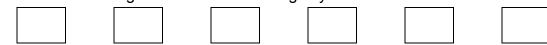# Consumer Product Safety Commission
Durable Nursery Products Exposure Survey
Screener for Pretest Respondents

Hello, my name is _____ and I work for Westat, a local research firm. We're doing research for the Consumer Product Safety Commission about the use of infant and toddler products, such as cribs, high chairs, strollers, and bath seats. If you are eligible and you agree to participate, we will give you $40 to complete an in-person interview that should last about an hour. In order to find out if you are eligible to be interviewed, I need to ask you a few questions.

1. May I go ahead?
   ☐ YES
   ☐ NO →**TERMINATE**

2. Are you at least 18 years of age?
   ☐ YES
   ☐ NO → **INELIGIBLE**

3. How many interviews or focus groups have you participated in at Westat or other survey research companies?
   ☐ MORE THAN ONE → **INELIGIBLE**
   ☐ ONE
   ☐ ZERO → **go to question 5**

4. When was that?
   ☐ IN THE PAST 6 MONTHS → **INELIGIBLE**
   ☐ MORE THAN 6 MONTHS AGO

5. Are there any children age 5 or under living in your household?
   ☐ YES
   ☐ NO → **INELIGIBLE**

6. What are the ages of the children living in your household?

   ☐ ☐ ☐ ☐ ☐ ☐

7. I am going to read a list of infant and toddler products. We're interested in the products that you have used regularly. For each product I read, please tell me if you use it regularly now, have used it regularly in the past, or have never used it regularly.

Bassinet or Cradle
IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➔ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➔ **INELIGIBLE**

Bedside Sleeper
IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➔ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➔ **INELIGIBLE**

Crib
IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➔ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➔ **INELIGIBLE**

Crib Bumpers
IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➔ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➔ **INELIGIBLE**

Sleep Positioner

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➜ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➜ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➜ **INELIGIBLE**

Toddler Bed

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➜ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➜ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➜ **ASK FOLLOWUP**

Do you currently have a toddler bed?

○ YES

○ NO ➜ **INELIGIBLE**

Do you ever use it (or have you ever used it)?

○ YES ➜ **INELIGIBLE**

○ NO ➜ **ASK FOLLOWUP**

Do you plan to use it in the future?

○ YES ➜ **ELIGIBLE AS FUTURE USER**

○ NO ➜ **INELIGIBLE**

Bed Rails

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➜ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➜ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➜ **INELIGIBLE**

High Chair

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➔ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➔ **ASK FOLLOWUP**

Do you currently have a high chair?

    ○ YES

    ○ NO ➔ **INELIGIBLE**

Do you ever use it (or have you ever used it)?

    ○ YES ➔ **INELIGIBLE**

    ○ NO ➔ **ASK FOLLOWUP**

Do you plan to use it in the future?

    ○ YES ➔ **ELIGIBLE AS FUTURE USER**

    ○ NO ➔ **INELIGIBLE**

Hook-on Chair

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➔ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➔ **INELIGIBLE**

Booster Chair

IF NEEDED, [DEFINITION]

- ☐ REGULARLY USE NOW ➜ ELIGIBLE AS CURRENT USER
- ☐ REGULARLY USED IN THE PAST ➜ ELIGIBLE AS PAST USER
- ☐ NEVER REGULARLY USED ➜ ASK FOLLOWUP

Do you currently have a booster chair?
- ○ YES
- ○ NO ➜ INELIGIBLE

Do you ever use it (or have you ever used it)?
- ○ YES ➜ INELIGIBLE
- ○ NO ➜ ASK FOLLOWUP

Do you plan to use it in the future?
- ○ YES ➜ ELIGIBLE AS FUTURE USER
- ○ NO ➜ INELIGIBLE

Infant Bath Tub or Bathing Aid

IF NEEDED, [DEFINITION]

- ☐ REGULARLY USE NOW ➜ ELIGIBLE AS CURRENT USER
- ☐ REGULARLY USED IN THE PAST ➜ ELIGIBLE AS PAST USER
- ☐ NEVER REGULARLY USED ➜ INELIGIBLE

Bath Seat

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➜ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➜ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➜ **ASK FOLLOWUP**

Do you currently have a bath seat?

    ○ YES

    ○ NO ➜ **INELIGIBLE**

Do you ever use it (or have you ever used it)?

    ○ YES ➜ **INELIGIBLE**

    ○ NO ➜ **ASK FOLLOWUP**

Do you plan to use it in the future?

    ○ YES ➜ **INELIGIBLE**

    ○ NO ➜ **ELIGIBLE AS NEVER USER**

Changing Table

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➜ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➜ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➜ **INELIGIBLE**

Stationary Activity Center

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➜ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➜ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➜ **INELIGIBLE**

Swing

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ ELIGIBLE AS CURRENT USER

☐ REGULARLY USED IN THE PAST ➔ ELIGIBLE AS PAST USER

☐ NEVER REGULARLY USED ➔ INELIGIBLE

Bouncer

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ ELIGIBLE AS CURRENT USER

☐ REGULARLY USED IN THE PAST ➔ ELIGIBLE AS PAST USER

☐ NEVER REGULARLY USED ➔ INELIGIBLE

Walker

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ ELIGIBLE AS CURRENT USER

☐ REGULARLY USED IN THE PAST ➔ ELIGIBLE AS PAST USER

☐ NEVER REGULARLY USED ➔ ASK FOLLOWUP

Do you currently have a walker?

○ YES

○ NO ➔ INELIGIBLE

Do you ever use it (or have you ever used it)?

○ YES ➔ INELIGIBLE

○ NO ➔ ASK FOLLOWUP

Do you plan to use it in the future?

○ YES ➔ ELIGIBLE AS FUTURE USER

○ NO ➔ INELIGIBLE

Play Yard

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➔ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➔ **INELIGIBLE**

Safety Gate

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➔ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➔ **ASK FOLLOWUP**

Do you currently have a safety gate?

    o YES

    o NO ➔ **INELIGIBLE**

Do you ever use it (or have you ever used it)?

    o YES ➔ **INELIGIBLE**

    o NO ➔ **ASK FOLLOWUP**

Do you plan to use it in the future?

    o YES ➔ **INELIGIBLE**

    o NO ➔ **ELIGIBLE AS NEVER USER**

Stroller

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➔ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➔ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➔ **INELIGIBLE**

Hand Held Carrier

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➜ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➜ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➜ **INELIGIBLE**

Sling

IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➜ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➜ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➜ **ASK FOLLOWUP**

Do you currently have a sling?

- o YES
- o NO ➜ **INELIGIBLE**

Do you ever use it (or have you ever used it)?

- o YES ➜ **INELIGIBLE**
- o NO ➜ **ASK FOLLOWUP**

Do you plan to use it in the future?

- o YES ➜ **INELIGIBLE**
- o NO ➜ **ELIGIBLE AS NEVER USER**

Front Soft Carrier
IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➜ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➜ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➜ **ASK FOLLOWUP**

Do you currently have a front soft carrier?
- ○ YES
- ○ NO ➜ **INELIGIBLE**

Do you ever use it (or have you ever used it)?
- ○ YES ➜ **INELIGIBLE**
- ○ NO ➜ **ASK FOLLOWUP**

Do you plan to use it in the future?
- ○ YES ➜ **INELIGIBLE**
- ○ NO ➜ **ELIGIBLE AS NEVER USER**

Backpack Carrier with Rigid Frame
IF NEEDED, [DEFINITION]

☐ REGULARLY USE NOW ➜ **ELIGIBLE AS CURRENT USER**

☐ REGULARLY USED IN THE PAST ➜ **ELIGIBLE AS PAST USER**

☐ NEVER REGULARLY USED ➜ **ASK FOLLOWUP**

Do you currently have a backpack carrier with a rigid frame?
- ○ YES
- ○ NO ➜ **INELIGIBLE**

Do you ever use it (or have you ever used it)?
- ○ YES ➜ **INELIGIBLE**
- ○ NO ➜ **ASK FOLLOWUP**

Do you plan to use it in the future?
- ○ YES ➜ **INELIGIBLE**
- ○ NO ➜ **ELIGIBLE AS NEVER USER**

8. IF NOT OBVIOUS, What is your gender?
   - ☐ MALE
   - ☐ FEMALE

9. What is your race or ethnicity?
   - ☐ LATINO/HISPANIC
   - ☐ BLACK/AFRICAN AMERICAN
   - ☐ WHITE
   - ☐ AMERICAN INDIAN OR PACIFIC ISLANDER
   - ☐ ASIAN
   - ☐ OTHER _____

10. What is the highest level of education that you have completed?
    - ☐ LESS THAN A HIGH SCHOOL DIPLOMA
    - ☐ HIGH SCHOOL GRADUATE OR GED
    - ☐ SOME COLLEGE, ASSOCIATES DEGREE
    - ☐ COLLEGE GRADUATE
    - ☐ ADVANCED DEGREE

if ineligible

Thank you very much for your interest, but you are not eligible for this study, or we have already filled the slots you're eligible for. Thank you very much for your time. We will destroy the information you have provided.

IF ELIGIBLE & WAITLIST

Thank you for answering all my questions. We may contact you soon to participate in an in-person interview. Can I have your name and phone number so that we can get in touch with you?

Name: _____

Phone: _____

IF ELIGIBLE & SCHEDULING

Thank you for answering all my questions. I'd like to invite you to participate in an in-person interview that will take about an hour to complete. We'll pay you $75 for your time with us. Let me give you some available times and you tell me what would be best for you.

<u>INTERVIEW DATE AND TIME</u>:

The interview will be held at the Westat facility in Rockville. I would like to send you directions. Where can I send them? Also, may I please have your phone number in case we need to get hold of you for any reason?

COLLECT RESPONDENT NAME, ADDRESS (IF APPLICABLE) AND PHONE

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

In case you need to contact me for any reason, you can reach me at 1-800-937-8281, extension 5897.

Preliminary Questions (P)

Introductory/Consent language (TO BE ADDED LATER)

1. Including yourself, please tell me the age and sex of everyone currently living in this household. For children under 6, please give me the month and year of birth. Please do not include students living away at school.
   [**IF NEEDED:** Include adults who think of this household as their primary place of residence. Include adults who usually stay in the household but are temporarily away on business, vacation, or in a hospital.]

2. **[IF THERE ARE ANY HH MEMBERS AGE 5 AND UNDER]** For this survey we will be talking about products used with children age 5 and under.
   [ASK FOR EACH CHILD AGE 5 AND UNDER] May I please have the first name, initial or nickname of **[FILL IN AGE OF EACH CHILD IN TURN]**?
   GET NAMES/INITIALS, SOME SHORT-HAND TO REFER TO CHILDREN BY

   > Example for Interviewer: If a 3-year-old boy and a 2-year old girl are enumerated in PQ1, ask the following after the intro sentence in PQ2: May I please have the name of the 3-year-old boy? May I please have the name of the 2-year-old girl?

3. Does your home have stairs?
   - ☐ YES
   - ☐ NO

   IF PQ3=YES, ASK PQ4
   OTHERWISE, GO TO INVENTORY QUESTIONS FOR EACH MODULE

4. Do you use safety gates on your stairs?
   - ☐ YES
   - ☐ NO

PQ5-PQ8 SHOULD BE ASKED AFTER ALL THE INVENTORY QUESTIONS HAVE BEEN ASKED

LIST OF RESPONSES FOR PQ5, PQ7, AND PQ9 WILL BE SELECTED BASED ON WHICH OF THE PRODUCTS LISTED THE RESPONDENT INDICATES THEY OWN AND CURRENTLY USE FROM THE MODULE INVENTORY QUESTIONS

5. During the day, do you put {your child/any of your children} down to sleep in…
   - ☐ A crib?
   - ☐ A toddler bed?

☐ A play yard?
☐ A hand-held carrier?
☐ A stroller?
☐ An infant swing?
☐ A bassinet?
☐ A cradle?
☐ An infant hammock?
☐ A bouncer?
☐ A bedside sleeper?
☐ A car seat?
☐ Something else? **[RECORD RESPONSE]**

IF MORE THAN ONE RESPONSE TO PQ5, ASK PQ6 FOR EACH CHILD LISTED IN PQ2

6. Which of these does {CHILD} sleep in most often during the day?
[DISPLAY BUT DO NOT READ CHOICES SELECTED IN PQ5. RECORD RESPONSE]

7. At night, do you put {your child/any of your children} down to sleep in…
☐ A toddler bed?
☐ A play yard?
☐ A hand-held carrier?
☐ A stroller?
☐ An infant swing?
☐ A bassinet?
☐ A cradle?
☐ An infant hammock?
☐ A bouncer?
☐ A bedside sleeper?
☐ A car seat?
☐ Something else? **[RECORD RESPONSE]**

IF MORE THAN ONE RESPONSE TO PQ7, ASK PQ8 FOR EACH CHILD LISTED IN PQ2

8. Which of these does {child} sleep in most often at night?
[DISPLAY BUT DO NOT READ CHOICES SELECTED IN PQ7. RECORD RESPONSE]

The next questions are about bathing your {child/ children}. First I'm going to ask <u>where</u> you give the baths, then I'll ask whether you use things like a bath seat.

9. Do you bathe {CHILD} in an adult bath tub, a sink, or somewhere else? You may select more than one.
   ☐ ADULT BATH TUB
   ☐ SINK
   ☐ SOMEWHERE ELSE **[RECORD RESPONSE]**

IF MORE THAN ONE RESPONSE TO PQ9, ASK PQ10

10. Where do you bathe {CHILD} most often?
    [DISPLAY BUT DO NOT READ CHOICES SELECTED IN PQ9. RECORD RESPONSE]

11. When you bathe {CHILD} in the {FILL WITH ANSWER AT PQ10}, do you use an infant bath tub, a baby bath seat, a baby bathing aid, something else or nothing else? You may select more than one.
    ☐ INFANT BATH TUB
    ☐ BABY BATH SEAT
    ☐ BABY BATHING AID
    ☐ SOMETHING ELSE **[RECORD RESPONSE]**
    ☐ NOTHING ELSE

IF MORE THAN ONE RESPONSE TO PQ11, ASK PQ12

12. Which do you use most often when you bathe {CHILD}?
    [DISPLAY BUT DO NOT READ CHOICES SELECTED IN PQ11. RECORD RESPONSE]

Walkers (W)

Walker Inventory Questions

IF NEEDED: Infant walkers are products that allow children to sit, recline, bounce, jump, and use their feet to move around. They usually consist of fabric seats attached to rigid trays and have bases with wheels or casters to make them mobile.

1. How many infant walkers do you currently have in your home?
   - ☐ NONE ➜ **GO TO WQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

IN WQ2, USE "THINKING ABOUT THE WALKER YOU USE MOST OFTEN" AND "IT" IF WQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE WALKER."

2. {Thinking about the infant walker you use most often, how/How} often do you use {it/the infant walker}? Would you say…
   - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF WQ1 = MORE THAN ONE, USE PLURAL IN WQ3 & WQ4

3. Have you used the infant walker{s} in the past?
   - ☐ YES ➜ **GO TO WQ6**
   - ☐ NO

4. Do you intend to use the infant walker{s} in the future?
   - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had an infant walker at home?
   - ☐ YES
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the walker you used most often.

6. How often did you use the walker? Would you say …
    - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Walker Module (W)

These next questions are about walkers.

IF WQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one walker, think about the one you used most often.

IF NEEDED: Infant walkers are products that allow children to sit, recline, bounce, jump, and use their feet to move around. They usually consist of fabric seats attached to rigid trays and have bases with wheels or casters to make them mobile.

> **IF WQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF WQ4= YES, USE PRESENT TENSE**
> **IF WQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the walker? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

8. {Does/did} the walker have a brake?
   ☐ YES
   ☐ NO
   ☐ DON'T KNOW

9. Did you…
   ☐ Purchase the walker,
   ☐ Receive it as a gift, or
   ☐ Borrow it?
   ☐ OTHER **[RECORD RESPONSE]**

10. When you got the walker, was it new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

11. When did you get it?
[RECORD RESPONSE]

IF WQ10=NEW, GO TO INSTRUCTIONS BEFORE WQ13
IF WQ10=SECOND-HAND, ASK WQ12

12. How old was the walker when you got it?
[RECORD RESPONSE]

13. Which child uses the walker most often?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

14. Which child used the walker most recently?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

    IF WQ4=YES, USE "WILL" IN WQ15
    OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

15. When {will/did} you start using the walker {with {CHILD}}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to start using the walker.
    - ☐ 0 to 6 months old,
    - ☐ 7 to 12 months old,
    - ☐ 13 to 24 months old,
    - ☐ More than 24 months old, or
    - ☐ Some other age? **[RECORD RESPONSE]**
    - ☐ **RECORD DESCRIPTIVE RESPONSE**

    IF WQ4=YES, GO TO NEXT PRODUCT

    IF PQ3=YES, ASK WQ16
    IF PQ3=NO, GO TO WQ17

16. {Does/did} {CHILD} use the walker around stairs?
    - ☐ YES
    - ☐ NO

    IF WQ8=YES, ASK WQ17
    IF WQ8=NO, GO TO WQ18

17. How often {do/did} you use the brake? Would you say…
    - ☐ All of the time,
    - ☐ Most of the time,
    - ☐ Some of the time,
    - ☐ Rarely, or
    - ☐ Never?

18. Why {do/did} you use the walker? You can select more than one reason. {Is/Was} it…
    - ☐ To entertain your child,
    - ☐ To help your child learn to walk,
    - ☐ To help your child get exercise,

- ☐ To keep your child occupied, or
- ☐ For some other reason? **[RECORD RESPONSE]**

19. How long {do/did} you usually leave {CHILD} in the walker at one time? Would you say…
    - ☐ Less than 30 minutes,
    - ☐ 30 Minutes to 1 hour,
    - ☐ More than 1 hour, but less than 2 hours,
    - ☐ 2 to 3 hours, or
    - ☐ More than 3 hours?

IF PQ3=YES, PQ4=NO, AND WQ16=YES, PREFACE WQ20 WITH "WHILE DOWNSTAIRS"

20. {While downstairs} {What/what} {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the walker while you went to another room for something? Would you say…
    - ☐ Less than five minutes,
    - ☐ 5 to15 minutes,
    - ☐ More than 15 minutes, or
    - ☐ Not at all?

IF PQ3=NO, GO TO WQ24
IF PQ3=YES AND PQ4=YES, GO TO WQ24
IF PQ3=YES, PQ4=NO, AND WQ16=NO, GO TO WQ24

21. While upstairs, what {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the walker while you went to another room for something? Would you say…
    - ☐ Less than five minutes,
    - ☐ 5 to15 minutes,
    - ☐ More than 15 minutes, or
    - ☐ Not at all?

IF WQ8=NO, GO TO WQ24
IF WQ17=NEVER, GO TO WQ24

22. While upstairs, what {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the walker <u>with the parking brake engaged</u> while you went to another room for something? Would you say…
    - ☐ Less than five minutes,
    - ☐ 5 to15 minutes,
    - ☐ More than 15 minutes, or
    - ☐ Not at all?

23. While upstairs, what {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the walker <u>without the parking brake engaged</u> while you went to another room for something? Would you say…
    - ☐ Less than five minutes,
    - ☐ 5 to15 minutes,

- ☐ More than 15 minutes, or
- ☐ Not at all?

24. Did the walker ever break?
- ☐ YES
- ☐ NO ➔ **GO TO WQ29**

25. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,
- ☐ Return the walker, or
- ☐ Throw away or recycle the walker?
- ☐ OTHER **[RECORD RESPONSE]**

    IF WQ25 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK WQ26
    IF WQ25 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN WQ26
    OTHERWISE GO TO WQ27

26. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

27. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➔ **GO TO WQ29**

28. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
  - ☐ LAWYER/LAW FIRM
  - ☐ OTHER _____

29. Did {CHILD} ever get hurt while {he/she} was in the walker?
- ☐ YES
- ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE WQ33**

30. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

31. Did {he/she} need medical care?
- ☐ YES
- ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE WQ33**

32. Did you take {him/her} to a hospital emergency room?
- ☐ YES
- ☐ NO

IF WQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF WQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

33. When {will you/did you} stop using the walker with {CHILD}? When {CHILD} {is/was} …
IF NEEDED: Or you can describe what made you decide to stop using the walker.
- ☐ 0 to 12 months old,
- ☐ 13 to 18 months old,
- ☐ 19 to 24 months old,
- ☐ More than 24 months old, or
- ☐ Some other age? **[RECORD RESPONSE]**
- ☐ **RECORD DESCRIPTIVE RESPONSE**

34. What {will you/did you} do with the walker when you {stop/stopped} using it? {Did/will} you…
- ☐ Store it, ➜ **GO TO NEXT PRODUCT**
- ☐ Sell it,
- ☐ Give it away,
- ☐ Trash or recycle it, or
- ☐ Do something else with it? **[RECORD RESPONSE]**
  - ☐ TRADED IN
  - ☐ OTHER _____

CURRENT OWNERS ➜ GO TO NEXT PRODUCT

35. And when did you do that?
[RECORD RESPONSE]

GO TO NEXT PRODUCT

Toddler Beds (T)

Inventory Questions

IF NEEDED: A toddler bed is a children's bed that uses a crib mattress. It may or may not have guard rails.

1. How many toddler beds do you currently have in your home?
   - ☐ NONE ➜ **GO TO TQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN TQ2, USE "THINKING ABOUT THE TODDLER BED YOU USE MOST OFTEN" AND "IT" IF TQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE TODDLER BED."

2. {Thinking about the toddler bed used most often, how/How} often do your {child/children} use {it/the toddler bed}? Would you say…
   - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF TQ1 = MORE THAN ONE, USE PLURAL IN TQ3 & TQ4

3. Have you used the toddler bed{s} in the past?
   - ☐ YES ➜ **GO TO TQ 6**
   - ☐ NO

4. Do you intend to use the toddler {bed/beds} in the future?
   - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a toddler bed at home?
   - ☐ YES
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the toddler bed you used most often.

IF TQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR TQ6.

6. How often did you use the toddler bed? Would you say …
   ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a week, ➜ **ELIGIBLE**; **GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ Never?

Toddler Bed Module (T)

These next questions are about toddler beds. If you have a crib that converts to a toddler bed, please answer only for the time you used it as a toddler bed.

IF TQ1 IS 2 OR MORE: Please think about the one you used most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one toddler bed, think about the one you used most often.

IF NEEDED: A toddler bed is a children's bed that uses a crib mattress. It may or may not have guard rails.

> **IF TQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF TQ4= YES, USE PRESENT TENSE**
> **IF TQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the toddler bed? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

8. Did you…
   - ☐ Purchase the toddler bed,
   - ☐ Receive it as a gift, or
   - ☐ Borrow it?
   - ☐ OTHER **[RECORD RESPONSE]**

9. When you got the toddler bed, was it new or secondhand?
   - ☐ NEW
   - ☐ SECOND-HAND

10. When did you get it?
    [RECORD RESPONSE]

    IF TQ9=NEW, GO TO INSTRUCTIONS BEFORE TQ12
    IF TQ9=SECOND-HAND, ASK TQ11

11. How old was the toddler bed when you got it?
    [RECORD RESPONSE]

    IF TQ4=YES, GO TO NEXT PRODUCT

12. Did {your child/any of your children} ever get hurt while in the toddler bed?

☐ YES
☐ NO**➜ GO TO INSTRUCTIONS BEFORE TQ17**

IF ONLY ONE CHILD IN HOUSEHOLD ➜ GO TO TQ14

13. Which child got hurt?

☐ **RECORD RESPONSE AND USE AS FILL IN TQ14-17**

14. How old was {CHILD} when {he/she} got hurt?
[RECORD RESPONSE]

15. Did {he/she} need medical care?

☐ YES
☐ NO **➜ GO TO INSTRUCTIONS BEFORE TQ 17**

16. Did you take {him/her} to a hospital emergency room?

☐ YES
☐ NO

IF TQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF TQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

17. What {will you/did you} do with the toddler bed when you {stop/stopped} using it?
{Did/will} you…

☐ Store it, **➜ GO TO NEXT PRODUCT**
☐ Sell it,
☐ Give it away,
☐ Trash or recycle it, or
☐ Do something else with it? **[RECORD RESPONSE]**
　　☐ TRADED IN
　　☐ OTHER _____

CURRENT OWNERS ➜ GO TO NEXT PRODUCT

18. And when did you do that?
[RECORD RESPONSE]

GO TO NEXT PRODUCT

Strollers (ST)

Stroller Inventory Questions

IF NEEDED: A stroller is a wheeled vehicle for the transport of infants or children. The movement is supplied by a person pushing on a handle attached to the stroller.

1. How many strollers do you currently have in your home?
   - ☐ NONE ➔ **GO TO STQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN STQ2, USE "THINKING ABOUT THE STROLLER YOU USE MOST OFTEN" AND "IT" IF STQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE STROLLER."

2. {Thinking about the stroller you use most often, how/How} often do you use {it/the stroller}? Would you say…
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF STQ1 = MORE THAN ONE, USE PLURAL IN STQ3 & STQ4

3. Have you used the stroller{s} in the past?
   - ☐ YES ➔ **GO TO STQ6**
   - ☐ NO

4. Do you intend to use the stroller{s} in the future?
   - ☐ YES ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a stroller at home?
   - ☐ YES
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the stroller you used most often.

IF STQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR STQ6.

6. How often did you use the stroller? Would you say …
   ☐ Every day, ➔ **GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Strollers Module (ST)

These next questions are about strollers. Please include carriages and jogging strollers in your answers.

IF STQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one stroller, think about the one you used most often.

IF NEEDED: A stroller is a wheeled vehicle for the transport of infants or children. The movement is supplied by a person pushing on a handle attached to the stroller.

> **IF STQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF STQ4= YES, USE PRESENT TENSE**
> **IF STQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the stroller? You can tell me all or part of the product name or just describe what it {looks/looked} like.
    IF NEEDED: Or you can describe some unique or special feature of it.
    [RECORD RESPONSE]

8. {Is/Was} it a …
    ☐ Single stroller,
    ☐ Double stroller, or
    ☐ Triple stroller?

9. {Is/Was} it a jogging stroller?
    ☐ YES
    ☐ NO

10. Was a car seat purchased to go with it?
    ☐ YES
    ☐ NO ➔ **GO TO STQ12**

11. Were the car seat and the stroller made by the same company?
    ☐ YES
    ☐ NO

12. Does the stroller have a brake or lock?
    ☐ YES
    ☐ NO
    ☐ DON'T KNOW

3

13. Did you…
- ☐ Purchase the stroller,
- ☐ Receive it as a gift, or
- ☐ Borrow it?
- ☐ OTHER **[RECORD RESPONSE]**

14. When you got the stroller, was it new or secondhand?
- ☐ NEW
- ☐ SECOND-HAND

15. When did you get it?

[RECORD RESPONSE]

IF STQ14=NEW, GO TO INSTRUCTIONS BEFORE STQ17
IF STQ14=SECOND-HAND, ASK STQ16

16. How old was the stroller when you got it?

[RECORD RESPONSE]

**IF MORE THAN ONE CHILD IN HH AND STQ2= EVERY DAY OR A FEW TIMES A WEEK;
ASK STQ17 THEN GO TO INSTRUCTIONS BEFORE STQ19**
**IF MORE THAN ONE CHILD IN HH AND STQ6= EVERY DAY OR A FEW TIMES A WEEK,
ASK STQ18 THEN GO TO INSTRUCTIONS BEFORE STQ19;**
OTHERWISE GO TO INSTRUCTIONS BEFORE STQ19

17. Which child uses the stroller most often?

SELECT FROM ROSTER OF CHILDREN AS GIVEN

18. Which child used the stroller most recently?

SELECT FROM ROSTER OF CHILDREN AS GIVEN

IF STQ4=YES, USE "WILL" IN STQ19
OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

19. When {will/did} you start using the stroller {with {CHILD}}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to start using the stroller.
- ☐ 0 to 6 months old,
- ☐ 7 to 12 months old,
- ☐ 13 to 24 months old,
- ☐ More than 24 months old, or
- ☐ Some other age? **[RECORD RESPONSE]**
- ☐ **RECORD DESCRIPTIVE RESPONSE**

IF STQ4=YES, GO TO NEXT PRODUCT

20. {Do/Did} you use the stroller…
- ☐ Several times a day,
- ☐ Once a day,
- ☐ A few times a week,
- ☐ Once a week or less, or
- ☐ Not at all?

21. How often {does/did} {CHILD} sleep in the stroller? Would you say…
- ☐ Several times a day,
- ☐ Once a day,
- ☐ A few times a week, or
- ☐ Once a week or less?

22. When {CHILD} is awake, how long {is/was} {he/she} usually in the stroller? Would you say…
- ☐ Less than 30 minutes
- ☐ 30 Minutes to 1 hour, or
- ☐ More than 1 hour?

23. How often {do/did} you strap {CHILD} in when using the stroller?
- ☐ All of the time,
- ☐ Most of the time,
- ☐ Some of the time,
- ☐ Or not at all?

IF STQ10=NO, GO TO STQ25

24. How often {do/did} you use the car seat that fits on your stroller in the car? Would you say…
- ☐ All of the time,
- ☐ Most of the time,
- ☐ Some of the time,
- ☐ Or not at all?

IF STQ12=YES, PREFACE STQ26-STQ28 WITH "WITH THE BRAKE OR LOCK ENGAGED"

IF STQ2 = EVERY DAY OR A FEW TIMES A WEEK, ASK STQ25
OTHERWISE GO TO INSTRUCTIONS BEFORE STQ26

25. {With the brake or lock engaged, what /What} is the longest you feel comfortable leaving {CHILD} in the stroller while out of your sight?
- ☐ Less than 5 minutes,
- ☐ 5 to15 Minutes
- ☐ More than 15 minutes, or
- ☐ Not at all?

26. {With the brake or lock engaged, what/What} was the longest you felt comfortable leaving {CHILD} in the stroller while out of your sight when {he/she} was less than 6 months old? Would you say…
    ☐ Less than 5 minutes,
    ☐ 5 to15 Minutes
    ☐ More than 15 minutes, or
    ☐ Not at all?

27. {With the brake or lock engaged, what/What} was the longest you felt comfortable leaving {CHILD} in the stroller while out of your sight when {he/she} was between 6 months and 1 year old?
    ☐ Less than 5 minutes,
    ☐ 5 to 15 Minutes
    ☐ More than 15 minutes, or
    ☐ Not at all?

28. {With the brake or lock engaged, what/What} was the longest you felt comfortable leaving {CHILD} in the stroller while out of your sight when {he/she} was between 1 and 2 years old?
    ☐ Less than 5 minutes,
    ☐ 5-15 Minutes
    ☐ More than 15 minutes, or
    ☐ Not at all?

29. Did the stroller ever break?
    ☐ YES
    ☐ NO ➔ **GO TO STQ34**

30. Did you,
    ☐ Fix it yourself,
    ☐ Have someone else fix it,
    ☐ Return the stroller, or
    ☐ Throw away or recycle the stroller?
    ☐ OTHER **[RECORD RESPONSE]**

31. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

32. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➜ **GO TO STQ34**

33. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
    - ☐ LAWYER/LAW FIRM
    - ☐ OTHER _____

34. Did {CHILD} ever get hurt while {he/she} was in the stroller?
- ☐ YES
- ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE STQ38**

35. How old was {CHILD} when {he/she} got hurt?
[RECORD RESPONSE]

36. Did {he/she} need medical care?
- ☐ YES
- ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE STQ38**

37. Did you take {him/her} to a hospital emergency room?
- ☐ YES
- ☐ NO

IF STQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF STQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

38. When {will you/did you} stop using the stroller with {CHILD}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to stop using the stroller.
- ☐ 0 to 12 months old,
- ☐ 13 to 24 months old,
- ☐ 25 months to 3 years old,
- ☐ More than 3 years old, or
- ☐ Some other age? **[RECORD RESPONSE]**
- ☐ **RECORD DESCRIPTIVE RESPONSE**

39. What {will you/did you} do with the stroller when you {stop/stopped} using it? {Did/will} you…

☐ Store it, ➔ **GO TO NEXT PRODUCT**
☐ Sell it,
☐ Give it away,
☐ Trash or recycle it, or
☐ Do something else with it? **[RECORD RESPONSE]**
    ☐ TRADED IN
    ☐ OTHER _____

CURRENT OWNERS ➔ GO TO NEXT PRODUCT

40. And when did you do that?
[RECORD RESPONSE]

GO TO NEXT PRODUCT

Stationary Activity Centers (S)

Inventory Questions

IF NEEDED: A stationary activity center is a stationary product that enables a sitting or standing child to, rock, play, spin, bounce and/or walk within a limited range of motion while completely surrounded by the product.

1. How many stationary activity centers do you currently have in your home?
   - ☐ NONE ➔ **GO TO SQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN SQ2, USE "THINKING ABOUT THE STATIONARY ACTIVITY CENTER YOU USE MOST OFTEN" AND "IT" IF SQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE STATIONARY ACTIVITY CENTER."

2. {Thinking about the stationary activity center you use most often, how/How} often do you use {it/the stationary activity center}? Would you say…
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF SQ1 = MORE THAN ONE, USE PLURAL IN SQ3 & SQ4

3. Have you used the stationary activity center{s} in the past?
   - ☐ YES ➔ **GO TO SQ6**
   - ☐ NO

4. Do you intend to use the stationary activity center{s} in the future?
   - ☐ YES ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a stationary activity center at home?
   - ☐ YES
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

   Please think about the stationary activity center you used most often.

6. How often did you use the stationary activity center? Would you say …
    ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a year, or➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Stationary Activity Center Module (S)

These next questions are about stationary activity centers.

IF SQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one stationary activity center, think about the one you used most often.

IF NEEDED: A stationary activity center is a stationary product that enables a sitting or standing child to, rock, play, spin, bounce and/or walk within a limited range of motion while completely surrounded by the product.

> **IF SQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF SQ4= YES, USE PRESENT TENSE**
> **IF SQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the stationary activity center? You can tell me all or part of the product name or just describe what it {looks/looked} like.
    IF NEEDED: Or you can describe some unique or special feature of it.
    [RECORD RESPONSE]

8. Did you…
    ☐ Purchase the stationary activity center,
    ☐ Receive it as a gift, or
    ☐ Borrow it?
    ☐ OTHER **[RECORD RESPONSE]**

9. When you got the stationary activity center, was it new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

10. When did you get it?
    [RECORD RESPONSE]

    IF SQ9=NEW, GO TO INSTRUCTIONS BEFORE SQ12
    IF SQ9=SECOND-HAND, ASK SQ11

11. How old was the stationary activity center when you got it?
    [RECORD RESPONSE]

    IF MORE THAN ONE CHILD IN HH AND SQ2= EVERY DAY OR A FEW TIMES A WEEK, ASK SQ12 THEN GO TO INSTRUCTIONS BEFORE SQ14;
    IF MORE THAN ONE CHILD IN HH AND SQ6= EVERY DAY OR A FEW TIMES A WEEK, ASK SQ13 THEN GO TO INSTRUCTIONS BEFORE SQ14;
    OTHERWISE GO TO SQ14

12. Which child uses the stationary activity center most often?
SELECT FROM ROSTER OF CHILDREN AS GIVEN

13. Which child used the stationary activity center most recently?
SELECT FROM ROSTER OF CHILDREN AS GIVEN

IF SQ4=YES, USE "WILL"
OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

14. When {will/did} you start using the stationary activity center {with {CHILD}}? When {CHILD} {is/was} …
IF NEEDED: Or you can describe what made you decide to start using the stationary activity center.
- ☐ 0 to 6 months old,
- ☐ 7 to 12 months old,
- ☐ 13 to 24 months old,
- ☐ More than 24 months old, or
- ☐ Some other age**? [RECORD RESPONSE]**
- ☐ **RECORD DESCRIPTIVE RESPONSE**

IF SQ4=YES, GO TO NEXT PRODUCT
OTHERWISE CONTINUE

15. How long {is/was} {CHILD} usually in the stationary activity center at one time? Would you say…
- ☐ Less than 30 minutes,
- ☐ 30 minutes to 1 hour,
- ☐ More than 1 hour, but less than 2 hours,
- ☐ 2 to 3 hours, or
- ☐ More than 3 hours?

16. What {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the stationary activity center while you {go/went} to another room for something? Would you say…
- ☐ Up to 1 minute,
- ☐ More than 1 minute, but less than 5 minutes,
- ☐ 5 to15 minutes,
- ☐ More than 15 minutes, or
- ☐ Not at all?

17. Did the stationary activity center ever break?
- ☐ YES
- ☐ NO ➜ **GO TO SQ22**

18. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,

☐ Return the stationary activity center, or
☐ Throw away or recycle the stationary activity center?
☐ OTHER **[RECORD RESPONSE]**

IF SQ18 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK SQ19
IF SQ18 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN SQ19
OTHERWISE GO TO SQ20

19. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
☐ YES
☐ NO

20. Did you report the problem to someone?
☐ YES
☐ NO ➜ **GO TO SQ22**

21. Who did you report the problem to? You can select more than one. Did you report it to…
☐ The manufacturer,
☐ The retailer,
☐ The Consumer Product Safety Commission,
☐ A news outlet, or
☐ Someone else?
  ☐ LAWYER/LAW FIRM
  ☐ OTHER _____

22. Did {CHILD} ever get hurt while {he/she} was in the stationary activity center?
☐ YES
☐ NO ➜ **GO TO INSTRUCTIONS BEFORE SQ26**

23. How old was {CHILD} when {he/she} got hurt?
[RECORD RESPONSE]

24. Did {he/she} need medical care?
☐ YES
☐ NO ➜ **GO TO INSTRUCTIONS BEFORE SQ26**

25. Did you take {him/her} to a hospital emergency room?
☐ YES
☐ NO

IF SQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF SQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

26. When {will you/did you} stop using the stationary activity center with {CHILD}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to stop using the stationary activity center.
    ☐ 0 to 12 months old,
    ☐ 13 to 24 months old,
    ☐ 25 months to 3 years old,
    ☐ More than 3 years old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

27. What {will you/did you} do with the stationary activity center when you {stop/stopped} using it? {Did/will} you…
    ☐ Store it, ➜ **GO TO NEXT PRODUCT**
    ☐ Sell it,
    ☐ Give it away,
    ☐ Trash or recycle it, or
    ☐ Do something else with it? **[RECORD RESPONSE]**
        ☐ TRADED IN
        ☐ OTHER _____

CURRENT OWNERS ➜ GO TO NEXT PRODUCT

28. And when did you do that?
    [RECORD RESPONSE]

    GO TO NEXT PRODUCT

Slings (SL)

Sling Inventory Questions

IF NEEDED: A sling (also called a wrap) is a child carrier made from a length of fabric worn over one shoulder and around the waist to form an over-the-shoulder hammock.

1. How many slings do you currently have in your home?
   - ☐ NONE ➔ **GO TO SLQ 5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN SLQ2, USE "THINKING ABOUT THE SLING YOU USE MOST OFTEN" AND "IT" IF SLQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE SLING."

2. {Thinking about the sling you use most often, how/How} often do you use {it/the sling}? Would you say…
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE SLQ7**
   - ☐ Never?

   IF SLQ1 = MORE THAN ONE, USE PLURAL IN SLQ3 & SLQ4

3. Have you used the sling{s} in the past?
   - ☐ YES ➔ **GO TO SLQ6**
   - ☐ NO

4. Do you intend to use the sling{s} in the future?
   - ☐ YES ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE SLQ7**

5. Have you ever had a sling at home?
   - ☐ YES
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the sling you used most often.

6. How often did you use the sling? Would you say …
    ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a year, or ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE SLQ7**
    ☐ Never? ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE SLQ7**

    IF **SL**Q2=**A FEW TIMES A YEAR**, USE "HARDLY EVER USE" AND "IS"
    IF **SLQ**4=NO, USE "DON'T INTEND TO USE" AND "IS"
    IF **SL**Q6=**A FEW TIMES A YEAR**, USE "HARDLY EVER USED" AND "WAS"
    IF **SL**Q6=NEVER, USE "NEVER USED" AND "WAS"

7. Please tell me why you {hardly ever use/ don't intend to use/hardly ever used/never used} the sling. You can select more than one reason. {Is/Was} it because …
    ☐ It's too difficult to use,
    ☐ Your child didn't like it,
    ☐ You didn't like it,
    ☐ You didn't think your child was safe, or
    ☐ Some other reason? **[RECORD RESPONSE]**

Slings Module (SL)

These next questions are about slings.

IF SLQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one sling, think about the one you used most often.

IF NEEDED: A sling (also called a wrap) is a child carrier made from a length of fabric worn over one shoulder and around the waist to form an over-the-shoulder hammock.

> **IF SLQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE PRESENT TENSE**
> **IF SLQ4= YES OR NO, USE PRESENT TENSE**
> **IF SLQ6= EVERY DAY, A FEW TIMES A WEEK,, A FEW TIMES A YEAR, OR NEVER USE PAST TENSE**

8. What {is/was} the name of the sling? You can tell me all or part of the product name or just describe what it {looks/looked} like.
    IF NEEDED: Or you can describe some unique or special feature of it.
    [RECORD RESPONSE]

9. Did you…
    - ☐ Purchase the sling,
    - ☐ Receive it as a gift, or
    - ☐ Borrow it?
    - ☐ OTHER **[RECORD RESPONSE]**

10. When you got the sling, was it new or secondhand?
    - ☐ NEW
    - ☐ SECOND-HAND

11. When did you get it?
    [RECORD RESPONSE]

    IF SLQ10=NEW, GO TO INSTRUCTIONS BEFORE SLQ13
    IF SLQ10=SECOND-HAND, ASK SLQ12

12. How old was the sling when you got it?
    [RECORD RESPONSE]

    IF MORE THAN ONE CHILD IN HH AND SLQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR; ASK SLQ13 THEN GO TO INSTRUCTIONS BEFORE SLQ15
    IF MORE THAN ONE CHILD IN HH AND SLQ6= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, ASK SLQ14 THEN GO TO INSTRUCTIONS BEFORE SLQ15;

13. With which child do you use the sling most often?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

14. With which child did you use the sling most recently?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

15. When {will/did} you start using the sling {with {CHILD}}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to start using the sling.
    ☐ 0 to 6 months old,
    ☐ 7 to 12 months old,
    ☐ 13 to 24 months old,
    ☐ More than 24 months old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

16. How did you learn to use the sling? You can select more than one. Did you learn
    from…
    ☐ The manufacturer's instructions, ➔ **GO TO SLQ18**
    ☐ Someone else showing you how,
    ☐ Trial and error, or
    ☐ Some other way? **[RECORD RESPONSE]**

17. Did you read or watch the instructions that came with the sling?
    ☐ YES
    ☐ NO

18. {Have/did} you {had/have} any difficulties adjusting the sling comfortably?
    ☐ YES
    ☐ NO

19. How often {do/did} you check {CHILD}'s face while in the sling? {Is/Was} it…
    ☐ Every minute,
    ☐ Every five minutes ,
    ☐ Every ten minutes, or
    ☐ Longer than every 10 minutes?

IF {CHILD} > 6 MONTHS OLD, PREFACE SLQ20 WITH "UP UNTIL {CHILD} WAS 6 MONTHS OLD, IN" AND USE "WAS {HE/SHE}"
IF {CHILD} < 6 MONTHS OLD USE "IN" AND "HAS {CHILD} BEEN"

20. {Up until {CHILD} was 6 months old, in/In} which of the following ways {was {he/she}/ has {CHILD} been} in the sling? (Select more than one.)
    ☐ Sitting up on your chest facing outward,
    ☐ Sitting up on your chest facing inward,
    ☐ Lying down with face visible, or
    ☐ Lying down with face not visible?

21. What activities do you use the sling for? You can select more than one. Do you use it…
    ☐ To do chores,
    ☐ To go shopping,
    ☐ To go for walks, or
    ☐ For some other activity? **[RECORD RESPONSE]**

22. How long {do/did} you usually carry {CHILD} in the sling? Would you say…
    ☐ Less than 15 minutes,
    ☐ 15 to 30 minutes, or
    ☐ More than 30 minutes?

23. What {is/was} the longest you {carry/carried} {CHILD} in the sling? Would you say…
    ☐ Less than 15 minutes,
    ☐ 15 to 30 minutes,
    ☐ More than 30 minutes, but less than 1 hour, or
    ☐ More than 1 hour?

24. Did the sling ever break?
    ☐ YES
    ☐ NO ➔ **GO TO SLQ29**

25. Did you,
    ☐ Fix it yourself,
    ☐ Have someone else fix it,
    ☐ Return the sling, or
    ☐ Throw away or recycle the sling?
    ☐ OTHER **[RECORD RESPONSE]**

    IF SLQ25 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK SLQ26
    IF SLQ25 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN SLQ26
    OTHERWISE GO TO SLQ27

26. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
    ☐ YES

☐ NO

27. Did you report the problem to someone?
   ☐ YES
   ☐ NO ➔ **GO TO SLQ**

28. Who did you report the problem to? You can select more than one. Did you report it
   to…
   ☐ The manufacturer,
   ☐ The retailer,
   ☐ The Consumer Product Safety Commission,
   ☐ A news outlet, or
   ☐ Someone else?
      ☐ LAWYER/LAW FIRM
      ☐ OTHER ———————————————————————

29. Did {CHILD} ever get hurt while {he/she} was in the sling?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE SLQ33**

30. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

31. Did {he/she} need medical care?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE SLQ33**

32. Did you take {him/her} to a hospital emergency room?
   ☐ YES
   ☐ NO

   **IF SLQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE FUTURE
   TENSE
   IF SLQ6= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE PAST
   TENSE**

33. When {will you/did you} stop using the sling with {CHILD}? When {CHILD} {is/was} …
     IF NEEDED: Or you can describe what made you decide to stop using the sling,
   ☐ 0 to 6 months old,
   ☐ 7 to 12 months old,
   ☐ 13 to 24 months old,
   ☐ More than 24 months old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

IF **SL**Q2= **EVERY DAY, A FEW TIMES A WEEK,** OR **A FEW TIMES A YEAR**, USE "WILL"
 AND "WHEN YOU STOP USING IT"
IF **SL**Q4=NO, USE "WILL"
IF **SL**Q6= **EVERY DAY, A FEW TIMES A WEEK,** OR **A FEW TIMES A YEAR**, USE "DID"
 AND "WHEN YOU STOPPED USING IT"
IF **SL**Q6=NEVER, USE "DID"

34. What {will/did} you do with the sling {when you stop[ped] using it}? {Did/will} you…
 ☐ Store it, ➔ **GO TO NEXT PRODUCT**
 ☐ Sell it,
 ☐ Give it away,
 ☐ Trash or recycle it, or
 ☐ Do something else with it? **[RECORD RESPONSE]**
     ☐ TRADED IN
     ☐ OTHER _____

CURRENT OWNERS ➔ GO TO NEXT PRODUCT

35. And when did you do that?
 [RECORD RESPONSE]

 GO TO NEXT PRODUCT

Sleep Positioners (SP)

Inventory Questions

IF NEEDED: A sleep positioner is a mat with bolsters on the side intended to keep an infant in place for sleep. The mat may be inclined or flat.

1. How many sleep positioners do you currently have in your home?
   - ☐ NONE ➜ **GO TO SPQ 5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN SPQ2, USE "THINKING ABOUT THE SLEEP POSITIONER YOU USE MOST OFTEN" AND "IT" IF SPQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE SLEEP POSITIONER."

2. {Thinking about the sleep positioner you use most often, how/How} often do you use {it/the sleep positioner}? Would you say…
   - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF SPQ1 = MORE THAN ONE, USE PLURAL IN SPQ3 & SPQ4

3. Have you used the sleep positioner{s} in the past?
   - ☐ YES ➜ **GO TO INSTRUCTIONS BEFORE SPQ6**
   - ☐ NO

4. Do you intend to use the sleep positioner{s} in the future?
   - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a sleep positioner at home?
   - ☐ YES
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

   Please think about the sleep positioner you used most often.

IF SPQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR SPQ6.

6. How often did you use the sleep positioner? Would you say …

☐ Every day, ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE SPQ7**
☐ A few times a week, ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE SPQ7**
☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Sleep Positioner Module (SP)

These next questions are about sleep postioners.

IF SPQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one sleep positioner, think about the one you used most often.

IF SPQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE
IF SPQ4=YES, USE PRESENT TENSE
IF SPQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

7. What {is/was} the name of the sleep positioner? You can tell me all or part of the product name or just describe what it {looks/looked} like.
    IF NEEDED: Or you can describe some unique or special feature of it.
    [RECORD RESPONSE]

8. Is the sleep positioner flat?
    ☐ YES
    ☐ NO

9. Did you…
    ☐ Purchase the sleep positioner,
    ☐ Receive it as a gift, or
    ☐ Borrow it?
    ☐ OTHER **[RECORD RESPONSE]**

10. When you got the sleep positioner, was it new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

11. When did you get it?
    [RECORD RESPONSE]

    IF SPQ10=NEW, GO TO INSTRUCTIONS BEFORE SPQ13
    IF SPQ10=SECOND-HAND, ASK SPQ12

12. How old was the sleep positioner when you got it?
    [RECORD RESPONSE]

    IF MORE THAN ONE CHILD IN HH AND SPQ2= EVERY DAY OR A FEW TIMES A WEEK, ASK SPQ13 THEN GO TO INSTRUCTIONS BEFORE SPQ15;
    IF MORE THAN ONE CHILD 5 IN HH AND SPQ6= EVERY DAY OR A FEW TIMES A WEEK, ASK SPQ14 THEN GO TO INSTRUCTIONS BEFORE SPQ15;
    OTHERWISE GO TO INSTRUCTIONS BEFORE SPQ15

13. Which child uses the sleep positioner most often?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

14. Which child used the sleep positioner most recently?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

    IF SPQ4=YES, USE "WILL"
    OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

15. When {will/did} you start using the sleep positioner {with {CHILD}}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to start using the sleep positioner.
    ☐ 0 to 4 months old,
    ☐ 5 to 8 months old,
    ☐ 9 to12 months old,
    ☐ More than 12 months old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

    IF SPQ4=YES, GO TO NEXT PRODUCT
    OTHERWISE CONTINUE

16. Why {do/did} you use the sleep positioner? You can select more than one reason. {Is/was} it…
    ☐ To help your child's acid reflux,
    ☐ To help with your child's flat head syndrome,
    ☐ To keep your child on {his/her} back or keep {him/her} from rolling over,
    ☐ Because a doctor recommended or required it, or
    ☐ For some other reason? **[RECORD RESPONSE]**
        ☐ GOT AS GIFT
        ☐ OTHER ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

17. When you {use/used} the sleep positioner, {do/did} you usually place {CHILD} on {his/her} back, tummy, or side?
    ☐ BACK
    ☐ TUMMY
    ☐ SIDE

    LIST OF RESPONSES FOR SPQ18 WILL BE SELECTED BASED ON WHICH OF THE PRODUCTS LISTED THE RESPONDENT INDICATES THEY USE FOR DAYTIME OR NIGHTTIME SLEEPING IN PQ5 AND PQ7

18. Do you use the sleep positioner in any of the following? (Select one or more)
    ☐ The crib?
    ☐ The toddler bed?

- ☐ The play yard?
- ☐ The hand-held carrier?
- ☐ The stroller?
- ☐ The infant swing?
- ☐ The bassinet?
- ☐ The cradle?
- ☐ The infant hammock?
- ☐ The bouncer?
- ☐ The bedside sleeper?
- ☐ The car seat?

19. Did you ever have any problems with the sleep positioner?
- ☐ YES
- ☐ NO ➜ **GO TO SPQ24**

20. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,
- ☐ Return the sleep positioner, or
- ☐ Throw away or recycle the sleep positioner?
- ☐ OTHER **[RECORD RESPONSE]**

IF SPQ20 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK SPQ21
IF SPQ20 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN SPQ21
OTHERWISE GO TO SPQ22

21. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

22. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➜ **GO TO SPQ24**

23. Who did you report the problem to? You can select more than one. Did you report it
    to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
    - ☐ LAWYER/LAW FIRM
    - ☐ OTHER _____

24. Did {CHILD} ever get hurt while {he/she} was in or on the sleep positioner?
    ☐ YES
    ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE SPQ28**

25. How old was {CHILD} when {he/she} got hurt?
    [RECORD RESPONSE]

26. Did {he/she} need medical care?
    ☐ YES
    ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE SPQ28**

27. Did you take {him/her} to a hospital emergency room?
    ☐ YES
    ☐ NO

IF SPQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF SPQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

28. When {will you/did you} stop using the sleep positioner with {CHILD}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to stop using the sleep positioner.
    ☐ 0 to 12 months old,
    ☐ 13 to 18 months old,
    ☐ 19 to 24 months old,
    ☐ More than 24 months old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

29. What {will you/did you} do with the sleep positioner when you {stop/stopped} using it? {Did/will} you…
    ☐ Store it, ➜ **GO TO NEXT PRODUCT**
    ☐ Sell it,
    ☐ Give it away,
    ☐ Trash or recycle it, or
    ☐ Do something else with it? **[RECORD RESPONSE]**
        ☐ TRADED IN
        ☐ OTHER _____

CURRENT OWNERS ➜ GO TO NEXT PRODUCT

30. And when did you do that?
    [RECORD RESPONSE]

    GO TO NEXT PRODUCT

Gates (G)

Gate Inventory Questions

IF NEEDED: Safety gates are barriers intended to be erected in an opening, such as a doorway, to prevent the passage of young children, but which can be removed by older persons. Enclosures are self-supporting barriers intended to completely surround an area or play-space within which a young child may be confined.

1. How many safety gates or other enclosures for confining a child do you currently have in your home?
   ☐ NONE ➜ **GO TO GQ5**
   ☐ 1
   ☐ 2
   ☐ 3
   ☐ OTHER **[RECORD RESPONSE]**

   IN GQ2, USE "THINKING ABOUT THE GATE OR ENCLOSURE YOU USE MOST OFTEN" AND "IT" IF GQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE GATE OR ENCLOSURE."

2. {Thinking about the gate or enclosure you use most often, how/How} often do you use {it/the gate or enclosure}? Would you say…
   ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a week,, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a year, or ➜ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE GQ7**
   ☐ Never?

   IF GQ1 = MORE THAN ONE, USE PLURAL IN GQ3 & GQ4

3. Have you used the gate{s} or other enclosure{s} in the past?
   ☐ YES ➜ **GO TO GQUESTION 6**
   ☐ NO

4. Do you intend to use the gate{s} or other enclosure{s} for confining a child in the future?
   ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ NO ➜ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE GQ7**

5. Have you ever had a gate or other enclosure for confining a child at home?
   ☐ YES
   ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

   Please think about the gate or enclosure you used most often.

IF GQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR GQ6.

6. How often did you use the gate or enclosure? Would you say …
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE GQ7**
   - ☐ Never? ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE GQ7**

   IF **G**Q2=**A FEW TIMES A YEAR**, USE "HARDLY EVER USE" AND "IS"
   IF **G**Q4=**NO**, USE "DON'T INTEND TO USE" AND "IS"
   IF **G**Q6=**A FEW TIMES A YEAR**, USE "HARDLY EVER USED" AND "WAS"
   IF **G**Q6=**NEVER**, USE "NEVER USED" AND "WAS"

7. Please tell me why you {hardly ever use/ don't intend to use/hardly ever used/never used} the gate. You can select more than one reason. {Is/Was} it because …
   - ☐ It's too difficult to use,
   - ☐ Your child didn't like it,
   - ☐ You didn't like it,
   - ☐ You didn't think your child was safe, or
   - ☐ Some other reason? **[RECORD RESPONSE]**

Gates Module (G)

These next questions are about safety gates.

IF GQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than safety gate, think about the one you used most often.

IF NEEDED: Safety gates are barriers intended to be erected in an opening, such as a doorway, to prevent the passage of young children, but which can be removed by older persons. Enclosures are self-supporting barriers intended to completely surround an area or play-space within which a young child may be confined.

> **IF GQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE PRESENT TENSE**
> **IF GQ4= YES OR NO, USE PRESENT TENSE**
> **IF GQ6= EVERY DAY, A FEW TIMES A WEEK, A FEW TIMES A YEAR, OR NEVER USE PAST TENSE**

8. What {is/was} the name of the safety gate or enclosure? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

9. What type of safety gate or other enclosure {do/did} you have? {Is/was} it…
   ☐ Pressure mounted, (IF NEEDED: like a shower curtain rod,
   ☐ Hardware mounted, (IF NEEDED: using screws or nails),
   ☐ Free-standing with no attachments at the ends, or
   ☐ Something else? **[RECORD RESPONSE]**

10. Does the gate have a latched section that swings open?
    ☐ YES
    ☐ NO

11. Did you…
    ☐ Purchase the gate or enclosure,
    ☐ Receive it as a gift, or
    ☐ Borrow it?
    ☐ OTHER **[RECORD RESPONSE]**

12. When you got the gate or enclosure, was it new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

13. When did you get it?
   [RECORD RESPONSE]

   IF GQ12=NEW, GO TO INSTRUCTIONS BEFORE GQ15
   IF GQ12=SECOND-HAND, ASK GQ14

14. How old was the gate or enclosure when you got it?
   [RECORD RESPONSE]

   IF MORE THAN ONE CHILD IN HH AND GQ2= EVERY DAY, A FEW TIMES A WEEK, OR A
   FEW TIMES A YEAR, ASK GQ15 THEN GO TO INSTRUCTIONS BEFORE GQ17;
   IF MORE THAN ONE CHILD IN HH AND GQ6= EVERY DAY, A FEW TIMES A WEEK, OR A
   FEW TIMES A YEAR, ASK GQ16 THEN GO TO INSTRUCTIONS BEFORE GQ17;
   IF GQ3=NO OR GQ6=NEVER, GO TO INSTRUCTIONS BEFORE GQ33
   OTHERWISE GO TO INSTRUCTIONS BEFORE GQ17

15. With which child do you use the gate or enclosure most often?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

16. With which child did you use the gate or enclosure most recently?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

   IF GQ4=YES, USE "WILL" IN GQ17
   OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

17. When {will/did} you start using the gate or enclosure {with {CHILD}}? When {CHILD}
   {is/was} …
   IF NEEDED: Or you can describe what made you decide to start using the gate or
   enclosure.
   ☐ 0 to 6 months old,
   ☐ 7 to 12 months old,
   ☐ 13 to 24 months old,
   ☐ More than 24 months old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

   IF GQ4=YES, GO TO NEXT PRODUCT
   OTHERWISE CONTINUE

18. How often {do/did} you use the gate or enclosure with {child}? Would you say…
   ☐ All of the time,
   ☐ Most of the time, or
   ☐ Some of the time?

19. When you {are/were} not using it, {do/did} you leave it up and closed. Would you say…
   ☐ All of the time,
   ☐ Most of the time, or
   ☐ Some of the time?

20. How easy or difficult {is/was} it to use the gate or enclosure? Would you say…
- ☐ Very easy,
- ☐ Somewhat easy,
- ☐ Somewhat difficult, or
- ☐ Very difficult?

21. {Does/did} the gate or enclosure do a good job of keeping {CHILD} within the desired area?
- ☐ YES ➜ **GO TO GQ23**
- ☐ NO

22. Why didn't the gate or enclosure do a good job?
[RECORD RESPONSE]

23. Did the gate or enclosure ever break?
- ☐ YES
- ☐ NO ➜ **GO TO GQ28**

24. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,
- ☐ Return the gate or enclosure, or
- ☐ Throw away or recycle the gate or enclosure?
- ☐ OTHER **[RECORD RESPONSE]**

IF GQ24 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK GQ25
IF GQ24 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN GQ25
OTHERWISE GO TO GQ26

25. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

26. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➜ **GO TO GQ28**

27. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
    - ☐ LAWYER/LAW FIRM

☐ OTHER _____

28. Did {CHILD} ever get hurt because of the gate or other enclosure?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE GQ32**

29. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

30. Did {he/she} need medical care?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE GQ**

31. Did you take {him/her} to a hospital emergency room?
   ☐ YES
   ☐ NO

   IF GQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE FUTURE TENSE
   IF GQ6= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE PAST TENSE

32. When {will you/did you} stop using the gate or enclosure with {CHILD}? When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to stop using the gate or enclosure.
   ☐ 0 to 12 months old,
   ☐ 13 to 24 months old,
   ☐ 24 months to 3 years old,
   ☐ More than 3 years old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

   IF GQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE "WILL" AND "WHEN YOU STOP USING IT"
   IF GQ4=NO, USE "WILL"
   IF GQ6= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE "DID" AND "WHEN YOU STOPPED USING IT"
   IF GQ6=NEVER, USE "DID"

33. What {will /did } you do with the gate or enclosure {when you stop[ped] using it}? {Did/will} you…
   ☐ Store it, ➔ **GO TO NEXT PRODUCT**
   ☐ Sell it,
   ☐ Give it away,
   ☐ Trash or recycle it, or

☐ Do something else with it? **[RECORD RESPONSE]**
  ☐ TRADED IN
  ☐ OTHER _____

CURRENT OWNERS ➜ GO TO NEXT PRODUCT

34. And when did you do that?
   [RECORD RESPONSE]

   GO TO NEXT PRODUCT

Play Yards (PY)

Play Yard Inventory Questions

IF NEEDED: A play yard (sometimes called a play pen or a travel crib) is a framed enclosure that includes a floor and has mesh or fabric sided panels. It is mostly intended for children to play or sleep in. It may fold for storage or travel.

1. How many play yards do you currently have in your home?
   ☐ NONE ➜ **GO TO PYQ5**
   ☐ 1
   ☐ 2
   ☐ 3
   ☐ OTHER **[RECORD RESPONSE]**

   IN PYQ2, USE "THINKING ABOUT THE PLAY YARD YOU USE MOST OFTEN" AND "IT" IF PYQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE PLAY YARD."

2. {Thinking about the play yard you use most often, how/How} often do you use {it/the play yard}? Would you say…
   ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ Never?

   IF PYQ1 = MORE THAN ONE, USE PLURAL IN PYQ3 & PYQ4

3. Have you used the play yard{s} in the past?
   ☐ YES ➜ **GO TO PYQ6**
   ☐ NO

4. Do you intend to use the play yard{s} in the future?
   ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a play yard at home?
   ☐ YES
   ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the play yard you used most often.

6. How often did you use the play yard? Would you say …
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Play Yards Module (PY)

These next questions are about play yards. If you have a bedside sleeper that can be used as a play yard, please include that in your answers.

IF PYQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one play yard, think about the one you used most often.

IF NEEDED: A play yard (sometimes called a play pen or a travel crib) is a framed enclosure that includes a floor and has mesh or fabric sided panels. It is mostly intended for children to play or sleep in. It may fold for storage or travel.

> **IF PYQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF PYQ4= YES, USE PRESENT TENSE**
> **IF PYQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the play yard? You can tell me all or part of the product name or just describe what it {looks/looked} like.
    IF NEEDED: Or you can describe some unique or special feature of it.
    [RECORD RESPONSE]

8. Did you…
    ☐ Purchase the play yard,
    ☐ Receive it as a gift, or
    ☐ Borrow it?
    ☐ OTHER **[RECORD RESPONSE]**

9. When you got the play yard, was it new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

10. When did you get it?
    [RECORD RESPONSE]

    IF PYQ9=NEW, GO TO INSTRUCTIONS BEFORE PYQ14
    IF PYQ9=SECOND-HAND, ASK PYQ11

11. How old was the play yard when you got it?
    [RECORD RESPONSE]

    IF MORE THAN ONE CHILD IN HH AND PYQ2= EVERY DAY OR A FEW TIMES A WEEK;
    ASK PYQ12 THEN GO TO INSTRUCTIONS BEFORE PYQ14
    IF MORE THAN ONE CHILD IN HH AND PYQ5= EVERY DAY OR A FEW TIMES A WEEK,

12. Which child uses the play yard most often?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

13. Which child used the play yard most recently?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

    IF PYQ4=YES, USE "WILL" IN PYQ14
    OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

14. When {will/did} you start using the play yard {with {CHILD}}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to start using the play yard.
    ☐ 0 to 6 months old,
    ☐ 7 to 12 months old,
    ☐ 13 to 24 months old,
    ☐ More than 24 months old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

15. Did the play yard come with a bassinet?
    ☐ YES
    ☐ NO ➔ **GO TO PYQ18**
    ☐ DON'T KNOW ➔ **GO TO PYQ18**

    IF PYQ4=YES, GO TO PYQ18

16. {Do/Did} you ever use the bassinet?
    ☐ YES
    ☐ NO ➔ **GO TO PYQ18**
    ☐ DON'T KNOW ➔ **GO TO PYQ18**

17. When you used the bassinet most often, how often did you use it? Would you say…
    ☐ Every day,
    ☐ A few times a week,
    ☐ A few times a month,
    ☐ A few times a year, or
    ☐ Never?

18. Did the play yard come with a changing table?
    ☐ YES
    ☐ NO ➔ **GO TO PYQ21**
    ☐ DON'T KNOW ➔ **GO TO PYQ21**

    IF PYQ4=YES, GO TO PYQ21

19. {Do/Did} you ever use the changing table?
  ☐ YES
  ☐ NO ➜ **GO TO PYQ21**
  ☐ DON'T KNOW ➜ **GO TO PYQ21**

20. When you used the changing table most often, how often did you use it? Would you say…
  ☐ Every day,
  ☐ A few times a week,
  ☐ A few times a month,
  ☐ A few times a year, or
  ☐ Never?

21. Thinking about {CHILD}'s overall sleeping schedule, both daytime and nighttime, would you say {CHILD} {sleeps/slept} in the play yard…
  ☐ All of the time,
  ☐ Most of the time,
  ☐ Some of the time,
  ☐ Or not at all?

22. When {CHILD} is awake, is {he/she} in the play yard…
  ☐ Several times a day,
  ☐ Once a day,
  ☐ A few times a week, or
  ☐ Once a week or less?

23. Why {do/did} you use the play yard with {CHILD}? You can select more than reason. {Is/was} it to...
  ☐ Keep your child safe or entertain {him/her},
  ☐ Put your child to sleep,
  ☐ Allow you to do chores,
  ☐ Allow you to sleep, or
  ☐ For some other reason? **[RECORD RESPONSE]**
      ☐ KEEP CHILD FROM BEING UNDERFOOT
      ☐ CALM CHILD
      ☐ OTHER ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

24. What, besides the mattress {is/was} usually placed in the play yard **under** {CHILD}? You can select more than one. {Is/was} there...
  ☐ A pillow,
  ☐ A blanket or quilt,
  ☐ A mattress pad,
  ☐ A mattress that didn't come with the play yard,
  ☐ Something else, or **[RECORD RESPONSE]**
  ☐ Nothing else?

25. {Are/were} there any additional items usually in the play yard **with** {CHILD}? You can select more than one. {Is/was} there…
- ☐ A pillow,
- ☐ A blanket or quilt,
- ☐ A mattress pad,
- ☐ A toy,
- ☐ A bottle or sippy cup,
- ☐ Something else, or **[RECORD RESPONSE]**
  - ☐ PACIFIER
  - ☐ RATTLE
  - ☐ TEETHER
  - ☐ OTHER ————————————————————
- ☐ Nothing else?

26. Did the play yard ever break?
- ☐ YES
- ☐ NO ➔ **GO TO PYQ31**

27. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,
- ☐ Return the play yard, or
- ☐ Throw away or recycle the play yard?
- ☐ OTHER **[RECORD RESPONSE]**

IF PYQ27 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK PYQ28
IF PYQ285 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN PYQ28
OTHERWISE GO TO PYQ29

28. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

29. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➔ **GO TO PYQUESTION31**

30. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
  - ☐ LAWYER/LAW FIRM
  - ☐ OTHER ————————————————————

31. Did {CHILD} ever get hurt while {he/she} was in the play yard?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE PYQ35**

32. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

33. Did {he/she} need medical care?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE PYQ35**

34. Did you take {him/her} to a hospital emergency room?
   ☐ YES
   ☐ NO

IF PYQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF PYQ5= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

35. When {will you/did you} stop using the play yard with {CHILD}? When {CHILD} {is/was}
   …
   IF NEEDED: Or you can describe what made you decide to stop using the play yard.
   ☐ 0 to 12 months old,
   ☐ 13 to 24 months old,
   ☐ 25 months to 3 years old,
   ☐ More than 3 years old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

36. What {will you/did you} do with the play yard when you {stop/stopped} using it?
   {Did/will} you…
   ☐ Store it, ➔ **GO TO NEXT PRODUCT**
   ☐ Sell it,
   ☐ Give it away,
   ☐ Trash or recycle it, or
   ☐ Do something else with it? **[RECORD RESPONSE]**
       ☐ TRADED IN
       ☐ OTHER _____

CURRENT OWNERS ➔ GO TO NEXT PRODUCT

37. And when did you do that?
   [RECORD RESPONSE]

GO TO NEXT PRODUCT

7

Infant Swings (SW)

Inventory Questions

IF NEEDED: An infant swing is a stationary product with a powered mechanism that enables a child to swing in a seated or lying position.

1. How many infant swings do you currently have in your home?
   - ☐ NONE ➔ **GO TO SWQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN SWQ2, USE "THINKING ABOUT THE INFANT SWING YOU USE MOST OFTEN" AND "IT" IF SWQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE INFANT SWING."

2. {Thinking about the infant swing you use most often, how/How} often do you use {it/the infant swing}? Would you say…
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF SWQ1 = MORE THAN ONE, USE PLURAL IN SWQ3 & SWQ4

3. Have you used the infant swings{s} in the past?
   - ☐ YES ➔ **GO TO SWQ 6**
   - ☐ NO

4. Do you intend to use the infant swing{s} in the future?
   - ☐ YES ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had an infant swing at home?
   - ☐ YES
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the infant swing you used most often.

6. How often did you use the infant swing? Would you say …
   ☐ Every day, ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE SWQ7**
   ☐ A few times a week, ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE SWQ7**
   ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Infant Swing Module (SW)

These next questions are about infant swings.

IF SWQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one infant swing, think about the one you used most often.

IF NEEDED: An infant swing is a stationary product with a powered mechanism that enables a child to swing in a seated or lying position.

> **IF SWQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF SWQ4= YES, USE PRESENT TENSE**
> **IF SWQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the infant swing? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

8. Did you…
   ☐ Purchase the infant swing,
   ☐ Receive it as a gift, or
   ☐ Borrow it?
   ☐ OTHER **[RECORD RESPONSE]**

9. When you got the infant swing, was it new or secondhand?
   ☐ NEW
   ☐ SECOND-HAND

10. When did you get it?
    [RECORD RESPONSE]

    IF SWQ9=NEW, GO TO INSTRUCTIONS BEFORE SWQ12
    IF SWQ9=SECOND-HAND, ASK SWQ11

11. How old was the infant swing when you got it?
    [RECORD RESPONSE]

IF MORE THAN ONE CHILD IN HH AND SWQ2= EVERY DAY OR A FEW TIMES A WEEK; ASK SWQ12 THEN GO TO INSTRUCTIONS BEFORE SWQ14
IF MORE THAN ONE CHILD IN HH AND SWQ6= EVERY DAY OR A FEW TIMES A WEEK, ASK SWQ13 THEN GO TO INSTRUCTIONS BEFORE SWQ14;
OTHERWISE GO TO INSTRUCTIONS BEFORE SWQ14

12. Which child uses the infant swing most often?
SELECT FROM ROSTER OF CHILDREN AS GIVEN

13. Which child used the infant swing most recently?
SELECT FROM ROSTER OF CHILDREN AS GIVEN

IF SWQ4=YES, USE "WILL"
OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

14. When {will/did} you start using the infant swing {with {CHILD}}? When {CHILD} {is/was}
…
IF NEEDED: Or you can describe what made you decide to start using the infant swing.
☐ 0 to 4 months old,
☐ 5 to 8 months old,
☐ 9 to12 months old,
☐ More than 12 months old, or
☐ Some other age? **[RECORD RESPONSE]**
☐ **RECORD DESCRIPTIVE RESPONSE**

IF SWQ4=YES, GO TO NEXT PRODUCT
OTHERWISE CONTINUE

15. Why {do/did} you use the infant swing? You can select more than one reason. {Is/Was}
it to…
☐ Calm or entertain your child,
☐ Put your child to sleep,
☐ Allow you to do chores,
☐ Allow you to sleep, or
☐ For some other reason? **[RECORD RESPONSE]**

16. {Do/did} you use the infant swing…
☐ Several times a day,
☐ Once a day,
☐ A few times a week, or
☐ Once a week or less?

17. How often {does/did} {CHILD} sleep in the swing? Would you say...
☐ Several times a day,
☐ Once a day,
☐ A few times a week,
☐ Once a week or less, or
☐ Never?

18. When {CHILD} is awake, how long {is/was} {he/she} usually in the infant swing? Would you say…
- ☐ Less than 30 minutes,
- ☐ 30 Minutes to 1 hour, or
- ☐ More than 1 hour?

19. What {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the infant swing while you {go/went} to another room for something? Would you say…
- ☐ Less than 5 minutes,
- ☐ 5 to15 minutes
- ☐ More than 15 minutes, but less than 30 minutes,
- ☐ 30 minutes or more, or
- ☐ Not at all?

20. Did the infant swing ever break?
- ☐ YES
- ☐ NO ➜ **GO TO SWQ25**

21. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,
- ☐ Return the infant swing, or
- ☐ Throw away or recycle the infant swing?
- ☐ OTHER **[RECORD RESPONSE]**

IF SWQ21 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK SWQ22
IF SWQ21 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN SWQ22
OTHERWISE GO TO SWQ23

22. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

23. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➜ **GO TO SWQ25**

24. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
  - ☐ LAWYER/LAW FIRM

☐ OTHER _____

25. Did {CHILD} ever get hurt while {he/she} was in the infant swing?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE SWQ29**

26. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

27. Did {he/she} need medical care?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE SWQ29**

28. Did you take {him/her} to a hospital emergency room?
   ☐ YES
   ☐ NO

IF SWQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF SWQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

29. When {will you/did you} stop using the infant swing with {CHILD}? When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to stop using the infant swing.
   ☐ 0 to12 months old,
   ☐ 13 to 18 months old,
   ☐ More than 18 months old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

30. What {will you/did you} do with the infant swing when you {stop/stopped} using it? {Did/will} you…
   ☐ Store it, ➔ **GO TO NEXT PRODUCT**
   ☐ Sell it,
   ☐ Give it away,
   ☐ Trash or recycle it, or
   ☐ Do something else with it? **[RECORD RESPONSE]**
      ☐ TRADED IN
      ☐ OTHER _____

CURRENT OWNERS ➔ GO TO NEXT PRODUCT

31. And when did you do that?
   [RECORD RESPONSE]

   ☐ **GO TO NEXT PRODUCT**

Infant Bath Tub/Bathing Aid (BT)

Inventory Questions

IF NEEDED: An infant bath tub is a product intended to hold water and be placed into an adult bath tub, sink, or on top of other surfaces to provide support for and/or containment of an infant during bathing.

1. How many infant bath tubs do you currently have in your home?
   - ☐ NONE
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

2. A bathing aid is a reclining infant bath seat or a bathing pad or cushion. How many bathing aids do you currently have in your home?
   - ☐ NONE
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IF BTQ1 AND BTQ2 ARE BOTH NONE, GO TO BTQ6;

   IF BTQ1 IS NONE AND BTQ2 IS 1, USE "HOW" AND "THE BATHING AID" IN BTQ3;
   IF BTQ1 IS 1 AND BTQ2 IS NONE, USE "HOW" AND "THE INFANT BATH TUB" IN BTQ3;

   IF BTQ1 IS NONE AND BTQ2 IS 2 OR MORE, USE "THINKING ABOUT THE BATHING AID YOU USE MOST OFTEN" AND "IT" IN BTQ3;
   IF BTQ1 IS 2 OR MORE AND BTQ2 IS NONE, USE "THINKING ABOUT THE INFANT BATH TUB YOU USE MOST OFTEN" AND "IT" IN BTQ3;

   IF BTQ1 IS 1 OR MORE AND BTQ2 IS 1 OR MORE, USE "THINKING ABOUT THE INFANT BATH TUB OR BATHING AID YOU USE MOST OFTEN" AND "IT"

3. {Thinking about the infant bath tub/bathing aid you use most often, how/How} often do you use {it/the infant bath tub/bathing aid}? Would you say…
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF BTQ1 IS NONE AND BTQ2 IS 1, USE "THE" AND "BATHING AID" IN BTQ5;

4. Have you used {the/one of the} {infant bath tub(s)/bathing aid(s)/infant bath tub(s) or bathing aid(s)} in the past?
    ☐ YES ➜ **GO TO BTQ7**
    ☐ NO

5. Do you intend to use {the/one of the} {infant bath tub(s)/bathing aid(s)/infant bath tub(s) or bathing aid(s)} in the future?
    ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

6. Have you ever had an infant bath tub or bathing aid at home?
    ☐ YES
    ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the infant bath tub or bathing aid you used most often.

7. How often did you use the infant bath tub or bathing aid? Would you say …
    ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ Never? ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Infant bath tub/bathing aid Module (BT)

These next questions are about infant bath tubs and bathing aids.

IF BTQ1OR BTQ2 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one bath tub or bathing aid, think about the one you used most often.

IF NEEDED: An infant bath tub is a product intended to hold water and be placed into an adult bath tub, sink, or on top of other surfaces to provide support for and/or containment of an infant during bathing.

> **IF BTQ3= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF BTQ5= YES, USE PRESENT TENSE**
> **IF BTQ7= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

8. {Is/was} the product you {use/used} most often …
   - ☐ An infant bath tub or
   - ☐ A bathing aid?

9. {Does/Did} it hold water?
   - ☐ YES
   - ☐ NO

10. What {is/was} the name of the {infant bath tub/bathing aid}? You can tell me all or part of the product name or just describe what it {looks/looked} like.
    IF NEEDED: Or you can describe some unique or special feature of it.
    [RECORD RESPONSE]

11. Did you**…**
    - ☐ Purchase the {infant bath tub/bathing aid},
    - ☐ Receive it as a gift, or
    - ☐ Borrow it?
    - ☐ OTHER **[RECORD RESPONSE]**

12. When you got the {infant bath tub/bathing aid}, was it new or secondhand?
    - ☐ NEW
    - ☐ SECOND-HAND

13. When did you get it?
    [RECORD RESPONSE]

    IF BTQ12=NEW, GO TO INSTRUCTIONS BEFORE BTQ15
    IF BTQ12=SECOND-HAND, ASK BTQ14

14. How old was the {infant bath tub/bathing aid} when you got it?
    [RECORD RESPONSE]

    **IF MORE THAN ONE CHILD IN HH AND BTQ3= EVERY DAY OR A FEW TIMES A WEEK;
    ASK BTQ14 THEN GO TO INSTRUCTIONS BEFORE BTQ16
    IF MORE THAN ONE CHILD IN HH AND BTQ7= EVERY DAY OR A FEW TIMES A WEEK,
    ASK BTQ15 THEN GO TO INSTRUCTIONS BEFORE BTQ16;
    OTHERWISE GO TO INSTRUCTIONS BEFORE BTQ16**

15. Which child uses the {infant bath tub/bathing aid} most often?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

16. Which child used the {infant bath tub/bathing aid} most recently?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

    **IF BTQ5=YES, USE "WILL"
    OTHERWISE USE "DID" AND FILL "WITH {CHILD}"**

17. When {will/did} you start using the {infant bath tub/bathing aid} {with {CHILD}}? When
    {CHILD} {is/was} … …
    IF NEEDED: Or you can describe what made you decide to start using the {infant bath
    tub/bathing aid}.
    ☐ 0 to 4 months old,
    ☐ 5 to 8 months,
    ☐ 9 to 12 months old,
    ☐ More than 12 months old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

    **IF BTQ5=YES, GO TO NEXT PRODUCT
    OTHERWISE, CONTINUE**

18. How often {do/did} you use the {infant bath tub/bathing aid}? Would you say for…
    ☐ Some baths,
    ☐ Most baths, or
    ☐ Every bath?

19. How long {is/was} {CHILD} usually in the {infant bath tub/bathing aid} during bath time?
    Would you say… **(NOTE FOR INTERVIEWER: THIS INCLUDES BATHING AND PLAY)**
    ☐ Less than 15 minutes,
    ☐ 15 to 30 minutes, or
    ☐ More than 30 minutes?

20. What {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the {infant bath
    tub/bathing aid} while you {go/went} to another room for something? Would you say…
    ☐ Less than 1 minute,

☐ 1 to 5 minutes,
☐ More than 5 minutes, but less than 15 minutes,
☐ 15 minutes or more,
☐ Or not at all?

21. Did the {infant bath tub/bathing aid} ever break?
☐ YES
☐ NO ➜ **GO TO BTQ26**

22. Did you,
☐ Fix it yourself,
☐ Have someone else fix it,
☐ Return the infant bath tub, or
☐ Throw away or recycle the {infant bath tub/bathing aid}?
☐ OTHER **[RECORD RESPONSE]**

IF BTQ22 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK BTQ23
IF BTQ22 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN BTQ23
OTHERWISE GO TO BTQ24

23. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
☐ YES
☐ NO

24. Did you report the problem to someone?
☐ YES
☐ NO ➜ **GO TO BTQ26**

25. Who did you report the problem to? You can select more than one. Did you report it to…
☐ The manufacturer,
☐ The retailer,
☐ The Consumer Product Safety Commission,
☐ A news outlet, or
☐ Someone else? OTHER **[RECORD RESPONSE]**
    ☐ LAWYER/LAW FIRM
    ☐ OTHER _____

26. Did {CHILD} ever get hurt while {he/she} was in the {infant bath tub/bathing aid}?
☐ YES
☐ NO ➜ **GO TO INSTRUCTIONS BEFORE BTQ30**

27. How old was {CHILD} when {he/she} got hurt?
[RECORD RESPONSE]

28. Did {he/she} need medical care?
   ☐ YES
   ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE BTQ30**

29. Did you take {him/her} to a hospital emergency room?
   ☐ YES
   ☐ NO

IF BTQ3= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF BTQ7= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

30. When {will you/did you} stop using the {infant bath tub/bathing aid} with {CHILD}? When {CHILD} {is/was} … IF NEEDED: Or you can describe what made you decide to stop using the {infant bath tub/bathing aid}..
   ☐ 0 to 12 months old,
   ☐ 13 to 18 months,
   ☐ 19 to 24 months old,
   ☐ More than 24 months old, or
   ☐ Some other age? [RECORD RESPONSE]
   ☐ **RECORD DESCRIPTIVE RESPONSE**

31. What {will/did} you do with the {infant bath tub/bathing aid} when you {stop/stopped} using it? {Did/will} you…
   ☐ Store it, ➜ **GO TO NEXT PRODUCT**
   ☐ Sell it,
   ☐ Give it away,
   ☐ Trash or recycle it, or
   ☐ Do something else with it? **[RECORD RESPONSE]**
      ☐ TRADED IN
      ☐ OTHER _____

CURRENT OWNERS ➜ GO TO NEXT PRODUCT

32. And when did you do that?
   [RECORD RESPONSE]

   GO TO NEXT PRODUCT

Hook-On Chairs (HO)

Inventory Questions

IF NEEDED: A hook-on chair is made to seat a child at a table so that the table can be used as a feeding surface. It is supported solely by the table on which it is mounted.

1. How many hook-on chairs do you currently have in your home?
   - ☐ NONE ➔ **GO TO HOQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN HOQ2, USE "THINKING ABOUT THE HOOK-ON CHAIR YOU USE MOST OFTEN" AND "IT" IF HOQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE HOOK-ON CHAIR."

2. {Thinking about the hook-on chair you use most often, how/How} often do you use {it/the hook-on chair}? Would you say…
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week , ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF HOQ1 = MORE THAN ONE, USE PLURAL IN HOQ3 & HOQ4

3. Have you used the hook-on chair{s} in the past?
   - ☐ YES ➔ **GO TO INSTRUCTIONS BEFORE HOQ6**
   - ☐ NO

4. Do you intend to use the hook-on chair{s} in the future?
   - ☐ YES ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a hook-on chair at home?
   - ☐ YES
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the hook-on chair you used most often.

IF HOQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR HOQ6.

6. How often did you use the hook-on chair? Would you say …
    - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Hook-On Chair Module (HO)

These next questions are about hook-on chairs.

IF HOQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one hook-on chair, think about the one you used most often.

IF NEEDED: A hook-on chair is made to seat a child at a table so that the table can be used as a feeding surface. It is supported solely by the table on which it is mounted.

7. Did you…
   - ☐ Purchase the hook-on chair,
   - ☐ Receive it as a gift, or
   - ☐ Borrow it?
   - ☐ OTHER **[RECORD RESPONSE]**

8. When you got the hook-on chair, was it new or secondhand?
   - ☐ NEW
   - ☐ SECOND-HAND

9. When did you get it?
   [RECORD RESPONSE]

   IF HOQ2 OR HOQ6 = EVERY DAY OR A FEW TIMES A WEEK AND HOQ8=NEW GO TO INSTRUCTIONS BEFORE HOQ11
   IF HOQ4 = YES AND HOQ8 = NEW, GO TO NEXT PRODUCT
   IF HOQ8=SECOND-HAND, ASK HOQ10

10. How old was the hook-on chair when you got it?
    [RECORD RESPONSE]

    IF HOQ4 = YES, GO TO NEXT PRODUCT

11. Did {your child/ any of your children} ever get hurt while in the hook-on chair?
    - ☐ YES
    - ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE HOQ16**

    IF ONLY ONE CHILD IN HOUSEHOLD ➜ GO TO HQ13

12. Which child got hurt?
    RECORD RESPONSE AND USE AS FILL FOR HQ13-HQ15.

13. How old was {CHILD} when {he/she} got hurt?
    [RECORD RESPONSE]

14. Did {he/she} need medical care?
    ☐ YES
    ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE HOQ16**

15. Did you take {him/her} to a hospital emergency room?
    ☐ YES
    ☐ NO

IFHO Q2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF HOQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

16. What {will you/did you} do with the hook-on chair when you {stop/stopped} using it?
    {Did/will} you…
    ☐ Store it, ➔ **GO TO NEXT PRODUCT**
    ☐ Sell it,
    ☐ Give it away,
    ☐ Trash or recycle it, or
    ☐ Do something else with it? **[RECORD RESPONSE]**
            ☐ TRADED IN
            ☐ OTHER _____

CURRENT OWNERS ➔ GO TO NEXT PRODUCT

17. And when did you do that?
    [RECORD RESPONSE]

    GO TO NEXT PRODUCT

High Chairs (H)

Inventory Questions

IF NEEDED: A high chair is a free standing chair that elevates a child to standard dining table height. It is usually used for feeding the child.

1. How many high chairs do you currently have in your home?
   - ☐ NONE ➜ **GO TO HQUESTION 5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN HQ2, USE "THINKING ABOUT THE HIGH CHAIR YOU USE MOST OFTEN" AND "IT" IF HQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE HIGH CHAIR."

2. {Thinking about the high chair you use most often, how/How} often do you use {it/the high chair}? Would you say…
   - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF HQ1 = MORE THAN ONE, USE PLURAL IN HQ3 & HQ4

3. Have you used the high chair{s} in the past?
   - ☐ YES ➜ **GO TO INSTRUCTION BEFORE HQ6**
   - ☐ NO

4. Do you intend to use the high chair{s} in the future?
   - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a high chair at home?
   - ☐ YES
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

   Please think about the high chair you used most often.

IF HQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR HQ6.

6. How often did you use the high chair? Would you say…
   ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

High Chair Module (H)

These next questions are about high chairs

IF HQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one high chair, think about the one you used most often.

IF NEEDED: A high chair is a free standing chair that elevates a child to standard dining table height. It is usually used for feeding the child.

> **IF HQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF HQ4= YES, USE PRESENT TENSE**
> **IF HQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the high chair? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

8. Did you…
   ☐ Purchase the high chair,
   ☐ Receive it as a gift, or
   ☐ Borrow it?
   ☐ OTHER **[RECORD RESPONSE]**

9. When you got the high chair, was it new or secondhand?
   ☐ NEW
   ☐ SECOND-HAND

10. When did you get it?
    [RECORD RESPONSE]

    IF HQ9=NEW, GO TO INSTRUCTIONS BEFORE HQ12
    IF HQ9=SECOND-HAND, ASK HQ11

11. How old was the high chair when you got it?
    [RECORD RESPONSE]

    IF MORE THAN ONE CHILD IN HH AND HQ2= EVERY DAY OR A FEW TIMES A WEEK, ASK HQ12 THEN GO TO INSTRUCTIONS BEFORE HQ14;
    IF MORE THAN ONE CHILD IN HH AND HQ6= EVERY DAY OR A FEW TIMES A WEEK, ASK HQ13 THEN GO TO INSTRUCTIONS BEFORE HQ14;
    OTHERWISE GO TO HQ14

3

12. Which child uses the high chair most often?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

13. Which child used the high chair most recently?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

   IF HQ4=YES, USE "WILL"
   OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

14. When {will/did} you start using the high chair {with {CHILD}}? When {CHILD} {is/was}…
   IF NEEDED: Or you can describe what made you decide to start using the high chair.
   - ☐ 0 to 4 months old,
   - ☐ 5 to 8 months old,
   - ☐ 9 to 12 months old,
   - ☐ More than 12 months old, or
   - ☐ Some other age? **[RECORD RESPONSE]**
   - ☐ **RECORD DESCRIPTIVE RESPONSE**

   IF HQ4=YES, GO TO NEXT PRODUCT
   OTHERWISE CONTINUE

15. How long {is/was} {CHILD} usually in the high chair during meal times? Would you say…
   - ☐ Less than 15 minutes,
   - ☐ 15 to 30 minutes, or
   - ☐ More than 30 minutes?

16. What {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the high chair while you {go/went} to another room for something? Would you say…
   - ☐ Less than 1 minute,
   - ☐ 1 to 5 minutes,
   - ☐ 6 to 15 minutes,
   - ☐ More than 15 minutes, or
   - ☐ Not at all?

17. Did the high chair ever break?
   - ☐ YES
   - ☐ NO ➜ **GO TO HQ22**

18. Did you,
   - ☐ Fix it yourself,
   - ☐ Have someone else fix it,
   - ☐ Return the high chair, or
   - ☐ Throw away or recycle the high chair?
   - ☐ OTHER **[RECORD RESPONSE]**

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19. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
    ☐ YES
    ☐ NO

20. Did you report the problem to someone?
    ☐ YES
    ☐ NO ➜ **GO TO HQ22**

21. Who did you report the problem to? You can select more than one. Did you report it
     to…
    ☐ The manufacturer,
    ☐ The retailer,
    ☐ The Consumer Product Safety Commission,
    ☐ A news outlet, or
    ☐ Someone else?
        ☐ LAWYER/LAW FIRM
        ☐ OTHER ————————————————————————

22. Did {CHILD} ever get hurt while {he/she} was in the high chair?
    ☐ YES
    ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE HQ26**

23. How old was {CHILD} when {he/she} got hurt?
    [RECORD RESPONSE]

24. Did {he/she} need medical care?
    ☐ YES
    ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE HQ26**

25. Did you take {him/her} to a hospital emergency room?
    ☐ YES
    ☐ NO

26. When {will you/did you} stop using the high chair with {CHILD}? When {child} {is/was}…
    IF NEEDED: Or you can describe what made you decide to stop using the high chair.
    ☐ 0 to 12 months old,
    ☐ 13 to 24 months old,
    ☐ 25 months to 3 years old,
    ☐ More than 3 years old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

27. What {will you/did you} do with the high chair when you {stop/stopped} using it?
    {Did/will} you…
    ☐ Store it, ➔ **GO TO NEXT PRODUCT**
    ☐ Sell it,
    ☐ Give it away,
    ☐ Trash or recycle it, or
    ☐ Do something else with it? **[RECORD RESPONSE]**
          ☐ TRADED IN
          ☐ OTHER ─────────────────────────

CURRENT OWNERS ➔ GO TO NEXT PRODUCT

28. And when did you do that?
    [RECORD RESPONSE]

    GO TO NEXT PRODUCT

Handheld Carriers (HH)

Inventory Questions

IF NEEDED: A hand-held carrier is rigid sided and intended to carry a child by means of hand-holds or handles. It completely supports the child's torso. It often comes as a removable part of a car seat or a stroller.

1. How many handheld carriers do you currently have in your home?
   - ☐ NONE ➜ **GO TO HHQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN HHQ2, USE "THINKING ABOUT THE HANDHELD CARRIER YOU USE MOST OFTEN" AND "IT" IF HHQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE HANDHELD CARRIER."

2. {Thinking about the handheld carrier you use most often, how/How} often do you use {it/the handheld carrier}? Would you say…
   - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF HHQ1 = MORE THAN ONE, USE PLURAL IN HQ3 & HHHQ4

3. Have you used the handheld carrier{s} in the past?
   - ☐ YES ➜ **GO TO HHQUESTION 6**
   - ☐ NO

4. Do you intend to use the handheld carrier{s} in the future?
   - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a handheld carrier at home?
   - ☐ YES
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

   Please think about the handheld carrier you used most often.

6. How often did you use the handheld carrier? Would you say …
    ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ Never? ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Handheld Carrier Module (HH)

These next questions are about handheld carriers. Please include in your answers handheld carriers that came with a stroller as part of a car seat but that can be removed and used separately.

IF HHQ1 IS 2 OR MORE: Please think about the handheld carrier you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one handheld carrier, think about the one you used most often.

IF NEEDED: A hand-held carrier is rigid sided and intended to carry a child by means of hand-holds or handles. It completely supports the child's torso. It often comes as a removable part of a car seat or a stroller.

> **IF HHQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF HHQ3= YES, USE PRESENT TENSE**
> **IF HHQ5= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the handheld carrier? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

8. Did the handheld carrier come with a stroller or car seat?
   ☐ YES
   ☐ NO
   ☐ DON'T KNOW

9. Did you…
   ☐ Purchase the handheld carrier,
   ☐ Receive it as a gift, or
   ☐ Borrow it?
   ☐ OTHER **[RECORD RESPONSE]**

10. When you got the handheld carrier, was it new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

11. When did you get it?
    [RECORD RESPONSE]

    IF HHQ10=NEW, GO TO INSTRUCTIONS BEFORE HHQ13
    IF HHQ10=SECOND-HAND, ASK HHQ12

12. How old was the handheld carrier when you got it?
    [RECORD RESPONSE]

    **IF MORE THAN ONE CHILD IN HH AND HHQ2= EVERY DAY OR A FEW TIMES A WEEK;
    ASK HHQ13 THEN GO TO INSTRUCTIONS BEFORE HHQ15
    IF MORE THAN ONE CHILD IN HH AND HHQ6= EVERY DAY OR A FEW TIMES A WEEK,
    ASK HHQ14 THEN GO TO INSTRUCTIONS BEFORE HHQ15
    OTHERWISE, GO TO INSTRUCTIONS BEFORE HHQ15.**

13. Which child uses the handheld carrier most often?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

14. Which child used the handheld carrier most recently?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

    **IF HHQ4=YES, USE "WILL"
    OTHERWISE USE "DID" AND FILL "WITH {CHILD}"**

15. When {will/did} you start using the handheld carrier {with {CHILD}}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to start using the handheld carrier.
    ☐ 0 to 6 months old,
    ☐ 7 to 12 months old,
    ☐ 13 to 24 months old,
    ☐ More than 24 months old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

    **IF HHQ4=YES, GO TO NEXT PRODUCT
    OTHERWISE CONTINUE**

16. {Do/Did} you use the handheld carrier…?
    ☐ Several times a day,
    ☐ Once a day,
    ☐ A few times a week, or
    ☐ Once a week or less?

17. How often {does/did} {CHILD} sleep in the handheld carrier. Would you say...
    ☐ Several times a day,
    ☐ Once a day,
    ☐ A few times a week,
    ☐ Once a week or less, or
    ☐ Never?

18. When {CHILD} is awake, how long {is/was} {he/she} usually in the handheld carrier? Would you say…
- ☐ Less than 30 minutes,
- ☐ 30 minutes to 1 hour, or
- ☐ More than 1 hour?

19. What {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the handheld carrier while you {go/went} to another room for something? Would you say…
- ☐ Less than 5 minutes,
- ☐ 5 to15 minutes,
- ☐ More than 15 minutes, but less than 30 minutes,
- ☐ 30 minutes or more, or
- ☐ Not at all?

20. Did the handheld carrier ever break?
- ☐ YES
- ☐ NO ➜ **GO TO HHQ25**

21. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,
- ☐ Return the handheld carrier, or
- ☐ Throw away or recycle the handheld carrier?
- ☐ OTHER **[RECORD RESPONSE]**

IF HHQ21 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK HHQ22
IF HHQ21 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN HHQ22
OTHERWISE GO TO HHQ23

22. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

23. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➜ **GO TO HHQ25**

24. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
    - ☐ LAWYER/LAW FIRM

☐ OTHER _____

25. Did {CHILD} ever get hurt while {he/she} was in the handheld carrier?
   ☐ YES
   ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE HHQ29**

26. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

27. Did {he/she} need medical care?
   ☐ YES
   ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE HHQ29**

28. Did you take {him/her} to a hospital emergency room?
   ☐ YES
   ☐ NO

IF HHQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF HHQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

29. When {will you/did you} stop using the handheld carrier with {CHILD}? When {CHILD} {is/was} … IF NEEDED: Or you can describe what made you decide to stop using the handheld carrier.
   ☐ 0 to 6 months old,
   ☐ 7 to 12 months old,
   ☐ 13 to 24 months old,
   ☐ More than 24 months old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

30. What {will you/did you} do with the handheld carrier when you {stop/stopped} using it? {Did/will} you…
   ☐ Store it, ➜ **GO TO NEXT PRODUCT**
   ☐ Sell it,
   ☐ Give it away,
   ☐ Trash or recycle it, or
   ☐ Do something else with it? **[RECORD RESPONSE]**
      ☐ TRADED IN
      ☐ OTHER _____

CURRENT OWNERS ➔ GO TO NEXT PRODUCT

31. And when did you do that?
    [RECORD RESPONSE]

    GO TO NEXT PRODUCT

Front Soft Carriers (F)

Inventory Questions

IF NEEDED: A soft infant carrier is normally made of sewn fabric and is designed to contain a child, generally in an upright position, next to the caregiver's body. They are generally worn on the front of the caregiver's body with the child either facing towards or away from the caregiver.

1. How many front soft carriers do you currently have in your home?
    - ☐ NONE ➜ **GO TO FQ5**
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ OTHER **[RECORD RESPONSE]**

    IN FQ2, USE "THINKING ABOUT THE FRONT SOFT CARRIER YOU USE MOST OFTEN" AND "IT" IF FQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE FRONT SOFT CARRIER."

2. {Thinking about the front soft carrier you use most often, how/How} often do you use {it/the front soft carrier}? Would you say…
    - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a year, or ➜ **ELIGIBLE GO TO INSTRUCTIONS BEFORE FQ7**
    - ☐ Never?

    IF FQ1 = MORE THAN ONE, USE PLURAL IN FQ3 & FQ4

3. Have you used the front soft carrier{s} in the past?
    - ☐ YES ➜ **GO TO FQ6**
    - ☐ NO

4. Do you intend to use the front soft carrier{s} in the future?
    - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ NO ➜ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE FQ7**

5. Have you ever had a front soft carrier at home?
    - ☐ YES
    - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

    Please think about the front soft carrier you used most often.

IF FQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR FQ6.

6. How often did you use the front soft carrier? Would you say …
    - ☐ Every day, **➔ ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a week, **➔ ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a month, **➔ INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a year, or **➔ ELIGIBLE GO TO INSTRUCTIONS BEFORE FQ7**
    - ☐ Never? **➔ ELIGIBLE; GO TO INSTRUCTIONS BEFORE FQ7**

    IF FQ2= A FEW TIMES A YEAR, USE "HARDLY EVER USE" AND "IS"
    IF FQ4=NO, USE "DON'T INTEND TO USE" AND "IS"
    IF FQ6=A FEW TIMES A YEAR, USE "HARDLY EVER USED" AND "WAS"
    IF FQ6=NEVER, USE "NEVER USED" AND "WAS"

7. Please tell me why you {hardly ever use/ don't intend to use/hardly ever used/never used} the front soft carrier. You can select more than one reason. {Is/Was} it because …
    - ☐ It's too difficult to use,
    - ☐ Your child didn't like it,
    - ☐ You didn't like it,
    - ☐ You didn't think your child was safe, or
    - ☐ Some other reason? **[RECORD RESPONSE]**

Front Soft Carrier Module (F)

These next questions are about front soft carriers. Please do not include sling in your answers to these questions.

IF FQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one front soft carrier, think about the one you used most often.

IF NEEDED: A soft infant carrier is normally made of sewn fabric and is designed to contain a child, generally in an upright position, next to the caregiver's body. They are generally worn on the front of the caregiver's body with the child either facing towards or away from the caregiver.

> **IF FQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE PRESENT TENSE**
> **IF FQ4= YES OR NO, USE PRESENT TENSE**
> **IF FQ6= EVERY DAY, A FEW TIMES A WEEK,, A FEW TIMES A YEAR, OR NEVER, USE PAST TENSE**

8. What {is/was} the name of the front soft carrier? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

9. Did you…
   - ☐ Purchase the front soft carrier,
   - ☐ Receive it as a gift, or
   - ☐ Borrow it?
   - ☐ OTHER **[RECORD RESPONSE]**

10. When you got the front soft carrier, was it new or secondhand?
    - ☐ NEW
    - ☐ SECOND-HAND

11. When did you get it?
    [RECORD RESPONSE]

    IF FQ10=NEW, GO TO INSTRUCTIONS BEFORE FQ13
    IF FQ10=SECOND-HAND, ASK FQ12

12. How old was the front soft carrier when you got it?
    [RECORD RESPONSE]

    IF MORE THAN ONE CHILD IN HH AND FQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR; ASK FQ13 THEN GO TO INSTRUCTIONS BEFORE FQ15

13. With which child do you use the front soft carrier most often?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

14. With which child did you use the front soft carrier most recently?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

    IF FQ4=YES, USE "WILL"
    OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

15. When {will/did} you start using the front soft carrier {with {CHILD}}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to start using the front soft carrier.
    ☐ 0 to 6 months old,
    ☐ 7 to 12 months old,
    ☐ 13 to 24 months old,
    ☐ More than 24 months old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

    IF FQ4=YES, GO TO NEXT PRODUCT
    OTHERWISE CONTINUE

16. What activities {do/did} you use the front soft carrier for? You can select more than one activity. {Do/did} you use it to…
    ☐ Do chores.
    ☐ Go shopping,
    ☐ Go for walks, or
    ☐ For something else? **[RECORD RESPONSE]**

17. How {is/was} {CHILD} usually seated when you {carry/carried} {him/her} in the front soft carrier? {Is/was} {he/she}…
    ☐ Facing towards you,
    ☐ Facing away from you, or
    ☐ Do you carry {him/her} both ways equally?

18. How often {do/did} you check {child}'s face while in the front soft carrier? Would you say…
    ☐ Every minute,
    ☐ Every five minutes,
    ☐ Every ten minutes, or

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☐ Longer than every ten minutes?

19. How long {do/did} you usually carry {CHILD} in the front soft carrier? Would you say…
   ☐ Less than 15 minutes,
   ☐ 15 to 30 minutes,
   ☐ More than 30 minutes, but less than 1 hour, or
   ☐ More than 1 hour?

20. What {is/was} the longest you {carry/carried} {CHILD} in the front soft carrier? Would you say…
   ☐ Less than 30 minutes,
   ☐ 30 minutes to 1 hour,
   ☐ More than 1 hour, or
   ☐ More than 2 hours?

21. {Have/did} you {had/have} any difficulties adjusting the front soft carrier?
   ☐ YES
   ☐ NO

22. Did the front soft carrier ever break?
   ☐ YES
   ☐ NO ➜ **GO TO FQ27**

23. Did you,
   ☐ Fix it yourself,
   ☐ Have someone else fix it,
   ☐ Return the front soft carrier, or
   ☐ Throw away or recycle the front soft carrier?
   ☐ OTHER **[RECORD RESPONSE]**

   IF FQ23 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK FQ24
   IF FQ23 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN FQ24
   OTHERWISE GO TO FQ25

24. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
   ☐ YES
   ☐ NO

25. Did you report the problem to someone?
   ☐ YES
   ☐ NO ➜ **GO TO FQ27**

26. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
    - ☐ LAWYER/LAW FIRM
    - ☐ OTHER _____

27. Did {CHILD} ever get hurt while {he/she} was in the front soft carrier?
- ☐ YES
- ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE FQ31**

28. How old was {CHILD} when {he/she} got hurt?
[RECORD RESPONSE]

29. Did {he/she} need medical care?
- ☐ YES
- ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE FQ31**

30. Did you take {him/her} to a hospital emergency room?
- ☐ YES
- ☐ NO

IF FQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE FUTURE TENSE
IF FQ6= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE PAST TENSE

31. When {will you/did you} stop using the front soft carrier with {CHILD}? When {CHILD} {is/was} … IF NEEDED: Or you can describe what made you decide to stop using the front soft carrier.
- ☐ 0 to 6 months old,
- ☐ 7 to 12 months old,
- ☐ 13 to 24 months old,
- ☐ More than 24 months old, or
- ☐ Some other age? **[RECORD RESPONSE]**
- ☐ **RECORD DESCRIPTIVE RESPONSE**

IF **F**Q2= **EVERY DAY, A FEW TIMES A WEEK,** OR **A FEW TIMES A YEAR**, USE "WILL" AND "WHEN YOU STOP USING IT"
IF **F**Q4=NO, USE "WILL
IF **F**Q6= **EVERY DAY, A FEW TIMES A WEEK,** OR **A FEW TIMES A YEAR**, USE "DID" AND "WHEN YOU STOPPED USING IT"
IF **F**Q6=NEVER, USE "DID"

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32. What {will/ did } you do with the front soft carrier {when you stop[ped] using it}?
{Did/will} you…

- ☐ Store it, ➔ **GO TO NEXT PRODUCT**
- ☐ Sell it,
- ☐ Give it away,
- ☐ Trash or recycle it, or
- ☐ Do something else with it?
    - ☐ TRADED IN
    - ☐ OTHER _____

CURRENT OWNERS ➔ GO TO NEXT PRODUCT

33. And when did you do that?
   [RECORD RESPONSE]

   GO TO NEXT PRODUCT

Cribs (C)

Crib Inventory Questions

IF NEEDED: A crib is a bed that is designed to provide sleeping accommodations for an infant. Its sides and ends are made of rigid materials like wood, plastic, or metal. Soft-sided products are considered play yards.

1. How many cribs do you currently have in your home?
   - ☐ NONE ➜ **GO TO CQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN CQ2, USE "THINKING ABOUT THE CRIB YOU USE MOST OFTEN" AND "IT" IF CQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE CRIB."

2. {Thinking about the crib you use most often, how/How} often do you use {it/the crib}? Would you say…
   - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF CQ1 = MORE THAN ONE, USE PLURAL IN CQ3 & CQ4

3. Have you used the crib{s} in the past?
   - ☐ YES ➜ **GO TO CQ6**
   - ☐ NO

4. Do you intend to use the crib{s} in the future?
   - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a crib at home?
   - ☐ YES
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the crib you used most often.

IF CQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR CQ6.

6. How often did you use the crib? Would you say …
    ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Crib Module (C)

These next questions are about cribs. If it's a convertible crib that's already been converted to a toddler bed, please answer these questions only for the time you used it as a crib

IF CQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one crib, think about the one you used most often.

IF NEEDED: A crib is a bed that is designed to provide sleeping accommodations for an infant. Its sides and ends are made of rigid materials like wood, plastic, or metal. Soft-sided products are considered play yards.

> **IF CQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE EXCEPT WHERE NOTED**
> **IF CQ4= YES, USE PRESENT TENSE**
> **IF CQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the crib? You can tell me all or part of the product name or just describe what it {looks/looked} like.
    IF NEEDED: Or you can describe some unique or special feature of it.
    [RECORD RESPONSE]

8. What size mattress {is/was} in the crib? {Is/was} it…
    ☐ Regular, **(INTERVIEWER NOTE: The interior measurement of regular cribs is approximately 4 feet long.)**
    ☐ Compact, or
    ☐ Some other size? **[RECORD RESPONSE]**
       (INTERVIEWER NOTE: The mattress size could be larger than a regular crib or it could be a unique shape.)
    ☐ DON'T KNOW

9. What kind of mattress {do/did} you use in the crib? {Is/was} it…
    ☐ The mattress that came with the crib,
    ☐ A standard crib mattress that was purchased separately **(INTERVIEWER NOTE: A standard crib mattress is approximately 4 feet long.)**, or
    ☐ A non-standard crib mattress that was purchased separately?
    ☐ DON'T KNOW

10. Did you…
    ☐ Purchase the crib,
    ☐ Receive it as a gift, or
    ☐ Borrow it?
    ☐ OTHER **[RECORD RESPONSE]**

11. When you got the crib, was it new or secondhand?
   - ☐ NEW
   - ☐ SECOND-HAND

12. When did you get it?
   [RECORD RESPONSE]

   IF CQ11=NEW, GO TO INSTRUCTIONS BEFORE CQ14
   IF CQ11=SECOND-HAND, ASK CQ13

13. How old was the crib when you got it?
   [RECORD RESPONSE]

   IF MORE THAN ONE CHILD IN HH AND CQ2= EVERY DAY OR A FEW TIMES A WEEK; ASK
   CQ14 THEN GO TO INSTRUCTIONS BEFORE CQ16
   IF MORE THAN ONE CHILD IN HH AND CQ6= EVERY DAY OR A FEW TIMES A WEEK, ASK
   CQ15 THEN GO TO INSTRUCTIONS BEFORE CQ16;
   OTHERWISE GO TO INSTRUCTIONS BEFORE CQ16

14. Which child uses the crib most often?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

15. Which child used the crib most recently?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

   IF CQ4=YES, USE "WILL" IN CQ16
   OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

16. When {will/did} you start using the crib {with {CHILD}}? When {CHILD} {is/was} …IF
    NEEDED: Or you can describe what made you decide to start using the crib.
   - ☐ 0 to 12 months old,
   - ☐ 13 to 24 months old,
   - ☐ 25 months old to 3 years old,
   - ☐ More than 3 years old, or
   - ☐ Some other age? **[RECORD RESPONSE]**
   - ☐ **RECORD DESCRIPTIVE RESPONSE**

17. {Does/Did} the crib have a drop side?
   - ☐ YES
   - ☐ NO➜ **GO TO CQ19**

18. How important {is/was} it that the crib have a drop side? Would you say…
   - ☐ Not at all important,
   - ☐ Somewhat important, or
   - ☐ Very important?

19. {Does/Did} the crib have more than one mattress level?
   ☐ YES
   ☐ NO

   IF CQ4=YES, GO TO CQ24
   OTHERWISE:
     IF CQ19=YES AND CQ6= EVERY DAY OR A FEW TIMES A WEEK, GO TO CQ21
     IF CQ19=YES AND CQ2= EVERY DAY OR A FEW TIMES A WEEK, ASK CQ20
     IF CQ19=NO GO TO CQ22

20. Have you changed the mattress level?
   ☐ YES
   ☐ NO

   IF CQ20=YES, USE "DID" IN CQ21
   IF CQ20=NO AND CQ6=EVERY DAYOR A FEW TIMES A WEEK, GO TO CQ22
   IF CQ20=NO, USE "WILL" IN CQ21

21. When {did you first/will} you change the mattress level? When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to change the mattress level.
   ☐ 0 to 6 months old,
   ☐ 7 to 12 months old,
   ☐ 13 to 18 months old,
   ☐ More than 18 months old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**
   ☐ DID NOT CHANGE/DO NOT PLAN TO CHANGE MATTRESS LEVEL

22. What {is/was} usually placed in the crib **under** {CHILD} besides the mattress? You can
   select more than one. {Is/was} there...
   ☐ A pillow,
   ☐ A blanket or quilt,
   ☐ A mattress pad,
   ☐ Something else, or **[RECORD RESPONSE]**
   ☐ Nothing else?

23. What additional items {are/were} usually in the crib **with** {CHILD}? You can select more
   than one. {Is/was} there...
   ☐ A pillow,
   ☐ A blanket or quilt,
   ☐ A mattress pad,
   ☐ A toy,
   ☐ A bottle or sippy cup,
   ☐ Something else, or **[RECORD RESPONSE]**
        ☐ PACIFIER
        ☐ RATTLE
        ☐ TEETHER

     ☐ BUMPER PADS
     ☐ OTHER _____
  ☐ Nothing else?

24. {Is/Was} the crib convertible to a toddler bed?
  ☐ YES
  ☐ NO

IF CQ4=GO TO NEXT PRODUCT
OTHERWISE:
  IF CQ24=YES, ASK CQ25
  IF CQ24=NO, GO TO CQ26

25. When {did/will} you convert your crib to a toddler bed? When {CHILD} {is/was} …
  IF NEEDED: Or you can describe what made you decide to convert your crib to a toddler bed.
  ☐ 0 to 12 months old,
  ☐ 13 to 24 months old,
  ☐ 25 months to 3 years old,
  ☐ More than 3 years old, or
  ☐ Some other age **[RECORD RESPONSE]**
  ☐ NEVER CONVERTED
  ☐ DON'T PLAN TO CONVERT

26. Did the crib ever break?
  ☐ YES
  ☐ NO ➔ **GO TO CQ31**

27. Did you,
  ☐ Fix it yourself,
  ☐ Have someone else fix it,
  ☐ Return the crib, or
  ☐ Throw away or recycle the crib?
  ☐ OTHER **[RECORD RESPONSE]**

IF CQ27 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK CQ28
IF CQ27 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN CQ28
OTHERWISE GO TO CQ29

28. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
  ☐ YES
  ☐ NO

29. Did you report the problem to someone?
  ☐ YES
  ☐ NO ➔ **GO TO CQ31**

30. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else? OTHER **[RECORD RESPONSE]**
    - ☐ LAWYER/LAW FIRM
    - ☐ OTHER _____

31. Did {CHILD} ever get hurt while {he/she} was in the crib?
- ☐ YES
- ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE CQ35**

32. How old was {CHILD} when {he/she} got hurt?
[RECORD RESPONSE]

33. Did {he/she} need medical care?
- ☐ YES
- ☐ NO➔ **GO TO INSTRUCTIONS BEFORE CQ35**

34. Did you take {him/her} to a hospital emergency room?
- ☐ YES
- ☐ NO

IF CQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF CQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE
IF CQ25 = ANYTHING OTHER THAN NEVER CONVERTED OR DON'T PLAN TO CONVERT, SKIP TO CQ36

35. When {will/did} you stop using the crib with {CHILD}? When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to stop using the crib..
- ☐ 0 to 12 months old,
- ☐ 13 to 24 months old,
- ☐ 25 months to 3 years old,
- ☐ More than 3 years old, or
- ☐ Some other age? **[RECORD RESPONSE]**
- ☐ **RECORD DESCRIPTIVE RESPONSE**

36. What {will/did} you do with the crib when you {stop/stopped} using it? {Did/will} you…
- ☐ Store it, ➔ **GO TO CQ38**
- ☐ Sell it,
- ☐ Give it away,
- ☐ Trash or recycle it, or
- ☐ Do something else with it? **[RECORD RESPONSE]**

 ☐ TRADED IN
 ☐ OTHER _____

CURRENT OWNERS ➜ GO TO CQ38

37. And when did you do that?
 [RECORD RESPONSE]

38. {Will/Did} you take the crib apart to store it?
 ☐ YES
 ☐ NO

GO TO NEXT PRODUCT

Crib Bumpers (CB)

Inventory Questions

IF NEEDED: Crib bumpers are a set of four pads tied to the inside of an infant's crib that rest directly above the mattress. They are usually made of washable fabric.

1. How many sets of crib bumpers do you currently have in your home? (Note to interviewer: one set per crib)
   - ☐ NONE ➜ **GO TO CBQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN CBQ2, USE "THINKING ABOUT THE SET OF CRIB BUMPERS YOU USE MOST OFTEN" AND "IT" IF CBQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE CRIB BUMPERS."

2. {Thinking about the set of crib bumpers you use most often, how/How} often do you use {it/the crib bumpers}? Would you say…
   - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

   IF CBQ1 = MORE THAN ONE, USE PLURAL IN CBQ3 & CBQ4

3. Have you used the crib bumper{s} in the past?
   - ☐ YES ➜ **GO TO CBQUESTION 6**
   - ☐ NO

4. Do you intend to use the crib bumper{s} in the future?
   - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a set of crib bumpers at home?
   - ☐ YES
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

   Please think about the crib bumpers you used most often.

6. How often did you use the crib bumpers? Would you say …
   - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never? ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Crib bumper Module (CB)

These next questions are about crib bumpers

IF CBQ1 IS 2 OR MORE: Please think about the ones you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one set of crib bumpers, think about the one you used most often.

IF NEEDED: Crib bumpers are a set of four pads tied to the inside of an infant's crib that rest directly above the mattress. They are usually made of washable fabric.

> **IF CBQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF CBQ4= YES, USE PRESENT TENSE**
> **IF CBQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the crib bumpers? You can tell me all or part of the product name or just describe what they {look/looked} like. IF NEEDED: Or you can describe some unique or special feature of them.
    [RECORD RESPONSE]

8. {Does/Did} the crib bumpers have ties to attach to the crib?
    ☐ YES
    ☐ NO

9. Did you…
    ☐ Purchase the crib bumpers,
    ☐ Receive them as a gift, or
    ☐ Borrow them?
    ☐ OTHER **[RECORD RESPONSE]**

10. When you got the crib bumpers, were they new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

11. When did you get them?
    [RECORD RESPONSE]

    IF CBQ10=NEW, GO TO INSTRUCTIONS BEFORE CBQ13
    IF CBQ10=SECOND-HAND, ASK CBQ12

12. How old were the crib bumpers when you got them?
    [RECORD RESPONSE]

13. For which child do you use the crib bumpers most often?
SELECT FROM ROSTER OF CHILDREN AS GIVEN

14. For which child did you use the crib bumper most recently?
SELECT FROM ROSTER OF CHILDREN AS GIVEN

**IF CBQ4=YES, USE "WILL"
OTHERWISE USE "DID" AND FILL "WITH {CHILD}"**

15. When {will/did} you start using the crib bumpers {with {CHILD}}? When {CHILD} {is/was}
    … IF NEEDED: Or you can describe what made you decide to start using the crib
    bumpers.
    ☐ 0 to 6 months old,
    ☐ 7 to 12 months old,
    ☐ 13 to 24 months old,
    ☐ More than 24 months old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

    **IF CBQ4=YES, GO TO NEXT PRODUCT
    OTHERWISE CONTINUE**

16. Did you ever have a problem with the crib bumpers?
    ☐ YES
    ☐ NO ➜ **GO TO CBQ21**

17. Did you,
    ☐ Fix them yourself,
    ☐ Have someone else fix them,
    ☐ Return the crib bumpers, or
    ☐ Throw away or recycle the crib bumpers?
    ☐ OTHER **[RECORD RESPONSE]**

    **IF CBQ17 = "FIX THEM YOURSELF" OR "HAVE SOMEONE ELSE FIX THEM", ASK CBQ18
    IF CBQ17 = "HAVE SOMEONE ELSE FIX THEM", INCLUDE "BY THE MANUFACTURER OR"
    IN CBQ18
    OTHERWISE GO TO CBQ19**

18. Were they fixed {by the manufacturer or} with manufacturer-supplied parts or
    instructions?
    ☐ YES
    ☐ NO

19. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➜ **GO TO CBQ21**

20. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
  - ☐ LAWYER/LAW FIRM
  - ☐ OTHER ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

- ☐ OTHER **[RECORD RESPONSE]**

21. Did {CHILD} ever get hurt because of the crib bumpers?
- ☐ YES
- ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE CBQ25**

22. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

23. Did {he/she} need medical care?
- ☐ YES
- ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE CBQ25**

24. Did you take {him/her} to a hospital emergency room?
- ☐ YES
- ☐ NO

   IF CBQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
   IF CBQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

25. When {will you/did you} stop using the crib bumpers with {CHILD}? When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to stop using the crib bumpers
- ☐ 0 to 12 months old,
- ☐ 13 to 24 months old,
- ☐ 25 months to 3 years old,
- ☐ More than 3 years old, or
- ☐ Some other age? **[RECORD RESPONSE]**
- ☐ **RECORD DESCRIPTIVE RESPONSE**

26. What {will/did} you do with the crib bumpers when you {stop/stopped} using them? {Did/will} you…

☐ Store them, ➜ **GO TO NEXT PRODUCT**
☐ Sell them,
☐ Give them away,
☐ Trash or recycle them, or
☐ Do something else with them? **[RECORD RESPONSE]**
　　☐ TRADED IN
　　☐ OTHER _____

CURRENT OWNERS ➜ GO TO NEXT PRODUCT

27. And when did you do that?
[RECORD RESPONSE]

GO TO NEXT PRODUCT

Changing Table (CT)

Inventory Questions

IF NEEDED: A changing table is an elevated structure designed to support and retain a child while a caregiver changes the child's diaper.

1. How many changing tables do you currently have in your home?
   - ☐ NONE ➔ **GO TO CTQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IF CTQ1 IS 2 OR MORE, USE "THINKING ABOUT THE CHANGING TABLE YOU USE MOST OFTEN, HOW" AND "IT" IN CTQ2. OTHERWISE USE "HOW" AND "THE CHANGING TABLE."

2. {Thinking about the changing table you use most often, how/How} often do you use {it/the changing table}? Would you say…
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

3. Have you used the changing table{s} in the past?
   - ☐ YES ➔ **GO TO CTQ6**
   - ☐ NO

4. Do you intend to use the changing table{s} in the future?
   - ☐ YES ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a changing table at home?
   - ☐ YES
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

   Please think about the changing table you used most often.

IF CTQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR CTQ6.

6. How often did you use the changing table? Would you say …

☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
☐ Never? ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Changing Table Module (CT)

These next questions are about changing tables. Please include in your answers changing tables that come as attachments to other products such as cribs and play yards.

IFCTQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one changing table, think about the one you used most often.

IF NEEDED: A changing table is an elevated structure designed to support and retain a child while a caregiver changes the child's diaper.

> **IF CTQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF CTQ4= YES, USE PRESENT TENSE**
> **IF CTQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the changing table? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

8. {Is/Was} the changing table stand-alone or {does/did} it attach to another product?
   ☐ STAND-ALONE ➜ **GO TO CTQ 10**
   ☐ ATTACHMENT

9. {Does/Did} the changing table attach to…
   ☐ A play yard,
   ☐ A bedside sleeper, or
   ☐ Something else? **[RECORD RESPONSE]**

10. Did you…
    ☐ Purchase the changing table,
    ☐ Receive it as a gift, or
    ☐ Borrow it?
    ☐ OTHER **[RECORD RESPONSE]**

11. When you got the changing table, was it new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

12. When did you get it?
    [RECORD RESPONSE]

13. How old was the changing table when you got it?
    [RECORD RESPONSE]

14. Which child uses the changing table most often?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

15. Which child used the changing table most recently?
    SELECT FROM ROSTER OF CHILDREN AS GIVEN

16. When {will/did} you start using the changing table {with {CHILD}}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to start using the changing table.
    ☐ 0 to 4 months old,
    ☐ 5 to 8 months old,
    ☐ 9 to 12 months old,
    ☐ More than 12 months old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

17. What {is/was} the longest you {feel/felt} comfortable leaving {CHILD} on the changing table while you {go/went} to another room for something? Would you say…
    ☐ Less than 1 minute,
    ☐ 1 to 5 minutes,
    ☐ More than 5 minutes, but less than 15 minutes
    ☐ 15 minutes or more, or
    ☐ Not at all?

18. Did the changing table ever break?
    ☐ YES
    ☐ NO ➜ **GO TO CTQUESTION 23**

19. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,
- ☐ Return the changing table, or
- ☐ Throw away or recycle the changing table?
- ☐ OTHER **[RECORD RESPONSE]**

IF CTQ19 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK CTQ20
IF CTQ19 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN CTQ20
OTHERWISE GO TO CTQ21

20. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

21. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➔ **GO TO CTQUESTION 23**

22. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
  - ☐ TRADED IN
  - ☐ OTHER _____

23. Did {CHILD} ever get hurt while {he/she} was on the changing table?
- ☐ YES
- ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE CTQ27**

24. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

25. Did {he/she} need medical care?
- ☐ YES
- ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE CTQ27**

26. Did you take {him/her} to a hospital emergency room?
- ☐ YES
- ☐ NO

27. When {will you/did you} stop using the changing table with {CHILD}? When {CHILD} {is/was} …

    IF NEEDED: Or you can describe what made you decide to stop using the changing table.

    ☐ 0 to 12 months old,
    ☐ 13 to 24 months old,
    ☐ 25 months to 3 years old,
    ☐ More than 3 years old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

28. What {will/did} you do with the changing table when you {stop/stopped} using it? {Did/will} you…

    ☐ Store it, ➔ **GO TO NEXT PRODUCT**
    ☐ Sell it,
    ☐ Give it away,
    ☐ Trash or recycle it, or
    ☐ Do something else with it? **[RECORD RESPONSE]**
        ☐ TRADED IN
        ☐ OTHER _____

29. And when did you do that?
    [RECORD RESPONSE]

Bouncers (BO)

Inventory Questions

IF NEEDED: An infant bouncer seat is a freestanding product intended to support a child in a reclined position to facilitate bouncing, with the aid of a caregiver or by other means.

1. How many bouncers do you currently have in your home?
    - ☐ NONE ➔ **GO TO BOQ5**
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ OTHER **[RECORD RESPONSE]**

    IN BOQ2, USE "THINKING ABOUT THE BOUNCER YOU USE MOST OFTEN" AND "IT" IF BOQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE BOUNCER."

2. {Thinking about the bouncer you use most often, how/How} often do you use {it/the bouncer}? Would you say…
    - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ Never?

3. Have you used the bouncer{s} in the past?
    - ☐ YES ➔ **GO TO INSTRUCTIONS BEFORE BOQ6**
    - ☐ NO

4. Do you intend to use the bouncer{s} in the future?
    - ☐ YES ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a bouncer at home?
    - ☐ YES
    - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the bouncer you used most often.

IF BOQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR BOQ6.

6. How often did you use the bouncer? Would you say …
- ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
- ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
- ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
- ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
- ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Bouncer Module (BO)

These next questions are about infant bouncers

IF BOQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one infant bouncer, think about the one you used most often.

IF NEEDED: An infant bouncer seat is a freestanding product intended to support a child in a reclined position to facilitate bouncing, with the aid of a caregiver or by other means.

> **IF BOQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF BOQ4= YES, USE PRESENT TENSE**
> **IF BOQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the bouncer? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

8. Did you…
   ☐ Purchase the bouncer,
   ☐ Receive it as a gift, or
   ☐ Borrow it?
   ☐ OTHER **[RECORD RESPONSE]**

9. When you got the bouncer, was it new or secondhand?
   ☐ NEW
   ☐ SECOND-HAND

10. When did you get it?
   [RECORD RESPONSE]

   IF BOQ9=NEW, GO TO INSTRUCTIONS BEFORE BOQ12
   IF BOQ9=SECOND-HAND, ASK BOQ11

11. How old was the bouncer when you got it?
   [RECORD RESPONSE]

IF MORE THAN ONE CHILD IN HH AND BOQ2= EVERY DAY OR A FEW TIMES A WEEK; ASK BOQ12 THEN GO TO INSTRUCTIONS BEFORE BOQ14
IF MORE THAN ONE CHILD IN HH AND BOQ6= EVERY DAY OR A FEW TIMES A WEEK, ASK BOQ13 THEN GO TO INSTRUCTIONS BEFORE BOQ14;
OTHERWISE GO TO INSTRUCTIONS BEFORE BOQ14

12. Which child uses the bouncer most often?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

13. Which child used the bouncer most recently?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

   IF BOQ4=YES, USE "WILL"
   OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

14. When {will/did} you start using the bouncer {with {CHILD}}? When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to start using the bouncer.
   ☐ 0 to 4 months old,
   ☐ 5 to 8 months old,
   ☐ 9 to 12 months old,
   ☐ More than 12 months old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

   IF BOQ4=YES, GO TO NEXT PRODUCT
   OTHERWISE CONTINUE

15. Why {do/did} you use the bouncer? You can select more than one reason. {Is/Was} it
   to…
   ☐ Calm or entertain your child,
   ☐ Put your child to sleep,
   ☐ Allow you to do chores,
   ☐ Allow you to sleep, or
   ☐ For some other reason? **[RECORD RESPONSE]**

16. {Do/Did} you use the bouncer…
   ☐ Several times a day,
   ☐ Once a day,
   ☐ A few times a week, or
   ☐ Once a week or less?

17. How often {does/did} {CHILD} sleep in the bouncer. Would you say...
   ☐ Several times a day,
   ☐ Once a day,
   ☐ A few times a week,
   ☐ Once a week or less, or
   ☐ Never?

18. When {CHILD} is awake, how long {is/was} {he/she} usually in the bouncer? Would you say…
- ☐ Less than 30 minutes,
- ☐ 30 minutes to 1 hour, or
- ☐ More than 1 hour?

19. What {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the bouncer while you {go/went} to another room for something? Would you say…
- ☐ Less than 5 minutes,
- ☐ 5 to 15 minutes,
- ☐ More than 15 minutes, but less than 30 minutes,
- ☐ 30 minutes or more, or
- ☐ Not at all?

20. Did the bouncer ever break?
- ☐ YES
- ☐ NO ➔ **GO TO BOQ25**

21. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,
- ☐ Return the bouncer, or
- ☐ Throw away or recycle the bouncer?
- ☐ OTHER **[RECORD RESPONSE]**

 IF BOQ21 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK BOQ22
 IF BOQ21 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN BOQ22
 OTHERWISE GO TO BOQ23

22. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

23. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➔ **GO TO BOQ25**

24. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
    - ☐ LAWYER/LAW FIRM

☐ OTHER _____

☐ OTHER **[RECORD RESPONSE]**

25. Did {CHILD} ever get hurt while {he/she} was in the bouncer?
    ☐ YES
    ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE BOQ29**

26. How old was {CHILD} when {he/she} got hurt?
    [RECORD RESPONSE]

27. Did {he/she} need medical care?
    ☐ YES
    ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE BOQ29**

28. Did you take {him/her} to a hospital emergency room?
    ☐ YES
    ☐ NO

IF BOQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF BOQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

29. When {will you/did you} stop using the bouncer with {CHILD}? When {CHILD} {is/was}
    … **IF NEEDED:** Or you can describe what made you decide to stop using the bouncer.
    ☐ 0 to12 months old,
    ☐ 13 to 18 months old,
    ☐ More than 18 months old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

30. What {will/did} you do with the bouncer when you {stop/stopped} using it? {Did/will}
    you…
    ☐ Store it, ➜ **GO TO NEXT PRODUCT**
    ☐ Sell it,
    ☐ Give it away,
    ☐ Trash or recycle it, or
    ☐ Do something else with it? **[RECORD RESPONSE]**
        ☐ TRADED IN
        ☐ OTHER _____

CURRENT OWNERS ➜ GO TO NEXT PRODUCT

31. And when did you do that?
    [RECORD RESPONSE]

GO TO NEXT PRODUCT

Booster Chair (B)

Inventory Questions

IF NEEDED: A booster seat is a child's chair, which is placed on an adult chair to elevate the child to standard dining table height. It is normally used for feeding children.

1. How many booster chairs do you currently have in your home?
   - ☐ NONE ➔ **GO TO BQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN BQ2, USE "THINKING ABOUT THE BOOSTER CHAIR YOU USE MOST OFTEN" AND "IT" IF BQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE BOOSTER CHAIR."

2. {Thinking about the booster chair you use most often, how/How} often do you use {it/the booster chair}? Would you say…
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

3. Have you used the booster chair{s} in the past?
   - ☐ YES ➔ **GO TO BQUESTION 6**
   - ☐ NO

4. Do you intend to use the booster chair{s} in the future?
   - ☐ YES ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a booster chair at home?
   - ☐ YES
   - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

   Please think about the booster chair you used most often.

   IF BQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR BQ6.

6. How often did you use the booster chair? Would you say …
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
☐ Never? ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Booster chair Module (B)

These next questions are about booster chairs.

IF BQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one booster chair, think about the one you used most often.

IF NEEDED: A booster seat is a child's chair, which is placed on an adult chair to elevate the child to standard dining table height. It is normally used for feeding children.

7. Did you…
   - ☐ Purchase the booster chair,
   - ☐ Receive it as a gift, or
   - ☐ Borrow it?
   - ☐ OTHER **[RECORD RESPONSE]**

8. When you got the booster chair, was it new or secondhand?
   - ☐ NEW
   - ☐ SECOND-HAND

9. When did you get it?
   [RECORD RESPONSE]

   IF BQ2 OR BQ6 = EVERY DAY OR A FEW TIMES A WEEK AND BQ8=NEW GO TO INSTRUCTIONS BEFORE BQ11
   IF BQ4= YES AND BQ8 = NEW, GO TO NEXT PRODUCT
   IF BQ8=SECOND-HAND, ASK BQ10

10. How old was the booster chair when you got it?
    [RECORD RESPONSE]

    IF BQ4=YES AND BQ8=SECOND-HAND, GO TO NEXT PRODUCT

11. Did {your child/ any of your children} ever get hurt while in the booster seat?
    - ☐ YES
    - ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE BQ16**

    IF ONLY ONE CHILD IN HOUSEHOLD ➔ GO TO BQ13

12. Which child got hurt?
    - ☐ **RECORD RESPONSE AND USE AS FILL FOR BQ13-BQ15.**

13. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

14. Did {he/she} need medical care?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE BQ16**

15. Did you take {him/her} to a hospital emergency room?
   ☐ YES
   ☐ NO

   IF BQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
   IF BQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

16. What {will/did} you do with the booster chair when you {stop/stopped} using it?
   {Did/will} you…
   ☐ Store it, ➔ **GO TO NEXT PRODUCT**
   ☐ Sell it,
   ☐ Give it away,
   ☐ Trash or recycle it, or
   ☐ Do something else with it? **[RECORD RESPONSE]**
      ☐ TRADED IN
      ☐ OTHER _____

CURRENT OWNERS ➔ GO TO NEXT PRODUCT

17. And when did you do that?
   [RECORD RESPONSE]

   GO TO NEXT PRODUCT

Bedside Sleepers (BS)

Inventory Questions

IF NEEDED: A bedside sleeper is an infant bed that fits into or attaches to an adult bed. This puts the child near the caregiver, alongside, fastened to, and at or below the top of the mattress of the caregiver's bed.

1. How many bedside sleepers do you currently have in your home?
   - ☐ NONE ➜ **GO TO BSQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN BSQ2, USE "THINKING ABOUT THE BEDSIDE SLEEPER YOU USE MOST OFTEN" AND "IT" IF BSQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE BEDSIDE SLEEPER."

2. {Thinking about the bedside sleeper you use most often, how/How} often do you use {it/the bedside sleeper}? Would you say…
   - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

IF BSQ1 = MORE THAN ONE, USE PLURAL IN BSQ3 & BSQ4

3. Have you used the bedside sleeper{s} in the past?
   - ☐ YES ➜ **GO TO BSQ6**
   - ☐ NO

4. Do you intend to use the bedside sleeper{s} in the future?
   - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a bedside sleeper at home?
   - ☐ YES
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the bedside sleeper you used most often.

6. How often did you use the bedside sleeper? Would you say …
    ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Bedside Sleeper Module (BS)

These next questions are about bedside sleepers.

IF BSQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one bedside sleeper, think about the one you used most often.

IF NEEDED: A bedside sleeper is an infant bed that fits into or attaches to an adult bed. This puts the child near the caregiver, alongside, fastened to, and at or below the top of the mattress of the caregiver's bed.

Please include in your answers any play yards or bassinets that can be used as bedside sleepers.

> **IF BSQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF BSQ4= YES, USE PRESENT TENSE**
> **IF BSQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. What {is/was} the name of the bedside sleeper? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

8. Did you…
   ☐ purchase the bedside sleeper,
   ☐ receive it as a gift, or
   ☐ borrow it?
   ☐ OTHER **[RECORD RESPONSE]**

9. When you got the bedside sleeper, was it new or secondhand?
   ☐ NEW
   ☐ SECOND-HAND

10. When did you get it?
    [RECORD RESPONSE]

    IF BSQ9=NEW, GO TO INSTRUCTIONS BEFORE BSQ12
    IF BSQ9=SECOND-HAND, ASK BSQ11

11. How old was the bedside sleeper when you got it?
    [RECORD RESPONSE]

IF MORE THAN ONE CHILD IN HH AND BSQ2= EVERY DAY OR A FEW TIMES A WEEK; ASK BSQ12 THEN GO TO INSTRUCTIONS BEFORE BSQ14
IF MORE THAN ONE CHILD IN HH AND BSQ6= EVERY DAY OR A FEW TIMES A WEEK, ASK

12. Which child uses the bedside sleeper most often?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

13. Which child used the bedside sleeper most recently?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

   **IF BSQ4=YES, USE "WILL"
   OTHERWISE USE "DID" AND FILL "WITH {CHILD}"**

14. When {will/did} you start using the bedside sleeper {with {CHILD}}? When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to start using the bedside sleeper.
   ☐ 0 to 4 months old,
   ☐ 5 to 8 months old,
   ☐ 9 to 12 months old,
   ☐ More than 12 months old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

**IF BSQ4=YES, GO TO NEXT PRODUCT
OTHERWISE CONTINUE**

15. {Can/could} the bedside sleeper {be/have been} used as a bassinet?
   IF NECESSARY CLARIFY NOT ATTACHED TO A BED WHEN USED AS A BASSINET
   ☐ YES
   ☐ NO

16. What {is/was} usually placed in the bedside sleeper under {CHILD} besides the mattress? You can select more than one. {Is/was} there...
   ☐ A pillow,
   ☐ A blanket or quilt,
   ☐ A mattress pad,
   ☐ Something else, or **[RECORD RESPONSE]**
   ☐ Nothing else?

17. {Are/were} there any additional items usually in the bedside sleeper with {CHILD}? You can select more than one. {Is/was} there...
   ☐ A pillow,
   ☐ A blanket or quilt,
   ☐ A mattress pad,
   ☐ Something else, or **[RECORD RESPONSE]**

        ☐   PACIFIER
        ☐   RATTLE
        ☐   TEETHER
        ☐   SIPPY CUP
        ☐   OTHER _____
   ☐ Nothing else?

18. How long do you usually leave {CHILD} in the bedside sleeper when you are in another room? Would you say…
   ☐ Less than 1 minute,
   ☐ 1 to 5 minutes,
   ☐ More than 5, but less than15 minutes,
   ☐ 15 minutes or more, or
   ☐ Not at all?

19. Did the bedside sleeper ever break?
   ☐ YES
   ☐ NO ➜ **GO TO BSQ24**

20. Did you,
   ☐ Fix it yourself,
   ☐ Have someone else fix it,
   ☐ Return the bedside sleeper, or
   ☐ Throw away or recycle the bedside sleeper?
   ☐ OTHER **[RECORD RESPONSE]**

   IF BSQ20 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK BSQ21
   IF BSQ20 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN BSQ21
   OTHERWISE GO TO BSQ22

21. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
   ☐ YES
   ☐ NO

22. Did you report the problem to someone?
   ☐ YES
   ☐ NO ➜ **GO TO BSQ24**

23. Who did you report the problem to? You can select more than one. Did you report it to…
   ☐ The manufacturer,
   ☐ The retailer,
   ☐ The Consumer Product Safety Commission,
   ☐ A news outlet, or

- ☐ Someone else?
  - ☐ LAWYER/LAW FIRM
  - ☐ OTHER _____

- ☐ OTHER **[RECORD RESPONSE]**

24. Did {CHILD} ever get hurt while {he/she} was in the bedside sleeper?
   - ☐ YES
   - ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE BSQ28**

25. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

26. Did {he/she} need medical care?
   - ☐ YES
   - ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE BSQ28**

27. Did you take {him/her} to a hospital emergency room?
   - ☐ YES
   - ☐ NO

IF BSQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF BSQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

28. When {will you/did you} stop using the bedside sleeper with {CHILD}? When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to stop using the bedside sleeper.
   - ☐ 0 to 12 months old,
   - ☐ 13 to 18 months old,
   - ☐ More than 18 months old, or
   - ☐ Some other age? [RECORD RESPONSE]
   - ☐ RECORD DESCRIPTIVE RESPONSE

29. What {will/did} you do with the crib when you {stop/stopped} using it? {Did/will} you…
   - ☐ Store it, ➔ **GO TO NEXT PRODUCT**
   - ☐ Sell it,
   - ☐ Give it away,
   - ☐ Trash or recycle it, or
   - ☐ Do something else with it? **[RECORD RESPONSE]**
     - ☐ TRADED IN
     - ☐ OTHER _____

CURRENT OWNERS ➔ GO TO NEXT PRODUCT

30. And when did you do that?
　　[RECORD RESPONSE]

　　GO TO NEXT PRODUCT

Bed Rails (BR)

Inventory Questions

IF NEEDED: A portable bed rail is a device intended to be installed on an adult bed to prevent children from falling out of bed.

1. Thinking about the beds in your home that your {child/children} sleep in, how many currently have bed rails?
   - ☐ NONE ➜ **GO TO BRQ5**
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ OTHER **[RECORD RESPONSE]**

   IN BRQ2, USE "THINKING ABOUT…" AND "IT" IF BRQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE BED WITH BED RAILS"

2. {Thinking about the bed with bed rails that's used most often, how/How} often does your child sleep in {it/the bed with bed rails}? Would you say…
   - ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never?

     IF BRQ1 = MORE THAN ONE, USE PLURAL IN BRQ3 & BRQ4

3. {Has/have} your {child/children} slept in beds with bed rail{s} in the past?
   - ☐ YES ➜ **GO TO BRQ6**
   - ☐ NO

4. Do you intend to use the bed rail{s} in the future?
   - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. In your home, have you ever had a bed with bed rails that your {child sleeps/children sleep} in?
   - ☐ YES
   - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the bed rail{s} you used most often.

IF BRQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR BRQ6.

6. How often did your child sleep in the bed with the bed rail{s}? Would you say …
   - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   - ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Bed Rail Module (BR)

These next questions are about bed rails. Please do not include in your answers guard rails used on toddler beds or convertible beds.

IF BRQ1 IS 2 OR MORE: Please think about the ones you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one set of bed rails, think about the one you used most often.

IF NEEDED: A portable bed rail is a device intended to be installed on an adult bed to prevent children from falling out of bed.

> **IF BRQ2= EVERY DAY OR A FEW TIMES A WEEK, USE PRESENT TENSE**
> **IF BRQ4= YES, USE FUTURE TENSE FOR BRQ7 AND BRQ8 THEN USE PRESENT TENSE**
> **IF BRQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE**

7. {Do/did/will} you use the bed rails on one side of the bed or both?
    ☐ ONE SIDE
    ☐ BOTH➔ **GO TO BRQUESTION 9**

    IF BRQ7=ONE SIDE, USE SINGULAR AND IS/WAS

8. What {is/was/will be} on the other side of the bed? {Is there /was there/will there be}…
    ☐ Nothing,
    ☐ A wall, or
    ☐ Something else? **[RECORD RESPONSE]**

    IF BRQ7=BOTH, USE PLURAL AND ARE/WERE

9. What {is/are/was/were} the name of the bed rail{s}? You can tell me all or part of the product name or just describe what {it/they} {looks/they/looked} like.
    IF NEEDED: Or you can describe some unique or special feature of it.
    [RECORD RESPONSE]

10. Did you…
    ☐ Purchase the bed rail{s},
    ☐ Receive {it/them} as a gift, or
    ☐ Borrow {it/them}?
    ☐ OTHER **[RECORD RESPONSE]**

11. When you got the bed rail{s}, {was it/were they} new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

12. When did you get {it/them}?
   [RECORD RESPONSE]

   IF BRQ11=NEW, GO TO INSTRUCTIONS BEFORE BRQ14
   IF BRQ11=SECOND-HAND, ASK BRQ13

13. How old {was/were} the bed rail{s} when you got {it/them}?
   [RECORD RESPONSE]

IF MORE THAN ONE CHILD IN HH AND BRQ2= EVERY DAY OR A FEW TIMES A WEEK; ASK BRQ14 THEN GO TO INSTRUCTIONS BEFORE BRQ16;
IF MORE THAN ONE CHILD IN HH AND BRQ6= EVERY DAY OR A FEW TIMES A WEEK, ASK BRQ15 THEN GO TO INSTRUCTIONS BEFORE BRQ16;
OTHERWISE GO TO INSTRUCTIONS BEFORE BRQ16

14. Which child uses the bed rail{s} most often?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

15. Which child used the bed rail{s} most recently?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

   IF BRQ4=YES, USE "WILL"
   OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

16. When {will/did} you start using the bed rail{s} {with {CHILD}}? When {CHILD} {is/was} …
    IF NEEDED: Or you can describe what made you decide to start using the bed rail{s}.
   ☐ 0 to 12 months old,
   ☐ 13 to 24 months,
   ☐ 25 months to 3 years old,
   ☐ More than 3 years old, or
   ☐ Some other age? [RECORD RESPONSE]
   ☐ **RECORD DESCRIPTIVE RESPONSE**

   IF BRQ4=YES, GO TO NEXT PRODUCT
   OTHERWISE CONTINUE

17. What size mattress {do/did} you use with the bed rail{s}? {Is/Was} it for a…
   ☐ Toddler bed,
   ☐ Twin bed,
   ☐ Full or double bed,
   ☐ Queen bed, or
   ☐ For some other size? **[RECORD RESPONSE]**
      ☐ KING
      ☐ CALIFORNIA KING

18. {Does/Did} the mattress sit on…?
   ☐ A box spring,
   ☐ Slats,

- ☐ A solid board, or
- ☐ Something else? **[RECORD RESPONSE]**
    - ☐ FLOOR
    - ☐ OTHER _____

19. Did the bed rail{s} ever break?
- ☐ YES
- ☐ NO ➜ **GO TO BRQUESTION 24**

20. Did you,
- ☐ Fix {it/them} yourself,
- ☐ Have someone else fix {it/them}
- ☐ Return the bed rail{s}, or
- ☐ Throw away or recycle the bed rail{s}?
- ☐ OTHER **[RECORD RESPONSE]**

IF BRQ20 = "FIX IT/THEM YOURSELF" OR "HAVE SOMEONE ELSE FIX IT/THEM", ASK BRQ21
IF BRQ20 = "HAVE SOMEONE ELSE FIX IT/THEM", INCLUDE "BY THE MANUFACTURER OR" IN BRQ21
OTHERWISE GO TO BRQ22

21. {Was it/Were they} fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

22. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➜ **GO TO BRQ24**

23. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else? OTHER **[RECORD RESPONSE]**
    - ☐ LAWYER/LAW FIRM
    - ☐ OTHER _____

24. Did {CHILD} ever get hurt because of the bedrail{s}?
- ☐ YES
- ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE BRQ28**

25. How old was {CHILD} when {he/she} got hurt?
    [RECORD RESPONSE]

26. Did {he/she} need medical care?
    ☐ YES
    ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE BRQ28**

27. Did you take {him/her} to a hospital emergency room?
    ☐ YES
    ☐ NO

IF BRQ2= EVERY DAY OR A FEW TIMES A WEEK, USE FUTURE TENSE
IF BRQ6= EVERY DAY OR A FEW TIMES A WEEK, USE PAST TENSE

28. When {will you/did you} stop using the bed rail{s} with {CHILD}? When {CHILD} {is/was} … IF NEEDED: Or you can describe what made you decide to stop using the bed rail{s}.
    ☐ 0 to 24 months old,
    ☐ 25 to 35 months old,
    ☐ 3 to 4 years old,
    ☐ More than 4 years old, or
    ☐ Some other age? **[RECORD RESPONSE]**
    ☐ **RECORD DESCRIPTIVE RESPONSE**

29. What {will/did} you do with the bed rail{s} when you {stop/stopped} using {it/them}? {Did/will} you…
    ☐ Store {it/them}, ➜ **GO TO NEXT PRODUCT**
    ☐ Sell {it/them},
    ☐ Give {it/them}away,
    ☐ Trash or recycle {it/them}, or
    ☐ Do something else with {it/them}? **[RECORD RESPONSE]**
        ☐ TRADED IN
        ☐ OTHER _____

CURRENT OWNERS ➜ GO TO NEXT PRODUCT

30. And when did you do that?
    [RECORD RESPONSE]

    GO TO NEXT PRODUCT

Bath Seats (BA)

Inventory Questions

IF NEEDED: Infant bath seats are generally used in adult bath tubs to hold children in a seated position while being bathed. They do not hold water.

HELP TEXT: There are three types of bathing products for infants.
- Infant bath tubs that hold water and can be used by a child either lying down or sitting up.
- Infant bath seats that allow a child to be bathed sitting up and do not hold water.
- Bathing aids that are seats or pads that allow a child to be bathed lying down and do not hold water.

1. How many bath seats do you currently have in your home?
    - ☐ NONE ➔ **GO TO BAQ5**
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ OTHER **[RECORD RESPONSE]**

    IN BAQ2, USE "THINKING ABOUT THE BATH SEAT YOU USE MOST OFTEN" AND "IT" IF BAQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE BATH SEAT."

2. {Thinking about the bath seat you use most often, how/How} often do you use {it/the the bath seat}? Would you say…
    - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a year, or ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE BAQ7**
    - ☐ Never?

    IF BAQ1 = MORE THAN ONE, USE PLURAL IN BAQ3 & BAQ4

3. Have you used the bath seat{s} in the past?
    - ☐ YES ➔ **GO TO BAQUESTION 6**
    - ☐ NO

4. Do you intend to use the bath seat{s} in the future?
    - ☐ YES ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ NO ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE BAQ7**

5. Have you ever had a bath seat in your home?
   ☐ YES
   ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

IF BAQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR BAQ6.

If you had more than one bath seat, think about the one you used most often.

6. How often did you use the bath seat? Would you say …
   ☐ Every day, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a week, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a month, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
   ☐ A few times a year, or ➜ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE BAQ7**
   ☐ Never? ➜ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE BAQ7**

   IF BAQ2=A FEW TIMES A YEAR, USE "HARDLY EVER USE" AND "IS"
   IF BAQ4=NO, USE "DON'T INTEND TO USE" AND "IS"
   IF BAQ6=A FEW TIMES A YEAR, USE "HARDLY EVER USED" AND "WAS"
   IF BAQ6=NEVER, USE "NEVER USED" AND "WAS"

7. Please tell me why you {hardly ever use/ don't intend to use/hardly ever used/never used} the bath seat. You can select more than one reason. {Is/Was} it because …
   ☐ It's too difficult to use,
   ☐ Your child didn't like it,
   ☐ You didn't like it,
   ☐ You didn't think your child was safe, or
   ☐ Was there some other reason? **[RECORD RESPONSE]**

Bath Seat Module (BA)

These next questions are about bath seats.

IF BAQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one bath seat think about the one you used most often.

IF NEEDED: Infant bath seats are generally used in adult bath tubs to hold children in a seated position while being bathed. They do not hold water.

IF BAQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, USE PRESENT TENSE
IF BAQ4=YES OR NO, USE PRESENT TENSE
IF BAQ6= EVERY DAY, A FEW TIMES A WEEK, A FEW TIMES A YEAR, OR NEVER USE PAST TENSE

8. What {is/was} the name of the bath seat? You can tell me all or part of the product name or just describe what it {looks/looked} like.
    IF NEEDED: Or you can describe some unique or special feature of it.
    [RECORD RESPONSE]

9. How {does/did} your bath seat attach to the tub? Does it attach with…
    ☐ Suction cups,
    ☐ An arm clamp on the tub side,
    ☐ Both, or
    ☐ Some other way? **[RECORD RESPONSE]**

10. Did you…
    ☐ Purchase the bath seat,
    ☐ Receive it as a gift, or
    ☐ Borrow it?
    ☐ OTHER **[RECORD RESPONSE]**

11. When you got the bath seat, was it new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

12. When did you get it?
    [RECORD RESPONSE]

    IF BAQ11=NEW, GO TO INSTRUCTIONS BEFORE BAQ14
    IF BAQ11=SECOND-HAND, ASK BAQ13

13. How old was the bath seat when you got it?
     [RECORD RESPONSE]

     IF MORE THAN ONE CHILD IN HH AND BAQ2= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, ASK BAQ14 THEN GO TO INSTRUCTIONS BEFORE BAQ16;
     IF MORE THAN ONE CHILD IN HH AND BAQ6= EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR, ASK BAQ15 THEN GO TO INSTRUCTIONS BEFORE BAQ16;

     IFBAQ4=NO OR BAQ6=NEVER, GO TO INSTRUCTIONS BEFORE BAQ31
     OTHERWISE GO TO INSTRUCTIONS BEFORE BAQ16

14. Which child uses the bath seat most often?
     SELECT FROM ROSTER OF CHILDREN AS GIVEN

15. Which child used the bath seat most recently?
     SELECT FROM ROSTER OF CHILDREN AS GIVEN

     IF BAQ4=YES, USE "WILL,
     OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

16. When {will/did} you start using the bath seat {with {CHILD}}? When {CHILD} {is/was} …
     IF NEEDED: Or you can describe what made you decide to start using the bath seat.
     ☐ 0 to 4 months old,
     ☐ 5 to 8 months old,
     ☐ 9 to 12 months old,
     ☐ More than 12 months old, or
     ☐ Some other age? **[RECORD RESPONSE]**
     ☐ **RECORD DESCRIPTIVE RESPONSE**

     IF BAQ4=YES, GO TO NEXT PRODUCT
     OTHERWISE CONTINUE

17. About how much water would you say {is/was} usually in the tub when you {are/were} bathing {CHILD} in the bath seat? Would you say…
     ☐ Enough to cover some, but not all, of {child}'s legs,
     ☐ Enough to cover {child}'s bottom,
     ☐ Enough to reach {child}'s belly button,
     ☐ Enough to reach {child}'s chest, or
     ☐ Enough to reach {child}'s shoulders?

18. How often {do/did} you use the bath seat? Would you say for…
     ☐ Some baths,
     ☐ Most baths, or
     ☐ Every bath?

19. How long {is/was} {CHILD} usually in the bath seat during bath time? Would you say…
    (NOTE FOR INTERVIEWER: THIS INCLUDES BATHING AND PLAY)
    ☐ Less than 15 minutes,
    ☐ 15 to 30 minutes, or
    ☐ More than 30 minutes?

20. What {is/was} the longest you {feel/felt} comfortable leaving {CHILD} in the bath seat while you {go/went} to another room for something? Would you say…
    ☐ Less than 1 minute,
    ☐ 1 to 5 minutes,
    ☐ More than 5 minutes, but less than 15 minutes,
    ☐ 15 minutes or more, or
    ☐ Not at all?

21. Did the bath seat ever break?
    ☐ YES
    ☐ NO ➜ **GO TO BAQ 26**

22. Did you,
    ☐ Fix it yourself,
    ☐ Have someone else fix it,
    ☐ Return the bath seat, or
    ☐ Throw away or recycle the bath seat?
    ☐ OTHER **[RECORD RESPONSE]**

    IF BAQ22 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK BAQ23
    IF BAQ22 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN BAQ23
    OTHERWISE GO TO BAQ24

23. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
    ☐ YES
    ☐ NO

24. Did you report the problem to someone?
    ☐ YES
    ☐ NO ➜ **GO TO BAQ26**

25. Who did you report the problem to? You can select more than one. Did you report it to…
    ☐ The manufacturer,
    ☐ The retailer,
    ☐ The Consumer Product Safety Commission,
    ☐ A news outlet, or
    ☐ Someone else? OTHER **[RECORD RESPONSE]**
        ☐ LAWYER/LAW FIRM

☐ OTHER _____

26. Did {CHILD} ever get hurt while {he/she} was in the bath seat?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE BAQ30**

27. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

28. Did {he/she} need medical care?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE BAQ30**

29. Did you take {him/her} to a hospital emergency room?
   ☐ YES
   ☐ NO

IF BAQ2= EVERY DAY OR A FEW TIMES A WEEK. A FEW TIMES A YEAR, USE FUTURE TENSE
IF BAQ6= EVERY DAY OR A FEW TIMES A WEEK, A FEW TIMES A YEAR, USE PAST TENSE

30. When {will you/did you} stop using the bath seat with {CHILD}? When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to stop using the bath seat..
   ☐ 0 to 12 months old,
   ☐ 13 to 18 months,
   ☐ 19 to 24 months old,
   ☐ More than 24 months old, or
   ☐ Some other age? [RECORD RESPONSE]
   ☐ **RECORD DESCRIPTIVE RESPONSE**

   IF **BA**Q2= **EVERY DAY, A FEW TIMES A WEEK, OR A FEW TIMES A YEAR,** USE "WILL"
      AND "WHEN YOU STOP USING IT"
   IF **BA**Q4=NO, USE "WILL"
   IF **BA**Q6= **EVERY DAY, A FEW TIMES A WEEK** OR A FEW TIMES A YEAR, USE "DID"
      AND "WHEN YOU STOPPED USING IT"
   IF **BA**Q6=NEVER, USE "DID"

31. What {will/did} you do with the bath seat {when you stop[ped] using it }? {Did/will} you…
   ☐ Store it, ➔ **GO TO NEXT PRODUCT**
   ☐ Sell it,
   ☐ Give it away,
   ☐ Trash or recycle it, or
   ☐ Do something else with it? **[RECORD RESPONSE]**
      ☐ TRADED IN

☐ OTHER _____

CURRENT OWNERS → GO TO NEXT PRODUCT

32. And when did you do that?
   [RECORD RESPONSE]

   GO TO NEXT PRODUCT

Bassinet/Cradles (BC)

Bassinet/Cradle Inventory Questions

IF NEEDED: A bassinet/cradle is a small bed for infants supported by free standing legs, a wheeled base, or a rocking base. Infant hammocks are supported from overhead and rock and sway naturally. Please include in your answers any bassinets or cradles that are attached to other products as well as products that can be converted to a bassinet or cradle.

1. How many bassinets, cradles, or infant hammocks do you currently have in your home?
    - ☐ NONE ➔ **GO TO BCQ 5**
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ OTHER **[RECORD RESPONSE]**

    IN BCQ2, USE "THINKING ABOUT THE BASSINET, CRADLE, OR INFANT HAMMOCK YOU USE MOST OFTEN" AND "IT" IF BCQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE BASSINET, CRADLE, OR INFANT HAMMOCK."

2. {Thinking about the bassinet, cradle, or infant hammock you use most often, how/How} often do you use {it/the bassinet, cradle, or infant hammock}? Would you say…
    - ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ Never?

    IF BCQ1 = MORE THAN ONE, USE PLURAL IN BCQ3 & BCQ4

3. Have you used the bassinet{s}, cradle{s}, or infant hammock{s} in the past?
    - ☐ YES ➔ **GO TO BCQ 6**
    - ☐ NO

4. Do you intend to use the bassinet{s}, cradle{s}, or infant hammock{s} in the future?
    - ☐ YES ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

5. Have you ever had a bassinet, cradle, or infant hammock at home?
    - ☐ YES
    - ☐ NO ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

IF BCQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR BCQ6.

If you had more than one bassinet, cradle, or infant hammock, think about the one you used most often.

6. How often did you use the bassinet, cradle, or infant hammock? Would you say …
    ☐ Every day, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a week, ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a month, ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ A few times a year, or ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    ☐ Never? ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Bassinet/Cradles Module (BC)

These next questions are about bassinets, cradles or infant hammocks. Please include in your answers any bassinets or cradles that are attached to other products as well as products that can be converted to a bassinet or cradle.

IF BCQ1 IS 2 OR MORE: Please think about the bassinet, cradle or infant hammock you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one bassinet, cradle, or infant hammock, think about the one you used most often.

IF NEEDED: A bassinet/cradle is a small bed for infants supported by free standing legs, a wheeled base, or a rocking base. Infant hammocks are supported from overhead and rock and sway naturally.

> **IF BCQ2= "EVERY DAY" OR "A FEW TIMES A WEEK", USE PRESENT TENSE**
> **IF BCQ4= YES, USE PRESENT TENSE**
> **IF BCQ6="EVERY DAY" OR "A FEW TIMES A WEEK", USE PAST TENSE**

7. {Is/was} the product you {use/used} most…
   - ☐ A bassinet, ➔ **USE "BASSINET" FOR {BASSINET/CRADLE/INFANT HAMMOCK}**
   - ☐ A cradle, or ➔ **USE "CRADLE" FOR {BASSINET/CRADLE/INFANT HAMMOCK}**
   - ☐ An infant hammock? ➔ **USE "HAMMOCK" FOR {BASSINET/CRADLE/INFANT HAMMOCK}**
   - ☐ DON'T KNOW ➔ **USE "BASSINET, CRADLE, OR INFANT HAMMOCK" FOR {BASSINET/CRADL/EINFANT HAMMOCK}**

8. What {is/was} the name of the {bassinet/cradle/infant hammock}? You can tell me all or part of the product name or just describe what it {looks/looked} like.
   IF NEEDED: Or you can describe some unique or special feature of it.
   [RECORD RESPONSE]

9. {Is/was} the {bassinet/cradle/infant hammock} stand-alone or {does/did} it attach to another product?
   - ☐ STAND ALONE ➔ **GO TO BCQ11**
   - ☐ ATTACHES

10. What {does/did} the {bassinet/cradle/infant hammock} attach to?
    - ☐ A play yard,
    - ☐ A stroller,
    - ☐ A bedside sleeper, or
    - ☐ Something else? **[RECORD RESPONSE]**

3

11. Did you…
- ☐ Purchase the {bassinet/cradle/infant hammock},
- ☐ Receive it as a gift, or
- ☐ Borrow it?
- ☐ OTHER **[RECORD RESPONSE]**

12. When you got the {bassinet/cradle/infant hammock}, was it new or secondhand?
- ☐ NEW
- ☐ SECOND-HAND

13. When did you get it?
[RECORD RESPONSE]

IF BCQ12=NEW, GO TO INSTRUCTIONS BEFORE BCQ15
IF BCQ12=SECOND-HAND, ASK BCQ14

14. How old was the {bassinet/cradle/infant hammock} when you got it?
[RECORD RESPONSE]

IF MORE THAN ONE CHILD IN HH AND BCQ2="EVERY DAY" OR "A FEW TIMES A WEEK";
ASK BCQ15 THEN GO TO INSTRUCTIONS BEFORE BCQ17
IF MORE THAN ONE CHILD IN HH AND BCQ6="EVERY DAY" OR "A FEW TIMES A WEEK",
ASK BCQ16 THEN GO TO INSTRUCTIONS BEFORE BCQ17;
OTHERWISE GO TO INSTRUCTIONS BEFORE BCQ17

15. Which child uses the {bassinet/cradle/infant hammock} most often?
SELECT FROM ROSTER OF CHILDREN AS GIVEN

16. Which child used the {bassinet/cradle/infant hammock} most recently?
SELECT FROM ROSTER OF CHILDREN AS GIVEN

IF BCQ4=YES, USE "WILL" IN BCQ17
OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

17. When {will/did} you start using the {bassinet/cradle/infant hammock} {with {CHILD}}?
When {CHILD} {is/was} …
  IF NEEDED: Or you can describe what made you decide to start using the {bassinet/cradle}.
- ☐ 0 to 4 months old,
- ☐ 5 to 8 months old,
- ☐ 9 to 12 months old,
- ☐ More than 12 months old, or
- ☐ Some other age? **[RECORD RESPONSE]**
- ☐ **RECORD DESCRIPTIVE RESPONSE**

IF BCQ4=YES, GO TO NEXT PRODUCT

4

18. Why {do/did} you use the {bassinet/cradle/infant hammock} with {child}? You can select more than one reason. Would you say…
- ☐ To put your child to sleep,
- ☐ To entertain your child,
- ☐ To allow you to do chores,
- ☐ To allow you to sleep, or
- ☐ For some other reason? **[RECORD RESPONSE]**
  - ☐ KEEP CHILD SAFE
  - ☐ CALM CRYING CHILD
  - ☐ KEEP CHILD FROM BEING UNDERFOOT
  - ☐ OTHER _____

19. {Do/Did} you use the {bassinet/cradle/infant hammock} …
- ☐ Several times a day,
- ☐ Once a day,
- ☐ A few times a week, or
- ☐ Once a week or less?

20. How often {does/did} {CHILD} sleep in the {bassinet/cradle/infant hammock}. Would you say...
- ☐ Several times a day,
- ☐ Once a day,
- ☐ A few times a week,
- ☐ Once a week or less, or
- ☐ Never?

21. When {CHILD} is awake, how long {is/was} {he/she} usually in the {bassinet/cradle/infant hammock}? Would you say…
- ☐ Less than 30 minutes,
- ☐ 30 minutes to an 1 hour, or
- ☐ More than 1 hour?

22. What {is/was} usually placed in the {bassinet/cradle/infant hammock} **under** {CHILD} besides the mattress? You can select more than one item. Would you say…
- ☐ A pillow,
- ☐ A blanket or quilt,
- ☐ A mattress pad,
- ☐ Something else, or **[RECORD RESPONSE]**
- ☐ Nothing else?

23. What additional items {are/were} usually in the {bassinet/cradle/infant hammock} **with** {CHILD}? You can select more than one item. Would you say…
- ☐ A pillow,

- ☐ A blanket or quilt,
- ☐ A mattress pad,
- ☐ A toy,
- ☐ A bottle or sippy cup,
- ☐ Something else, or **[RECORD RESPONSE]**
  - ☐ PACIFIER
  - ☐ RATTLE
  - ☐ TEETHER
  - ☐ OTHER _____
- ☐ Nothing else?

24. Did the {bassinet/cradle/infant hammock} ever break?
- ☐ YES
- ☐ NO ➜ **GO TO BCQUESTION 29**

25. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,
- ☐ Return the {bassinet/cradle/infant hammock}, or
- ☐ Throw away or recycle the {bassinet/cradle/infant hammock}?
- ☐ OTHER **[RECORD RESPONSE]**

IF BCQ25 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK BCQ26
IF BCQ25 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN BCQ26
OTHERWISE GO TO BCQ27

26. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

27. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➜ **GO TO BCQUESTION 29**

28. Who did you report the problem to? You can select more than one. Did you report it to…
   ☐ The manufacturer,
   ☐ The retailer,
   ☐ The Consumer Product Safety Commission,
   ☐ A news outlet, or
   ☐ Someone else? OTHER **[RECORD RESPONSE]**
      ☐ LAWYER/LAW FIRM
      ☐ OTHER _____

29. Did {CHILD} ever get hurt while {he/she} was in the {bassinet/cradle/infant hammock}?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE BCQUESTION 33**

30. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

31. Did {he/she} need medical care?
   ☐ YES
   ☐ NO ➔ **GO TO INSTRUCTIONS BEFORE BCQUESTION 33**

32. Did you take {him/her} to a hospital emergency room?
   ☐ YES
   ☐ NO

   IF BCQ2="EVERY DAY" OR "A FEW TIMES A WEEK", USE FUTURE TENSE
   IF BCQ6="EVERY DAY" OR "A FEW TIMES A WEEK", USE PAST TENSE

33. When {will you/did you} stop using the {bassinet/cradle/infant hammock} with {CHILD}?
   When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to stop using the {bassinet/cradle}.
   ☐ 0 to 12 months old,
   ☐ 13 to 18 months old,
   ☐ More than 18 months old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

34. What {will you/did you} do with the {bassinet/cradle/infant hammock} when you {stop/stopped} using it? {Did/will} you…

☐ Store it, ➔ **GO TO BCQ36**
☐ Sell it,
☐ Give it away,
☐ Trash or recycle it, or
☐ Do something else with it? [RECORD RESPONSE]
    ☐ TRADED IN
    ☐ OTHER _____

CURRENT USERS (EXCEPT STORERS) ➔ GO TO NEXT PRODUCT

35. And when did you do that?
[RECORD RESPONSE]

GO TO NEXT PRODUCT

36. {Will/Did} you take the {bassinet/cradle/infant hammock} apart to store it?
☐ YES
☐ NO

GO TO NEXT PRODUCT

Backpack Carriers with Rigid Frames (BP)

Inventory Questions

IF NEEDED: A backpack carrier is normally made of sewn fabric on a tubular metal or other frame. It is designed to carry a child, in an upright position, on the back of the caregiver. The seated position of the child is either facing towards or away from the caregiver.

1. How many backpack carriers with rigid frames do you currently have in your home?
    - ☐ NONE ➜ **GO TO BPQ5**
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ OTHER **[RECORD RESPONSE]**

    IN BPQ2, USE "THINKING ABOUT THE BACKPACK CARRIER WITH A RIGID FRAME YOU USE MOST OFTEN" AND "IT" IF BPQ1 IS 2 OR MORE. OTHERWISE USE "HOW" AND "THE BACKPACK CARRIER WITH A RIGID FRAME."

2. {Thinking about the backpack carrier with a rigid frame you use most often, how/How} often do you use {it/the the backpack carrier with a rigid frame}? Would you say…
    - ☐ A few times a month, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a year, ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ Once a year, ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ Less than once a year, or ➜ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE BPQ7**
    - ☐ Never?

    IF BPQ1 = MORE THAN ONE, USE PLURAL IN BPQ3 & BPQ4

3. Have you used the backpack carrier{s} with {a rigid frame/rigid frames} in the past?
    - ☐ YES ➜ **GO TO BPQ6**
    - ☐ NO

4. Do you intend to use the backpack carrier{s} with {a rigid frame/rigid frames} in the future?
    - ☐ YES ➜ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ NO ➜ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE BPQ7**

5. Have you ever had a backpack carrier with a rigid frame at home?
    - ☐ YES
    - ☐ NO ➜ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**

Please think about the backpack carrier with a rigid frame you used most often.

IF BPQ3=YES, THEN DO NOT INCLUDE "NEVER" IN RESPONSE OPTIONS FOR BPQ6.

6. How often did you use the backpack carrier with a rigid frame? Would you say …
    - ☐ A few times a month ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ A few times a year ➔ **ELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ Once a year ➔ **INELIGIBLE; GO TO NEXT PRODUCT IN INVENTORY**
    - ☐ Less than once a year ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE BPQ7**
    - ☐ Never ➔ **ELIGIBLE; GO TO INSTRUCTIONS BEFORE BPQ7**

    IF **BP**Q2=LESS THAN ONCE A YEAR, USE "HARDLY EVER USE" AND "IS"
    IF **BP**Q4=NO, USE "DON'T INTEND TO USE" AND "IS"
    IF **BP**Q6= LESS THAN ONCE A YEAR, USE "HARDLY EVER USED" AND "WAS"
    IF **BP**Q6=NEVER, USE "NEVER USED" AND "WAS"

7. Please tell me why you {hardly ever use/ don't intend to use/hardly ever used/never used} the backpack carrier with a rigid frame. You can select more than one reason. {Is/Was} it because…
    - ☐ It's too difficult to use,
    - ☐ Your child didn't like it,
    - ☐ You didn't like it,
    - ☐ You didn't think your child was safe, or
    - ☐ Some other reason? **[RECORD RESPONSE]**

Backpack Carrier with a Rigid Frame Module (BP)

These next questions are about backpack carriers with a rigid frame.

IF BPQ1 IS 2 OR MORE: Please think about the one you use most often.

FOR PAST USERS WHO NO LONGER HAVE PRODUCT: If you had more than one backpack carrier with a rigid frame, think about the one you used most often.

IF NEEDED: A backpack carrier is normally made of sewn fabric on a tubular metal or other frame. It is designed to carry a child, in an upright position, on the back of the caregiver. The seated position of the child is either facing towards or away from the caregiver.

IF BPQ2= A FEW TIMES A MONTH, A FEW TIMES A YEAR, OR LESS THAN ONCE A YEAR, USE PRESENT TENSE
IF BPQ4=YES OR NO, USE PRESENT TENSE
IF BPQ6= A FEW TIMES A MONTH, A FEW TIMES A YEAR, OR LESS THAN ONCE A YEAR, OR NEVER USE PAST TENSE

8. What {is/was} the name of the backpack carrier with a rigid frame? You can tell me all or part of the product name or just describe what it {looks/looked} like.
    IF NEEDED: Or you can describe some unique or special feature of it.
    [RECORD RESPONSE]

9. Did you…
    ☐ Purchase the backpack carrier with a rigid frame,
    ☐ Receive it as a gift, or
    ☐ Borrow it?
    ☐ OTHER **[RECORD RESPONSE]**

10. When you got the backpack carrier with a rigid frame, was it new or secondhand?
    ☐ NEW
    ☐ SECOND-HAND

11. When did you get it?
    [RECORD RESPONSE]

    IF BPQ9=NEW, GO TO INSTRUCTIONS BEFORE BPQ13
    IF BPQ9=SECOND-HAND, ASK BPQ12

12. How old was the backpack carrier with a rigid frame when you got it?
    [RECORD RESPONSE]

    IF MORE THAN ONE CHILD IN HH AND BPQ2= A FEW TIMES A MONTH, A FEW TIMES A YEAR, OR LESS THAN ONCE A YEAR**, ASK BPQ13 THEN GO TO INSTRUCTIONS BEFORE BPQ15;**

13. With which child do you use the backpack carrier with a rigid frame most often?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

14. With which child did you use the backpack carrier with a rigid frame most recently?
   SELECT FROM ROSTER OF CHILDREN AS GIVEN

   IFBPQ4=YES, USE "WILL"
   OTHERWISE USE "DID" AND FILL "WITH {CHILD}"

15. When {will/did} you start using the backpack carrier with a rigid frame {with {CHILD}}?
   When {CHILD} {is/was} …
   IF NEEDED: Or you can describe what made you decide to start using the backpack carrier with rigid frame.
   ☐ 0 to 6 months old,
   ☐ 7 to 12 months old,
   ☐ 13 to 24 months old,
   ☐ More than 24 months old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

   IF BPQ4=YES, GO TO NEXT PRODUCT
   OTHERWISE CONTINUE
   IF BPQ2 OR BPQ6 = A FEW TIMES A MONTH, ASK BPQ16 THEN GO TO BPQ18
   IF BPQ2 OR BPQ6 = A FEW TIMES A YEAR, ASK BPQ17 THEN GO TO BPQ18

16. How often {do/did} you use the backpack carrier with a rigid frame? Would you say…
   ☐ Every day,
   ☐ A few times a week,
   ☐ Once a week, or
   ☐ Every couple of weeks?

17. How often {do/did} you use the backpack carrier with a rigid frame? Would you say…
   ☐ Every month,
   ☐ Every couple of months, or
   ☐ Every 6 months?

18. How long {do/did} you usually carry {CHILD} in the backpack carrier with a rigid frame?
   Would you say…
   ☐ Less than 30 minutes,
   ☐ 30 minutes to 1 hour, or
   ☐ More than 1 hour?

19. What {is/was} the longest you {carry/carried} {CHILD} in the backpack carrier with a rigid frame? Would you say…
- ☐ Less than 30 minutes,
- ☐ 30 minutes to 1 hour,
- ☐ More than1 hour, but less than 2 hours, or
- ☐ More than 2 hours?

20. Did the backpack carrier with a rigid frame ever break?
- ☐ YES
- ☐ NO ➜ **GO TO BPQ25**

21. Did you,
- ☐ Fix it yourself,
- ☐ Have someone else fix it,
- ☐ Return the backpack carrier with a rigid frame, or
- ☐ Throw away or recycle the backpack carrier with a rigid frame?
- ☐ OTHER **[RECORD RESPONSE]**

IF BPQ21 = "FIX IT YOURSELF" OR "HAVE SOMEONE ELSE FIX IT", ASK BPQ22
IF BPQ21 = "HAVE SOMEONE ELSE FIX IT", INCLUDE "BY THE MANUFACTURER OR" IN BPQ22
OTHERWISE GO TO BPQ23

22. Was it fixed {by the manufacturer or} with manufacturer-supplied parts or instructions?
- ☐ YES
- ☐ NO

23. Did you report the problem to someone?
- ☐ YES
- ☐ NO ➜ **GO TO BPQ25**

24. Who did you report the problem to? You can select more than one. Did you report it to…
- ☐ The manufacturer,
- ☐ The retailer,
- ☐ The Consumer Product Safety Commission,
- ☐ A news outlet, or
- ☐ Someone else?
  - ☐ LAWYER/LAW FIRM
  - ☐ OTHER ————————————————————————

25. Did {CHILD} ever get hurt while {he/she} was in the backpack carrier with a rigid frame?
- ☐ YES
- ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE BPQ29**

26. How old was {CHILD} when {he/she} got hurt?
   [RECORD RESPONSE]

27. Did {he/she} need medical care?
   ☐ YES
   ☐ NO ➜ **GO TO INSTRUCTIONS BEFORE BPQ29**

28. Did you take {him/her} to a hospital emergency room?
   ☐ YES
   ☐ NO

IF BPQ2= A FEW TIMES A MONTH, A FEW TIMES A YEAR, OR LESS THAN ONCE A YEAR, USE FUTURE TENSE
IF BPQ6= A FEW TIMES A MONTH, A FEW TIMES A YEAR, OR LESS THAN ONCE A YEAR, USE PAST TENSE

29. When {will you/did you} stop using the backpack carrier with a rigid frame with {CHILD}? When {CHILD} {is/was} … IF NEEDED: Or you can describe what made you decide to stop using the backpack carrier with rigid frame.
   ☐ 0 to 12 months old,
   ☐ 13 to 24 months old,
   ☐ 25 months to 3 years old,
   ☐ More than 3 years old, or
   ☐ Some other age? **[RECORD RESPONSE]**
   ☐ **RECORD DESCRIPTIVE RESPONSE**

   IF **BP**Q2= **A FEW TIMES A MONTH, A FEW TIMES A YEAR,** OR LESS THAN ONCE A YEAR, USE "WILL" AND "WHEN YOU STOP USING IT"
   IF **BP**Q4= NO, USE "WILL"
   IF **BP**Q6= **A FEW TIMES A MONTH, A FEW TIMES A YEAR,** OR LESS THAN ONCE A YEAR, USE "DID" AND "WHEN YOU STOPPED USING IT"
   IF **BP**Q6= NEVER, USE "DID"

30. What {will /did} you do with the backpack carrier with a rigid frame {when you {stop[ped]} using it}? {Did/will} you…
   ☐ Store it, ➜ **GO TO NEXT PRODUCT**
   ☐ Sell it,
   ☐ Give it away,
   ☐ Trash or recycle it, or
   ☐ Do something else with it?
        ☐ TRADED IN
        ☐ OTHER _____

CURRENT OWNERS ➜ GO TO NEXT PRODUCT

31. And when did you do that?
   [RECORD RESPONSE]

   GO TO NEXT PRODUCT

Concluding Questions (CN)

1. Are you of Hispanic, Latino, or Spanish origin?
   - ☐ Yes
   - ☐ No

2. What is your race? You can select more than one. Are you…
   - ☐ Black or African American,
   - ☐ White,
   - ☐ American Indian or Alaska Native,
   - ☐ Asian, or
   - ☐ Native Hawaiian or Other Pacific Islander?
   - ☐ OTHER (SPECIFY)
   - ☐ DON'T KNOW

3. What is your household income?
   - ☐ Less than $25,000
   - ☐ $25,000 - $35,000
   - ☐ $35,001 - $55,000
   - ☐ $55,001 - $75,000
   - ☐ More than $75,000

SELECT YOUNGEST CHILD

IF CHILD > 1 YEAR USE PAST TENSE. IF CHILD < 1 YEAR, USE PRESENT TENSE.

4. Up until {CHILD} was one year old, how often {do/did} you sleep in the same bed with {him/her}? Would you say…
   - ☐ Never,
   - ☐ Rarely,
   - ☐ Once a week,
   - ☐ 2 to 6 times a week, or
   - ☐ Every night?

IF CNQ4 = NEVER, GO TO CNQ6.

OTHERWISE, ASK CNQ5.

5. I'm going to read a list of reasons why some people sleep in the same bed with their children. Please tell me which are your reasons, too. You may select more than one.
   - ☐ It's a family or cultural tradition,
   - ☐ My child won't sleep or won't stop crying otherwise,
   - ☐ It helps me bond with myyour child,
   - ☐ I'm not comfortable being separated from my child, or
   - ☐ Is there some other reason you'd like to share with me? **[RECORD RESPONSE]**

6. How do you hear about children's product recalls? You can select more than one. Do you hear from…
   - ☐ Retailers,
   - ☐ Manufacturers,
   - ☐ The news,
   - ☐ Someone else OTHER **[RECORD RESPONSE],** or
       - ☐ WEBSITE
       - ☐ MAILING LIST
       - ☐ FRIENDS OR FAMILY
       - ☐ OTHER _____
   - ☐ Don't you hear about children's product recalls?

7. Were any of your children under the age of 6 born prematurely?
   - ☐ YES
   - ☐ NO ➜ **GO TO CNQ9**

8. Which children?
   [SELECT FROM ROSTER OF CHILDREN AS GIVEN]

9. Do any of your children under the age of 6 have a chronic health condition or disability?
   - ☐ YES
   - ☐ NO ➜ **GO TO END**

10. Which children?
    [SELECT FROM ROSTER OF CHILDREN AS GIVEN]

11. **FOR EACH CHILD INDICATED IN CNQ9,** What is {CHILD}'s condition or conditions?

    PROVIDE WEB SITE WHERE RESPONDENTS CAN PROVIDE FEEDBACK ON SURVEY AND CPSC