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| Triskel  United States Department of Transportation  National Highway Traffic Safety Administration | INTERVIEW FORMRESTRAINTS *(5/11/11 Draft)* | | | Form Approved O.M.B. No. 2127-0642  Expiration Date: 3/31/14  National Automotive Sampling System  National Child Restraint Use – Special Study | |
| 1. Primary Sampling Unit Number: \_\_\_\_\_ \_\_\_\_\_ | | 1. Site Number: \_\_\_\_\_ \_\_\_\_\_ | | | |
| 1. Observation Number: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | 1. Date of Observation: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/2011 | | | |
| * 1. ***(Circle for Only One Child--the child being observed)***   \_\_ 12 13 (*1st row: \_\_\_, middle, right)*  21 22 23 *(2nd row: left; middle, right)*  31 32 33 *(3rd row: left; middle, right)*  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | * 1. On a scale from 1 to 5 w/1= Not Confident & 5= Very Confident, how confident are you that the child in this SP is in the correct type of child safety restraint for his/her age, wt & ht?   1 Scale: **1-------2-------3------4------5** 2 O DK 3 O Refused 4 O DA  ***(Not Confident)***   ***(Very Confident)*** | | | |
| * 1. ***(By Observation)*** Child is in:   1O CRS,  2 O Booster or Other Child Restraint,  3 O SB,  4 O Unrestrained (U)  ***(If 1-2, continue; if 3-4, skip to Q17.)***  ***For the child restraint in SP \_\_\_:***   1. What is the make of this seat? | | 1. O Baby Trend 2. O Britax 3. O Chicco 4. O Combi 5. O Cosco 6. O Cybex 7. O Dorel 8. O Eddie Bauer 9. O Evenflo | 1. O Graco 2. O Maxi Cosi 3. O Learning Curve-1st Yrs. 4. O Magna/Clek 5. O Mia Moda 6. O Orbit 7. O Peg Perego 8. O Recaro | | 1. O Safety 1st 2. O Safe Traffic Systems 3. O Summer 4. O Sunshine Kids 5. O DK 6. O Refused 7. O DA 8. O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What is the model? | | 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 O DK 3 O Refused 4 O DA | | | |
| 1. How long have you had this seat? | | 1 Yrs \_\_\_\_\_\_\_\_\_ 2 Months \_\_\_\_\_\_\_ 3 O DK 4O Refused 5 O DA | | | |
| 1. Did you get it new or used? | | 1 O New 2 O Used 3 O DK 4 O Refused 5 O DA | | | |
| 1. Did you read the instructions for installing this SEAT that came......? ***(Read, randomizing order of 1-4; Select all that apply)*** | | * 1. On the box for the car seat   2. On the label of the car seat   3. In the owner’s manual for the car seat   4. In the owner’s manual for the vehicle   5. O None above 6. O DK, Ref, or DA ***(Circle one)*** | | | |
| 1. Has this seat been checked or inspected at a seat check or by a certified passenger safety technician (CPST)?   ***(If “Yes” continue; otherwise, skip to Q14)*** | | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA | | | |
| 1. How long ago was it (last) checked?   ***(If “Yes” continue; otherwise, skip to Q14)*** | | 1 Yrs \_\_\_\_\_\_\_\_\_ 2 Months \_\_\_\_\_\_\_ 3 O DK 4O Refused 5 O DA | | | |
| 1. Has it been moved since it was (last) checked? | | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA | | | |
| 1. On a scale from 1 to 5 with 1= Not Confident & 5= Very Confident, how confident are you that it is installed correctly? | | 1 Scale: **1-------2-------3------4------5** 2 O DK 3 O Refused 4 O DA  ***(Not Confident)***   ***(Very Confident)*** | | | |
| 1. Today, who put this child in his/her seat? | | 1 O Self 2 O Joint w/other 3 O Partner/spouse/significant other  4 O Parent or other family member 5 O Friend or neighbor  6 O Child 7 O CPST 8 O DK 9 O Refused 10 O DA  11 O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **FOR BELT POSITIONING BOOSTER SEATS (BPB), SKIP TO Q17; OTHERWISE CONTINUE** | | | | | |

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| 1. Some seats have a strap on the back of the seat near the top called a tether. Does your seat have a tether strap? | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA | **TETHERS** |
| 1. For this SP, does your vehicle have a place to hook the seat top tether strap? ***(If “no” to either Q16 or Q17, Skip to Q25; If U or SB, skip to Q26)*** | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA |
| 1. Are you using the tether? ***(If “Yes”, skip to Q20)*** | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA |
| 1. ***(If no)*** What is the main reason that you are not using the tether?   ***(Skip to Q25)*** | 1 O DK about it 2 O Didn’t think it was important  3 O DK how to use it 4 O Too hard to use 5 O RF seat  6 O Over weight limit 7 O Can’t find 8 O Refused  9 O DA 10 O Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. ***(If yes)*** What is the main reason that you are using the tether? | 1 O Law 2 O Safer 3 O Instructions 4 O DK  5 O Refused 6 O DA 7 O Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Who attached the tether?   ***(If any item from 3-10 is answered, Skip to Q23)*** | 1 O Self 2 O Joint w/other 3 O Partner/spouse/significant other 4 O Parent or other family member 5 O Friend or neighbor 6 O CPST 7 O DK 8 O Refused 9 O DA  10 O Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. On a scale from 1 to 5 with 1= Very Difficult & 5=   Very Easy, how difficult or easy did you find it to:   * 1. Attach the tether?   2. Get a tight fit? | **1---------2---------3--------4--------5**  ***(Very Difficult)***   ***(Very Easy)***  1--1 Scale #: \_\_\_\_\_\_\_\_\_\_\_\_ 2 O DK 3 O Refused 4 O DA  2--1 Scale #: \_\_\_\_\_\_\_\_\_\_\_\_ 2 O DK 3 O Refused 4 O DA |
| 1. Have you ever disconnected this tether?   ***(If “Yes” continue; otherwise, skip to Q25)*** | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA |
| 1. On a scale from 1 to 5 with 1= Very Difficult & 5= Very Easy, how difficult or easy did you find it to disconnect the tether? | 1 Scale #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 O DK 3 O Refused 4 O DA |

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| 1. Some seats have 2 straps/attachments on the bottom called lower anchor straps/attachments. Does this seat have lower straps/attachments to connect or hook it to the vehicle? | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA | **UPPER STRAPS & ANCHORS** |
| 1. For this SP, does your vehicle have lower anchors? ***(If “no” to either Q25 or Q26, Skip to Q36;*** If U or in SB, skip to Q43***)*** | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA |
| 1. Are you using the lower straps/attachments with the lower anchors? ***(If “Yes”, skip to Q29)*** | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA |
| 1. ***(If no)*** What is the main reason that you are not using the lower straps/attachments with the lower anchors?   ***(Skip to Q36)*** | 1 O DK about it 2 O Didn’t think it was important  3 O DK how to use it 4 O Too hard to use 5 O RF seat  6 O Over weight limit 7 O Can’t find 8 O Refused  9 O DA 10 O Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. ***(If yes)*** What is the main reason that you are using them? | 1 O Law 2 O Safer 3 O Instructions 4 O DK  5 O Refused 6 O DA 7 O Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Who installed the seat with the lower anchors?   ***(If any item from 3-10 is answered, Skip to Q32 )*** | 1 O Self 2 O Joint w/other 3 O Partner/spouse/significant other  4 O Parent or other family member 5 O Friend or neighbor  6 O CPST 7 O DK 8 O Refused 9 O DA 10 O Other \_\_\_\_\_\_ |
| 1. On a scale from 1 to 5 with 1= Very Difficult & 5= Very Easy, how difficult or easy did you find it to:    1. Install this seat using the lower anchors?    2. Get a tight fit? | **1---------2---------3--------4--------5**  ***(Very Difficult)***   ***(Very Easy)***  1--1 Scale #: \_\_\_\_\_\_\_\_\_\_\_ 2 O DK 3 O Refused 4 O DA  2--1 Scale #: \_\_\_\_\_\_\_\_\_\_\_ 2 O DK 3 O Refused 4 O DA |
| 1. Have you ever uninstalled this seat after it had been installed with lower anchors)?   ***(If “Yes” continue; otherwise, skip to Q34)*** | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA |
| 1. On a scale from 1 to 5 with 1= Very Difficult & 5= Very Easy, how difficult or easy did you find it to unInstall the seat (when using the lower anchors)? | 1 Scale #: \_\_\_\_\_\_\_\_\_\_\_ 2 O DK 3 O Refused 4 O DA |
| 1. Are you also using the safety belt to attach the seat? ***(If “Yes” continue; otherwise, skip to Q43)*** | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA | **BOTH** |
| 1. What is the main reason that you use both (i.e., SB and the lower anchors)?   ***(Skip to Q39)*** | 1 O Extra secureness or safety 2 O Believed it was necessary  3 O DK 4 O Refused 5 O DA 6 O Other: \_\_\_\_\_\_\_\_\_ |
| 1. Are you using the SB to attach the seat to the vehicle? ***(If “Yes”, skip to Q38)*** | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA | **SEAT BELT** |
| 1. ***(If no)*** What is the main reason that you are not using the SB?   ***(Skip to Q43)*** | 1 O DK about it 2 O Didn’t think it was important  3 O DK how to use it 4 O Too hard to use 5 O RF seat  6 O Over weight limit 7 O Can’t find 8 O Refused 9 O DA  10 O Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. ***(If yes)*** What is the main reason that you are using the SB? | 1 O Law 2 O Safer 3 O Instructions 4 O DK 5 O Refused  6 O DA 7 O Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Who installed the seat with the SB?   ***(If any item from 3-10 is answered, Skip to Q41)*** | 1 O Self 2 O Joint w/other 3 O Partner/spouse/significant other  4 O Parent or other family member 5 O Friend or neighbor  6 O CPST 7 O DK 8 O Refused 9 O DA 10 O Other \_\_\_\_\_\_ |
| 1. On a scale from 1 to 5 with 1= Very Difficult & 5= Very Easy, how difficult or easy did you find it to:    1. Install this seat using the seat belt?    2. Get a tight fit? | **1---------2---------3--------4--------5**  ***(Very Difficult)***   ***(Very Easy)***  1--1 Scale #: \_\_\_\_\_\_\_\_\_\_\_ 2 O DK 3 O Refused 4 O DA  2--1 Scale #: \_\_\_\_\_\_\_\_\_\_\_ 2 O DK 3 O Refused 4 O DA |
| 1. Have you ever uninstalled this seat after it had been installed with the seat belt? ***(If “Yes” continue; otherwise, skip to Q34)*** | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA |
| 1. On a scale from 1 to 5 with 1= Very Difficult & 5= Very Easy, how difficult or easy did you find it to unInstall the seat when using the seat belt? : | 1 Scale #: \_\_\_\_\_\_\_\_\_\_\_ 2 O DK 3 O Refused 4 O DA |
| 1. Have you ever used any of the following with this or another child safety seat in this vehicle? ***(IF “YES” To both Q43.2 & Q43.3, continue; otherwise, skip to Q46)*** | 1. Tether Anchor? 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA  2. Lower Anchors (LA)? 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA  3. Seat Belt (SB) 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA | **PREFER** |
| 1. Do you prefer using lower anchors or seat belts? | 1 O LA 2 O SB 3 O Both 4 O DK 5 O Refused 6 O DA |
| 1. Is it easier to attach a seat to the vehicle with the lower anchors or vehicle safety belt? | 1 O LA 2 O SB 3 O Both 4 O DK 5 O Refused 6 O DA |

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| 1. If you have ever driven somewhere when a child in the vehicle was not secured in a child safety seat or booster, describe the primary reason | 1 O Never have 2 O Short trip 3 O Child unbuckled self  4 O No seat/booster in vehicle 5 O Forgot to check  6 O Too many passengers in the vehicle  7 O Child does not cooperate 8 O Don't know  9 O Refused 10 O DA 11 O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. Gender (Do by Observation) | 1 O Male 2 O Female | | | | |
| 1. Are you of Hispanic or Latino origin? | 1 O Yes 2 O No 3 O DK 4 O Refused 5 O DA | | | | |
| 1. Which of the following best describes your race? (Select all that apply) | 1 O White 2 O Black or African American 3 O Asian  4 O Native Hawaiian/Other Pacific Islander 5 O American Indian/Alaska Native  6 O Refused 7 O DA 8 O Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. Do you mind telling me your age? | 1 Years: \_\_\_\_\_\_\_\_\_\_\_\_\_ 2 O Refused | | | | |
| 1. ***(Skip if Q50 answered)*** Would you prefer to point to your age range? | 1 O 13-19  2 O 20-29 | 3 O 30-39  4 O 40-49 | 5 O 50-59  6 O 60-69 | 7 O 70-79  8 O 80+ | 9 O DK  10 O Refused  11 O DA |
| 1. Interview completed: 1 O Yes 2 O No | 1. Time Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |