



# FROM 10 TO 12 YEARS

## Framingham Safety Survey

Name \_\_\_\_\_ Date \_\_\_\_\_

Please X through one answer for each question.

- |   |                                  |            |                      |
|---|----------------------------------|------------|----------------------|
| 1. Is there a gun in your home or any of your friends' homes?                                   | Yes                              | No         |                      |
| 2. Do you have working smoke alarms in your home?   | Yes                              | Don't know | No                   |
| 3. Do you ever ride with passengers on your bike?   | Yes                              | No         | No bike              |
| 4. Do you wear a helmet when you ride your bike?  | Yes                              | No         | No bike              |
| 5. Do you wear a seat belt in the car?  | Always                           | Sometimes  | Never                |
| 6. Do you ride in cars that have passenger air bags?  | Yes                              | No         |                      |
| 7. Where do you sit in the car?   | Front                            | Rear       | Front or Rear        |
| 8. When you want to cross the street, what is the first thing you should always do?             | Stop at the curb or edge of road |            | Step into the street |
| 9. When playing near water (for example, rivers, ponds, lakes, oceans), is it OK to play alone? | Yes                              | No         |                      |
| 10. Do you live or work on a farm?  | Yes                              | No         |                      |

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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

HE0067-B  
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Revised-0801  
3-57/rep0704