Self-Administered E-Scooters

Survey Flow

Standard: Start Block (1 Question)

Authenticator: Single Sign On - Token

EmbeddedData
ExternalDataRefernceValue will be set from Panel or URL.
hospnameValue will be set from Panel or URL.
injurydateValue will be set from Panel or URL.
passwordValue will be set from Panel or URL.
tknoValue will be set from Panel or URL.

Standard: Introductory Block (5 Questions)
Standard: Item Verification Block (11 Questions)
Standard: Incident Block (12 Questions)
Standard: Scooter Characteristics Block (13 Questions)
Standard: Closing Block (9 Questions)

Page Break ───────────────────────────

Q1 The U.S. Consumer Product Safety Commission (CPSC) collects data through the National Electronic Injury Surveillance System (NEISS) on injuries treated in hospital emergency departments. CPSC conducts follow-up investigations with a small number of people to learn more about how the injury occured. The results of these investigations will be used to determine if similar injuries can be prevented in the future.

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

You should have received a letter with the following information needed to continue:
1. Investigation Task Number
2. Randomly generated password

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

I1
CPSC would prefer that the person who answers this questionnaire is the actual person injured and treated in the hospital emergency department. If the injured person is under the age of 16, CPSC would prefer that a parent or guardian completes the questionnaire.

Was the injured person 16 years old or older?

Note: If you are the injured person and are under 16, please ask your parent or guardian to complete the survey. If no one is available, it is okay to respond yourself.

○ Yes (1)

○ No (2)

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

○ Yes (1)

○ No (2)

○ Don't know (3)

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

I3 What information is incorrect from the statement above?

☐ Different date (1)

☐ Different hospital (2)

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

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

Display This Question:
    If I3 = Different date

I4 What is the correct date?

_____

Display This Question:
    If I3 = Different hospital

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

_____

Start of Block: Item Verification Block

V1 Are you the:

○ Injured person (1)

○ Parent or guardian of injured person (2)

○ Other (specify in next window) (3)

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

Display This Question:
    If V1 = Other (specify in next window)

V2 Specify relationship:

_____

Display This Question:
    If V1 = Injured person
    Or V1 = Parent or guardian of injured person
    Or Specify relationship: Text Response Is Not Empty

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

Note: Powered scooters have a power source like electric or gas. Below is an example of an unpowered scooter.

○ Yes (1)

○ No (2)

○ Don't know (4)

Display This Question:

If V3 = No

Or V3 = Don't know

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

Note: Below is an example of a mobility scooter.

○ Yes (1)

○ No (2)

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

Note: Below is an example of a scooter that requires a registration or license.

○ Yes (1)

○ No (2)

V6 Did the scooter have handles for steering?

Note: Handles for steering are distinct from handles used for balancing purposes. Below is an example of a scooter that has handles for steering.

○ Yes (8)

○ No (9)

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

Note: side-by-side wheels are distinct from wheels that are one in front of the other. Below is an example of side-by-side wheels.

○ Yes (1)

○ No (2)

V8 What kind of power did the scooter run on?

○ Gas (1)

○ Electric (2)

○ Other (specify in next window) (3)

Display This Question:

    If V8 = Other (specify in next window)

V9 Specify.

_____

V10 You/the victim were/was:

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

○ Riding the scooter (1)

○ Struck by scooter (2)

○ Other (specify) (3)

V11 Specify.

_____

End of Block: Item Verification Block

Start of Block: Incident Block

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

_____

_____

_____

_____

_____

A2 The following are specific questions about the incident that you may have already described.
Please bear with us as you fill out the next set of questions.

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

☐ Paved Road (1)

☐ Paved Sidewalk (2)

☐ Gravel (3)

☐ Grass (4)

☐ Driveway (5)

☐ Other (specify in next window) (6)

☐ ⊗ Don't know (7)

A4 Specify.

_____

A5 Was it dark or difficult to see?

○ Yes (1)

○ No (2)

○ Don't know (3)

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

○ Yes (1)

○ No (2)

○ Don't know (3)

A7 Please specify the additional factors.

_____

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

○ Yes (1)

○ No (2)

○ Don't know (3)

A9 What were/was you/the victim carrying?

_____

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

○ Hit from the front (1)

○ Hit from the side (2)

○ Hit from behind (3)

○ Other (specify in next window) (4)

○ Don't know (5)

A11 Specify.

_____

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

○ Yes (1)

○ No (2)

○ Don't know (3)

End of Block: Incident Block

Start of Block: Scooter Characteristics Block

S1 Which of the following best describes the scooter?

○ Rental (1)

○ Owned by victim (2)

○ Borrowed (3)

○ Other (specify in next window) (4)

○ Don't know (5)

S2 Specify.

_____

S3 Who was the scooter rented from?

_____

S4 Do you know the brand and model names of the scooter or have a photo of the scooter involved in the injury?

○ Yes (1)

○ No (2)

S5 Specify brand

_____

S6 Specify model

Note: if brand is known but model is not, enter unknown below

_____

S7 If you are able, please upload a photo of the scooter.

S8 It is very important for us to know what brands are involved in these injuries. Would you be willing to go look at the scooter and record the brand name, model name, and take a photo of the scooter?

Note: You may also upload a pre-existing photo of the scooter if you have one. Select 'Yes' if you have a pre-existing photo.

○ Yes (1)

○ No (2)

S9 Specify brand

_____

S10 Specify model

Note: if brand is known but model is not, enter unknown below

_____

S11 If you are able, please upload a photo of the scooter.

S12 Were/was you/the victim wearing any of these at the time of the incident. *(Select all that apply)*

☐ Helmet (1)

☐ Knee pads (2)

☐ Elbow pads (3)

☐ Wrist pads (4)

☐ Reflective vest (5)

☐ Blinking lights/Head lamp (6)

☐ Other (specify in next window) (7)

☐ ⊗ None of the above (8)

S13 Specify.

_____

Display This Question:
If A2 Is Displayed

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

○ Yes (1)

○ No (2)

Display This Question:
If C1 = Yes

C2 Explain.

_____

_____

_____

_____

_____

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

C4 Are you/the victim Hispanic or Latino?

○ Yes (1)

○ No (2)

○ Don't know (3)

○ Prefer not to answer (4)

C5 What race(s) do you consider yourself to be? *Please check all that apply.*

☐ White (1)

☐ Black or African American (2)

☐ American Indian or Alaska Native (3)

☐ Asian (4)

☐ Native Hawaiian or Pacific Islander (5)

☐ Other (6)

☐ Don't Know (7)

☐ Prefer not to answer (8)

Display This Question:
If C5 = Other

✳

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

_____

_____

_____

_____

_____

C7 We may be interested in sending a CPSC investigator to your home to gather more information about how the accident occurred and take more detailed pictures of the scooter. This investigation would be set up at your convenience. May we have an investigator contact you by phone to setup a visit?

○ Yes (1)

○ No (2)

C8 Please supply your phone number.

_____

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

☐ Morning (1)

☐ Afternoon (2)

☐ Evening (3)

End of Block: Closing Block