Attachment E-4. Adolescent Screener - English

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Variables used in Programming:

CALLTYPE denotes if the sample is for a landline or cell phone number
1 = LANDLINE
2 = CELL

INTTYPE denotes who the interview is being conducted with

A = Adult, non-parent interview

P = Proxy interview with adult

D = Direct adolescent interview

NOTE: All responses in caps will not be read to the respondent. They are for interviewer coding only.

INTERVIEWER WILL READ INTRODUCTION AND ASSENT (APPENDIX F-5)

ASK IF SPST2=1

ADOL1. Hello, my name is _____ calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide study about head injuries in children and adults.

You may have heard about head injuries, especially those experienced by children who play sports.

Even if you haven't had an injury in the past 12 months, you can still participate in this important study. We have asked your parents to give their permission for you to participate; they have said "yes." However, even though your parents said "yes," you can still say "no" and not participate. And you can skip any question or stop the survey at any time. The majority of respondents will complete the survey in less than 8 minutes.

There are minimal risks, and no known direct benefits to being in this voluntary study. CDC will keep the information that you provide private and secure to the extent permitted by the law. Your name will never be connected to your answers. We will not share your answers with your parents.

If you have questions or concerns about participating in the study, you may contact ICF International, the independent health research company hired to conduct this survey. They can be reached toll-free at -1-844-604-4399. If you have any questions about your rights as a research participant, please contact Sophia Zanakos at 301-572-0239. This call may be monitored for quality assurance purposes.

May we begin?
>   01.   YES   [SKIP TO TRANS1]
02.   NO

SAFE. Your safety is important. Are you driving in a car, or in a place where talking on the phone might distract you or jeopardize your safety or confidentiality?
>   01   YES
>   02   NO
>   99   REFUSED [TERMINATE, ASSIGN DISPO]

UNSAFE. I would like to call you at a more convenient time. What day and time would be best?
>   01   SCHEDULE CALLBACK
>   99   REFUSED [TERMINATE, ASSIGN DISP]

Past 12 Months TBI

RECALL. We are interested in learning about times, in the last year, when [IF INTTYPE=A OR D READ "you"/ IF INTTYPE=P READ "your child"] experienced a head injury. This might have been from a bump, blow or jolt to [IF INTTYPE=A OR D READ "your"/ IF INTTYPE=P READ "their"] head.
>   1.   CONTINUE

INJ.   In the last year, that is since [insert date 1 year ago from today], [IF INTTYPE=A OR D READ "were you"/ IF INTTYPE=P READ "was your child"] examined in a doctor's office, clinic, hospital or elsewhere because of a head injury?
>   01.   YES
>   02.   NO
>   97.   DON'T KNOW
>   99.   REFUSED

INJN.   Since [insert date 1 year ago from today], how many head injuries did [IF INTTYPE=A OR D READ "you"/ IF INTTYPE=P READ "your child"] have that caused [IF INTTYPE=A OR D READ "you"/ IF INTTYPE=P READ "your child"] to go to a doctor's office, clinic, or hospital or to be examined elsewhere?

ENTER COUNT: _____[0-96]

97.   DON'T KNOW

99.   REFUSED

PREJOG. Now I'd like for you to think about (IF YES TO TREATED TBI "other") times in the last year when [IF INTTYPE=A READ "you"/ IF INTTYPE=P READ "your child"] may have experienced an injury to the head. I would like you to tell me about a head injury even if [IF INTTYPE=A READ "you"/ IF INTTYPE=P READ "your child"] did not go to see a doctor for care. This might have happened while playing a sport for fun or competition, or while [IF INTTYPE=A READ "you were"/ IF INTTYPE=P READ "your child was"] doing something physically active like bicycling. It might have happened as a result of a car accident or because someone hurt [IF INTTYPE=A READ "you"/ IF INTTYPE=P READ "your child"]. Or, it could have happened because [IF INTTYPE=A READ "you"/ IF INTTYPE=P READ "your child"] tripped, slipped, or fell down.

1.   CONTINUE

INJ2.   In the last year, that is since [insert date 1 year ago from today], did [IF INTTYPE=A OR D READ "you"/ IF INTTYPE=P READ "your child"] experience any other injuries to [IF INTTYPE=A OR D READ "your"/ IF INTTYPE=P READ "their"] head that you did not see a doctor about?

01.   YES

02.   NO

97.   DON'T KNOW

99.   REFUSED

INJN2. Since [insert date 1 year ago from today], how many head injuries did [IF INTTYPE=A OR D READ "you"/ IF INTTYPE=P READ "your child"] experience that you did not see a doctor about?

ENTER COUNT: _____[0-96]

97.   DON'T KNOW

99.   REFUSED

INJNTOT. So to confirm, [IF INTTYPE=A OR D READ "you have"/ IF INTTYPE=P READ "your child has"] had [INSERT INJNUM] IF INJNUM>1 READ "separate"] head *textsub* in the past 12 months?

01.   YES

02.   NO (REASK AND CORRECT)

97.   DON'T KNOW
99.   REFUSED

PNCLOSE. That was my last question. Thank you very much for participating in this important research study.

01 CONTINUE