

## National Survey of the Use of Booster Seats Recording Form

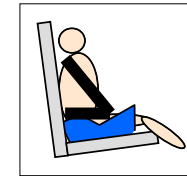
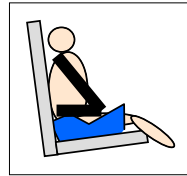
Booklet # \_\_\_\_\_ of \_\_\_\_\_

Hi, My name is \_\_\_\_\_  
 from Westat, a national research organization. We are conducting a child travel survey for the National Highway Traffic Safety Administration. We would like to ask a few simple questions.

Can you tell me the age of this child? Height? Weight?

Is this child of Hispanic or Latino origin?

What is his/her race? Please select one or more.



|                                    |              |                                  |
|------------------------------------|--------------|----------------------------------|
| Date: _____                        | PSU #: _____ | Site # : _____                   |
| Start Time for Booklet _____ AM PM |              | End Time for Booklet _____ AM PM |

|  |
|--|
| <b>Site Type:</b> Day Care Recreation Center Fast Food Gas Station |
| <b>Site Name</b> _____   |
| <b>Street Address</b> _____  |

|  |
|--|
| <b>Weather :</b> Light Precipitation Light Fog Clear |
| <b>Area :</b> Urban Suburban Rural                   |

|                                  |
|----------------------------------|
| Total Vehicles Observed : _____  |
| Total Children Observed: _____   |
| Total Refusals : _____           |
| Total Language Barrier: _____    |
| Total Unobserved Vehicles: _____ |

|                             |
|-----------------------------|
| <b>Observer Name:</b> _____ |
|-----------------------------|

Car<sup>1</sup> Van/SUV<sup>2</sup> Pickup<sup>3</sup>

| 1 <sup>st</sup> Row  |  |                                | Observations   | 2 <sup>nd</sup> Row                                    |                                |                                | 3 <sup>rd</sup> Row                                    |                        |                                |                                |
|--|--|--------------------------------|--|--|--------------------------------|--------------------------------|--|------------------------|--------------------------------|--------------------------------|
| Driver <sup>D1</sup>   | Middle <sup>M1</sup>                     | Right <sup>R1</sup>            |  | Driver Side <sup>D2</sup>                              | Middle <sup>M2</sup>           | Right <sup>R2</sup>            | Driver Side <sup>D3</sup>                              | Middle <sup>M3</sup>   | Right <sup>R3</sup>            |                                |
| C 0 T 1 Y 2<br>A 3 S 4   | C 0 T 1 Y 2<br>A 3 S 4                   | C 0 T 1 Y 2<br>A 3 S 4         |  | C 0 T 1 Y 2<br>A 3 S 4                                 | C 0 T 1 Y 2<br>A 3 S 4         | C 0 T 1 Y 2<br>A 3 S 4         | C 0 T 1 Y 2<br>A 3 S 4                                 | C 0 T 1 Y 2<br>A 3 S 4 | C 0 T 1 Y 2<br>A 3 S 4         | C 0 T 1 Y 2<br>A 3 S 4         |
| 1 LS UN 6  | 2 RF FF 3<br>4 HB NB 5<br>UN 6           | 2 RF FF 3<br>4 HB NB 5<br>UN 6 |  | 1 LS UN 6  | 2 RF FF 3<br>4 HB NB 5<br>UN 6 | 2 RF FF 3<br>4 HB NB 5<br>UN 6 | 2 RF FF 3<br>4 HB NB 5<br>UN 6                         | 1 LS UN 6              | 2 RF FF 3<br>4 HB NB 5<br>UN 6 | 2 RF FF 3<br>4 HB NB 5<br>UN 6 |
| 1 M F 2  | 1 M F 2                                  | 1 M F 2                        | 1 M F 2  | 1 M F 2  | 1 M F 2                        | 1 M F 2                        | 1 M F 2  | 1 M F 2                | 1 M F 2                        |                                |
| <input type="checkbox"/> Refused Entire Interview <sup>1</sup> |  |                                | <b>Interviews</b><br>Children ONLY (≤ 12 yrs)<br>4. What is Child's Age?<br>5. What is Child's Height?<br>6. What is Child's Weight?   | <input type="checkbox"/> Language Barrier <sup>2</sup> |                                |                                | <input type="checkbox"/> Missed Interview <sup>3</sup> |                        |                                |                                |
| 0 Child (C) (0-12)   | YY / MM                                  | YY / MM                        |  | YY / MM  | YY / MM                        | YY / MM                        | YY / MM  | YY / MM                | YY / MM                        |                                |
| 1 Teen (T) (13-15)   | FT / IN                                  | FT / IN                        |  | FT / IN  | FT / IN                        | FT / IN                        | FT / IN  | FT / IN                | FT / IN                        |                                |
| 2 Young (Y) (16-24)  | LBS.                                     | LBS.                           |  | LBS.   | LBS.                           | LBS.                           | LBS.   | LBS.                   | LBS.                           |                                |
| 3 Adult (A) (25-69)  | All Occupants                            |                                |  | 1 Y N 2  | 1 Y N 2                        | 1 Y N 2                        | 1 Y N 2  | 1 Y N 2                | 1 Y N 2                        |                                |
| 4 Senior (S) (70+)   | 7. Are you of Hispanic or Latino origin? |                                |  | 1 W  | 1 W                            | 1 W                            | 1 W  | 1 W                    | 1 W                            |                                |
| <input type="checkbox"/> Refused Entire Interview <sup>1</sup> |  |                                | 8. What is your Race? (check all that apply)<br>• White (W)<br>• Black or African American (B)<br>• Asian (A)<br>• Native Hawaiian or Pacific Islander (PI)<br>• American Indian or Alaska Native (NA)<br>• Other<br>• Refuse Answer<br>• Don't Know |  |                                | 2 B                            | 2 B  | 2 B                    | 2 B                            | 2 B                            |
| 1 Y N 2  |  |                                | 1 Y N 2  |  |                                | 3 A                            | 3 A  | 3 A                    | 3 A                            | 3 A                            |
| 1 W  |  |                                | 1 W  |  |                                | 4 PI                           | 4 PI   | 4 PI                   | 4 PI                           | 4 PI                           |
| 2 B  |  |                                | 2 B  |  |                                | 5 NA                           | 5 NA   | 5 NA                   | 5 NA                           | 5 NA                           |
| 3 A  |  |                                | 3 A  |  |                                | 6 Other                        | 6 Other  | 6 Other                | 6 Other                        | 6 Other                        |
| 4 PI   |  |                                | 4 PI   |  |                                | 7 RF                           | 7 RF   | 7 RF                   | 7 RF                           | 7 RF                           |
| 5 NA   |  |                                | 5 NA   |  |                                | 8 DK                           | 8 DK   | 8 DK                   | 8 DK                           | 8 DK                           |
| 6 Other  |  |                                | 6 Other  |  |                                |                                |  |                        |                                |                                |
| 7 RF   |  |                                | 7 RF   |  |                                |                                |  |                        |                                |                                |
| 8 DK   |  |                                | 8 DK   |  |                                |                                |  |                        |                                |                                |

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