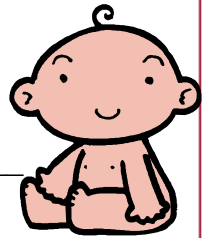




Safety Survey First Year of Life (0 to 12 months)



Name _____ Date _____

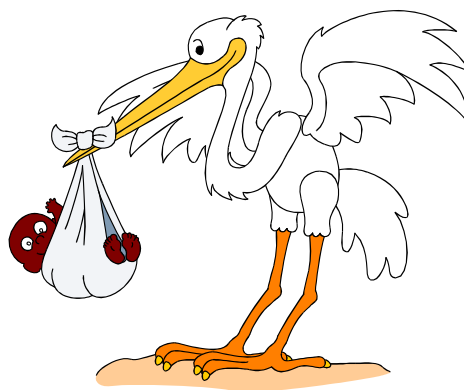
Instructions to parents: Please circle the best answer.

1. Do you put the crib side up whenever you leave the baby unattended?	Never	Sometimes	Always
2. Do you leave the baby unattended on tables or beds?	Frequently	Occasionally	Never
3. Do you leave the baby alone in the house?	Frequently	Occasionally	Never
4. Do you keep plastic wrappers, plastic bags and balloons out of reach?	Never	Sometimes	Always
5. Does your child play with small objects such as beads or nuts, or do you feed him foods such as carrots, hot dogs, grapes or popcorn?	Always	Sometimes	Never
6. Have your children had an accident requiring a visit to the doctor or hospital?	Yes ____ How many visits?		No
7. Are any of your babysitters less than 13 years old?	Yes	Don't know	No
8. Has your infant had a blood lead level test?	No		Yes
9. How frequently do you check the heating system in your house?	Never	Every few years	Once a year
10. Do you have a plan for escape from the house in the event of a fire?	No		Yes
11. Do you have working fire extinguishers in the house?	No		Yes
12. Do you have <u>working</u> smoke alarms in the house?	No		Yes
13. How often do you check the batteries?	Never	Occasionally	Monthly
14. Does anyone in your home smoke?	Yes	Sometimes	No
15. Do you ever use wood stoves, kerosene or portable heaters?	Yes		No
16. Do you have a carbon monoxide detector in your house or garage?	No		Yes
17. At what temperature is your water heater set?	Greater than 120°	Don't know	Less than 120°
18. Do you watch for young children before handling hot liquids?	Never	Sometimes	Always
19. Is your child's sleepwear made with fabric that is flame-resistant?	No	Don't know	Yes



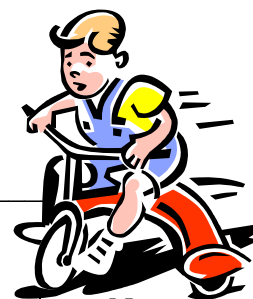
20. Do you buckle your child into an infant car seat on every ride?	No	Sometimes	Yes
21. Does the seat face backwards if your child is less than 12 months old?	No	Unsure	Yes
22. Do you always buckle the car seat belt tightly through the safety seat frame, following directions on label <u>exactly</u> ?	No	Sometimes	Yes
23. Does your infant ride in the passenger seat where an airbag is located?	Yes	Sometimes	No
24. Where do you seat your children in the car?	Front	Front or rear	Rear
25. Do you leave the baby alone in a tub of water?	Frequently	Occasionally	Never
26. Is there a body of water (i.e., pool, spa, pond) near your home?	Yes		No
27. Does your child ride on your bicycle with you?	Always	Sometimes	Never
28. Does your child use a walker?	Yes		No
29. Do you have Syrup of Ipecac at home for poisonings?	No	Don't know	Yes
30. Have you checked the expiration date?	No	Don't know	Yes
31. Do you have the hotline number of the Oklahoma Poison Control Center posted by your phone?	No	Don't know	Yes
32. Have you or any other adult in your home had CPR training?	No		Yes

Note: If any of your answers are in the left-hand or middle columns, please pay extra attention to those. They are risk areas that may require a behavior change or special precautions.





Safety Survey Toddlers (13 months to 2½ years)



Name _____ Date _____

Instructions to parents: Please circle the best answer.

1. Do you leave your child alone in the house?	Frequently	Occasionally	Never
2. Do you have safety plugs on unused electrical outlets?	None	Some outlets	Yes
3. Are any of your babysitters less than 13 years old?	Yes	Don't know	No
4. Has your child's blood lead level been tested?	No	Don't know	Yes
5. Do you keep plastic wrappers, bags, balloons, peanuts and other small objects out of the reach of your child?	Never	Sometimes	Always
6. Do you feed your child foods such as carrots, hot dogs, grapes or popcorn?	Yes	Sometimes	No
7. Would you know what to do if your child were choking?	No	Not sure	Yes
8. Do you have mechanical garage door openers?	Yes		No
9. Do you keep guns or air rifles in your house?	Yes	Don't know	No
10. Are your window screen or guards in good condition?	No	Some	Yes
11. Do you place gates at the top and bottom of stairways?	Never	Sometimes	Always
12. Do you have a carbon monoxide detector in your home?	No		Yes
13. Have any of your children even had an accident requiring a visit to the doctor or hospital?	Yes _____		No
14. Do you check for safety hazards in homes of friends or relatives where your child may play?	How many visits?		
15. Does your child ride on or is he/she in the yard while your operate a power lawnmower?	Never	Sometimes	Always
16. Do you keep household products, medicines (including Tylenol and iron) and sharp objects out of reach?	Always	Sometimes	Never
17. Do you store household products in empty soda bottles, glasses or jars?	Never	Sometimes	Always
18. Do you have safety caps on all bottles of medicine?	Always	Sometimes	Never
	Never	Sometimes	Always



19. Do you have Syrup of Ipecac in the house?	No	Don't know	Yes
20. Do you know how to use Syrup of Ipecac?	No	Not sure	Yes
21. Have you checked the expiration date?	No		Yes
22. Is the Poison Control Center hotline number posted by your phone?	No		Yes
23. Is there a pond, stream, swimming pool, stock tank, or spa near your yard?	Yes		No
24. Do you have <u>working</u> smoke alarms in your home?	No		Yes
25. How often do you check them?	Never	Occasionally	Monthly
26. Is your child supervised around animals?	No	Sometimes	Always
27. How often do you check the heating system in your home?	Never	Every few years	Once a year
28. Do you have a plan for escape from the house in the event of a fire?	No		Yes
29. At what temperature is your water heater set?	Greater than 120°	Don't know	Less than 120°
30. What restraint does your child use when riding in the car, van, or pickup truck?	None	Seat Belt	Car seat
31. Do you always buckle the car seat tightly through the safety seat frame, following the directions on the label <u>exactly</u> ?	No	Sometimes	Yes



Note: If any of your answers are in the left-hand or middle columns, please pay extra attention to those. They are risk areas that may require a behavior change or special precautions.





Safety Survey Preschool Through Kindergarten Age (2½ through 6 years)

Name _____ Date _____

Instructions to parents: Please circle the best answer.

1. Do you keep electrical appliances and cords out of reach?	Never	Sometimes	Always
2. Do you keep matches out of reach?	Never	Sometimes	Always
3. Do you have a plan for escape from the house in the event of fire?	No		Yes
4. Do you have working fire extinguishers in your house?	No		Yes
5. Do you have a screen for the fireplace?	No		Yes
6. Do you have <u>working</u> smoke detectors in the house?	No		Yes
7. How often do you check them?	Never	Occasionally	Monthly
8. Does your child ever ride on a lawnmower, or is he/she in the yard while it's being operated?	Yes	Sometimes	No
9. How often do you check the heating system in your home?	Never	Every few years	Once a year
10. Do you have a carbon monoxide detector in your home?	No		Yes
11. Do you keep handles of pots and pans turned toward the back of the stove?	Never	Sometimes	Always
12. At what temperature is your water heater set?	Greater than 120°		Less than 120°
13. Do you keep guns or air rifles in your house?	Yes	Don't know	No
14. Is there a pool, spa, pond, or stock tank in or near your yard?	Yes		No
15. Do you allow your child to swim unsupervised?	Frequently	Occasionally	Never
16. How well does your child swim on his/her own?	Can't	Not very well	Excellent
17. Have you taught your child about street and driveway safety?	No		Yes
18. Have you taught your child basic bicycle safety rules?	No	Some	Yes
19. Does your child wear a helmet while riding a bicycle, tricycle, big wheels or rollerblading?	No	Don't know	Yes
20. Do you leave your child alone in the car?	Sometimes		Never
21. Where do you seat your child in the car?	Front	Front or rear	Rear



22. Has you child's blood level been tested?	No	Don't know	Yes
23. How often does your child use a seat belt or car seat?	Never	Sometimes	Always
24. Is the car seat used <u>exactly</u> as label instructions (snug harness, seat belt of car in correct spot, shoulder tether if needed)?	Never	Sometimes	Always
25. Does your child ever ride in the bed of a pickup?	Yes	Sometimes	Never
26. Do you check your child's toys for safety hazards?	Never	Sometimes	Always
27. Do you check outdoor play areas/ground for hazards?	Never	Sometimes	Always
28. Is the playground covered with concrete?	Yes	Don't know	No
29. Does your child ever play with darts or bows and arrows?	Frequently	Occasionally	Never
30. Does your child ever ride on all-terrain vehicles (ATV's)?	Yes		No
31. Does your child play unsupervised around dogs?	Yes	Sometimes	No
32. Would you know what to do if your child were choking?	No	Not sure	Yes
33. Are any of your babysitters under 13 years old?	Yes	Don't know	No
34. Does anyone in your home smoke in bed?	Yes	Occasionally	Never

Note: If any of your answers are in the left-hand or middle columns, please pay extra attention to those. They are risk areas that may require a behavior change or special precautions.



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Safety Survey Ages 7 to 9 Years



Name _____ Date _____

Instructions to parents: Please circle the best answer.

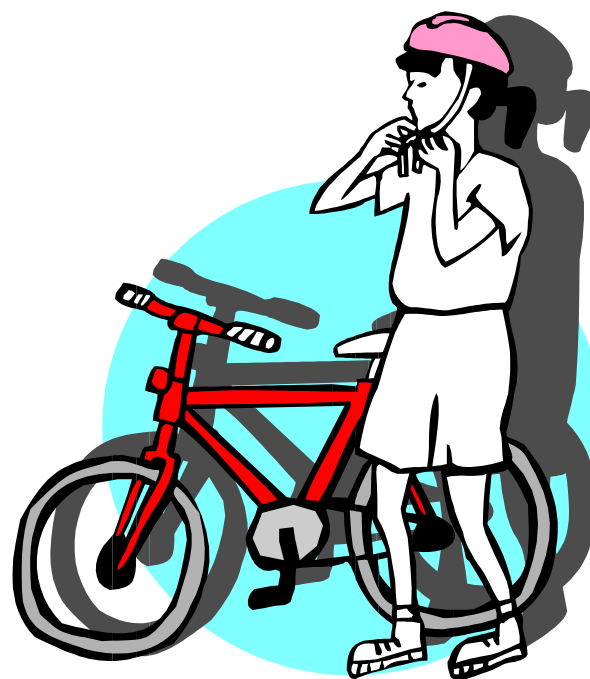
1. Do you keep guns or air rifles in your house?	Yes		No
2. Do you let your child operate a power lawnmower or play near a mower in operation?	Yes	Do not use power mower	No
3. Have any of your children even had any serious accidents requiring a visit to the doctor or hospital?	Yes _____ How many visits?		No
4. How often do you check the heating system in your home?	Never	Every few years	Once a year
5. Do you have an escape plan in the event of a fire in your home?	No		Yes
6. Does you child play with matches or lighters?	Sometimes	Don't know	Never
7. Do you have working fire extinguishers in your home?	No		Yes
8. Do you use wood stoves, portable or kerosene heaters?	Yes		No
9. Do you have <u>working</u> smoke detectors in the home?	No		Yes
10. How often do you check them?	Never	Occasionally	Monthly
11. Does anyone in your home ever smoke in bed?	Frequently	Occasionally	Never
12. Do you have a carbon monoxide detector in your home?	No		Yes
13. Does you child know how to swim?	No		Yes
14. Has you child learned the rules of water safety?	No	Don't know	Yes
15. Does you child use seat belts when in the car?	Never	Sometimes	Always
16. When walking, does your child look left, right, left and cross only at intersections with adult supervision?	No	Don't know	Yes
17. Does your child ride his/her bicycle on the right side of the street?	No	Don't know	Yes
18. Does your child wear a helmet every time he/she rides a bike, skateboards, or uses rollerblades?	No	Don't know	Yes
19. Does he/she ride after dark?	Yes	Don't know	No
20. Does your child play on a trampoline?	Yes		No





21. Does your child play with darts, bows and arrows, BB guns, cap guns or air rifles?	Frequently	Occasionally	Never
22. Does your child ride a jet ski?	Yes		No
23. Have you taught your child what to do when at home alone?	No	Not sure	Yes
24. Has your child been taught basic first aid and rescue breathing?	No		Yes
25. Does your child babysit younger siblings or other young children?	Yes	Sometimes	No
26. Does your child ever ride in the bed of a pickup?	Often	Sometimes	Never
27. Does your child know how to respond to a dog that turns aggressive?	No	Unsure	Yes

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Safety Survey Ages 10 to 12 Years



Name _____ Date _____

Instructions to parents: Please circle the best answer.

1. Do you ever use guns or are there guns in your home?	Yes		No
2. Do you have <u>working</u> smoke detectors in your home?	No	Don't know	Yes
3. Do you have a carbon monoxide detector in your home?	No		Yes
4. Do you ever ride with passengers on your bike?	Yes	No bike	No
5. Do you ride your bike on the right side of the street?	No	Sometimes	Yes
6. Do you wear a helmet when you ride your bike?	No	No bike	Yes
7. Do you wear a helmet when you rollerblade or skateboard?	No	Sometimes	Yes
8. Do you ride your bike after dark?	Yes	No bike	No
9. Do you wear seat belts in the car?	Never	Sometimes	Yes
10. Do you ever ride in the bed of a pickup?	Yes	Sometimes	No
11. When you want to cross the street, do you look left, right, then left?	No	Sometimes	Yes
12. When swimming or playing near water (for example, rivers, ponds, lakes, creeks), are you always with another person?	No		Yes
13. Do you use jet skis?	Yes		No
14. Do you know how to properly store and use gasoline?	No		Yes
15. Do you know what to do when at home alone?	No	Not sure	Yes
16. Do you know basic first aid and rescue breathing?	No		Yes
17. Do you play on a trampoline?	Yes	Sometimes	No
18. Do you ever ride an all-terrain vehicle (ATV's)?	Yes		No
19. Do you use a helmet	No		Yes
20. When diving in an unfamiliar place, do you dive feet-first or head-first?	Head-first		Feet-first
21. Do you live or work on a farm?	Yes		No



Note: If any of your answers are in the left-hand or middle columns, please pay extra attention to those. They are risk areas that may require a behavior change or special precautions.



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Safety Survey Ages 13 to 18 Years

Name _____ Date _____

Instructions to parents: Please circle the best answer.

1. Do you ever use guns or are there guns in your home?	Yes		No
2. Do you have <u>working</u> smoke detectors in your home?	No	Don't know	Yes
3. Do you have a carbon monoxide detector in your home?	No		Yes
4. Do you ever ride with passengers on your bike?	Yes	No bike	No
5. Do you wear a helmet when you ride your bike?	No	No bike	Yes
6. Do you ride your bicycle on the right side of the street?	No	No bike	Yes
7. Do you ride after dark?	Yes	Sometimes	No
8. Do you wear seat belts in the car?	Never	Sometimes	Always
9. Do you ride a skateboard?	Yes		No
10. Do you wear a helmet when you use a skateboard or rollerblades?	No		Yes
11. Do you ever dive from rocks or cliffs?	Yes	Sometimes	No
12. When you are participating in activities around water (for example, swimming, fishing, boating), are you always with another person?	No		Yes
13. Do you ever use jet skis?	Yes	Sometimes	No
14. Do you know how to properly store and use gasoline?	No		Yes
15. Do you know basic first aid and rescue breathing?	No		Yes
16. Are there situations that prompt you to use alcohol or other drugs, or ride in a car with a person who has been drinking?	Yes	Sometimes	No
17. Do you ever ride a motorcycle?	Yes		No
18. Do you wear a helmet?	No	Sometimes	Yes
19. Do you ever ride all-terrain vehicles (ATV's)?	Yes	Sometimes	No
20. Do you play on a trampoline?	Yes	Sometimes	No
21. Have you ever gotten a ticket for speeding or reckless driving?	Yes _____ How many?		No
22. Do you live or work on a farm?	Yes		No



Note: If any of your answers are in the left-hand or middle columns, please pay extra attention to those. They are risk areas that may require a behavior change or special precautions.

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