

Bicycle Study Survey - Contractors

Survey Flow

Standard: Start Block (1 Question)

Authenticator: Single Sign On - Token

EmbeddedData

hospnameValue will be set from Panel or URL.

injurydateValue will be set from Panel or URL.

tknoValue will be set from Panel or URL.

Standard: Introductory Block (5 Questions)

Standard: Item Verification Block (9 Questions)

Branch: New Branch

If

If Was the bicycle unpowered? Interviewer instruction: Powered bicycles have a power source like electri Yes Is Selected

And Did the bicycle have pedals? Yes Is Selected

Elseif

If Was the bicycle an electric powered bicycle? Yes Is Selected

And Did the bicycle have pedals? Yes Is Selected

Elseif

If Was the bicycle a moped or motorcycle that is gas powered? Yes Is Selected

And Did the bicycle have pedals? Yes Is Selected

Standard: Incident Description Block (2 Questions)

Standard: Incident Block (13 Questions)

Standard: Bicycle Characteristics Block (14 Questions)

Branch: New Branch

If

If You/the victim were/was: Pedestrian struck by bicycle Is Selected

Standard: Pedestrian Block (3 Questions)

Block: Closing block (9 Questions)

Standard: Submit Message Block (1 Question)

Block: Closing block (9 Questions)

Standard: Submit Message Block (1 Question)

Block: Closing block (9 Questions)

Standard: Submit Message Block (1 Question)

Page Break

Start of Block: Start Block

Q1

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

Hello, I'm _____ **[interviewer's name]** from _____ **[interviewer's company]**. We are working with the U.S. Consumer Product Safety Commission (CPSC). CPSC collects data through the National Electronic Injury Surveillance System (NEISS) on injuries treated in hospital emergency departments. In cooperation with the NEISS hospitals, CPSC conducts a follow-up investigation on a small number of records to learn more about the circumstances of how the injury occurred. Results of the investigations will be analyzed to determine if CPSC can reduce similar injuries from occurring 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.

The following information is needed to continue:

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

To continue, you will have to enter the task number correctly on the next page:

End of Block: Start Block

Start of Block: Introductory Block

I1

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

Was the injured person 16 years old or older?

Interviewer instruction: If the respondent answers that they are the injured person and they are under 16, please ask to speak to a parent or guardian. If no one is available, it is okay to interview the under 16 year old.

☐ Yes (1)

☐ No (2)

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 bicycle. 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 bicycle injury (3)

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

Page Break

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?

End of Block: Introductory Block

Start of Block: Item Verification Block

V1 Respondent is:

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

Display This Question:

If V1 = Other (specify in the next window)

V2 Specify relationship:

Page Break

Display This Question:

If V1 = Injured person

Or V1 = Parent or guardian of injured person

Or Or Specify relationship: Text Response Is Not Empty

V3 Was the bicycle unpowered?

Interviewer instruction: Powered bicycles have a power source like electric or gas

☐ Yes (1)

☐ No (2)

☐ Don't know (3)

Display This Question:

If V3 = No

Or V3 = Don't know

V4 Was the bicycle an electric powered bicycle?

☐ Yes (1)

☐ No (2)

Display This Question:

If V4 = Yes

V5 What was the wattage for the electric bicycle (electric bicycles usually range from 300 to 1000 watts)?
Enter a number or "don't know."

Display This Question:

If V4 = No

V6 Was the bicycle a moped or motorcycle that is gas powered?

☐ Yes (1)

☐ No (2)

Skip To: End of Block If V6 = Yes

Page Break

V7 Did the bicycle have pedals?

☐ Yes (1)

☐ No (2)

Page Break

V9 You/the victim were/was:

☐ Riding the bicycle (1)

☐ Pedestrian struck by bicycle (2)

☐ Other (specify) (3)

Display This Question:

If V9 = Other (specify)

Q21 Specify:

Skip To: End of Block If Condition: Specify: Is Not Empty. Skip To: End of Block.

End of Block: Item Verification Block

Start of Block: Incident Description 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 Next, I am going to ask some specific questions about the incident that you may have already described. Please bear with us as we collect this information from you.

End of Block: Incident Description Block

Start of Block: Incident Block

A3 What was the surface?

- ☐ Paved Road (1)
- ☐ Paved Sidewalk (2)
- ☐ Gravel (3)
- ☐ Grass (4)
- ☐ Driveway (5)
- ☐ Other (specify in next window) (6)

Display This Question:

If A3 = Other (specify in next window)

A3a Specify:

Display This Question:

If A3 = Paved Road

Or A3 = Gravel

Or A3 = Driveway

Or A3 = Other (specify in next window)

A4a Were you/was the victim riding on a road?

☐ Yes (1)

☐ No (2)

Display This Question:

If A4a = Yes

A4b Were you on the shoulder of the road, in a bike lane, or in a lane that cars use?

☐ Shoulder (1)

☐ Bike Lane (2)

☐ Car Lane (3)

☐ Other (4)

Display This Question:

If A3 = Paved Road

Or A3 = Gravel

Or A3 = Driveway

Or A3 = Other (specify in next window)

A4c Did the accident involve a motor vehicle?

☐ Yes (1)

☐ No (2)

Display This Question:

If A4c = Yes

A4d Did the accident happen at an intersection?

☐ Yes (1)

☐ No (2)

Display This Question:

If A4c = Yes

A4e Did the motor vehicle run you/the victim over?

☐ Yes (1)

☐ No (2)

Page Break

A5 Was it dark or difficult to see?

☐ Yes (1)

☐ No (2)

Page Break

A6 Was the bicycle travelling uphill, downhill, or was it on a fairly level surface?

- ☐ Uphill (1)
- ☐ Downhill (2)
- ☐ Fairly level (3)

Page Break

A7 Was there anything else occurring at the time of the accident such as cell phone interference or loud music?

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

Display This Question:

If A7 = Yes

A7a Please specify the additional factors.

Page Break

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

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

Display This Question:

If A8 = Yes

A9 What were you carrying?

End of Block: Incident Block

Start of Block: Bicycle Characteristics Block

Display This Question:

If A2 Displayed

S1 Which of the following best describes the bicycle?

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

Display This Question:

If S1 = Other (specify in next window)

S2 Specify:

Page Break

Display This Question:

If S1 = Rental

S3 Who was the bicycle rented from?

Page Break

Display This Question:

If S1 = Borrowed

Or S1 = Owned by victim

Or S1 = Don't know

Or Or Specify: Text Response Is Not Empty

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

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

☐ Yes (1)

☐ No (2)

Skip To: S7 If S4 = No

Display This Question:

If S4 = Yes

S5 Specify brand:

Display This Question:

If S4 = Yes

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

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

☐ Yes (1)

☐ No (2)

Skip To: S10 If S7 = No

Display This Question:

If S7 = Yes

S8 Specify brand

Display This Question:

If S7 = Yes

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

Page Break

Display This Question:

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

Or S4 = Yes

Or S7 = No

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

☐

Helmet (1)

☐

Padding (such as knee pads, elbow pads, or wrist pads) (2)

☐

Reflective vest (3)

☐

Blinking lights/Head lamp (4)

☐

Other (specify in next window) (5)

☐

None of the above (6)

Display This Question:

If S10 = Other (specify in next window)

S11 Specify:

Page Break

Display This Question:

If A2 Displayed

S12 Please estimate the speed at which the bicycle was travelling when the accident occurred in miles per hour, your best guess is OK.

Page Break

Display This Question:

If A2 Displayed

S13 How tall are you/ was the victim when the accident occurred (in feet and inches)? If you don't know, just provide your best estimate.

Display This Question:

If A2 Displayed

S14 What did you/did the victim weigh when the accident occurred (in pounds)? If you don't know, just provide your best estimate.

End of Block: Bicycle Characteristics Block

Start of Block: Pedestrian Block

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)

Display This Question:

If A10 = Other (specify in next window)

A11 Specify:

Page Break

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: Pedestrian Block

Start of Block: Closing block

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

- ☐ Yes (1)
- ☐ No (2)

Page Break

Display This Question:

If C1 = Yes

C2 Explain.

Page Break

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

Page Break

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.

Page Break

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

☐ Yes (1)

☐ No (2)

Skip To: End of Survey If C7 = No

Display This Question:

If C7 = Yes

C8 Please provide your phone number.

Display This Question:

If C7 = Yes

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

☐ Morning (1)

☐ Afternoon (2)

☐ Evening (3)

End of Block: Closing block

Start of Block: Submit Message Block

Q18 Interviewer Instructions: *You have reached the end of the survey.*

If you wish to come back and edit later, exit the survey by closing the browser window.

Click 'Submit' to complete the survey.

Once you click submit, you will no longer be able edit responses.

End of Block: Submit Message Block
