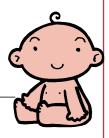
"When your health really matters."

Date

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



Instructions to parents: Please circle the best answer.

Name

MEDICAL

- 1. Do you put the crib side up whenever you leave the baby unattended?
- 2. Do you leave the baby unattended on tables or beds?
- 3. Do you leave the baby alone in the house?
- 4. Do you keep plastic wrappers, plastic bags and balloons out of reach?
- 5. Does your child play with small objects such as beads or nuts, or do you feed him foods such as carrots, hot dogs, grapes or popcorn?
- 6. Have your children had an accident requiring a visit to the doctor or hospital?
- 7. Are any of your babysitters less than 13 years old?
- 8. Has your infant had a blood lead level test?
- 9. How frequently do you check the heating system in your house?
- 10. Do you have a plan for escape from the house in the event of a fire?
- 11. Do you have working fire extinguishers in the house?
- 12. Do you have working smoke alarms in the house?
- 13. How often do you check the batteries?
- 14. Does anyone in your home smoke?
- 15. Do you ever use wood stoves, kerosene or portable heaters?
- 16. Do you have a carbon monoxide detector in your house or garage?
- 17. At what temperature is your water heater set?
- 18. Do you watch for young children before handling hot liquids?
- 19. Is your child's sleepwear made with fabric that is flame-resistant?

Never	Sometimes	Always
Frequently	Occasionally	Never
Frequently	Occasionally	Never
Never	Sometimes	Always
Always	Sometimes	Never
Yes How many visits?		No
Yes	Don't know	No
No		Yes
Never	Every few years	Once a year
No		Yes
No		Yes
No		Yes
Never	Occasionally	Monthly
Yes	Sometimes	No
Yes		No
No		Yes
Greater than 120°	Don't know	Less than 120°
Never	Sometimes	Always
No	Don't know	Yes

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"When your health really matters."

Safety Survey First Year of Life (0 to 12 months) Page 2

20. Do you buckle your child into an infant car seat on every ride?

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- 21. Does the seat face backwards if your chld is less than 12 months old?
- 22. Do you always buckle the car seat belt tightly through the safety seat frame, following directions on label <u>exactly</u>?
- 23. Does your infant ride in the passenger seat where an airbag is located?
- 24. Where do you seat your children in the car?
- 25. Do you leave the baby alone in a tub of water?
- 26. Is there a body of water (i.e., pool, spa, pond) near your home?
- 27. Does your child ride on your bicycle with you?
- 28. Does your child use a walker
- 29. Do you have the hotline number of the Oklahoma Poison Control Center posted by your phone?
- 30. Have you or any other adult in your home had CPR training?

No	Sometimes	Yes
No	Unsure	Yes
No	Sometimes	Yes
Yes	Sometimes	No
Front	Front or rear	Rear
Frequently	Occasionally	Never
Yes		No
Always	Sometimes	Never
Yes		No
No	Don't know	Yes
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.



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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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