

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.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<small>QB_PSH_1A</small>	<small>FMT_QB1_FREQ</small>	
1b. Floss your teeth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<small>QB_PSH_1B</small>	<small>FMT_QB1_FREQ</small>	
1c. Take a vitamin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<small>QB_PSH_1C</small>	<small>FMT_QB1_FREQ</small>	
1d. Take an aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<small>QB_PSH_1D</small>	<small>FMT_QB1_FREQ</small>	

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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<small>QB_PSH_3A</small>	<small>FMT_QB3_FREQ</small>	
3c. Wear a helmet when you ride a scooter or a <u>motorcycle</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<small>QB_PSH_3B</small>	<small>FMT_QB3_FREQ</small>	
3d. Wear a helmet when you ride a <u>snowmobile</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<small>QB_PSH_3C_R2</small>	<small>FMT_QB3_FREQ</small>	
3e. Have a designated non-drinking driver to drive you home after drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<small>QB_PSH_3D</small>	<small>FMT_QB3_FREQ</small>	
				<small>QB_PSH_3E</small>	<small>FMT_QB3_FREQ</small>	

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				QB_PSH_3F		FMT_QB3_FREQ
3g. Read or send a text message while driving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			QB_PSH_4A		FMT_QB4_WHEN

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

<input type="radio"/>	Yes	QB_PSH_SA	FMT_YES_NO
<input type="radio"/>	No → Go to question #1 of section C		
<input type="radio"/>	Don't Know → Go to question #1 of section C		

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

<input type="radio"/>	Yes	QB_PSH_SB	FMT_QB5B_YES_NO
<input type="radio"/>	No		
<input type="radio"/>	Don't Know		
<input type="radio"/>	Does Not Apply		