

**Keeping Children Safe at Home Parents' Survey for measuring prevalence of fire protection practices**

Study Code: UIC which will consist of:  
**two letters** at the start to identify the study centre (PT's initials);  
 then the first **3 letters of the Children's Centre name**;

the **final 2 letters of the Children's Centre postcode**  
 and the last **2 digits** will be the **participant number 01-50** e.g. ET HEN RF 01

UIC

**QUESTIONS Prompts in italics**

First Screening Question: *Are you the parent or carer of a children under 5 years of age who lives with you?* Y/N  
 -if YES then continue with Interview Process-Information Sheet, Consent and then the interview itself.

*If NO then NOT invited to continue with interview*  
*Also-if parent/carer looks very young please check that they are not younger than 16 years of age. If they are < 16 then they cannot be invited to take part*

| Question 1 DEMOGRAPHIC/BACKGROUND INFORMATION |   |
|---|---|
| 1a  | Post-code<br><i>Or if not known-first line of address and area</i>  |
| 1b  | Age group (parent)<br><i>Ask parent to say which group they are in</i>  |
|   | 1 = 16-20 years,<br>2 = 21-25 years,<br>3 = 26-30 years,<br>4 = 31-35 years,<br>5 = 36-40 years,<br>6 = 41-45 years,<br>7 = 46-50 years,<br>8 = 51-55 years,<br>9 = 56-60 years,<br>10 >60 years                                    |
| 1c  | Gender of respondent<br>MF  |
| 1d  | Ethnicity of respondent- <i>Ask participant to respond using categories on Prompt Sheet found on last page of Interview Schedule</i>  |
| 1e  | What type of accommodation?<br>1 = Temporary Accommodation<br>2 = Privately rented.<br>3 = Rented: social housing/housing association/council housing<br>4 = Owner occupied<br>5 = Live with parents<br>6 = Other - please describe |

| Question 1 DEMOGRAPHIC/BACKGROUND INFORMATION –CONTINUED |  |         |         |         |         |         |         |
|--|--|---------|---------|---------|---------|---------|---------|
| 1f   | Number of children (less than 18 years of age) normally resident in household<br><i>Information about children resident in household if there are more than 6 children, please continue on next leaf</i> | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 | Child 6 |
| 1g   | Ages of children   |         |         |         |         |         |         |
| 1h   | Gender of children   |         |         |         |         |         |         |
| 1i   | Number of adults usually resident in household<br><i>Prompt-in last 2 weeks (if usual 2 weeks?)</i>  |         |         |         |         |         |         |

|    |  |      |  |
|----|--|------|--|
| 1j | Has respondent ever experienced or been in a fire at home?   | Y/N  | If Yes-record brief details<br><b>Prompt:</b> what happened? How did the fire start? Was anyone injured?   |
| 1k | Have any of the children or young people in the household needed medical attention for a burn?<br><b>Prompt-e.g.</b> GP, A+E, NHS Walk-in Centre | Y/N- | If Yes- record brief details<br><b>Prompt:</b> What happened? What sort of injury? What treatment was needed? Have there been any long term effects? |

Now we are onto the questions that focus on fire safety in the home - the first section is about smoke alarms and heat sensors

| Question 2: SMOKE ALARMS |   |           |                      |           |           |           |
|--------------------------|---|-----------|----------------------|-----------|-----------|-----------|
| 2a                       | Is there a smoke alarm where you live?<br><b>Prompt:</b> Show pictures of smoke alarms  | Y/N       |                      |           |           |           |
| 2b                       | If yes - how many smoke alarms do you have?   |           |                      |           |           |           |
| 2c                       | How many (floor) levels do you have in your house?<br><b>Prompt:</b> show diagram of house for clarity  |           |                      |           |           |           |
| 2d                       | Do you have a smoke alarm on every floor/level?<br><b>Prompt:</b> show diagram of house for clarity   |           |                      |           |           |           |
|                          |   |           | Alarm 1              | Alarm 2   | Alarm 3   | Alarm 4   |
| 2e                       | Where are they?<br><b>Prompt:</b> On which floor? Whereabouts? (e.g. On landing, in hall by kitchen door)   |           |                      |           |           |           |
| 2f                       | Who fitted the alarm?<br><b>Prompt:</b> Could be self, fire brigade, landlord (city council/housing association) or other (e.g. there when family moved in)   |           |                      |           |           |           |
| 2g                       | What type e.g. wired, battery operated, or sealed unit?<br><b>Prompt:</b> show pictures here as necessary   |           |                      |           |           |           |
| 2h                       | Do these alarms work?   | Yes/No/DK | Yes/No/DK            | Yes/No/DK | Yes/No/DK | Yes/No/DK |
| 2i                       | If the alarm is battery operated, has it had new batteries in last 6 months?  |           |                      |           |           |           |
| 2j                       | How often are the alarms tested? <b>Prompt:</b> when was the alarm last tested and offer Daily/weekly/monthly/every 6 months/every year/other<br><b>Please record frequency in table if response is 'other'</b> |           |                      |           |           |           |
| 2k                       | If you <u>do not have</u> a smoke alarm (or not on every floor) please can you tell us why?   |           | Record brief details |           |           |           |
| 2l                       | If you <u>do not have</u> a smoke alarm (or not on every floor) have you thought about getting a smoke alarm?   |           | Record brief details |           |           |           |
| 2m                       | If no smoke alarm (or not on every floor) then ask what would help parent/carer to get one?   |           | Record brief details |           |           |           |

| QUESTION 3: HEAT SENSORS - <i>Researchers please note: not everyone will have a heat sensor; these questions are to make sure the information collected is as comprehensive as possible.</i> |  |           |           |           |           |           |
|--|--|-----------|-----------|-----------|-----------|-----------|
| 3a   | Is there a heat sensor where you live?<br><i>Prompt: Show pictures of heat sensors</i>   | Y/N       |           |           |           |           |
| 3b   | If yes- How many heat sensors do you have?   |           |           |           |           |           |
| 3c   | Do you have a heat sensor on every floor/level or your house?<br><i>Prompt show diagram of house for clarity.</i>  |           |           |           |           |           |
|  |  | Sensor 1  | Sensor 2  | Sensor 3  | Sensor 4  | Sensor 5  |
| 3d   | Where are they?<br><i>Prompt: On which floor? Whereabouts? (e.g. On landing, in hall by kitchen door etc).</i>   |           |           |           |           |           |
| 3e   | Who fitted the heat sensor?<br><i>Prompt: Could be self, fire brigade, landlord (city council/housing association) or other (e.g. there when family moved in).</i>   |           |           |           |           |           |
| 3f   | What type e.g. wired, battery operated, or sealed unit?<br><i>Prompt: show pictures here as necessary</i>  |           |           |           |           |           |
| 3g   | Do these heat sensors work?  | Yes/No/DK | Yes/No/DK | Yes/No/DK | Yes/No/DK | Yes/No/DK |
| 3h   | If the heat sensor is battery operated, has it had new batteries in last 6 months?   |           |           |           |           |           |
| 3i   | How often are the heat sensors tested? <i>Prompt: when was the sensor last tested and offer Daily/weekly/monthly/every 6 months/every year/other Please record frequency in table if response is 'other'</i> |           |           |           |           |           |

| FIRE PREVENTION PRACTICES REPORTED BY FAMILIES.                      |   |   |
|--|---|---|
| Question 4   | FIRE SAFETY ROUTINES  |   |
| Now we come to more general questions about fire safety in the home: |   |   |
| 4a   | Do you have a bedtime routine to reduce the risk of fire at night?  | Y/N/unsure  |
| 4b   | If yes or unsure, please can you tell us what you do?<br><i>Prompt if necessary, e.g. unplug appliances, dispose of smoking materials, close doors.</i> | Record brief details                              |
| 4c   | Do you have an escape plan for your household if there is a fire?<br><i>Prompt: how would your family escape from a fire in your house?</i>             | Y/N/unsure<br>Record brief details even if unsure |
| 4d   | If answer is yes, there is an escape plan<br>Ask 'have you practised it with your family?'  | Y/N   |
| 4e   | If yes - ask when was the last time you practised it?   | Record brief details                              |
| 4f   | If no - ask what prevents you from practising it?   | Record brief details                              |

| Question 5   | FORMS OF HEATING   |     |   |        |            |
|--|--|-----|---|--------|------------|
| These next questions are about how you heat your home: |  |     |   |        |            |
| 5a   | How do you heat your home?<br><i>Prompt if necessary:<br/>Show pictures of each type of heater if applicable</i> |     |   |        |            |
| 5a1  | Central Heating (includes storage heaters/radiators)   | Y/N |   |        |            |
| 5a2  | Do you have fireguard/s with your radiators?<br><i>Prompt with pictures of fireguards if necessary</i>           | Y/N | If yes, how often do use the fireguard/s? |        |            |
|  |  |     | Never                                     | Rarely | Some-Times |
|  |  |     | Often                                     | Always |            |
| 5a3  | Fixed gas fire   | Y/N |   |        |            |
| 5a4  | Do you have fireguard/s separate from the fire itself with your fixed gas fire?                                  | Y/N | If yes, how often do use the fireguard/s? |        |            |
|  |  |     | Never                                     | Rarely | Some-Times |
|  |  |     | Often                                     | Always |            |
| 5a5  | If yes, is the guard fixed to the wall?  | Y/N |   |        |            |
| 5a6  | Portable gas fire  | Y/N |   |        |            |
| 5a7  | Do you have fireguard/s separate from the fire itself with your portable gas fire?                               | Y/N | If yes, how often do use the fireguard/s? |        |            |
|  |  |     | Never                                     | Rarely | Some-Times |
|  |  |     | Often                                     | Always |            |
| 5a8  | Portable paraffin heater   | Y/N |   |        |            |
| 5a9  | Do you have fireguard/s separate from the fire itself with your portable paraffin heater?                        | Y/N | If yes, how often do use the fireguard/s? |        |            |
|  |  |     | Never                                     | Rarely | Some-Times |
|  |  |     | Often                                     | Always |            |

| Question 5 | FORMS OF HEATING –CONTINUED   |     |   |        |            |
|------------|---|-----|---|--------|------------|
| 5a10       | Fixed electric fire   | Y/N |   |        |            |
| 5a11       | Do you have fireguard/s separate from the fire itself with your fixed electric fire?                | Y/N | If yes, how often do use the fireguard/s? |        |            |
|            |   |     | Never                                     | Rarely | Some-Times |
|            |   |     | Often                                     | Always |            |
| 5a12       | If yes, is the guard fixed to the wall?   | Y/N |   |        |            |
| 5a13       | Portable electric fan heater  | Y/N |   |        |            |
| 5a14       | Do you have fireguard/s separate from the fire itself with your portable electric fan heater?       | Y/N | If yes, how often do use the fireguard/s? |        |            |
|            |   |     | Never                                     | Rarely | Some-Times |
|            |   |     | Often                                     | Always |            |
| 5a15       | Portable electric convector heater  | Y/N |   |        |            |
| 5a16       | Do you have fireguard/s separate from the fire itself with your portable electric convector heater? | Y/N | If yes, how often do use the fireguard/s? |        |            |
|            |   |     | Never                                     | Rarely | Some-Times |
|            |   |     | Often                                     | Always |            |

| Question 5 |   | FORMS OF HEATING -CONTINUED |   |           |            |        |        |
|------------|---|-----------------------------|---|-----------|------------|--------|--------|
| 5a17       | Open coal/wood fire   | Y/N                         |   |           |            |        |        |
| 5a18       | Do you have fireguard/s separate from the fire itself with your open fire?                                  | Y/N                         | If yes, how often do use the fireguard/s? |           |            |        |        |
|            |   |                             | Never                                     | Rarely    | Some-Times | Often  | Always |
| 5a19       | If yes is the guard fixed to the wall?  | Y/N                         |   |           |            |        |        |
| 5a20       | Do you have a spark guard?  | Y/N                         | If yes, how often do use the spark guard? |           |            |        |        |
|            |   |                             | Never                                     | Rarely    | Some-Times | Often  | Always |
| 5a21       | Enclosed coal fire/wood stove   | Y/N                         |   |           |            |        |        |
| 5a22       | Do you have fireguard/s separate from the fire itself with your enclosed fire/wood stove?                   | Y/N                         | If yes, how often do use the fireguard/s? |           |            |        |        |
|            |   |                             | Never                                     | Rarely    | Some-Times | Often  | Always |
| 5b         | If you do <u>not</u> have a fireguard, please can you tell us why and also say what would help you get one? | Please record brief details |   |           |            |        |        |
| 5c         | Do you leave gas or electric fires on when you are sleeping?  | Never                       | Rarely                                    | Sometimes | Often      | Always |        |
| 5d         | If yes, do you leave a safety guard in front of them?   | Never                       | Rarely                                    | Sometimes | Often      | Always |        |
| 5e         | Do you leave an open fire (coal or wood) lit when you are sleeping?   | Never                       | Rarely                                    | Sometimes | Often      | Always |        |
| 5f         | If yes, do you leave a fire guard in front of it?   | Never                       | Rarely                                    | Sometimes | Often      | Always |        |
| 5f         | If yes, do you leave a spark guard in front of it?  | Never                       | Rarely                                    | Sometimes | Often      | Always |        |
| 5g         | In winter do you ever leave the oven on, with the door open, to warm your home?                             | Y/N                         |   |           |            |        |        |

| Question 6: USE OF CANDLES, MATCHES AND LIGHTERS AND COOKING PRACTICES IN THE HOME |  |                              |       |        |           |       |        |
|--|--|------------------------------|-------|--------|-----------|-------|--------|
| 6a   | Do you burn candles or tea lights (nightlights) at home?<br>Prompt: Include for birthdays/celebrations? Or for any other reason? | Y/N                          |       |        |           |       |        |
|  |  |                              | Never | Rarely | Sometimes | Often | Always |
| 6b   | If yes: Do you leave them lit while you are out of the room?   |                              |       |        |           |       |        |
| 6c   | Do you leave them lit when you go to bed?  |                              |       |        |           |       |        |
| 6d   | Do you keep matches and lighters at home?  | Y/N                          |       |        |           |       |        |
| 6e   | If yes: Where do you keep them?<br>Please describe how you lock away? How high up?   | Record brief details         |       |        |           |       |        |
| 6f   | Would it be possible for children under 5 years old to find them?  | Y/N/DK                       |       |        |           |       |        |
| 6g   | Would it be possible for children under 5 years old to reach them?   | Y/N/DK                       |       |        |           |       |        |
| 6h   | Have you ever found your children playing with matches or lighters?  | Y/N                          |       |        |           |       |        |
| 6i   | At what age would you let your children use the cooker/oven/ by themselves?  | Record age and details here. |       |        |           |       |        |
| 6j   | At what age would you let your children use the microwave by themselves?   | Record age and details here. |       |        |           |       |        |

|            |   |                                      |   |
|------------|---|--------------------------------------|---|
| Question 7 | <b>NOW SOME QUESTIONS ABOUT SMOKING AND DRINKING ALCOHOL.</b><br><i>Prompt: Please explain if asked that both smoking and drinking alcohol are risk factors in accidents in the home and that is why we are asking these questions.</i> |                                      |   |
| 7a         | Does anyone in your household smoke?  | Y/N                                  |   |
| 7b         | How many people in the household smoke?   |                                      |   |
| 7c         | If yes: do they smoke inside the house?<br>Person 1<br>Person 2<br>Person 3<br>Person 4   | Y/N/DK<br>Y/N/DK<br>Y/N/DK<br>Y/N/DK | Record the total number of people who smoke indoors                           |
| 7c         | Do they smoke in bed?<br>Person 1<br>Person 2<br>Person 3<br>Person 4   | Y/N/DK<br>Y/N/DK<br>Y/N/DK<br>Y/N/DK | Record the total number of people who smoke in bed                            |
| 7d         | In the past month do you know if anyone in your household regularly has had more than 4 or 5 alcoholic drinks per day? (4 if female; 5 if male)-<br><i>Prompt: If not every day ask what about at weekends-Friday to Sunday</i>         | Monday-Thursday<br>Y/N               | Friday-Sunday<br>Y/N<br>Record how many people have had this number of drinks |
| 7e         | If yes-would that be mostly beer/cider?<br>Person 1<br>Person 2<br>Person 3<br>Person 4   | Y/N/DK<br>Y/N/DK<br>Y/N/DK<br>Y/N/DK | Y/N/DK<br>Y/N/DK<br>Y/N/DK<br>Y/N/DK  |
| 7f         | If yes-would that be mostly wine?<br>Person 1<br>Person 2<br>Person 3<br>Person 4   | Y/N/DK<br>Y/N/DK<br>Y/N/DK<br>Y/N/DK | Y/N/DK<br>Y/N/DK<br>Y/N/DK<br>Y/N/DK  |
| 7g         | If yes-would that be mostly spirits?<br>Person 1<br>Person 2<br>Person 3<br>Person 4  | Y/N/DK<br>Y/N/DK<br>Y/N/DK<br>Y/N/DK | Y/N/DK<br>Y/N/DK<br>Y/N/DK<br>Y/N/DK  |

|   |   |  |
|---|---|--|
| <b>ELECTRICAL SAFETY</b>                                    |   |  |
| Question 8: the next questions are about electrical safety- |   |  |
| 8a  | Do you have enough electric sockets for your own or your family's use in your home?   | Y/N  |
| 8b  | If no: how do you cope with that?-<br><i>Prompt-multi sockets, extension sockets</i>  | please record details  |
| 8c  | If respondent says they <u>have more than one appliance plugged into some sockets</u> please ask them how they do this?<br><i>Prompt-Show pictures of different kinds of adaptors</i> | <ul style="list-style-type: none"> <li>• Switched bar type extension Y/N</li> <li>• Non-switched bar type extension Y/N</li> <li>• Wire more than one appliance into socket Y/N</li> <li>• Cube multi-socket Y/N</li> <li>• Plug- in mains adaptor Y/N</li> <li>• Any other type of socket? Y/N<br/>Please describe</li> </ul> |

| Question 9 Do you own any of the following items?<br>If yes, how often are they used in your home?<br>Please record any additional information given by parent/carer in answer to these questions |                    |                       |           |            |                           |                  |   |
|---|--------------------|-----------------------|-----------|------------|---------------------------|------------------|---|
|   | Appliance          | Own/have in household | Use Daily | Use Weekly | Use Once or twice a month | Use Occasionally | Where do you store this item when it is not in use but still hot? |
| 9a  | Curling tongs      | Y/N                   |           |            |                           |                  |   |
| 9b  | Hair Straighteners | Y/N                   |           |            |                           |                  |   |
| 9c  | Deep Fat Fryer     | Y/N                   |           |            |                           |                  |   |
| 9d  | BBQ                | Y/N                   |           |            |                           |                  |   |
| 9e  | Iron               | Y/N                   |           |            |                           |                  |   |
| 9f  | Chip Pan           | Y/N                   |           |            |                           |                  |   |
| 9g  | Electric Blanket   | Y/N                   |           |            |                           |                  | How old is it?<br><br>When did you last have it serviced?         |

| Question 10<br>Now we have 3 scenarios which are quite common in families with young children and would like to ask you what you would do in each situation |   |   |   |
|---|---|---|---|
| 10a<br>Scenario 1   | <p>If you were in a situation where hot fat in a pan caught on fire, what would you do?<br/>(This could be in your own home or someone else's home)</p> <p><i>Prompt: ask general questions and then if parent/carer seems uncertain then give out the answer cards<br/>Parent/carer may give as many responses as they feel are relevant</i></p> <p><i>Prompt: Please also record if respondent says they always use a deep fat fryer or cook oven chips</i></p> | <ol style="list-style-type: none"> <li>Put a damp tea-towel over the flames while pan still on the stove</li> <li>Pour water onto the flames while pan still on the stove</li> <li>Carry the pan to sink and pour water over it</li> <li>Turn cooker/stove off</li> <li>Phone 999</li> <li>Leave the house</li> <li>Unsure</li> <li>Anything else?<br/>Please record</li> </ol> | <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> |

| Question 10 -CONTINUED  |  |  |   |
|---|--|--|---|
| Now we have 2 more scenarios which are quite common in families with young children and would like to ask you what you would do in each situation |  |  |   |
| 10b<br>Scenario 2   | <p>If a young child touched a hot iron and got a contact burn - less than the size of a postage stamp - what would you do?</p> <p><i>Prompt: ask general questions and then if parent/carer seems uncertain then give out the answer cards</i><br/> <i>Parent/carer may give as many responses as they feel are relevant</i></p>   | <ol style="list-style-type: none"> <li>1. Cool burn under cold running water for 10-15 minutes</li> <li>2. Cool burn in a bowl of water for 10-15 minutes</li> <li>3. Apply antiseptic ointment</li> <li>4. Seek medical help</li> <li>5. Anything else?<br/><i>Please record</i></li> </ol> | <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> |
| 10c<br>Scenario 3   | <p>If a young child touched a hot iron and got a contact burn - larger than the size of a postage stamp - what would you do?</p> <p><i>Prompt: ask general questions and then if parent/carer seems uncertain then give out the answer cards</i><br/> <i>Parent/carer may give as many responses as they feel are relevant</i></p> | <ol style="list-style-type: none"> <li>1. Cool burn under cold running water for 10-15 minutes</li> <li>2. Cool burn in a bowl of water for 10-15 minutes</li> <li>3. Apply antiseptic ointment</li> <li>4. Seek medical help</li> <li>5. Anything else?<br/><i>Please record</i></li> </ol> | <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> <p>Y/N/DK</p> |

|  |   |            |
|--|---|------------|
| Question 11  | Is there anything else you would like to suggest that would help others make their homes safer from fire?<br><i>Please record briefly</i> |            |
| Did the parent/carer raise concerns about fire safety in their home? |   | Y/N        |
| If yes   | Was participant referred to: HV<br>Children's Centre Staff  | Y/N<br>Y/N |
| Were Fire Safety Leaflets offered to parent/carer?                   |   | Y/N        |

Length of interview:  minutes

Researchers please note here any extra relevant information that the participant gave during the interview. Also please note how the interview went - for example did the participant appear comfortable with the interview, was the interview rushed or perhaps interrupted by children?

|   |
|---|
| <p>Notes:</p> <p><i>Extra relevant information provided:</i></p><br><br><p><i>How interview went:</i></p> |
|---|



Keeping Children Safe  
Interview Study to explore fire safety practices of parents/carers of children aged 0-4 years

Prompt Sheet for Ethnicity Questions:

White:

British

Irish

Other (please say here).....

Asian or Asian British:

Pakistan

Bangladeshi

Indian

Other (please say here).....

Black or black British:

Caribbean

African

Other (please say here).....

Mixed background:

White & Black Caribbean

White & Black African

White & Asian

Other (please say here).....

Chinese

Any other ethnic group? (please say here).....

What is your first language? .....

NOT TO BE USED WITHOUT PERMISSION