

Inpatient Firearms Study

Initial Parent/Guardian Survey

IRB Protocol # _____

Study ID# _____

Date _____

Thank you for agreeing to participate in this study. First I will begin by just asking you a few background questions about both your child and yourself.

Demographic Information

1	How old is <u>[child's name]</u> ?	_____ months (<2 yrs) or _____ years (if >2 yrs)	
2	<u>[child's name]</u> is	Male	Female
3	If <u>[child's name]</u> is in school, what grade is he/she in? If he/she not in school please tell us why	_____	Reason not in school: 1. Too young 2. Other _____
4	What type of home do you live in?	Single family House	Multi-family house
		Apartment	Shelter
		Other _____	
5	What is your zip code?	_____	
6	If you don't mind sharing your street address, please enter it here.	_____	
7	What adults live in in your home with <u>[child's name]</u> ? (Circle all that apply)	Mother	Father
		Grandparent(s)	Other _____

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8	Describe the ages and genders of who lives in your home (including yourself, but not including your child)?	Female children <12 years #_____	Male children <12 years #_____
		Female children 13-19 #_____	Male children 13-19 #_____
		Female adults 20 and over #_____	Male adults 20 and over #_____
9	Gender of the parent/guardian completing this survey	Male	Female
10	How old are you (the parent/guardian)?	Age_____ (in years)	
11	What is the highest level of education you (parent/guardian) completed?	Elementary school (Grade_____)	High School
		Some High School (Grade_____)	College
		Graduate	Other_____

As part of the study we are required to ask some questions about race and ethnicity. Is that OK with you?

12	How would you identify <u> [child's name] </u> 's ethnicity? <i>(Please circle)</i>	Hispanic	Non-hispanic
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13	Do you also identify <u>[child's name]</u> 's as any of the following? <i>(Please circle all that apply)</i>	Black/African American	White
		Asian	American Indian/Alaska Native
		Native Hawaiian/Other Pacific Islander	Other _____

After [child's name] goes home from the hospital, we would to contact you for a few brief follow up questions. We would like to try to be able to reach you by phone.

14	Could you please give us at least 2 phone numbers for us to contact you?	Phone # _____
		Type of number _____
		Phone # _____
		Type of number _____
		Phone # _____
		Type of number _____

Tobacco Smoke Exposure Questions

In this next set of questions, we are going to ask you about cigarette or tobacco smoke. Some are just questions about different facts about smoke exposure and children in general and some are specifically about what happens in your home and around your child. This information is only being collected for research purposes as we are trying to get a sense for smoke exposure in our community.

Please tell us for the next set of questions whether the statement is true or false.

15	Second-hand smoke (which is the smoke in the air that a smoker breathes out or comes from the burning end of a cigarette, pipe or cigar) increases a child's risk of developing asthma.	True	False
16	Third-hand smoke (which is the smoke left behind—the harmful toxins that remain in places where people have smoked previously—found on the seats of a car, a couch, on walls or even a child's hair after a caregiver smokes near the child) is safe for children.	True	False

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17	Second-hand smoke causes health problems for children.	True	False
18	Infants with second-hand smoke exposure have a higher risk for SIDS (Sudden Infant Death Syndrome).	True	False
19	Second-hand smoke increases the risk of ear infections.	True	False
20	Children with smoking parents are more likely to smoke.	True	False

For the following questions, we would like to ask about what happens in your home. Please know again, this information is for research purposes only. If you feel uncomfortable answering any of the questions, please let me know and we can skip to the next question.

21	Do you or someone else in your home smoke?	Yes	No	Prefer not to answer
22	Have you discussed reducing your child's tobacco smoke exposure with other caregivers?	Yes	No	Not sure
23	Do you wash your hands after smoking or encourage others to do so?	Yes	No	N/A
24	Do you change your clothes after smoking or encourage others to do so?	Yes	No	N/A
25	Do you have a no smoking in your home rule?	Yes	No	Not sure
26	Do you have a no smoking in vehicles rule?	Yes	No	Not sure

27	If you are a smoker, have you tried to quit in the past?	Yes	No	N/A
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Gun Exposure Questions

In this next set of questions, we are going to ask you some questions about guns in your home and neighborhood and about your feelings and beliefs about guns in general. We know that people have many different opinions and beliefs about guns and gun safety. This is a topic people are discussing in our country, and this study will help us to better understand the beliefs held in our community. This information is being collected only for research purposes and not with the intention of discussing any of this information with law enforcement/the police. Your answers to these questions will not affect how we care for your child during his/her hospitalization. If you prefer not to answer any particular questions, please let us know and we can move on to the next question. At any time if you would like to stop participation in this survey, you can just let us know.

28	Have you ever seen anyone in person other than a police officer or security guard with a gun (not on TV or in a movie)?	Yes	No	
29	Have you ever heard gunshots in your neighborhood?	Yes	No	
30	Were you raised in a home where there were guns?	Yes	No	Don't know
31	Have you ever been threatened with a gun?	Yes If yes, by whom? _____	No	
32	Have you ever been shot with a gun?	Yes At age: _____	No	
33	Have any of your friends or relatives ever been shot with a gun?	Yes	No	

34	Do any of your friends or relatives have a gun?	Yes	No	Not sure	
35	To your knowledge, has <u>[child's name]</u> ever seen a gun (aside from those carried by a police officer or security guard)?	Yes	No	Not sure	
36	To your knowledge, has <u>[child's name]</u> ever held or touched a gun?	Yes	No	Not sure	
37	Have you discussed with <u>[child's name]</u> what to do if he/she finds a gun?	Yes	No	Not sure	
38	If you have other children, have you discussed with your other children what to do if they find a gun?	Yes	No	Not sure	N/A
39	Have guns ever been brought into your home?	Yes	No	Not sure	
40	Are there guns in your home?	Yes	No	Not sure	
			If no or not sure skip to # 47		
41	How many guns are in the home?	1	2	3	>3
42	Who makes decisions about how the gun(s) are stored in your home?	Me	Other adults	Me and other adults	
43	Is/are the gun(s) in your home kept loaded?	Yes	No	Don't know	

44	Is/are the gun(s) stored in a safe, lock box or with a gun lock?	Yes— Circle all that apply:		No	Don't know
		Safe			
		Lock Box			
		Gun Lock			
45	Are the bullets stored separately from the gun(s)?	Yes	No	Don't know	
46	Does your child know where the gun(s) is/are kept?	Yes	No	Don't know	
47	Does your child spend a significant amount of time in another household? (for example if there is joint custody, with another parent, or arrangement to stay with another relative on weekends or for child care)	Yes		No If No, skip to #53	
48	Do you know if there are guns in the other home your child spends time in?	Yes	No	Don't know	
49	Is/are the gun(s) in the other home stored loaded?	Yes	No	Don't know	
50	Is/are the gun(s) in the other home stored in a safe, lock box or with a gun lock?	Yes— Circle all that apply:		No	Don't know
		Safe			
		Lock Box			
		Gun Lock			
51	Are the bullets stored separately from the gun(s) in the other home?	Yes	No	Don't know	

52	Does your child know where the gun(s) is/are kept in the other home?		No	Don't know
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For the following question, please choose how often you have done the following.

53	In the past 30 days, when your child has gone to another persons' home to play or spend time (including relatives), how often have you asked if there are any guns in the home?	Never	Rarely	Sometimes	Most of the time	Always	N/A
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Beliefs and Knowledge Questions

54	TRUE OR FALSE: 70% of kids under 10 years old know where guns are stored in their home.	True		False	
55	Every year, how many children are killed in accidental shootings in the United States?	20	50	100	200
56	Every year, how many kids 17 and under die by suicide by a gun?	50	100	200	Over 400
57	What's the most effective way to keep kids safe from guns in the home?	a. Warn kids not to go near guns			
		b. Keep kids from knowing there is a gun in the house			
		c. Mandate use of new gun technology like "smart guns"			
		d. Store unloaded guns in a locked location, with ammunition locked up separately			

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58	Do you worry that if your child found a gun that he/she would play with it?	Yes	No	Not sure
59	Has your child's doctor ever talked to you about gun safety?	Yes	No	Not sure
			If no, skip to #62	
60	Did your child's doctor seem knowledgeable about gun safety?	Yes	No	Not sure
61	Was the advice your child's doctor gave you helpful in deciding whether to keep a gun in your home or how to store your gun?	Yes	No	Not sure
62	If you have a gun in the home, do you feel safer with it?	Yes	No	Not sure
63	If you don't have a gun in the home, do you think you would feel safer with one?	Yes	No	Not sure

For the following questions, please rank how strongly you agree or disagree with each statement.

64	Doctors who take care of children should talk to parents/guardians about safe gun storage.	Strongly disagree	Disagree	Agree	Strongly Agree	Not sure
65	Doctors who take care of children should advise parents/guardians to remove guns from the home.	Strongly disagree	Disagree	Agree	Strongly Agree	Not sure
66	It is important for parents/guardians to ask if there are any guns in the home, when their child/children go to play in another person's home.	Strongly disagree	Disagree	Agree	Strongly Agree	Not sure

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67	People who have guns should use gunlocks.	Strongly disagree	Disagree	Agree	Strongly Agree	Not sure
68	People should have the right to carry guns for protection.	Strongly disagree	Disagree	Agree	Strongly Agree	Not sure
69	People should have the right to carry concealed guns (guns hidden so you can't see them).	Strongly disagree	Disagree	Agree	Strongly Agree	Not sure
70	There should be stricter laws for background checks when buying a gun.	Strongly disagree	Disagree	Agree	Strongly Agree	Not sure
71	Stricter gun control laws will decrease gun related violence.	Strongly disagree	Disagree	Agree	Strongly Agree	Not sure
72	Schools should have metal detectors for security purposes.	Strongly disagree	Disagree	Agree	Strongly Agree	Not sure

Questions for the researcher

73	What language is the interview conducted in?	English	Spanish
		Mixed English/Spanish	Other _____
74	What type of health insurance does the patient have?	Private Insurance	Medicaid
		No insurance	Other _____

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