

### Safety & Risk Questionnaire: 6-11 Years

Is your home safe for children (smoke and CO detectors in place, medicines locked away)?	Yes	No
Does your child brush her/his teeth twice daily and see a dentist regularly?	Yes	No
Do you follow proper car safety measures (use of seatbelts and use of the appropriate car seat or booster seat if still required)?	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 follow safety measures, including always wearing helmets when bike riding and practicing water safety (always supervised, uses life jackets near lakes/rivers)?	Yes	No
Does your child eat a well-balanced diet including fruits, vegetables, and calcium-rich foods (milk, cheese, yogurt)?	Yes	No
Is your child doing well in school?	Yes	No
Has your child ever been bullied or cyber bullied, or felt unsafe at school or in your neighborhood?	Yes	No
Do you feel confident that your child has a trusted adult at both home and school that he/she can go to during a time of need?	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