



**Helping Children's Centres to improve home safety:  
a research study. Parents' questionnaire**

Thank you for being part of our study which looks at how Children's Centres can provide home safety advice to families. You may remember filling in a questionnaire last year for this study. We would be grateful if you would help us again by filling in this questionnaire; when you have filled it in please post it back in the envelope provided or give it to the researchers or staff in the Children's Centre. Your answers will be used to help Children's Centres give better advice to parents.

To thank you for your time we will send you a £5 gift voucher when you send back the questionnaire.



For Office use only:

**UIC:**

**Home safety**

1.1 Do you have any of the following in your home to help prevent accidents?  
(please tick one box on each row)

Items	Yes	No	Not relevant. Please explain why: eg. live in a flat with no stairs
a) Safety gates at the bottom and/or top of the stairs			
b) Safety gates elsewhere			
c) Corner covers for furniture			
d) Locked medicine cupboard			
e) Fridge lock			
f) Cupboard and/or drawer locks			
g) Spark guard (i.e. to stop sparks from open fire)			
h) Fixed fire guard in front of open electric or gas fire			
i) Fire blanket			
j) Fire extinguisher			
k) A torch next to the bed			
l) Other safety items (please describe)			

1.2 Which three things do you think could be most likely to cause a fire in people's homes generally?

1. ....
2. ....
3. ....

1.3 Do you have any smoke alarms in your home?

- No  go to  Question 1.10
- Yes  go to  Question 1.4

1.4 Do you have a smoke alarm on every floor of your home?  
Please don't include cellars (please tick one box on each row).

	Yes	No	Don't know	Don't have this floor
Top floor				
First floor				
Ground floor				



1.5 Does the smoke alarm on each floor of your home work?  
Please don't include cellars (please tick one box on each row).

	Yes	No	Don't know	Don't have this floor
Top floor				
First floor				
Ground floor				

1.6 How often do you test your smoke alarms?  
Please don't include cellars (please tick one box on each row).

	At least once a week	Between once a week and once a month	Between once every 2 months and once every 3 months	Between once every 4 months and once every 6 months	Don't know	Not relevant Please explain why
Top floor						
First floor						
Ground floor						

1.7 Are your smoke alarms: (please tick one box on each row)

	Yes	No	Don't know
Fitted with normal batteries			
Fitted with a 10 year battery			
Wired into the mains electrical supply			

1.8 If your alarms have normal batteries how long is it since you replaced the batteries? (Please tick all that apply)

Less than 6 months.....	<input type="checkbox"/>
6 – 12 months.....	<input type="checkbox"/>
Between 1 and 2 years.....	<input type="checkbox"/>
2 years or more.....	<input type="checkbox"/>
Don't know.....	<input type="checkbox"/>

1.9 Do you know what all your smoke alarms sound like? (please tick one box)

Yes  No

1.10 These are some of the things people do before going to bed. How often do you do any of these? (Please tick one box on each row)

Activity	Never	Once a week or less	2-3 days/ week	4-5 days/ week	1-7 days/ week	Not relevant	Don't know
a) Close all internal doors.							
b) Check external doors are locked.							
c) Make sure your door key is kept somewhere it could easily be reached in case there is a fire.							
d) Test smoke alarms (if you have them).							
e) Make sure exits from the house are clear of toys/other items.							
f) Make sure window key locks are somewhere you can easily reach them (but cannot be reached by your children).							
g) Put any medicines away.							
h) Turn off lights.							
i) Turn electrical appliances off at the sockets eg TV, game consoles.							

Activity	Never	Once a week or less	2-3 days/ week	4-5 days/ week	6-7 days/ week	Not relevant	Don't know
j) Turn off electric/gas fires.							
k) Make sure a fireguard/ spark guard is in place.							
l) Check that the oven and all the rings on the cooker are turned off.							
m) Make sure cigarettes are put out.							
n) Put matches/lighters out of reach of children.							
o) Blow out candles.							
p) Other (please describe):							

- 1.11 Which three things do you think could be most likely to cause a fire in YOUR own home?
1. ....
2. ....
3. ....

**2. Safety actions**

- 2.1 What would you do if you woke up in the middle of the night and you could smell smoke and/or your smoke alarm was sounding? (Please include everything that you can think of).

.....

.....

.....

- 2.2 If there was a fire in your home or your smoke alarm sounded at night, where do you think your child aged under 3 years might be when you went to look for them?

.....

.....

.....

- 2.3 Does your family have a fire escape plan? This is a plan of what you would do to escape from the house if a fire broke out or the smoke alarm went off (please tick one box)

No  go to  Question 3.1

Yes  go to  Question 2.4

- 2.4 Have you discussed this with all adults and/or older children living in your household? (please tick one box)
- Yes  No  Not relevant

- 2.5 Have you tried the plan out by practising what you would do if there was a fire? (please tick one box)
- Yes  No

- 2.6 If you haven't, please tell us why:.....
- .....
- .....

2.7 Please describe in as much detail as possible what your fire escape plan includes.

.....

.....

.....

2.8 Does your family have a back up fire escape plan? This is a plan of what you would do if you couldn't use your first plan (please tick one box)

No  go to  Question 3.1

Yes  go to  Question 2.9

2.9 Please describe in as much detail as possible what your back up fire escape plan includes.

.....

.....

.....



### 3. Safety Advice

3.1 Families often get safety information from lots of people and places. Have you received any advice about the following in the last year? (Please tick one box on each row)

	Yes	Please write who gave this advice	No	Don't know
Smoke alarms				
Children playing with matches or starting fires				
Making a plan for how to escape from your home if there is a fire				
Bedtime routines to help prevent fires				
The causes of fire in the home				
Other (please state)				

3.2 Have you attended a session about fire safety in the home in the last year? (please tick one box)

No  go to  Question 3.4

Yes  go to  Question 3.3 a

3.3 a How many sessions about fire safety have you attended in the last year?

.....

3.3 b Was this at a (please tick all that apply)

Children's Centre

Health centre

Fire station

Other... (please state) \_\_\_\_\_

3.3 c What were the sessions about? (please tick all that apply)

Smoke alarms

Children playing with matches or starting fires

Making a plan for how to escape from your home if there is a fire

Bedtime routines to help prevent fires

The causes of fires in the home

Other (please state) \_\_\_\_\_

If you went to more than one session please answer question 3.3d for the most recent session you went to

3.3 d i) How long was the session? \_\_\_\_\_ hours \_\_\_\_\_ minutes

ii) Did the travel to the session cost you any money? (please tick one box)

Yes  No

If Yes, please give details below:

Private car  \_\_\_\_\_ Number of miles round trip

Public transport  \_\_\_\_\_ Return cost (£)

iii) Did you need someone to look after your children whilst you went to the session? (please tick one box)

Yes  No

If you had to pay for this childcare, please tell us how much you paid

Crèche at Children's Centre  £ \_\_\_\_\_

Family friend  £ \_\_\_\_\_

Childminder  £ \_\_\_\_\_

Other (Please state who) \_\_\_\_\_ £ \_\_\_\_\_

3.3 e Have you been able to put into practice any of the fire safety advice you were given in the last year? (please tick one box)

Yes  No

3.4 Have you had a home safety check in the last year? (please tick one box)

Yes  No

If Yes, who did the home safety check? (please tick all that apply)

Fire and rescue service

Children's Centre

Other (please state) \_\_\_\_\_

3.5 Have you been given any free fire safety equipment in the last year?

(Please tick the yes or no box on each row and tell us who gave you the equipment and who fitted it)

	No	Yes	Who gave it to you? E.g. fire and rescue service	Who fitted the equipment? E.g. fire and rescue service/self
Smoke alarm				
Batteries for smoke alarms				
Fire guard				
Spark guard				Not applicable
Torch				Not applicable
Other (please state)				

3.6 Have you bought any fire safety equipment for your home in the last year?  
(Please tick the yes or no box on each row and tell us who fitted the equipment and how much you spent)

	No	Yes	Who fitted the equipment?	Cost (£) (including fitting if applicable)
Smoke alarm				
Batteries for smoke alarms				
Fire guard				
Spark guard			Not applicable	
Torch			Not applicable	
Other (please state)				

3.7 How satisfied are you with the home safety information provided over the last year by each of the following people or places? (Please tick one box on each row.)

People or place	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Haven't received any information from this type of person
a) GP or Practice Nurse						
b) Health Visitor						
c) Children's Centre staff						
d) Fire and Rescue service						
e) Other- please tell us who this was						



4. We would be grateful if you could tell us something about yourself by answering the following questions. All your answers are confidential.

4.1. Has there been a house fire in your home in the last year? (please tick one box)  
Yes  No

If yes, can you tell us briefly what happened?  
(How did the fire start? Was anyone hurt?)

.....  
.....

4.2. Have you found any of your children playing with matches or lighters in the last year? (please tick one box)

Yes  No

4.3. How many people in your household smoke? (please tick one box)

Nobody Smokes  1 person  2 people  3 or more people

4.4. Has anyone in your household tried to stop smoking in the last year?  
(please tick one box)

No  go to  Question 4.8

Yes  go to  Question 4.5

We are also very keen to find out how much it costs people to stop smoking. If you have tried to stop smoking in the last year please fill in these questions for us.

4.5 What kind of help have you or people in your household had to help stop smoking? (Please tick the yes or no box on each row and tell us the number of times you had each type of help)

	No	Yes	Number of times
Phoned NHS smoking helpline			
Seen an NHS smoking advisor			
Attended an NHS stop smoking group			
Used NHS mobile phone text service			
Ordered NHS leaflets/quilt pack online			
Seen the practice nurse about stopping smoking			
Seen the GP about stopping smoking			
Been prescribed nicotine patches, gum etc			
Been prescribed tablets to help stop smoking			
Other (please state)			

4.6 Have you or people in your household been prescribed or bought any patches, gum, tablets etc to help stop smoking? (Please tick the yes or no box on each row and if yes, tick the other boxes if they apply and tell us the cost)

	No	Yes	On prescription	Bought	Cost (£)
Nicotine replacement patches					
Nicotine gum					
Tablets to help stop smoking					
Other (please state)					

4.7 Have you or people in your household been to any sessions at the Children's Centre to help stop smoking in the last year? (Please tick all that apply)

Yes  go to  Question 4.7 i

No  go to  Question 4.8

i) What sort of sessions were these

Sessions with a smoking advisor

Support groups sessions

Other (please state).....

ii) Did the travel to the most recent session or support group cost you any money? (Please tick one box)

Yes  No

If Yes, please tick one box below:

Private car  \_\_\_\_\_ Number of miles round trip

Public transport  \_\_\_\_\_ Return cost (£)

4.8 Did you complete this questionnaire yourself? yes  no

If no, please tell us who helped you? .....

4.9 Please tell us the date you completed the questionnaire .....

**Thank you for completing this questionnaire.**

Please return this completed questionnaire in the FREEPOST envelope to:

FREEPOST