

Section B: Prevention and Safety Habits

1. How often do you do the following? *For each question, please mark the one circle that most closely describes your habits. If you don't have teeth, mark the circle "Does Not Apply."*

	Every day ▼	Most days ▼	Some days ▼	Rarely ▼	Never ▼	Does not apply ▼
1a. Brush your teeth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_1A		FMT_QB1_FREQ		
1b. Floss your teeth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_1B		FMT_QB1_FREQ		
1c. Take a vitamin.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_1C		FMT_QB1_FREQ		
1d. Take an aspirin.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_1B		FMT_QB1_FREQ		

2. On days when you brush your teeth, how many times do you usually brush?

- ☐ 1 Time
☐ 2 Times
☐ 3 or More Times
☐ Does Not Apply
- QB_PSH_2 FMT_QB2_FREQ

3. How often do you do the following? *For each question, please mark the one circle that most closely describes your habits. Mark the circle "Does Not Apply" if you don't ever do the activity, like if you don't travel in a car, or don't ride a bicycle.*

	Always ▼	Most of the time ▼	Some of the time ▼	Rarely ▼	Never ▼	Does not apply ▼
3a. Buckle your seatbelt when you travel in a car.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3b. Wear a helmet when you ride a <u>bicycle</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_3A		FMT_QB3_FREQ		
3c. Wear a helmet when you ride a scooter or a <u>motorcycle</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_3B		FMT_QB3_FREQ		
3d. Wear a helmet when you ride a <u>snowmobile</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_3C_R2		FMT_QB3_FREQ		
3e. Have a designated non-drinking driver to drive you home after drinking alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		QB_PSH_3D		FMT_QB3_FREQ		
		QB_PSH_3E		FMT_QB3_FREQ		

3 (continued). How often do you do the following? *For each question, please mark the one circle that most closely describes your habits. Mark the circle “Does Not Apply” if you don’t ever do the activity, like if you don’t travel in a car, or don’t ride a bicycle.*

	Always ▼	Most of the time ▼	Some of the time ▼	Rarely ▼	Never ▼	Does not apply ▼
3f. Use a cell phone while driving?	<input type="radio"/> QB_PSH_3F	<input type="radio"/>	<input type="radio"/> FMT_QB3_FREQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3g. Read or send a text message while driving?	<input type="radio"/> QB_PSH_3G	<input type="radio"/>	<input type="radio"/> FMT_QB3_FREQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Less than 1 year ago ▼	1 to 2 years ago ▼	More than 2 years ago ▼	Don’t have one ▼	Don’t know ▼
4a. When was the last time someone changed the batteries in your household fire alarms?	<input type="radio"/>	<input type="radio"/> QB_PSH_4A	<input type="radio"/> FMT_QB4_WHEN	<input type="radio"/>	<input type="radio"/>

5a. Are there one or more guns or firearms in your residence?

☐ Yes
☐ No → Go to question #1 of section C
☐ Don’t Know → Go to question #1 of section C

QB_PSH_5A FMT_YES_NO

5b. Are the guns or firearms stored in a locked cabinet or secured with a trigger lock?

☐ Yes
☐ No
☐ Don’t Know
☐ Does Not Apply

QB_PSH_5B FMT_QB5B_YES_NO

SHOW 2010

Reference questionnaire: <..\..\..\Questionnaires\Questionnaires 2010\Approved time 2 2010\2-B PSQ SHOW 2010 .doc>