

"When your health really matters."

Safety Survey Ages 13 to 18 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 working 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 wear a helmet when you ride your bike?	No	No bike	Yes
6.	Do you ride your bicycle on the right side of the street?	No	No bike	Yes
7.	Do you ride after dark?	Yes	Sometimes	No
8.	Do you wear seat belts in the car?	Never	Sometimes	Always
9.	Do you ride a skateboard?	Yes		No
10.	Do you wear a helmet when you use a skateboard or rollerblades?	No		Yes
11.	Do you ever dive from rocks or cliffs?	Yes	Sometimes	No
12.	When you are participating in activities around water (for example, swimming, fishing, boating), are you always with another person?	No		Yes
13.	Do you ever use jet skis?	Yes	Sometimes	No
14.	Do you know how to properly store and use gasoline?	No		Yes
15.	Do you know basic first aid and rescue breathing?	No		Yes
16.	Are there situations that prompt you to use alcohol or other drugs, or ride in a car with a person who has been drinking?	Yes	Sometimes	No
17.	Do you ever ride a motorcycle?	Yes		No
18.	Do you wear a helmet?	No	Sometimes	Yes
19.	Do you ever ride all-terrain vehicles (ATV's)?	Yes	Sometimes	No
20.	Do you play on a trampoline?	Yes	Sometimes	No
21.	Have you ever gotten a ticket for speeding or reckless driving?	Yes How many?		No
22.	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.

Provided by: Oklahoma SAFE KIDS Coalition, a program of the Oklahoma
State Department of Health and OU Children's Physicians (405) 271-5695

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