



FROM 1 TO 4 YEARS (Part 1)

Framingham Safety Survey

Name _____ Date _____

Please X through one answer for each question.

- | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|---------------|-------------------------|
| 1. Do you leave your child alone at home? | Frequently | Occasionally | Never | |
| 2. Are any of your baby-sitters younger than 13 years? | Yes | Don't know | No | |
| 3. Do you keep plastic wrappers, plastic bags, and balloons away from your children? | Always | Sometimes | Never | |
| 4. Do you know how to prevent your child from choking? | Yes | No | | |
| 5. Do you have mechanical garage doors? | Yes | No | | |
| 6. Are your operable window guards in place? | All windows | Some windows | None | |
| 7. Is your child in the yard while the lawn mower is in use? | Never | Sometimes | Have no mower | |
| 8. Do you place gates at the entrance to stairways (for children younger than 3 years)? | Always | Sometimes | Never | All children 3 or older |
| 9. Is your baby's crib near a window or drapery covering? | Yes | No | | |
| 10. Do you check for safety hazards in homes of friends or relatives where your child may play? | Always | Sometimes | Never | |
| 11. Have any of your children ever had an injury requiring a visit to the doctor or hospital? | Yes. How many visits? _____ | Don't remember | No | |
| 12. Is there a gun in your home or the home where your child plays or is cared for? | Yes | Don't know | No | |
| 13. Do you keep household products, medicines (including acetaminophen and iron), and sharp objects out of the reach of your child and in locked cabinets? | Always | Sometimes | Never | |
| 14. Do you dispose of old medicines? | Always | Sometimes | Never | |
| 15. Do you have safety caps on all bottles of medicine? | Always | Sometimes | Never | |
| 16. Does your child chew on paint chips or window sills? | Frequently | Occasionally | Never | |
| 17. Do you have the number of the Poison Help Line by your phone? | Yes | No | | |
| 18. How frequently is the heating system checked where you live? | Never | At least once a year | Don't know | |

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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HE0022-B
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Revised-1203
3-44/rep1204



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Framingham Safety Survey **Answer Key**

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