

### Safety & Risk Questionnaire: 1-5 Years

Is your home safe for young children (chemicals and medicines locked away, smoke and CO detectors in place, gates at stairs and around pools, etc.)?	Yes	No
Does your child brush her/his teeth twice daily?	Yes	No
Do you use the appropriate car seat for your child's age and weight?	Yes	No
Do you feel that you and your child are safe from violence?	Yes	No
Does your child spend time in a home where a gun is kept?	Yes	No
Does anyone in your household smoke?	Yes	No
Does your child sleep well and get sufficient sleep?	Yes	No
Does your child always wear a helmet when on a bike, skateboard, or scooter?	Yes	No
Does your child eat a well-balanced diet including fruits, vegetables, and calcium-rich foods (milk, cheese, yogurt)?	Yes	No
Do you practice safety when your child is around water (direct arms-length supervision, fences around pools, life jackets near lakes/rivers)?	Yes	No
Has a family member or close contact that spends time with your child been diagnosed with tuberculosis?	Yes	No
Has your child lived or traveled outside of the United States for at least a month?	Yes	No
Does your child live in or regularly visit a house built before 1950 or a house built before 1978 that has peeling paint and/or recent renovation?	Yes	No
Has any of your child's household members ever had lead poisoning (a high lead level in their blood)?	Yes	No
Does anyone who lives with your child have a job or hobby that involves exposure to lead?	Yes	No