



# 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                   |
| 9. Is your baby's crib near a window or drapery covering?  | Yes                         | No                   | All children 3 or older |
| 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              |

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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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## Framingham Safety Survey **Answer Key**

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

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| 3. Do you keep plastic wrappers, plastic bags, and balloons away from your children?   | <b>Always</b>               | Sometimes                   | Never                |
| 4. Do you know how to prevent your child from choking?   | <b>Yes</b>                  | No                          |                      |
| 5. Do you have mechanical garage doors?  | Yes                         | <b>No</b>                   |                      |
| 6. Are your operable window guards in place?   | <b>All windows</b>          | Some windows                | None                 |
| 7. Is your child in the yard while the lawn mower is in use?   | <b>Never</b>                | Sometimes                   | <b>Have no mower</b> |
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| 12. Is there a gun in your home or the home where your child plays or is cared for?  | Yes                         | Don't know                  | <b>No</b>            |
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