



# FROM 5 TO 9 YEARS

## Framingham Safety Survey

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

Please X through one answer for each question.

- |  |                             |                      |                        |
|--|-----------------------------|----------------------|------------------------|
| 1. Is there a gun in your home or the home where your child plays or is cared for?                     | Yes                         | Don't know           | No                     |
| 2. Do you let your child operate a power lawn mower?   | Yes                         | No                   | Do not use power mower |
| 3. Have any of your children ever had any injuries requiring a visit to the doctor or hospital?        | Yes. How many visits? _____ | Don't remember       | No                     |
| 4. How frequently is the heating system checked in your home?  | Never                       | At least once a year | Every few years        |
| 5. Do you and your children know how to get out of your home safely in the event of a fire?            | Yes                         | No                   |                        |
| 6. Does anyone in your home ever smoke?  | Frequently                  | Occasionally         | Never                  |
| 7. Does your child play with matches or lighters?  | Frequently                  | Occasionally         | Never                  |
| 8. Do you have working fire extinguishers in your home?  | Yes                         | Don't know           | No                     |
| 9. Does your child play with firecrackers or sparklers?  | Frequently                  | Occasionally         | Never                  |
| 10. Do you have working smoke alarms in your home?   | Yes                         | No                   |                        |
| 11. Does your child know how to swim?  | Yes                         | No                   |                        |
| 12. Does your child know the rules of water and diving safety?   | Yes                         | Don't know           | No                     |
| 13. Does your child wear a life jacket when on a boat?   | Always                      | Sometimes            | Never                  |
| 14. Does your child use a booster seat or seat belt when riding in the car on every trip at all times? | Yes                         | No                   |                        |
| 15. Does your car have a passenger air bag?  | Yes                         | No                   |                        |
| 16. Do your children cross the street by themselves?   | Yes                         | Don't know           | No                     |
| 17. Has your child learned about bicycle safety?   | Yes                         | Don't know           | No                     |
| 18. Does your child wear a helmet every time he or she rides a bike?                                   | Yes                         | Don't know           | No                     |
| 19. Does your child participate in sports?   | Yes                         | No                   |                        |
| 20. Does your child participate in horseback riding?   | Frequently                  | Occasionally         | Never                  |

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## Answer Key

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