

FD Survey ID code _____

**GET ALARMED, NORTH CAROLINA!
6-Month Post-Intervention Follow up Telephone Survey**

Preloaded Information:

NOTE: This information will be added to the follow-up telephone survey as fill fields in MS Word. The fill fields will customize the survey form to each individual so that introductions and questions will be asked in an appropriate manner. This information will also help to reduce the total number of questions to be asked in the survey.

This draft follows standard telephone survey specifications. All text in CAPS (Interviewer instructions or volunteered responses) is not to be read by the telephone interviewer (TI).

Case ID Number
Name (first, middle, last)
Address (street, city, state, zip)
Home telephone
All demographic information from pre-evaluation survey
Whether or not the household has children under the age of 18
Date of installation/intervention
Number of alarms installed
Fire Department
Presence of fireplaces or wood stoves in the home

Public Reporting burden of this collection of information is estimated at 15 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-

Introduction scripts and questions

Intro1. Hello, my name is _____. I'm calling you from RTI International. We're working with the University of North Carolina Injury Prevention Research Program at Chapel Hill, the North Carolina Jaycee Burn Center and the Injury Prevention Division of the North Carolina Department of Health and Human Services to conduct a study for the Centers for Disease Control and Prevention (CDC). About 6 months ago, we worked with the {fill fire department} to get smoke alarms installed in homes in your area. The {fill fire department}'s records show that on {fill date of installation} the Fire Department installed {fill number of alarms installed} smoke alarm(s) at {fill address}.

Intro2. The person who spoke with the fire department representative was {fill name}. Am I speaking with {fill name}?

- Yes (SKIP TO #1)
- No (SKIP TO **Intro3a**)

Intro3a. Does {fill name} still live at this address?

- Yes (SKIP TO **Intro3b**)
- No (SKIP TO **Intro3c**)

Intro3b. May I speak to {fill name}?

- Yes

- No/Not available

If YES: When resident comes to the phone, repeat the Introduction 1 & proceed to question number 1.

If No/Not available, “Is there a day and time that I could call back when {fill name} might be available?”

If YES: *When would be a good time to reach {fill name}?*

Day of Week and Time of Day: _____

“We will have someone call back at that time.”

Intro3c. Thank you for your time. Good bye. {End call.}

Follow-up Survey Questions

1. Do you recall the {fill fire department} installing {fill number of alarms installed} smoke alarm(s) on {fill date of installation}?

TI: IF RESPONDENT SAYS NO/DK/RF, BEFORE YOU CODE THIS ITEM, SAY: “The information I have here says that someone from the {fill fire department} visited your home on {fill date of installation}. During this visit, the fire fighter may have installed fire alarms and spoken to you about how to prevent fires in your home. Do you recall this visit?”

- YES
- NO (SKIP TO closing remarks)
- DON'T KNOW (SKIP TO closing remarks)
- REFUSED (SKIP TO closing remarks)

2. Have you installed additional alarms in your home since the Fire Department installed the {fill number of alarms installed} alarm(s)?

- YES
- NO (SKIP TO Q4)
- DON'T KNOW (SKIP TO Q4)
- REFUSED (SKIP TO Q4)

3a. How many additional alarms have you installed in your home?

- **TI:** Record number of additional alarms _____
- DON'T KNOW
- REFUSED

3b. Where (in what room(s)) was/were the alarm(s) installed? **TI:** RECORD VERBATIM RESPONSE

4. How often do you test your smoke alarm(s)? Would you say...

- Monthly
- Two times a year
- One time a year, or
- Never (SKIP TO Q6a)
- OTHER (VOLUNTEERED, SPECIFY) _____
- DON'T KNOW (SKIP TO Q6a)
- REFUSED (SKIP TO Q6a)

5. When was the last time you checked your smoke alarm? Would you say...

- Last month
- 6 months ago
- Last year
- OTHER (VOLUNTEERED, SPECIFY) _____
- DON'T KNOW
- REFUSED

6a. Are you able to test your alarm?

- YES
- NO (SKIP TO Q6d1)

6b. Can you test it now, while I am on the phone with you?

- YES (SKIP TO Q6c)
- NO (SKIP TO Q6d1)

6c. **TI:** DO YOU HEAR THE ALARM?

- YES (SKIP TO Q7)
- NO (SKIP TO Q7)

6d1. Can you tell me why you can't test your alarm? **TI:** CODE ALL THAT APPLY

- SOMEONE TESTS IT FOR ME (Ask Q6d2)
- ALARM(S) IS IN ANOTHER PART OF THE HOUSE
- DON'T HAVE TIME
- DIFFICULT TO TEST
- OTHER (VOLUNTEERED, SPECIFY) _____

6d2. How often does someone check it for you? Would you say...

- Every month
- Two times a year
- One time a year, or
- Never
- OTHER (VOLUNTEERED, SPECIFY) _____
- DON'T KNOW
- REFUSED

7. Do you do anything to take care of your alarm(s)?

- YES
- NO (SKIP TO Q9)
- DON'T KNOW (SKIP TO Q9)
- REFUSED (SKIP TO Q9)

8. What do you do to take care of it? **TI:** CODE ALL THAT APPLY

- Keep it clear of cobwebs and debris
- Keep obstacles away from it
- Vacuum it out occasionally
- Keep it out of drafts
- OTHER (VOLUNTEERED, SPECIFY) _____
- DON'T KNOW
- REFUSED

9. If a fire were to start in your home, do the members of your household have an escape plan?

- YES
- NO (SKIP TO Q11)
- DON'T KNOW (SKIP TO Q11)
- REFUSED (SKIP TO Q11)

10. In the past 6 months how many times have you and the members of your household practiced using your escape plan? Would you say...

- None
- 1-2 times
- 3-5 times, or
- More than 5 times
- DON'T KNOW
- REFUSED

11. Since we visited your home and installed your alarm(s) have you had a fire in your home?

- YES
- NO (SKIP TO Q12)
- DON'T KNOW (SKIP TO Q12)
- REFUSED (SKIP TO Q12)

11a_1. How many fires have you had in your home since your alarm(s) were installed?

- **TI:** RECORD NUMBER: _____

- DON'T KNOW
- REFUSED

TI: IF Q11_a1 IS MORE THAN ONE (1), TELL THE RESPONDENT: "For the next few questions, I'd like you to tell me about the fire that did the **most damage** to your home."

11a_2. Did the smoke alarm sound?

- YES
- NO
- DON'T KNOW
- REFUSED

11b. How many people were at home at the time of the fire?

- **TI:** ENTER NUMBER _____
- DON'T KNOW
- REFUSED

11c1. In what room or rooms of your house did the fire start? **TI:** DO NOT READ, CODE ALL THAT APPLY

- KITCHEN
- LIVING ROOM
- UTILITY ROOM
- GARAGE
- LAUNDRY ROOM
- BEDROOM
- BATHROOM
- HALLWAY
- PORCH
- OTHER (SPECIFY) _____
- DON'T KNOW
- REFUSED

11c2. What was the cause of the fire? **TI:** DO NOT READ, CODE ALL THAT APPLY

- COOKING FIRE
- CLOTHES CAUGHT FIRE WHILE COOKING
- OVEN MITTS/POT HOLDERS CAUGHT FIRE WHILE COOKING
- HEATING SYSTEM MALFUNCTIONED/CAUGHT FIRE
- FAULTY WIRING
- DID NOT PUT CIGARETTE OUT COMPLETELY
- SOMEONE FELL ASLEEP WHILE SMOKING IN BED
- SOMEONE FELL ASLEEP WHILE SMOKING ON THE COUCH/IN A CHAIR
- CHILDREN PLAYING WITH MATCHES
- CANDLES
- PORTABLE HEATER
- KEROSENE HEATER
- FIREPLACE
- WOOD STOVE
- DRINKING ALCOHOLIC BEVERAGE
- SPILLED AN ALCOHOLIC BEVERAGE
- OTHER (VOLUNTEERED, SPECIFY) _____
- DON'T KNOW
- REFUSED

11d. Was anyone injured because of the fire?

- YES
- NO (SKIP TO Q11g)
- DON'T KNOW (SKIP TO Q11g)

- REFUSED (SKIP TO Q11g)

11e. What kind of injuries did members of your household receive because of this fire? **TI: DO NOT READ, CODE ALL THAT APPLY**

- BURNS
- SMOKE INHALATION
- SPRAINS
- BROKEN BONES
- OTHER (VOLUNTEERED, SPECIFY) _____
- DON'T KNOW
- REFUSED

11f. Did anyone who was injured because of this fire seek medical attention?

- YES
- NO
- DON'T KNOW
- REFUSED

11g. Did the members of your household utilize a fire escape plan when this fire happened?

- YES
- NO
- DON'T KNOW
- REFUSED

11h. How was the fire put out? **TI: DO NOT READ, CODE ALL THAT APPLY**

- FIRE EXTINGUISHER
- WATER
- FIRE DEPARTMENT
- SMOTHERED WITH A LID, POT OR BLANKET
- OTHER (VOLUNTEERED, SPECIFY) _____
- DON'T KNOW
- REFUSED

12. Do you think that the fire safety education you received from the fire department helped you to prevent fires?

- YES
- NO
- DON'T KNOW
- REFUSED

13. Were you happy with the fire safety education, materials and alarms the firefighter provided to you?

- YES
- NO
- DON'T KNOW
- REFUSED

14. Which information did you find the most helpful? **TI: RECORD VERBATIM RESPONSE**

15. Which information did you find the least helpful? **TI: RECORD VERBATIM RESPONSE**

16. In the past 6 months, have you bought any of the following fire safety products...?

16a. Fire Extinguishers

- YES
- NO
- DON'T KNOW
- REFUSED

16b_1. Smoke Alarms that use standard batteries

- YES
- NO
- DON'T KNOW
- REFUSED

16b_2. Smoke Alarms that use long lasting (long life) batteries (Do not include the alarms you received when the fire department visited)

- YES
- NO
- DON'T KNOW
- REFUSED

16b_3. Smoke Alarms that use your house's electricity (Do not include the alarms you've received today)

- YES
- NO
- DON'T KNOW
- REFUSED

16c. Fire Escape Ladders

- YES
- NO
- DON'T KNOW
- REFUSED

16d. An alarm added to your home security system that alerts the fire department in case of a fire

- YES
- NO
- DON'T KNOW
- REFUSED

16e. Some other type of fire safety product

- YES
- NO
- DON'T KNOW
- REFUSED

16e_other. What were the other items you've purchased? **TI: RECORD VERBATIM RESPONSE**

16f. ASK IF ANY OF THE QUESTIONS Q16A-Q16E=YES. Was there a reason that you purchased these products? **TI: RECORD VERBATIM RESPONSE**

17. In the past 6 months, how often have you used an electric space heater in your home? Would you say...

- All of the time
- Most of the time
- Some of the time
- Never (SKIP TO Q19)
- DON'T KNOW (SKIP TO Q19)
- REFUSED (SKIP TO Q19)

18. In the past 6 months, how often have you used extension cords with your electric space heaters? Would you say...

- All of the time
- Most of the time
- Some of the time
- Never
- DON'T KNOW
- REFUSED

19. In your opinion, if a space heater is being used in a home, how far away should people and things that may catch fire be kept away from a space heater? Would you say...

- Less than 1 foot
- 1 foot to 3 feet
- More than 3 feet
- DON'T KNOW
- REFUSED

ASK Q20-22 IF THERE IS A FIREPLACE OR WOOD STOVE IN THE HOME

20. If you use wood in your fireplace or wood stove, where do you keep the wood? Would you say...

- Wood is stored somewhere inside the home
- Wood is stored outside, less than 30 feet away from the home
- Wood is stored outside, more than 30 feet away from the home
- I DON'T USE WOOD IN MY FIREPLACE OR WOOD STOVE (volunteered, DO NOT READ)
- DON'T KNOW
- REFUSED

21. In the past 6 months, have you had your chimney(s) professionally cleaned?

- YES
- NO
- DON'T KNOW
- REFUSED

22. In the past 30 days, have you burned trash in your fireplace or wood stove?

- YES
- NO
- DON'T KNOW
- REFUSED

23. In the past 30 days, how often have you walked away (any distance) from food that is cooking on the stove or in your toaster oven? Would you say...

- All of the time
- Most of the time
- Some of the time
- Never
- DON'T KNOW
- REFUSED

24. In your opinion, if a grease fire starts in your kitchen, what should you do? Would you say...

TI: CODE ALL THAT APPLY

- Move or carry the pan to the sink
- Smother it with a tight fitting lid and turn the burner off
- Pour water on the fire
- Pour baking soda or salt on the fire
- DON'T KNOW
- REFUSED

25. During the past 30 days, has anyone who lives here had at least one entire drink of alcohol inside this home?

- YES
- NO
- DON'T KNOW
- REFUSED

26a. During the past 30 days, has anyone who lives here smoked cigarettes, cigars or pipes anywhere inside this home?

- YES
- NO (SKIP TO Q27)
- DON'T KNOW (SKIP TO Q27)
- REFUSED (SKIP TO Q27)

26b. During the past 30 days, how often has anyone who lives here smoked while lying down or sitting up in bed inside this home? Would you say...

- All of the time
- Most of the time
- Some of the time
- Never
- DON'T KNOW
- REFUSED

26c. During the past 30 days, how often has anyone who lives here smoked while sitting in a recliner or easy chair? Would you say...

- All of the time
- Most of the time
- Some of the time
- Never
- DON'T KNOW
- REFUSED

27. In your opinion, if a fire were to start in your home, how should you leave? Would you say...

- Walk at a normal pace to an exit
- Run to an exit
- Stay low to the ground while moving toward an exit
- DON'T KNOW
- REFUSED

28. In your opinion, if a fire were to start in your home, how should you contact 911 or other emergency services? Would you say...

- Find the closest phone in your home and call 911 or other emergency services
- Leave your home and call 911 or other emergency services from a neighbor's home or somewhere else
- DON'T KNOW
- REFUSED

ASK Q 29-31 ONLY IF THERE ARE CHILDREN UNDER 18 IN HH

29. Have you discussed fire safety with the children under the age of 18 in your household in the past 6 months?

- YES
- NO (SKIP TO Q30)
- DON'T KNOW (SKIP TO Q30)
- REFUSED (SKIP TO Q30)

Q29a. What do you discuss when talking to your children about fire safety? **TI: RECORD VERBATIM RESPONSE**

30. Do you keep cigarette lighters, matches, and other things used to start fires in a safe place, where children under the age of 18 can't get to them?

- YES
- NO
- DON'T KNOW
- REFUSED

31. Which of the following statements is true about your household? Would you say...

- All of the cigarette lighters in my household are child proof
- Some, but not all of the cigarette lighters in my household are child proof
- None of the cigarette lighters in my household are child proof
- THERE ARE NO CIGARETTE LIGHTERS IN MY HOUSEHOLD (VOLUNTEERED. DO NOT READ)
- DON'T KNOW
- REFUSED

32. When was the last time you had your home heating system cleaned, either by someone in your household or by a professional? Would you say...

- I've never had it cleaned
- Less than one year ago
- One to two years ago
- More than two years ago
- DON'T KNOW
- REFUSED

33. In the past 6 months, have you burned any of these things on your property? **TI: CODE ALL THAT APPLY**

- Trash
- Leaves
- I DON'T BURN ANYTHING ON MY PROPERTY (VOLUNTEERED. DO NOT READ)
- DON'T KNOW
- REFUSED

34. In the past 30 days, when disposing of ashes from a fire, fire place, wood stove, ash tray, trash/leaf fire, grill or other type of fire, how often did you wet them down first? Would you say...

- All of the time
- Most of the time
- Some of the time
- I never wet down ashes before disposing of them
- I HAVE NOT DISPOSED OF ASHES IN THE PAST 30 DAYS (VOLUNTEERED. DO NOT READ)
- DON'T KNOW
- REFUSED

CLOSING REMARKS:

Thank you for your time in answering my questions. This information will help us learn whether fire safety information is being presented in a way that people can easily remember. We appreciate your help. Do you have any questions about your smoke alarms or about fire safety education that you would like someone to call you back about?

- **If YES:** "I will give your name and number to someone on the smoke alarm project and ask him or her to call you. Is there a good time to reach you at home?"

Day of Week and Time of Day: _____

We will have someone call back as soon as possible during that time to discuss your concerns. Thank you again. Goodbye."

AS SOON AS CALL HAS ENDED, IF THERE IS A QUESTION: Enter name, address, phone number, survey number and date and time of this call as well as day of week and time of day that is best to return call on Excel program. Notify Sherri (Program Manager) of need to return call. Try to determine the nature of the question or even the actual question so Sherri can determine who is best to return the call.

- **If NO:** "Thank you again. Goodbye."