



Safety Survey
Preschool Through Kindergarten Age (2_ through 6 years)

Name _____ Date _____

Instructions to parents: Please circle the best answer.

Table with 4 columns: Question, Never, Sometimes, Always. Contains 21 safety-related questions for preschoolers.



22. Has you child’s blood level been tested?	No	Don’t know	Yes
23. How often does your child use a seat belt or car seat?	Never	Sometimes	Always
24. Is the car seat used <u>exactly</u> as label instructions (snug harness, seat belt of car in correct spot, shoulder tether if needed)?	Never	Sometimes	Always
25. Does your child ever ride in the bed of a pickup?	Yes	Sometimes	Never
26. Do you check your child’s toys for safety hazards?	Never	Sometimes	Always
27. Do you check outdoor play areas/ground for hazards?	Never	Sometimes	Always
28. Is the playground covered with concrete?	Yes	Don’t know	No
29. Does your child ever play with darts or bows and arrows?	Frequently	Occasionally	Never
30. Does your child ever ride on all-terrain vehicles (ATV’s)?	Yes		No
31. Does your child play unsupervised around dogs?	Yes	Sometimes	No
32. Would you know what to do if your child were choking?	No	Not sure	Yes
33. Are any of your babysitters under 13 years old?	Yes	Don’t know	No
34. Does anyone in your home smoke in bed?	Yes	Occasionally	Never

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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