

Awareness & Availability of Child Passenger Safety Information Resources Survey

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Section 1. Current Use of Car Seats

[In this section for questions 1-1 - 1-5 a specific selection will be made from the screener - it will be of the child riding most frequently (S14) who is still riding in a car seat (S15, Responses A, B, C, D, E) - NOTE in cases in which there is more than one child riding in car seats at the same frequency the selection will be random using a pre-generated random number]

1-1. How did you get the **[fill in car seat type]** that **[child name]** rides in?

- A. Purchase
- B. As a loan
- C. As a gift
- D. Provided by parents
- E. Other, Specify: _____

1-2. Was the **[fill in car seat type]** new or used when you got it?

- A. New
- B. Used
- C. Don't know

1-3. How confident are you that this **[fill in car seat type]** is attached correctly?

- A. Extremely confident (Go to 1-4)
- B. Very confident (Go to 1-4)
- C. Moderately Confident (Go to 1-4)

- D. Slightly confident (Go to 1-5)
- E. Not at all confident (Go to 1-5)

1-4. Why are you [fill in response from 1-3 extremely, very, moderately] confident that this [**fill in car seat type**] is attached correctly?

(Check all that apply.)

- A. I followed the instructions
- B. It seems right
- C. I followed a video
- D. Someone helped me attach the seat
- E. I check the car seat often
- F. Other, Specify: _____

[All options go to 1-6]

1-5. Why aren't you confident that this [**fill in car seat type**] is attached correctly?

(Check all that apply.)

- A. The instructions were very complicated.
- B. It seems wrong.
- C. It seems too loose.
- D. Someone told me the seat was not attached correctly.
- E. Other, Specify: _____

1-6. How frequently do you move this [**fill in car seat type**] **[[for infant seats] including the base]** in and out of the vehicle?

- A. Every day
- B. Almost every day
- C. A few days a week
- D. A few days a month
- E. A few days a year
- F. Never

1-7. To you, is it acceptable or not acceptable for a child to **not ride in a car seat** when...

	Acceptable	Not Acceptable
A. Going only a short distance?	<input type="checkbox"/>	<input type="checkbox"/>
B. Riding in a taxi cab?	<input type="checkbox"/>	<input type="checkbox"/>
C. The child is sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
D. Riding in an Uber, Lyft, or other Rideshare?	<input type="checkbox"/>	<input type="checkbox"/>
E. The child is fussy and complaining?	<input type="checkbox"/>	<input type="checkbox"/>

F. You're in a rush to get somewhere?	<input type="checkbox"/>	<input type="checkbox"/>
G. Riding in a carpool?	<input type="checkbox"/>	<input type="checkbox"/>
H The child does not fit in the car seat?	<input type="checkbox"/>	<input type="checkbox"/>

1-8. In the event of a **low speed** (30 mph or less) crash, how useful will your **[fill in car seat type]** be in preventing **[fill with child's name]** from being injured?

- A. Extremely useful
- B. Very useful
- C. Moderately useful
- D. Slightly useful
- E. Not at all useful

1-9. If your **[fill in car seat type]** is **not used correctly**, how likely is it that **[fill in child's name]** would be injured in a crash?

- A. Very likely
- B. Somewhat likely
- C. Neither likely nor unlikely
- D. Unlikely
- E. Very unlikely

Section 2: Experience Attaching a Car Seat

[In this section a specific selection will be made from the screener - it will be of the child riding most frequently who is still riding in a car seat (responses to S14 and S15)]

2-1. Who has attached the **[fill in car seat type]** used by **[child name]** to your vehicle?

(Check all that apply.)

- A. I have
- B. Spouse/Partner
- C. Daughter/Son
- D. Another relative
- E. Friend
- F. Person formally trained in car seats
- G. Other, Specify: _____

[Only if A - "I have" - to 2-1, if in 2-1 response option A not selected go to Section 3]

2-2. Which of the following did you do the **first time** you attached this **[car seat type]** in your vehicle?

(Mark one response for each row)

	Yes	No
1. Read car seat instructions	<input type="checkbox"/>	<input type="checkbox"/>
2. Looked up information on social media, mobile apps, or a website	<input type="checkbox"/>	<input type="checkbox"/>
3. Read vehicle manual	<input type="checkbox"/>	<input type="checkbox"/>
4. Watched an installation video	<input type="checkbox"/>	<input type="checkbox"/>
5. Called or emailed manufacturer	<input type="checkbox"/>	<input type="checkbox"/>
6. Got help from a friend or family member	<input type="checkbox"/>	<input type="checkbox"/>
7. Got help from a person formally trained in car seats	<input type="checkbox"/>	<input type="checkbox"/>
8. Looked at the pictures on the box	<input type="checkbox"/>	<input type="checkbox"/>
9. Looked at the labels on the seat	<input type="checkbox"/>	<input type="checkbox"/>
10. Other, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

2-3. The **first time** you attached this **[car seat type]** and buckled **[child name]** in, how confident were you that you did it right?

- A. Extremely confident
- B. Very confident

- C. Moderately confident
- D. Slightly confident
- E. Not at all confident

For the next three questions, please think about your [car seat type].

2-4. Compared to **assembling a crib**, attaching the [car seat type] to a vehicle is...

- A. Easier
- B. About the same
- C. Harder

2-5. Compared to **adjusting a stroller**, attaching the [car seat type] to a vehicle is...

- A. Easier
- B. About the same
- C. Harder

2-6. Compared to **changing a tire**, attaching the [car seat type] to a vehicle is...

- A. Easier
- B. About the same
- C. Harder

Section 3. Experience Searching for Car Seat Information

Please consider **all your experiences** when searching for information about **any car seats, for any child.**

3-1. What information have you looked for about car seats for children? By car seats please consider all types, including booster seats.

(Check all that apply.)

- A. How to attach my car seat (Go to 3-2)
- B. When my child will outgrow the car seat
- C. When to move to the next car seat
- D. How to buckle my child in the car seat
- E. What kind of car seat to buy
- F. Costs of car seats
- G. Why a car seat is needed
- H. Ratings or reviews of car seats
- I. Recalls of car seats
- J. Car seat laws or fines
- K. Other, Specify: _____
- L. I have never looked for any information on car seats for children (Go to Section 4)

[Respondents who answered in 3-1 A.]

3-2. What information about **attaching** a car seat were you looking for?

(Check all that apply.)

- A. Which direction the seat should face
- B. Which seat in the car to attach it to
- C. Using LATCH - lower anchors and/or the top tether
- D. Which vehicles are suitable for the car seat
- E. Steps for attaching the car seat
- F. Weight and height restrictions
- G. Other, Specify: _____

3-3. Did you get the information you were looking for about child car seats from...

(Mark one response for each row)

	Yes	No
A. A doctor or medical professional?	<input type="checkbox"/>	<input type="checkbox"/>
B. A child care provider?	<input type="checkbox"/>	<input type="checkbox"/>
C. A family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>
D. A police or Fire Department?	<input type="checkbox"/>	<input type="checkbox"/>
E. A car seat company (hotline, website,	<input type="checkbox"/>	<input type="checkbox"/>

product QR codes)		
F. Social media, a mobile app, or a website?	<input type="checkbox"/>	<input type="checkbox"/>
G. A book or magazine?	<input type="checkbox"/>	<input type="checkbox"/>
H. TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>
I. A safety hotline?	<input type="checkbox"/>	<input type="checkbox"/>
J. Someone formally trained in car seats?	<input type="checkbox"/>	<input type="checkbox"/>
K. Car seat instruction manual?	<input type="checkbox"/>	<input type="checkbox"/>
L. Other, Specify: _____		

Section 4. Awareness and Use of Car Seat Inspections

Many counties or communities have **car seat inspections**: People who have been **formally trained** on car seats and child passenger safety, check whether the seats are attached to the vehicle and children are buckled up correctly.

4-1. Before today, had you ever heard of these car seat inspections that provide help on how to attach a car seat?

- A. Yes
- B. No (Go to 4-10)

4-2. How did you find out about these car seat inspections?

(Check all that apply.)

- A. Obstetrician, OB/GYN
- B. Pediatrician
- C. TV or Radio
- D. Local paper
- E. Friend
- F. Family member
- G. Social Worker
- H. Birthing Classes
- I. Social media, mobile apps, website
- J. Drove by a location that offers these services
- K. Childcare or parenting class
- L. Saw a sign
- M. Other, Specify: _____

4-3. Are car seat inspections available in your area?

- A. Yes
- B. No
- C. Don't know / Not sure

4-4. Have you ever gotten any help at a car seat inspection from someone who has **formal training**? Please consider help you received for seats for any child you drive with now or in the past.

- A. Yes
- B. No (Go to 4-8)

[If R selects "Yes" show instruction]: Please answer the following questions about **the most recent time** you got help at a car seat inspection from someone who has **formal training**.

4-5. Where did you get the car seat inspection?

- A. State or County Agency

- B. Hospital
- C. Other Medical Facility
- D. Fire Station
- E. Police Station
- F. Car Seat Check Event
- G. Car Dealership
- H. Retail Store
- I. Church
- J. At a location for the Safe Kids Organization
- K. At my home or a friend's home
- L. Other, Specify: _____

4-6. Which of the following led you to get help at a car seat inspection?

(Check all that apply.)

- A. Expected birth of a child
- B. Got a different car seat
- C. Got a different vehicle
- D. Needed to move a child to a new seat
- E. Expected someone else would drive with my child
- F. Expected driving with a child passenger
- G. I just wanted to be sure the car seat was attached correctly
- H. Other, Specify: _____

4-7. Why did you decide to get help at a car seat inspection?

(Check all that apply.)

- A. Someone recommended the service
- B. The instructions for the car seat were confusing
- C. I wasn't sure I attached it right
- D. I felt it was important to get this service
- E. I saw an advertisement for this service
- F. Other, Specify: _____

4-8. Do you know anyone else who has gotten help at a car seat inspection?

- A. Yes (Go to 4-9)
- B. No (Go to Section 5)

4-9. Who else do you know got help at a car seat inspection?

(Check all that apply)

- A. A friend
- B. A family member
- C. A child care provider
- D. Other, Specify: _____

[If A - “Yes” - to 4-4 go to Section 5]**4-10.** Why didn't you ever get help at a car seat inspection?*(Mark one response for each row)*

	Yes	No
A. I wasn't aware these services existed	<input type="checkbox"/>	<input type="checkbox"/>
B. I considered it but I never did anything	<input type="checkbox"/>	<input type="checkbox"/>
C. I called but I never went	<input type="checkbox"/>	<input type="checkbox"/>
D. I already know how to install a seat	<input type="checkbox"/>	<input type="checkbox"/>
E. I don't have time for it	<input type="checkbox"/>	<input type="checkbox"/>
F. The service is too far away	<input type="checkbox"/>	<input type="checkbox"/>
G. You need to set up an appointment in advance	<input type="checkbox"/>	<input type="checkbox"/>
H. The service costs money	<input type="checkbox"/>	<input type="checkbox"/>
I. I haven't gotten a car seat yet	<input type="checkbox"/>	<input type="checkbox"/>
J. Other, Specify	<input type="checkbox"/>	<input type="checkbox"/>

[All options for 4-10 go to Section 6]

Section 5. Experience with Car Seat Inspections**[This section is only if A - "Yes" - to 4-4]**

5-1. How many times did you get help at a car seat inspection from someone who had **formal car seat training**? Please consider all seats and all children you have driven.

- A. Only one time
- B. More than one time
- C. I don't know

[If R selects "More than one time" show instruction]: Please answer the following questions about **the most recent time**.

5-2. How long ago did you get help **at a car seat inspection**?

- A. Less than 30 days ago
- B. 30 days to less than 6 months ago
- C. 6 to 12 months ago
- D. More than 12 months ago
- E. I don't know

5-3. What type of car seat(s) did you get help with?

(Check all that apply.)

- A. Infant Seat
- B. Rear Facing Seat
- C. Forward Facing Seat
- D. High back Booster
- E. Low Back Booster



[Will include images -- along with names of seats]

5-4. Did you call to set up an appointment for the car seat inspection?

- A. Yes
- B. Someone else set up the appointment
- C. No appointment was necessary (Go to 5-6)

5-5. How many days were you told you needed to wait for an appointment?

___ days (up to 3 digits)

Don't Know

5-6. What was the charge for the car seat inspection?

- A. \$__.00 (up to 3 digits)
- B. No charge
- C. Request for donation
- D. Don't know/Don't remember

5-7. How many miles away is the nearest location offering car seat inspection?

- A. __ miles

5-8. How many minutes did it take to drive to the location where you received a car seat inspection?

- B. Under 15 minutes
- C. 15-30 minutes
- D. Over 30 minutes
- E. I got help at home
- F. Don't know

5-9. What type of **help** did you receive?

(Check all that apply.)

- A. Instruction in attaching the seat to the vehicle
- B. Instruction in buckling the child in the seat
- C. Checking car seat for recalls
- D. Checking car seat for the expiration date
- E. Educational materials on child safety
- F. Information about the next car seat stage for the child
- G. Practice installing it myself
- H. Other, Specify: _____

5-10. After receiving a car seat inspection, how comfortable were you with attaching the seat and securing your child in it on your own?

- A. Extremely comfortable
- B. Very comfortable
- C. Moderately comfortable
- D. Slightly comfortable
- E. Not at all comfortable

5-11. Overall, how satisfied were you with the service you received?

- A. Very satisfied
- B. Satisfied
- C. Neither satisfied nor dissatisfied
- D. Dissatisfied

E. Very dissatisfied

5-12. Would you consider getting additional help at a car seat inspection?

- A. Yes (go to 5-13)
- B. No (go to 5-14)

5-13. Under which of the following conditions would you consider getting additional help at a car seat inspection?

(Check all that apply.)

- A. Driving a different vehicle
- B. Changing to a different seat
- C. Driving a different child
- D. Having a substitute or temporary driver for a child
- E. Other, Specify: _____

[Continue to Section 6]

5-14. Why wouldn't you consider getting additional car seat help?

(Check all that apply.)

- A. The child[ren] [is/are] too old now
- B. I already know how to install a seat
- C. The service takes too long
- D. You need to set up an appointment in advance
- E. It is too far away
- F. The car seat inspection costs money
- G. I wasn't satisfied with my previous experience
- H. I learned all I needed to know from my previous experience
- I. Other, Specify: _____

[All responses go to Section 6]

Section 6. Preferences for Car Seat Inspections

6-1. Which of the following would be the **best locations** for you to get car seat inspections? (Check all that apply)

- A. Child care provider/school
- B. Department of Motor Vehicles (DMV)
- C. Doctor's office
- D. Vehicle Dealership
- E. Social services
- F. Women, Infant and Children (WIC) Program
- G. Hospital
- H. Emissions inspection
- I. Places car seats are sold
- J. Community center
- K. Police station
- L. Firehouse
- M. Other, Specify: _____

6-2. Which one of the following services is **most important to you** to have at an inspection location?

- A. Playground/play area
- B. Food services
- C. Carwash
- D. Oil Change
- E. Car seat sales
- F. Other, Specify: _____

6-3. Which one of the following is **most important to you** at a car seat inspection?

- A. No appointments necessary
- B. Parent education services
- C. Help with other child safety topics
- D. Different language options
- E. Other, Specify: _____

6-4. Which of the following might prevent you from using a car seat inspection?

(Mark one response for each row)

	Yes	No
A. Location -- too far away	<input type="checkbox"/>	<input type="checkbox"/>
B. Long waiting time	<input type="checkbox"/>	<input type="checkbox"/>
C. Difficulty contacting the car seat	<input type="checkbox"/>	<input type="checkbox"/>

inspection		
D. Car seat inspection costs money	<input type="checkbox"/>	<input type="checkbox"/>
E. Difficulty communicating with staff	<input type="checkbox"/>	<input type="checkbox"/>
F. Bad previous experience	<input type="checkbox"/>	<input type="checkbox"/>
G. Don't think it's necessary	<input type="checkbox"/>	<input type="checkbox"/>
H. Schedule conflicts	<input type="checkbox"/>	<input type="checkbox"/>
I. Other, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

6-5. Which one of the following is **most likely** to keep you from using a car seat inspection?

(Check one.)

Based on selections from questions 6-4, a subset of response options will be provided here. Specifically, any item with a response of "Yes" will be listed as a response option for this question. Note if all response options are "No" or only one response option is "Yes" in 6-4, this question is skipped.

Section 7. About You

7-1. In your state, there is...

- A. A Car Seat law
- B. A Booster Seat law
- C. Both a Car Seat and a Booster Seat law
- D. Neither
- E. I don't know

7-2. Where you drive, how much is the fine for driving with a child who is not buckled in a car seat according to the local law?

- A. Up to \$25
- B. \$26 to \$50
- C. \$51 to \$100
- D. Over \$100
- E. I don't know

7-3. Are you of Hispanic or Latino origin?

- A. Yes
- B. No
- C. I don't know

7-4. What is your race?

(Check all that apply)

- A. White
- B. Black or African American
- C. Asian
- D. American Indian or Alaska Native
- E. Native Hawaiian or other Pacific Islander
- F. I don't know

7-5. What is the highest level of education you have completed?

- A. Less than 12th grade
- B. High school diploma or GED
- C. Some college or associates degree
- D. Bachelor's degree
- E. Graduate degree or professional degree
- F. I don't know

7-6. How old are you?

- A. Enter Number

7-7. Are you male or female?

- A. Male
- B. Female
- C. I prefer not to answer

7-8. Was your annual household income from all sources in 2016?

- A. Less than \$25,000
- B. Greater than \$25,000 but less than \$35,000
- C. Greater than \$35,000 but less than \$50,000
- D. Greater than \$50,000 but less than \$75,000
- E. \$75,000 or more