



# Orchard Pediatrics, P.C .

Newborn through Adolescent Care

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## SAFETY SURVEY - 5 TO 9 YEARS OF AGE

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|--------------------------------------------------------------------------------------------------|-------------|---------------|---------------------------------------------------|
| 1. Is there a gun in your home?                                                                  | Yes         | No            | Do not know                                       |
| 2. Do you let your child operate a power lawn mower?                                             | Yes         | No            | Do not use power mower                            |
| 3. Have any of your children ever had any accidents requiring a visit to the doctor or hospital? | Yes         | No            | Do not remember<br>If yes, how many visits? _____ |
| 4. How frequently is the heating system checked in your home? Never                              | Once a year | Every 2 years |                                                   |
| 5. Do you and your children know how to get out of your home in the event of a fire?             | Yes         | No            |                                                   |
| 6. Does anyone in your home ever smoke in bed?                                                   | Frequently  | Occasionally  | Never                                             |
| 7. Does your child play with matches or lighters?                                                | Frequently  | Occasionally  | Never                                             |
| 8. Do you have working fire extinguishers in your home?                                          | Yes         | No            | I do not know                                     |
| 9. Does your child play with firecrackers or sparklers?                                          | Frequently  | Occasionally  | Never                                             |
| 10. Do you have working smoke or fire detectors in your home?                                    | Yes         | No            |                                                   |
| 11. Does your child know how to swim?                                                            | Yes         | No            |                                                   |
| 12. Does your child know the rules of water and diving safety?                                   | Yes         | No            |                                                   |
| 13. Does your child wear a life jacket when in a boat?                                           | Always      | Sometimes     | Never                                             |
| 14. Does your child wear a seat belt when riding in a car?                                       | Yes         | No            |                                                   |
| 15. Has your child learned to cross the street safely? (ages 7-9 only)                           | Yes         | No            | I do not know                                     |
| 16. Has your child learned about bicycle safety? Yes                                             | No          | I do not know |                                                   |
| 17. Does your child wear a helmet every time he or she rides a bike?                             | Yes         | No            | I do not know                                     |
| 18. Does your child participate in sports?                                                       | Yes         | No            |                                                   |
| 19. Does your child participate in horseback riding?                                             | Frequently  | Occasionally  | Never                                             |