



FROM 1 TO 4 YEARS (Part 2)

Framingham Safety Survey

Name _____ Date _____

Please X through one answer for each question.

- | | | | |
|----------------------------------------------------------------------------------------|-----------------------------|--------------|-------------------|
| 1. Do you use electrical appliances in the bathroom? | Yes | Don't know | No |
| 2. Do you keep electrical appliances and cords out of your child's reach? | Always | Sometimes | Never |
| 3. Do you keep matches and cigarette lighters out of the reach of your children? | Always | Sometimes | Never |
| 4. Does anyone in your home ever smoke? | Frequently | Occasionally | Never |
| 5. Do you have a plan for escape from the home in the event of a fire? | Yes | No | |
| 6. Do you have working fire extinguishers in the home? | Yes | Don't know | No |
| 7. Do you have working smoke alarms in the home? | Yes | No | |
| 8. Have you checked the temperature of the hot water where you live? | _____ Indicate temperature. | | Don't know |
| 9. Do you keep the handles of pots and pans on the stove out of the reach of children? | Always | Sometimes | Never |
| 10. Do you leave your child alone in the bathtub? | Frequently | Occasionally | Never |
| 11. Do you take your child on a boat? | Frequently | Occasionally | Never |
| 12. Do you have a pool or hot tub where you live? | Yes | No | |
| 13. Do you allow your child to swim unsupervised? | Frequently | Occasionally | Never |
| 14. Does your child ride on your bicycle with you? | Frequently | Occasionally | Never |
| 15. How are your children restrained when they ride in a car? | Car seat | Booster seat | Seat belt None |
| 16. Do you leave your child alone in the car? | Frequently | Occasionally | Never |
| 17. Where do you seat your children in the car? | Front | Rear | Front or rear |
| 18. Does your car have a passenger air bag? | Yes | No | |
| 19. Do you lock the car doors before driving? | Always | Sometimes | Never |
| 20. Does your child play in the driveway or in or near the street? | Frequently | Occasionally | Never |
| 21. Do you check your child's toys for safety hazards? | Always | Sometimes | Never |

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