

Section S — INJURY CONTROL AND CHILD SAFETY AND HEALTH

ITEM S1	Refer to household composition.	<input type="checkbox"/> Children under 10 in family (1) <input type="checkbox"/> No children under 10 in family (S2)		
These questions are about preventing injuries to children.		8006		
1a. Have you ever heard about POISON CONTROL CENTERS?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2)		
b. Do you have the telephone number for a Poison Control Center in your area?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		
2. There is a medication called IPECAC (ip' i kak) SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in this household?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		
ITEM S2	Refer to household composition.	<input type="checkbox"/> Children under 18 in family (S3) <input type="checkbox"/> No children under 18 in family (7 on page 12)		
ITEM S3	Enter person number and name of all children under 18; THEN mark box.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">S3</td> <td> Person Number _____ First name _____ <input type="checkbox"/> Under 5 (3) <input type="checkbox"/> 5-17 (5) </td> </tr> </table>	S3	Person Number _____ First name _____ <input type="checkbox"/> Under 5 (3) <input type="checkbox"/> 5-17 (5)
S3	Person Number _____ First name _____ <input type="checkbox"/> Under 5 (3) <input type="checkbox"/> 5-17 (5)			
3. When — was brought home from the hospital following birth, was — buckled in a car safety seat?		3. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not born in hospital 4 <input type="checkbox"/> Didn't ride home in "car" 9 <input type="checkbox"/> DK		
4a. Does — now have a car safety seat?		4a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK		
b. When riding in a car, is — buckled in a car safety seat all or most of the time, some of the time, once in awhile, or never?		b. 1 <input type="checkbox"/> All or most of the time } (S4) 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never } (5) 9 <input type="checkbox"/> DK		
(These questions are about preventing injuries.)		8108		
5. When riding in a car, does — wear a seat belt all or most of the time, some of the time, once in awhile, or never?		5. 1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Uses child safety seat 9 <input type="checkbox"/> DK		
ITEM S4	Refer to age.	<input type="checkbox"/> Under 5 (6) <input type="checkbox"/> 5-17 (S5)		
These next questions are about breast-feeding.		8109		
6a. Was — ever breast-fed?		6a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (S5) 9 <input type="checkbox"/> DK		
b. How old was — when — COMPLETELY stopped breast-feeding?		b. 0 <input type="checkbox"/> Still breast-fed Age { <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years		
ITEM S5 Respondent		S5 1 <input type="checkbox"/> Child's parent 2 <input type="checkbox"/> Guardian; not child's parent } (S3 for NP) 8 <input type="checkbox"/> Other		
Notes				

Section S – INJURY CONTROL AND CHILD SAFETY AND HEALTH – Continued

<p>(The next questions are about preventing injuries.)</p> <p>7. When driving or riding in a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?</p>	<p>1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Once in awhile 4 <input type="checkbox"/> Never 5 <input type="checkbox"/> Don't ride in car</p>	8205
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<p>8a. How many smoke detectors are installed in this home?</p>	<p>01 <input type="checkbox"/> Only 1 (8c)</p> <p align="center">_____ Number (8b)</p> <p>00 <input type="checkbox"/> None } (9) 99 <input type="checkbox"/> DK }</p>	8206
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<p>b. How many of them are now working?</p>	<p align="center">_____ Number (8d)</p> <p>00 <input type="checkbox"/> None } (8f) 99 <input type="checkbox"/> DK }</p>	8208
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<p>c. Is it now working?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (8f) 9 <input type="checkbox"/> DK }</p>	8210
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<p>d. How do you know [it is/they are] working?</p> <p><i>Mark all that apply.</i></p>	<p>1 <input type="checkbox"/> Tested it/them 1 <input type="checkbox"/> It/they went off because of smoke 1 <input type="checkbox"/> It/they went off while cooking 1 <input type="checkbox"/> Changed the batteries 1 <input type="checkbox"/> The light is on 1 <input type="checkbox"/> Beeps when battery is low 1 <input type="checkbox"/> Other</p>	8211
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<p>e. Any other way?</p>	<p><input type="checkbox"/> Yes (Reask 8d and e) <input type="checkbox"/> No</p>	
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<p>f. [Is it/Are any of the smoke detectors] next to a sleeping area?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	8218
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<p>9a. Do you know about what the hot water temperature is in this home?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (10) 3 <input type="checkbox"/> No hot water source in home (11)</p>	8219
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<p>b. About what temperature is the hot water?</p>	<p align="center">_____ Temperature</p> <p align="center">OR</p> <p>1 <input type="checkbox"/> High 2 <input type="checkbox"/> Low or vacation setting 3 <input type="checkbox"/> Medium</p>	8220
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<p>c. How did you estimate the hot water temperature?</p> <p><i>Mark only one.</i></p>	<p>1 <input type="checkbox"/> The setting on hot water heater 2 <input type="checkbox"/> Tested with thermometer 3 <input type="checkbox"/> Guessed 4 <input type="checkbox"/> Both, the setting on heater and tested with thermometer 8 <input type="checkbox"/> Other</p>	8224
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<p>10. In the past 12 months, have you (or has anyone in your household) used a thermometer to test the temperature of the hot water here?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	8225
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<p>11. ABOVE what temperature will hot water cause scald injuries?</p>	<p align="center">_____ Temperature</p> <p>999 <input type="checkbox"/> DK</p>	8226
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<p>Notes</p>		
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