

# E-Scooter

## Survey Flow

Standard: Start Block (1 Question)

Authenticator: Single Sign On - Token

### EmbeddedData

ExternalDataRefernceValue will be set from Panel or URL.

hospnameValue will be set from Panel or URL.

injurydateValue will be set from Panel or URL.

passwordValue will be set from Panel or URL.

tknoValue will be set from Panel or URL.

Standard: Introductory Block (5 Questions)

Standard: Item Verification Block (11 Questions)

Standard: Incident Block (12 Questions)

Standard: Scooter Characteristics Block (11 Questions)

Standard: Closing Block (9 Questions)

Page Break

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Start of Block: Start Block

Q1

**Interviewer instructions:** *In this questionnaire, please read the response categories unless indicated otherwise, or unless necessary for prompting the respondent to answer the question. Italicized words are meant to serve as a guide to emphasis.*

Hello, I'm \_\_\_\_\_ **[interviewer's name]** from \_\_\_\_\_ **[interviewer's company]**. We are working with the U.S. Consumer Product Safety Commission (CPSC). CPSC collects data through the National Electronic Injury Surveillance System (NEISS) on injuries treated in hospital emergency departments. CPSC conducts follow-up investigations with a small number of people to learn more about how the injury occurred. The results of these investigations will be used to determine if similar injuries can be prevented in the future.

Your participation in this survey is completely voluntary and your identity and answers will be strictly confidential. This survey will take between 10-15 minutes and data are used for statistical purposes only.

*You should have received a letter with the following information needed to continue:*

- 1. Investigation Task Number*
- 2. Randomly generated password*

*To continue, you will have to enter the task number correctly below:*

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End of Block: Start Block

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Start of Block: Introductory Block

I1

CPSC would prefer that the person who answers this questionnaire is the actual person injured and treated in the hospital emergency department. If the injured person is under the age of 16, CPSC would prefer that a parent or guardian completes the questionnaire.

Was the injured person 16 years old or older?

*Interviewer instruction: If the respondent answers that they are the injured person and they are*

under 16, please ask to speak to a parent or guardian. If no one is available, it is okay to interview the under 16 year old.

Yes (1)

No (2)

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I2 According to our records from the National Electronic Injury Surveillance System the injured person was seen on *#{e://Field/injurydate}* in the emergency department at *#{e://Field/hospname}* for an injury that involved a scooter. Is that correct?

Yes (1)

No (2)

Don't know (3)

*Skip To: End of Block If I2 = Don't know*

*Skip To: End of Block If I2 = Yes*

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I3 What information is incorrect from the statement above?

Different date (1)

Different hospital (2)

(I/the victim) did not receive treatment in a hospital emergency department for a scooter injury (3)

*Skip To: End of Survey If I3 = (I/the victim) did not receive treatment in a hospital emergency department for a scooter injury*

*Display This Question:*

*If I3 = Different date*

I4 What is the correct date?

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*Display This Question:*

*If I3 = Different hospital*

I5 Where did (you / the victim) receive treatment for (your / their) injury?

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**End of Block: Introductory Block**

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**Start of Block: Item Verification Block**

V1 Are you the:

- Injured person (1)
- Parent or guardian of injured person (2)
- Other (specify in next window) (3)

*Skip To: V3 If V1 = Injured person*

*Skip To: V3 If V1 = Parent or guardian of injured person*

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*Display This Question:*

*If V1 = Other (specify in next window)*

V2 Specify relationship:

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*Display This Question:*

*If V1 = Injured person*

*Or V1 = Parent or guardian of injured person*

*Or Specify relationship: Text Response Is Not Empty*

V3 Was the scooter unpowered (e.g., a kick scooter or push scooter)?

*Interviewer instruction: Powered scooters have a power source like electric or gas.*

- Yes (1)
- No (2)
- Don't know (4)

*Skip To: V10 If V3 = Yes*

*Display This Question:*

- If V3 = No*
- Or V3 = Don't know*

V4 Was the scooter an assisted mobility scooter to help people with physical limitations?

- Yes (1)
- No (2)

*Skip To: End of Block If V4 = Yes*

V5 Was the scooter a moped, motorcycle, or scooter that requires a registration or license?

- Yes (1)
- No (2)

*Skip To: End of Block If V5 = Yes*

V6 Did the scooter have handles for steering?

*Interviewer instruction: Handles for steering are distinct from handles used for balancing purposes.*

Yes (8)

No (9)

*Skip To: End of Block If V6 = No*

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V7 If your scooter had only two wheels, were those wheels side-by-side?

*Interviewer instruction: side-by-side wheels are distinct from wheels that are one in front of the other.*

Yes (1)

No (2)

*Skip To: End of Block If V7 = Yes*

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V8 What kind of power did the scooter run on?

Gas (1)

Electric (2)

Other (specify in next window) (3)

*Skip To: V10 If V8 = Gas*

*Skip To: V10 If V8 = Electric*

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*Display This Question:*

*If V8 = Other (specify in next window)*

V9 Specify.

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V10 You/the victim were/was:

*Interviewer instruction: If two scooters collided select "Riding the scooter."*

- Riding the scooter (1)
- Struck by scooter (2)
- Other (specify) (3)

*Skip To: End of Block If V10 = Riding the scooter*

*Skip To: End of Block If V10 = Struck by scooter*

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V11 Specify.

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*Skip To: End of Block If V11 Is Not Empty*

**End of Block: Item Verification Block**

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**Start of Block: Incident Block**

A1 Please describe how the accident happened. That is, what were you/the victim doing just before, during, and just after the injury occurred? Please specify the location of the accident and any environmental factors; such as weather, temperature, and anything else that may have contributed to the accident.

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*Display This Question:*

*If Please describe how the accident happened. That is, what were you/the victim doing just before, d... Text Response Is Not Empty*

*And If*

*V4 = No*

*And V5 = No*

*And V6 = Yes*

*And V7 = No*

A2 Next, I am going to ask some specific questions about the incident that you may have already described. Please bear with me as I collect this information from you.

*Display This Question:*

*If A2 Is Displayed*

A3 What type of surface were you/the victim on?

- Paved Road (1)
- Paved Sidewalk (2)
- Gravel (3)
- Grass (4)
- Driveway (5)
- Other (specify in next window) (6)
- Don't know (7)

*Display This Question:*

*If A3 = Other (specify in next window)*

A4 Specify.

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*Display This Question:*

*If A2 Is Displayed*

A5 Was it dark or difficult to see?

Yes (1)

No (2)

Don't know (3)

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*Display This Question:*

*If A2 Is Displayed*

A6 Was there anything else occurring at the time of the accident such as music, cell phone interference, or loud music?

Yes (1)

No (2)

Don't know (3)

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*Display This Question:*

*If A6 = Yes*

A7 Please specify the additional factors.

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*Display This Question:*

*If V10 = Riding the scooter*

*And A2 Is Displayed*

A8 Were/was you/the victim carrying or holding something such as a bag, purse, or backpack?

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

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*Display This Question:*

*If A8 = Yes*

A9 What were/was you/the victim carrying?

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*Display This Question:*

*If V10 = Struck by scooter*

*And A2 Is Displayed*

A10 Which of the following best describes how you were injured?

- Hit from the front (1)
- Hit from the side (2)
- Hit from behind (3)
- Other (specify in next window) (4)
- Don't know (5)

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*Display This Question:*

*If A10 = Other (specify in next window)*

A11 Specify.

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*Display This Question:*

*If V10 = Struck by scooter*

*And A2 Is Displayed*

A12 Was there any warning before you/the victim were/was hit? (ex. bell, shouting, or other noise)

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

End of Block: Incident Block

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Start of Block: Scooter Characteristics Block

*Display This Question:*

*If A2 Is Displayed*

S1 Which of the following best describes the scooter?

- Rental (1)
- Owned by victim (2)
- Borrowed (3)
- Other (specify in next window) (4)
- Don't know (5)

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*Display This Question:*

*If S1 = Other (specify in next window)*

S2 Specify.

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*Display This Question:*

*If S1 = Rental*

S3 Who was the scooter rented from?

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*Display This Question:*

*If S1 = Borrowed*

*Or S1 = Owned by victim*

*Or Specify. Text Response Is Not Empty*

*Or Who was the scooter rented from? Text Response Is Not Empty*

*Or S1 = Don't know*

S4 Do you know the brand and model names of the scooter involved in the injury?

Yes (1)

No (2)

*Skip To: S7 If S4 = No*

*Display This Question:*

*If A2 Is Displayed*

S5 Specify brand

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*Display This Question:*

*If A2 Is Displayed*

S6 Specify model (if brand is known but model is not, enter unknown below)

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*Skip To: S10 If S6 Is Not Empty*

*Display This Question:*

*If A2 Is Displayed*

S7 It is very important for us to know what brands are involved in these injuries. If I hold on, would you be willing to go look at the scooter and tell me what the brand and model names are?

Yes (1)

No (2)

*Skip To: S10 If S7 = No*

*Display This Question:*

*If A2 Is Displayed*

S8 Specify brand

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*Display This Question:*

*If A2 Is Displayed*

S9 Specify model (if brand is known but model is not, enter unknown below)

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*Display This Question:*

*If If Specify model (if brand is known but model is not, enter unknown below) Text Response Is Not Empty*

*Or S4 = Yes*

*Or S7 = No*

S10 I'm going to read a list of safety equipment that riders might wear. Please tell me if the rider was wearing any of these at the time of the incident.

*Interviewer instruction: Select all that apply*

- Helmet (1)
- Knee pads (2)
- Elbow pads (3)
- Wrist pads (4)
- Reflective vest (5)
- Blinking lights/Head lamp (6)
- Other (specify in next window) (7)
- None of the above (8)

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*Display This Question:*

*If S10 = Other (specify in next window)*

S11 Specify.

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**End of Block: Scooter Characteristics Block**

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**Start of Block: Closing Block**

*Display This Question:*

*If A2 Is Displayed*

C1 Is there anything else about this accident or the scooter involved that you would like me to know?

- Yes (1)
  - No (2)
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Display This Question:

If C1 = Yes

C2 Explain.

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C3 The following race and ethnicity questions will help the U.S. Consumer Product Safety Commission better focus outreach and education efforts related to e-scooter safety.

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C4 Are you/the victim Hispanic or Latino?

- Yes (1)
  - No (2)
  - Don't know (3)
  - Prefer not to answer (4)
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C5 What race(s) do you consider yourself to be?

*Interviewer instruction: Please check all that apply.*

- White (1)
- Black or African American (2)
- American Indian or Alaska Native (3)
- Asian (4)
- Native Hawaiian or Pacific Islander (5)
- Other (6)
- Don't Know (7)
- Prefer not to answer (8)

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*Display This Question:*

*If C5 = Other*



C6 Please specify "Other" race. Please be as specific as possible.

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*Display This Question:*

*If A2 Is Displayed*

C7 We may be interested in sending a CPSC investigator to your home to gather more information about how the accident occurred and take pictures of the scooter. This investigation



would be set up at your convenience. May we have an investigator contact you by phone to setup a visit?

Yes (1)

No (2)

*Skip To: End of Survey If C7 = No*

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*Display This Question:*

*If C7 = Yes*

C8 Please supply your phone number.

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*Display This Question:*

*If C7 = Yes*

C9 When is a good time to call? *(Check all that apply.)*

Morning (1)

Afternoon (2)

Evening (3)

**End of Block: Closing Block**

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