

Safety Survey Ages 10 to 12 Years



Name _____ Date _____

Instructions to parents: Please circle the best answer.

1. Do you ever use guns or are there guns in your home?	Yes		No
2. Do you have <u>working</u> smoke detectors in your home?	No	Don't know	Yes
3. Do you have a carbon monoxide detector in your home?	No		Yes
4. Do you ever ride with passengers on your bike?	Yes	No bike	No
5. Do you ride your bike on the right side of the street?	No	Sometimes	Yes
6. Do you wear a helmet when you ride your bike?	No	No bike	Yes
7. Do you wear a helmet when you rollerblade or skateboard?	No	Sometimes	Yes
8. Do you ride your bike after dark?	Yes	No bike	No
9. Do you wear seat belts in the car?	Never	Sometimes	Yes
10. Do you ever ride in the bed of a pickup?	Yes	Sometimes	No
11. When you want to cross the street, do you look left, right, then left?	No	Sometimes	Yes
12. When swimming or playing near water (for example, rivers, ponds, lakes, creeks), are you always with another person?	No		Yes
13. Do you use jet skis?	Yes		No
14. Do you know how to properly store and use gasoline?	No		Yes
15. Do you know what to do when at home alone?	No	Not sure	Yes
16. Do you know basic first aid and rescue breathing?	No		Yes
17. Do you play on a trampoline?	Yes	Sometimes	No
18. Do you ever ride an all-terrain vehicle (ATV's)?	Yes		No
19. Do you use a helmet	No		Yes
20. When diving in an unfamiliar place, do you dive feet-first or head-first?	Head-first		Feet-first
21. Do you live or work on a farm?	Yes		No



Note: If any of your answers are in the left-hand or middle columns, please pay extra attention to those. They are risk areas that may require a behavior change or special precautions.

