

CASE ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INT ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Survey of Residential Fire Injury Incidents

CAPI Questionnaire

Prepared for:

National Center for Injury Prevention and Control
at the
Centers for Disease Control and Prevention

Prepared by:

Battelle
Centers for Public Health Research and Evaluation

July 2005

Public Reporting burden of this collection of information is estimated at 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-XXXX).

NOTE: ITEMS IN ALL CAPITALS ARE NOT READ OUT LOUD. ALL QUESTIONS HAVE "DON'T KNOW" AND "REFUSED" OPTIONS, EVEN IF NOT DISPLAYED HERE.

SECTION B: POST-BSIT FOLLOW-UP QUESTIONS

INITIAL AWARENESS (FIRE RECOGNITION)

B1. How did you become aware of the fire? CODE ALL THAT APPLY. PROBE: Did anything happen before that? Anything else?

- ANIMAL ALERTED PERSON 1
- CO DETECTOR SOUNDED 2
- FELT HEAT FROM THE FIRE 3
- HEARD FIRE BURNING 4
- HEAT DETECTOR SOUNDED 5
- SMELLED SMOKE 6
- PERSON WAS THERE WHEN FIRE STARTED 7
- SAW FLAMES 8
- SAW SMOKE 9
- SMOKE DETECTOR ALARM SOUNDED 10
- SOMEONE IN THE HOUSE NOTICED THE FIRE 11
- SOMEONE OUTSIDE THE HOUSE ALERTED 12
- SOME OTHER WAY (SPECIFY) 13

SPECIFY: _____

B2. How did others in the household become aware of the fire? CODE ALL THAT APPLY.

- ANIMAL ALERTED PERSON 1
- CO DETECTOR SOUNDED 2
- FELT HEAT FROM THE FIRE 3
- HEARD FIRE BURNING 4
- HEAT DETECTOR SOUNDED 5
- SMELLED SMOKE 6
- PERSON WAS THERE WHEN FIRE STARTED 7
- SAW FLAMES 8
- SAW SMOKE 9
- SMOKE DETECTOR ALARM SOUNDED 10
- SOMEONE IN THE HOUSE NOTICED THE FIRE 11
- SOMEONE OUTSIDE THE HOUSE ALERTED 12
- SOME OTHER WAY (SPECIFY) 13

SPECIFY: _____

B3. What were you doing when you became aware of the fire?

- SLEEPING 1
- COOKING 2
- CLEANING 3
- WATCHING TV 4
- EATING 5
- READING 6
- CARING FOR CHILDREN 7
- USING THE COMPUTER 8
- SOMETHING ELSE (SPECIFY) 9

SPECIFY: _____

ACTIONS TAKEN (BEHAVIORAL RESPONSE TO THE FIRE)

B4. Did you try to put out or remove the fire?

- YES 1
- NO (SKIP TO B9) 2

B5. Did you use a fire extinguisher in an attempt to put out the fire?

- YES 1
- NO 2
- DK (SKIP TO B9) 7
- RF (SKIP TO B9) 8

- B6. Other than a fire extinguisher, did you do anything else to put out the fire? YES..... 1
 NO..... (SKIP TO B9)..... 2
 DK..... (SKIP TO B9)..... 7
 RF..... (SKIP TO B9)..... 8
- B7. What did you do to try to put out or remove the fire? CODE ALL THAT APPLY.
 BROUGHT BURNING ITEM TO THE SINK 1
 Poured water or other liquid on the burning item 2
 CUT OFF POWER TO INVOLVED EQUIPMENT 3
 MOVED BURNING ITEM OUTSIDE..... 4
 SEPARATED BURNING/SMOLDERING MATERIAL AND HEAT SOURCE 5
 SMOTHERED WITH POT LID, BLANKET, ETC. 6
 USED BAKING SODA, FLOUR, SALT, OTHER COMMON PRODUCT 7
 USED HOSE 8
 OTHER (SPECIFY)..... 10
- SPECIFY: _____
- B8. I am going to read you a list of categories. Please choose the best answer from the list. Did your action (READ CATEGORIES)?
 Put out the fire entirely..... 1
 Minimize the fire, but not put it out completely..... 2
 Have little or no impact on the fire, or..... 3
 Make the fire worse..... 4
- B9. Did you yourself, make a call to the fire department, telephone operator, or someone else?
 NO, CALLED NO ONE 0
 YES, FIRE DEPARTMENT..... (SKIP TO B11)..... 1
 YES, OPERATOR (911) (SKIP TO B11)..... 2
 YES, SOMEONE ELSE (SPECIFY, SKIP TO B11)..... 3
 DK..... (SKIP TO B11)..... 7
 RF..... (SKIP TO B11)..... 8
- SPECIFY: _____
- B10. Why did you not make a call to them?
 FIRE NOT SERIOUS ENOUGH – PUT FIRE OUT 1
 TELEPHONE NOT ACCESSIBLE 2
 FIRE DEPARTMENT TOO FAR AWAY 3
 SOMEONE ELSE CALLED 4
 FIRE DEPARTMENT WAS ALREADY THERE 5
 OTHER (SPECIFY)..... 6
- SPECIFY: _____
- B11. Who actually put out the fire? CODE ALL THAT APPLY.
 FIRE DEPARTMENT 1
 HOUSEHOLD MEMBER, INCLUDING R 2
 NEIGHBOR 3
 WENT OUT BY ITSELF 4
 OTHER PERSON (SPECIFY) 5
- SPECIFY: _____
- B12. Did anyone in the house try to get help from a neighbor or someone else other than the fire department?
 YES..... 1
 NO..... 2

EVACUATION

- B13. Did you try to save personal property? YES..... 1
 NO..... 2
- B14. Did you try to save any pets? YES..... 1
 NO..... 2
- B15. Did you try to help others to escape? YES..... 1
 NO..... 2

B16. Did you leave the residence? YES..... (SKIP TO B19)..... 1
 NO..... 2

CODE AS YES EVEN IF R GOES TO NEIGHBORING APARTMENT OR HOME.

B17. Did you try to leave the residence but were unable to? YES..... 1
 NO..... (SKIP TO B26)..... 2

B18. What was the reason or reasons you (couldn't/didn't) leave the residence? RECORD VERBATIM.

B19. When you left, did you leave unassisted or assisted by someone? UNASSISTED (SKIP TO B21)..... 1
 ASSISTED 2

B20. Who assisted you? FIRE FIGHTER 1
 PERSON LIVING IN THE HOUSE 2
 NEIGHBOR 3
 OTHER (SPECIFY)..... 4
 SPECIFY: _____

B21. When you left the house, did you leave (READ CATEGORIES)? Through the front door..... 1
 Through a side or back door 2
 Through the garage..... 3
 Through a window (SKIP TO B23)..... 4
 Basement door..... 5
 Other (SPECIFY) 6
 SPECIFY: _____

B22. Is this your usual way in and out of your home? YES 1
 NO..... 2

B23. When you were leaving your home, but still inside, did you (READ CATEGORIES)?

	YES	NO
a. See flames	1	2
b. Pass through smoke	1	2
c. Change your path due to smoke or flames.....	1	2
d. Seek a refuge room due to smoke.....	1	2
e. Have clear air to the exit	1	2

B24. When trying to leave, did you encounter any of the following obstructions?

	YES	NO
a. Bars on windows	1	2
b. Locked doors.....	1	2
c. Closed doors.....	1	2
d. Windows permanently shut.....	1	2
e. Smoke	1	2
f. Flames.....	1	2
g. Any other obstruction (SPECIFY): _____	1	2

□ □

PROGRAMMER NOTE: If B24b = 1 or B24c = 1, ask B25. Otherwise, skip to B26.

- B25. When you encountered the closed door, did you (READ CATEGORIES)? CODE ALL THAT APPLY.
- Just grab the handle or knob..... 1
 - Feel the handle or knob for heat..... 2
 - Feel the door for heat 3
 - Wrap something around the handle to open 4
 - Other (SPECIFY) 5
- SPECIFY: _____ □ □

EVACUATION TIME

- B26. How much time do you think elapsed between when you noticed something was wrong and when you had evacuated to outside your home or were brought outside by someone else?
- AMOUNT TIME ELAPSED □ □ □ □
IN MINUTES

- B27. Were there any factors that prolonged the amount of time that elapsed between when you noticed something wrong and when you had evacuated? RECORD VERBATIM.
- _____
- _____
- _____
- _____

RE-ENTRY

- B28. Did you reenter the building during the fire?
- YES..... 1
 - NO..... (SKIP TO B30)..... 2
- B29. Why did you reenter? CODE ALL THAT APPLY.
- TO FIND SOMEONE 1
 - GATHER VALUABLES 2
 - CALL 911 3
 - FIGHT THE FIRE 4
 - FIND A PET 5
 - OTHER (SPECIFY)..... 6
- SPECIFY: _____ □ □

- B30. In retrospect, what would you have done differently during the fire? RECORD VERBATIM.
- _____
- _____
- _____
- _____

SECTION C: FIRE IGNITION CHARACTERISTICS

I would like to continue with some questions about the fire incident.

C1.	I want to confirm that the date of the fire was (DATE FROM TRACKING). Is that correct?	CORRECT (SKIP TO C2)..... 1 INCORRECT..... 2
A.	ENTER CORRECT DATE	DATE: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YY
C2.	About what time of day did the fire start? IF NOON, ENTER 12:00PM. IF MIDNIGHT, ENTER 12:00AM.	TIME FIRE STARTED .. (SKIP TO C3) .. <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM DK 7 RF (SKIP TO C3)..... 8
A.	Could you tell me if the fire happened (READ CATEGORIES)?	In the morning, that is from 6am until before noon..... 1 In the afternoon, that is from after 12 noon until before 5pm..... 2 In the evening, from 5pm until before 9pm 3 At night, from 9pm until before midnight 4 Overnight, from midnight until before 6am..... 5
C3.	At the time of the fire, was the temperature outside below freezing, cold, mild, or hot?	BELOW FREEZING 1 COLD 2 MILD 3 HOT..... 4
C4.	Was it snowing, raining, excessively windy, or clear?	SNOWING 1 RAINING 2 EXCESSIVELY WINDY 3 CLEAR 4
C5.	In which room or area did the fire start?	ATTACHED GARAGE OR CARPORT 1 ATTIC..... 2 BASEMENT 3 BATHROOM 4 BEDROOM 5 DINING ROOM / AREA 6 KITCHEN 7 LAUNDRY ROOM..... 8 LIVING ROOM (INCLUDING DEN, REC. ROOM, AND FAMILY ROOM) 9 PORCH OR DECK..... 10 ROOF..... 11 SIDING OF THE HOME..... 12 CLOSET..... 13 UTILITY ROOM (INCLUDING HEATING AREA/FURNACE ROOM)..... 14 WITHIN ENCLOSED WALL SPACE OR SPACE WITHIN CEILING AND FLOOR ABOVE..... 15 CRAWL SPACE, INCLUDING UNDER MOBILE HOME 16 OTHER EXTERIOR LOCATIONS 17 HALL, ENTRYWAY 18 OTHER (SPECIFY)..... 19 DON'T KNOW (SKIP TO C11)..... 97 REFUSED (SKIP TO C11)..... 98
	SPECIFY: _____ <input type="text"/> <input type="text"/>	

C6. Was there carpeting in the room or area where the fire started? YES 1
 NO 2

C7. Was there an interior finish, such as wood paneling or wallpaper, in the room or area where the fire started? YES 1
 NO (SKIP TO C8) 2

A. What type of finish was it? SPECIFY: _____

C8. What objects and fixtures were in the room or area where the fire started? CODE ALL THAT APPLY. SHOW CARD A.

APPLIANCE	1
BEDDING, BLANKETS (INCLUDING SHEETS AND PILLOWS)	2
CABINETS	3
CHRISTMAS TREE, OTHER HOLIDAY DECORATIONS	4
CLOTHING BEING WORN AT THE TIME OF THE FIRE	5
CLOTHING NOT BEING WORN AT THE TIME OF THE FIRE	6
COOKING MATERIALS, FOOD, GREASE (EXCLUDING TEXTILES, PACKAGING).....	7
DRAPES, CURTAINS.....	8
ELECTRICAL WIRING (INCLUDING WIRING INSULATION).....	9
EXTERNAL STRUCTURE (ROOF, OUTSIDE OF THE HOME, SIDING)	10
FABRIC AND TEXTILES; EXCEPT CLOTHING, MATTRESSES, BEDDING/BLANKETS, UPHOLSTERED FURNITURE, CURTAINS/DRAPES, AND CARPETS AND RUGS.....	11
FLAMMABLE LIQUID SUPPLIES (INCLUDING GASOLINE, KEROSENE, ETC.).....	12
FURNITURE, UPHOLSTERED	13
FURNITURE, NOT UPHOLSTERED.....	14
INTERIOR FINISH (WOOD PANELING, WALLPAPER).....	15
LIGHTING FIXTURES OR LAMPS.....	16
MAGAZINE, BOOKS, NEWSPAPERS, PACKAGING.....	17
MATTRESS	18
RUGS, CARPETS AND FLOOR COVERINGS	19
THERMAL INSULATION	20
TOYS / GAMES	21
TRASH	22
OTHER (SPECIFY).....	23
NOTHING ELSE	24

SPECIFY: _____

C9. What was the cause of the fire? RECORD VERBATIM.

C10. Now please think of the items that caught on fire. What item caught fire first?

APPLIANCE 1
 BEDDING, BLANKETS (INCLUDING SHEETS AND PILLOWS) 2
 CABINETS 3
 CHRISTMAS TREE, OTHER HOLIDAY DECORATIONS 4
 CLOTHING BEING WORN AT THE TIME OF THE FIRE 5
 CLOTHING NOT BEING WORN AT THE TIME OF THE FIRE 6
 COOKING MATERIALS, FOOD, GREASE (EXCLUDING TEXTILES, PACKAGING)..... 7
 DRAPES, CURTAINS 8
 ELECTRICAL WIRING (INCLUDING WIRING INSULATION) 9
 EXTERNAL STRUCTURE (ROOF, OUTSIDE OF THE HOME, SIDING) 10
 FABRIC AND TEXTILES; EXCEPT CLOTHING, MATTRESSES, BEDDING/BLANKETS, UPHOLSTERED FURNITURE, CURTAINS/DRAPES, AND CARPETS AND RUGS 11
 FLAMMABLE LIQUID SUPPLIES (INCLUDING GASOLINE, KEROSENE, ETC.)..... 12
 FURNITURE, UPHOLSTERED 13
 FURNITURE, NOT UPHOLSTERED..... 14
 INTERIOR FINISH (WOOD PANELING, WALLPAPER)..... 15
 LIGHTING FIXTURES OR LAMPS..... 16
 MAGAZINE, BOOKS, NEWSPAPERS, PACKAGING..... 17
 MATTRESS 18
 RUGS, CARPETS AND FLOOR COVERINGS 19
 THERMAL INSULATION 20
 TOYS / GAMES 21
 TRASH 22
 OTHER (SPECIFY)..... 23
 NOTHING ELSE 24

SPECIFY: _____

C11. Did any of the following liquids, gases, or vapors ignite? Such as (READ CATEGORIES)? CODE ALL THAT APPLY.

Adhesives (e.g., wallpaper paste, epoxy, or tile cement)..... 1
 Aerosol (e.g., disinfectant spray, bug spray) 2
 Cleaning materials..... 3
 Gasoline 4
 Kerosene 5
 Natural gas 6
 Propane, butane (liquid petroleum gas) 7
 Diesel fuel 8
 Lighter fluid 9
 Other (SPECIFY) 10

SPECIFY: _____

C12. Where were you in relation to the fire when you became aware of it? Were you (READ CATEGORIES)?

At the point of ignition 1
 In the same room as the fire, but not where it ignited.. 2
 Outside of the room of fire origin 3

SECTION D: BUILDING STRUCTURE CHARACTERISTICS

- D1. What type of home was involved in the fire we've been discussing? Would you say it is a (READ CATEGORIES)?
- SPECIFY: _____
- Detached single family home 1
 - Mobile home or manufactured home 2
 - Two-family dwelling 3
 - Low-rise apartment building 4
 - Townhouse or row house 5
 - Other (SPECIFY) 6
- D2. About how old is this structure? PROBE ONLY IF NEEDED: Would you say (READ CATEGORIES)?
- 5 YEARS OLD OR LESS..... (SKIP TO D3) 1
 - 6-15 YEARS OLD (SKIP TO D3) 2
 - 16-25 YEARS OLD (SKIP TO D3) 3
 - 26-35 YEARS OLD (SKIP TO D3) 4
 - 36-45 YEARS OLD (SKIP TO D3) 5
 - 46 YEARS OLD OR OLDER..... (SKIP TO D3) 6
 - DK (ASK A) 7
 - RF (ASK A) 8
- A. Could you estimate in what year the structure was build?
- APPROXIMATE YEAR BUILT
- D3. Do you own or rent this home?
- SPECIFY: _____
- OWN 1
 - RENT 2
 - OTHER (SPECIFY)..... 3
- D4. Which of the following sources do you typically use to heat your home? READ CATEGORIES. CODE ALL THAT APPLY.
- SPECIFY: _____
- Central heating..... 1
 - Stove..... 2
 - Electric space heater 3
 - Kerosene space heater 4
 - Fireplace 5
 - Other (SPECIFY) 6
 - DK 7
 - RF 8
- D5. What type of lighting source were you using at the time of the fire? READ CATEGORIES.
- SPECIFY: _____
- Electric..... 1
 - Oil 2
 - Candles 3
 - Other (SPECIFY) 4
- D6. Did you have any smoke detectors in this home or apartment at the time of the fire? Do not include heat detectors or carbon monoxide (CO) detectors.
- YES 1
 - NO..... (SKIP TO D9)..... 2
 - DK (SKIP TO D9)..... 7
- D7. Was there a smoke detector in the room where the fire started?
- YES 1
 - NO..... (SKIP TO D8)..... 2
 - DK (SKIP TO D8)..... 8
- A. Did the smoke detector go off?
- YES 1
 - NO..... 2
- D8. Was there a smoke detector in any other room?
- YES 1
 - NO..... (SKIP TO D9)..... 2
 - DK (SKIP TO D9)..... 7
- A. Did any of these smoke detectors go off?
- YES 1
 - NO..... 2

Now I would like to ask you some general questions about your home.

D9.	How many levels does your (home/apartment) have? Please include an unfinished basement, but do not include an unfinished attic. IF NEEDED FOR PEOPLE WHO LIVE IN SHARED HOUSING SITUATION, SAY: "I only need to know about your unit, not the entire building."	1 LEVEL..... (SKIP TO D11)..... 1 2 LEVELS 2 3 LEVELS 3 4 LEVELS 4 5 LEVELS 5 6 LEVELS 6 DK..... 7
D10.	On what floors are doors to the outside of your (home/apartment) located? CODE ALL THAT APPLY.	BASEMENT 1 1 ST FLOOR..... 2 2 ND FLOOR 3 3 RD FLOOR 4 4 TH FLOOR..... 5 5 TH FLOOR..... 6 ATTIC..... 10 DK..... 7
D11.	If needed, could you have used a window to escape?	YES..... 1 NO..... 2
D12.	At the time of the fire, was there a sprinkler system installed in the room where the fire started?	YES..... 1 NO..... (SKIP TO E1) 2 DK..... (SKIP TO E1) 7 RF (SKIP TO E1) 8
A.	Did the sprinkler system spray water at the time of the fire?	YES..... 1 NO..... 2

SECTION E: INJURIES SUSTAINED

PROGRAMMER NOTE: If R is a "Control," skip to F1.

Now I'd like to ask you some questions related to any illnesses or injuries associated with the fire.

E1. Were you injured or did you become ill as a result of the fire? YES 1
 NO..... (SKIP TO F1) 2
 DK..... (SKIP TO F1) 7
 RF (SKIP TO F1) 8

E2. What type of medical attention did you require? CODE ALL THAT APPLY.
 NONE..... 1
 CALL TO THE DOCTOR 2
 VISIT TO THE DOCTOR'S OFFICE/CLINIC/HMO..... 3
 TREATMENT IN THE EMERGENCY ROOM..... 4
 ADMITTED TO THE HOSPITAL..... 5
 FIRST AID AT THE SITE 6
 OTHER (SPECIFY)..... 7

SPECIFY: _____

E3. What type of fire-related injury or illness did you have? Did you have (READ CATEGORIES)? CODE ALL THAT APPLY.
 Burns..... 1
 Smoke inhalation (e.g., trouble breathing)..... 2
 Cuts and bruises..... 3
 Broken bones/fractures 4
 Heart trouble..... 5
 Any other illness or injury (SPECIFY) 6

SPECIFY: _____

E4. Where were you when you were injured? RECORD VERBATIM.

E5. How did the injury happen? RECORD VERBATIM.

SECTION F: INJURIES TO OTHERS

F1. Now let's talk about the other people who were present during the fire. Let's start with the youngest person. What is his or her first name?

	I.	II.	III.	IV.		V.		VI.		VII.	VIII.
	What is the first name?	What is (NAME)'s relationship to you?	What is (NAME)'s age?	What is (NAME)'s gender?	At the time, did (NAME) usually live in this residence?	Was (NAME) injured in the fire?	What type of medical attention was required for (NAME)?	What type of fire-related injury or illness did (NAME) sustain?			
		SEE CODE BOX II.	YEARS	M F	YES NO	YES NO	SEE CODE BOX VII.	SEE CODE BOX VIII.			
									<div style="border: 1px solid black; padding: 2px; display: inline-block;">NXT PERSON</div>		
1.	_____	_____ □ □	_____ □ □	1 2	1 2	1 2	_____ □ □	_____ □ □			
2.	_____	_____ □ □	_____ □ □	1 2	1 2	1 2	_____ □ □	_____ □ □			
3.	_____	_____ □ □	_____ □ □	1 2	1 2	1 2	_____ □ □	_____ □ □			
4.	_____	_____ □ □	_____ □ □	1 2	1 2	1 2	_____ □ □	_____ □ □			
5.	_____	_____ □ □	_____ □ □	1 2	1 2	1 2	_____ □ □	_____ □ □			
6.	_____	_____ □ □	_____ □ □	1 2	1 2	1 2	_____ □ □	_____ □ □			
7.	_____	_____ □ □	_____ □ □	1 2	1 2	1 2	_____ □ □	_____ □ □			
8.	_____	_____ □ □	_____ □ □	1 2	1 2	1 2	_____ □ □	_____ □ □			
9.	_____	_____ □ □	_____ □ □	1 2	1 2	1 2	_____ □ □	_____ □ □			

CODE BOX II: CODE ONLY ONE.

SPOUSE	1
CHILD	2
PARENT.....	3
GRANDPARENT.....	4
OTHER RELATIVE	5
SIGNIFICANT OTHER.....	6
FRIEND.....	7
ROOMMATE/BOARDER	8
OTHER (SPECIFY).....	9

CODE BOX VII: CODE ALL THAT APPLY.

NONE	1
CALL TO THE DOCTOR.....	2
VISIT TO THE DOCTOR'S OFFICE/CLINIC/HMO	3
TREATMENT IN THE EMERGENCY ROOM	4
ADMITTED TO THE HOSPITAL	5
FIRST AID AT SITE	6
OTHER (SPECIFY).....	7

CODE BOX VIII: CODE ALL THAT APPLY.

BURNS.....	1
SMOKE INHALATION.....	2
CUTS AND BRUISES	3
BROKEN BONES/FRACTURES.....	4
HEART TROUBLE	5
OTHER (SPECIFY).....	7

SECTION G: PAST FIRE TRAINING AND HOME EVACUATION PLANNING

G1. Now let's talk about any fire safety and response education and training that you may have had. Please tell me if you have ever had any of the following kinds of education or training. Have you had (READ OPTIONS)? CODE ALL THAT APPLY.

	YES	NO NEXT	I.	II.
			How many times have you received this type of fire safety education or training? # OF TIMES	When did you last receive this kind of education or training? YEAR
a. Fire safety awareness sessions at the local fire station.....	1	2	<input type="text"/>	<input type="text"/>
b. Fire safety awareness education at a local school or community organization	1	2	<input type="text"/>	<input type="text"/>
c. Merit badge programs with the Girl or Boy Scouts	1	2	<input type="text"/>	<input type="text"/>
d. In-service training at your place of employment on fire safety plan, extinguisher use.....	1	2	<input type="text"/>	<input type="text"/>
e. Training as career or volunteer fire fighter or a military fire fighter.....	1	2	<input type="text"/>	<input type="text"/>
f. College-level courses on fire science, fire protection technology, fire protection engineering	1	2	<input type="text"/>	<input type="text"/>
g. Any other fire safety and response education or training (SPECIFY).....	1	2	<input type="text"/>	<input type="text"/>

SPECIFY: _____

G2. Have you learned about fire prevention, safety, or what to do in case of fire from any of the following sources?

	YES	NO
a. Printed materials such as brochures or flyers.....	1	2
b. Public service announcements on TV or radio	1	2
c. On the internet	1	2
d. Any other source (SPECIFY).....	1	2

SPECIFY: _____

G3. Did you have a home evacuation plan at the time of the fire incident?

- YES..... 1
- NO..... (SKIP TO H1) 2
- DK..... (SKIP TO H1) 7
- RF..... (SKIP TO H1) 8

G4. What was your home evacuation plan at the time of the fire incident? RECORD VERBATIM.

RECORD VERBATIM: _____

- | | | |
|-----|--|--|
| G5. | Did your household practice the evacuation plan? | YES..... 1
NO..... (SKIP TO G7) 2
DK..... (SKIP TO G7) 7
RF..... (SKIP TO G7) 8 |
| G6. | How many times was it practiced? Would you say (READ CATEGORIES)? | Once or twice 1
Three to 5 times..... 2
More than 5 times..... 3 |
| G7. | On the day of the fire incident, did you follow your home evacuation plan? | YES..... 1
NO..... 2 |

SECTION H: PAST FIRE EXPERIENCE

Now let's talk about other times when you may have been in a fire, including fires in your place of work, cars, or elsewhere.

- H1. Have you ever been in a fire before this one? YES.....1
 NO(SKIP TO J1).....2
 DK.....(SKIP TO J1).....7
 RF(SKIP TO J1).....8

- H2. How many fires had you been in before this one? # OF FIRES

PROGRAMMER NOTE: Repeat H3-H4 for the number of times in H2. H3_1 to H4_1, H3_2 to H4_2, etc.

- H3. What year did the (first fire/next fire) occur? YEAR

- H4. Where did the (first fire/next fire) occur?
 AT HOME1
 AT A JOB.....2
 SCHOOL.....3
 STORE4
 CAR OR VEHICLE5
 OTHER (SPECIFY)6

SPECIFY: _____

SECTION J: MENTAL AND PHYSICAL HEALTH

The next set of questions relate to your mental and physical health. These questions are meant to help us understand factors related to residential fires.

J1. During the **two weeks before the fire incident**, on how many occasions did you use (READ ITEM)? Would you say (READ CATEGORIES)? SHOW CARD B.

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20 or more times
a. Tobacco	1	2	3	4	5	6
b. Alcohol (beer, wine, liquor)	1	2	3	4	5	6
c. Marijuana (Hash, pot, hash oil).....	1	2	3	4	5	6
d. Other illegal drugs.....	1	2	3	4	5	6

PROGRAMMER NOTE: IF J1a = 1, SKIP TO J3.

J2. Were you smoking tobacco **within one hour** of the fire incident?

YES.....	1
NO.....	2

PROGRAMMER NOTE: IF J1b = 1, SKIP TO J6.

J3. Did you consume alcohol **within five hours** of the fire incident?

YES.....	1
NO..... (SKIP TO J6)	2
DK..... (SKIP TO J6)	7
RF..... (SKIP TO J6)	8

J4. **On the day of the fire incident**, how many hours did you spend drinking alcohol? Please give your best estimate.

HOURS DRINKING ALCOHOL

J5. How many alcoholic drinks did you consume over that time period? Please give you best estimate.

OF ALCOHOLIC DRINKS.....

J6. During the **two weeks before the fire incident**, were you taking prescriptions or medications?

YES.....	1
NO..... (SKIP TO J8)	2
DK..... (SKIP TO J8)	7
RF..... (SKIP TO J8)	8

A. Please tell me what types of prescriptions and medications you were taking.

J7. On the **day of the fire incident**, were you taking prescriptions or medications?

YES.....	1
NO.....	2

A. Please tell me what types of prescriptions and medications you were taking.

J8. Do you have any problems with (READ OPTION)?	YES	NO
a. your eyesight	1	2
b. your hearing.....	1	2
c. your sense of smell	1	2

PROGRAMMER NOTE: For each "Yes" to J8, ask J9 and J10. (J9_1, J10_1, J9_2, J10_2, etc.)

J9. Do you think the problem with your (eyesight/hearing/smell) affected your ability to recognize and respond to the fire?	YES 1 NO.....(SKIP TO J11) 2 DK.....(SKIP TO J11) 7 RF.....(SKIP TO J11) 8
---	---

J10. How do you think this problem affected you? RECORD VERBATIM.

J11. Do you have any of the following conditions? READ CATEGORIES. CODE ALL THAT APPLY.	Breathing difficulties..... (ASK A) 1 Dizziness.....(SKIP TO J12) 2 Pregnancy.....(SKIP TO J12) 3 Migraines.....(SKIP TO J12) 4 Fainting.....(SKIP TO J12) 5 Vertigo.....(SKIP TO J12) 6 Balance problems.....(SKIP TO J12) 7 None of the above..... 8
---	---

A. What kinds of breathing difficulties do you have? RECORD VERBATIM.

J12. Around the time of the fire incident, did you have any health problem that required you to use special equipment, such as a cane, a wheelchair, oxygen tank, a special bed, or a special phone?	YES 1 NO.....(SKIP TO J15) 2 DK.....(SKIP TO J15) 7 RF.....(SKIP TO J15) 8
--	---

J13. Is this condition permanent or temporary?	PERMANENT 1 TEMPORARY 2
--	--

J14. Around the time of the fire incident, what type of mobility aid were you using? CODE ALL THAT APPLY. SPECIFY: _____ <input type="checkbox"/> <input type="checkbox"/>	WHEELCHAIR 1 CRUTCHES 2 CANE 3 WALKER..... 4 OTHER (SPECIFY)..... 5 NONE..... 6
---	--

J15. Now I'd like you to think about your mental health, which includes dealing with stress, feelings, and emotions. On the day of the fire incident, before the fire, would you say that your mental health was (READ CATEGORIES)?	Excellent..... 1 Very good..... 2 Fair 3 Poor..... 4
---	---

J16. During the past two weeks before the fire incident, about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	# OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> NONE.....00
--	---

SECTION K: BACKGROUND INFORMATION

The last few questions are used for statistical purposes.

- | | | |
|-----|--|---|
| K1. | Which of the following best describes your work status at the time of the fire? READ CATEGORIES. | Employed full time outside the home..... 1
Employed part time outside the home..... 2
Self-employed 3
Keeping house 4
Retired..... 5
Student 6
Unemployed, looking for work..... 7
Other (SPECIFY) 8 |
| | SPECIFY: _____ <input type="text"/> <input type="text"/> | |
| K2. | What is the highest level of education that you have completed? ONLY READ LIST IF NEEDED. | LESS THAN HIGH SCHOOL..... 1
SOME HIGH SCHOOL 2
HIGH SCHOOL GRADUATE 3
TECHNICAL/VOCATIONAL SCHOOL TRAINING 4
SOME COLLEGE 5
COLLEGE GRADUATE 6
POSTGRADUATE WORK 7 |
| K3. | Please tell me which of the following categories best describes your household income for 2005? SHOW CARD C. | Less than \$15,000..... 1
\$15,000 to less than \$35,000..... 2
\$35,000 to less than \$75,000..... 3
\$75,000 or more 4 |
| K4. | In what year were you born? | YEAR OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| K5. | Are you of Hispanic or Latino descent? | YES..... 1
NO..... 2 |
| K6. | What do you consider your race to be? Are you (READ CATEGORIES)? SELECT ONE OR MORE. SHOW CARD D. | White..... 1
Black or African-American 2
Asian 3
Native Hawaiian or Other Pacific Islander 4
American Indian or Alaska Native 5 |
| K7. | What is your primary language; that is the language you are most comfortable speaking?

SPECIFY: _____ <input type="text"/> <input type="text"/> | ENGLISH 1
SPANISH 2
OTHER (SPECIFY)..... 3 |
| K8. | Please indicate your opinion about the following statement: "These questions made me feel upset because they reminded me of my experiences in a fire." Do you (READ CATEGORIES)? | Strongly Agree 1
Agree 2
Neither Agree nor Disagree..... 3
Disagree..... 4
Strongly Disagree..... 5 |
| K9. | INDICATE SEX OF RESPONDENT WITHOUT ASKING. | MALE 1
FEMALE..... 2 |

I'd like to thank you for taking the time to help us answer these important questions. The information you have given us will be very helpful. Thank you for your cooperation.

SECTION L: INTERVIEWER OBSERVATIONS

DO NOT READ TO RESPONDENT.

- | | | |
|-----|---|--|
| L1. | Interview took place: | IN THE HOME WHERE FIRE OCCURRED 1
IN A TEMPORARY HOME 2
IN A SHELTER 3
IN A HOSPITAL 4
OTHER PLACE (SPECIFY) 5 |
| | SPECIFY: _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |
| L2. | Please indicate if any of the following occurred:
CODE ALL THAT APPLY. | R BECAME UPSET DURING INTERVIEW 1
R WAS DISORIENTED OR NOT ALERT 2
MANY DISTRACTIONS DURING THE INTERVIEW 3
SIGNIFICANT INCONSISTENCIES IN R'S RESPONSES ... 4
ANYTHING ELSE ABOUT THE INTERVIEW (SPECIFY) 5 |
| | SPECIFY: _____ | <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> |