

Appendix A: Study B Checklist



PI logo

Study B research checklist

Study B ID No. _____ Date: _____

Visit conducted by 1. (Leader) _____

2. (Recorder) _____

1	Postcode	
2.	Number of children under five	
	Details of children under five	Age (DOB) _____ M/F Age(DOB) _____ M/F Age (DOB) _____ M/F Age(DOB) _____ M/F Age (DOB) _____ M/F Age(DOB) _____ M/F
3	Main living area	<ul style="list-style-type: none"> • Corner covers on any furniture Yes <input type="checkbox"/> No <input type="checkbox"/> • Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?

4. Stairs and hall

4.1	Stairs	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2	Stairs - type	<ul style="list-style-type: none"> • Landing pair way up? Yes <input type="checkbox"/> No <input type="checkbox"/> • Spiral, winding? Yes <input type="checkbox"/> No <input type="checkbox"/> • Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
4.3	Stairs - covering (tick all that apply)	Carpeted <input type="checkbox"/> Exposed wood <input type="checkbox"/> Lino/vinyl covered <input type="checkbox"/> Exposed metal or concrete <input type="checkbox"/> Other <input type="checkbox"/> <ul style="list-style-type: none"> • Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
4.4	Stairs - measure	<ul style="list-style-type: none"> • Height _____ cm Depth _____ cm Width _____ cm • Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
4.5	Handrails on wall	<ul style="list-style-type: none"> • All stairs <input type="checkbox"/> Some stairs <input type="checkbox"/> None <input type="checkbox"/> • Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
4.6	Banister/railings	<ul style="list-style-type: none"> • All stairs <input type="checkbox"/> Some stairs <input type="checkbox"/> None <input type="checkbox"/> • Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
4.7		<ul style="list-style-type: none"> • Measure biggest gap _____ inches (if banister has no gap insert 0) • Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
4.8	Stair gates - on stairs	<ul style="list-style-type: none"> • Top Yes <input type="checkbox"/> No <input type="checkbox"/> • Bottom Yes <input type="checkbox"/> No <input type="checkbox"/> • Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
4.9	Stair gates - other	<ul style="list-style-type: none"> • Yes <input type="checkbox"/> No <input type="checkbox"/> • Where? _____ • Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?

5. Medicines

- Which of the following **medicines** do you have in your home today?
- Is this where you normally store them (prompt last 3 months)?
- Have you got anymore anywhere else?

		Yes No or DK	Place (<i>NOT FOR INPUT TO DATABASE</i>)	Level now (Please ✓ all that apply)		Where is it now? (Please ✓ all that apply)			Changes last 3 months? Yes/No If so, when /where?
				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	
5.1	Painkillers e.g. Calpol								
5.2	Iron or vitamins								
5.3	Cough mixture								
5.4	Antidepressants or sleeping tablets								
5.5	Any other medicines								

6. Medicines - general

6.1	All medicines have child resistant caps or blister packs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
6.2	Any medicines been put in a container different from the one they came in?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
6.3	All medicines kept in a locked medicine box?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?

7. Household products

- Which of the following **household products** do you have in your home today (and what level do you store them)?
- Is this where you normally store them (prompt last 3 months)?
- Have you got anymore anywhere else?

		Yes No or DK	Place (<i>NOT FOR INPUT TO DATABASE</i>)	Level now (Please ✓ all that apply)		Where is it now? (Please ✓ all that apply)			Changes last 3 months? Yes/No If so, when /where?
				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	
7.1	Bleach								
7.2	Dishwasher products								
7.3	Oven cleaner								
7.4	Toilet cleaner								
7.5	White spirit/turpentine								
7.6	Rat or ant killer								
7.7	Garden chemicals e.g. weed killer								
7.8	Any other household products								

8. Household products - general

8.1	All household products have child resistant caps?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
8.2	Any household products put in container different from the one they came in?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
9. Kitchen			
9.1	Safety gate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
9.2	Kettle cord - Cordless or curly flex?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
9.3	Kettle position	<input type="checkbox"/> Front worktop/table <input type="checkbox"/> Between front and back worktop/table <input type="checkbox"/> Back worktop/table <input type="checkbox"/> Back ring cooker <input type="checkbox"/> Front ring cooker <input type="checkbox"/> Other Please specify other: _____ Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?	
9.4	Fridge - medicines?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
9.5	Fridge - lock or safety catch?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?

10. Infant equipment

Does your child use...

If so please can you show it to us?

10.1	A baby walker?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age(s) of child(ren) who uses it	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
10.2	A stationary play centre (like a baby walker without wheels)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age(s) of child(ren) who uses it	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
10.3	A play pen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age(s) of child(ren) who uses it	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?
10.4	A travel cot instead of a playpen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Age(s) of child(ren) who uses it	Changes last 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when /where?

Fieldnotes/Observations

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