



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 | |

American Academy of Pediatrics

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