

Charlotte Pediatric Clinic

PRE-ADOLESCENT SAFETY & PRECAUTION QUESTIONNAIRE (3-11)

Date: _____

Name: _____

Reviewed by: _____

Chart #: _____

	YES		NO		N/A
1) Do you have access to a trampoline at your home?					
2) Do you have access to a pool at your home?					
3) Do you have a playground in your yard?					
4) Are you exposed to any 2nd hand smoke?					
5) Are there any firearms or other weapons in your home?					
	ALWAYS	SOMETIMES	NEVER	N/A	COMMENTS
6) How often do you wear a seat belt?					
7) How often do you sit in the front seat?					
8) How often do you wear a helmet when riding a bike, scooter, skate boarding, etc?					
9) How many times do you brush your teeth a day?	0x	1x	2x	>2x	
10) Do you have a TV or computer in your room?	Yes	No			
	NONE	< 1 hr.	1-2 hrs.	>2 hrs.	N/A
12) How many hours a day do you spend on the computer?					
13) How many hours a day do you spend watching TV?					
14) How many hours a day do you play video games?					