

## Appendix E: Telephone Screener, Scripts, and Verbal Assent

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*If in-bound call,*

Thank you for expressing an interest in this study. Before we begin, could you please provide the unique ID indicated on the letter you received?

Insert unique ID \_\_\_\_\_

Just to make sure we are talking with the correct household, could you please share with us your address?

*Check to see that the address matches the address we have on file*

*If unique ID and address don't match*

**END SCREENER SCRIPT:** Unfortunately [that is an incorrect ID and we are/ we need the unique ID and are/ we are], unable to locate the address on file. Please call back when you have the correct unique ID.

*If address matches,*

Hello, this is [NAME] calling for the U.S. Consumer Product Safety Commission from EurekaFacts, a survey research company in Rockville, MD. We are conducting an important nationwide survey about household fire and carbon monoxide safety.

May I speak with \_\_\_\_\_?

[REPEAT IF A DIFFERENT PARTICIPANT COMES TO THE PHONE: Hello, this is [NAME] calling for the U.S. Consumer Product Safety Commission from EurekaFacts, a survey research company in Rockville, MD. We are conducting an important nationwide survey about household fire and carbon monoxide safety.]

We are not selling anything. Your answers will help the U.S. Consumer Product Safety Commission improve home safety and save lives. Your own experiences and thoughts on the topic are extremely valuable to this effort.

We are interested in talking with people who live in households which do and do not have smoke detectors and carbon monoxide detectors. By answering a few questions about your residence, we can determine which type of interview you are eligible for. If you participate, you would receive a gift card from a major credit card company in appreciation for your completion of the survey. Your input will greatly help this research study.

I have just five brief questions to ask. It should only take two minutes of your time.

[If No] "Thank you very much for your time. Have a nice day/evening."

[If Yes] "Great, thank you very much. Let's begin...."

**GO TO QUESTION 1**

*If out-bound call*

Hello, this is [NAME] calling for the U.S. Consumer Product Safety Commission from EurekaFacts, a survey research company in Rockville, MD. We are conducting an important nationwide survey about household fire and carbon monoxide safety.

May I speak with \_\_\_\_\_?

*If unavailable,*

“Is there another person I can speak to who may be considered one of the heads of the household?”

*If not at the moment,*

“When would be a convenient time to reach them?”

**If participant rescheduled, please fill out the following information:**

**Date** \_\_\_\_\_  
**Time** \_\_\_\_\_  
**Contact information** \_\_\_\_\_

*If refused,*

“Thank you for taking the time to talk with me today. Have a great day/evening.”

*If available, reintroduce yourself and company again,*

We are not selling anything. Your answers will help the U.S. Consumer Product Safety Commission improve home safety and save lives. Your own experiences and thoughts on the topic are extremely valuable to this effort.

We are interested in talking with people who live in households which do and do not have smoke detectors and carbon monoxide detectors. By answering a few questions about your residence, we can determine which type of interview you are eligible for. If you participate, you would receive a gift card from a major credit card company in appreciation for your completion of the survey. Your input will greatly help this research study.

I have just five brief questions to ask. It should only take two minutes of your time.

[If No] “Thank you very much for your time. Have a nice day/evening.”

[If Yes] “Great, thank you very much. Let’s begin... .”

Screenener

[Interviewer: Determine recruitment needs in advance. Record all responses. End screener at whatever point the participant gives a response that confirms that their group has already been sampled adequately.

End screener script: *Based on the requirements of this study, we are not able to include you in the survey at this time.*]

**NOTE:** For each question on the screener and survey, only read the available response options if there are instructions to do so. The instructions will appear at the end of the question usually as “(READ LIST).” Otherwise, DO NOT read the possible response options to the respondent.

1. To make sure we are talking to a variety of people, what is your age? (Interviewer instruction: If Refused, ask: Could you tell me, are you 18 years of age or older?

\_\_\_\_\_ years (INSERT VERBATIM RESPONSE)

- a. Under 18 (**Go to 1A**)
- b. Don't Know (DON'T READ)
- c. Refused (DON'T READ)

**1A.** Is there another person available we may speak with, who is 18 years or older and may be considered one of the heads of the household?

- a. Yes
- b. No (**Terminate**)

**END SCREENER SCRIPT:** Thank you for speaking with us today. Based on the requirements of this study, we are not able to include you in the survey at this time.

2. Are you one of the heads of the household?

- a. Yes (**Go to Q3**)
- b. No (**Go to Q2A**)

2A. [**IF NO**] Is there another person I may speak to who might be considered one of the heads of the household?

- a. Yes (**Start from beginning**)
- b. Yes, but they are currently unavailable
- c. No (**Terminate**)

**If Q2A = 2**

**If a head of the household is unavailable:** We would like to speak with one of the heads of the household. What would be the best day and time to reach them?

**If participant rescheduled, please fill out the following information:**

**Date**

**Time**

**Contact information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If Q2 = 2 and Q2A = 3**

**END SCREENER SCRIPT :** “Thank you for your time. Have a nice day.”

3. What type of residence do you live in? (READ LIST IF NECESSARY)

- a. Single Family Detached Home
- b. Single Family Attached Housing, such as a townhouse or row house
- c. Apartment/Condominium

- d. Mobile/Other Manufactured Home
- e. Trailer/RV
- f. Other (Specify) (DON'T READ) \_\_\_\_\_

4. Do you have any smoke detectors in your home? When considering whether you do, please do not include any uninhabited outbuildings or apartment hallways.
- a. Yes
  - b. No **(SKIP TO SCRIPT 2)**
  - c. Don't know **(ASK RESPONDENT TO INSPECT, IF NO SKIP TO SCRIPT 2, ELSE CONTINUE)**

**Don't know:** "If you don't mind, could you please take a quick look around your home to see if you have a smoke detector?"

If needed:

- Smoke detectors are typically installed on the ceilings or high on the walls of:
  - Kitchens
  - Bedrooms
  - Hallways
- They are housed in white plastic enclosures, usually shaped like a disk about 6 inches in diameter.

4A. Are any of your smoke detectors connected to a central alarm or security system that notifies the police or fire department?

[If apartment/condominium: Only consider the smoke detectors in your unit. Are these connected to a central alarm or security system that notifies the police or fire department?]

[If needed: What we mean by this is if the smoke detector detected smoke, it would automatically notify the police or fire department.]

- a. Yes **(SKIP TO SCRIPT 3)**
- b. No **(SKIP TO SCRIPT 1)**
- c. Don't know **(GO TO Q4B)**

4B. Thinking of all fire or smoke related incidents, has the police or fire department ever arrived at your residence in response to a notification from a central alarm or security system? (READ ALL OPTIONS BEFORE SELECTING A RESPONSE)

- a. Yes **(SKIP TO SCRIPT 3)**
- b. No **(GO TO SCRIPT 1)**
- c. Never had a fire or smoke related incident **(SKIP TO SCRIPT 3)**

**If Q4 = 2 SKIP TO SCRIPT 2**

**If Q4a = 1 OR Q4b = 1 or 3 SKIP TO SCRIPT 3  
ELSE, GO TO SCRIPT 1**

**SCRIPT 3**

**QUALIFY FOR PHONE SURVEY- Group with Central Alarm**

Thank you for answering these questions. Since your smoke detector is attached to a central system, you are not eligible for the in-home interview; you are, however, eligible for the shorter telephone interview and will receive a \$10 gift card from a major credit card company in appreciation fo completion of the survey.

We are talking with residents about household fire and carbon monoxide safety. The interview lasts about 20 minutes, and will be completed over the phone. We will send you a \$10 gift card from a major credit card company in appreciation for completion of the survey.

Your responses to this survey will be kept completely confidential and your information will not be shared with anyone other than the EurekaFacts research team. Any information provided to the U.S. Consumer Product Safety Commission will be reported as group data with no identifying information.

The survey is very important and will help CPSC improve home safety and save lives.

Are you interested in participating?

[If No] “Thank you very much for your time. Have a nice day/ evening.”

[If Yes] “Okay.”

As I previously mentioned, this survey will take about 20 minutes to complete. Would you like to take the survey now, or reschedule it for another time?

[If now] – **CONTINUE To Assent Script**

[If at a later time]

“When would be a convenient time for us to call back?”

**If participant rescheduled, please fill out the following information:**

**Date**

**Time**

**Contact information**

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## Verbal Assent Script

All information provided will remain confidential and will only be reported as group data with no identifying information. Identifying information will be kept separately from the survey responses, and your name will not be disclosed in any way. Instead, your responses will be marked with a random ID number. All survey responses will be kept in a secure location. If any information is stored on the computer, it will be password-protected. This conversation is not being recorded but notes will be taken.

Your participation does not involve any risks other than what you would encounter in daily life. By participating, you will help researchers learn more about use and functionality of smoke detectors and carbon monoxide detectors in households. The survey should take about 20 minutes to complete, and you will receive a \$10 gift card from a major credit card company in appreciation for completion of the survey.

Your participation in this research study is completely voluntary. You do not have to respond to any questions that you do not want to answer. You can withdraw at any time.

If you have questions regarding this study, you may contact Andrea Ton at [NUMBER] or [EMAIL ADDRESS].

**7b.** Do you agree to participate in this survey?

- a. Yes
- b. No

[If No] “Thank you very much for your time. Have a nice day/ evening.”

[If Yes] “Great. Let’s begin.” **GO TO Telephone Survey for Group With Smoke Detectors as Part of Central Alarm** [Appendix K].

## INCENTIVE VERIFICATION

Thank you so much for participating in this survey. Your answers will help CPSC with improving household fire and CO safety across the U.S.

As appreciation for completing the survey, we would like to send you a \$10 gift card from a major credit company. Could you please provide your full name and mailing address?

**Interviewer: Fill in the blank with the respondent's name and address, and verify it. If needed, assure the respondent of the confidentiality of the information provided.**

Full Name: \_\_\_\_\_  
Street \_\_\_\_\_ Apt/Suite/Other \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/ Postal Code \_\_\_\_\_

You will receive your gift card in the mail in the next few weeks.

**Appendix F: Telephone Survey for Group With Smoke Detectors as Part of Central Alarm**  
**TELEPHONE SURVEY FOR NATIONAL SMOKE AND CARBON MONOXIDE DETECTOR**  
**SURVEY [WITH SMOKE DETECTOR AS PART OF CENTRAL ALARM]**

*Continuation of Script 3 from Appendix I above.*

**8. You had previously mentioned that you have one or more smoke detectors. Please tell me to what extent do you believe your home is safe with your current smoke detectors? Would you say... (READ LIST)**

**NOTE: Read the descriptors, but do not read the numbers.**

Not at all safe	Slightly safe	Moderately safe	Mostly safe	Very safe	(DON'T READ) DK	(DON'T READ) RF
(1)	(2)	(3)	(4)	(5)	(8)	(9)

**9a. Do you have any carbon monoxide detectors in your home? When considering whether you do, please do not include any uninhabited outbuildings or apartment hallways. (DO NOT READ LIST)**

- Yes
- No (SKIP TO Q10)
- Don't know (ASK TO INSPECT. IF YES CONTINUE, BUT IF NO TREAT AS "NO" CO DETECTOR)

**9b. Are any of your carbon monoxide detectors connected to a central detector or security system that notifies the police or fire department? (DO NOT READ LIST)**

*[If needed: What we mean by this is if the carbon monoxide detector detected carbon monoxide, it would automatically notify the police or fire department.]*

- Yes (SKIP TO Q9d)
- No (SKIP TO Q9d)
- Don't Know (CONTINUE)

**9c. Thinking of all carbon monoxide related incidents, has the police or fire department ever arrived at your residence in response to a notification from a central alarm or security system? (READ ALL OPTIONS BEFORE SELECTING A RESPONSE)**

- Yes
- No
- Never had a carbon monoxide related incident

**IF 9b = 1 or 9c = 1 or 3, CONTINUE**



**ELSE, SKIP TO 10**

**9d. Please tell me to what extent do you believe your home is safe with your current carbon monoxide detectors? Would you say... (READ LIST)**

**NOTE: Read the descriptors, but do not read the numbers.**

<b>Not at all safe</b>	<b>Slightly safe</b>	<b>Moderately safe</b>	<b>Mostly safe</b>	<b>Very safe</b>	<b>(DON'T READ) DK</b>	<b>(DON'T READ) RF</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(8)</b>	<b>(9)</b>

**10. Do you or another member of your household own or rent your home? (DO NOT READ LIST)**

- Own
- Rent
- Don't know
- Refused
- Other

**11. How long have you lived in this (apartment/ house)? Would that be... (READ LIST)**

- Less than 6 months
- 6 to 11 months
- 1 to 5 years
- 6 to 10 years
- 11 years or more
- Don't know (DON'T READ)
- Refused (DON'T READ)

**12. Please tell me to the best of your knowledge, in what year was this (apartment/ house) built? Was it... (READ LIST)**

- 2010 or later
- Between 2000 and 2009
- Between 1990 and 1999
- Between 1980 and 1989
- Before 1980
- Don't know (DON'T READ)
- Refused (DON'T READ)

**If Q3 = 1 or 2, CONTINUE**

**ELSE, SKIP TO 14**

**13a. What type of fuel-burning appliances, if any, do you use in your home? By fuel burning appliances, we mean appliances that use gas, propane, oil, wood, wood pellets, coal, or kerosene. Do not include electric-powered appliances. (READ LIST, SELECT ALL THAT APPLY)**

- |                          |                       |                          |   |
|--------------------------|-----------------------|--------------------------|---|
| <input type="checkbox"/> | Gas powered generator | <input type="checkbox"/> | Wood or pellet burning fireplace or stove |
| <input type="checkbox"/> | Furnace or boiler     | <input type="checkbox"/> | Kitchen appliances (e.g., stove, oven)    |
| <input type="checkbox"/> | Water heater          | <input type="checkbox"/> | Other (Specify) _____                     |
| <input type="checkbox"/> | Charcoal grill        | <input type="checkbox"/> | Do not own any fuel-burning appliances    |
| <input type="checkbox"/> | Gas Dryer             | <input type="checkbox"/> | Don't know (DON'T READ)                   |
|                          |                       | <input type="checkbox"/> | Refused (DON'T READ)                      |

**13b. Does this residence have an attached garage unit? (DO NOT READ LIST)**

- Yes  
 No (SKIP TO Q14)  
 Don't know (SKIP TO Q14)  
 Refused (SKIP TO Q14)

**13c. For what purposes is the attached garage used? Would you say... (READ LIST, SELECT ALL THAT APPLY)**

- Workshop/ workspace  
 Store tools or lawn/ sports equipment  
 Store vehicle(s) (e.g., motorcycle, car, SUV, van, etc.)  
 Fuel burning appliances (e.g., furnace, water heater, etc.)  
 Other (Specify: ) \_\_\_\_\_  
 Don't know (DON'T READ)  
 Refused (DON'T READ)

**14. Do you know how to... (INSERT ITEM), or not?**

	Yes	No	(DON'T READ) Unsure	(DON'T READ) Refused
<b>a. Install a smoke detector?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Maintain a smoke detector in good working order?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FIRE HISTORY**

**15a. In the past 12 months, have you had any accidental fires – that is unintended or unwanted smoke or flames - in your home? Please include fires that were too small to call the fire department. (DO NOT READ LIST)**

- Yes  
 No  
 Don't know  
 Refused

**CO DETECTORS**

**16. How would you know if high levels of carbon monoxide, or CO, were present in your home? (DO NOT READ LIST, SELECT ALL THAT APPLY).**

- You can smell it
- You can taste it
- You can see it
- You can feel it
- Carbon monoxide detector
- Other (Specify:)
- Respondent does not believe there is a way to know if CO is present
- Don't know
- Refused

**17. How much do you believe you know about carbon monoxide detectors (READ LIST)**

- Nothing at all
- A little
- Some
- A lot
- Don't know (DON'T READ)
- Refused (DON'T READ)

**18. In the past 12 months, were you aware that any of your friends, relatives, neighbors, or coworkers experienced... (INSERT ITEM)?**

	Yes	No	(DON'T KNOW) Unsure	(DONT KNOW) Refused
<b>a. An accidental fire?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. A carbon monoxide incident? (e.g., effects of carbon monoxide poisoning)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NO CO DETECTORS PRESENT**

**IF Q9a = 2 CONTINUE**

**ELSE, SKIP TO Q24a**

If no CO detectors present, ask:

**22. On a scale of 1 to 5, where 1 is Not at All Necessary, and 5 is Extremely Necessary, how necessary do you feel it is to have a carbon monoxide detector installed in your home?**

**1            2            3            4            5            DK            RF**

**23. Can you tell me some of the reasons you don't have a carbon monoxide detector installed in your home?  
(Open ended, Probe: Anything else?)**

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**24a. In the past 12 months, have you looked for any information about either fire or carbon monoxide safety, or not? (DO NOT READ LIST)**

- Yes
- No (SKIP to Q26)
- Unsure
- Refused

**IF Q24a = 1, CONTINUE  
ELSE, SKIP TO Q26**

**25a. Where do you obtain information about fire safety? (READ LIST ONE AT A TIME) (SELECT ALL THAT APPLY)**

Sources of information	Fire safety
TV news or radio	<input type="checkbox"/>
Internet search engines like Google	<input type="checkbox"/>
Family or friends	<input type="checkbox"/>
Community or religious organizations	<input type="checkbox"/>
Social media like Facebook	<input type="checkbox"/>
Local fire department	<input type="checkbox"/>
Other (SPECIFY) DON'T READ) _____	<input type="checkbox"/>
None of these (DON'T READ)	<input type="checkbox"/>
Don't know or remember (DON'T READ)	<input type="checkbox"/>
Refused (DON'T READ)	<input type="checkbox"/>

**25b. Where do you obtain information about carbon monoxide safety? (READ LIST ONE AT A TIME) (SELECT ALL THAT APPLY)**

Sources of information	Carbon monoxide safety
TV news or radio	<input type="checkbox"/>
Internet search engines like Google	<input type="checkbox"/>
Family or friends	<input type="checkbox"/>
Community or religious organizations	<input type="checkbox"/>
Social media like Facebook	<input type="checkbox"/>
Local fire department	<input type="checkbox"/>
Other (SPECIFY) (DON'T READ) _____	<input type="checkbox"/>

None of these (DON'T READ)	<input type="checkbox"/>
Don't know or remember (DON'T READ)	<input type="checkbox"/>
Refused (DON'T READ)	<input type="checkbox"/>

26. **How often do you or any other member of the household cook at home using a stove or oven? Does a member of this household cook... (READ LIST)**

- Never
- Less than once a month
- A few times per month
- A few times per week
- Or every day?
- Don't know (DON'T READ)
- Refused (DON'T READ)

## DEMOGRAPHICS

*Great! To ensure that we interview a broad mix of residents, I have a few brief demographic questions to ask about you and others within this household. It should only take a few minutes of your time.*

27. **How many people live or stay in your household? This can include:**

- Anyone who is living or staying there for the last 2 months or longer
- Yourself, if you are living there for the last 2 months or longer
- Anyone else staying there who does not have another place to stay, even if they are here for the last 2 months or less

**Please do not include** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Enter number of people \_\_\_\_\_

28. **Thinking of the individual(s) who live here, is there anyone ...(INSERT ITEM)**

	Yes	No	(DON'T READ) Don't know	(DON'T READ) Refused	If yes, how many?
<b>Under 5 years old?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5 - 17 years old?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>18 – 64 years old?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>65 years old or older?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 29. What is the highest level of education you have completed or the highest degree you have received? (DO NOT READ LIST)**
- Less than high school, no diploma
  - High school diploma, or high school equivalent (GED)
  - Trade or Vocational school degree
  - Some college, no degree
  - Associate's degree
  - Bachelor's degree
  - Master's degree or higher
  - Don't know
  - Refused
- 30. Is anyone in the household of Hispanic or Latino origin or descent? (DO NOT READ LIST)**
- Yes
  - No
  - Don't know
  - Refused
- 31. What is your race? (SELECT ALL THAT APPLY)**
- White
  - Black or African American
  - Asian
  - American Indian or Alaska Native
  - Native Hawaiian or other pacific islander
  - Some Other Race (Specify) (DON'T READ) \_\_\_\_\_
  - Don't know (DON'T READ)
  - Refused (DON'T READ)
- 32. Is anyone in the household deaf or hard of hearing? (DO NOT READ LIST)**
- Yes
  - No
  - Don't know
  - Refused
- 33. Does anyone in the household have a physical, mental, or other health condition that has lasted 6 or more months which makes it difficult for them to carry out day to day activities? (DO NOT READ LIST)**
- Yes
  - No
  - Don't know
  - Refused

- 34. Do any people in the home smoke any products such as cigarettes, cigars, hookahs or pipes? Please do not include e-cigarettes or vaping devices. (DO NOT READ LIST)**
- Yes
  - No
  - Don't know
  - Refused
- 35. In the last 12 months, what was your total household income from all sources, before taxes? Just stop me when I get to the right category (READ LIST)**
- Less than \$15,000
  - \$15,000 to under \$25,000
  - \$25,000 to under \$35,000
  - \$35,000 to under \$50,000
  - \$50,000 to under \$75,000
  - \$75,000 to under \$100,000
  - \$100,000 to under \$150,000
  - \$150,000 to under \$200,000
  - \$200,000 or more
  - Don't Know (DON'T READ)
  - Refused (DON'T READ)

## INCENTIVE VERIFICATION

Thank you so much for participating in this survey. Your answers will help CPSC with improving household fire and CO safety across the U.S.

As appreciation for completing the survey, we would like to send you a \$10 gift card from a major credit company. Could you please provide your full name and mailing address?

**Interviewer: Fill in the blank with the respondent's name and address, and verify it. If needed, assure the respondent of the confidentiality of the information provided.**

Full Name: \_\_\_\_\_  
Street \_\_\_\_\_ Apt/Suite/Other \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/ Postal Code \_\_\_\_\_

You will receive your participation gift card in the mail in the next few weeks.