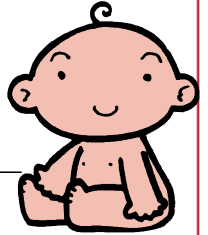




Safety Survey
First Year of Life (0 to 12 months)



Name _____ Date _____

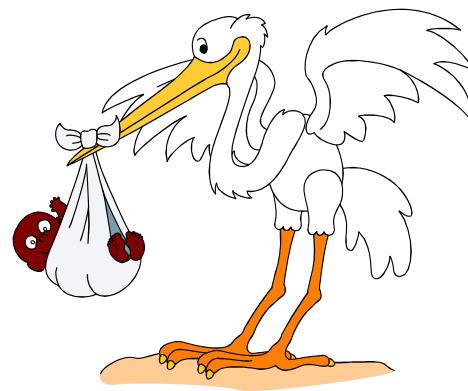
Instructions to parents: Please circle the best answer.

Table with 19 rows of survey questions and 3 columns of response options (Never, Sometimes, Always). Includes questions about crib safety, supervision, household hazards, and fire safety.



20. Do you buckle your child into an infant car seat on every ride?	No	Sometimes	Yes
21. Does the seat face backwards if your child is less than 12 months old?	No	Unsure	Yes
22. Do you always buckle the car seat belt tightly through the safety seat frame, following directions on label <u>exactly</u> ?	No	Sometimes	Yes
23. Does your infant ride in the passenger seat where an airbag is located?	Yes	Sometimes	No
24. Where do you seat your children in the car?	Front	Front or rear	Rear
25. Do you leave the baby alone in a tub of water?	Frequently	Occasionally	Never
26. Is there a body of water (i.e., pool, spa, pond) near your home?	Yes		No
27. Does your child ride on your bicycle with you?	Always	Sometimes	Never
28. Does your child use a walker?	Yes		No
29. Do you have the hotline number of the Oklahoma Poison Control Center posted by your phone?	No	Don't know	Yes
30. Have you or any other adult in your home had CPR training?	No		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.



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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