Wisconsin Healthy Homes Initiative--Home Injury Hazards Screening

Subject Code #:_____ **Interviewer Code #:_____** **Date:_____**

What time is it right now?_____

1. Is there a fire extinguisher in your home?
- ☐ Yes
- ☐ Uncertain
- ☐ No

If yes, does it work?
- ☐ Yes
- ☐ Uncertain
- ☐ No

2. Is there a smoke or fire alarm in your home?
- ☐ Yes
- ☐ Uncertain
- ☐ No

If yes, does it work?
- ☐ Yes
- ☐ Uncertain
- ☐ No

3. Is there a fire sprinkler system in your apartment building or home?
- ☐ Yes
- ☐ Uncertain
- ☐ No

4. Is there a carbon monoxide alarm in your home?
- ☐ Yes
- ☐ Uncertain
- ☐ No

If yes, does it work?
- ☐ Yes
- ☐ Uncertain
- ☐ No

5. Do you have a plan for escape from the home in case there was a fire right now?
- ☐ Yes
- ☐ No

6. How often would someone in your home smoke in bed?
- ☐ Frequently
- ☐ Once in a while
- ☐ Never
- ☐ No one smokes

7. Do you have a space heater?
- ☐ Yes
- ☐ No

8. Do you have a wood-burning stove?
- ☐ Yes
- ☐ No

9. Have you ever needed to use your oven to provide heat in the winter?
- ☐ Yes
- ☐ No

10. Are matches and cigarette lighters kept out of the reach of your children?
- ☐ Yes
- ☐ No

If yes, how often are matches and cigarette lighters kept out of your children's reach?
- ☐ Always
- ☐ Sometimes

11. Has your child ever played with matches or lighters?
- ☐ Yes
- ☐ Uncertain
- ☐ No

If yes, how often does your child play with matches or lighters?
- ☐ Frequently
- ☐ Once in a while
- ☐ Only once
- ☐ Uncertain
- ☐ Never

12. Do you turn the handles of pots and pans on the stove inward or facing the back of the stove?
- ☐ Yes
- ☐ No

If yes, how often do you turn the handles inward or to the back of the stove?
- ☐ Always
- ☐ Sometimes

13. Are you aware that you can get burned from hot water at the tap?
- ☐ Yes
- ☐ No

14. Do you think that your tap water might be hot enough to burn your child?
- ☐ Yes
- ☐ Uncertain
- ☐ No

15. Has the hot water temperature been checked where you live?
- ☐ Yes
- ☐ Uncertain
- ☐ No

If yes, what temperature is it?

*(Degrees Fahrenheit)*_____

16. Have you or someone else turned the water heater temperature down because the water from the faucet was too hot?
- ☐ Yes
- ☐ Uncertain
- ☐ No

17. Do you have anti-scald devices on your faucets?
- ☐ Yes
- ☐ Uncertain
- ☐ No

18. Has your child ever been left alone in the bathtub?
- ☐ Yes
- ☐ Uncertain
- ☐ No

If yes, how often is your child left alone in the bathtub?
- ☐ Frequently
- ☐ Once in a while
- ☐ Rarely

19. Do you use electrical appliances in the bathroom?
- ☐ Yes
- ☐ No

If yes, do you have a special outlet that protects from electrocution (show picture, or outlet)?
- ☐ Yes
- ☐ Uncertain
- ☐ No

20. Do you have a mat or non-skid strips on the bottom of your bathtub to prevent falls?
- ☐ Yes
- ☐ Uncertain
- ☐ No

21. Do you have a stove with knobs in the front?
- ☐ Yes
- ☐ No
- ☐ Uncertain

If yes, what do you do with the knobs?
- ☐ Keep them in place
- ☐ Remove them
- ☐ Use knob covers

22. Are electrical appliances kept away from your child's reach?
- ☐ Yes
- ☐ No

If yes, how often are they kept away from your child?
- ☐ Always
- ☐ Sometimes

23. Do you cover unused electrical outlets that are visible with plug protectors?
- ☐ Yes
- ☐ Uncertain
- ☐ No

If yes, how many electrical outlets are covered?
- ☐ All
- ☐ Some

24. Do you have stairs in your house or apartment building?
- ☐ Yes
- ☐ No

24a. If yes to 24, are there any stairways without handrails?
- ☐ Yes
- ☐ Uncertain
- ☐ No

24b. If yes to 24, are the stairs where you live well lit and free of clutter?
- ☐ Yes
- ☐ No

24b[1]. If yes to 24b, how often are the stairs free of clutter?
- ☐ Always
- ☐ Sometimes

25. Are the hallways where you live well lit and free of clutter?
- ☐ Yes
- ☐ No

If yes, how often are the hallways free of clutter?
- ☐ Always
- ☐ Sometimes

26. Do you have any special window guards to keep kids from falling out?
- ☐ Yes
- ☐ Uncertain
- ☐ No

26a. If yes to 26, how many windows have guards?
- ☐ All
- ☐ Some

If "no" to 26 or "some" to 26a, of the windows that are not protected, is there anything on them to prevent them from opening more than 4 inches?
- ☐ Yes
- ☐ No

27. Does your child wear a helmet when he or she rides a bike?
- ☐ Yes
- ☐ No

If yes, how often does your child wear a helmet?
- ☐ Always
- ☐ Sometimes
- ☐ Rarely

28. Does your child play in the driveway, near the street, or in the street?
- ☐ Yes
- ☐ No

If yes, how often does your child play in the driveway, near the street, or in the street?
- ☐ Always
- ☐ Frequently
- ☐ Once in a while

29. Is there a trampoline where you live?
- ☐ Yes
- ☐ Uncertain
- ☐ No

30. Do you have bunk beds?
- ☐ Yes
- ☐ No

If yes, are there guardrails above the mattress on the top bunk?
- ☐ Yes
- ☐ Uncertain
- ☐ No

31. Is your child's bed placed at least an arm's length away from windows and window blind cords?
- ☐ Yes
- ☐ Uncertain
- ☐ No

32. Does your home have any curtain or window blind cords with loops that hang down?
- ☐ Yes
- ☐ Uncertain
- ☐ No

33. Do you know what to do if your child starts to choke?
- ☐ Yes
- ☐ No

If yes, what? (let them say it and the interviewer can type in the short response)

34. Do you have a toy chest?
- ☐ Yes
- ☐ No

If yes, does it have a lid that will stay open at any height?
- ☐ Yes
- ☐ Uncertain
- ☐ No

35. Are plastic wrappers, plastic bags, and balloons kept away from your children?
- ☐ Yes
- ☐ No

If yes, how often are they kept away from your children?
- ☐ Always
- ☐ Sometimes

36. Do you check your child's toys for loose parts or other safety hazards?
- ☐ Yes
- ☐ No

If yes, how often do you check your child's toys for loose parts or other safety hazards?
- ☐ Always
- ☐ Sometimes

37. Is gasoline stored anywhere in your house?
- ☐ Yes
- ☐ Uncertain
- ☐ No

38. Is the poison control center phone number posted by your telephone?
- ☐ Yes
- ☐ Uncertain
- ☐ No

39. Are emergency phone numbers (fire department, police) posted by your telephone?
- ☐ Yes
- ☐ Uncertain
- ☐ No

40. Do any of your children know how to dial 9-1-1?
- ☐ Yes
- ☐ Uncertain
- ☐ No

41. Is there syrup of ipecac in your home in case of poisoning?
- ☐ Yes
- ☐ Uncertain
- ☐ No

42. Do you know how to use syrup of ipecac?
- ☐ Yes
- ☐ No

43. Are your tools kept in a locked place so that your children cannot enter?
- ☐ Yes
- ☐ No

44. Are cleaning products stored out of the reach of your children or in locked cabinets?
- ☐ Yes
- ☐ No

45. Are medicines stored out of the reach of your children or in locked cabinets?
- ☐ Yes
- ☐ No

46. Do you throw away medicines you no longer need or are expired?
- ☐ Yes
- ☐ No, I save them until they expire
- ☐ No, I did not know medicines have an expiration date
- ☐ No

47. If you have a gun in your home for protection or hunting, do you keep it in a lock box or locked cabinet?
- ☐ Yes
- ☐ No (still ask #48 and #49)
- ☐ Don't have any guns (skip question #48 and #49)

48. If you have a gun, do you own a trigger lock?
- ☐ Yes
- ☐ No

If yes, is there a trigger lock on your gun(s) at all times?
- ☐ Yes
- ☐ No

49. If you have a gun, do you keep the ammunition locked in a separate place from the gun?
- ☐ Yes
- ☐ No

50. Do you check for safety hazards (such as poisons or guns) in the homes of friends or relatives where your child may play?
- ☐ Yes
- ☐ No

If yes, how often do you check for safety hazards in other's homes?
- ☐ Always
- ☐ Sometimes

51. Does your child use a car seat or a booster seat when riding in the car?
- ☐ Yes
- ☐ No

If yes, how often does your child use a car seat / booster seat?
- ☐ Always
- ☐ Sometimes

52. Have any of your children ever had an injury at home that required a visit to the doctor or the hospital?
- ☐ Yes
- ☐ Uncertain
- ☐ No

*If yes, when did the injury occur*_____

53. Has the child who is enrolling today ever had an injury that required a visit to the doctor or the hospital?
- ☐ Yes
- ☐ Uncertain
- ☐ No

*If yes, when did the injury occur?*_____

54. **What time is it right now?**_____