RCH National Child Health Poll Questionnaire: Car Restraints

1. Does your family have access to a car that you use to transport your child/children? {BY PARENT}

Yes

No

1. *In your family car*, which of the following does your {insert gender and age of child} child use **most often**? If you have a convertible child restraint, please answer based on the position you currently use the restraint in. {BY CHILD}

Please **select only one** ofthe following options: {ILLUSTRATION OF THE SEAT/RESTRAINT TYPE ALONG SIDE THE DESCRIPTION}

|  |
| --- |
| Rear (backward) facing car seat or capsule with inbuilt harness   |
| Forward facing car seat or capsule with inbuilt harness   |
| Booster seat with adult seat belt (includes integrated booster seats built into the seat of the car)  |
| Booster cushion (*without* a back) with adult seatbelt   |
| Adult seatbelt only   |

1. Thinking about your {insert gender and age of child} child at what age did they ***first*** ride in a car seat **that faced forward** instead of backward? {BY CHILD}

Younger than 3 months

3 to 5 months

6 to 11 months

12 to 17 months

18 to 23 months

2 years or older

I’m not sure

1. Thinking about your {insert gender and age of child} child, what was the main reason for changing over to a forward-facing seat?  Select up to ***three main reasons*** from this list below.  {BY CHILD}

My child likes to see where they are going

My child is more comfortable facing forward

My child was over the weight limit for backward-facing seats

My child was over the age limit for backward-facing seats

My child did not fit in a backward-facing capsule or car seat

I like to be able to see and interact with my child while driving

I needed the rear facing seat for a younger child

1. Thinking about your child aged X (child sitting in a seat belt), at what age did they **first** sit in the family car **without** a car seat or booster seat? {BY CHILD}

Age: [drop down box for age 4 to 13 years, note only include ages equal to or younger than the current age of the child]
2. Thinking about your X child {present only to children sitting in a seatbelt}, what are the main reasons they moved to an adult seat belt without a booster? Select up to ***three main reasons*** from the list below.  {BY CHILD}

My child reached the maximum weight recommended by the seat manufacturer

My child did not want to sit in the car seat or booster

My child was too mature to sit in a car seat or booster

My child did not fit their car seat or booster

An adult seat belt was more comfortable for them

By law they were old enough to sit in a seat without a booster

My child is safer with a seat belt than in a booster or car seat

I needed the car seat or booster for a younger child

I could not fit three boosters across the back seat {only present to parents with 3 children aged 4 to 12 years}

My child passed the ‘5 step test’

1. Have you heard of the ‘5 step test’? {BY PARENT}

Yes

No

Not sure

1. Which of the following best describes the ‘5 step test’? {BY PARENT}

It tests if children are ready to cross the road by themselves

It tests if car seats are fitted correctly

It tests if children can safely move to an adult seat belt without a booster

It tests the safety of different cars

It tests if children can safely move from a baby/toddler car seat to a booster

It tests if children can buckle themselves up in the car

Not sure

1. Do you know on average ***at what age*** a child can safely use an adult seatbelt without a booster? {BY PARENT}

Yes – please enter age in years {integers from 2 years to 13 years}

No