

"When your health really matters."

Safety Survey Ages 7 to 9 Years

Name		Date				
Instructions to parents: Please circle the best answer.						
1.	Do you keep guns or air rifles in your house?	Yes		No		
2.	Do you let your child operate a power lawnmower or play near a mower in operation?	Yes	Do not use power mower	No		
3.	Have any of your children even had any serious accidents requiring a visit to the doctor or hospital?	Yes How many visits?		No		
4.	How often do you check the heating system in your home?	Never	Every few years	Once a year		
5.	Do you have an escape plan in the event of a fire in your home?	No		Yes		
6.	Does you child play with matches or lighters?	Sometimes	Don't know	Never		
7.	Do you have working fire extinguishers in your home?	No		Yes		
8.	Do you use wood stoves, portable or kerosene heaters?	Yes		No		
9.	Do you have <u>working</u> smoke detectors in the home?	No		Yes		
10.	How often do you check them?	Never	Occasionally	Monthly		
11.	Does anyone in your home ever smoke in bed?	Frequently	Occasionally	Never		
12.	Do you have a carbon monoxide detector in your home?	No		Yes		
13.	Does you child know how to swim?	No		Yes		
14.	Has you child learned the rules of water safety?	No	Don't know	Yes		
15.	Does you child use seat belts when in the car?	Never	Sometimes	Always		
16.	When walking, does your child look left, right, left and cross only at intersections with adult supervision?	No	Don't know	Yes		
17.	Does your child ride his/her bicycle on the right side of the street?	No	Don't know	Yes		
18.	Does your child wear a helmet every time he/she rides a bike, skateboards, or uses rollerblades?	No	Don't know	Yes		
19.	Does he/she ride after dark?	Yes	Don't know	No		
20.	Does your child play on a trampoline?	Yes		No		

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Safety Survey Ages 7 to 9 Years Page 2

21.	Does your child play with darts, bows and arrows, BB guns, cap guns or air rifles?	Frequently	Occasionally	Never
22.	Does your child ride a jet ski?	Yes		No
23.	Have you taught your child what to do when at home alone?	No	Not sure	Yes
24.	Has your child been taught basic first aid and rescue breathing?	No		Yes
25.	Does your child babysit younger siblings or other young children?	Yes	Sometimes	No
26.	Does your child ever ride in the bed of a pickup?	Often	Sometimes	Never
27.	Does your child know how to respond to a dog that turns aggressive?	No	Unsure	Yes

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.





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