

Please respond to the following questions about your child's well-child visit on [DATE]. Members of the care team (for example, physicians, nurses, etc.) may discuss general safety topics with parents and children during well-visits such as: safe medication storage, seatbelts, sunscreen, and firearms. For this survey, we are interested in learning whether someone on the care team talked to your family about firearms, **regardless of whether your family has firearms in the home**. Children may come across firearms in other places where they spend time.

Your answers are confidential to the research team, which means they will not become part of your child's or your medical record or be shared with anyone on your child's health care team.

Were you in the exam room with the clinician for at least part of your child's recent visit?

- Yes
- No

Were you asked any questions regarding firearms before or during your child's visit on a written or electronic questionnaire? *Required

- Yes
- No
- Don't remember
- Prefer not to answer

During your child's recent visit, did someone on the care team speak to you about firearm storage? *Required

- Yes
- No
- Don't remember
- Prefer not to answer

If yes to the prior question:

I found it acceptable to talk about firearm storage during my child's visit.

- Yes
- No
- Prefer not to answer

For everyone else, display this question:

I would have found it acceptable to talk about firearm storage during my child's visit.

- Yes
- No
- Prefer not to answer

Ask everyone this question, regardless of prior responses

During your child's recent visit, did someone on the care team offer you free cable firearm lock(s) (even if you didn't take one)? *Required

An example of what a cable lock looks like is below. The lock you were offered may be a different color or may not have a logo printed on it.



- Yes
- No
- Don't remember
- Prefer not to answer

If yes to the prior question:

I found it acceptable to have free cable firearm locks offered to me during my child's visit.

- Yes
- No
- Prefer not to answer

For everyone else, display this question:

I would have found it acceptable to have free cable firearm locks offered to me during my child's visit.

- Yes
- No
- Prefer not to answer

Ask everyone this question, regardless of prior responses

Since your child's recent visit, have you made firearm(s) **less accessible to your child(ren), either in your own home or by talking with someone about firearm storage who supervises your child in another place?**

Yes

No

Firearms were already stored and not accessible to my child(ren) before the visit in any place where they spend time

Not applicable (for example, you don't have firearms)

Prefer not to answer

If yes to the prior question, they should see the below. Otherwise, skip to next question:
What changes have you made? Please describe below.

For people who said **no** to change in storage, ask:

How much do you agree or disagree with the following statement?

Since my child's visit, I intend to make firearm(s) less accessible to my child(ren) or talk with others about making them less accessible.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Prefer not to answer
①	②	③	④	⑤	X

Ask everyone the below questions, regardless of prior responses

Please answer the below questions about **your** demographic characteristics.

What is your current gender identity? Please select all that apply.

- Male
- Female
- Trans male/trans man
- Trans female/trans woman
- Genderqueer/gender non-conforming
- Different identity (please state): _____
- Prefer not to answer

What is your race? *Please select all that apply.*

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Other (please state): _____
- Prefer not to answer

Do you identify as Hispanic or Latino/a/x?

Yes

No

Prefer not to answer

If you would like, please share anything else you'd like us to know below.

Please note: The responses to this question will not be reviewed for several weeks and will not be reviewed in connection to you or your child. Please do not include any medical information in your response.

If you would like to be entered into the drawing for a \$100 gift card, please enter your preferred email address and phone number below. We will use this information to contact you if you are selected to receive a gift card. Please note that this information will only be used for gift card purposes.

Email: _____

Phone: _____

EXAMPLE! DO NOT COMPLETE