

## Appendix A: Prenotification Letter to Households

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<DATE>

<NAME>

<ADDRESS 1>

<ADDRESS 2>

<City>,<State>,<Zip>

Dear <insert name>,

The U.S. Consumer Product Safety Commission (CPSC) protects all of us against unreasonable risks of injuries and deaths related to the products we buy and use. The CPSC has asked EurekaFacts, a survey research company, to conduct a nationwide in-home survey about household fire and carbon monoxide (CO) safety.

The survey is very important, and your participation will help the CPSC improve home safety and save lives. When you take part in this research, you speak for thousands of people like you, and you help to make homes safer. Participation in this survey is voluntary and your responses will be kept confidential.

We chose your household at random from a list of addresses across the country. These addresses represent different regions of the country and types of homes. We are interested in talking with people who have smoke detectors and people who do not have smoke detectors.

We would like to ask you to support this initiative by taking part in our survey.

**To sign up for this study, complete the brief online form:**

1. In your web browser, please go to **<INTAKE WEB ADDRESS>**
2. Enter your unique ID: **[abc123]**

*Or you can call EurekaFacts at the toll-free-number **<NUMBER>** to sign up.*

After signing up, you may receive a phone call from EurekaFacts staff, from **<NUMBER>**. During the call, you will have an opportunity to schedule an appointment for an in-home interview. If you qualify and complete the in-home interview, you will receive a \$50 gift card from a major card company in appreciation for completion of the survey.

Thank you for your willingness to participate in this important survey.

Sincerely,

EurekaFacts, LLC on behalf of the  
U.S. Consumer Product Safety Commission

## Appendix B: Follow Up Letter (For Respondents without Telephone Number)

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<DATE>

<NAME>

<ADDRESS 1>

<ADDRESS 2>

<City>,<State>,<Zip>

Dear <insert name>,

Recently, we sent you a notification of an upcoming study regarding home fire and carbon monoxide (CO) safety. The study is now underway, and we are interested in hearing from you.

The U. S. Consumer Product Safety Commission (CPSC) has asked EurekaFacts, a survey research company, to conduct a nationwide survey about household fire and CO safety. The survey is very important and your participation will help the CPSC improve home safety and save lives.

We are interested in talking with people *who have* smoke detectors and people *who do not have* smoke detectors. Participation in this survey is voluntary and your responses will be maintained confidential and anonymous.

If you have already contacted EurekaFacts, thank you for your valuable input. If not, please contact us to learn more about this study. Your experiences and thoughts on the topic are extremely valuable for this effort.

**To sign up for this study, complete the brief online form:**

1. In your web browser, please go to <INTAKE WEB ADDRESS>
2. Enter your unique ID: [abc123]

After signing up, EurekaFacts may reach out to you from the contact information you provide. You will have an opportunity to schedule an appointment for an in-home interview. If you qualify and complete the in-home interview, you will receive a \$50 gift card from a major credit card company in appreciation for completion of the survey.

Thank you for your willingness to participate in this important survey.

Sincerely,

EurekaFacts, LLC on behalf of the  
U.S. Consumer Product Safety Commission

## Appendix C: In-Home Survey Scheduling Confirmation Email

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<Date>

IF SENT AS E-MAIL - Subject: CPSC Confirmation of Your In-Home Interview Session

Dear <NAME>,

Thank you for agreeing to participate in the national survey about household fire and carbon monoxide (CO) safety conducted by EurekaFacts on behalf of the U.S. Consumer Product Safety Commission (CPSC). The purpose of this survey is to gather information about the functionality of smoke detectors and CO detectors in homes in the United States. Your experiences and thoughts on the topic are extremely valuable for this effort.

Information collected from your participation will help CPSC improve home fire safety. We appreciate your time and look forward to your participation.

Your appointment is scheduled for **<DAY, DATE>** at **<TIME>**, and will take place in your home for no more than 60 minutes. Please make sure you are home and available for the interview during this time. You will receive a \$50 gift card from a major card company in appreciation for completion of the survey.

We look forward to having you participate in this very important research study. If you have any questions, please contact me.

Sincerely,

<NAME>

Field Services Coordinator  
EurekaFacts, LLC  
(240) 403-1645  
(301) 610-0640 - fax  
[www.eurekafacts.com](http://www.eurekafacts.com)



## Appendix D: In-Home Informed Consent Form

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### Consumer Product Safety Commission (CPSC) Survey on Usage and Functionality of Smoke Detectors and Carbon Monoxide Detectors in Households



#### Informed Consent Form

Thank you for your interest in participating in the research study described below. This consent form explains the research study. This study is conducted by EurekaFacts on behalf of the U.S. Consumer Product Safety Commission (CPSC). We are conducting a nationwide survey on household fire and carbon monoxide (CO) safety. The purpose of this survey is to gather information about the functionality of smoke detectors and CO detectors in the U.S. households. Findings from this research will help CPSC improve home safety.

This survey involves 60 minutes in-home interview. A qualified two-member survey team will ask you questions related to smoke detectors and CO detectors, and then a team member who is trained and certified to inspect and install smoke and carbon monoxide detectors will test the smoke detectors and CO detectors installed in your home. You will receive a \$50 gift card from a major card company in appreciation for completion of the survey.

If the survey team finds any detectors to be non-functioning, arrangements can be made to provide you with a new detector or batteries, free of charge. If you are renting your home, the property manager will need to be contacted to arrange installation of the new detector at a later date. With your permission and, if you are renting, with the property manager permission, we also want to collect any smoke or CO detectors that don't work and send them to CPSC's lab to find out why they don't work. In addition, a member of the survey team may request your permission to take a photograph of your smoke and CO detector(s).

Information collected from this survey will help CPSC improve household fire and CO safety across the U.S. Your input will assist with developing standards and guidelines that will help protect property and human life. This research does not involve any foreseeable risks, other than the potential for mild boredom or fatigue.

Your participation in this research study is completely voluntary. You may stop at any time if you do not want to continue with the study by notifying a member of the survey team. Your responses will be maintained confidential, and will be used for research purposes only. At no time will any identifiable information be linked to any of your answers. All information collected through our research process is grouped and reported to CPSC anonymously.

Your signature below means that you have freely agreed to participate in this research study. You should consent only if you have read this document and you understand its contents.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions about this study please contact Andrea Ton at <NUMBER> or <EMAIL>. If you have any ethical concerns regarding this research please contact Mila Sugovic, the Chair of the

Institutional Review Board, at 240-403-4800 ext. 218, or [sugovicm@eurekafacts.com](mailto:sugovicm@eurekafacts.com).

## Appendix E: Waiver, Release and Hold Harmless Agreement

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Home Address: \_\_\_\_\_

In consideration of the voluntary performance of my participation in the U.S. Consumer Product Safety Commission (CPSC) Survey on Usage and Functionality of Smoke Detectors and Carbon Monoxide Detectors in Households, which is being conducted at my residence, located at

\_\_\_\_\_, I, on behalf of myself, and all members of family, as well as my heirs, executors, administrators or successors, hereby waive any claim or cause of action of any nature that I have, or in the future may have, against any and all individual or organizational participants in the CPSC Survey on Usage and Functionality of Smoke Detectors and Carbon Monoxide Detectors in Households, including but not limited to the **[Partner Name]**, and EurekaFacts, LLC, its agents or employees, which claim or cause of action grows out of or results from increased levels of carbon monoxide, a fire or other damage, following the testing and inspection of one or more of the smoke and or carbon monoxide detectors, in addition one or more of the following action(s):

**Action(s) taken:**

- |  |  |
|--|--|
| <input type="checkbox"/> Replaced batteries  | <input type="checkbox"/> Provided new CO detector(s)     |
| <input type="checkbox"/> Provided new smoke detector(s)  | <input type="checkbox"/> Collected faulty CO detector(s) |
| <input type="checkbox"/> Collected faulty smoke detector(s)  | <input type="checkbox"/> Took no additional action       |
| <input type="checkbox"/> Obtained photograph of smoke/<br>carbon monoxide detector(s) (Device<br>only) |  |

I further hereby agree to release and hold harmless any and all organizational and individual participants including the **[Partner Name]** and municipality in the CPSC Survey on Usage and Functionality of Smoke Detectors and Carbon Monoxide Detectors in Households from and against all damages of any kind, to persons or property, growing out of or resulting from a fire or increased levels of carbon monoxide in my referenced home.

I acknowledge having read, understood, and agreed to the above waiver, and release.

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Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Witness (Print name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This form generally indicates that the occupant or owner of the property agrees to waive his or her rights to sue any individual, any municipality and any other organizations or individuals involved in the safety inspection of this home, if a fire or increased levels of carbon monoxide occurs after the inspection. The purpose of the waiver is to protect the individual or any of the organizations involved against liability arising from the home fire inspection. This statement is intended for information only, the terms of the waiver themselves shall prevail if there are any questions. You should seek advice if you do not understand this waiver.

## Appendix F: Thank You Email For Participating in In-Home Interview

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<DATE>

*IF SENT AS EMAIL* - Subject: Thank you for your participation in the CPSC Research Study

Dear <NAME>,

Thank you for participating in the interview survey about smoke and carbon monoxide (CO) safety for the U.S. Consumer Product Safety Commission (CPSC) on <DATE> at <TIME>. The information you provided will be used to improve fire and carbon monoxide safety for millions of families across the U.S. We truly value your input and appreciate your time.

Again, thank you very much and feel free to contact us with any questions.

Sincerely,

<NAME>

Field Services Coordinator

EurekaFacts, LLC

(240) 403-1645

(301) 610-0640 - fax

[www.eurekafacts.com](http://www.eurekafacts.com)



## Appendix G: Extended Explanation of Study

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<DATE>

IF SENT AS EMAIL - Subject: Additional Information for a CPSC Research Study

Hello,

I am contacting you from EurekaFacts, a survey research company. You are receiving this email because you have previously requested additional information about the in-home safety survey that we are conducting on behalf of the U.S. Consumer Product Safety Commission (CPSC).

These interviews are an important part of the research process. The purpose of this survey is to inform CPSC about the use of smoke detectors and CO detectors in homes in the United States. In addition, information collected from this survey will improve household safety across the U.S. Your input will assist with developing standards and guidelines that will help protect property and human life.

This study will require a qualified two-member survey team to visit your home to ask you a series of questions about household fire safety and then test your smoke and carbon monoxide (CO) detectors to make sure they work properly. A member of the team who is trained and certified to inspect and install smoke detectors will test your smoke and carbon monoxide detectors to see if they are working properly. If the batteries in the detectors need to be replaced, we can provide you with a replacement for free. If the survey team during in-home interview finds any detectors to be non-functioning, new ones will be offered at no cost. If you are renting your home and agree to participate in the study, the property manager will need to be contacted to discuss arrangements regarding survey team visit and smoke detectors testing.

The in-home interview session will last up to 60 minutes, and, at the end of the interview, we will provide you with a \$50 gift card from a major credit card company in appreciation for completion of the survey.

In instances where you may not have a smoke detector or CO detector, we are still interested in you participating in the survey. If your home does not have a smoke detector or CO detector, we will conduct the interview over the phone instead. The telephone interview will last up to 20 minutes. If you are eligible for the telephone survey, you will receive a \$25 gift card from a major credit card company in appreciation for completion of the survey.

If you would like to participate in the study, please call EurekaFacts at the toll-free number <NUMBER> and mention you are calling for the CPSC Smoke and CO Detector study, or click here <WEBSITE> for more information. Please have your unique ID ready when contacting our call center staff.

Thank you for your willingness to participate in this important survey.

Sincerely,

EurekaFacts, LLC on behalf of the  
U.S. Consumer Product Safety Commission



## Appendix H: Frequently Asked Questions (FAQs)

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### Frequently Asked Questions (FAQs)

#### **About the study**

The Survey on Usage and Functionality of Smoke Detectors and Carbon Monoxide Detectors in Households is sponsored by the U.S. Consumer Product Safety Commission (CPSC). EurekaFacts, an independent research firm, is conducting the study on behalf of CPSC.

#### **What is the purpose of the study?**

The purpose of this survey is to gather information on perceptions, usage and functionality of smoke and carbon monoxide (CO) detectors in homes within the United States. Findings from this survey will be helpful for establishing a baseline for measuring future progress, and for providing key information for public safety education, code enforcement, and improving the technology.

#### **Where will the interview be held?**

If you qualify for the in-home interview, a qualified two-member survey team will schedule a time, convenient for you, to meet at your residence.

#### **What is involved in the in-home interview?**

This study will require a qualified two-member survey team to visit your home to ask you a series of questions about household fire and carbon monoxide safety. Both members will present their government issued IDs and their official badges to confirm their identity and legitimacy. A member of the team who is trained and certified to inspect and install smoke detectors will test your smoke and carbon monoxide detectors to see if they are working properly. The in-home interview will last no longer than 60 minutes.

#### **I do not have a smoke or CO detector. Am I still eligible?**

Yes. We are still interested in speaking with households that do not have a smoke detector or CO detector. However, instead of visiting your home, we will conduct the interviews over the phone. In these instances, you will be eligible for a \$25 gift card from a major credit card company in appreciation for completion of the survey.

#### **How was I selected for this study?**

You've been specifically chosen as someone from whom we'd like to hear. Your household was selected at random from a list of households across the country that represent different regions and types of homes.

#### **Can I recommend another household to complete the survey for me?**

No. Your household was specifically chosen among a list of households that represent different regions and different homes. Your responses are unique, and cannot be replaced.

#### **Can I recommend a friend?**

No. Households were specifically selected to participate in this study based on several factors. Unless the household was selected for the study, we are unable to conduct the interview with them.

#### **How long will the interview last?**

The in-home interview is expected to last up to 60 minutes. The telephone interview is expected to last no more than 20 minutes.

#### **Will my information be kept confidential?**

All responses are kept completely confidential. At no time will any identifiable information be linked to any of your answers. All information collected through our research process is grouped and reported anonymously.

#### **What are the incentives for participating?**

This will depend on if you participate in the in-home or telephone interview. If you are eligible to participate in the in-home interview, you will received a \$50 gift card from a major credit card company in appreciation for completion of the survey. If, however, you are eligible to participate in the telephone interviews, you will receive a \$25 gift card from a major credit card company in appreciation for completion of the survey.

**What is the duration of this study?**

We will be fielding this survey from <DATE> to <DATE>. After <DATE>, we will stop collecting responses.

**Whom can I contact with additional questions?**

If you have any questions about this study please contact Andrea Ton at <NUMBER> or <EMAIL>. If you have any ethical concerns regarding this research please contact Mila Sugovic, the Chair of the Institutional Review Board, at 240-403-4800 ext. 218, or [sugovicm@eurekafacts.com](mailto:sugovicm@eurekafacts.com).

## Appendix I: 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 just a few questions about your residence, you will help this research study. You may even be eligible to take part in a longer interview for which you could receive a \$50 gift card from a major credit card in appreciation for completion of the survey.

I have just five brief questions to ask. It should only take a 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 just a few questions about your residence, you will help this research study. You may even be eligible to take part in a longer interview for which you could receive a \$50 gift card from a major credit card company in appreciation for completion of the survey.

I have just five brief questions to ask. It should only take a 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?

- a. Under 18 (**Go to 1A**)
- b. 18-30
- c. 31-40
- d. 41-50
- e. 51-60
- f. 61-64
- g. 65 +

**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**

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**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?

- 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) \_\_\_\_\_
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 1

### QUALIFY FOR IN-HOME SURVEY

**Confirmation:** Thank you for answering these questions, and congratulations! You are eligible to help with this important research effort.

The purpose of this survey is to gather information about the functionality of smoke detectors and carbon monoxide (CO) detectors in homes in the United States. Findings from this research will help U.S. Consumer Product Safety Commission improve home safety.

If you agree, a qualified two-member team will visit your home to ask you a series of questions about household fire and carbon monoxide safety. Both members will present their government issued IDs and their official badges to confirm their identity and legitimacy. A member of the team who is trained and certified to inspect and install smoke detectors will test your smoke and carbon monoxide detectors to see if they are working properly. If your batteries are not working, we will replace them free of charge. If any detectors are not working, new ones will be offered at no cost. We will give you a \$50 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

5. Would you be interested in participating in this research study?
  - a. Yes (**Go to Q 5A**)
  - b. No (**Terminate**)

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

5A. **IF YES**, “Thank you so much for your willingness to help us. We are looking to schedule people for interviews between <DATE> and <DATE>. Is there a day of the week or a time of day that works best for you?” (*Schedule the participant based on the available times and the participants’ availability*).

**If Q3 = 3 (c. Apartment/Condo), Go to Q6**

**ELSE, SKIP to Closing**

6. Before we finish, I have a couple questions to help the survey team when they arrive at your home. As I recall, you live in an apartment or condominium, so we need to obtain approval from the property manager before you can participate in this study. Additionally, if the survey team determines any detectors to be non-functioning, arrangements can be made to provide you with a new detector or batteries. However, at the discretion of you and your property manager, either the survey team or property manager can arrange installation. Do you have the contact information for the property manager of your apartment building or condominium?
  - a. Yes (**Go to Q 6A**)
  - b. No (**Go to Q 6B**)

6A. **IF YES**, “Could you provide their name and phone number?”

Name \_\_\_\_\_  
Phone number \_\_\_\_\_



6B. **IF NO**, “That is okay, do you have the building name so we can find their contact information?”

Name \_\_\_\_\_

**Closing:** Just to confirm, we have you scheduled for <DATE> at <TIME>. Again, thank you for your time today and your willingness to help us with this study.

**SCRIPT 2**

**QUALIFY FOR PHONE SURVEY - Group Without Smoke Detector**

Thank you for answering these questions. Since you do not have a smoke detector, you are not eligible for the in-home interview; you are, however, eligible for the shorter telephone interview and will receive a \$25 gift card from a major credit card company in appreciation for 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 \$25 gift card from a major credit card company in appreciation for completion of the survey.

All 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**

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

## **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 and carbon monoxide detectors in households. The survey should take about 20 minutes to complete, and you will receive a \$25 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].

**7a.** 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 Without Smoke Detectors [Appendix J].**

**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 \$25 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 \$25 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**

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

## **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 \$25 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?

- c. Yes
- d. 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].

## Appendix J: Telephone Survey for Group Without Smoke Detectors

### TELEPHONE SURVEY FOR NATIONAL SMOKE AND CARBON MONOXIDE DETECTOR SURVEY [WITHOUT SMOKE DETECTOR]

Continuation of Script 2 from Appendix I above.

**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.**

- 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?**

[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.**

Not at all safe (1)	Slightly safe (2)	Moderately safe (3)	Mostly safe (4)	Very safe (5)	DK	RF
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**10. Do you or another member of your household own or rent your home?**

- 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 own or have 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 ( <i>e.g.</i> , 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?**

- 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...**

	Yes	No	Don't know	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.**

- 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 familiar are you with carbon monoxide detectors? (READ LIST)**

- Not at all familiar
- Not very familiar
- Somewhat familiar
- Very familiar
- Don't know(DON'T READ)
- Refused (DON'T READ)

**18. In the past 12 months, have any of your friends, relatives, neighbors, or coworkers experienced...**

	Yes	No	Don't 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"/>

**19. 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 smoke detector installed in your home?**

1            2            3            4            5            DK            RF

**20. Can you tell me some of the reasons you don't have a smoke detector installed in your home? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Don't think I need one
- Did not come with residence
- They are a nuisance
- They did not or don't work
- Never got around to replacing previous detectors
- It is the landlord's responsibility
- Other reason \_\_\_\_\_
- Don't know
- Refused

**21. Please tell me how you would evaluate your home fire safety. Would you say it is... (READ LIST)**

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

<b>Not at all safe (1)</b>	<b>Slightly safe (2)</b>	<b>Moderately safe (3)</b>	<b>Mostly safe (4)</b>	<b>Very safe (5)</b>	<b>DK</b>	<b>RF</b>
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**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?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>DK</b>	<b>RF</b>
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**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 fire and carbon monoxide safety?**

- Yes
- No (SKIP to Q26)
- Don't know (DON'T READ)
- Refused (DON'T READ)

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

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

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

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) _____	<input type="checkbox"/>
None of these (DON'T READ)	<input type="checkbox"/>
Don't know (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 ...**

	Yes	No	Don't know	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?**

- 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?**

- 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
- Other (Specify) \_\_\_\_\_
- Don't know
- Refused

- 32. Is anyone in the household deaf or hard of hearing?**
- 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?**
- Yes
  - No
  - Don't know
  - Refused
- 34. Do any people in the home smoke any products such as cigarettes, cigars, or pipes? Please do not include e-cigarettes.**
- Yes
  - No
  - Don't know
  - Refused
- 35. What is the approximate combined annual income for all people who live or stay in the home? (If necessary read)**
- Less than \$25,000
  - \$25,000 - \$49,999
  - \$50,000 - \$99,999
  - \$100,000 - \$149,999
  - \$150,000 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 \$25 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 K: 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 (1)	Slightly safe (2)	Moderately safe (3)	Mostly safe (4)	Very safe (5)	DK	RF
---------------------------	-------------------------	---------------------------	-----------------------	---------------------	----	----

**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.**

- 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?**

[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.

Not at all safe (1)	Slightly safe (2)	Moderately safe (3)	Mostly safe (4)	Very safe (5)	DK	RF
---------------------------	-------------------------	---------------------------	-----------------------	---------------------	----	----

10. Do you or another member of your household own or rent your home?

- 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?**

- 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...**

	Yes	No	Don't know	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.**

- 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 familiar are you with carbon monoxide detectors? (READ LIST)**

- Not at all familiar
- Not very familiar
- Somewhat familiar
- Very familiar
- Don't know(DON'T READ)
- Refused (DON'T READ)

**18. In the past 12 months, have any of your friends, relatives, neighbors, or coworkers experienced...**

	Yes	No	Don't 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 fire and carbon monoxide safety?**
- Yes
  - No (SKIP to Q26)
  - Don't know (DON'T READ)
  - Refused (DON'T READ)

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

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

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

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) _____	<input type="checkbox"/>

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

	Yes	No	Don't know	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?**

- 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?**
- 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
  - Other (Specify) \_\_\_\_\_
  - Don't know
  - Refused
- 32. Is anyone in the household deaf or hard of hearing?**
- 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?**
- Yes
  - No
  - Don't know
  - Refused
- 34. Do any people in the home smoke any products such as cigarettes, cigars, or pipes?  
Please do not include e-cigarettes.**
- Yes
  - No
  - Don't know
  - Refused

**35. What is the approximate combined annual income for all people who live or stay in the home? (If necessary read)**

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 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 \$25 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.

## Appendix L: Property Manager Calling Script

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### Script to call Property Manager:

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

Is this the company that manages the [APARTMENT OR CONDOMINIUM COMPLEX NAME]?

[If needed: We are conducting a study that will require entering one of the apartments or condominiums listed under this complex. We'd like to obtain permission from the property manager, prior to entering the building.]

#### UNAVAILABLE- Property Manager Name

*If name of property manager is unavailable*

May I speak with the property manager of this apartment or condominium?

*If individual is unavailable,*

When would be a convenient time to reach them?

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

**Contact number**

**Date**

**Time**

#### AVAILABLE- Property Manager Name

*If name of property manager available*

May I speak with [PROPERTY MANAGER]?

*If individual is unavailable*

1. Is there another individual who is responsible for the property [COMPLEX NAME]?
  - a. Yes (**CONTINUE**)
  - b. No (**RESCHEDULE**)
  
2. Is he/she available to speak with me regarding this important study?
  - a. Yes (**REINTRODUCE COMPANY AND STUDY**)
  - b. No (**TERMINATE**)

When would be a convenient time to reach him/her?"

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

**Contact number**

**Date**

**Time**

*If available, reintroduce yourself and company again,*

We are conducting a nationwide in-home survey that will require entering one of the apartments or condominiums listed under this complex. We'd like to obtain permission from the property manager, prior to entering the building.

We are not selling anything. The purpose of this survey is to gather information about the functionality of smoke detectors and carbon monoxide detectors in homes in the United States. Findings from this research will help CPSC with improving home safety.

This study will require a qualified two-member survey team to visit the apartment or condominium to ask the tenant a series of questions about household fire and carbon monoxide safety. A member of the team who is trained and certified to inspect smoke detectors would like then to perform some simple tests on the smoke and carbon monoxide detectors to see if they work properly. If the batteries in the detectors need to be replaced, we can provide you with a replacement for free. The interview will last no more than 60 minutes.

3. The tenant has agreed to participate in this study, but we would like to ask for your permission to enter the apartment or condominium and conduct the in-home interviews on your property. Do we have your permission to enter the building?
  - a. Yes
  - b. No (Go to End Script)
  - c. Need more information/Need to consult with the bulding management team (Go to Q4)
  - d. Other:\_\_\_\_\_

[If needed: All responses will be kept completely confidential and no information or findings will be linked to any identifiable information such as an apartment or condominium complex.]

4. We can provide additional information regarding the survey and letter from CPSC - the agency supporting this research effort. Would you like us to send you this additional information?
  - a. Yes
  - b. No (Go to End Script)

***If respondent requested additional information, please ask for the email and mailing address to send survey materials.***

**Interviewer: Fill in the blank with the respondent's name and address, and verify it.**

**First and Last Name:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

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



**Contact number**  
**Date**  
**Time**

*If refused entry,*

**End script:** “Thank you for taking the time to talk with me today. We will call the respondent back and cancel the appointment. No one from our organization will contact you again. Have a great day/evening.” Then, refer to **Script 1** to call back resident of cancellation.

*If entry is granted,*

Great, thank you very much. If you don’t mind, I have a couple of questions about the detectors in your building; this shouldn’t take more than 2 minutes of your time. As previously mentioned, part of this survey will involve testing and examining the smoke and carbon monoxide detectors. This will require setting off the detectors within the individual unit to see if they are working properly. To ensure that setting off the detector does not notify the police or fire department, we want to ask some questions about your detectors.

5. Do you have any smoke detectors inside the individual units of the apartment or condominium? When considering whether you do, please do not include any uninhabited outbuildings, any hallways outside of the individual units, or common areas, such as the lobby.
  - a. Yes
  - b. No (**TERMINATE**)

**Terminate script:** “Thank you for taking the time to talk with me today. Have a great day/evening.” Then, refer to Script 2 to call back resident of their eligibility for the phone survey instead.

6. Are any of the smoke detectors in the individual units of apartments or condominiums connected to a central alarm or security system that automatically notifies the police or fire department when it detects smoke?
  - a. Yes (**TERMINATE**)
  - b. No
  - c. Don’t know (**TERMINATE**)

**Terminate script:** “Thank you for taking the time to talk with me today. Have a great day/evening.” Then, refer to Script 2 to call back resident of their eligibility for the phone survey instead.

7. Do you have any carbon monoxide detectors inside the individual units of the apartment or condominium? When considering whether you do, please do not include any

uninhabited outbuildings, any hallways outside the individual units or common areas, such as the lobby.

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

**Terminate script:** “Great. Those are all the questions I have. The in-home interview is scheduled to be conducted within the next month. Again, thank you very much for your permission. Have a great day/evening.”

8. Are any of the carbon monoxide detectors inside the individual units of the apartments or condominiums connected to a central alarm or security system that automatically notifies the police or fire department when it detects carbon monoxide?
- a. Yes
  - b. No
  - c. Don’t know

*If no central alarm or security system, (“No,” above)*

**End script:** “Great. The in-home interview is scheduled to be conducted within the next month. Those are all the questions I have. Again, thank you very much for your permission. Have a great day/evening.”

*If a central alarm or security system present, (“Yes” or “Don’t know,” above)*

**End script:** “Thank you for taking the time to talk with me today. We will call the respondent back and cancel the appointment. No one from our organization will contact you again. Have a great day/evening.” Then, refer to Script 2 to call back resident of their eligibility for the phone survey instead.

## **Script 1**

### **Call back resident to cancel interview**

Hello. My name is [NAME] from EurekaFacts, and I am calling in reference to a CPSC study we recently discussed with someone from this residence.

May I speak with [NAME]?

*If unavailable, ask to leave a message*

After speaking with the property manager, we are unable to proceed with the in-home interview. The property manager did not grant us permission to enter the apartment/condo in your building. Unfortunately, this means that we will not be able to conduct the in-home survey with you. We appreciate your willingness to participate in this nationwide survey. Thank you for your time. Have a nice day/evening.

## **Script 2**

### **Call back resident to participate in the phone survey**

Hello. My name is [NAME] from EurekaFacts, and I am calling in reference to a CPSC study we recently discussed with someone from this residence.

May I speak with [NAME]?

*If unavailable,*

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

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

**Date**

**Time**

**Contact information**

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After speaking with the property manager, we were informed that your apartment or condominium includes a central alarm or security system that would automatically notify the police or fire department if the detector is activated. Unfortunately, this means that we will not be able to conduct an in-home interview at your residence. However, you are eligible to participate in the shorter telephone survey.

The interview will last no more than 20 minutes, and can be done over the phone. We will send you a \$25 gift card from a major credit card company in appreciation for completion of the survey.

Are you interested in participating?

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

[If Yes] “Okay.” CONTINUE

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] - “Great. Let’s begin.”

[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**

## Appendix M: Newspaper Advertisement/Newsletter (long and short form ads)

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Long form ad: Newspaper/Newsletter

### CPSC Smoke and Carbon Monoxide Detector Survey

A household fire and carbon monoxide (CO) safety survey is being conducted in <your area or CITY NAME>. EurekaFacts, on behalf of the U.S. Consumer Product Safety Commission (CPSC), is recruiting participants from all types of households. If we contact your residence, we want to hear from you, whether or not if your home has smoke detectors and CO detectors. Your participation in this research project will help us to improve home fire safety! Monetary compensation will be provided.

To learn more about this survey, please visit our website <**SURVEY INFORMATION WEB ADDRESS**>

### CPSC Smoke and Carbon Monoxide Detector Survey

A small, independent survey research company is conducting an important nationwide survey for the U.S. Consumer Product Safety Commission (CPSC). The purpose of this survey is to gather information about the functionality of smoke and carbon monoxide (CO) detectors safety in homes in the United States.

We strongly encourage you to participate in this nationwide effort to improve home safety and save lives. Anyone contacted is encouraged to respond. Whether or not your home has smoke detectors or CO detectors, we still want to hear from you! Households that meet criteria may be eligible for a monetary incentive in appreciation for completion of the survey.

To learn more about this survey, please visit our website <**SURVEY INFORMATION WEB ADDRESS**>

Short form ad: Tweet/ Brief Newspaper Mention

A paid research opportunity on smoke detectors in all types of residences is being conducted in <your area or CITY NAME>. Anyone contacted is encouraged to respond. To learn more visit: <**SURVEY INFORMATION WEB ADDRESS**>.

## Appendix N: EurekaFacts Press Release/ EF website and LinkedIn

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Rockville, MD. (DATE) - 25 years after the last major report on U.S. households use of smoke detectors, EurekaFacts and the Consumer Product Safety Commission (CPSC) are embarking on a new nationwide survey. The original 1992 study is still considered the gold standard for smoke detector research, but updated statistics are needed to reflect changes in technology and standards as well as the increased use of CO detectors.

In 1992, CPSC found that 28% of U.S. households did not have a working smoke detector. Many of those non-working smoke detectors were the result of non-functioning power sources such as dead batteries while over a third of respondents had intentionally disconnected the power source.

What makes this research project unique is that it includes the general population, not just high-risk groups or people who had fires. Participating households will be visited by a member of the research team and a representative from the local fire department. A free smoke detector and CO detector audit will be conducted, and any non-functioning detectors will be offered for replacement at no cost. Participants will also complete a survey and in turn receive monetary compensation for their time.

Similar to the 1992 survey and subsequent report, the new National Smoke and CO Detector survey will provide data to inform codes and standards, and fire prevention organizations and agencies with the information needed to efficiently and effectively target the areas for improving life safety and saving lives.

Those interested in participating, whether they have a smoke detector or not, are encouraged to learn more at <LINK>.

## Appendix O: Social Media Post/Google Ad/ Craigslist Ad

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Are you interested in making a difference for millions of families across the U.S.? EurekaFacts, on behalf of the U.S. Consumer Product Safety Commission (CPSC), strongly encourages you to participate in a national survey about household fire and carbon monoxide (CO) safety. Anyone contacted is encouraged to respond. Whether or not your home has smoke detectors and CO detectors, we still want to hear from you! Your time and feedback will help CPSC in their efforts to improve home fire safety and ultimately, save lives.

To learn more about this survey, please visit our website < **SURVEY INFORMATION WEB ADDRESS**>

## Appendix P: EurekaFacts Website – CPSC Intake Form

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### CPSC Smoke and Carbon Monoxide Detector Study

Thank you for your interest in participating in this study.

The purpose of this survey is to gather information about the functionality of smoke and carbon monoxide (CO) detectors in homes in the United States. Even if your home does not have any smoke or CO detectors, we are still interested in speaking with you.

Findings from this research will help the Consumer Product Safety Commission (CPSC) with improving home safety across the U.S. Your experiences and thoughts on the topic are extremely valuable so we highly encourage you to participate in this nationwide effort.

If you qualify and complete the in-home interview, you will receive a \$50 gift card (from a major credit card company) in appreciation for completion of the survey. If you are interested in participating in this national effort to improve home fire safety and save lives, please fill out the following information below.

To learn more about this study, please visit <WEBSITE>.

To express interest in participating, please complete the form below.

**First Name:**

**Last Name:**

**Phone Number:**

**Email Address:**

**Unique ID** (found on the letter you received in the mail):

If you are interested in knowing more about CPSC, please visit <https://www.cpsc.gov/>.



## Appendix Q: Intake Form Auto Response

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IF SENT AS E-MAIL - Subject: Paid Research Study Opportunity

<DATE>

Dear <NAME>,

Thank you for your interest in this important research effort!

We are currently conducting a nationwide survey about household fire and carbon monoxide safety. The purpose of this survey is to gather information about the functionality of smoke detectors and CO detectors in homes in the United States.

Households are being selected at random from a list of households across the country that represent different regions and types of homes. Your household may be one of the homes chosen to participate in this important study. Participation in this survey is voluntary and your responses will be maintained confidential and anonymous.

If your household is selected to participate, we will contact by phone with more details regarding this study.

If you should have any questions about this study, please contact EurekaFacts LLC at <PHONE NUMBER> or <EMAIL ADDRESS>, or visit <LINK>.

Thank you again for your willingness to participate in this important research effort.

Sincerely,

<CONTACT NAME>

<JOB TITLE>

EurekaFacts, LLC

<CONTACT PHONE>

## Appendix R: Consumer Product Safety Commission’s (CPSC) Survey on Usage and Functionality of Smoke Alarms and Carbon Monoxide Alarms in Households

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Interviewer:

Do not read aloud the “Don’t know” or “Refused” options at any time during the interview. Only record this option if the respondent provides it him or herself. If the respondent indicates that they don’t know the answer to a question, mark the appropriate answer or fill in “DK” in the space provided.

Section A should be completed by the surveyor, prior to entering the residence. Once contact has been made with the resident, the surveyor should begin collecting information from the respondent.

### A. RESPONDENT INFORMATION

Date of visit: \_\_\_\_\_

Name of surveyors making the visit: \_\_\_\_\_

Name of occupant: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City and state: \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone: \_\_\_\_\_

**IF THE ANSWER TO A QUESTION IS “0” OR “NONE”, ENTER “0”.  
Do not leave it blank, please.**

Time visit started: \_\_\_\_\_

#### 1a. What is the type of home in which the resident resides?

- Single Family Detached Housing
- Single Family Attached Housing (e.g., townhouse, rowhouse)
- Apartment/Condo (GO TO 1b)
- Mobile/Other Manufactured Housing
- Trailer/RV
- Other (specify) \_\_\_\_\_

Code to enter building

<Display apartment code>

**If Q1a = 3, CONTINUE  
ELSE, SKIP TO PREAMBLE**

## Introduction to get into apartment building

The following script is to be read in the instances where there is a front desk concierge. If there is no front desk concierge present, skip script and proceed to appointment.

*“Hello. We are with EurekaFacts, an independent research firm, conducting research on behalf of the Consumer Product Safety Commission (CPSC).”*

Show them your EurekaFacts provided identification and credentials.

*“Part of our research requires us to interview a resident of this building. We spoke with the property manager prior to coming here.”*

**1b. Do we have permission to enter the building?**

- Yes (PROCEED TO RESIDENCE)  
 No (SKIP TO Q3a)

If refused entry, say thank you and terminate.

## B. SURVEY INFORMATION

**Suggested Preamble** to get in the door- surveyors can alter as applicable):

*“Hello. I am firefighter/ Red Cross volunteer [First and Last Name] from [your [XYZ] fire department/ [Organization], and this is [First and Last Name] from an independent research firm, EurekaFacts.”*

Show them a fire department or American Red Cross credentials, preferably not a badge. Have copies of letters endorsing the survey from the local fire department, CPSC, and/or American Red Cross, to show if needed.

*“We are conducting a nationwide survey on household safety for the U.S. Consumer Product Safety Commission (CPSC). The survey is very important and will help the CPSC improve home safety. We called earlier and discussed this study with [Name] from this residence, and scheduled a visit for today.”*

**2a. Is [Name of respondent previously contacted] available to speak with us?**

- Yes (CONTINUE WITH PREAMBLE)  
 No

**2b. 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?**

- Yes  
 No (TERMINATE)

**If respondent is not available:** *When would be a good time to reach them?*

**Terminate:** *Thank you for speaking with us today. Unfortunately, we need to speak with an adult who can answer questions regarding the home. Have a nice day.*

*“We are asking people in your community a few questions about their smoke and carbon monoxide detectors, and doing some simple tests to make sure the detectors work properly. If the batteries in your detector need to be replaced, we have new batteries to give out, free of charge. Also, if any of your detectors do not work, we have new ones to replace them, again free of charge. As you probably know, properly operating smoke detectors can help protect you and your family in the event of a fire. Additionally, properly operating carbon monoxide detectors can help protect you in the event of carbon monoxide poisoning. We would like to collect any detectors that don’t work and send them to the Consumer Product Safety Commission’s lab to find out why they don’t work. This interview will take up to 60 minutes, and at the end of the interview we will provide you with a \$50 gift card in appreciation for your participation.*

*“Before we begin, we’d like for you to review a consent form with information about the study.”*

Pull up the informed consent form, and hand the tablet to the respondent.

*“This is the informed consent form. It explains the reason for our visit today. Could you please read this, and if you agree to allow this interview to proceed, please sign the bottom. Let me know if you have any questions.*

If participant refused, say thank you and terminate

**3a. If entry to residence was not possible, what was the main reason?**

- Participant refused (TERMINATE)
- Participant rescheduled (GO TO Q3b)
- Refused entry to building (TERMINATE)
- No one home (TERMINATE)
- Only a minor was home (TERMINATE)
- Vacant/commercial home/lot—bad address (TERMINATE)
- Language barrier (TERMINATE)
- Occupant refused entry (Why? \_\_\_\_\_)
- Other (specify) \_\_\_\_\_

**3b. If participant rescheduled, please fill out the following information**

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

*“Let’s begin.”*

**4a. Do you have any smoke detectors in your home? When considering whether you do, please do not include any uninhabited outbuildings or apartment hallways.**

- Yes
- No (SKIP To 5a)
- Don't know (ASK TO INSPECT. IF YES CONTINUE, BUT IF NO TREAT AS "NO" SMOKE DETECTOR)

**4b. Are any of your smoke detectors 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.*]

- Yes (SKIP TO 4d)
- No (SKIP TO 5a)
- Don't Know (CONTINUE)

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

- Yes
- No
- Never had a fire or smoke related incident

**IF 4b = 1 or 4c = 1 or 3 CONTINUE**

**ELSE, SKIP TO 5a**

**4d. Please tell me to what extent do you believe your home is safe with your current smoke detectors? Would you say... (READ LIST)**

**Interviewer: Read the descriptors but do not read the numbers. Circle the descriptor and its associated number. If participant is experiencing difficulty during in-home interview, show them the scale.**

<b>Not at all safe (1)</b>	<b>Slightly safe (2)</b>	<b>Moderately safe (3)</b>	<b>Mostly safe (4)</b>	<b>Very safe (5)</b>	<b>DK</b>	<b>RF</b>
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**5a. 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.**

- Yes
- No (SKIP TO Q6)

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

**5b. Are any of your carbon monoxide detectors 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 carbon monoxide detector detected carbon monoxide, it would automatically notify the police or fire department.*]

- Yes (SKIP TO Q5d)
- No (SKIP TO Q6)
- Don't Know (CONTINUE)

**5c. Thinking of all carbon monoxide related incidents at your residence, has the police or fire department ever arrived 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 5b = 1 or 5c = 1 or 3, CONTINUE  
ELSE, SKIP TO 6**

**5d. Please tell me to what extent do you believe your home is safe with your current carbon monoxide detectors? Would you say... (READ LIST)**

**Interviewer: Read the descriptors but do not read the numbers. Circle the descriptor and its associated number. If participant is experiencing difficulty during in-home interview, show them the scale.**

<b>Not at all safe (1)</b>	<b>Slightly safe (2)</b>	<b>Moderately safe (3)</b>	<b>Mostly safe (4)</b>	<b>Very safe (5)</b>	<b>DK</b>	<b>RF</b>
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**6. Do you or another member of your household own or rent your home?**

- Own
- Rent
- Don't know
- Refused

**7. 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)

**8. 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 Q1a = 1, CONTINUE  
ELSE, SKIP TO 10a**

**9a. What types of fuel-burning appliances, if any, do you own or have 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)                      |

**9b. Does this residence have an attached garage unit?**

- Yes
- No (SKIP TO Q10a)
- Don't know (SKIP TO Q10a)
- Refused (SKIP TO Q10a)

**9c. 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, grill, etc.)
- Other (Specify): \_\_\_\_\_
- Don't know (DON'T READ)
- Refused (DON'T READ)

**IF Q4a = 2 or 3 SKIP TO Q12  
ELSE, CONTINUE**

**SMOKE DETECTOR**

**10a. About how often do you use the test button to test the smoke detector or detectors in your home? Would you say... (READ LIST)**

- Never
- Once every few years (SKIP TO Q11a)
- Once every year (SKIP TO Q11a)
- Once every 6 months (SKIP TO Q11a)
- Once every 3 months (SKIP TO Q11a)
- Once every month (SKIP TO Q11a)
- Once every week (SKIP TO Q11a)
- Other (specify) \_\_\_\_\_ (SKIP TO Q11a)
- Don't know(SKIP TO Q11a) (DON'T READ)
- Refused (SKIP TO Q11a) (DON'T READ)

**10b. Please tell me, what are some of the reasons that you have not tested your smoke detector or detectors? (DO NOT READ LIST, SELECT ALL THAT APPLY):**

- Did not know you should test
- Did not think it was important enough
- Did not know how to test (SKIP Q10c)
- Don't need to test because they go off occasionally
- Physically unable to reach
- Other (Specify) \_\_\_\_\_
- Don't know
- Refused

**10c. Do you know how to test your smoke detector or detectors?**

- Yes
- No
- Don't know
- Refused

**11a. Do you think most or all of your smoke detectors are working? By working, I mean they would make a sound if they detected smoke right now.**

- Yes (SKIP to 12a)
- No
- Don't know (SKIP TO Q12a)
- Refused (SKIP TO Q12a)



**11b. What are some of the reasons your smoke detectors may not be working? Again, by working, I mean they would make a sound if it detected smoke right now. (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Did not get around to fixing it
- Do not know how to fix or replace it
- Unable to install or fix it
- Unable to afford new ones
- Disconnected it (GO TO Q11c)
- It is the landlord's responsibility
- Removed battery (GO TO Q11d)
- Batteries never installed
- Batteries not working and not yet replaced
- Other reason \_\_\_\_\_
- Don't know
- Refused

**11c. You mentioned that one or more of your smoke detectors was disconnected. For what reason(s) were the smoke detectors disconnected? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Nuisance when they go off
- Detector frequently went off
- Would not stop beeping/ chirping
- No longer worked
- No reason in particular
- Other reason \_\_\_\_\_
- Don't know
- Refused

**11d. You mentioned that the batteries were removed from one or more of your smoke detectors. For what reason(s) were the batteries removed from the smoke detector or detectors? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Batteries no longer worked
- Batteries were leaking/ discharge
- Batteries expired
- Detector would not stop beeping/chirping
- Intended to replace batteries, but forgot to install new ones
- Installed wrong type of batteries
- Needed batteries for another device
- Other reason \_\_\_\_\_
- Don't know
- Refused

**12. Do you know how to...**

	Yes	No	Don't know	Refused
a. Install a smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintain a smoke detector in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IF Q4a = 2 or 3 SKIP TO Q14a  
ELSE, CONTINUE**

**13. To the best of your knowledge, how often should you replace your old smoke detector with a new smoke detector in your home? Would you say... (READ LIST)**

- Never, unless the detector stops working
- Once every 6 months
- Once a year
- Once every 2 – 5 years
- Once every 6 – 9 years
- Once every 10 years
- Once every 10+ years
- Don't know (DON'T READ)
- Refused (DON'T READ)

**FIRE HISTORY**

**14a. 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.**

- Yes (CONTINUE)
- No (SKIP TO Q15a)
- Don't know (SKIP TO Q15a)
- Refused (SKIP TO Q15a)

**IF Q4a = 2 or 3 SKIP TO Q16  
ELSE, CONTINUE**

If Yes:

**14b. Thinking of the most recent accidental fire(s), how did you become alerted to the incident? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Saw the fire
- Smelled the fire
- Heard the fire
- Felt the heat of the fire
- Smoke detector (SKIP Q14c)
- Someone notified me
- Other (Specify) \_\_\_\_\_
- Don't remember
- Don't know
- Refused

**14c. Thinking of the most recent accidental fire(s), did any of the smoke detectors go off during the fire(s)?**

- Yes (SKIP TO Q15a)
- No
- Don't know (SKIP TO Q15a)
- Refused (SKIP TO Q15a)

**14d. Thinking of the most recent accidental fire(s), do you think that enough smoke reached the smoke detector that it should have sounded?**

- Yes
- No
- Don't know
- Refused

**15a. In the past 12 months, have any of your smoke detectors gone off when there was no fire, other than when the smoke detector was being tested?**

- Yes
- No (SKIP TO Q16)
- Don't know (SKIP TO Q16)
- Refused (SKIP TO Q16)

**15b. Why do you think the smoke detector went off when there was no fire? (DO NOT READ LIST, SELECT ALL THAT APPLY).**

- Cooking
- Fireplace
- Tobacco
- Steam from bathroom
- Low battery
- Other (Specify: ) \_\_\_\_\_
- No apparent reason
- Don't know
- Refused

**CO DETECTORS**

**16. How would you know if high levels of carbon monoxide (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 familiar are you with carbon monoxide detectors? (READ LIST)**

- Not at all familiar
- Not very familiar
- Somewhat familiar
- Very familiar
- Don't know(DON'T READ)
- Refused (DON'T READ)

**IF Q5a =2 or 3, SKIP TO Q21  
ELSE, CONTINUE**

If CO detectors present (Yes in 5a), ask:

**18a. About how often do you use the test button to test your carbon monoxide detector or detectors? Would you say... (READ LIST)**

- Never
- Once every few years (SKIP TO Q19a)
- Once every year (SKIP TO Q19a)
- Once every 6 months (SKIP TO Q19a)
- Once every 3 months (SKIP TO Q19a)
- Once every month (SKIP TO Q19a)
- Once every week (SKIP TO Q19a)
- Other (specify) \_\_\_\_\_ (SKIP TO Q19a)
- Don't know (SKIP TO Q19a) (DON'T READ)
- Refused (SKIP TO Q19a) (DON'T READ)

**18b. What were the reasons that you have not tested your carbon monoxide detector or detectors? (Open ended, capture their response)**

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**19a. Do you think most or all of your carbon monoxide detectors are working? By working, I mean they would make a sound if it detected carbon monoxide right now.**

- Yes (SKIP TO 20)
- No
- Don't know (SKIP TO Q20)
- Refused (SKIP TO Q20)

If No:

**19b. What are some of the reasons your carbon monoxide detectors may not be working? Again, by working, I mean they would make a sound if it detected carbon monoxide right now. (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Did not get around to fixing it
- Do not know how to fix or replace it
- Unable to install or fix it
- Unable to afford new ones
- Disconnected it (GO TO 19c)
- It is the landlord's responsibility
- Removed battery (GO TO 19d)
- Batteries never installed
- Batteries not working and not yet replaced
- Other reason \_\_\_\_\_
- Don't know
- Refused

**19c. You mentioned that one or more of your carbon monoxide detectors was disconnected. For what reason(s) were the carbon monoxide detectors disconnected? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Nuisance when they go off
- Detector frequently went off
- Would not stop beeping/ chirping
- No longer worked
- No reason in particular
- Other reason \_\_\_\_\_
- Don't know
- Refused

**19d. You mentioned that the batteries were removed from one or more of your carbon monoxide detectors. For what reason(s) were the batteries removed from the carbon monoxide detector or detectors? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Batteries no longer worked
- Batteries were leaking/ discharge
- Batteries expired
- Detector would not stop beeping/chirping
- Intended to replace batteries, but forgot to install new ones
- Installed wrong type of batteries
- Needed batteries for another device
- Other reason \_\_\_\_\_
- Don't know
- Refused

**20. For what reasons do you have a carbon monoxide detector? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- It is required by law
- It makes me feel safe
- It is helpful in detecting carbon monoxide
- It came with the residence
- I own generators/ fuel-burning appliances
- Other (Specify: ) \_\_\_\_\_
- Don't know
- Refused

**21. To the best of your knowledge, how often should the carbon monoxide detectors in your home be replaced? Would you say... (READ LIST)**

- Never, unless the detector stops working
- Once every 6 months
- Once a year
- Once every 2 – 5 years
- Once every 6 – 9 years
- Once every 10 years
- Once every 10+ years
- Don't know (DON'T READ)
- Refused (DON'T READ)

**IF Q5a = 2 or 3, SKIP TO Q24  
ELSE, CONTINUE**

**CO History**

**22a. In the past 12 months, has your carbon monoxide detector or detectors ever gone off, other than when the carbon monoxide detector was being tested?**

- Yes
- No (SKIP TO Q23)
- Don't know(SKIP TO Q23)
- Refused (SKIP TO Q23)

**If Yes:**

**22b. Thinking of the last time your carbon monoxide detector went off, how did you react when you heard the detector? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Left the house
- Called the fire department
- Ventilated home (opened windows, door, used fan, etc.)
- Unplugged or disconnected it
- Reset it
- Removed battery
- Other action (specify) \_\_\_\_\_
- Don't remember
- Don't know
- Refused

**23. Do you know how to...**

	Yes	No	Don't know	Refused
a. Install a carbon monoxide detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintain a carbon monoxide detector in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24. In the past 12 months, have any of your friends, relatives, neighbors, or coworkers experienced...**

	Yes	No	Don't know	Refused
a. An accidental fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A carbon monoxide incident? (e.g., effects of carbon monoxide poisoning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**-TESTING DETECTORS-**

*Now we'd like to test your detector(s) to make sure that they are working properly.*

**25. How many floors (levels) are there in your home? Please include the basement and finished attic, if you have one.** \_\_\_\_\_

(NOTE: For an apartment, treat the entire apartment as one floor unless more than one level. Do NOT report the number of floors in the apartment building.)

*Would you show me the first detector? (Then ask to see the next one)*

For each detector, fill in the following data. The computer will automatically cue up another set of these questions for the second, third, etc. detector. The first smoke detector data elements will be numbered 26-1a, 26-1b, 26-1c, etc. The second smoke detector data elements will be 26-2a, 26-2b, etc. The third detector will be 26-3a, 26-3b, etc.



The questions in this section to be addressed and answered by the survey team

**26-1a. What level of the home are you currently on?**

Detector #	#1	#2	#3	#4	#5	#6
Basement	1	1	1	1	1	1
First level	2	2	2	2	2	2
Second level	3	3	3	3	3	3
Third level	4	4	4	4	4	4
Finished Attic	5	5	5	5	5	5
Other _____	6	6	6	6	6	6

(NOTE: For an apartment, treat the entire apartment as first level unless more than one level. Do NOT report what floor of the building it is on.)

**26-1b. What area or room of home are you currently in?**

Detector #	#1	#2	#3	#4	#5	#6
Inside the bedroom	1	1	1	1	1	1
Hallway outside of bedrooms	2	2	2	2	2	2
Hallway - other	3	3	3	3	3	3
In Family room/Living room	4	4	4	4	4	4
In Kitchen	5	5	5	5	5	5
In Dining area	6	6	6	6	6	6
In Bathroom	7	7	7	7	7	7
In Closet	8	8	8	8	8	8
In Stairwell						
In Laundry room /Storage room						
Other area _____	9	9	9	9	9	9

**26-1c. (READ) What type of detector is this? Would you say it is a smoke detector, carbon monoxide detector, both a smoke and CO detector, or you don't know?**

Detector #	#1	#2	#3	#4	#5	#6
Smoke detector	1	1	1	1	1	1
CO detector	2	2	2	2	2	2
Smoke/CO Combined	3	3	3	3	3	3
Don't know or other (INSPECT)	4	4	4	4	4	4

(NOTE: IF Q26c = 3, test the smoke and CO portions of the detector separately.)

**IF Q26c = 4**

[If “Don’t Know or other”] – Please follow the following steps:

1. Inspect back of detector for manufacturer information- look for name/ type of detector.
2. If unclear, refer to your Detector reference sheet. Use either the UL number or model number to identify the type of detector.

Please select correct type of detector, if still unknown, continue.

**26-1d. (READ) For quality control purposes, we’d like to collect three photographs of this detector. Do we have your permission?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Could not take picture	3	3	3	3	3	3

[If yes] – Please obtain three photographs including the following items:

- Front of detector (to capture image of detector)
- Back of detector (UL and Manufacturer information)
- Side of detector (may have a install/replacement sticker)

[If no] “Okay. No problem.”

**IF Q26c = 1, 3, or 4 CONTINUE**

**ELSE IF Q26c = 2, GO TO INSTRUCTION SET B**

**26-1e. (OBSERVE) Approximately, what is the horizontal distance between the stove or cooktop in the kitchen and the closest smoke detector on the same floor?**

Detector #	#1	#2	#3	#4	#5	#6
Less than 6 feet	1	1	1	1	1	1
6 – 10 feet	2	2	2	2	2	2
11 – 20 feet	3	3	3	3	3	3
More than 20 feet	4	4	4	4	4	4
No detector on the same floor	5	5	5	5	5	5
Don’t know	6	6	6	6	6	6

**IF Q26c = 1, 3, or 4, SHOW INSTRUCTION SET A**

**ELSE IF Q26c = 2, SKIP 26f, AND GO TO INSTRUCTION SET C**

**A. INSTRUCTIONS ON TESTING SMOKE DETECTOR WITH AEROSOL**

PROCEED TO FIRST/NEXT DETECTOR – SMOKE TEST

**Warn consumer of loud noise when the smoke detector sounds.**

**Use hearing protection, if needed.**

- Using aerosol spray and wand, point tube at detector from a distance of 1 – 2 feet.
- Spray a three second burst of aerosol, and wait 10 seconds,
- If detector sounds, testing is complete. Collect identification data.

(Spray short burst of canned air to accelerate and clear smoke detector)

- If no detector sounds:
  - Brush to lightly clear the grille and surface of detector.
  - Spray again for 5 seconds, and wait 10 seconds.
- If detector does not sound, proceed to instructions on testing using Test Button.

**26-1f. (OBSERVE) Did smoke detector sound in response to this smoke test?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Could not test	3	3	3	3	3	3

**IF SMOKE DETECTOR SOUNDS, SKIP TO INSTRUCTION SET D  
ELSE, CONTINUE TO BUTTON TEST**

## **B. INSTRUCTIONS ON TESTING USING TEST(S) BUTTON**

IF NO IN Q26f – (SMOKE) BUTTON TEST

**Warn consumer of loud noise when the smoke detector sounds.**

**Use hearing protection, if needed.**

- Press and hold the “Test” button.
  - Read directions on the detector – some models’ “test” function requires push and release, others require push and hold.
- If detector sounds, testing is complete.
  - However, label for collection due to inoperative sensor.
  - Collect identification data.
- If no detector sound, proceed to instructions on replacing batteries/ restoring power.

**PROCEED TO INSTRUCTION SET D**

**C. INSTRUCTIONS ON TESTING CO DETECTOR**

**CO BUTTON TEST**

**Warn consumer of loud noise when the smoke detector sounds.**

**Use hearing protection, if needed.**

- Press and hold the “Test/ Reset” until the detector sounds:
  - Place your fingers over the sounder opening and check the power and detector by depressing the “Test/Reset” button.
- If detector sounds, testing is complete. Collect identification data.
- If no detector sounds, proceed to instructions on replacing batteries/ restoring power.

**26-1g1. (OBSERVE) Did detector sound in response to the smoke test button?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
No test button on unit	3	3	3	3	3	3
Could not test	4	4	4	4	4	4

**IF COMBINATION DETECTOR , CONTINUE (IF Q26c = 3, continue to 26-1g2)  
ELSE, SKIP TO INSTRUCTION SET D**

**26-1g2. (OBSERVE) Did detector sound in response to the second (CO) test button?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
No additional button on unit	3	3	3	3	3	3

**D. INSTRUCTIONS ON HOW TO PROCEED (SMOKE DETECTOR)**

- If smoke detector sounded in response to Q26f, continue collecting identification data.
- If smoke detector did not sound in response to Q26f, but did sound in response to Q26g, label for collection (due to inoperative sensor), and continue with collecting identification data.
- If smoke detector did not sound in response to Q26f and Q26g, continue with Q26h.

**E. INSTRUCTIONS ON HOW TO PROCEED (CO DETECTOR)**

- If CO detector sounded in response in response to Q26g, continue collecting identification data.
- If CO detector did not sound in response to Q26g, continue with Q26h.

**IF DETECTOR FAILS TO SOUND, ATTEMPT TO REPLACE/ INSTALL BATTERY ELSE, SKIP TO INSTRUCTIONS ON HOW TO PROCEED**

If the smoke detector uses a 10-year seal battery, the battery cannot be replaced. A smoke detector that uses a 10-year seal battery can be identified if:

- The unit does not have any battery door or compartment.
- The label states “10-year seal battery” or similar.

**26-1h. (READ) May I put a new battery in this detector to determine whether the detector needs to be replaced?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No (Label)	2	2	2	2	2	2
No – 10-year Seal Battery Present	3	3	3	3	3	3

**IF BATTERY REPLACED/ INSTALLED, CONTINUE WITH REATESTING ELSE, SKIP TO INSTRUCTIONS ON HOW TO PROCEED**

**F. INSTRUCTIONS ON RETESTING SMOKE DETECTOR**

After replacing battery/ restoring battery, repeat SMOKE TEST using up to 3 one second sprays, ten seconds apart with tube positioned against the grill.

**26-1i. (OBSERVE) Did the detector sound in response to this smoke test?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No (label)	2	2	2	2	2	2

**IF DETECTOR SOUNDS, SKIP TO INSTRUCTIONS ON HOW TO PROCEED ELSE, CONTINUE**

**G. INSTRUCTIONS ON RETESTING SMOKE DETECTOR TEST BUTTON**

IF NO IN Q26i –BUTTON TEST

- Press and hold the “Test” button.
  - Read directions on the detector – some models’ “test” function requires push and release, others require push and hold.
- If detector sounds, testing is complete.
  - However, label for collection due to inoperative sensor.
  - Collect identification data.

**IF DETECTOR SOUNDS, SKIP TO INSTRUCTIONS ON HOW TO PROCEED ELSE, SKIP TO Q26j**

**H. INSTRUCTIONS ON RETESTING CO DETECTOR TEST BUTTON**

IF NO in Q26g – CO BUTTON TEST

- Press and hold the “Test/ Reset” until the detector sounds:
  - Place your fingers over the sounder opening and check the power and detector by depressing the “Test/Reset” button.
- If detector sounded in response to test in, testing is complete. Collect identification data.
- If no detector sounds, label for collection, and collect identification data.

**26-1j1. (OBSERVE) Did detector sound in response to this button test?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No (Label)	2	2	2	2	2	2

**IF SMOKE DETECTOR, SKIP TO INSTRUCTION SET I  
ELSE IF, CO DETECTORS, SKIP TO INSTRUCTION SET J  
ELSE, COMBINATION DETECTOR, CONTINUE**

**26-1j2. (OBSERVE) Did detector sound in response to the second test button?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No (Label)	2	2	2	2	2	2
No additional button on unit	3	3	3	3	3	3

**I. INSTRUCTIONS ON HOW TO PROCEED (SMOKE DETECTOR)**

- If smoke detector sounded in response to Q26i, continue collecting identification data.
- If smoke detector did not sound in response to Q26i, but did sound in response to Q26j, label for collection (due to fault inoperative sensor), and continue with collecting identification data.
- If smoke detector did not sound in response to Q26e and Q26f, label for collection, and continue collecting identification data.

**J. INSTRUCTIONS ON HOW TO PROCEED (CO DETECTOR)**

- If CO detector sounded in response to Q26j, continue collecting identification data.
- If CO detector did not sound in response to Q26j, label for collection, and continue with collecting identification data.

**26-1k. If could not test, why not?**

Detector #	#1	#2	#3	#4	#5	#6
Could not reach	1	1	1	1	1	1
Homeowner would not allow	2	2	2	2	2	2
No time	3	3	3	3	3	3
Other	4	4	4	4	4	4



**IF Q26c = 1, 3, or 4 CONTINUE  
ELSE IF Q26c = 2, GO TO Q26i**

**26-1l. (OBSERVE) What type of smoke detector is this?**

Detector #	#1	#2	#3	#4	#5	#6
Photoelectric	1	1	1	1	1	1
Ionization	2	2	2	2	2	2
Combined photo/ion	3	3	3	3	3	3
Combined ion with CO	4	4	4	4	4	4
Combined photo with CO	5	5	5	5	5	5
Don't know	6	6	6	6	6	6
Other _____	7	7	7	7	7	7

**IF Q26l = 2 or 4 CONTINUE  
ELSE IF Q26c = 1 or 3, GO TO Q26j**

**26-1m. (OBSERVE) What type of CO detector is this?**

Detector #	#1	#2	#3	#4	#5	#6
Electrochemical	1	1	1	1	1	1
Metal Oxide	2	2	2	2	2	2
Biomimetic	3	3	3	3	3	3
Don't know	4	4	4	4	4	4
Other _____	5	5	5	5	5	5

**26-1n. (OBSERVE) What type of power source does the detector have?**

Detector #	#1	#2	#3	#4	#5	#6
Replaceable battery	1	1	1	1	1	1
Sealed battery	2	2	2	2	2	2
AC Only	3	3	3	3	3	3
AC with battery	4	4	4	4	4	4
Don't know	5	5	5	5	5	5

**26-1o. (OBSERVE) What is the manufacture date of the detector?**

Detector #	#1	#2	#3	#4	#5	#6
Year _____						
Don't know	1	1	1	1	1	1

**26-1p. (OBSERVE) What is the model number of the detector?**

Detector #	#1	#2	#3	#4	#5	#6
Model number	_____	_____	_____	_____	_____	_____
Don't know	1	1	1	1	1	1

**26-1q. (OBSERVE) Is the detector (wired or wireless) interconnected with other detectors?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Don't know	3	3	3	3	3	3

**26-1r. (OBSERVE) Is the detector part of a private detector system?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Don't know	3	3	3	3	3	3

**26-1s. (OBSERVE) Did the detector have strobe lighting for hearing impaired?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Don't know	3	3	3	3	3	3

**IF Q26c = 1, 3, or 4 CONTINUE  
ELSE IF Q26c = 2, SKIP TO Q26u**

**26-1t. (OBSERVE) Is this detector connected to a tactile notification device (bed shaker or pillow shaker) for the hearing impaired or blind?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2
Don't know	3	3	3	3	3	3

**FOR BATTERY ONLY**

**26-1u. (OBSERVE) Was this detector found to have a dead battery, that is, the old battery was connected but the detector responded to aerosol smoke after battery replacement?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2

**IF Q26u = 2, CONTINUE  
ELSE, SKIP TO Q26w**

**FOR EITHER BATTERY OR AC DETECTORS:**

**26-1v. (OBSERVE) Was the detector found without a battery, with battery disconnected, or AC power disconnected?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2

**26-1w. (READ): How old do you think this detector is? Would you say...**

Detector #	#1	#2	#3	#4	#5	#6
Less than 1 year old	1	1	1	1	1	1
1 – 5 years old	2	2	2	2	2	2
6 – 10 years old	3	3	3	3	3	3
More than 10 years old	4	4	4	4	4	4
Don't know (DON'T READ)	5	5	5	5	5	5
Refused (DON'T READ)	6	6	6	6	6	6

**IF DETECTOR DOES NOT WORK, CONTINUE  
ELSE, SKIP TO POST INSPECTION**

**IF DETECTOR DOES NOT WORK**

(READ) It is important that we determine why detectors don't work.

I would like to collect this detector and send it to the U.S. Consumer Product Safety Commissions lab for analysis to find out why it does not work properly. We will provide you with a free replacement detector.

**26-1x. (READ) May I collect this detector?**

Detector #	#1	#2	#3	#4	#5	#6
Yes	1	1	1	1	1	1
No	2	2	2	2	2	2

**IF Q26x = 2, CONTINUE  
ELSE, SKIP TO PACKAGING INSTRUCTIONS**

IF NO

(READ) That is fine. You may keep the detector. However, I will still provide you with a new detector, and give you this box so you may send your old detector to the U.S. Consumer Product Safety Commission’s lab for analysis, if you may choose to do so.

**IF Q26x = 1, CONTINUE  
ELSE, SKIP TO Q26z**

CAREFULLY PACKAGE  
DETECTOR

(AFTER DETECTOR HAS BEEN REMOVED/BOX GIVEN) Here is a replacement (smoke/CO) detector. I’m going to test it now to be sure it works.

PERFORM BUTTON TEST:

- If detector sounded, give respondent replacement detector.
- If detector does not sound, select & test another detector.

**26-1y. (OBSERVE) Post inspection actions taken: (SELECT ALL THAT APPLY)**

Detector #	#1	#2	#3	#4	#5	#6
No action required	1	1	1	1	1	1
Battery replaced	2	2	2	2	2	2
Installed missing battery	3	3	3	3	3	3
Refused battery installation/ replacement	4	4	4	4	4	4
Collected detector	5	5	5	5	5	5
Advised replacement (AC/ hard wired)	6	6	6	6	6	6
Could not replace detector/ Refused	7	7	7	7	7	7

**26-1z. (READ) Are there any other detectors on this floor? This could include smoke detectors or carbon monoxide detectors.**

- Yes (GO BACK to Q26-b)
- No
- Don't know (ASK TO INSPECT. IF YES, INSPECT FLOOR, IF "NO", TREAT AS NO AND CONTINUE)

**IF Q25 = 1, SKIP TO NEXT SECTION  
ELSE, CONTINUE**

**26-1aa. (READ) What about other floors? Are there any smoke or carbon monoxide detectors on any other floors in this (apartment/house)?**

- Yes (GO BACK to Q26-a)
- No
- Don't know (ASK TO INSPECT ADDITIONAL FLOORS. IF YES, GO TO THE OTHER FLOOR, IF NO, TREAT AS "NO", AND CONTINUE)

## **DETECTORS**

**IF Q4a = 1, CONTINUE  
ELSE, SKIP TO Q28**

**27. Did the occupant know the location of the smoke detectors?**

- Knew all
- Knew at least one but not all
- Knew none

**IF Q5a = 1, CONTINUE  
ELSE, SKIP TO NEXT SECTION**

**28. Did the occupant know the location of the CO detectors?**

- Knew all
- Knew at least one but not all
- Knew none

**NO SMOKE DETECTORS PRESENT**

**IF Q4a = 2 CONTINUE**  
**ELSE, SKIP TO NEXT SECTION**

If no smoke detectors are present, ask:

**29. 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 smoke detector installed in your home?**

1            2            3            4            5            DK            RF

**30. Can you tell me what are some of the reasons you don't have a smoke detector installed in your home? (DO NOT READ LIST, SELECT ALL THAT APPLY)**

- Don't think I need one
- Did not come with residence
- They are a nuisance
- They did not or don't work
- Never got around to replacing previous detectors
- It is the landlord's responsibility
- Other reason \_\_\_\_\_
- Don't know
- Refused

**NO CO DETECTORS PRESENT**

**IF Q5a = 2 CONTINUE**  
**ELSE, SKIP TO Q32a**

If no CO detectors present, ask:

**31. 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

**32. Can you tell me what are 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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**IF Q4a = 2 or 3 or Q5a = 2 or 3 SKIP TO Q34a  
ELSE, CONTINUE**

**Post-inspection Follow up Questions with Respondent**

*Now I would like to ask a few additional questions about your detectors.*

**33a. After we contacted you to arrange for this visit, did you buy any additional smoke or carbon monoxide detectors, or replace any batteries in your detectors? (SELECT ALL THAT APPLY)**

- Yes
- No (SKIP TO Q34a)
- Don't Know (SKIP TO Q34a)
- Refused (SKIP TO Q34a)

If Yes:

**33b. How many new smoke detectors?** \_\_\_\_\_

**33c. How many new carbon monoxide detectors?** \_\_\_\_\_

**33d. How many detectors were installed with new batteries?**  
\_\_\_\_\_

**34a. In the past 12 months, have you sought out any information about either fire safety or carbon monoxide safety?**

- Yes
- No
- Don't know
- Refused

**IF Q34a = 1, CONTINUE  
ELSE, SKIP TO Q35**

34b. Where do you obtain information about fire safety? (READ LIST ONE AT A TIME)

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

34c. Where do you obtain information about carbon monoxide safety? (READ LIST ONE AT A TIME)

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

35. How often do you or another 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
- Every day
- Rarely
- 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.*

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

- Anyone who is living or staying here for more than 2 months
- Yourself, if you are living here for more than 2 months
- Anyone else staying here who does not have another place to stay, even if they are here for 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 \_\_\_\_\_

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

	Yes	No	Don't know	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"/>	

**38. What is the highest level of education you have completed?**

- 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

**39. Is anyone in the household of Hispanic or Latino origin or descent?**

- Yes
- No
- Don't know
- Refused

- 40. 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
  - Other (Specify) \_\_\_\_\_
  - Don't know
  - Refused
- 41. Is anyone in the household deaf or hard of hearing?**
- Yes
  - No
  - Don't know
  - Refused
- 42. 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?**
- Yes
  - No
  - Don't know
  - Refused
- 43. Do any people in the home smoke cigarettes, cigars, or pipes? Please do not include e-cigarettes.**
- Yes
  - No
  - Don't know
  - Refused
- 44. What is the approximate combined annual income for all occupants in the home? (If necessary read)**
- Less than \$25,000
  - \$25,000 - \$49,999
  - \$50,000 - \$99,999
  - \$100,000 - \$149,999
  - \$150,000 or more
  - Don't know (DON'T READ)
  - Refused (DON'T READ)

*Thank you so much for participating in this survey. You can call us if you have any questions about fire or CO safety.*

**Time visit ended:** \_\_\_\_\_