

Section C: Prevention and Safety Habits

1. How often do you do the following? For each question, please mark the one circle that most closely describes your habits. If you don't have teeth, mark the circle "Does Not Apply."

	Every day	Most days	Some days	Rarely	Never	Does not apply
1a. Brush your teeth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_1A		FMT_QB1_FREQ		
1b. Floss your teeth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_1B		FMT_QB1_FREQ		
1c. Take a vitamin.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_1C		FMT_QB1_FREQ		
1d. Take an aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_1D		FMT_QB1_FREQ		

2. On days when you brush your teeth, how many times do you usually brush?

1 Time QB_PSH_2 FMT_QB2_FREQ
 2 Times
 3 or More Times
 Does Not Apply

3. How often do you do the following? For each question, please mark the one circle that most closely describes your habits. Mark the circle "Does Not Apply" if you don't ever do the activity, like if you don't travel in a car, or don't ride a bicycle.

	Always	Most of the time	Some of the time	Rarely	Never	Does not apply
3a. Buckle your seatbelt when you travel in a car.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3b. Wear a helmet when you ride a <u>bicycle</u>	<input type="radio"/>	QB_PSH_3A	<input type="radio"/>	FMT_QB3_FREQ	<input type="radio"/>	<input type="radio"/>
3c. Wear a helmet when you ride a <u>scooter</u>	<input type="radio"/>	QB_PSH_3B	<input type="radio"/>	FMT_QB3_FREQ	<input type="radio"/>	<input type="radio"/>
3d. Wear a helmet when you ride a <u>motorcycle</u>	<input type="radio"/>	QB_PSH_3C1	<input type="radio"/>	FMT_QB3_FREQ	<input type="radio"/>	<input type="radio"/>
3e. Wear a helmet when you ride a <u>snowmobile</u>	<input type="radio"/>	QB_PSH_3C2	<input type="radio"/>	FMT_QB3_FREQ	<input type="radio"/>	<input type="radio"/>
3f. Have a designated non-drinking driver to		QB_PSH_3D		FMT_QB3_FREQ		

drive you home after drinking alcohol.....

.....

QB_PSH_3E

FMT_QB3_FREQ

Less than 1 year ago 1 to 2 years ago More than 2 years ago Don't have one Don't know

4a. When was the last time someone changed the batteries in your household fire alarms?

.....

QB_PSH_4A

FMT_QB4_WHEN

4b. When was the last time someone changed the batteries in your household carbon monoxide detectors?

.....

QB_PSH_4B

FMT_QB4_WHEN

5a. Are there one or more guns or firearms in your residence?



- Yes
- No → Go to question #1 of section D
- Don't Know → Go to question #1 of section D

QB_PSH_SA

FMT_YES_NO

5b. Are the guns or firearms stored in a locked cabinet or secured with a trigger lock?

- Yes
- No
- Don't Know
- Does Not Apply

QB_PSH_SB

FMT_QBSB_YES_NO

Reference questionnaire: ..\..\..\Questionnaires\Questionnaire and Study Review Summer 09\Time 2_SAQ\Prevention and Safety\SHOW Prev&SafetyUWSC-SAQclean040608.doc