATION..2
FALL, NOT SPORTS OR RECREATION RELATED...............3
ASSAULT...4
OTHER.............................(SPECIFY)...................................5
DK...98
RF...99
N/A (SKIP)...97

DIS6ACD SPECIFY:_____ ☐☐

EDITOR NOTE: USE CODES 6-95, 97=N/A(SKIP), 98=DK, 99=RF ONLY IN DIS5ACD.

DIS7AU As a result of your (injury/injuries), how long did you have to take time off from work, school, or household responsibilities? CODE UNIT AND THEN NUMBER. FOR NONE RECORD 0 DAYS.

ANSWER IN DAYS...1
ANSWER IN WEEKS..2
ANSWER IN MONTHS..3
DK.................................(DIS7A = 998)................................8
RF.................................(DIS7A = 999)................................9
N/A (SKIP)...7

DIS7A.

NUMBER... ☐☐☐☐
DK...998
RF...999
N/A (SKIP)...997

DIS8A. As a result of (this injury/these injuries) did you ever have or do you currently have any physical limitations, memory or concentration problems?

YES..1
NO................................(SKIP TO HD1)................................2
DK................................(SKIP TO HD1)................................8
RF................................(SKIP TO HD1)................................9
N/A (SKIP)...7

DIS9A, DIS10A, DIS11AU, DIS11A

DIS9A. Have you experienced any limitation or difficulty with (READ OPTIONS)? 8=DK, 9=RF				DIS10A. Does the problem still exist? 8=DK, 9=RF			DIS11AU, DIS11A. IF DIS10A = 2, READ: For how long did the problem last? ELSE, For how long have you had this problem? CODE UNIT, THEN NUMBER.
	YES *(ASK DIS10A)*	NO *(SKIP TO NEXT OPTION)*	N/A (SKIP)	YES	NO	N/A (SKIP)	
1. bathing, dressing, getting in and out of bed, using the toilet, or eating......................	1	2	7	1	2	7	ANSWER IN DAYS....................1 ANSWER IN WEEKS.................2 ANSWER IN MONTHS...............3 DK..........(DIS11A = 998)...........8 RF..........(DIS11A = 999)...........9 N/A (SKIP)................................7 NUMBER.................. ☐☐☐ N/A (SKIP)............................997
2. preparing meals, managing money, shopping, doing housework, traveling, or taking medicine......................	1	2	7	1	2	7	ANSWER IN DAYS....................1 ANSWER IN WEEKS.................2 ANSWER IN MONTHS...............3 DK..........(DIS11A = 998)...........8 RF..........(DIS11A = 999)...........9 N/A (SKIP)................................7 NUMBER.................. ☐☐☐ N/A (SKIP)............................997
3. walking........................	1	2	7	1	2	7	ANSWER IN DAYS....................1 ANSWER IN WEEKS.................2 ANSWER IN MONTHS...............3 DK..........(DIS11A = 998)...........8 RF..........(DIS11A = 999)...........9 N/A (SKIP)................................7 NUMBER.................. ☐☐☐ N/A (SKIP)............................997

4. As a result of (this injury/these injuries) have you experienced any limitation or difficulty with remembering things or concentrating?	1 2 7	1 2 7	ANSWER IN DAYS....................1 ANSWER IN WEEKS.................2 ANSWER IN MONTHS...............3 DK..........(DIS11A = 998)...........8 RF..........(DIS11A = 999)...........9 N/A (SKIP)..................................7 NUMBER...................� N/A (SKIP).............................997

MODULE 5: TBI INCIDENCE

The following questions are about head injuries you or someone in your household may have experienced over the past year. Please do not include injuries to the face.

IF NONE OF DIS5A1 AND DIS5B1 AND DIS5C1 AND DIS5D1=1, SKIP TO HD1W.

HD1. IF ONLY 1 OF DIS5A1 = 1 OR DIS5B1 = 1 OR DIS5C1 = 1 OR DIS5D1 = 1, READ: You just mentioned a head injury in which you were treated in an Emergency Room. Were you knocked out or unconscious, did you suffer a concussion or memory loss, or were you dazed or confused as a result of this head injury?

YES..............................(SKIP TO HD1X)................................1
NO 2
DK...8
RF...9
N/A (SKIP).. 7

IF > 1 OF DIS5A1 = 1 AND DIS5B1 = 1 AND DIS5C1 = 1 AND DIS5D1 = 1, READ: You just mentioned (two/several) incidents which resulted in head injuries for which you were treated in an Emergency Room. Were you knocked out or unconscious, did you suffer a concussion or memory loss, or were you dazed or confused as a result of any of these injuries?

HD1W. During the past 12 months, that is since (MONTH, YEAR), have you experienced (a/another) head injury or blow to the head in which you were knocked out or unconscious, suffered a concussion or memory loss, or were dazed or confused (but did not result in an ER visit)? NOTE: IF RESPONDENT OFFERS THAT S/HE HAS HAD MULTIPLE HEAD INJURIES, COLLECT INFORMATION ON THE MOST SEVERE AS DETERMINED BY THE RESPONDENT. (PROMTP: By most severe, I mean the one that required the most medical attention or had the longest loss of consciousness.)

YES……………………………………………………………………1
NO.................................(SKIP TO HD7).................................2
DK.................................(SKIP TO HD7).................................8
RF.................................(SKIP TO HD7).................................9
N/A (SKIP).............................……..................................... 7

PROGRAMMER NOTE:	IF NONE OF DIS5A1 AND DIS5B1 AND DIS5C1 AND DIS5D1 = 1, SKIP TO HD2A.
	IF HD1 = 2,8,OR 9, SKIP TO HD2A.
	IF ONLY DIS5A1 = 1, CODE HD1X = 1.
	IF ONLY DIS5B1 = 1, CODE HD1X = 2.
	IF ONLY DIS5C1 = 1, CODE HD1X = 3.
	IF ONLY DIS5D1 = 1, CODE HD1X = 4.

HD1X. Which of the previously reported injury producing incidents resulted in the most severe head injury? By most severe, I mean the one that required the most medical attention or had the longest loss of consciousness.

FIRST...1
SECOND...2
THIRD...3
FOURTH...4
DK..8
RF..9
N/A (SKIP)...7

PROGRAMMER NOTE: FOR ALL DIS5 = 1, DISPLAY CORRESPONDING DIS6, DIS7 AND DIS7U

ASK HD2A – HD6A FOR RESPONDENT'S HEAD INJURY.

HD2A. For how long (were you/was the AGE AND GENDER PERSON #1/ #2/ #3/ #4) knocked out or unconscious? IF R ANSWERS DK, PROBE: Is this because you don't know if (you/the AGE AND GENDER PERSON #1/#2/ #3/#4) (were/was) unconscious or you don't know for how long?

0 MINUTES (NOT KNOCKED OUT/UNCONSCIOUS)............1
1-5 MINUTES...2
6-30 MINUTES..3
31 MINUTES – 24 HOURS...4
>24 HOURS..5
UNCONSCIOUS and UNSURE HOW LONG..........................6
DK IF UNCONSCIOUS 98
RF..99
N/A (SKIP)...97

HD3A. Did (you/the AGE AND GENDER PERSON #1/ #2/ #3/ #4) suffer memory loss for events after the head injury incident?

YES...1
NO..2
DK...8
RF...9
N/A (SKIP)...7

PROGRAMMER NOTE: FOR A SERIES ONLY …

IF HD1X = 7, ASK HD4A – HD6A, THEN ASK HD7.
IF HD1X = 1 AND DIS3A = 1, CODE HD4A = 5, HD5A = 7, CODE DIS6A INTO HD6A AND ASK HD7.
IF HD1X = 1 AND DIS3A > 1, CODE HD4A = 4, HD5A = 7, CODE DIS6A INTO HD6A AND ASK HD7.
IF HD1X = 2 AND DIS3B = 1, CODE HD4A = 5, HD5A = 7, CODE DIS6B INTO HD6A AND ASK HD7.
IF HD1X = 2 AND DIS3B > 1, CODE HD4A = 4, HD5A = 7, CODE DIS6B INTO HD6A AND ASK HD7.
IF HD1X = 3 AND DIS3C = 1, CODE HD4A = 5, HD5A = 7, CODE DIS6C INTO HD6A AND ASK HD7.
IF HD1X = 3 AND DIS3C > 1, CODE HD4A = 4, HD5A = 7, CODE DIS6C INTO HD6A AND ASK HD7.
IF HD1X = 4 AND DIS3D = 1, CODE HD4A = 5, HD5A = 7, CODE DIS6D INTO HD6A AND ASK HD7.
IF HD1X = 4 AND DIS3D > 1, CODE HD4A = 4, HD5A = 7, CODE DIS6D INTO HD6A AND ASK HD7.

HD4A. What type of medical care or advice did (you/the AGE AND GENDER PERSON #1/ #2/ #3/ #4) receive for this head injury? IF R ANSWERS ER OR HOSPITALIZED ASK: Was this an overnight admission? IF YES, CODE AS HOSPITALIZED. IF NO, CODE AS ER. NOTE: CODE 2 INCLUDES FAMILY, FRIENDS, OR NEIGHBORS WHO ARE HEALTH CARE PROVIDERS.

NONE...1
PHONE CALL TO A HEALTH CARE
     PROFESSIONAL OTHER THAN YOUR OWN
     HEALTH CARE PROVIDER, NOT IN A
     MEDICAL SETTING
     ....(SKIP TO HD6A)..................2
PHONE CALL TO HEALTH CARE PROVIDER'S
     OFFICE....................................(SKIP TO HD6A)..................3
DOCTOR'S OFFICE....................(SKIP TO HD6A)..................4
EMERGENCY ROOM.................(SKIP TO HD6A)..................5
HOSPITALIZED..........................(SKIP TO HD6A)..................6
OTHER..........................(SPECIFY AND SKIP TO HD6A).….7
DK...(SKIP TO HD6A)...............98
RF...(SKIP TO HD6A)...............99
N/A (SKIP)...97

HD4A CODE. SPECIFY:_____ ☐☐

EDITOR NOTE: USE CODES 8 TO 95, 98=DK, 99=RF, 97=N/A(SKIP) ONLY IN HD4A.

HD5A. What was the main reason (you/the AGE AND GENDER PERSON #1/ #2/ #3/ #4) did not receive medical care or advice for this head injury?

DIDN'T NEED/WANT CARE..1
COULD NOT TAKE TIME FROM WORK...............................2
NO TRANSPORTATION...3
NO HEALTH INSURANCE...4
OTHER..............................(SPECIFY)...................................5
DK...98
RF..99
N/A (SKIP)...97

HD5A CODE. SPECIFY:_____ ☐☐

EDITOR NOTE: USE CODES 6 TO 95, 98=DK, 99=RF, 97=N/A(SKIP) ONLY IN HD5A.

HD6A. What was the cause of this head injury? Was it a motor vehicle crash, sports or recreation related, a fall not related to sports or recreation, an assault, or something else?

MOTOR VEHICLE CRASH..1
SPORTS OR RECREATION..2
FALL, NOT SPORTS OR RECREATION RELATED................3
ASSAULT..4
OTHER................................(SPECIFY)..................................5
DK..98
RF..99
N/A (SKIP)...97

HD6A CODE.   SPECIFY:_____ | | |

EDITOR NOTE: USE CODES 6 TO 95, 98=DK, 99=RF, 97=N/A(SKIP) ONLY IN HD6A.

HD7. During the past 12 months, that is since (MONTH, YEAR), how many (other) people living in your household experienced a head injury or blow to the head in which they were knocked out or unconscious, suffered a concussion or memory loss, or were dazed or confused?

NUMBER..| |
NONE..........................(SKIP TO SCRIPT)..............................0
DK..............................(SKIP TO SCRIPT)..............................8
RF..............................(SKIP TO SCRIPT)..............................9
N/A (SKIP)..7

	HD8.	HD9.
HD8. – HD9.	Please tell me the age and sex of each person in your household who experienced a head injury during the past 12 months like the one mentioned above. IF MORE THAN 4 PEOPLE, RECORD THE FOUR WITH THE MOST RECENT HEAD INJURIES. IF THE RESPONDENT OFFERS THAT PERSON SPECIFIED HAS HAD MULTIPLE HEAD INJURIES, COLLECT INFORMATION ON THE MOST SEVERE AS DETERMINED BY THE RESPONDENT.	Is this person a male or a female?

	AGE	DK	RF	N/A(SKIP)	MALE	FEMALE	DK	RF	N/A (SKIP)
01.	|_|_|	98	99	97	1	2	8	9	7
02.	|_|_|	98	99	97	1	2	8	9	7
03.	|_|_|	98	99	97	1	2	8	9	7
04.	|_|_|	98	99	97	1	2	8	9	7

PROGRAMMER NOTE: REPEAT HD2A – HD6A FOR FIRST PERSON USING QUESTIONS HD2B – HD6B.
REPEAT HD2A – HD6A FOR SECOND PERSON USING QUESTIONS HD2C – HD6C.
REPEAT HD2A – HD6A FOR THIRD PERSON USING QUESTIONS HD2D – HD6D.
REPEAT HD2A – HD6A FOR FOURTH PERSON USING QUESTIONS HD2E – HD6E.

IF HD1 > 1 AND HD7 = 0, 7, 8, 9, SKIP TO WP1.

SCRIPT: We are finished with the head injury questions now. The Brain Injury Association of America can provide you with more information on the many services available to those with head injuries. If you have a pencil and paper, I can give you that number now if you are interested. IF RESPONDENT INDICATES THEY WANT THE NUMBER: The number is 1-800-444-6443, this is the Family Helpline.

HD SCRIPT

PROGRAMMER NOTE: IF SCRIPT S NOT READ, CODE 7 IN HDSCRIPT.
IF SCRIPT IS READ, CODE 2 IN HDSCRIPT.
IF PHONE NUMBER IS PROVIDED, CODE 1 IN HDSCRIPT.

MODULE 6: WILLINGNESS TO PAY TO PREVENT CHILD MALTREATMENT

The next few questions are about funding of programs to prevent child maltreatment. Child maltreatment is the physical or sexual abuse of a child or the neglect of a child's basic needs by their parents or caretakers. Child maltreatment can cause major physical or emotional harm, or death. Victims of maltreatment are more likely to have long-term health and social problems like higher risk for drug abuse, suicide, and trouble in school.

> **PROGRAMMER NOTE: RANDOMLY ASSIGN RESPONDENT TO PATH = A, B, C, OR D; VERSION = 1 OR 2; AND ANCHOR = 1, 2, OR 3 AND INCLUDE THESE 3 VARIABLES IN DATA SET.**

READ ONLY THE INTRODUCTION RELEVANT TO THE PATH THE RESPONDENT WAS ASSIGNED.

A: Based on national data, 2 out of every 100,000 children annually, or an average of four children every day, are killed as a result of child maltreatment by their parents or caretakers.

B: One type of child maltreatment is physical abuse. Physical abuse is defined as an injury or risk of an injury to a child resulting from having been hit with a hand or object or having been beat, kicked, bit, choked, stabbed, or burned, or otherwise physically harmed. Based on national data, 2 out of every 1,000 children annually, or an average of 460 children every day are victims of physical abuse by their parents or caretakers.

C: One type of child maltreatment is sexual abuse. Sexual abuse involves any sexual activity with a child where consent is not or cannot be given. This includes all sexual contacts between an adult caretaker and a child. Based on national data, 1 out of every 1,000 children annually, or an average of 240 children every day are victims of sexual abuse by their parents or caretakers.

D: One type of child maltreatment is neglect. Neglect refers to the failure to provide for a child's basic physical, emotional, and medical needs. Neglect includes the failure to protect a child from harm, provide adequate food or shelter, or provide appropriate health care. Neglect also includes disregard of a child's needs for affection and attention. Based on national data, 7 out of every 1,000 children annually, or an average of 1,460 children every day are victims of neglect by their parents or caretakers.

WP1.   How would you judge a child's chance of being (A: killed/B: physically abused/C: sexually abused/ D: neglected) as a result of child maltreatment in your city or town? Would you say (READ ANSWERS)?

Much greater than average...1
Somewhat greater than average..2
About average..3
Somewhat less than average...4
Much less than average..5
DK...8
RF...9

Now imagine there is a program available to your city or town that is proven effective in reducing the risk of a child being…

A: …killed by a parent or caretaker (**version 1:** by 50%/**version 2:** by 25%). This means that the number of children killed on average every day by child maltreatment is reduced from (**version 1:** 4 per day to 2 per day/**version 2:** 4 per day to 3 per day).

B: …physically abused by a parent or caretaker (**version 1:** by 50%/**version 2:** by 25%). This means that the number of children physically abused on average every day is reduced from (**version 1:** 460 per day to 230 per day/**version 2:** 460 per day to 345 per day).

C: … sexually abused by a parent or caretaker (**version 1:** by 50%/**version 2:** by 25%). This means that the number of children sexually abused on average every day is reduced from (**version 1:** 240 per day to 120 per day/**version 2:** 240 per day to 180 per day).

D: … neglected by a parent or caretaker (**version 1:** by 50%/**version 2:** by 25%). This means that the number of children neglected on average every day is reduced from (**version 1:** 1460 per day to 730 per day/**version 2:** 1,460 per day to 1100 per day).

WP2.	If this program were available to your city or town, would you be willing to pay (**anchor 1:** $75/ **anchor 2:** $175/**anchor 3:** $275) in extra taxes per year to sponsor this program given your household income and other expenses?	YES...1 NO..................................(SKIP TO WP3B)..........................2 DK..................................(SKIP TO WP3B)..........................8 RF..................................(SKIP TO WP3B)..........................9
WP3A.	Would you be willing to pay (**$ANCHOR + $50)**?	YES.....................(SKIP TO WP4)..............................1 NO......................(SKIP TO WP4)..............................2 DK......................(SKIP TO WP4)..............................8 RF......................(SKIP TO WP4)..............................9 N/A (SKIP)...7
WP3B.	Would you be willing to pay (**$ANCHOR - $50)**?	YES...1 NO..2 DK..8 RF..9 N/A (SKIP)...7
WP4.	Now thinking about your household income and other expenses, how confident are you in your previous answers about whether you would be able to pay for this child maltreatment prevention program? Are you (READ ANSWERS)?	Very confident...1 Somewhat confident...2 Not too confident...3 Not at all confident...4 DK..8 RF..9

98 = DK, 99=RF

(WP5) By the tine you started 6th grade, how often had you parents or other adult care givers (READ OPTIONS)? (PROMPT: 6th grade is when you were 11 years old.) Would you say (READ ANSWERS)?

	Once	Twice	3-5 times	6-10 times	More than 10 times	Never
a. slapped hit or kicked you	01	02	03	04	05	06
b. touched you I a sexual way, forced you to touch him or her in a sexual way, or forced you to have sexual relations	01	02	03	04	05	06
c. not provided for your basic physical, emotional or medical needs	01	02	03	04	05	06

MODULE 7: FIREARM OWNERSHIP AND ACCESS

The next few questions are about firearms. We are interested only in firearms that work. Include handguns, pistols, rifles, and automatic or semi-automatic weapons. We are not interested in BB and pellet guns, tear gas guns, and guns that can't fire, such as antiques and guns for display. (PROMPT: We are not interested in paintball guns.)

FX1.   During the past 12 months, that is since (MONTH, YEAR), were any firearms kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.

YES..1
NO.................................(SKIP TO FX3)................................2
DK.................................(SKIP TO FX3)................................8
RF.................................(SKIP TO FX3)................................9

FX2.   Were any of the firearms handguns, such as pistols or revolvers?

YES..1
NO..2
DK.. 8
RF..9
N/A (SKIP)..7

FX3.   If you were at home, could you get and be ready to fire a loaded firearm in less than 10 minutes? The weapon could be yours or someone else's, and it could be located in your home or car or someone else's home or car. NOTE: IF THEY CAN GET THE GUN BUT DON'T KNOW HOW TO FIRE IT ON THEIR OWN, CODE "NO".

YES..1
NO.................................(SKIP TO PR1)................................2
DK.................................(SKIP TO PR1)................................8
RF.................................(SKIP TO PR1)................................9

FX4.   Does the firearm that you could get and fire in less than 10 minutes belong to you personally, another member of your household, or someone else?

SELF..1
MEMBER OF HOUSEHOLD..2
SOMEONE ELSE................................. 3
DK.. 8
RF..9
N/A (SKIP)..7

MODULE 8: PERPETRATION

People sometimes hit or strike other people. When people strike others it can put them and the other person at risk for being injured. It is important for us to know how often people strike other people so that we can better understand this risk. The next few questions ask about different people that you may have struck on purpose. By "struck" I mean times when you have hit, slapped, pushed, or kicked a person or times when you hit someone with an object or weapon.

> **PROGRAMMER NOTE: SHOW THE ABOVE SENTENCE DEFINING "STRUCK" AS A PROMPT ON SCREENS FOR PF1, PR2, PR4, PR5, PR7, PR8 AND PR10.**

Sometimes people strike other people in these ways because they are angry, have some sort of problem, need something from that person, or because they are trying to protect themselves from that person, like in self-defense. We are not going to ask you **why** you struck someone. We are only going to ask you **whether** it happened. All of your answers will be kept private.

PR1. Since you turned 18 years old, on how many occasions have you struck a stranger for any reason? If you have a job that authorizes you to use force, for example if you are a police officer or security guard, do not include incidents that happened while you were at work. (PROMPT: An approximate number is okay).

NUMBER OF OCCASIONS...|__|__|__|
NONE............................(SKIP TO PR4).................................0
DK...98
RF...99

> **PROGRAMMER NOTE: IF R TURNED 18 IN THE PAST 12 MONTHS, CODE PR2 = PR1.**

PR2. On how many occasions have you struck a stranger for any reason **in the past 12 months**, that is since (MONTH, YEAR)?

NUMBER OF OCCASIONS...|__|__|__|
NONE............................(SKIP TO PR4).................................0
DK................................(SKIP TO PR4)..............................98
RF................................(SKIP TO PR4)..............................99
N/A (SKIP)..97

PR3. How many of these occasions in the past 12 months, if any, resulted in you talking to the police?

NUMBER OF OCCASIONS...|__|__|__|
NONE...0
DK...98
RF...99
N/A (SKIP)..97

PR4. Since you turned 18 years old, on how many occasions have you struck a current or former spouse, (boyfriend/girlfriend) or dating partner for any reason? (PROMPT: An approximate number is okay).

NUMBER OF OCCASIONS...|__|__|__|
NONE............................(SKIP TO PR7).................................0
DK...98
RF...99

> **PROGRAMMER NOTE: IF R TURNED 18 IN THE PAST 12 MONTHS, CODE PR5 = PR4.**

PR5. On how many occasions have you struck a current or former spouse, (boyfriend/girlfriend) or dating partner for any reason **in the past 12 months** (that is since [MONTH, YEAR])?

NUMBER OF OCCASIONS...|__|__|__|
NONE............................(SKIP TO PR7).................................0
NO SUCH PERSON IN
   PAST 12 MONTHS.....(SKIP TO PR7)..............................96
DK................................(SKIP TO PR7)..............................98
RF................................(SKIP TO PR7)..............................99
N/A (SKIP)..97

PR6. How many of these occasions in the past 12 months, if any, resulted in you talking to the police?

NUMBER OF OCCASIONS...|__|__|__|
NONE...0
DK...98
RF..99N/A (SKIP)
....97

PR7.   Since you turned 18 years old, how many times have   NUMBER OF OCCASIONS..|__|__|__|
         you struck an adult that you knew, like a friend or   NONE............................(SKIP TO PR10).................................0
         acquaintance, for any reason? (PROMPT: An   DK...98
         approximate number is okay).   RF...99

PROGRAMMER NOTE: IF R TURNED 18 IN THE PAST 12 MONTHS, CODE PR8 = PR7.

PR8.   On how many occasions have you struck an adult   NUMBER OF OCCASIONS..|__|__|__|
         that you knew, like a friend or acquaintance for any   NONE............................(SKIP TO PR10).................................0
         reason **in the past 12 months** (that is since [MONTH,   DK................................(SKIP TO PR10)...............................98
         YEAR])?   RF................................(SKIP TO PR10)...............................99
                                                                       N/A (SKIP)..97

PR9.   How many of these occasions in the past 12 months,   NUMBER OF OCCASIONS..|__|__|__|
         if any, resulted in you talking to the police?   NONE...0
                                                                       DK...98
                                                                       RF...99N/A (SKIP)
                                                                         97

PR10.   Since you turned 18 years old, on how many   NUMBER OF OCCASIONS..|__|__|__|
         occasions have you struck your child or a child that   NONE.........................(SKIP TO SCRIPT).............................0
         you were responsible for? (PROMPT: An approximate   DK...98
         number is okay).   RF...99

PR11.   How many of these occasions, if any, resulted in you   NUMBER OF OCCASIONS..|__|__|__|
         talking with a child protective services worker?   NONE...0
                                                                       DK...98
                                                                       RF...99
                                                                       N/A (SKIP)..97

SCRIPT: We are finished with the perpetration questions now. Remember, if you or anyone else you know is in danger, you can always dial 911.

MODULE 9: SUICIDE

The next set of questions is about suicidal feelings and behavior. These can be sensitive questions. Please try to answer them to the best of your ability.

SX1. During the past 12 months, that is since (MONTH, YEAR), have you had thoughts of taking your own life, even if you would not really do it?

YES..1
NO...2
DK...8
RF...9

SX2. During the past 12 months, how many times have you deliberately harmed or injured yourself – even if you did not intend to die?

NUMBER OF TIMES..|__|__|__|
NONE...............................(SKIP TO SX5).............................0
DK.....................................(SKIP TO SX5)..........................98
RF.....................................(SKIP TO SX5)..........................99

SX3. During the past 12 months, how many times have you **attempted** to **end** your own life?

NUMBER OF TIMES..|__|__|__|
NONE...0
DK..98
RF..99
N/A (SKIP)...97

SX4. When you last (attempted suicide/harmed yourself) what final outcome did you most intend? Would you say (READ ANSWERS)?

Intended not to be injured...1
Intended to be injured but to survive.................................2
Intended to die..3
You are not sure what you intended................................4
DK...8
RF...9
N/A (SKIP)...7

The next few questions are about your recent feelings and experiences.

SX5. How much do you agree with the following statement - Overall, I expect more good things to happen to me than bad. Would you say you (READ ANSWERS)?

Strongly agree..1
Agree..2
Neither agree nor disagree...3
Disagree...4
Strongly disagree...5
DK...8
RF...9

SX6. During the past 12 months, were you limited in any way in any activities because of depression, anxiety, or emotional problems?

YES..1
NO...2
DK...8
RF...9

SX7. During the past 12 months, how often have you been treated unfairly in your job, by the police, by neighbors, or in any other situation because of your race or ethnicity? Would you say (READ ANSWERS)?

Never 1
Once in a while..2
Some days...3
Most days...4
Every day..5
Many times a day...6
DK..98
RF..99

SX8. How often do you find strength and comfort in your religion or spirituality? Would you say (READ ANSWERS)?

Never 1
Once in a while..2
Some days...3
Most days...4
Every day..5
Many times a day...6
NO RELIGION..96
DK..98
RF..99

SCRIPT:	Before we move onto the next set of questions we are giving all respondents the phone number for the National Crisis Hotline. If you have a pencil and paper I can give you that number now. IF RESPONDENT INDICATES THEY WANT THE NUMBER: The number is 1-800-SUICIDE (784-2433), this is the National Crisis Hotline. If you would like, I can stop the interview now and connect you directly with a confidential counselor at the hotline and then call you back in a few days to complete the final interview questions or we can complete the interview now and you can call the hotline on your own after we have finished.

MODULE 10: INCOME

We are almost done now. I want to learn just a little bit more about you.

POVERTY **COMPUTER WILL ASSIGN HOUSEHOLD A POVERTY THRESHOLD BASED ON NUMBER OF ADULTS AND CHILDREN. IF NUMBER OF ADULTS OR NUMBER OF CHILDREN IS UNKNOWN, STORE 99998 IN POVERTY.**

INC1　Would you tell me which category best represents the total income brought in before taxes during the past 12 months by all members of your household? READ ANSWERS.

Under $20,000..1
$20,000 or more...........(SKIP TO INC3)..............................2
DK.................(STORE 8 IN INC5 AND SKIP TO END)............8
RF.................(STORE 9 IN INC5 AND SKIP TO END)............9

INC2　Was it under $10,000 or over $10,000? INCLUDE $10,000 AS OVER.

UNDER...1
OVER...2
DK...8
RF...9
N/A (SKIP)..7

PROGRAMMER NOTE:	IF POVERTY=99,998, THEN STORE 8 IN INC5 AND SKIP TO END.
	IF INC2=1 AND POVERTY > = 10,000, THEN STORE 1 IN INC5 AND SKIP TO END.
	IF INC2=1 AND POVERTY < 10,000, THEN SKIP TO INC5.
	IF INC2=2 AND POVERTY > = 10,000 BUT <20,000, THEN SKIP TO INC5.
	IF INC2=2 AND POVERTY < 10,000, THEN STORE 2 IN INC5 AND SKIP TO END.
	IF INC2=2 AND POVERTY > = 20,000, THEN STORE 1 IN INC5 AND SKIP TO END.
	IF INC2=8 OR 9 AND POVERTY > = 20,000, THEN STORE 1 IN INC5 AND SKIP TO END.
	IF INC2=8 AND POVERTY < 20,000, THEN STORE 8 IN INC5 AND SKIP TO END.
	IF INC2=9 AND POVERTY < 20,000, THEN STORE 9 IN INC5 AND SKIP TO END.

INC3　Was it under $35,000 or over $35,000? INCLUDE $35,000 AS OVER.

UNDER...1
OVER..................................(ASK INC4)..................................2
DK...8
RF...9
N/A (SKIP)..7

PROGRAMMER NOTE:	IF POVERTY=99,998, THEN STORE 8 IN INC5 AND SKIP TO END.
	IF INC3=1 AND POVERTY > = 20,000 BUT < 35,000, THEN SKIP TO INC5.
	IF INC3=1 AND POVERTY < 20,000 THEN STORE 2 IN INC5 AND SKIP TO END.
	IF INC3=1 AND POVERTY > = 35,000, THEN STORE 1 IN INC5 AND SKIP TO END.
	IF INC3=8 OR 9 AND POVERTY < 20,000, THEN STORE 2 IN INC5 AND SKIP TO END.
	IF INC3=8 AND POVERTY > = 20,000, THEN STORE 8 IN INC5 AND SKIP TO END.
	IF INC3=9 AND POVERTY > = 20,000, THEN STORE 9 IN INC5 AND SKIP TO END.

INC4　Was it under $50,000 or over $50,000? INCLUDE $50,000 AS OVER.

UNDER...1
OVER...2
DK...8
RF...9
N/A (SKIP)..7

PROGRAMMER NOTE:	IF POVERTY=99,998, THEN STORE 8 IN INC5 AND SKIP TO END.
	IF INC4=1 AND POVERTY > = 35,000 BUT < 50,000, THEN SKIP TO INC5.
	IF INC4=1 AND POVERTY < 35,000, THEN STORE 2 IN INC5 AND SKIP TO END.
	IF INC4=2, THEN STORE 2 IN INC5 AND SKIP TO END.
	IF INC4=8 OR 9 AND POVERTY < 35,000, THEN STORE 2 IN INC5 AND SKIP TO END.
	IF INC4=8 AND POVERTY > = 35,000, THEN STORE 8 IN INC5 AND SKIP TO END.
	IF INC4=9 AND POVERTY > = 35,000, THEN STORE 9 IN INC5 AND SKIP TO END.

INC5.	Was it under or over (POVERTY)? INCLUDE EQUAL TO POVERTY THRESHOLD AS OVER.

UNDER...1
OVER...2
DK...8
RF..9

CLOSING SCRIPT

Thank you for your time and help with this survey. Lastly, I have a statement I'm required to read to you. If the survey has taken longer than expected, or if you have comments about this survey, you are invited to send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0513). In appreciation for your time and effort I now need to know whether you would prefer to receive the phone card, that is a card that will provide 100 minutes of pre-paid long distance phone service, or have $5.00 donated to the United Way. The phone card can be sent to any name and address you choose. Which option would you prefer? RECORD OPTION CHOSEN. Thanks again.

CHARITABLE DONATION ..…….…….….….….1
PHONE CARD ……….……….….….….….….….2

END TIME...☐☐:☐☐

MODULE 11: INTERVIEWER EVALUATION AND COMMENTS

EV1.   Language in which the interview was conducted?
FILL IN THIS INFORMATION FROM THE SCREENER
SECTION.

ENGLISH...1
SPANISH...2

EV2.   Was the respondent's cooperation:

VERY GOOD..1
GOOD..2
FAIR...3
POOR...4

EV3.   How would you rate the truthfulness of the
respondent's answers?

VERY GOOD..1
GOOD..2
FAIR...3
POOR...4

EV4.   The quality of the interview was:

HIGH QUALITY..................................(SKIP TO EV6).............1
ABOVE AVERAGE QUALITY.............(SKIP TO EV6).............2
AVERAGE QUALITY..........................(SKIP TO EV6).............3
BELOW AVERAGE QUALITY...4
LOW QUALITY...5

EV5.   The **main reason** for the below average or low
quality was that the respondent appeared to be:

ILL OR DISABLED...01
SPEAKING ENGLISH/SPANISH POORLY...........................02
EVASIVE OR SUSPICIOUS...03
BORED OR UNINTERESTED..04
UPSET OR DEPRESSED BY THE TOPIC............................05
DRUNK OR MENTALLY IMPAIRED.....................................06
HAVING POOR HEARING OR SPEECH.............................07
CONFUSED BY FREQUENT INTERRUPTIONS..................08
INSUFFICIENTLY KNOWLEDGEABLE................................09
INTERVIEW TOO LONG...10
CONFUSED BY SURVEY..12
BAD CONNECTION...13
HOSTILE..14
IMPATIENT/RUSHED..15
DISTRACTED...16
DIDN'T WANT TO DO..17
KEPT TALKING..18
THOUGHT SURVEY SILLY/STUPID.....................................19
SOMETHING ELSE.................................(SPECIFY)...........11
N/A (SKIP)...97

EV5
CODE   SPECIFY:_____ ☐☐

EDITOR NOTE:	USE CODES 20-95 ONLY IN EV5CODE.

EV6.   Do you have any other relevant observations,
comments or impressions about this interview?

YES...1
NO................................(SKIP TO EV7)..................................2

RECORD COMMENTS:_____

_____

EV7. Were there any questions with which you had difficulty?

YES...1
NO......................................(END)...2

RECORD QUESTIONS AND PROBLEM:_____

_____

EV
TIME

PROGRAMMER NOTE: RECORD TIME IN SECONDS FOR COMPLETION OF THIS SECTION.

Sources of Survey Questions, ICARIS-2 Phase-2

Screener Script
SC1	adapted from ICARIS 1, ICARIS-2 (SC1)
SC2-SC3	new questions
SC4	adapted from ICARIS-1, ICARIS-2 (SC2)
SC5	ICARIS-1, ICARIS-2 (SC5)

Demographics and Home
DH1-2A	ICARIS 1, ICARIS-2 (DH1-DH2A)
DH3-DH8	ICARIS 1 (D1-D4), ICARIS-2 (D1-D6)
DH9-DH10	ICARIS 1, ICARIS-2 (DH5, D7)
DH11-DH12	ICARIS 1 (D5-D6), ICARIS-2 (DH6-DH7)
DH12A	new question

Older Adult Mobility
MOBL1	Nationwide Personal Transportation Survey, ICARIS-2 (MV6).
MOBL2,3	new questions
MOBL4	ICARIS-2 (MV3a,b,d,e)
MOBL5	new question
MOBL6	adapted from ICARIS-2 (FE7)
MOBL7	ICARIS-2 (FE4) and BRFSS
MOBL8-9	new question

Child Supervision
SUPR1,4,5	new questions
SUPR2,3	not applicable – age/sex enumeration of children in household under 18 years
SUPR6-12	Morrongiello, B. A., L. Ondejko, and A. Littlejohn. 2004. "Understanding toddlers' in-home injuries: I. Context, correlates, and determinants." *Journal of Pediatric Psychology* 29:415-31. Tomlinson, R. and C. Sainsbury. 2004. "Childhood injury prevention advice: a survey of health professionals responses to common scenarios." *Child Care Health Dev* 30:301-5.

Injury and Disability
DIS1,2	adapted from the National Health Interview Survey (NHIS) Disability Supplement, p146.
DIS3	adapted from NHIS
DIS4	Health Interview Survey (HIS) Disability Supplement
DIS5	Violence and Threats of Violence Against Women in America Female Questionnaire
DIS6	adapted from NHIS, Disability Supplement, p140 (modified).
DIS7	adapted from Health Interview Survey (HIS) Disability supplement
DIS8,10,11	adapted from the NHIS, Disability Supplement and from Violence and Threats of Violence Against Women in America Female Questionnaire
DIS9	adapted from NHIS (ADLs, IADLs, and activity limitations) Disability Supplement and from Violence and Threats of Violence Against Women in America Female Questionnaire

Traumatic Brain Injury
HD1,7	adapted from the NHIS Family Section - Section III - Injuries
HD2-3	new questions
HD4,6	adapted from the NHIS Family Core Section III - Injuries
HD5	adapted from the NHIS Adult Core Section V Part C - Health Care Access and Utilization
HD8,9	not applicable – age/sex enumeration of household members with a head injury

OMB numbers for selected studies referenced above are as follows:
  ICARIS-1, OMB clearance number 0920-0342; ICARIS-2, OMB clearance number 0920-0513;

Sources of Survey Questions, ICARIS-2 Phase-2, continued.

Willingness to Pay to Prevent Child Maltreatment
WP1-4   Based on instrument used by Hammitt JK & Graham JD. Willingness to pay for health protection: Inadequate sensitivity to probability. Journal of Risk and Uncertainty. 1999;18:33-62.

WP5a,b,c   National Longitudinal Study of Adolescent Health(AdHealth), Wave III, 2001-2002 (H3MA3,H3MA4, and H3MA2-adapted)

Firearm Access
FX1,2   Adapted from BRFSS Firearm module, ICARIS-2 (FA1,FA2)
FX3   ICARIS-1 (G18)
FX4   new question

Perpetration
PR1,4,7,10   ACTIVA Study, modified version
PR2,5,8   ACTIVA Study, modified version
PR3,6,9,11   new questions

Suicide
SX1   ICARIS-1 (S1). Original source: Paykel ES, Myers JD, Lindenthal JJ, Tanner J. Need Suicidal feelings in the general population: A prevalence study. British Journal of Psychiatry, 1974; 124:460-469. ICARIS-2 (S1)
SX2,4   adapted from the Parasuicide History Interview by Linehan, unpublished.
SX3   ICARIS-1 (S4,S5) - modified from original 1997 YRBS source. ICARIS-2 (S5).
SX5   Scheifer MF, Carver CS, Bridges MW. Distinguishing optimism from neuroticism (and trait anxiety, self mastery and self esteem): A reevaluation of the Life Orientation Test. Journal of personality and Social Psychology.1994:67:1063-78.
SX6   1999 BRFSS, Supplemental Quality of Life questionnaire.
SX7   adapted from Forman TA, Williams DR, Jackson JS. Race, place and discrimination. Perspectives on Social Problems. 1997;9:231-261.
SX8   Daily Spiritual Experience Scale, 6-item version. General Social Survey.

Income
INC1-4   ICARIS-1 (D8-D14), ICARIS-2 (D8-D12)