Section B: 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	○	○	○	○	○	○
				QB_PSH_1A		FMT_QB1_FREQ
1b. Floss your teeth	○	○	○	○	○	○
				QB_PSH_1B		FMT_QB1_FREQ
1c. Take a vitamin	○	○	○	○	○	○
				QB_PSH_1C		FMT_QB1_FREQ
1d. Take an aspirin	○	○	○	○	○	○
				QB_PSH_1B		FMT_QB1_FREQ

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

QB_PSH_2   FMT_QB2_FREQ

○ 1 Time
○ 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	○	○	○	○	○	○
				QB_PSH_3A		FMT_QB3_FREQ
3b. Wear a helmet when you ride a <u>bicycle</u>	○	○	○	○	○	○
				QB_PSH_3B		FMT_QB3_FREQ
3c. Wear a helmet when you ride a scooter or a <u>motorcycle</u>	○	○	○	○	○	○
				QB_PSH_3C_R2		FMT_QB3_FREQ
3d. Wear a helmet when you ride a <u>snowmobile</u>	○	○	○	○	○	○
				QB_PSH_3D		FMT_QB3_FREQ
3e. Have a designated non-drinking driver to drive you home after drinking alcohol	○	○	○	○	○	○
				QB_PSH_3E		FMT_QB3_FREQ

3 (continued). **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 ▼
3f. Use a cell phone while driving?	○	○	○	○	○	○

QB_PSH_3F   FMT_QB3_FREQ

3g. Read or send a text message while driving?	○	○	○	○	○	○

QB PSH 3G   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

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

○ Yes
○ No ➔ **Go to question #1 of section C**
○ Don't Know ➔ **Go to question #1 of section C**

QB_PSH_5A   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_5B   FMT_QB5B_YES_NO