Appendix A: Case 0-12 month questionnaire

Keeping Children Safe From Accidents



Please complete this questionnaire for your child born on

Your answers really are important to us.

Thank you for taking to e time to help us with this study.

cc study CASE ques Age group 1 V2.2 10.02.2011



Part 1. About Your Child ☐ Male ☐ Female 1.1 Is your child 1.2 When was your child born? Date of Birth:/........ 1.3 The postcode where my child lives is: Please tell us a little about your child's recent visit to the Accident and Emergency Department, Minor Injuries Unit or Walk-In Centre 1.4 Did your child visit the A&E department, Minor Injuries Unit or Walk-In Centre because of A slip, trip, fall or tumble on stairs or steps A slip, trip, fall or tumble on the same level A slip, trip, fall or tumble from furniture ☐ Swallowing medicine or pills ☐ Swallowing cleaning products or garden chemicals A scald from hot water, other hot liquid or steam Other accident (*Please describe*) 1.5 Where did your child's accident happen? In the house or garden where they live (i.e. where they are reg ster. d with a GP) In another house or garden (Please say where e. . grai. *paren_>) Somewhere else e.g. road, park, nurrary etc (**lease say where) 1.6 What sort of accident was it? (F ease | all to at apply) Bang on the head Loss of consciousn ss ☐ Broken bone ☐ Burn or scald Swallowed household cleaner/other poison/pills ☐ Cut needing stitches ☐ Cut or graze not needing stitches ☐ Other accident cc study CASE ques Age group 1 V2.2 10.02.2011 3

1.7	What happened when your child went to the A&E department, Minor Injuries Unit or Walk-In Centre? (Please ✓ all that apply)	
	My child was seen and examined but didn't need any treatment	
	N S	
	My child was given some treatment e.g. medicine witch s, pin ter cast, sling etc	
	(Please tell us what)	10
	My child was admitted to hospita	
	My child was discharged from A& 7, immor Injuries Unit or Walk-In Centre but has to be see	en in
	the outpatient department	
	My chil. was di cha. Yeo from A&E, Minor Injuries Unit or Walk-In Centre but has to be set the GF or had dee nuise	en by
	the C Vi ha accurate	
1	F case tell us the date you completed this questionnaire	
	If your child's accident did not happen in the house or garden here they live, please do not answer any more questions. Plea	
W	return the questionnaire in the FREEPOST envelope.	se
	retarn the questionnane in the ritter our enveloper	
ĺ		
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Part 2. About your child's development, health and behaviour

All children develop at their own rate so we would like to ask you what your child can do. There are no right or wrong answers.

2.1 Please tell us whether your child does each thing often, has only done it once or twice or has not started to do it yet.

Please ✓ one box on each line

	Often	Once or twice	Not yet
Crawling			
Shuffling along the floor on his/her bottom			
Walking			

2.2 At the moment, how likely do you think it is that your child could:
(If your child is too young to be able to do some of these things, put a tick in the "not likely" box)

Please ✓ one box on each line

Fiea	ase ✓ one box on each line				
	Very likely	Quite likely	Not likely	Don't know	
Reach, or climb on to a worktop					
Reach, or climb on to something to reach a cupboard at adult eye level					
Open cupboards, drawers or medicine cabinets with locks or safety catches on them					
Open a fridge with a lock or safety catch on it					
Open a container with a child resistant cap					
Open a lockable medicine box					
Get medicines out of blister packs					
Touch things that you have told him/her not to					
Open a stair gate or safety gate					
Reach, or climb on to something to reach a pan on the cooker					
Reach, or climb on to something to reach a hot water tap					
Reach to pull a table cloth hanging over the side of a table					
Turn a hot water tap on by him/herself					
Climb into the bath by him/herself					
Climb onto furniture e.g. sofa, chair, bed					
Climb out of a cot					
Roll off a bed or high surface					
Climb up to a top bunk bed					

2.3	Does your child have any long-term conditions (e.g. problems with I development, fits etc) that have been diagnosed by a health profess Long-term means anything that your child has had for at least 3 mo for at least the next 3 months.	sional?
	BALLOUS DESIGNATION OF TRANSPORT PRODUCTION CONTINUES THAT	
	Yes No If YES, please tell us what conditions your child has:	
	i 125, piease teli us what conditions your child has.	
	160.	
2.4		
2.4	How was your child's health . N Th E . 4 h. DURS BEFORE THEIR A on the line below to indicate on good or how bad your child's healt	
(0	O Wor't pussic'e health	Perfect health oo
		- $()$
) `	
) ~		
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2.5 Have you taught your child any rules or instructions about keeping safe at home? If your child is too young to teach some of these rules to, put a tick in the "No" box next to each rule.

| Have you taught | Have you taught | Have you thild follow these rules?

	your the rul (Plea one for e	e you ight child ese es? ase box each etion)	If YES, how often does your child follow these rules? (Please one box for each question)				
	Yes	No	Always	Most times	Sometimes	Occasionally	Never
What to do or not do when parents are cooking using the top of the cooker							
What to do or not do with hot things in the kitchen e.g. kettle							
What to do or not do when he/she is in the bathtub							
About things in the kitchen that he/she is not supposed to climb on							
What to do or not do when he/she sees cleaning products							
What to do or not do if there is medicine on the work top							
What to do or not do if the floor is slippery					10		
About running in the house							
About jumping on the bed or furniture		K	5				
What to do or how he/she is supposed to behave wher going down the stairs							
About carrying big things or lots of things $v(n)$ going down stairs							
About leaving things on the stair.							

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2.6 Infant Behaviour Questionnaire (Activity and High Intensity Pleasure subscales)

Part 3. About your home

Every home has things that may not seem very safe for children. We want to find out which things really are safe or not. Please answer the questions below as honestly as nossible.

Please think about the 24 HOURS BEFORE YOUR CHILD'S ACCIDENT:

3.1 Please tell us where your medicines and cleaning products were IN THE 24 HOURS BEFORE YOUR CHILD'S ACCIDENT.

	have in y hor (Ple	you this your ne? ease one ox)	At what i (Please	YES level was t? ✓ all that ply)	IF YES Where was it? (Please ✓ all that apply)				
	Yes	No	At adult eye level or above	Below adult eye level	Cupboard, medicine cabinet, drawer or fridge with lock or safety catch	Cupboard, medicine cabinet, drawer or fridge without lock or safety catch	Other place without lock e.g. shelf, handbag, work surface		
Painkillers e.g. Calpol									
Iron or vitamins									
Cough mixture									
Antidepressants or sleeping tablets					10				
Any other medicines in the kitchen									
Any other medicines in the bathroom									
Any other medicines anywhere else in the house							. 10		
Bleach									
Dishwasher products						O.Y			
Oven cleaner									
Toilet cleaner									
White spirit/ turpentine					1				
Rat or ant killer									
Garden chemicals e.g. weed killer									
Any other household products			12						

Still t	hinking about the 24 HOURS BEFORE YOUR CHILD'S ACC	IDENT:		
3.2	Did all your medicines have child resistant caps or blister packs?	☐ Yes	□ No	
3.3	Had any medicines been put in a container different from the one they came in?	Yes	□ No	
3.4	Were all medicines kept in a locked medicine box?	☐ Yes	□ No	
3.5	Were any medicines kept in the fridge?	☐ Yes	□ No	
	If YES, was the fridge closed with a lock or safr cy caccin.	☐ Yes	□ No	
		BLETS		
3.6	Did ≥ 1 our clear, ng products have child resistant caps?	Yes	□ No	
3.7	Had , ny cleaning products been put in a container different from	☐ Yes	□ No	
	the cire they came in?			
3.8	Did you use a safety gate to stop your child/children getting in to the kitchen?	Yes	□ No	
3.9	Was there anything your child could climb on to reach work tops, shelves, cupboards etc, in any of your rooms?	Yes	□ No	
or chuds	CACE augs Ago group 1 V2 2 10 02 2011			10

Still	thinking about the 24 HOURS BEFORE YOUR CHILD'S ACC	IDENT:			Still	thinkir
3.10	Did you use protective corner covers on any of your furniture?	☐ Yes	□ No		3.22	Were
3.11	Did your child use a baby walker?	Yes	□ No		3.23	Which
3.12	Did your child use a stationary play centre (like a baby walker without wheels)	Yes	□ No			□ ca
3.13	Did your child use a playpen?	Yes	□ No			Li
3.14	Did your child use a travel cot instead of a playpen?	☐ Yes	□ No		3.24	Please
3.15	Did you have a kettle with a curly flex or a cordless kettle?	☐ Yes	□ No			
3.16.	Where was your kettle? (Please ✓ one box)					tairs are
	☐ At the front of the work top or table ☐ Between the front and	d back of the v	vork top or table		The st	tairs are
	\square At the back of the worktop or table \square On the front ring of the	e cooker			The st	anister/ tair cove
	☐ On the back ring of the cooker ☐ Other (please describe	•)				tairs are
3.17	How hot was your hot tap water? (Please ✓ one box)				3.25	Are th
	☐ Very hot – you couldn't have a bath without adding a lot of cold w	vater	m e			
	☐ Hot – you would need to add some cold water to the bath	82	0 0 0		`.2\	Ic their
	☐ Warm enough- you don't need to add any cold water to the bath	- Contraction	0 000	. 1//		☐ Ye
	☐ Not very warm – not warm enough to have a bath in		0 0	1111,		If YES
3.18		nox)			3.27	Do an
	☐ Lower than 54°C ☐ 54°C or higher ☐ Don't kr	now	10		3.28	Are ar
3.19	Were all carpets or rugs in your home firmly fixed to the floor? \Box Y	res 🗆	No	7		
3.20	Do you have any stairs in your home?	res]	uestion 3.29)			
3.21	Did you use any stair gates or safety gates in your home?	'es 🔲	No			
	If YES, where did you use them? (Please < all that <, , v)					
	☐ Bottom of stairs ☐ Top of stairs					
	Other (please tell us where)					
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Still t	thinking about the 24 H	OURS BEFO	RE YOUR C	HILD'S ACC	CIDENT:	
3.22	Were any of your stair gate	s on the stair	s left open?	Yes	□ No	
3.23	Which of the following desc	ribe how you	stairs look? (Please ✓ all	that apply)	
	Carpeted	☐ Exposed	d wood	☐ Expose	ed metal or cor	ncrete
	Lino/vinyl covered	☐ Don't ki	now	Other	(plea des rib	pe)
3.24	Please put a tick in the box	that best des	cribes your ag	reement with	eac. of the fo	illowing:
			1		. Lox on each	
			Agree		agree nor agree	Disagree
	airs are too steep					
	airs are too narrow					
	airs are poorly lit	-3-1		-		
	anister/handrail is in need of	repai		_		
	air covering is in need of re,					
The st	airs are safe to use					
3.25	Are the any handrails on less or all stairs Is there a banister/railings	☐ Yes on s	some stairs		No	ough? (Please 🗸
	one box)	1			_	
	Yes on all stairs	☐ Yes on :	some stairs	Ц	No	
	If YES, how wide are the bi	ggest gaps be	tween the rail	ings?	(please writ	te in number of
3.27	Do any of your stairs have	a landing part	way up?		Yes	□ No
3.28	Are any of your stairs spiral	l or winding s	tair cases?		Yes	□ No
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Please continue on page 14



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Please think about the WEEK BEFORE YOUR CHILD'S ACCIDENT:

3.29 How often did these things happen in the WEEK before your child's accident? If you did not have the things the question is asking about e.g. high chair, tick the "does not apply" box. For questions that ask about older children, if you do not have older children, it ick the "does not apply" box.

Please one box on each line Your child was held, even for a moment, by sor one ho ting a hot drink? Your child was held, even for a moment, viewe he using the cooker? Hot drinks were passed over you, ch. d's head? Hot drinks were left within the reach of your child e.g. coffee table, work top, other Hot drinks or hot licuids were put on a table with a table cloth? 1 e i ont rir is of the cooker were used? Pan , andles were turned towards the back of the cooker whilst cooking? Your child was left in the bathroom, without an adult whilst the bath was running, even for a moment e.g. to collect clothes, nappies or answer the phone? Your child was left in the bath without an adult, even for a moment e.g. to collect clothes, nappies or answer the phone? A bath was run for your child by an older child? An older child looked after your child in the bath? The bath was run using cold water first? The temperature of your child's bath water was checked using a thermometer or The temperature of your child's bath water was checked using a hand or elbow? There were things on your floors that could be tripped over? Your child was left on a raised surface e.g. table, sofa, adult bed, even for a moment? Your child's nappy was changed on a raised surface e.g. bed, changing table, work Your child was put in a car seat or bouncing seat on a raised surface e.g. table, work top, even for a moment? There were wires or cables trailing across the floor? Your child climbed onto or played on furniture e.g. bed, chair, sofa?

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	Does not apply	Every day	Most days	Some days	Never
Your child climbed onto or played on garden furniture?					
There were things on your stairs that could be tripped over?					
Your child used a high chair without being strapped in with the harness/straps?					
Your child played in the garden without an adult in the garden?					
A safety gate was used to stop your child getting into the garden?					
The back door was locked to stop your child getting into the garden?	-				

3.30 Please tell us how often these things happened in the WEEK before your child's accident. If you did not have or did not use some of these medicines or cleaning products please tick the "does not apply" box.

Please ✓ one box on each line

The following were put away IMMEDIATELY after use:	Does not apply	Every time	Most times	Some times	Never
Painkillers (e.g. Calpol)					
Iron or vitamins					
Cough mixtures					
Antidepressant or sleeping tablets					
Other medicines					
Bleach					C V
Dishwasher products					
Oven cleaner					
Toilet cleaner	1				
White spirit/turpentine					
Rat or ant killer					
Garden chemicals e.g. weed killers					
Any other household products					

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Part 4. About the worries of family life

4.1 Parenting Daily Hassles Scale (Parenting tasks subscale)

4.2 Hospital Anxiety and Depress on Scale

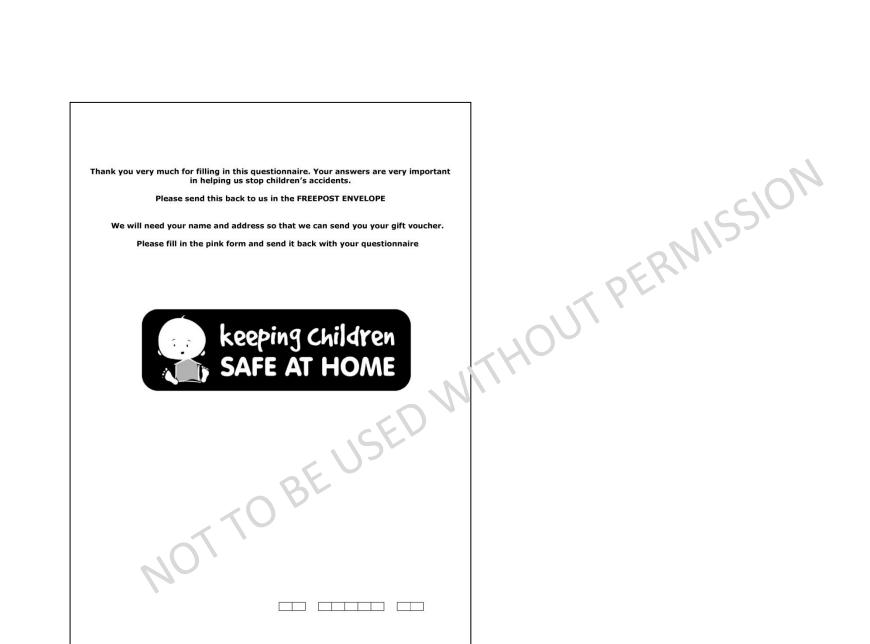
5.	About your family
5.1	How many children, including step-children, (under 5) do you have living with you?(Please give number)
5.2	How many children, including step-children, (aged 5-16) do you have living with you?(Please give number)
5.3	The total number of adults and children living in our home is: (Please give number,
5.4.	I am the child(ren's) (Please ✓ one box)
	☐ Mother ☐ Father ☐ Grandparent ☐ Other (Please say what)
5.5	How many brothers and sisters (including step-brothers/step-sisters) does your child have?
	older brothers and sisters younger brothers and sisters (Please give number)
5.6	Does your child live? (Please ✓ one box)
	\square In one house only
	☐ In a residential home
	Part time in one house and part time in another house [please answer the remaining questions about the house where they spend most of their time]
5.7	How many adults, over the age of 16, live in the house with your child? (<i>Please</i> ✓ one box)
	☐ One parent ☐ Both parents ☐ One parent and other € . 'Its
	☐ Both parents and other adults ☐ Other (Please describe)
5.8	How many adults living in the house with your child work in 2 pa 1 inc? (2)erse < one box)
	□ None □ One □ Two □ More than two
5.9	What kind of house does your child live in? , elease < ne ox)
5.5	Rented house House own ad I v. o. being bought by family
	☐ Other (Please say wh t)
5.10	My family use ally has the use of a car
5.11	My amily rece, es one or more state benefits as well as child benefit
	Tale L. C. nother of the child in this survey, please answer the next question. Otherwise is a to question 5.13
5.12	When my first child was born my age was:years
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		5.13	I am (Please ✓ one box)	
			☐ White (e.g. White British, Irish, other white background) ☐ Black (e.g. Caribbean, Africa	ın)
			Asian (e.g. Indian, Pakistani, Bangladeshi, Chinese)	
			Other (Please say what)	
-)		5.14	The total number of rooms in our none is:	
		5.15	Who else 'ooks as er your child? (Please v all that apply)	
			☐ Lay Nu. Jery ☐ Preschool ☐ Playgroup ☐ School	
		10	☐ Childminder ☐ Family/grandparents ☐ Friends ☐ N/A	
	4 0		Other (Please say who)	
	OUT !	5.16	In a typical week how many hours is your child cared for by somebody else away from the family home (please include all those ticked in 5.15)?	(
X		5.17	Is there anything else you would like to tell us about your child, their accident or the things that you do at home to keep your child/children safe?	

		Than	k you very much for filling in this questionnaire. Your answers are very importa	nt
			in helping us stop children's accidents. Please send this back to us in the FREEPOST ENVELOPE	
			We will need your name and address so that we can send you your gift voucher.	•
			Please fill in the pink form and send it back with your questionnaire	
			keeping Children SAFE AT HOME	
š		cc study	y CASE ques Age group 1 V2.2 10.02.2011	19



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Appendix B: Case 13-36 month questionnaire

Keeping Children Safe From Accidents



Please complete this questionnaire for your child born on

Your answers really are important to us.

Thank you for taking the time to help us with this study.



cc study CASE ques Age group 2 V2.2 10.02.2011

Part 1. About Your Child ☐ Male ☐ Female 1.1 Is your child 1.2 When was your child born? Date of Birth/................ 1.3 The postcode where my child lives is:..... Please tell us a little about your child's recent visit to the Accident and Emergency Department, Minor Injuries Unit or Walk-In Centre 1.4 Did your child visit the A&E department, Minor Injuries Unit or Walk-In Centre because of A slip, trip, fall or tumble on stairs or steps A slip, trip, fall or tumble on the same level A slip, trip, fall or tumble from furniture ☐ Swallowing medicine or pills ☐ Swallowing cleaning products or garden chemicals A scald from hot water, other hot liquid or steam Other accident (Please describe)... 1.5 Where did your child's accident happen? In the house or garden where they live (i.e. where they are registered with a GP) ☐ In another house or garden (Please say where e.g. grandparents) Somewhere else e.g. road, park, nursery etc (Please say where) 1.6 What sort of accident was it? (Please \checkmark all that apply) ☐ Bang on the head ☐ Broke por Loss of consciousness Swallowed household cleaner/c er p ison/r lls ☐ Burn or scald ☐ Cut or graze not needing stitches ☐ Other accident ☐ Cut needing stitches cc study CASE ques Age group 2 V2.2 10.02.2011

1.7	What happened when your child went to the A&E department, Minor Injuries Unit or Walk-In Centre? ($Please \lor all\ that\ apply$)
	☐ My child was seen and examined but didn't need any treatment
	My child was given some treatment e.g. medicine, stitches, plaster cast, sling etc
	(Please tell us what)
	☐ My child was admitted to hospital
	My child was discharged from A&E, Minor Injuries Unit or Walk-In Centre but has to be seen in the outpatient department
	My child was discharged from A&E, Minor Injuries Unit or Walk-In C int is but it as to be seen by the GP or practice nurse
1.8	Please tell us the date you completed this ques' nnai e
	HOUTPER
	If your child's accident did not happen in the house or garden ere they live, please do not answer any more questions. Please return the questionnaire in the FREEPOST envelope.
cc study	CASE ques Age group 2 V2.2 10.02.2011

Part 2. About your child's development, health and behaviour

All children develop at their own rate so we would like to ask you what your child can do. There are no right or wrong answers.

2.1 Please tell us whether your child does each thing often, has only done it once or twice or has not started to do it yet.

Please ✓ one box on each line

	Often	Once or twice	Not yet
Crawling			
Shuffling along the floor on his/her bottom			
Walking			

2.2 At the moment, how likely do you think it is that your child could: (If your child is too young to be able to do some of these things, put a tick in the "not likely" box)

Please ✓ one box on each line

	Verv	Ouite	Not	Don't
	likely	likely	likely	Know
Reach, or climb on to a worktop				
Reach, or climb on to something to reach a cupboard at adult eye level				
Open cupboards, drawers or medicine cabinets with locks or safety catches on them				
Open a fridge with a lock or safety catch on it				
Open a container with a child resistant cap				
Open a lockable medicine box				
Get medicines out of blister packs				
Touch things that you have told him/her not to				
Open a stair gate or safety gate				
Reach, or climb on to something to reach a pan on the cooker		DX		
Reach, or climb on to something to reach a hot water tap				
Reach to pull a table cloth hanging over the side of a table				
Turn a hot water tap on by him/herself				
Climb into the bath by him/herself				
Climb onto furniture e.g. sofa, chair, b d				
Climb out of a cot				
Roll off a bed or high surface				
Climb up to a top bunk bed				
				-

2.3 Does your child have any long-term conditions (e.g.	. problems with
hearing, eye sight, development, fits etc) that have been	en diagnosed by a
health professional?	
Long term means anything that your child has had for a is expected to continue for at least the next 3 months	at least 3 months oi
Yes No	
If YES, please te'l us what conditions your child has:	
2.4 How was your child's health IN THE 24 HOURS BEF	ORE THEIR
ACCIDENT ? Please put an "x" on the line below to indice how bad your child's health was:	
Worst possible health	Perfect health
\bigcirc	

PLEASE COMPLETE 2.5 IF YOUR CHILD IS AGED 2 YEARS OR OVER FOR CHILDREN AGED UNDER 2 YEARS – please go to 2.7

Have you taught your child any rules or instructions about keeping safe at home? If your child is too young to teach some of these rules to, put a tick in the "No" box next to each rule.

6 PedsQL™ Pediatric Quality of Life Inventory, Version 4.0 arent Report for Toddlers (ages 2-4) About things climb on What to do on What to	o or not do when parents are cooking using the cooker or not do with hot things in the kitchen e.g. o or not do when he/she is in the bathtub	the rule Pleas one	child ese es? se / box each	ch	ild foll ease ✓	ow thes	onally	ch
6 PedsQL™ Pediatric Quality of Life Inventory, Version 4.0 arent Report for Toddlers (ages 2-4) About things climb on What to do on What to	cooker o or not do with hot things in the kitchen e.g. o or not do when he/she is in the bathtub	Yes	O Z	Always	Most times	ome times	ccasionally	er
6 PedsQL™ Pediatric Quality of Life Inventory, Version 4.0 arent Report for Toddlers (ages 2-4) About things climb on What to do on What to	cooker o or not do with hot things in the kitchen e.g. o or not do when he/she is in the bathtub					U)	Ō	Never
About things climb on What to do o	o or not do when he/she is in the bathtub							
About things climb on What to do or What to			I					
Climb on What to do o	gs in the kitchen that he/she is not supposed to							
What to do o	o or not do when he/she sees cleaning products							
What to do o	o or not do if there is medicine on the work top							
	o or not do if the floor is slippery							
About running	ning in the house							
About jumpi	ping on the bed or furniture							
What to do going down	o or how he/she is supposed to behave when n the stairs							
About carryi stairs	rying big things or lots of things while going down							
About leavin	ring things on the stairs							



Part 3. About your home

Every home has things that may not seem very safe for children. We want to find out which things really are safe or not. Please answer the questions below as honestly as nossible.

Please think about the 24 HOURS BEFORE YOUR CHILD'S ACCIDENT:

3.1 Please tell us where your medicines and cleaning products were IN THE 24 HOURS BEFORE YOUR CHILD'S ACCIDENT.

		you		YES	IF YES		
	have this in your home? (Please ✓ one box)		il (Please	level was t? ✓ all that ply)	(Ple.	oply)	
	Yes	No	At adult eye level or above	Below adult eye level	Cupboard, medicine cabinet, drawer or fridge with lock or safety catch	Cupboard, medicine cabinet, drawer or fridge without lock or safety catch	Other place without lock e.g. shelf, handbag, work surface
Painkillers e.g. Calpol							
Iron or vitamins							
Cough mixture							
Antidepressants or sleeping tablets							1
Any other medicines in the kitchen							
Any other medicines in the bathroom							
Any other medicines anywhere else in the house				1			
Bleach							
Dishwasher products							
Oven cleaner							
Toilet cleaner							
White spirit/ turpentine							
Rat or ant killer							
Garden chemicals e.g. weed killer							
Any other household products							

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Still	thinking about the 24 HOURS BEFORE YOUR CHILD'S A.	CIDENT:		
3.2	Did all your medicines have child resistant caps or blifter purks 1	☐ Yes	□ No	
3.3	Had any medicines been put in a container (fferent from the one they came in?	Yes	□ No	
3.4	Were all medicines kept in a loc 'e'f m dicing box?	Yes	□ No	
3.5	Were any medicine is ke it in theidge?	Yes	□ No	
	If YES wa. the rridge closed with a lock or safety catch?	☐ Yes	□ No	
		BLETS		
3.6	Did all your cleaning products have child resistant caps?	☐ Yes	□ No	
3.7	Had any cleaning products been put in a container different from the one they came in?	Yes	□ No	
3.8	Did you use a safety gate to stop your child/children getting in to the kitchen?	Yes	□ No	
3.9	Was there anything your child could climb on to reach work tops, shelves, cupboards etc, in any of your rooms?	Yes	□ No	
3.10	Did you use protective corner covers on any of your furniture?	☐ Yes	□ No	
3.11	Did your child use a baby walker?	Yes	□ No	
3.12	Did your child use a stationary play centre (like a baby walker without wheels)	Yes	□ No	
3.13	Did your child use a playpen?	Yes	□ No	
cc stud	dy CASE ques Age group 2 V2.2 10.02.2011			12

3.14	Did your child use a travel cot instead of a	playpen?		'es	□ No
3.15	Did you have a kettle with a curly flex or a	a cordless kettle?		es	□ No
	8 E				
3.16.	Where was your kettle? (Please ✓ one box	()			
	$\hfill \Box$ At the front of the work top or table	☐ Between the fr	ont and back o	f the wo	ork top or table
	$\ \square$ At the back of the worktop or table	On the front rin	ng of the cooke	er	
	On the back ring of the cooker	Other (please o	describe)		
3.17	How hot was your hot tap water? (Please	✓ one box)			
	☐ Very hot – you couldn't have a bath v	without adding a lot o	of cold water	¢	ත ක
	Hot – you would need to add some co	old water to the bath		2	C C
	☐ Warm enough− you don't need to add	d any cold water to ti	ne bath		3
	Not very warm – not warm enough to	have a bath in	8	do-	
3.18	Do you know the temperature of your hot	tap water? (Please	box)) \	
	☐ Lower than 54°C ☐ 54°C or i	nigher	on't k ow		
3.19	Were all carpets or rugs in your home firm	nly f.xe. to the floc.?	Yes	□ N	0
3.20	Do you have any stairs in your hom. ?),	Yes		o (if no, go to question 3.29)
3.21	Did you use any stair gates or safe y gate	s in your home?	Yes	□ N	ю
	If YES, where did you use them? (Please	all that apply)			
	☐ Bottom of stairs ☐ Top of st	airs			
	Other (please tell us where)				

Still	thinking about the 24	HOURS BEFOR	RE YOUR CH	ILD'S ACCID, NT:					
3.22	Were any of your stair gat			☐ Yes ☐ No					
3.23	Which of the following des	cribe how your s	tairs loc (2 (P	li ase (I that annly)					
5.25	☐ Carpeted	Exposed		Exposed metal or					
	☐ Lino/vinyl covered	□ ⊃on't kr.	w	Other (please des	scribe)				
3.24 Please put a tick in the book that be it describes your agreement with each of the following:									
_				Please ✓ one box on e					
			Agree	Neither agree nor disagree	Disagree				
	tairs are 'oo steep								
	tairs are to narrow								
	airs e poorly lit								
	re in need of repair								
	anister/handrail is in need o								
	air covering is in need of re	pair							
I ne st	airs are safe to use								
3.25	Are there any handrails or Yes on all stairs	Yes on so	me stairs	□ No					
3.26	Is there a banister/railings (Please ✓ one box)	s at the side of y	our stairs to st	op people from falling	through?				
	Yes on all stairs	Yes on so	me stairs	□ No					
	If YES, how wide are the binches)	oiggest gaps betw	veen the railin	gs?(please	write in number of				
3.27	Do any of your stairs have	e a landing part v	vay up?	☐ Yes	s □ No				
3.28	Are any of your stairs spir	al or winding sta	ir cases?	☐ Yes	s 🗆 No				
					14				

Please think about the WEEK BEFORE YOUR CHILD'S ACCIDENT:

3.29 How often did these things happen in the WEEK before your child's accident. If you did not have the things the question is asking about e.g. high chair, tick the "does not apply" box. For questions that ask about older children, if you do not have older children, tick the "does not apply" box.

Please ✓ one be	ox or	ead	h lir	ie	
	Does not apply	Every day	Most days	Some days	Never
Your child was held, even for a moment, by someone holding a hot drink?					Г
Your child was held, even for a moment, by someone using the cooker?					
Hot drinks were passed over your child's head?					
Hot drinks were left within the reach of your child e.g. coffee table, work top, other low surface?					
Hot drinks or hot liquids were put on a table with a table cloth?					Г
The front rings of the cooker were used?					
Pan handles were turned towards the back of the cooker whilst cooking?					Г
Your child was left in the bathroom, without an adult whilst the bath was running, even for a moment e.g. to collect clothes, nappies or answer the phone?					K
Your child was left in the bath without an adult, even for a moment e.g. to collect clothes, nappies or answer the phone?					5
A bath was run for your child by an older child?					
An older child looked after your child in the bath?					
The bath was run using cold water first?					Г
The temperature of your child's bath water was checked using a the rmor leter or other gadget?					
The temperature of your child's bath water was cliected using a hand or elbow?					
There were things on your floors that could be tripled over?					
Your child was left on a raised surfa. a e. able, sofa, adult bed, even for a moment?			is.		Г
Your child's nappy was changed on a raised surface e.g. bed, changing table, work top?					
Your child was put in a car seat or bouncing seat on a raised surface e.g. table, work top, even for a moment?					
There were wires or cables trailing across the floor?					
Your child climbed onto or played on furniture e.g. bed, chair, sofa?					

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SION	Does not apply	Every day	Most days	Some days	Never
Your child climbed onto or played on garden furniture:					
There were things on your stairs the sould be tripped over?					Г
Your child used a high chair with the harness/straps?		5			
Your child played in tile girden without an adult in the garden?					
A safet, g te was u ed to stop your child getting into the garden?	+				
he bak doc was locked to stop your child getting into the garden?					

3.30 Please tell us how often these things happened in the WEEK before your child's accident. If you did not have or did not use some of these medicines or cleaning products please tick the "does not apply" hox.

Please ✓ one box on each line The following were put away IMMEDIATELY Does not Every Most Some Never after use: apply times time times Painkillers (e.g. Calpol) Iron or vitamins Cough mixtures Antidepressant or sleeping tablets Other medicines Bleach Dishwasher products Oven cleaner Toilet cleaner White spirit/turpentine Rat or ant killer Garden chemicals e.g. weed killers Any other household products

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5. Abo	out your family	
5.1	How many children, including step-children, (under 5) do you have living with you?(Please give number)	
5.2	How many children, including step-children, (aged 5-16) do you have living with you?(Please give number)	
5.3	The total number of adults and children living in our home is: (Please give number	r)
5.4.	I am the child(ren's) (Please ✓ one box)	
	☐ Mother ☐ Father ☐ Grandparent ☐ Other (Please say what)	
5.5	How many brothers and sisters (including step-brothers/step-sisters) does your child have?	
	older brothers and sisters younger brothers and sisters (Please give nur	mber)
5.6	Does your child live? (Please ✓ one box)	
	\square In one house only	
	☐ In a residential home	
	\square Part time in one house and part time in another house [please answer the remaining questions about the house where they spend most of their time]	
5.7	How many adults, over the age of 16, live in the house with your child? (Please ✓ one box)	
	☐ One parent ☐ Both parents ☐ One parent and other adults	
	☐ Both parents and other adults ☐ Other (Please describe)	
5.8	How many adults living in the house with your child work in a paid job? (Please < one box)	
	□ None □ One □ Two □ More than two	
5.9	What kind of house does your child live in? (Please < one box)	
	Rented house House owned by, or being bought by family:	
	Other (Please say what)	
5.10	My family usually has the use of a car	
5.11	My family receives one or more state benefit s <u>as well as</u> child benefit Yes No	
	u are the mother of the chila 'n . his su vey, please answer the next question. Otherwise se go to question 5.13	
5.12	When my first child was bor. my age was:years	
cc study	y CASE ques Age group 2 V2.2 10.02.2011	9

	5.13 I a	am (Please ✓ one box)
		White (e.g. White British, Irish, other white background) 🔲 Black (e.g. Caribbean, African)
		Asian (e.g. Indian, Pakistani, Bangladeshi, Chinese)
		Other (Please say what)
	(d	ne total number of rooms in our home is:
	5.15 W	tho else looks after your child? (Please 🗸 al that a, oly,
		Day Nursery Preschool Playgroup School
		Childminder
		Other (P' ase s n. 1)
		OF,
		a typica week how many hours is your child cared for by somebody else away from the family me (please include all those ticked in 5.15)?
		hours (please give number)
		there anything else you would like to tell us about your child, their accident or the things that but do at home to keep your child/children safe?
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to at notice to keep your childychildren sale:
1111		
	Thank	you very much for filling in this questionnaire. Your answers are very important
	I IIIalik y	in helping us stop children's accidents.
		Please send this back to us in the FREEPOST ENVELOPE
	We	will need your name and address so that we can send you your gift voucher. Please fill in the pink form and send it back with your questionnaire.
		keeping Children
		SAFE AT HOME
	cc study CA	ASE gues Age group 2 V2.2 10.02.2011

Appendix C: Case 37-59 month questionnaire

Keeping Children Safe From Accidents



Please complete this questionnaire for your child born on

Your answers really are important to us

Thank you for taking the time to railp is with this study.



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Part 1. About Your Child ☐ Male Female 1.1 Is your child 1.2 When was your child born? Date of Birth/................ 1.3 The postcode where my child lives is:..... Please tell us a little about your child's recent visit to the Accident and Emergency Department, Minor Injuries Unit or Walk-In Centre 1.4 Did your child visit the A&E department, Minor Injuries Unit or Walk-In Centre because of (Please ✓ one box) A slip, trip, fall or tumble on stairs or steps A slip, trip, fall or tumble on the same level A slip, trip, fall or tumble from furniture ☐ Swallowing medicine or pills ☐ Swallowing cleaning products or garden chemicals A scald from hot water, other hot liquid or steam Other accident (Please describe)... 1.5 Where did your child's accident happen? In the house or garden where they live (i.e. where they are registered with a GP) In another house or garden (Please a) where e.g. grandparents) Somewhere else e.g. road park, nui ery etc (Please say where) 1.6 What sort of accident was it: (Please \(\times \) all that apply) Bang on the head ☐ Broken bone Loss of cursulatiness ☐ Burn or scald ☐ Swallowed household cleaner/other poison/pills ☐ Cut needing stitches ☐ Cut or graze not needing stitches ☐ Other accident 3 cc study CASE ques Age group 3 v2.2 11.02.2011

1.7	What happened when your child went to the A&E department, Minor Injuries Unit or Walk-In Centre? ($Please \times all\ that\ apply$)
	☐ My child was seen and examined but d''* ne 'd c `` treatment
	My child was given some tre Juner. e. me Jicine, stitches, plaster cast, sling etc
	(Please tell us what)
	My child was ac τι 'tec. to πospital
	\square My child wall discharged from A&E, Minor Injuries Unit or Walk-In Centre but has to be seen in the soutpalient Jepartment
	iy child was discharged from A&E, Minor Injuries Unit or Walk-In Centre but has to be seen by the GP or practice nurse
1.8	Please tell us the date you completed this questionnaire
	If your child's accident did not happen in the house or garden ere they live, please do not answer any more questions. Please return the questionnaire in the FREEPOST envelope.
cc stud	/ CASE ques Age group 3 v2.2 11.02.2011

Part 2. About your child's development, health and behaviour

All children develop at their own rate so we would like to ask you what your child can do. There are no right or wrong answers.

2.1 Please tell us whether your child does each thing often, has only done it once or twice or has not started to do it yet.

Please ✓ one box on each line

	Often	Once or twice	Not yet
Walking			
Walking on the level without difficulties			
Walking up steps like an adult, one foot on each step			

2.2 At the moment, how likely do you think it is that your child could:
(If your child is too young to be able to do some of these things, put a tick in the "not likely" box)

Please ✓ one box on each line

	Please	✓ one bo	x on each	line
	Very likely	Quite likely	Not likely	Don't know
Reach, or climb on to a worktop				
Reach, or climb on to something to reach a cupboard at adult eye level				
Open cupboards, drawers or medicine cabinets with locks or safety catches on them				
Open a fridge with a lock or safety catch on it				5
Open a container with a child resistant cap				
Open a lockable medicine box				
Get medicines out of blister packs				
Touch things that you have told him/her not to			1	
Open a stair gate or safety gate				
Reach, or climb on to something to reach a pan on the cooker	0			
Reach, or climb on to something to reach a hot water tap	YO			
Reach to pull a table cloth hanging over the side of a trible				
Turn a hot water tap on by him/herself				
Climb into the bath by him/herself				
Climb onto furniture e.g. sofa, Caii bed				
Climb out of a cot				
Roll off a bed or high surface				
Climb up to a top bunk bed				
	I.			

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hearing, eye sight, development, fits etc) thealth professional?	hat have been diagnosed by a
Long term means anything that your chi'd is expected to continue for at least the rex	
Yes	0
If YES, pipas a tell us what conditions your o	
2.4 How was your child's health IN THE 24 ACCIDENT ? Please put an "x" on the line b how bad your child's health was:	
Worst possible health	Perfect health

2.3 Does your child have any long-term conditions (e.g. problems with

- 2.5 PedsQL™ Pediatric Quality of Life Inventory, Version 4.0 Parent Report for Toddlers (ages 2-4)
- 2.6 PedsQL™ Pediatric Quality of Life Inventory, Version 4.0 Parent Report for Toddlers (ages 2-4)

2.7 Have you taught your child any rules or instructions about keeping safe at home? If your child is too young to teach some of these rules to, put a tick in the "No" box next to each rule.

	tau yo ch the rule Plea one for e	ive ou ight our ild ese es? se box each stion	If YES, how often does your child follow these rules? (Please one box for each question)					
	Yes	No	Always	Most times	Some times	Occasionally	Never	
What to do or not do when parents are cooking using the top of the cooker $% \left(1\right) =\left(1\right) \left(1\right) $								
What to do or not do with hot things in the kitchen e.g. kettle								
What to do or not do when he/she is in the bathtub								
About things in the kitchen that he/she is not supposed to climb on $% \left(1\right) =\left(1\right) \left(1\right)$								
What to do or not do when he/she sees cleaning products								
What to do or not do if there is medicine on the work top								
What to do or not do if the floor is slippery								
About running in the house								
About jumping on the bed or furniture								
What to do or how he/she is supposed to behave when going down the stairs								
About carrying big things or lots of things while going down stairs								
About leaving things on the stairs								

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Part 3. About your home

Every home has things that may not seem very safe for children. We want to find out which things really are safe or not. Please answer the questions below as honestly as possible.

Please think about the 24 HOURS BEFORE YOUR CHILD'S ACCIDENT:

3.1 Please tell us where your medicines and cleaning products were IN THE 24 HOURS BEFORE YOUR CHILD'S ACCIDENT.

	have in y hor (Ple	you this your ne? ease one ox)	At what it (Please	YES level was t? ✓ all that ply)	IF YES Where was it? (Please ✓ all that apply)		
	Yes	No	At adult eye level or above	Below adult eye level	Cupboard, medicine cabinet, drawer or fridge with lock or safety catch	Cupboard, medicine cabinet, drawer or fridge without lock or safety catch	Other place without lock e.g. shelf, handbag, work surface
Painkillers e.g. Calpol							
Iron or vitamins							
Cough mixture	\vdash						
Antidepressants or sleeping tablets							
Any other medicines in the kitchen							
Any other medicines in the bathroom							
Any other medicines anywhere in the house Bleach							
Dishwasher products							
Oven cleaner		×					
Toilet cleaner							
White spirit/ turpentine							
Rat or ant killer							
Garden chemicals e.g. weed killer							
Any other household products							

cc study CASE ques Age of	group 3 v2.2 11.02.2011	

Still	thinking about the 24 HOURS BEFORE YOUR CHILD'S ACC	CIDENT:		
3.2	Did all your medicines have child resistant caps or blister packs?	Yes	☐ No	
3.3	Had any medicines been put in a container different from the one they came in?	Yes	□ No	
3.4	Were all medicines kept in a locked medicine box?	Yes	□ No	
3.5	Were any medicines kept in the fridge?	☐ Yes	□ No	
	If YES, was the fridge closed with a lock or safety catch?	☐ Yes	□ No	
	TA STAN AND AND AND AND AND AND AND AND AND A	BLETS		
3.6	Did all your cleaning products have child resistant caps?	☐ Yes	□ No	
3.7	Had any cleaning products been put in a container different from the one they came in?	Yes	□ No	
3.8	Did you use a safety gate to stop your child/children getting in to the kitchen?	Yes	□ No	
3.9	Was there anything your child could climb on to reach work tops, shelves, cupboards etc, in any of your rooms?	Yes	□ No	
3.10	Did you use protective corner covers on any of your furniture?	Yes	☐ No	
3.11	Did you have a kettle with a curly flex or a cordless kettle?	Yes	□ No	
cc stud	y CASE ques Age group 3 v2.2 11.02.2011			11

3.12.	Where was your kettle? (Please ✓ one box)
	$\ \square$ At the front of the work top or table $\ \square$ Between the front and back of the work top or table
	\square At the back of the worktop or table \square On the front ring of the cooker
	☐ On the back ring of the cooker ☐ Other (please describe)
3.13	How hot was your hot tap water? (Please ✓ one box)
	\square Very hot – you couldn't have a bath without adding a lot of cold water \bowtie $\mathfrak O$
	☐ Hot – you would need to add some cold water to the bath
	☐ Warm enough- you don't need to add any cold water to the bath
	□ Not very warm – not warm enough to have a bath in
3.14	Do you know the temperature of your hot tap water? (Please \checkmark one box)
	☐ Lower than 54°C ☐ 54°C or higher ☐ Don't know
3.15	Were all carpets or rugs in your home firmly fixed to the floor? $\ \square$ Yes $\ \square$ No
3.16	Do you have any stairs in your home? Yes No (if ro, o to qu stien 3.75)
3.17	Did you use any stair gates or safety gates in your home? \Box Yes \Box No
	If YES, where do you use them? (Please ✓ all that apply)
	☐ Bottom of stairs ☐ Top of stairs
	Other (please tell us where)
3.18	Were any of your stair gates on the Lairs left open?
3.19	Which of the following desc , pe 'now) hur stairs look? (Please \checkmark all that apply)
	☐ Carpeted ☐ Exposed wood ☐ Exposed metal or concrete
	☐ Lino/vinyl covered ☐ Don't know ☐ Other (please describe)
	☐ Lino/vinyl covered ☐ Don't know ☐ Other (please describe)
cc ctud	y CASE ques Age group 3 v2.2 11.02.2011

			Pi ase vone box on each	h line
		Agre	Neither agree nor disagree	Disagree
The st	tairs are too steep		uisagree	
The st	tairs are too narrow			
	tairs are poorly lit			
	teps are in need of repair			
	anister/handrail is 'n ed			
	tair covering is in new of retairs are safe to use	et il		
THE S	talls are sale 0.3e			
2 24	A set the second sector in a		Di	
3.21	Are the e any handrails o	n the wall next to your stairs? (Please v one box)	
	☐ Yes on all stairs	Yes on some stairs	□ No	
	t 3 Tes on an stans	La res on some stans	NO	
2:2	Is there a banister/railing (Please ✓ one box)	s at the side of your stairs to st	op people from falling the	ough?
	Yes on all stairs	Yes on some stairs	□ No	
	If YES, how wide are the inches)	biggest gaps between the railing	gs?(please wi	rite in number
3.23	Do any of your stairs have	e a landing part way up?	Yes	□ No
3.24	Are any of your stairs spin	ral or winding stair cases?	☐ Yes	□ No

cc study CASE ques Age group 3 v2.2 11.02.2011

Please think about the WEEK BEFORE YOUR CHILD'S ACCIDENT:

3.25 How often did these things happen in the WEEK before your child's accident. If you did not have the things the question is asking about e.g. high chair, tick the "does not apply" box. For questions that ask about older children, if you do not have older children, tick the "does not apply" box.

Please ✓ one box on each line Every day
Most days
Some days Your child was held, even for a moment, by someone holding a hot drink? Your child was held, even for a moment, by someone using the cooker? Hot drinks were passed over your child's head? Hot drinks were left within the reach of your child e.g. coffee table, work top, other Hot drinks or hot liquids were put on a table with a table cloth? The front rings of the cooker were used? Pan handles were turned towards the back of the cooker whilst cooking? Your child was left in the bathroom, without an adult whilst the bath was running, even for a moment e.g. to collect clothes, nappies or answer the phone? Your child was left in the bath without an adult, even for a moment e.g. to collect clothes, nappies or answer the phone? A bath was run for your child by an older child? An older child looked after your child in the bath? The bath was run using cold water first? The temperature of your child's bath water was checked using a their nometer or The temperature of your child's bath water was chacked using and or elbow? There were things on your floors that could be tripp 1 ver? Your child was left on a raised curface e.g. table, sofa, adult bed, even for a moment? Your child's nappy was that ned or a raised surface e.g. bed, changing table, work Your child was put in a car leat or bouncing seat on a raised surface e.g. table, work top, even for a momei '? There were wires or cables trailing across the floor? Your child climbed onto or played on furniture e.g. bed, chair, sofa?

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14	

	Does not apply	Every day	Most days	Some days	Never
Your child climbed onto or played on garden furnit 're:					
There were things on your stairs that color be the cover?					
Your child used a high chair with , 't b ing str pped in with the harness/straps?					
Your child played in the gar le. w thout an adult in the garden?					_
A safety gate vas use ' to . 'op your child getting into the garden?					
The back of or we locked to stop your child getting into the garden?					

3.26 Please tell us how often these things happened in the WEEK before your child's accident. If you did not have or did not use some of these medicines or cleaning products please tick the "does not apply" box.

5PP.) 55.11	Please ✓ one box on each line								
The following were put away IMMEDIATELY after use:	Does not apply	Every time	Most times	Some times	Never				
Painkillers (e.g. Calpol)									
Iron or vitamins									
Cough mixtures									
Antidepressant or sleeping tablets									
Other medicines									
Bleach									
Dishwasher products									
Oven cleaner									
Toilet cleaner									
White spirit/turpentine	-								
Rat or ant killer			32						
Garden chemicals e.g. weed killers									
Any other household products			1						

15

Part 4. About the worries of family life

NOT TO BE USED WITHOUT PERMISSION 4.1 Parenting Daily Hassles Scale (Parenting tasks subscale)

4.2 Hospital Anxiety and Depression Scale

5. Ab	out your family	
5.1	How many children, including step-children, (under 5) do you have living with you?(Please give number)	
5.2	How many children, including step-children, (aged 5-16) do you have living with you?(Please give number)	
5.3	The total number of adults and children living in our home is: (Please give num	ber)
5.4.	I am the child(ren's) (Please ✓ one box)	
	☐ Mother ☐ Father ☐ Grandparent ☐ Other (Please say what)	
5.5	How many brothers and sisters (including step-brothers/step-sisters) does your child have?	
	older brothers and sisters younger brothers and sisters (Please give	number)
5.6	Does your child live? (Please ✓ one box)	
	☐ In one house only	
	☐ In a residential home	
	\square Part time in one house and part time in another house [please answer the remaining questions about the house where they spend most of their time]	
5.7	How many adults, over the age of 16, live in the house with your child? (Please \checkmark one box)	
	☐ One parent ☐ Both parents ☐ One parent and other adults	
	☐ Both parents and other adults ☐ Other (Please describe)	
5.8	How many adults living in the house with your child work in a paid job? (Please \checkmark or . box,	
	□ None □ One □ Two □ More than wr	
F.0		
5.9	What kind of house does your child live in? (Please ✓ one box)	
	☐ Rented house ☐ House owned by, or being bouse, by oy family	
	Other (Please say what)	
5.10	My family usually has the use of a c r	
5.11	My family receives one or nore state benefits <u>as well as child</u> benefit	
	u are the moti. r of the hild in this survey, please answer the next question. Otherwise so to q_1 with f in f in f . f	
5.12	When my fir t child was born my age was:years	
		18
cc stud	y CASE ques Age group 3 v2.2 11.02.2011	5/5

5.13	I am (Please ✓ one box)
	\square White (e.g. White British, Irish, other white background) \square Black (e.g. Caribbean, African)
	☐ Asian (e.g. Indian, Pakistani, Bangladeshi, Chinese) ☐ Other (<i>Please say what</i>)
5.14	The total number of rooms in our home is:(Please give number) (do not count bathrooms or toilets or rooms that can only 'e used for storage such as cupboards)
5.15	Who else looks after your child? (Please 🗸 all that ap 1y)
	☐ Day Nursery ☐ Preschool ☐ Nav roup ☐ School
	☐ Childminder ☐ Familv/g, Nopere ts ☐ Friends ☐ N/A
	Other (Please say w. 1),
5.16	In a typical " sek ht n. "ny nours is your child cared for by somebody else away from the family home (n'ass. in Jude all those ticked in 5.15)?
1	
5.1 7	Is `here anything else you would like to tell us about your child, their accident or the things that you do at home to keep your child/children safe?
	you do at nome to keep your child/children sale:
	nk you very much for filling in this questionnaire. Your answers are very important
	in helping us stop children's accidents.
	Please send this back to us in the FREEPOST ENVELOPE
٧	We will need your name and address so that we can send you your gift voucher. Please fill in the pink form and send it back with your questionnaire
	keeping Children SAFE AT HOME
	19
	v CASE gues Age group 3 v2 2 11 02 2011

Thank you very much for filling in this questionnaire. Your answers are very important in helping us stop children's accidents.

Please send this back to us in the FREEPOST ENVELOPE

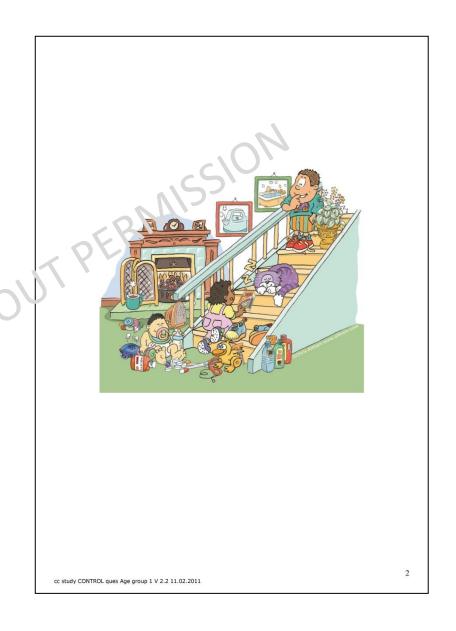
We will need your name and address so that we can send you your gift youcher.

Please fill in the pink form and send it back with your questionnaire



Appendix D: Control 0-12 month questionnaire





Part 1. About your child's development, health and behaviour

All children develop at their own rate so we would like to ask you what your child can do. There are no right or wrong answers.

1.1 Please tell us whether your child does each thing often, has only done it once or twice or has not started to do it yet.

Please ✓ one box on each line

	Often	Once or twice	Not yet
Crawling			
Shuffling along the floor on his/her bottom			
Walking			

1.2 At the moment, how likely do you think it is that your child could: (If your child is too young to be able to do some of these things, put a tick in the "not likely" box)

Please V one hox on each line

3

	Please ✓ one box on each line						
	Very likely	Quite likely	Not likely	Don't Know			
Reach, or climb on to a worktop							
Reach, or climb on to something to reach a cupboard at adult eye level							
Open cupboards, drawers or medicine cabinets with locks or safety catches on them							
Open a fridge with a lock or safety catch on it							
Open a container with a child resistant cap							
Open a lockable medicine box							
Get medicines out of blister packs				00			
Touch things that you have told him/her not to		Y					
Open a stair gate or safety gate							
Reach, or climb on to something to reach a pan on the cooker							
Reach, or climb on to something to reach a hot water tap							
Reach to pull a table cloth hanging over the side of a table		D					
Turn a hot water tap on by him/herself							
Climb into the bath by him/herself							
Climb onto furniture e.g. sofa, chair, bed							
Climb out of a cot							
Roll off a bed or high surface							
Climb up to a top bunk b' u							

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14066	Cor proper a pect to good control	n 5.8	
1.3	Does your child have any long-term conditions (e.g. problems with he development, fits etc) that have been diagnosed by a health profession Long-term means anything that your child has had for at least 3 months.	nal?	
	☐ Yes ☐ No		
	If YES, please tell us what conditions your child has:		
1.4	How was your child's health IN THE I AST. 4 (OULS? Please put an indicate how good or how bad your clild's health was:	"x" on the line below to	
	5		
	Worst po s ble health	Perfect health	
(°	worst bu side learn.	_ (° °)	
>			
O,			
cc study	idy CONTROL ques Age group 1 V 2.2 11.02.2011	4	

1.5 Have you taught your child any rules or instructions about keeping safe at home? If your child is too young to teach some of these rules to, put a tick in the "No" box next to each rule.

too young to teach some of these rules to, put a tid	ck in the	NO DO	ox next	Pleasure subscales)					
	taugl child rules? ✓ or for	re you ht your I these P(Please he box each stion)	cl	'ES, ho hild foll ease ✓ q	ow the	se rule ox for e	es?		N
	Yes	No	Always	Most times	Sometimes	Occasionally	Never		RMISSION
What to do or not do when parents are cooking using the top of the cooker									ONI
What to do or not do with hot things in the kitchen e.g. kettle								o F	<i>P</i> ,
What to do or not do when he/she is in the bathtub									
About things in the kitchen that he/she is not supposed to climb on									
What to do or not do when he/she sees cleaning products								700	
What to do or not do if there is medicine on the work top									
What to do or not do if the floor is slippery									
About running in the house							1		
About jumping on the bed or furniture			(
What to do or how he/she is supposed to behave when going down the stairs									
About carrying big things or lots of things while going down stairs	3								
About leaving things on the stairs									

5

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1.6 Infant Behaviour Questionnaire (Activity and High Intensity Pleasure subscales)

Part 2. About your home

Every home has things that may not seem very safe for children. We want to find out which things really are safe or not. Please answer the questions below as honestly as possible.

Please think about THE LAST 24 HOURS:

2.1 Please tell us where your medicines and cleaning products were IN THE LAST 24 HOURS.

	Did	you	IF '	YES	IF YES					
		this	At what	level was	Where was it?					
		in your it?			(Please ✓ all that apply)					
		ne?	(Please	✓ all that	(Fredse all that apply)					
		ase		oly)	l					
		one	up,	2177	l					
		x)			I					
	Yes	No	At adult eye level or above	Below adult eye level	Cupboard, medicine cabinet, drawer or fridge with lock or safety catch	Cupboard, medicine cabinet, drawer or fridge without lock or safety catch	Other place without lock e.g. shelf, handbag, work surface			
Painkillers e.g. Calpol										
Iron or vitamins										
Cough mixture										
Antidepressants or sleeping tablets										
Any other medicines in the kitchen							1111			
Any other medicines in the bathroom										
Any other medicines anywhere else in the										
house	ı				16					
Bleach										
Dishwasher products										
Oven cleaner				5						
Toilet cleaner		- (
White spirit/ turpentine										
Rat or ant killer										
Garden chemic Is e.g. weed killer										
Any oti s. houser. 12										

Still	thinking about THE LAST 24 HOURS:			
2.2	Did all your medicines have child resistant caps or blister packs?	☐ Yes	□ No	
2.3	Had any medicines been put in a container different from the one they came in?	Yes	□ No	
2.4	Were all medicines kept in a locked medicine box:	Yes	□ No	
2.5	Were any medicines kept in the fridge:	Yes	□ No	
	If YES, was the fridge closer with a ioc. or safety catch?	Yes	□ No	
		BLETS		
2.6	Did all your cleaning products have child resistant caps?	Yes	□ No	
2.7	Had any cleaning products been put in a container different from the one they came in?	Yes	□ No	
2.8	Did you use a safety gate to stop your child/children getting in to the kitchen?	Yes	□ No	
2.9	Was there anything your child could climb on to reach work tops, shelves, cupboards etc in any of your rooms?	Yes	□ No	
2.10	Did you use protective corner covers on any of your furniture?	Yes	□ No	
				8
cc stud	y CONTROL ques Age group 1 V 2.2 11.02.2011			o

Still	thinking about THE LAST 24 HOURS:			
2.11	Did your child use a baby walker?	☐ Yes	□ No	
2.12	Did your child use a stationary play centre (like a baby walker without wheels)	Yes	□ No	
2.13	Did your child use a playpen?	Yes	□ No	
2.14	Did your child use a travel cot instead of a playpen?	Yes	□ No	
2.15	Did you have a kettle with a curly flex or a cordless kettle?	☐ Yes	□ No	
2.16	Where was your kettle? (Please < one box)			
	☐ At the front of the work top or table ☐ Between the front and	back of the v	vork top or table	
	☐ At the back of the worktop or table ☐ On the front ring of th	e cooker		
	☐ On the back ring of the cooker ☐ Other (<i>please describe</i>	?)		
2.17	How hot was your hot tap water? (Please ✓ one box)			\sim
	☐ Very hot – you couldn't have a bath without adding a lot of cold v	water (ත ස	110
	☐ Hot – you would need to add some cold water to the bath	2	Q Q	
	☐ Warm enough– you don't need to add any cold water to the bath	Comment of the second	D. Orania	
	☐ Not very warm – not warm enough to have a bath in	A.		
2.18	Do you know the temperature of your hot tap water? (Please \checkmark one by	ox)		
	☐ Lower than 54°C ☐ 54°C or higher ☐ Don`kr	nov		
2.19	Were all carpets or rugs in your home firmly fixed to the 1. to ? $\ \ \Box$	res \square	No	
2.20	Do you have any stairs in your home?	res 🗆	No (if no, go to Question 2.29)	
2.21	Did you use any stair gates or safety rates in your home?	res 🗆	No	
	If YES, where did vouce them? (Please vall that apply)			
	☐ Bottom of tall ☐ Top of stairs			
	Other (p'ease tell us where)			
2.22	Were any of your stair gates on the stairs left open? $\hfill\Box$ Yes	□ No		
			9	
cc stud	y CONTROL ques Age group 1 V 2.2 11.02.2011		5	

The stairs arno_ar_v The stairs arno_ar_v The stairs arno_ar_v The stairs arno_ar_v Thesarn in ad of repair In beister/hundrail is in need of repair Thestair	2.23	Which of the following desc	ribe how	your stairs look? (Please ✓ all that apply)	
Please put a tick in the box thouses describes your agreement with each of the following: Please ✓ one box on each line		Carpeted	☐ Ex	posed wood	Exposed metal or co	oncrete
Please ✓ one box on each line Agree Neither agree nor Disagree The stairs are toc _teep The stairs are		Lino/vinyl covered	□ Do	n't '.nov	Other (please descri	ibe)
Agree Neither agree nor Disagree The stairs are too teep	2.24	Please put a tick in the box	that bes	de cribes your agr		
The stairs are tocteep The stairs ar			5	Agree	Neither agree nor	
The stairs are roorly lit The stairs are roorly lit The stairs are safe to use of repair The stairs are safe to use of repair 1 e stairs are safe to use 2.25 Are there any handrails on the wall next to your stairs? (Please < one box) Yes on all stairs Yes on some stairs No 1. Stairs are safe to use of repair 2.26 Is there a banister/railings at the side of your stairs to stop people from falling through? (Please < one box) Yes on all stairs Yes on some stairs No If YES, how wide are the biggest gaps between the railings?						
The _eps arc in road of repair In _be_inster/h_indrail is in need of repair The _stailovering is in need of re				+		
The stail Sering is in need of repair 1 e stairs are safe to use 2.25 Are there any handrails on the wall next to your stairs? (Please < one box) Yes on all stairs Yes on some stairs No 2.26 Is there a banister/railings at the side of your stairs to stop people from falling through? (Please < one box) Yes on all stairs Yes on some stairs No If YES, how wide are the biggest gaps between the railings?						
2.25 Are there any handrails on the wall next to your stairs? (Please < one box) Yes on all stairs Yes on some stairs No 2.26 Is there a banister/railings at the side of your stairs to stop people from falling through? (Please < one box) Yes on all stairs Yes on some stairs No If YES, how wide are the biggest gaps between the railings?						
2.25 Are there any handrails on the wall next to your stairs? (Please ✓ one box) ☐ Yes on all stairs ☐ Yes on some stairs ☐ No 2.26 Is there a banister/raillings at the side of your stairs to stop people from falling through? (Please ✓ one box) ☐ Yes on all stairs ☐ Yes on some stairs ☐ No If YES, how wide are the biggest gaps between the raillings?			pair			
☐ Yes on all stairs ☐ Yes on some stairs ☐ No 2.26 Is there a banister/railings at the side of your stairs to stop people from falling through? (Please ✓ one box) ☐ Yes on all stairs ☐ Yes on some stairs ☐ No If YES, how wide are the biggest gaps between the railings?	i e st	airs are sale to use				
2.26 Is there a banister/railings at the side of your stairs to stop people from falling through? (Please < one box) Yes on all stairs Yes on some stairs No If YES, how wide are the biggest gaps between the railings? (please write in number of inches) 2.27 Do any of your stairs have a landing part way up? Yes No	2.25	Are there any handrails on	the wall	next to your stairs?	(Please ✓ one box)	
(Please ✓ one box) ☐ Yes on all stairs ☐ Yes on some stairs ☐ No If YES, how wide are the biggest gaps between the railings?		Yes on all stairs	☐ Ye	s on some stairs	□ No	
If YES, how wide are the biggest gaps between the railings?	2.26		at the si	de of your stairs to s	stop people from falling th	rough?
inches) 2.27 Do any of your stairs have a landing part way up? Yes No		Yes on all stairs	☐ Ye	s on some stairs	□ No	
			ggest ga	ps between the raili	ngs? (please и	vrite in number of
2.28 Are any of your stairs spiral or winding stair cases? Yes No	2.27	Do any of your stairs have	a landing	part way up?	☐ Yes	□ No
	2.28	Are any of your stairs spira	l or wind	ing stair cases?	Yes	□ No

Thinking about the LAST WEEK:

2.29 How often did these things happen in the **LAST WEEK**? If you did not have the things the question is asking about e.g. high chair, tick the "does not apply" box. For questions that ask about older children, if you do not have older children, tick the "does not apply" box.

Please ✓ one box on each line

Please ✓ one b	OX OI	n ead	:h lir	ne	_
	Does not apply	Every day	Most days	Some days	Never
Your child was held, even for a moment, by someone holding a hot drink?					Г
Your child was held, even for a moment, by someone using the cooker?					
Hot drinks were passed over your child's head?					_
Hot drinks were left within the reach of your child e.g. coffee table, work top, other low surface?					
Hot drinks or hot liquids were put on a table with a table cloth?					Г
The front rings of the cooker were used?					_
Pan handles were turned towards the back of the cooker whilst cooking?	t				-
Your child was left in the bathroom, without an adult whilst the bath was running, even for a moment e.g. to collect clothes, nappies or answer the phone?					
Your child was left in the bath without an adult, even for a moment e.g. to collect clothes, nappies or answer the phone?					
A bath was run for your child by an older child?			1		Г
An older child looked after your child in the bath?	D				Г
The bath was run using cold water first?					
The temperature of your child's bath water was checked usin a heri ometer or other gadget?					Г
The temperature of your child's bath water was chroked sing a bund or elbow?					Г
There were things on your floors that could be rippe ' ~ er?					
Your child was left on a raised surface .g. table, sofa, adult bed, even for a moment?					
Your child's nappy was coanged on a raised surface e.g. bed, changing table, work top?					
Your child was put in carat or bouncing seat on a raised surface e.g. table, work top, even for a momen.					
top, even for a moment				_	
There were wires or cables trailing across the floor?					

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	Does not apply	Every day	Most days	Some days	Never
Your child climbed onto or played on garden furr ture?					
There were things on your stairs that could be a toped over?	1				Г
Your child used a high chai viti out beir g strapped in with the harness/straps?	T				
Your child played in t. e sar 'en without an adult in the garden?	1				П
A safety gate w. s us. 1 to stop your child getting into the garden?					
The brick doc, was locked to stop your child getting into the garden?					

2.30 Please tell us how often these things happened in the **LAST WEEK**? If you did not have or did not use some of these medicines or cleaning products please tick the "does not apply" box.

Please ✓ one box on each line

			rease v one	e ✓ one box on each i					
The following were put away IMMEDIATELY after use:	Does not apply	Every time	Most times	Some times	Never				
Painkillers (e.g. Calpol)									
Iron or vitamins									
Cough mixtures									
Antidepressant or sleeping tablets									
Other medicines									
Bleach									
Dishwasher products									
Oven cleaner									
Toilet cleaner									
White spirit/turpentine									
Rat or ant killer				,					
Garden chemicals e.g. weed killers									
Any other household products	_								

Part 3. About the worries of family life

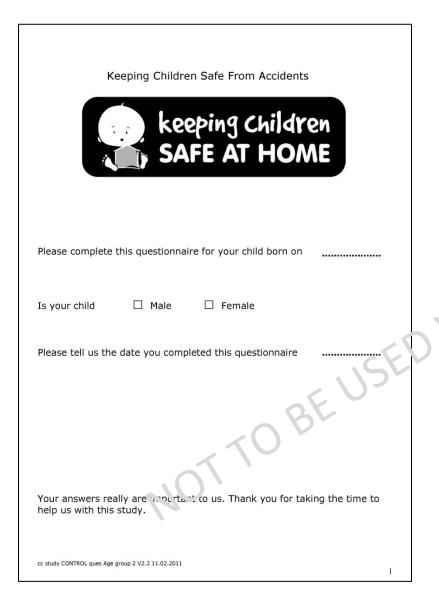
NOT TO BE USED WITHOUT PERMISSION 3.1 Parenting Daily Hassles Scale (Parenting tasks subscale)

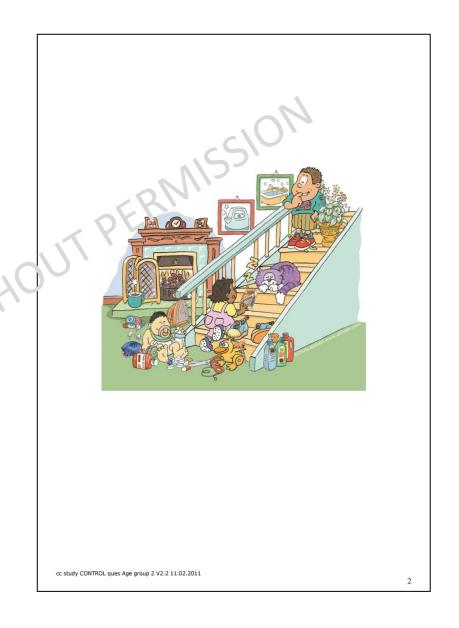
3.2 Hospital Anxiety and Depression Scale

4. A	bout your family
4.1	How many children, including step-children, (under 5) do you have living with you? (Please give number)
4.2	How many children, including step-children, (aged 5-16) do you have living with you?(Please give number)
4.3	The total number of adults and children living in our home is: (Please give number)
4.4.	I am the child(ren's) (<i>Please</i> ✓ one box)
	☐ Mother ☐ Father ☐ Grandparent ☐ Other (Please say what)
4.5	How many brothers and sisters (including step-brothers/step-sisters) does your child have?
	older brothers and sisters younger brothers and sisters (Please give number)
4.6	Does your child live? (Please ✓ one box)
	\square In one house only
	☐ In a residential home
	Part time in one house and part time in another house [please answer the remaining questions about the house where they spend most of their time]
4.7	How many adults, over the age of 16, live in the house with your child? (Please < one box)
	☐ One parent ☐ Both parents ☐ One parent and other adults
	☐ Both parents and other adults ☐ Other (Please describe)
4.8	How many adults living in the house with your child work in a paid job? (Please ✓ one box)
	□ None □ One □ Two □ More than two
4.9	What kind of house does your child live in? (Please ✓ one box)
	☐ Rented house ☐ House owned by, or being bought ! / fan 'ly
	Other (Please say what)
4.10	My family usually has the use of a car
4.11	My family receives one or more state 'enc' 's <u>as well as</u> child benefit
4.12	The postcode where my child lives is:
	u are the mother of the child in this survey, please answer the next question. Otherwise e go to question 4.14
4.13	When my first child was born my age was:years
cc stud	y CONTROL ques Age group 1 V 2.2 11.02.2011

		4.14 I am (Please ✓ one box)	
		☐ White (e.g. White British, Irish, other white background) ☐ Black (• g. Caribbean, African)	
		Asian (e.g. Indian, Pakistani, Bangladeshi, Chinese)	
•••		4.15 The total number of rooms in our home is:	
		4.16 Who else looks after your child? (<i>Please</i> \checkmark) ' th. ' appl·)	
		☐ Day Nursery ☐ Preschal ☐ Playgroup ☐ School	
		☐ Childminder ☐ F>mil, 'grandparents ☐ Friends ☐ N/A	
		Other (Please . vy who)	
		4.17 In a ty, ical whek how many hours is your child cared for by somebody else away from the family home (phase include all those ticked in 4.16)?	
		hours (please give number)	
	. < \	4.18 Is there anything else you would like to tell us about the things that you do at home to keep your	
		child/children safe?	
1			
		Thank you very much for filling in this questionnaire. Your answers are very important	
		in helping us stop children's accidents.	
		Please send this back to us in the FREEPOST ENVELOPE	
		We will need your name and address so that we can send you your gift voucher. Please fill in the pink form and send it back with your questionnaire	
		keeping Children SAFE AT HOME	
		cc study CONTROL ques Age group 1 V 2.2 11.02.2011	

Appendix E: Control 13-36 month questionnaire





Part 1. About your child's development, health and behaviour

All children develop at their own rate so we would like to ask you what your child can do. There are no right or wrong answers.

1.1 Please tell us whether your child does each thing often, has only done it once or twice or has not started to do it yet.

Please ✓ one box on each line

Often Once or twice Not yet

Crawling

Shuffling along the floor on his/her bottom

Walking

1.2 At the moment, how likely do you think it is that your child could: (If your child is too young to be able to do some of these things, put a tick in the "not likely" box)

Please ✓ one box on each line

	Very likely	Quite likely	Not likely	Don't Know
Reach, or climb on to a worktop				
Reach, or climb on to something to reach a cupboard at adult eye level				
Open cupboards, drawers or medicine cabinets with locks or safety catches on them				
Open a fridge with a lock or safety catch on it				
Open a container with a child resistant cap				1.
Open a lockable medicine box				
Get medicines out of blister packs				
Touch things that you have told him/her not to				
Open a stair gate or safety gate				
Reach, or climb on to something to reach a pan on the cooker				
Reach, or climb on to something to reach a hot water tap				
Reach to pull a table cloth hanging over the side of a able				
Turn a hot water tap on by him/herself				
Climb into the bath by him/hercu.				
Climb onto furniture e.g. sofa, chair, red				
Climb out of a C				
Roll off a bed or high surface				
Climb up to a top bunk bed				

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1.3 Does your child have any long-term conditions (e.g. problems with hearing, eye sight, development, fits etc) that have been diagnosed by a health professional?
Long term means anything that your chied has had for at least 3 months of is expected to continue for at least 1 he rext 3 months Yes No
If YES, ploase 'el! us what conditions your child has:
1.4 How was your child's health IN THE 24 HOURS BEFORE THEIR ACCIDENT? Please put an "x" on the line below to indicate how good or how bad your child's health was:
Worst possible health Perfect health

PLEASE COMPLETE 1.5 IF YOUR CHILD IS AGED 2 YEARS OR OVER FOR CHILDREN AGED UNDER 2 YEARS – please go to 1.7

1.5 PedsQL™ Pediatric Quality of Life Inventory, Version 4.0

Parent Report for Toddlers (ages 2-4)

1.6 PedsQL™ Pediatric Quality of Life Inventory, Version 4.0

Parent Report for Toddlers (ages 2-4)

1.7 Have you taught your child any rules or instructions about keeping safe at home? If your child is too young to teach some of these rules to, put a tick in the "No" box next to each rule.

	tau yo ch the rul Plea one for e	ght our illd esse ess? se / box each stion	yc	our chi	S, how often does child follow these rules? of one box for ea question)			
	Yes	No	Always	Most times	Some times	Occasionally	Never	
What to do or not do when parents are cooking using the top of the cooker								
What to do or not do with hot things in the kitchen e.g. kettle								
What to do or not do when he/she is in the bathtub								
About things in the kitchen that he/she is not supposed to climb on								
What to do or not do when he/she sees cleaning products								
What to do or not do if there is medicine on the work top								
What to do or not do if the floor is slippery								
About running in the house								
About jumping on the bed or furniture								
What to do or how he/she is supposed to behave when going down the stairs								
About carrying big things or lots of things while going down stairs								
About leaving things on the stairs								

cc study CONTROL ques Age group 2 V2.2 11.02.2011

1.8 The Early Childhood Behaviour Questionnaire (Activity and High Intensity Pleasure subscales)

Part 2. About your home

Every home has things that may not set m ve. r s ife for children. We want to find out which things really are safe or nc. Property were the questions below as honestly as nossible.

Please think about THF LAST 24 ICCRS:

2.1 Please tell us viere 'ou' mudicines and cleaning products were IN THE LAST 24 HOURS.

		PEKI	Did have in y hon (Pleat one I	this our ne? se 🗸	IF At what it (Please app	level was ? ✓ all that	(Plea	IF YES Where was it? ase ✓ all that a _l	
17401			W.20	No	At adult eye level or above	adult	Cupboard, medicine cabinet, drawer or fridge with lock or safety catch	Cupboard, medicine cabinet, drawer or fridge without lock or safety catch	Other place without lock e.g. shelf, handbag, work surface
	000000	nkillers e.g. Calpol							
	Iro	n or vitamins							
	Cou	ugh mixture							
		tidepressants or eping tablets							
. 152	Any	y other medicines in kitchen	-					5	
	Any	y other medicines in							
OBEUSEL	Any	y other medicines ywhere else in the							
4 O V		ach							
	Dis	hwasher products							
	Ove	en cleaner							
	Toi	let cleaner							
	Wh	nite spirit/ turpentine							
	Rat	t or ant killer							
	we	rden chemicals e.g. ed killer							
		y other household ducts							

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Still	thinking about THE LAST 24 HOURS:			
2.2	Did all your medicines have child resistant caps or blister packs?	☐ Yes	□ No	
2.3	Had any medicines been put in a container different from the one they came in?	Yes	□ No	
2.4	Were all medicines kept in a locked medicine box?	Yes	□ No	
2.5	Were any medicines kept in the fridge?	Yes	□ No	
	If YES, was the fridge closed with a lock or safety catch?	☐ Yes	□ No	
	TAGE TO SERVICE OF THE PROPERTY OF THE PROPERT	SLETS		
2.6	Did all your cleaning products have child resistant caps?	Yes	□ No	
2.7	Had any cleaning products been put in a container different from the one they came in?	Yes	□ No	
			N	
2.8	Did you use a safety gate to stop your child/children getting in to the kitchen?	L ⁻¹ Yes	□ No	
2.9	Was there anything your child could climb on to reach work possibles, cupboards etc, in any of your room?	Yes	□ No	
2.10	Did you use protective corner covers on any if your furniture?	Yes	□ No	
2.11	Did your child use a baby w. 'ker':	Yes	□ No	
2.12	Did your child use a 'tationary play centre (like a bat / wal, 'r wı 'hout wheels)	Yes	□ No	
cc stud	y CONTROL ques Age group 2 V2.2 11.02.2011			
				10

Still t	hinking about THE LAST 24 HOURS:			
2.13	Did your child use a playpen?	☐ Ye	es	□ No
2.14	Did your child use a travel cot instead of a playpen?	☐ Ye	es	□ No
2.15	Did you have a kettle with a curly flex or a cordless kettle?	☐ Ye	es	□ No
2.16.	Where was your kettle? (Pleas. Your 1921)			
	At the front of (, work to be table Between the front an	d back of	the wo	ork top or table
	At the back with entering of the long to the front ring of the state o	he cooke	1	
	\Box C i th. bruck ring of the cooker \Box Other (please describe	oe)		
27	How not was your hot tap water? (Please ✓ one box)			
) '	$\hfill \Box$ Very hot – you couldn't have a bath without adding a lot of cold	water	C	າ ພ
	$\ \square$ Hot – you would need to add some cold water to the bath	8		Q Q
	☐ Warm enough– you don't need to add any cold water to the bati	h C	- W. C.	2000
	☐ Not very warm – not warm enough to have a bath in	8	SCALE OF	0 0
2.18	Do you know the temperature of your hot tap water? (Please \checkmark one is	box)	9	
	\square Lower than 54°C \square 54°C or higher \square Don't k	now		
2.19	Were all carpets or rugs in your home firmly fixed to the floor? $\hfill \Box$	Yes	□ N	0
2.20	Do you have any stairs in your home? $\hfill\Box$	Yes		o (if no, go to question 2.29)
2.21	Did you use any stair gates or safety gates in your home? $\hfill\Box$	Yes	□ N	0
	If YES, where did you use them? (Please <all apply)<="" th="" that=""><th></th><th></th><th></th></all>			
	☐ Bottom of stairs ☐ Top of stairs			
	Other (please tell us where)			
cc stud	/ CONTROL ques Age group 2 V2.2 11.02.2011			11

Still	thinking about THE LAST 24 H	OURS:		
2.22	Were any of your stair gates on the		☐ Yes ☐ No	
2.23	Which of the following describe how			
2.25	_	xposed wood	Exposed metal or co	ncrete
		kposed wood	Exposed filetal of Co	ricrete
	☐ Lino/vinyl covered ☐ D	on't know	Other (please descri	be)
2.24	Please put a tick in the box that be	st describes your agre	eement with each of the fo	ollowing:
		_	Please ✓ one box	on each line
		Agree	Neither agree nor disagree	Disagree
	tairs are too steep			
	tairs are too narrow			
	tairs are poorly lit			
	teps are in need of repair anister/handrail is in need of repair			
	tair covering is in need of repair	_		
	tairs are safe to use			
2.25	Is there a banister/railings at the s (Please ✓ one box)	es on some stairs ide of your stairs to si	□ No No No No	rough? dite in number of
2.27	Do any of your stairs have a landing	g part way up?	Yes	□ No
2.28	Are any of your stairs spiral or win	dine stair calles?	Yes	□ No
cc stud	y CONTROL ques Age group 2 V2.2 11.02.20	11		12

Thinking about the LAST WEEK:

2.29 How often did these things happen in the **LAS WEL V?** 'f you did not have the things the question is asking about e.g. high chair, tick t. a "doe not apply" box. For questions that ask about older children, if you do not ha e olde 'c. "dre", tick the "does not apply" box.

Please ✓ one b	ox or	eac	:h lir	ne	
ERMIS	Does not apply	Every day	Most days	Some days	Never
Your ch. 1 w is h ld even for a moment, by someone holding a hot drink?					Г
Y ur child was held, even for a moment, by someone using the cooker?					
Hot drinks were passed over your child's head?					
Hot drinks were left within the reach of your child e.g. coffee table, work top, other low surface?					
Hot drinks or hot liquids were put on a table with a table cloth?	T				
The front rings of the cooker were used?					Г
Pan handles were turned towards the back of the cooker whilst cooking?	\top				Г
Your child was left in the bathroom, without an adult whilst the bath was running, even for a moment e.g. to collect clothes, nappies or answer the phone?		88			
Your child was left in the bath without an adult, even for a moment e.g. to collect clothes, nappies or answer the phone?					
A bath was run for your child by an older child?					
An older child looked after your child in the bath?	Т				
The bath was run using cold water first?					
The temperature of your child's bath water was checked using a thermometer or other gadget?		ė.			
The temperature of your child's bath water was checked using a hand or elbow?					
There were things on your floors that could be tripped over?					
Your child was left on a raised surface e.g. table, sofa, adult bed, even for a moment?					
Your child's nappy was changed on a raised surface e.g. bed, changing table, work top?					
Your child was put in a car seat or bouncing seat on a raised surface e.g. table, work top, even for a moment?					
There were wires or cables trailing across the floor?					
Your child climbed onto or played on furniture e.g. bed, chair, sofa?					
					_

cc study CONTROL ques Age group 2 V2.2 11.02.2011

Part 3. About the worries of family life

3.1 Parenting Daily Hassles Scale (Parenting tasks subscale	3.1 Parenting Dail	v Hassles Scale	(Parenting	tasks subscale
---	--------------------	-----------------	------------	----------------

3.2 Hospital Anxiety and Depression Scale

4. Ab	out your family	
4.1	How many children, it relating tep-children, (under 5) do you have living with you?	
4.2	How man / this ren, ir duding step-children, (aged 5-16) do you have living with you?(Pl se gi re run ber)	
4.3	ine tital number of adults and children living in our home is:(Please give num	ber)
۵).	t am the child(ren's) (<i>Please ✓ one box</i>)	
	☐ Mother ☐ Father ☐ Grandparent ☐ Other (Please say what)	
4.5	How many brothers and sisters (including step-brothers/step-sisters) does your child have?	
	older brothers and sisters younger brothers and sisters (Please give	number)
4.6	Does your child live? (Please ✓ one box)	
	☐ In one house only	
	☐ In a residential home	
	$\ \square$ Part time in one house and part time in another house [please answer the remaining questions about the house where they spend most of their time]	
4.7	How many adults, over the age of 16, live in the house with your child? (Please \checkmark one box)	
	☐ One parent ☐ Both parents ☐ One parent and other adults	
	\square Both parents and other adults \square Other (Please describe)	
4.8	How many adults living in the house with your child work in a paid job? (Please \checkmark one box)	
	□ None □ One □ Two □ More than two	
4.9	What kind of house does your child live in? (Please < one box)	
	Rented house House owned by, or being bought by family	
	Other (Please say what)	
4.10	My family usually has the use of a car $\hfill \square$ Yes $\hfill \square$ No	
4.11	My family receives one or more state benefits <u>as well as child benefit</u> \square Yes \square No	
4.12	The postcode where my child lives is:	
	u are the mother of the child in this survey, please answer the next question. Otherwise e go to question 4.14	
4.13	When my first child was born my age was:years	
4.14	I am (Please ✓ one box)	
cc stud	y CONTROL ques Age group 2 V2.2 11.02.2011	18

	White (e.g. White British, Irish, other white background) \Box Black (e.g. Caribbean, African)								
	Asian (e.g. Indian, Pakistani, Bangladeshi, Chinese)								
4.15	The total number of rooms in our home is:(Please give number) (do not count bathrooms or toilets or rooms that can only be used for storage such as cupboards)								
4.16	Who else looks after your child? (Please 🗸 all that apply)								
	☐ Day Nursery ☐ Preschool ☐ Playgroup ☐ School								
	☐ Childminder ☐ Family/grandparents ☐ Friends ☐ N/A								
	Other (Please say who)								
4.17	In a typical week how many hours is your child cared for by somebody else away from the family home (please include all those ticked in 4.16)?								
	hours (please give number)								
4.18	Is there anything else you would like to tell us about the things that you do at home to keep your child/children safe?								
Than	Thank you very much for filling in this Que tion raire. Your answers are very important in helping L 3 2 70,1 children's accidents.								
v	Please send this back to us in the FREEPOST ENVELOPE Ve will need your name and address so that we can send you your gift voucher.								
•	Please fill in the pink form and send it back with your questionnaire								
	keeping Children SAFE AT HOME								
cc stud	y CONTROL ques Age group 2 V2.2 11.02.2011								

Thank you very muc $\ fc \cdot fi \cdot inr$ in this questionnaire. Your answers are very important in helping us stop children's accidents.

Yease send this back to us in the FREEPOST ENVELOPE

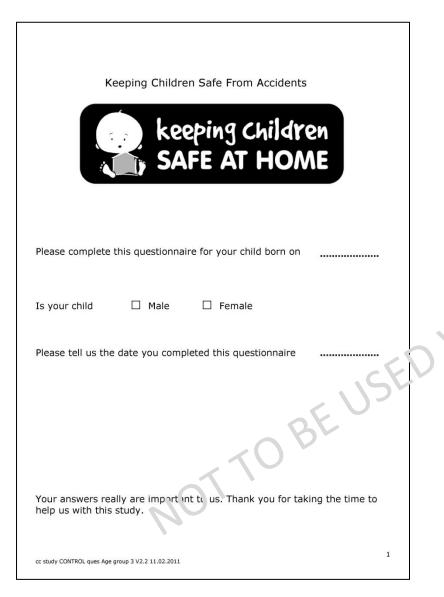
Way ill read your name and address so that we can send you your gift voucher

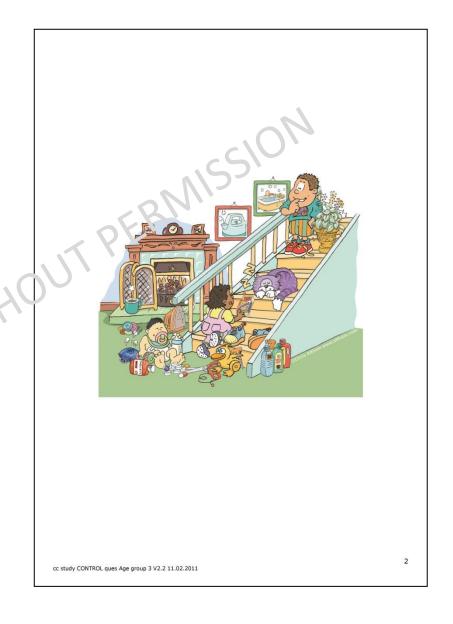
Please fill in the pink form and send it back with your questionnaire



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Appendix F: Control 37-59 month questionnaire





Part 1. About your child's development, health and behaviour

All children develop at their own rate so we would like to ask you what your child can do. There are no right or wrong answers.

1.1 Please tell us whether your child does each thing often, has only done it once or twice or has

	Please v on	e box on each iir	ne –
Walking on the level without difficulties	Often	Once or twice	Not yet
Walking			
Walking on the level without difficulties			
Walking up steps like an adult, one foot on each step			

1.2 At the moment, how likely do you think it is that your child could: (If your child is too young to be able to do some of these things, put a tick in the "not likely" box)

Please

one box on each line

Very likely	Quite likely	Not likely	Don't know
			70
			1
	705		
40			
CA) 		
	ÇC	(08)	(0)

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hearing, eye sight, development, fits etc) that have bee health professional?	n diagnosed by a
Long term means anything that your child has had for a is expected to continue for at least the rext 3 months	at least 3 months o
Yes No	
If YES, please tell vs what conditions your child has:	
1.4 How was your child's health IN THE 24 HOURS BEFO ACCIDENT ? Please put an "x" on the line below to indic how bad your child's health was:	
Worst possible health	Perfect health
\bigcirc	

1.3 Does your child have any long-term conditions (e.g. problems with

1.5 PedsQL™ Pediatric Quality of Life Inventory, Version 4.0 Parent Report for Toddlers (ages 2-4)

1.6 PedsQL™ Pediatric Quality of Life Inventory, Version 4.0 Parent Report for Toddlers (ages 2-4)

1.7 Have you taught your child any rule of in truitions about keeping safe at home? If your child is too young to teach some of tiese rules to, but a tick in the "No" box next to each rule.

s (ages 2-4)			Have	V200400000					
		OUT PE.	taugh child rule Pleas one be ea ques	t your these es? se < ox for ch	yo	ur chi	how of ild follo rules? one bo uestion	ow thes	se
ality of Life Inventory, Version 4.0	V	O				mes	times	onally	
s (ages 2-4)			Yes	No	Always	Most times	Some times	Occasionally	Never
		What to do or not do when parents are cooking using the top of the cooker							
		What to do or not do with hot things in the kitchen e.g. kettle							
115		What to do or not do when he/she is in the bathtub							
BEUSL		About things in the kitchen that he/she is not supposed to climb on							
OBL		What to do or not do when he/she sees cleaning products							
70		What to do or not do if there is medicine on the work top							
		What to do or not do if the floor is slippery							
210,		About running in the house							
		About jumping on the bed or furniture							
		What to do or how he/she is supposed to behave when going down the stairs							
		About carrying big things or lots of things while going down stairs							
		About leaving things on the stairs							

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1.8 The Child Behaviour Questionnaire (Activity and High Intensity Pleasure subscales)

G WA An pro

Part 2. About your home

Every home has things that may not seem very safe for children. We want to find out which things really are safe or not. Please answer the questions below as honestly as nossible.

Please think about THE LAST 24 HOURS:

2.1 Please tell us where your medicines and cleaning products were IN THE LAST 24 HOURS.

	Did	you	TE '	YES	ı	IF YES	9			
		this		level was	Where was it?					
		our		?	(Please ✓ all that apply)					
		ne?	(Please	all to at	(ricase van trat appry)					
		se v								
	one				l					
	Y±S	C	At adult ye level or above	Below adult eye level	Cupboard, medicine cabinet, drawer or fridge with lock or safety catch	Cupboard, medicine cabinet, drawer or fridge without lock or safety	Other place without lock e.g. shelf, handbag, work surface			
2.1.11						catch				
Painkillers C. Cc 'pc'	Ī									
Iro: or vita nins										
Cr ugh missure										
, ntidepressants or	-									
sleeping tablets	ı									
Any other medicines in	1									
the kitchen	ı									
Any other medicines in	1									
the bathroom	ı				l .					
Any other medicines	1									
anywhere else in the	ı				l .					
house	ı				l .					
Bleach	1									
2.000.1	ı				l .					
Dishwasher products										
Oven cleaner	t									
Toilet cleaner										
White spirit/ turpentine										
Rat or ant killer	t									
Garden chemicals e.g. weed killer	l									
Any other household	1									
products	I				ı					

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Stil	I thinking about THE LAST 24 HOURS:			
2.2	Did all your medicines have child resistant caps or blister packs?	Yes	□ No	
2.3	Had any medicines been put in a container different from the one they came in?	Yes	□ No	
2.4	Were all medicines kept in a locked medicine box?	Yes	□ No	
2.5	Were any medicines kept in the fridge?	Yes	□ No	
	If YES, was the fridge closed with a lock or safety catch?	Yes	□ No	
	To the own and the second	BLETS		
2.6	Did all your cleaning products have child resistant caps?	☐ Yes	□ No	
2.7	Had any cleaning products been put in a container different from the one they came in?	Yes	□ No	
2.8	Did you use a safety gate to stop your child/children getting in to the kitchen?	Yes	□ No	V
2.9	Was there anything your child could climb on to reach work tops, shelves, cupboards etc, in any of your rooms?	□ Yes	□ No	
2.10	Did you use protective corner covers on any of your furnitures	☐ Yes	□ No	
2.11	Did you have a kettle with a curly flex or a cordler, ket 'e?	Yes	□ No	
cc st	udy CONTROL ques Age group 3 V2.2 11.02.2011			9

Still thinking about THE LAST 24 HOURS:								
2.12.	Where was your kettle? (Pla	ease ✓ one bo	()					
	At the front of the world	k top or table	Between	the from	nt and back of	f the work top or table		
	At the back of the work	ctop or table	On the fr	ont ring	of the cooker			
	\square On the back ring of the	cooker	Other (p	1850 9	scribe)			
2.13	How hot was your hot tap v	vater? (Please	r ne hox)					
	☐ Very hot – you couldn't	hav€ a bath w	viti oul adding	a lot of	cold water	ආ ස		
	Hot – you would need that the bath							
	☐ Warm e. oug 1- y 'u ac	n't need to add	d any cold wat	er to the	e bath	S Comments		
	C . 'ot rery wa.m - not w	arm enough to	have a bath	in	&			
. 14	Do 'ou know the temperate	ure of your hot	tap water? (P	Please 🗸	one box)			
1	Lower than 54°C	☐ 54°C or I	nigher		on't know			
2.15	Were all carpets or rugs in	your home firr	nly fixed to the	e floor?	Yes	□ No		
2.16	Do you have any stairs in y	our home?			Yes	No (if no, go to question 2.25)		
2.17	Did you use any stair gates	or safety gate	s in your hom	ie?	☐ Yes	□ No		
	If YES, where do you use them? (Please ✓ all that apply)							
	☐ Bottom of stairs	☐ Top of sta	airs					
	Other (please tell us where)							
2.18	Were any of your stair gate	s on the stairs	left open?	☐ Ye	s 🗆 N	0		
2.19	Which of the following desc	ribe how your	stairs look? (Please 🗸	all that apply	<i>'</i>)		
	☐ Carpeted	☐ Exposed	wood	☐ Ex	posed metal	or concrete		
	Lino/vinyl covered	☐ Don't kn	ow	☐ Ot	her <i>(please d</i>	escribe)		
or study	y CONTROL ques Age group 3 V2.2	11.02.2011				10		
Je Jedu	, ye group 5 VELE							

Still thinking about THE LAST 24 HOURS:

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2.20 Please put a tick in the box that best describes your agreement with each of the following:

Agree Neither agree nor disagree The stairs are too steep The stairs are too narrow The stairs are poorly lit The steps are in need of repair The stairs covering is in need of repair The stair covering is in need of repair The stairs are safe to use 2.21 Are there any handrails on the wall next to your stairs? (Please < one box) Yes on all stairs	Disagree
The stairs are too narrow The stairs are poorly lit The steps are in need of repair The banister/handrail is in need of repair The stair covering is in need of repair The stairs are safe to use 2.21 Are there any handrails on the wall next to your stairs? (Please ✓ one box)	
The stairs are poorly lit The steps are in need of repair The banister/handrail is in need of repair The stair covering is in need of repair The stairs are safe to use 2.21 Are there any handrails on the wall next to your stairs? (Please Yone box)	
The steps are in need of repair The banister/handrail is in need of repair The stair covering is in need of repair The stair covering is in need of repair The stairs are safe to use 2.21 Are there any handrails on the wall next to your stairs? (Please vone box)	
The banister/handrail is in need of repair The stair covering is in need of repair The stairs are safe to use 2.21 Are there any handrails on the wall next to your stairs? (Please < one box)	
The stair covering is in need of repair The stairs are safe to use 2.21 Are there any handrails on the wall next to your stairs? (Please < one box)	
The stairs are safe to use 2.21 Are there any handrails on the wall next to your stairs? (Please < one box)	
2.21 Are there any handrails on the wall next to your stairs? (Please ✓ one box)	
2.22 Is there a banister/railings at the side of your stairs to stop people from falling thr (Please < one box)	rough?
☐ Yes on all stairs ☐ Yes on some stairs ☐ No	
If YES, how wide are the biggest gaps between the railings?(please wr inches)	rite in number of
2.23 Do any of your stairs have a landing part way up?	□ No
2.24 Are any of your stairs spiral or winding stair cases?	□ No



11

Thinking about the LAST WEEK:

2.25 How often did these things happen in the **LAST WEEK**? If you did not have the things the question is asking about e.g. high chair, tick the "does not apply" box. For questions that ask about older children, if you do not have older children, tick the "does not apply" box.

Please ✓ one box on each line Every day Most days Some days Your child was held, even for a moment, by some one wording a hot drink? Your child was held, even for a nament, y comeone using the cooker? Hot drinks were passe 'ver 'ou child's head? Hot drinks were of within the reach of your child e.g. coffee table, work top, other low surfac ? Hot frin so hot liquids were put on a table with a table cloth? The fro it rings of the cooker were used? Pan handles were turned towards the back of the cooker whilst cooking? Your child was left in the bathroom, without an adult whilst the bath was running, even for a moment e.g. to collect clothes, nappies or answer the phone? Your child was left in the bath without an adult, even for a moment e.g. to collect clothes, nappies or answer the phone? A bath was run for your child by an older child? An older child looked after your child in the bath? The bath was run using cold water first? The temperature of your child's bath water was checked using a thermometer or other gadget? The temperature of your child's bath water was checked using a hand or elbow? There were things on your floors that could be tripped over? Your child was left on a raised surface e.g. table, sofa, adult bed, even for a moment? Your child's nappy was changed on a raised surface e.g. bed, changing table, work Your child was put in a car seat or bouncing seat on a raised surface e.g. table, work top, even for a moment? There were wires or cables trailing across the floor? Your child climbed onto or played on furniture e.g. bed, chair, sofa?

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	Does not apply	Every day	Most days	Some days	Never
Your child climbed onto or played on garden furniture?					
There were things on your stairs that could be tripped over?					
Your child used a high chair without being strapped in with the harness/straps?	. IV			6	
Your child played in the garden without an adult in the garden?					
A safety gate was used to stop your child getting into the garden?					
The back door was locked to stop your child getting into the garden?					

2.26 Please tell us how often these things happened in the **LAST WEEK**. If you did not have or did not use some of these medicines or cleaning products please tick the "does not apply" box.

Please ✓ one box on each line

The following were put away IMMEDIATELY after use:	Does not apply	Every time	Most times	Some times	Never
Painkillers (e.g. Calpol)					
Iron or vitamins					
Cough mixtures					
Antidepressant or sleeping tablets					
Other medicines					
Bleach				75	
Dishwasher products					
Oven cleaner					
Toilet cleaner		-0			
White spirit/turpentine					
Rat or ant killer	1				
Garden chemicals e.g. weed killers					
Any other household products					

13

Please continue on page 15



Part 3. About the worries of family life

3.1 Parenting Daily Hassles Scale (Parenting tasks subscale)

3.2 Hospital Anxiety and Depression Scale

		About your family
t 3. About the worries of family life	4.1	How many children, including ster-children, (under 5) do you have living with you?(Please give number)
	4.2	How many children, in מלוי s. יף-כוdren, (aged 5-16) do you have living with you?(Please give numb ירי)
	4.3	The total our ber of cluts and children living in our home is:
Parenting Daily Hassles Scale (Parenting tasks subscale)	4.4.	I an. the '(rer's) (Please < one box)
	- 0	Mo her
	4.5	How many brothers and sisters (including step-brothers/step-sisters) does your child have?
		older brothers and sisters younger brothers and sisters (Please give number)
X Y Y	4.6	Does your child live? (Please ✓ one box)
Hospital Anxiety and Depression Scale		☐ In one house only
		☐ In a residential home
Hospital Anxiety and Depression Scale		Part time in one house and part time in another house [please answer the remaining questions about the house where they spend most of their time]
, 111,	4.7	How many adults, over the age of 16, live in the house with your child? ($Please \checkmark one \ box$)
		☐ One parent ☐ Both parents ☐ One parent and other adults
		☐ Both parents and other adults ☐ Other (Please describe)
156	4.8	How many adults living in the house with your child work in a paid job? (Please ✓ one box)
		☐ None ☐ One ☐ Two ☐ More than two
Q.E.	4.9	What kind of house does your child live in? (Please < one box)
		Rented house House owned by, or being bought by family
		Other (Please say what)
	4.10	My family usually has the use of a car
	4.11	My family receives one or more state benefits as well as child benefit
	4.12	The postcode where my child lives is:
		ou are the mother of the child in this survey, please answer the next question. Otherwise se go to question 4.14
	4.13	When my first child was born my age was:years
	cc stud	dy CONTROL ques Age group 3 V2.2 11.02.2011

I am (<i>Please ✓ one</i>	box)			
☐ White (e.g. Wh	nite British, Irish, other white	background)	Black (e.g. Caribbean, African	1)
Asian (e.g. Inc	lian, Pakistani, Bangladeshi,	Chinese)	Other (Please say what)	
Who else looks afte	r your child? (Please 🗸 all th	at apply)		
☐ Day Nursery	Preschool	Playgrou	p School	
☐ Childminder	☐ Family/grandparents	Friends	□ N/A	
Other (Please	say who)			
		cared for by so	mebody else away from the family	
ho	urs (please give number)			
		about the things	that you do at home to keep your	
ık you very much				t
			dents	
Pleas	e send this back to us ir	1 the FREEF	S) EN VEL OPE	
Ve will need your	name and address so t	hat we an s	e v you your gift voucher.	
Ve will need your		hat we an s	e v you your gift voucher.	
Ve will need your	name and address so t	hat we an s	e v you your gift voucher.	
	White (e.g. White (e.g. White (e.g. White (e.g. Indian (e	Asian (e.g. Indian, Pakistani, Bangladeshi, The total number of rooms in our home is:	White (e.g. White British, Irish, other white background) Asian (e.g. Indian, Pakistani, Bangladeshi, Chinese) The total number of rooms in our home is:	White (e.g. White British, Irish, other white background) □ Black (e.g. Caribbean, African □ Asian (e.g. Indian, Pakistani, Bangladeshi, Chinese) □ Other (Please say what

Thank you very much for filling in this questionnaire. Your answers are very important in helping us stop children's accidents.

Please send this back to us in the FR EPOST ENVELOPE

We will need your name and address so ana was called your gift voucher.

Please fill in the pink form and send it back with your questionnaire

keeping Children

SAFE AT HOME

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