



Orchard Pediatrics, P.C .

Newborn through Adolescent Care

SAFETY SURVEY-THE FIRST YEAR OF LIFE

1. Do you put the crib side up whenever you leave your baby in its crib?	Sometimes	Never	Always
2. Do you leave the baby alone on tables or beds - even for a brief moment?	Frequently	Occasionally	Never
3. Do you leave the baby alone at home?	Frequently	Occasionally	Never
4. Do you keep plastic wrappers, plastic bags, and balloons away from your children?	Sometimes	Never	Always
5. Does your child wear a pacifier or jewelry around his or her neck?	Frequently	Occasionally	Never
6. Does your child play with small objects such as beads or nuts or sharp objects like keys?	Frequently	Occasionally	Never
7. Are any of your baby-sitters less than 13 years old?	Yes	No	Unknown
8. How frequently is the heating system checked where you live?	Never	Every few years	At least once a year
9. Are your window screens and guards in good condition?	Some windows	All windows	None
10. Do you ever place your baby in an infant walker?	Yes	No	
11. Does anyone in your home ever smoke in bed?	Frequently	Occasionally	Never
12. Do you have a plan for escape from your home in the event of a fire?	Yes	No	
13. Do you have working fire extinguishers in the home?	Yes	No	Unknown
14. Do you have smoke or fire detectors and CO detectors in your home?	Yes	No	Unknown
15. Do you drink or carry hot liquids when holding your baby?	Frequently	Occasionally	Never
16. Do you ever use woodstoves, kerosene, or quartz heaters?	Yes	No	
17. Do you leave the baby alone in or near a tub, pail of water, or toilet - even for a brief moment?	Frequently	Occasionally	Never
18. Do you have a pool or hot tub where you live or visit?	Yes	No	
19. Do you use a car seat in the car?	Yes	No	
20. Where do you place your child's car seat in the car?	Front	Front or rear	Rear
21. Does your child ride on your bicycle with you?	Frequently	Occasionally	Never
22. Is there a gun in your home?	Yes	No	Unknown