

Q.1 THIS IS THE CHILDREN'S POISONINGS QUESTIONNAIRE (updated on 4/30/2014)

General Instructions:

Bold type indicates what should be said to the respondent. Instructions for the interviewer will be prefaced by "**Interviewer:**" and are written in non-bold type.

Interviewer: Please do not read choices or give examples unless the respondent is unsure, then you can prompt. Do not read the "Refused" or "Unknown" choices.

Q.2 **Interviewer:** Please enter the task number.

_____ (5-17)

Q.3 **Interviewer:** Please enter the incident date.

MM ____ (18-19)

DD ____ (20-21)

YY ____ (22-23)

Q.4 Contact Questions

Interviewer: Ask for the parent or guardian of the child.

Introduction: Hello, I am calling on behalf of the U.S. Consumer Product Safety Commission. We are trying to learn more about poisonings to children to prevent incidents and injuries.

Your answers will be kept confidential. No names will be associated with the answers. The information collected will be used only to prevent future incidents and injuries.

Are you familiar with the recent incident involving a poisoning to a child which resulted in a visit to the emergency room on [ANSWER TO SUB-QUESTION 1 OF Q. 3]/[ANSWER TO SUB-QUESTION 2 OF Q. 3]/[ANSWER TO SUB-QUESTION 3 OF Q. 3] ?

(24)

Q¹ Yes

Q² No

[IF THE ANSWER IS 1, THEN SKIP TO QUESTION 6]

Q.5 Could I speak to another available adult who is familiar with the recent incident?

Interviewer: If the response is yes, ask to speak to that person.

(25)

Q₁ Yes

Q₂ No

[IF THE ANSWER IS 2, THEN SKIP TO QUESTION 35]

Q.6 What is your relationship with the patient?

(26)

Q₁ Parent

Q₂ Guardian other than parent

Q₃ Other

[IF THE ANSWER IS NOT 3, THEN SKIP TO QUESTION 8]

Q.7 Please identify "Other" relationship.

_____ (27-126)

Q.8 Do you have a few minutes to talk about the incident?

Interviewer: The interview should take about 10 minutes.

(127)

Q₁ Yes

Q₂ No

[IF THE ANSWER IS 1, THEN SKIP TO QUESTION 10]

Q.9 Can I call you back at a better time?

Interviewer: If response is "Yes", then record the date and time to call back.

(128)

Q₁ Yes

Q₂ No

[IF THE ANSWER IS 2, THEN SKIP TO QUESTION 35]

Q.10 Did you witness the incident?

(209)

Q₁ Yes

Q₂ No

Q.11 Please give a brief summary of the reason for the emergency room visit:

Interviewer: If not provided by respondent, please probe for the following information:

- Where was the child when the incident occurred? (ex: kitchen, bathroom, etc.)
- Was another child involved?
- How did the child access the medication/product?
- Where was the medication/product stored?
- Was someone using the medication/product at the time of the incident?
- Had the medication/product spilled or had the packaging been damaged/broken just prior to the exposure?

(210-509)

Q.12 Please describe the symptom(s) experienced by the victim, any treatment(s), and the outcome of the exposure.

(1706-1955)

Q.13 Please describe the type of exposure that occurred in this incident.

Interviewer: Choose all that apply.

- (1956-1960)
- Q₁ Ingestion
 - Q₂ Skin
 - Q₃ Eye
 - Q₄ Mouth (inside, not swallowed) and/or lips
 - Q₅ Other

[IF THE ANSWER IS NOT 5, THEN SKIP TO QUESTION 15]

Q.14 Please describe the "Other" type of exposure.

(1961-2110)

Q.15 What type of product formulation was involved in the exposure?

- (2111)
- Q₁ Liquid
 - Q₂ Pills, tablets, or capsules
 - Q₃ Other
 - Q₄ Don't Know

[IF THE ANSWER IS NOT 3, THEN SKIP TO QUESTION 17]

Q.16 Please describe the "Other" formulation.

Interviewer: Other product formulations include transdermal patches, creams/ointments, sprays, powders/granules, medicated lollipops, etc.)

(2112-2261)

Q.17 What is the brand name and/or manufacturer?

Interviewer: Get the information for each product ingested or possibly ingested.

(511-760)

Q.18 How much would you estimate the child ate, drank, spilled, sprayed, etc., of each product?

Interviewer: Get the information for each product ingested, possibly ingested, spilled or sprayed on/in the skin, eye, etc.

(761-1010)

Q.19 Was the product in a bottle, some other kind of container, or not in any container at all?

(1011)

Q₁ Bottle

Q₂ Daily or weekly pill holder or pill minder

Q₃ Other container

Q₄ No container

Q₅ Don't know

[IF THE ANSWER IS 1, THEN SKIP TO QUESTION 25]

[IF THE ANSWER IS 3, THEN SKIP TO QUESTION 23]

[IF THE ANSWER IS 4, THEN SKIP TO QUESTION 24]

[IF THE ANSWER IS 5, THEN SKIP TO QUESTION 35]

Q.20 Please describe the pill holder/minder.

(1012-1111)

Q.21 Were other medications also stored in the pill holder/minder?

(1112)

Q₁ Yes

Q₂ No

Q₃ Don't know

[IF THE ANSWER IS NOT 1, THEN SKIP TO QUESTION 35]

Q.22 Please describe the other medications in the pill holder/minder.

(1113-1262)

[IF THE ANSWER TO QUESTION 21 IS 1, THEN SKIP TO QUESTION 35]

Q.23 Please specify the "Other" container.

Interviewer: Possibilities could include a plastic or paper bag, pocket, pocketbook, etc.

(1263-1412)

[IF THE ANSWER TO QUESTION 19 IS 3, THEN SKIP TO QUESTION 25]

Q.24 Please explain why the product was out of any container.

Interviewer: Possibilities could include product spilled, in use, left available on a countertop, an older child accessed and gave to victim, etc.

(1413-1612)

[IF THE ANSWER TO QUESTION 19 IS 4, THEN SKIP TO QUESTION 35]

Q.25 Was the container tightly closed, somewhat closed, or not closed at all?

- (1613)
- Q₁ Tightly closed
 - Q₂ Somewhat closed
 - Q₃ Not closed at all
 - Q₄ Don't know

Q.26 Was the package/container child-resistant, that is, one that would be hard for a child to open?

(1614)

Q₁ Yes

Q₂ No

Q₃ Don't know

[IF THE ANSWER IS NOT 1, THEN SKIP TO QUESTION 28]

Q.27 How long was the child alone with the child-resistant container?

(2262)

Q₁ 10 minutes or less

Q₂ More than 10 minutes

Q₃ Don't know

[IF THE ANSWER TO QUESTION 15 IS NOT 1, THEN SKIP TO QUESTION 30]

[IF THE ANSWER TO QUESTION 15 IS NOT 1, THEN SKIP TO QUESTION 30]

Q.28 Earlier you indicated that the product was a liquid. Did the product package/container have a flow-restrictor on its opening? (A flow restrictor is a small plastic device that fits into the neck of a medicine bottle and slows the release of the fluid.)

(2263)

Q₁ Yes

Q₂ No

Q₃ Don't Know

[IF THE ANSWER IS NOT 1, THEN SKIP TO QUESTION 30]

Q.29 Please describe the flow restrictor type.

Could it be easily removed from the package/container or was it permanently attached or part of the package container opening/design?

Was a syringe required to remove the medication from the container?

_____ (2264-2513)

Q.30 Was the product a prescription medication, an over-the-counter medication, or some other product?

(2514)

Q 1 Prescription medication

Q 2 Over-the-counter medication

Q 3 Other

[IF THE ANSWER IS NOT 3, THEN SKIP TO QUESTION 32]

Q.31 Please describe the "Other" type of household product it was.

Interviewer: Examples include cleaner, solvent, etc.

(2515-2664)

Q.32 Please identify the source of the medication/product or where it was purchased (ex: pharmacy name, retail store, etc.).

(2665-2814)

[IF THE ANSWER TO QUESTION 19 IS NOT 1, THEN SKIP TO QUESTION 35]

Q.33 Do you still have the container?

(1615)

Q 1 Yes

Q 2 No

Q 3 Don't know

[IF THE ANSWER IS 2, THEN SKIP TO QUESTION 35]

Q.34 **Would you be willing to send us information, if we mail you a shipping envelope that is self-addressed and stamped?**

(1616)

Q₁ Yes

Q₂ No

Q.35 **Due to the cultural diversity in the U.S., we sometimes have difficulty communicating important product safety information to consumers. The following race and ethnicity questions will help us to better educate the public on consumer product safety.**

Do you consider the victim to be Hispanic or Latino?

(1617)

Q₁ Yes

Q₂ No

Q₃ Unknown

Q₄ Refused to answer

Q.36 **What race or races do you consider the patient to be?**

Interviewer: Please read race choices aloud and ask respondent to select ALL categories that apply. If the answer is "Other" enter their answer verbatim in the next question.

(1618-1623)

Q₁ White

Q₂ Black or African American

Q₃ American Indian or Alaska Native

Q₄ Native Hawaiian or Pacific Islander

Q₅ Asian

Q₆ Other

Q₇ Unknown

Q₈ Refused to answer

[IF THE ANSWER IS NOT 6, THEN SKIP TO QUESTION 38]

Q.37 Please specify "Other" race or races.

Interviewer: If respondent states "biracial" or "multiracial", please prompt for specifics (country of origin, nationality, etc.). Otherwise, simply state "biracial" or "multiracial".

(1624-1698)

Q.38 **On behalf of the Consumer Product Safety Commission, I thank you very much for your help. If I missed anything, may I call you back?**

(1699)

Q₁ Yes

Q₂ No

Q.39 **Thank you for your time.**

Q.40 **Interviewer:** Enter the interview completion date (mmddy):

MM ____ (1700-1701)

DD ____ (1702-1703)

YY ____ (1704-1705)

