

### Home Behavior Change Survey

Parent Initials: \_\_\_\_\_

**Directions:** Your family was part of our Start Safe program. We want to make this the best program for families with young children. Please help us by answering these questions. Thank you.

Choose the best answer.

1. Did you have smoke alarms in your home before you started Start Safe? Yes / No How many: \_\_\_\_\_
2. Did you put any new smoke alarms in your home after you started Start Safe? Yes / No How many: \_\_\_\_\_
3. Did you put new batteries in any of the smoke alarms you already had in your home? Yes / No
4. Did you have a home fire escape map on paper before you started Start Safe? Yes / No  
(If yes, go to Question #6.)
5. Did you put a home fire escape map on paper after you started Start Safe? Yes / No  
(If no, go to Question #7.)
6. Did you practice your family fire drill after you started Start Safe? Yes / No
7. How much did your child or children learn about fire and burn safety from Start Safe?
  - a. A lot
  - b. Quite a bit
  - c. Some
  - d. Very little
  - e. Nothing
8. How much did you learn about fire and burn prevention from Start Safe?
  - a. A lot
  - b. Quite a bit
  - c. Some
  - d. Very little
  - e. Nothing

Did you change anything you do in your home to make it safer for you and your children because of what you learned from Start Safe? (If yes, go to question 10.) Yes / No

9. List up to 3 changes you made because of what your learned from Start Safe.

Change 1:

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Change 2:

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Change 3:

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