

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 (**PI'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 child/ren 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 <i>Or if not known-first line of address and area</i>		
1b	Age group (parent) <i>Ask parent to say which group they are in</i>	1 = 16-20 years, 2 = 21-25 years, 3 = 26-30 years, 4 = 31-35 years, 5 = 36-40 years,	6 = 41-45 years, 7 = 46-50 years, 8 = 51-55 years, 9 = 56-60 years, 10 >60 years
1c	Gender of respondent	M/F	
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?	1 = Temporary Accommodation 2 = Privately rented 3 = Rented: social housing/housing association/council housing 4 = Owner occupied 5 = Live with parents 6 = Other – please describe	

Question 1	DEMOGRAPHIC/BACKGROUND INFORMATION –CONTINUED						
1f	Number of children (less than 18 years of age) normally resident in household						
	Information about children resident in household <i>If there are more than 6 children, please continue overleaf</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 <i>Prompt-in last 2 weeks (if usual 2 weeks!)</i>						

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

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? <i>Prompt: Show pictures of smoke alarms</i>	Y/N				
2b	If yes - how many smoke alarms do you have?					
2c	How many floors/levels do you have in your house? <i>Prompt show diagram of house for clarity.</i>					
2d	Do you have a smoke alarm on every floor/level? <i>Prompt show diagram of house for clarity.</i>					
		Alarm 1	Alarm 2	Alarm 3	Alarm 4	Alarm 5
2e	Where are they? <i>Prompt: On which floor? Whereabouts? (e.g. On landing, in hall by kitchen door).</i>					
2f	Who fitted the alarm? <i>Prompt: Could be self, fire brigade, landlord (city council/housing association) or other (e.g. there when family moved in).</i>					
2g	What type e.g. wired, battery operated, or sealed unit? <i>Prompt: show pictures here as necessary</i>					
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? <i>Prompt: when was the alarm last tested and offer Daily/weekly/monthly/every 6 months/every year/other</i> <i>Please record frequency in table if response is 'other'</i>					
2k	If you <i>do not</i> have a smoke alarm (or not on every floor) please can you tell us why?	<i>Record brief details</i>				
2l	If you <i>do not</i> have a smoke alarm (or not on every floor) have you thought about getting a smoke alarm?	<i>Record brief details</i>				
2m	If no smoke alarm (or not on every floor) then ask what would help parent/carer to get one?	<i>Record brief details</i>				

QUESTION 3: HEAT SENSORS - Researchers please note: not everyone will have a heat sensor; these questions are to make sure the information collected is as comprehensive as possible.

3a	Is there a heat sensor where you live? <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? <i>Prompt show diagram of house for clarity.</i>					
		Sensor 1	Sensor 2	Sensor 3	Sensor 4	Sensor 5
3d	Where are they? <i>Prompt: On which floor? Whereabouts? (e.g. On landing, in hall by kitchen door etc).</i>					
3e	Who fitted the heat sensor? <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? <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	<i>If yes or unsure, please can you tell us what you do?</i> <i>Prompt if necessary-e.g. unplug appliances, dispose of smoking materials, close doors</i>	<i>Record brief details</i>
4c	Do you have an escape plan for your household if there is a fire? <i>Prompt: How would your family escape from a fire in your house?</i>	Y/N/unsure <i>Record brief details even if unsure</i>
4d	<i>If answer is yes, there is an escape plan</i> Ask 'have you practised it with your family'?	Y/N
4e	<i>If yes - ask when was the last time you practised it?</i>	<i>Record brief details</i>
4f	<i>If no - ask what prevents you from practising it?</i>	<i>Record brief details</i>

Question 5	FORMS OF HEATING				
These next questions are about how you heat your home:					
5a	How do you heat your home? <i>Prompt if necessary: 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? <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	<i>If yes, is the guard fixed to the wall?</i>	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	<i>If yes, how often do use the fireguard/s?</i>			
			Never	Rarely	Some-Times	Often Always
5a12	<i>If yes, is the guard fixed to the wall?</i>	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	<i>If yes, how often do use the fireguard/s?</i>			
			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	<i>If yes, how often do use the fireguard/s?</i>			
			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		<i>If yes, how often do use the fireguard/s?</i>				
				Never	Rarely	Some-Times	Often	Always
5a19	<i>If yes is the guard fixed to the wall?</i>	Y/N						
5a20	Do you have a spark guard?	Y/N		<i>If yes, how often do use the spark guard?</i>				
				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		<i>If yes, how often do use the fireguard/s?</i>				
				Never	Rarely	Some-Times	Often	Always
5b	If you do <u>not have</u> 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	<i>If yes, do you leave a safety guard in front of them?</i>	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	<i>If yes, do you leave a fire guard in front of it?</i>	Never	Rarely	Sometimes	Often	Always		
5f	<i>If yes, do you leave a spark guard in front of it?</i>	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? <i>Prompt: Include for birthdays/celebrations? Or for any other reason?</i>	Y/N			
		Never	Rarely	Sometimes	Often
6b	<i>If yes: Do you leave them lit while you are out of the room?</i>				
6c	<i>Do you leave them lit when you go to bed?</i>				
6d	Do you keep matches and lighters at home?	Y/N			
6e	<i>If yes: Where do you keep them? Please prompt: locked away? How high up?</i>	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	NOW SOME QUESTIONS ABOUT SMOKING AND DRINKING ALCOHOL. <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? Person 1 Person 2 Person 3 Person 4	Y/N/DK Y/N/DK Y/N/DK Y/N/DK	Record the total number of people who smoke indoors
7c	Do they smoke in bed? Person 1 Person 2 Person 3 Person 4	Y/N/DK Y/N/DK Y/N/DK 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)- <i>Prompt: if not every day ask what about at weekends-Friday to Sunday</i>	Monday-Thursday Y/N	Friday-Sunday Y/N
7e	If yes-would that be mostly beer/cider? Person 1 Person 2 Person 3 Person 4	Y/N/DK Y/N/DK Y/N/DK Y/N/DK	Y/N/DK Y/N/DK Y/N/DK Y/N/DK
7f	If yes-would that be mostly wine? Person 1 Person 2 Person 3 Person 4	Y/N/DK Y/N/DK Y/N/DK Y/N/DK	Y/N/DK Y/N/DK Y/N/DK Y/N/DK
7g	If yes-would that be mostly spirits? Person 1 Person 2 Person 3 Person 4	Y/N/DK Y/N/DK Y/N/DK Y/N/DK	Y/N/DK Y/N/DK Y/N/DK Y/N/DK

ELECTRICAL SAFETY			
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?- <i>Prompt-multi sockets, extension sockets</i>	<i>please record details</i>	
8c	If respondent says they <i>have more than one appliance plugged into some sockets</i> please ask them how they do this? <i>Prompt-Show pictures of different kinds of adaptors</i>	<ul style="list-style-type: none"> • Switched bar type extension • Non-switched bar type extension • Wire more than one appliance into socket • Cube multi-socket • Plug- in mains adaptor • Any other type of socket? <i>Please describe</i> 	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>

Question 9 Do you own any of the following items? If yes, how often are they used in your home? <i>Please record any additional information given by parent/carer in answer to these questions</i>							
	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? When did you last have it serviced?

Question 10

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

<p>10a Scenario 1</p>	<p>If you were in a situation where hot fat in a pan caught on fire - what would you do? (This could be in your own home or someone else's home)</p> <p>Prompt: ask general questions and then if parent/carer seems uncertain then give out the answer cards <i>Parent/carer may give as many responses as they feel are relevant</i></p> <p>Prompt: Please also record if respondent says they always use a deep fat fryer or cook 'oven chips'</p>	<ol style="list-style-type: none"> 1. Put a damp tea-towel over the flames while pan still on the stove 2. Pour water onto the flames while pan still on the stove 3. Carry the pan to sink and pour water over it 4. Turn cooker/stove off 5. Phone 999 6. Leave the house 7. Unsure 8. Anything else? <i>Please record</i> 	<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>
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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

<p>10b Scenario 2</p>	<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></p> <p><i>Parent/carer may give as many responses as they feel are relevant</i></p>	<ol style="list-style-type: none"> 1. Cool burn under cold running water for 10-15 minutes 2. Cool burn in a bowl of water for 10-15 minutes 3. Apply antiseptic ointment 4. Seek medical help 5. Anything else? <i>Please record</i> 	<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>10c Scenario 3</p>	<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></p> <p><i>Parent/carer may give as many responses as they feel are relevant</i></p>	<ol style="list-style-type: none"> 1. Cool burn under cold running water for 10-15 minutes 2. Cool burn in a bowl of water for 10-15 minutes 3. Apply antiseptic ointment 4. Seek medical help 5. Anything else? <i>Please record</i> 	<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? <i>Please record briefly</i>	
Did the parent/carer raise concerns about fire safety in their home? <i>If yes</i>	Y/N	Y/N
Was participant referred to: HV Children's Centre Staff	Y/N	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.
 Please note how the interview went - for example did the participant appear comfortable with the interview, was the interview
 completed or perhaps interrupted by children?

Notes:
 Extra relevant information provided:

How interview went:

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?