

[INCLUDE ON ITS OWN SEPARATE SCREEN AFTER THE INTRODUCTION SCREEN]

This collection of information is voluntary and will be used for formative purposes only so that we may develop communications programs designed to reduce the number of traffic-related injuries and deaths. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0682. Public reporting for this collection of information is estimated to be approximately 14 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590

INTRODUCTION SCREEN – OUTSIDE SAMPLE:

Thank you for taking this survey. Your opinions are important to us! Please be honest when answering the survey. Your answers are anonymous and confidential, and none of your information will be shared with any third parties. Simply answer the questions and click the “Continue” button in the lower left-hand corner of your screen.

INTRODUCTION SCREEN – PARENTSPEAK:

Thanks for helping us with this survey! Today we would like to ask you some questions about you and your family. When you finish this survey, we will add \$1.00 to your ParentSpeak account.

When you’re ready to begin, click the “Continue” button.

INTRODUCTION SCREEN – KE:

Thanks for helping us with this survey! Today we would like to ask you some questions about you and your family. Just for taking the survey, we will add 50 KidzPoints to [KNAME]’s KidzEyes account!

When you’re ready to begin, click the “Continue” button.

**Ad Council Child Passenger Safety 6th Post-Wave (Wave 7)
Sept 2020**

(OMB Control Number: 2127-0682; Expiration date: 08/31/2021)



1a. What state do you live in? **DROP DOWN LIST**

PROGRAMMER: PLEASE ADD TRACKING VARIABLE - LABEL AS "REGION":

Northeast: Selected Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York Or Pennsylvania

Midwest: Selected Indiana, Illinois, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota Or South Dakota

South: Selected Delaware, Dc, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma Or Texas

West: Selected Arizona, Colorado, Idaho, New Mexico, Montana, Utah, Nevada, Wyoming, Alaska, California, Hawaii, Oregon Or Washington

1. We are looking for people who work in certain occupations and industries. Do you or does anyone in your household work in any of the following occupations or industries? (Please select all that apply). **ACCEPT MULTIPLE**

Market research [**TERMINATE**]

Advertising agency / Public relations [**TERMINATE**]

Marketing [**TERMINATE**]

Automobile manufacturing or sales [**TERMINATE**]

Manufacturer, distributor or seller of household paper products

A company that supplies or sells telephone, cellular or Internet services

Insurance

Banking

None of these

IF "MARKET RESEARCH" OR "ADVERTISING AGENCY / PUBLIC RELATIONS" OR "MARKETING" OR "AUTOMOBILE MANUFACTURING OR SALES" THEN TERMINATE, OTHERWISE CONTINUE

2. Are you the parent or guardian of any children under the age of 18 who are living in your household? **ACCEPT ONE**

Yes

No

MUST ANSWER YES TO CONTINUE

3. Please check the age and gender of the children under the age of 18 who you are personally responsible for who live in your home. **ACCEPT MULTIPLE**

Girl under a year old

1 year old girl

2 year old girl

3 year old girl

4 year old girl

5 year old girl

6 year old girl

7 year old girl

8 year old girl

9 year old girl

10 year old girl

11 year old girl

12 year old girl

13 year old girl

14 year old girl

15 year old girl

16 year old girl

17 year old girl

Boy under a year old

1 year old boy

2 year old boy

3 year old boy

4 year old boy

5 year old boy

6 year old boy

7 year old boy

8 year old boy

9 year old boy

10 year old boy

11 year old boy

12 year old boy

13 year old boy

14 year old boy

15 year old boy

16 year old boy

17 year old boy

IF NO CHILDREN ARE UNDER THE AGE OF 13, TERMINATE.

IF MULTIPLE AGE RANGES SELECTED, PICK RANGE TO BE ASKED ABOUT BASED ON LFQ

4. What is your gender? **ACCEPT ONE**

Male

Female

5. What is your age? _____ **NUMERIC. RANGE 0-99. PROGRAMMER NOTE: MUST BE 18+**

PROGRAMMER: PLEASE ADD THE FOLLOWING TRACKING VARIABLES:

- 18-24 years
 - 25-34 years
 - 35-44 years
 - 45-54 years
 - 55+ years
-

6. Are you of Hispanic or Latino origin? [**Add popup option: "Why do we ask this question?"*] **ACCEPT ONE**

- Yes
 - No
-

7. What is your race? (Please select all that apply). [**Add popup option: "Why do we ask this question?"*] **ACCEPT MULTIPLE**

- White
 - Black or African-American
 - Asian
 - Native Hawaiian or other Pacific Islander
 - American Indian or Alaska Native
 - Other (Please specify)
-

PROGRAMMER: PLEASE ADD THE FOLLOWING DUMMY VARIABLE (ETHNICITY):

- **CAUCASIAN = SELECTED WHITE AT Q7:**
- **AFRICAN AMERICAN = SELECTED BLACK OR AFRICAN-AMERICAN AT Q7**
- **ASIAN/OTHER = SELECTED ONE OF THE FOLLOWING AT Q7**
 - o **ASIAN**
 - o **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**
 - o **AMERICAN INDIAN OR ALASKA NATIVE**
 - o **OTHER**
- **HISPANIC = SELECTED YES AT Q6**

***TEXT FOR POP UP WINDOWS FOR Q6, Q7, Q9:**

These questions about [INSERT ETHNICITY/RACE/INCOME] are important so that we make sure the voices of people in all different populations are represented. In this way, we can be fair and objective by adjusting our results based on the proportions of the various groups in the larger population.

Collecting data from all respondents on this question is important so that we can better and more reliably report differences and similarities between people of different backgrounds.

We understand that you might be concerned about sharing this information. Please be assured that the responses you provide are kept completely confidential. Any identifying information will be separated from your answers. Results are reported using the average, or pooled answers to the questions, instead of the responses of any one individual.

*

PROGRAMMER: CHECK ETHNICITY QUOTAS. IF OPEN, CONTINUE. OTHERWISE TERMINATE

8. What is the highest level of education that you have completed? ACCEPT ONE

- 8th grade or below
 - 9th grade to 11th grade
 - High school graduate
 - Some college
 - Associate's degree
 - Bachelor's degree
 - Some postgraduate study
 - Graduate-school degree
 - Trade school
 - None of the above/ Prefer not to state
-

9. Which classification best describes your total pre-tax household income? [Add popup option: "Why do we ask this question?"*] ACCEPT ONE**

- Under \$10,000
 - \$10,000-\$19,999
 - \$20,000-\$29,999
 - \$30,000-\$39,999
 - \$40,000-\$49,999
 - \$50,000-\$74,999
 - \$75,000-\$99,999
 - \$100,000-\$124,999
 - \$125,000-\$149,999
 - \$150,000-\$174,999
 - \$175,000-\$199,999
 - More than \$200,000
 - Prefer not to state
-

Q25 MOVED UP TO SCREENER SECTION BECAUSE ADDED QUOTAS BASED ON THIS Q.

Q25. Do you live in the city, suburbs, or some other area? ACCEPT ONE

- City
 - Suburbs
 - Some other area
-

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TRANSITION:

Please answer the rest of this survey with your child age [X] in mind.

PROGRAMMER NOTE:

[If “Yes” in Q2 and ONLY ONE AGE SELECTED in Q3:]

“Please answer the rest of this survey with your child age [X] in mind.”

[“X” is the age RANGE of child 0-12 indicated in Q3]

[If “Yes” in Q2 and MULTIPLE AGES SELECTED in Q3:]

PLEASE USE LEAST FILLED QUOTA TO SELECT AGE RANGE

“Please answer the rest of this survey with your child age [X] in mind.”

[“X” is the age RANGE of one child 0-12 indicated in Q3, randomly selected using LFQ from all AGES 0-12 indicated in Q3]

10. How often do you drive with your child age [X] in the car? **ACCEPT ONE**

Once a day or more often

A few times a week

Once a week

Less than once a week [TERMINATE]

I do not drive [TERMINATE]

IF “LESS OFTEN” OR “DO NOT DRIVE” THEN TERMINATE, OTHERWISE CONTINUE

TRANSITION FOR PARENT SPEAK:

Thank you for answering those questions. We have a couple more questions for you which should take you about 7 minutes to complete. Once you have completed all of the questions, we will add another \$1.00 to your ParentSpeak account for a total of \$2.00.

When you're ready to begin, click the “Continue” button.

TRANSITION FOR KE:




Thank you! Now we have a couple more questions for you which should take you about 7 minutes to complete. Once you have completed all of the questions, we will add ANOTHER 50 KidzPoints to [KNAME]'s KidzEyes account for a total of 100 KidzPoints!

When you're ready to begin, click the “Continue” button.

11. How confident are you that [your child/the child you care for], age [INSERT AGE OF CHILD] is in the right car safety restraint?

- Extremely confident
- Very confident
- Somewhat confident
- A little confident
- Not at all confident


12. How often does [your child/the child you care for], age [INSERT AGE OF CHILD] currently use each of the following types of car safety restraints when he/she is in the car with you? (An example of what each might look like has been provided.) **MATRIX - RANDOMIZE**

	Always	Sometimes	Never	Not sure
 <p>Rear-facing car seat (including infant car seats, convertible seats, and all-in-one seats)</p>				
 <p>Forward-facing car seat (including convertible seats, combination seats, and all-in-one seats)</p>				
 <p>Booster Seat (including booster seats with high back, backless booster)</p>				

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seats, combination seats, and all-in-one seats)				
 <p>Seat Belt only</p>				

13. Have you recently seen, heard, or read messages about using car safety restraints in advertising, publicity, the media, the Web or other places? Car safety restraints include car seats, booster seats, or seat belts.

ACCEPT ONE

Yes

No

Not sure

ASK IF YES AT Q14

14a. Where was that...? **MATRIX - RANDOMIZE. MUST SELECT EITHER YES OR NO FOR EACH ROW. REPEAT HEADER AFTER 9 ROWS.**

	YES	NO
TV program	Yes	No
TV ad	Yes	No
Radio program	Yes	No
Radio commercial	Yes	No
Magazine article	Yes	No
Magazine ad	Yes	No
Newspaper article	Yes	No
Newspaper ad	Yes	No
Website content	Yes	No
Web ad	Yes	No
Outdoor billboards or outdoor posters	Yes	No
From friends or family	Yes	No
Car seat or vehicle owner's manual	Yes	No
Hospital or physician's office	Yes	No
Car seat fitting station	Yes	No
Automobile dealer	Yes	No
Some other place	Yes	No

IF SELECTS YES FOR "SOME OTHER PLACE" IN Q12a, ASK FOLLOW UP Q12b:

14b. You mentioned you have recently seen, heard, or read messages about using car safety restraints in some other place. Where was that? **OPEN END. NO CODING.**

14. When you last changed [your child's/the child you care for], age [INSERT AGE OF CHILD] car safety restraint (e.g. from rear-facing to forward-facing car seat, from car seat to booster seat, or booster seat to seat belt), what was the main driver of your decision? (Single-select; Randomize order)

- My child looked ready to be in a different restraint
- My child said they were ready to be in a different restraint
- My child hit a certain age
- My child hit a certain height and/or weight
- My child hit a certain age and size (height/weight)
- My child's friends or peers switched to a different restraint
- Other: Please specify

15. When you last changed [your child's/the child you care for], age [INSERT AGE OF CHILD] car safety restraint, what resources, if any, did you consult in your decision? Select all that apply. Car safety restraints include car seats, booster seats, or seat belts. (Randomize order)

- I looked at parenting websites/blogs/groups
- I consulted a car seat chart with age, height and weight
- I consulted my child's pediatrician
- I referenced the manufacturer guidelines for my child's current seat
- I visited or consulted with a car seat installation professional
- Other: Please specify
- None of the above (anchor)

16. When did you last seek information, if at all, about which car safety restraint to use for your [your child/the child you care for], age [INSERT AGE OF CHILD]?

- Within the past year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- Not sure
- I have not sought information about which car safety restraint to use for my child

17. When did you last visit, if at all, a website or other online resource to check which car safety restraint to use for [your child/the child you care for], age [INSERT AGE OF CHILD]?

- Within the past year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- Not sure
- I have not consulted a website or other online resource

18. When did you last check, if at all, which car safety restraint to use for [your child/the child you care for], age [INSERT AGE OF CHILD] by consulting **a formal resource** (such as a car seat chart, the manufacturer guidelines for your child's current seat, or a car seat installation professional)?

- Within the past year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- Not sure
- I have not consulted any formal car seat resources**

19. In the next year, which of the following do you intend to do?

- Check your child's size to see if they are in the right car safety restraint
- Check the installation of your child's seat via instruction manual or online
- Visit a physical location to have your child's seat checked
- None of these
- Other: please specify

20. How often does your [your child(ren)/the child(ren) you care for], age [INSERT AGE OF CHILD], sit in the following places within the car?

	Always	Most of the time	Sometimes	Never
The front seat				
The back seat				

22. Have you ever heard of a website called [NHTSA.gov/TheRightSeat](https://www.nhtsa.gov/TheRightSeat)? **ACCEPT ONE**

- Yes
- No
- Not sure

23. Have you ever heard of a website called [SaferCar.gov/TheRightSeat](https://www.safercar.gov/TheRightSeat)? **ACCEPT ONE**

- Yes
- No
- Not sure

Ask Q24 if selected "Yes" to Q6. Allow only those who are Hispanic or Latino origin to answer. Those who selected "No," move to Q25.

24. Have you ever heard of a website called [NHTSA.gov/protegidos](https://www.nhtsa.gov/protegidos)? **ACCEPT ONE**

- Yes
- No
- Not sure

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PROGRAMMER NOTE: RANDOMIZE ORDER OF AD RECOGNITION QUESTIONS (Q25-Q32): KEEP 8 TV ADS (Q25-Q30) TOGETHER, 4 RADIO ADS (Q33-Q36) TOGETHER, AND 4 PRINT/OOH/BANNER (Q37-Q40) ADS TOGETHER IN BLOCKS & RANDOMIZE ADS WITHIN BLOCKS.

FOR THE 8 TV ADS, SHOW 1 OUT OF THE 2 FOR Q26-Q27 (“CHAIRS” OR “THEIR FUTURE”) AND 3 OUT OF THE 6 FOR Q28-32.

FOR THE 4 RADIO ADS, SHOW 2 OUT OF THE 4.

FOR THE 4 PRINT/OOH/BANNER ADS, SHOW 2 OUT OF THE 4.

USE LEAST FILLED QUOTA TO RANDOMLY ASSIGN RESPONDENT TO SEE 8 OUT OF THE 16 ADS. EACH RESPONDENT WILL SEE 8 ADS TOTAL.

- **IF TV AD: HIDE THE CONTINUE BUTTON FOR 15 SECONDS. INCLUDE THE FOLLOWING TEXT UNDER THE AUDIO FILE:** Please note that the ‘Continue’ button will appear at the bottom of the screen, once the ad is almost completed.
- **IF RADIO AD: HIDE THE CONTINUE BUTTON FOR 15 SECONDS. INCLUDE THE FOLLOWING TEXT UNDER THE AUDIO FILE:** Please note that the ‘Continue’ button will appear at the bottom of the screen, once the ad is almost completed.
- **IF PRINT, BANNER, OR OOH AD: INSERT THE FOLLOWING TEXT BELOW THE IMAGE:** *You may click on the image above to see a larger version of the ads.*

REMOVED IN WAVE 4; RE-ADDED IN WAVE 6

Below is a video of a public service ad you might see on TV or some other place. After you view the ad, please indicate if you have seen it before.

[INSERT VIDEO_CHAIRS :30]

25. Have you seen this ad? **ACCEPT ONE**

- Yes
- No
- Not sure

ADDED IN WAVE 4

[INSERT VIDEO_THEIR FUTURE :30]

26. Have you seen this ad? **ACCEPT ONE**

- Yes
- No
- Not sure

ADDED IN WAVE 7

[INSERT VIDEO_4AM :30]

27. Have you seen this ad? **ACCEPT ONE**

- Yes
- No
- Not sure

ADDED IN WAVE 7

[INSERT VIDEO_PLAYPLACE :30]

28. Have you seen this ad? **ACCEPT ONE**

- Yes
- No

ADDED IN WAVE 7

[INSERT VIDEO_MATH :30]

29. Have you seen this ad? **ACCEPT ONE**

- Yes
- No

ADDED IN WAVE 7

[INSERT VIDEO_SOCCER :30]

30. Have you seen this ad? **ACCEPT ONE**

- Yes
- No

ADDED IN WAVE 8

[INSERT VIDEO_Kitty :30]

31. Have you seen this ad? **ACCEPT ONE**

- Yes
 - No
 - Not sure
-

ADDED IN WAVE 8

[INSERT VIDEO_Hoop :30]

32. Have you seen this ad? **ACCEPT ONE**

- Yes
 - No
 - Not sure
-

ADDED IN WAVE 8

Below is an audio file of a public service ad you might hear on the radio. After you listen to the ad, please indicate if you have heard it before.

[INSERT AUDIO FILE_OneUpsmanship :30]

33. Have you heard this ad? **ACCEPT ONE**

- Yes
 - No
 - Not sure
-

ADDED IN WAVE 7

[INSERT AUDIO FILE_HOT CROSS BUNS :30]

34. Have you heard this ad? **ACCEPT ONE**

- Yes
 - No
 - Not sure
-

ADDED IN WAVE 7

[INSERT AUDIO FILE_KIDDIE MUSIC :30]

35. Have you heard this ad? **ACCEPT ONE**

- Yes
 - No
 - Not sure
-

ADDED IN WAVE 8

[INSERT AUDIO FILE_Tween BAND :15]

36. Have you heard this ad? **ACCEPT ONE**

- Yes
 - No
 - Not sure
-

ADDED IN WAVE 4

37. Have you seen any of these ads someplace, such as in a magazine, newspaper, online, or on a poster, billboard, or phone kiosk? **ACCEPT ONE**

[INSERT EVOLUTION PRINT AD MONTAGE]

- Yes
 - No
 - Not sure
-

ADDED IN WAVE 4

38. Have you seen any of these ads someplace, such as in a magazine, newspaper, online, or on a poster, billboard, or phone kiosk? **ACCEPT ONE**

[INSERT CAR CRASH OUTDOOR AD MONTAGE]

- Yes
 - No
 - Not sure
-

ADDED IN WAVE 7

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39. Have you seen any of these ads someplace, such as on a poster, billboard, or phone kiosk? **ACCEPT ONE**

[INSERT W&B OOH MONTAGE]

- Yes
- No
- Not sure

ADDED IN WAVE 7

40. Have you seen any of these ads someplace, such as in a magazine, newspaper, online, or on a poster, billboard, or phone kiosk? **ACCEPT ONE**

[INSERT LEO BURNETT PRINT/OOH MONTAGE]

- Yes
 - No
 - Not sure
-

TRANSITION:

The following background question will help us divide the interviews into groups.

41. What is your marital status? ACCEPT ONE

- Single (never married)
 - Living together but not married
 - Married
 - Separated
 - Divorced
 - Widowed
 - Prefer not to state
-

OUTSIDE SAMPLE TERM AND THANK YOU PAGE

Thank you for taking our survey! Those are all of the questions we have for you today. Please click "Continue" to submit your survey.

PARENT SPEAK TERM PAGE:

That's all! Thanks for taking our survey! We value your time and your opinions.

Please click on the button below so we can award \$1.00 to your ParentSpeak Account!

PARENT SPEAK THANK YOU PAGE:

That's all! Thanks for taking our survey! We value your time and your opinions.

Please click on the button below so we can award \$2.00 to your ParentSpeak Account!

KE TERM PAGE:

THAT'S ALL! Thanks for taking our survey! We hope you enjoyed it! Please click on the button below to have 50 KidzPoints added to [KNAME]'s KidzEyes account for helping us on this survey. Be sure to check your email often to look for new surveys where [KNAME] can earn more KidzPoints and get more ca\$h!!

KE THANK YOU PAGE:

THAT'S ALL! Thanks for taking our survey! We hope you enjoyed it! Please click on the button below to have 100 KidzPoints added to [KNAME]'s KidzEyes account for helping us on this survey. Be sure to check your email often to look for new surveys where [KNAME] can earn more KidzPoints and get more ca\$h!!