

THE FIRST YEAR OF LIFE

Framingham Safety Survey

	Academy of Pediatrics			
Name			Date	
Plea	ase 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	Yes	Don't know	No

23. Is there a gun in your home or the home where your child plays or is cared for?

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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

Always

Frequently

Frequently

Frequently

Frequently

All windows

Frequently

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Front

Yes

Frequently

Frequently

Rear-facing

Frequently

Never

Always

Name

Date_

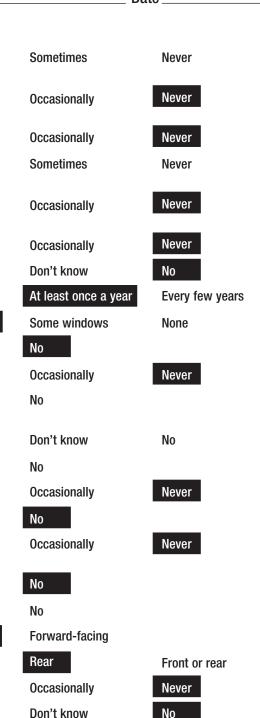
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