

Safety & Risk Questionnaire: 0-12 months

Is your home safe for babies and children (chemicals and medicines locked away, smoke and CO detectors in place, gates at stairs and around pools, etc.)?	Yes	No
Do you always put your baby to sleep on his/her back and in his/her own bassinet or crib?	Yes	No
Do you use a rear-facing car seat placed in the back seat using the right car seat for your baby's age and size?	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
Is your child feeding well, including age-appropriate foods and adequate nutrition?	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