



THE FIRST YEAR OF LIFE

Framingham Safety Survey

Name _____ Date _____

Please X through one answer for each question.

- | | | | |
|---|-------------|----------------------|-----------------|
| 1. Do you put your baby on his or her back in a safety-approved crib with no pillows, bumpers, or soft bedding for every sleep? | Always | Sometimes | Never |
| 2. Do you leave your baby alone on tables or beds, even for a brief moment? | Frequently | Occasionally | Never |
| 3. Do you leave your baby alone at home? | Frequently | Occasionally | Never |
| 4. Do you keep plastic wrappers, plastic bags, and balloons away from your children? | Always | Sometimes | Never |
| 5. Does your child wear a pacifier or jewelry around his or her neck? | Frequently | Occasionally | Never |
| 6. Does your child play with small objects such as beads or nuts? | Frequently | Occasionally | Never |
| 7. Are any of your baby-sitters younger than 13 years? | Yes | Don't know | No |
| 8. How frequently is the heating system checked where you live? | Never | At least once a year | Every few years |
| 9. Are your operable window guards in place? | All windows | Some windows | None |
| 10. Do you ever place your baby in an infant walker? | Yes | No | |
| 11. Does anyone in your home ever smoke? | Frequently | Occasionally | Never |
| 12. Do you have a plan for escape from your home in the event of a fire? | Yes | No | |
| 13. Do you have working fire extinguishers in your home? | Yes | Don't know | No |
| 14. Do you have working smoke alarms in your home? | Yes | No | |
| 15. Do you ever drink or carry hot liquids when holding your baby? | Frequently | Occasionally | Never |
| 16. Do you ever use woodstoves or kerosene heaters? | Yes | No | |
| 17. Do you leave your baby alone in or near a tub, pail of water, or toilet, even for a brief moment? | Frequently | Occasionally | Never |
| 18. Do you have a pool or hot tub where you live? | Yes | No | |
| 19. Do you use a car safety seat in the car on every trip at all times? | Yes | No | |
| 20. Which direction does your child's car safety seat face? | Rear-facing | Forward-facing | |
| 21. Where do you place your child's car safety seat in the car? | Front | Rear | Front or rear |
| 22. Does your child ride on your bicycle with you? | Frequently | Occasionally | Never |
| 23. Is there a gun in your home or the home where your child plays or is cared for? | Yes | Don't know | No |

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



THE FIRST YEAR OF LIFE

Framingham Safety Survey **Answer Key**

Name _____ Date _____

Please X through one answer for each question.

- | | | | |
|---|--------------------|-----------------------------|-----------------|
| 1. Do you put your baby on his or her back in a safety-approved crib with no pillows, bumpers, or soft bedding for every sleep? | Always | Sometimes | Never |
| 2. Do you leave your baby alone on tables or beds, even for a brief moment? | Frequently | Occasionally | Never |
| 3. Do you leave your baby alone at home? | Frequently | Occasionally | Never |
| 4. Do you keep plastic wrappers, plastic bags, and balloons away from your children? | Always | Sometimes | Never |
| 5. Does your child wear a pacifier or jewelry around his or her neck? | Frequently | Occasionally | Never |
| 6. Does your child play with small objects such as beads or nuts? | Frequently | Occasionally | Never |
| 7. Are any of your baby-sitters younger than 13 years? | Yes | Don't know | No |
| 8. How frequently is the heating system checked where you live? | Never | At least once a year | Every few years |
| 9. Are your operable window guards in place? | All windows | Some windows | None |
| 10. Do you ever place your baby in an infant walker? | Yes | No | |
| 11. Does anyone in your home ever smoke? | Frequently | Occasionally | Never |
| 12. Do you have a plan for escape from your home in the event of a fire? | Yes | No | |
| 13. Do you have working fire extinguishers in your home? | Yes | Don't know | No |
| 14. Do you have working smoke alarms in your home? | Yes | No | |
| 15. Do you ever drink or carry hot liquids when holding your baby? | Frequently | Occasionally | Never |
| 16. Do you ever use woodstoves or kerosene heaters? | Yes | No | |
| 17. Do you leave your baby alone in or near a tub, pail of water, or toilet, even for a brief moment? | Frequently | Occasionally | Never |
| 18. Do you have a pool or hot tub where you live? | Yes | No | |
| 19. Do you use a car safety seat in the car on every trip at all times? | Yes | No | |
| 20. Which direction does your child's car safety seat face? | Rear-facing | Forward-facing | |
| 21. Where do you place your child's car safety seat in the car? | Front | Rear | Front or rear |
| 22. Does your child ride on your bicycle with you? | Frequently | Occasionally | Never |
| 23. Is there a gun in your home or the home where your child plays or is cared for? | Yes | Don't know | No |

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

