



6 MONTH - 1 YEAR SCREEN

Date of visit _____ Completed by: Mom Dad Grandparent Other

Child's Name _____ Age at Visit: 6 months 9 months 1 year

<i>For office/staff use only</i>	Was this discussed?	CAR SAFETY
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q1. How often does your child ride in an infant or convertible seat when in a car?	<input type="radio"/> a. Never <input type="radio"/> c. Sometimes <input type="radio"/> b. Rarely <input type="radio"/> d. Always
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q2. In what <u>seat</u> and <u>direction</u> does your child usually ride when in a car?	<input type="radio"/> a. Front seat - facing forward <input type="radio"/> c. Back seat - facing forward <input type="radio"/> b. Front seat - facing backward <input type="radio"/> d. Back seat - facing backward
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q3. Has your car seat ever been installed - or checked - by a healthcare (e.g., nurse, firefighter) or law enforcement professional?	<input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not Sure
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q4. Are there any situations in which you would consider briefly leaving your infant alone in the car? For example, to run into a store to pay for gas or into a friend's house to deliver something.	<input type="radio"/> a. Yes <input type="radio"/> b. No
Was this discussed?	FALL PREVENTION	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q5. In your home, do you always have a safety gate or barrier blocking any accessible stair entrance?	<input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Does not apply; we do not have stairs
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q6. In your home, do you always have window guards in all windows that are accessible to your child? (i.e., security bars or devices that prevent the child from opening a window fully)	<input type="radio"/> a. Yes <input type="radio"/> b. No
Was this discussed?	WATER SAFETY	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q7. If you have a pool, pond, or hot tub at your home, is it surrounded by a fence at all times?	<input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Does not apply; I have none of these at my home



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Was this discussed?	CHOKING
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q8. How likely is your child to get small objects like toy parts, coins, watch batteries, or small pieces of food into their hands? (Consider the possibility of older siblings leaving these lying around or that your child could reach them somewhere) <input type="radio"/> a. Not at all likely <input type="radio"/> c. Moderately likely <input type="radio"/> b. Only slightly likely <input type="radio"/> d. Very likely
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q9. Does your child ever eat foods that are not mashable? (e.g., hot dogs, apples, peanuts, candy) <input type="radio"/> a. Yes <input type="radio"/> b. No
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q10. Have you taken a course in child lifesaving techniques within the past 3 years? <input type="radio"/> a. Yes <input type="radio"/> b. No
Was this discussed?	PLAY SAFETY
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q11. Is your child ever in the yard when lawn equipment is in use? (e.g., mowers, weed trimmers) <input type="radio"/> a. Yes <input type="radio"/> b. No
Was this discussed?	HOME SAFETY
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q12. Some types of furniture have the potential to tip over when a child pulls on it or attempts to climb it (e.g., dressers, TV's). Are all such pieces of furniture in your home secured to the wall? <input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not Sure
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q13. If you have guns in the home, are they all locked away AND unloaded? <input type="radio"/> a. Yes, all are locked away AND unloaded <input type="radio"/> c. No <input type="radio"/> b. Does not apply; there are no guns in my home <input type="radio"/> d. I prefer not to answer
Was this discussed?	UNINTENTIONAL INGESTIONS
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q14. Are all vitamins and medications in your home either in locked storage OR out of the reach of children? <input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not Sure
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q15. Are all potentially harmful household cleaners and pesticides in locked storage OR out of the reach of children? <input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not Sure
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q16. Is the number for poison control clearly posted in your home? (e.g., by the phone/on the refrigerator) <input type="radio"/> a. Yes <input type="radio"/> b. No