



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

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