

U.S. Consumer Product Safety Commission
2019 Fireworks Study
Patients Treated 6/21/19 - 7/21/19

Before contacting the victim, please review the NEISS emergency room information on the assignment cover sheet. Information about the type of firework (e.g., firecracker, Roman Candle, sparkler, mortar, etc.) should be found in the comment area.

If victim is under the age of 18, ask for parent or guardian. If victim is 18 or older, interview him/her directly.

Text in **BOLD** contains instructions to the interviewer and should not be read to the respondent.

Record all responses to open-ended questions in the space provided. Try to record responses as close to verbatim as possible. If respondent doesn't know the answer, record "Don't know" or "DK." If the question is not applicable in a given case, record "N/A."

If you have any questions, please call:
Yongling Tu (301) 504-7841

Q.1 **Before beginning interview, please enter the tkno (task number).**

Q.2 **Before beginning interview, please fill in the following question based on victim information given:**

Is victim 16 years old or older?

Yes 1
No 2

Q.3 Contact questions

Hello. May I speak with _____? **(OR: Hello. May I speak with the parent or guardian of _____?)**

Hello. I am calling for the U.S. Consumer Product Safety Commission. In cooperation with **(hospital name)** we're conducting a study on fireworks injuries to try to reduce the number and severity of such injuries. Will you help us by answering some questions about the fireworks injury that happened to you/**(victim's name)** recently? It will take about 20 minutes. Your participation is voluntary and your answers will be strictly confidential.

Did I reach you on a cell phone?

Yes 1
No 2

Q.4 Is it safe to talk with you now?

Yes 1
No 2

Q.5 The person responding is: **To be filled in by caller**

The victim 1
Parent or Guardian of injured person 2
Other 3

Q.6 Please specify "Other" respondent.

Q.7 Did you witness the incident?

Yes 1
No 2

Q.8 How did you find out about the incident?

Q.9 Did the injury occur on the job or in connection with [your/the victim's] employment?

Yes 1
No 2

Q.10 **Read the following before asking the question:** The next few questions ask about the actual fireworks incident. This information is very valuable in preventing injuries from happening again; your answers are strictly confidential.

In your own words, please tell me how the incident happened. Include what happened just before the incident.

Q.11 Please describe [your/the victim's] injury in your own words.

Q.12 Were [you/the victim] admitted to the hospital because of this injury?

- Yes 1
- No 2
- Don't know 3

Q.13 How long was the hospital stay? (days)

Q.14 After discharge from the hospital, did [you/the victim] require any additional visits to the hospital or a doctor to treat the fireworks injury?

- Yes 1
- No 2
- Don't know 3

Q.15 After the emergency room visit, did [you/the victim] require any additional visits to the hospital or a doctor to treat the fireworks injury?

- Yes 1
- No 2
- Don't know 3

Q.16 Was the purpose of the return visit(s) to: **Read the list, select ALL that apply.**

- Change the bandage or dressing. 1
- Remove stitches or a cast. 2
- Surgery. 3
- Some other reason 4
- Don't know 5

Q.17 Please specify "Other Reason for Return Visit"

Q.18 Have [you/the victim] fully recovered from the injury?

- Yes 1
- No 2
- Don't know 3

Q.19 How long did it take to recover from the injury? **(Please record units of measurement along with numeric value, e.g., months, years)**

Q.20 How long from the injury will it take to fully recover? **(Please record units of measurement along with numeric value, e.g., months, years)**

Q.21 How much time will be lost from work or school as a result of this injury? **(Please records units of measurement along with numeric value, e.g., years, months, days)**

Q.22 Please describe any long-term effect of the injury, including any permanent loss of function or activity restriction.

Q.23 Where did the incident take place? **Read the list.**

- Yard 1
- Porch or deck 2
- Street 3
- Open field 4
- Other 5
- Don't know 6

Q.24 Please specify "Other incident location".

Q.25 At about what time of day did the incident take place? **Leave blank if unknown.**

Q.26 Were [you/the victim] injured at a public fireworks display, for example, a fireworks show put on by your city or town?

- Yes 1
- No 2
- Don't know 3

Q.27 Were [you/the victim] injured by the public display itself or by fireworks that were being used by other spectators? **Read the list.**

- The public display fireworks 1
- Fireworks that you or other spectators used 2
- Other 3
- Don't know 4

Q.28 Please specify "Other" cause of injury.

Q.29 Please describe the public display firework that injured you in as much detail as you can recall.

Q.30 Were [you/the victim]: [Read the list.](#)

- Injured by fireworks that were lit by someone else 1
- Using or lighting the fireworks that caused the injury 2
- Other 3
- Don't know 4

Q.31 Please specify "Other" ([identity of victim in relation to person who lit firework](#))

Q.32 Was the person who lit the firework that caused the injury younger than 18?

- Yes 1
- No 2
- Don't know 3

Q.33 How old was that person? (in years)

Q.34 Was the person who lit the fireworks?: **Read the list.**

- 18 to 25 years old? 1
- 25-64 years old? 2
- Age 65 or over? 3
- Don't know 4

Q.35 Do you think that the fireworks was thrown or aimed at or near [you/the victim] on purpose?

- Yes 1
- No 2
- Don't know 3

Q.36 Did the fireworks do what [you/the victim] expected it to do?

- Yes 1
- No 2
- Don't know 3

Q.37 What did the firework do that was unexpected?

Q.38 Were [you/the victim] injured by a firecracker, a device intended to produce a "bang" on the ground, but which doesn't move?

- Yes 1
- No 2
- Don't know 3

Q.39 Was it: [Read the list.](#)

An M-80	1
An M-500	2
An M-1000	3
A Silver Salute	4
A quarter stick	5
A half stick	6
A tennis ball bomb	7
A bird banger or rope salute	8
A large firecracker larger than 1/4 inch in diameter and 1.5 inches in length with no warning or brand name labeling	9
A small firecracker about 1/4 to 1/2 inch in diameter, sold in strips, bundles, or in bags with warning and brand name labels	10
Other	11
Don't know	12

Q.40 Please specify "Other" firecracker type.

Q.41 Were you injured by: [Read the list.](#)

A Roman Candle (a candle shaped device that fires colored balls and makes small explosions)	1
A rocket or bottle rocket (a 1/4" to 1" diameter firework attached to the top of a stick, which flies like a missile after lighting)	2
A sparkler (a stick 9 to 36 inches long that emits sparks after lighting)	3
A pest control or wildlife control device (a device like a large firecracker sold to control birds and other wildlife)	4
A multiple tube device, "cake" or multiple shot repeater (a cluster of tubes which each shoot firework into air)	5
A "reloadable" mortar or aerial shell device (at least one mortar tube and 6 or more shells)	6
A fountain type firework (cone or cylinder which emits a shower of sparks into air)	7
Other	8
Don't know	9

Q.42 Please specify "Other" firework type.

Q.43 Please describe the fireworks in as much detail as you can recall.

Q.44 What brand were the fireworks?

Q.45 Did you see the label on the fireworks or the package of fireworks?

- Yes 1
- No 2

Q.46 Did the label or package have the words: **Read the list.**

- Consumer Display 1
- Professional 2
- Novelty 3
- Other 4
- Don't know 5

Q.47 Please describe "Other" package labeling.

Q.48 Were there any other markings on the label or the package? Please describe.

Q.49 **The following questions ask about the source of the fireworks. If the person being interviewed has admitted to have used or lit the fireworks in a prior question, then use "you" in these questions; otherwise, use "the person who lit the fireworks."**

Please read: The next few questions ask where the fireworks that caused the injury were obtained. The U.S. Consumer Product Safety Commission is trying to find out as much as possible about how people obtain fireworks that cause injuries. This information is very valuable in preventing injuries like [yours/victim's] from happening again. Your answers are strictly confidential.

How did [you/the person who lit the fireworks] get them? Was it from:
Read the list.

- A friend or relative 1
- A stand that only sells fireworks 2
- A store 3
- Mail order 4
- Internet 5
- Somewhere else 6
- Don't know 7

Q.50 Please specify web site address.

Q.51 Please specify "somewhere else" where fireworks were purchased.

Q.52 Please give us as many details as you can about where the fireworks were obtained, including the name of the business, street address, town, or city.

Q.53 Do you know how many were purchased?

- Yes 1
- No 2

Q.54 How many?

Q.55 Do [you/the person who lit the fireworks] have any more of these fireworks?

- Yes 1
- No 2
- Don't know 3

Q.56 How many?

Q.57 Did [you/the person who lit the fireworks] get the impression that the fireworks were legal or illegal?

- Got the impression that they were legal 1
- Got the impression that they were not legal 2
- Did not get any impression 3

Q.58 What information was provided about whether the fireworks were legal or illegal?

Q.59 How was this information provided? [Read the list.](#)

- I/the person was told at the place where the fireworks were obtained 1
- It was in the catalog 2
- It was on the web site 3
- Other 4

Q.60 Please specify "Other" information source (regarding legality of fireworks)?

Q.61 Is there anything else that you think that we should know about the incident or the injury?

Q.62 Is it possible that alcohol or illegal drugs contributed to the accident?

- Yes 1
- No 2
- Don't know 3

Q.63 Please explain (how alcohol or drugs may have contributed to the accident).

Q.64 The following race and ethnicity questions will help the U.S. Consumer Product Safety Commission better focus its outreach and education efforts related to fireworks safety.

Are [you/the victim] Hispanic or Latino?

- Yes 1
- No 2
- Don't know 3
- Refused 4

Q.65 What race or races do you consider yourself to be? **Read the list and ask the respondent to select ALL categories that apply. If the respondent replies "Other", you'll be prompted for a verbatim answer.**

- White 1
- Black or African American 2
- American Indian or Alaska Native 3
- Native Hawaiian or Pacific Islander 4
- Asian 5
- Other 6
- Don't know 7
- Refused 8

Q.66 Please specify "Other" race. If respondent states "biracial" or "multiracial" please prompt for specifics (country of origin, nationality, etc). Otherwise, simply state "biracial" or "multiracial."

We appreciate your time. The information you have given us will be very helpful. Thanks again.
Goodbye.

Q.67 When would be a good time to contact you?

Q.68 What phone number should I use when I call you?

Thank you. **Terminate call.**

Thank you for your time.

Q.69 Date

Q.70 Duration

Q.71 Interviewer
