

# FAST

## PARENT PROGRAMME

## calendar for injuries at home

**How to fill in this calendar:** If your child has an injury in or around the home where they live, please tell us about it by writing next to the date it happened. Please write a number (to show the type of injury), a capital letter (to show where it happened) and one or more small letters (to tell us what you did after the injury). There is space to tell us what happened, and more space on the back of each page. An example is given in the shaded area at the top of each page.

In this study **an injury** means any event that leaves a physical mark that something happened (eg a bump, a bruise, a cut, a burn, a broken bone) and that lasts for at least one hour, or swallowing something that shouldn't be swallowed.

Child's name \_\_\_\_\_

Child's date of birth \_\_\_\_\_

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Day	Type	Where?	What?	Tell us what happened?
Tuesday	2, 7	E	a	Fell off sofa and cut head. Plaster.
Wednesday	1			
Thursday	2			
Friday	3			
Saturday	4			
Sunday	5			
Monday	6			
Tuesday	7			
Wednesday	8			
Thursday	9			
Friday	10			
Saturday	11			
Sunday	12			
Monday	13			
Tuesday	14			
Wednesday	15			
Thursday	16			
Friday	17			
Saturday	18			
Sunday	19			
Monday	20			
Tuesday	21			
Wednesday	22			
Thursday	23			
Friday	24			
Saturday	25			
Sunday	26			
Monday	27			
Tuesday	28			
Wednesday	29			

**Type of Injury**

- 1 Broken bone
- 2 Cut or graze or skin wound
- 3 Burn or scald
- 4 Sting or bite
- 5 Bruising or swelling
- 6 Swallowed something
- 7 Bang on head
- 8 Eye Injury
- 9 Tooth injury
- 10 Other type of injury

**Where? did it happen**

- A Kitchen
- B Bathroom
- C Bedroom
- D Stairs or steps
- E Living room
- F Other room
- G Garden or yard or drive
- H Don't know

**What? did I/carer do**

- a First aid
- b Phoned GP practice
- c Phoned hospital
- d Phoned dentist
- e Phoned NHS Direct
- f Phoned 999
- g Visited GP Practice
- h Visited hospital
- i Visited Dentist
- j Visited Walk-in Centre
- k Other



If you want to tell us more about what happened at the time of any injuries please use the space below.

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Date of injury: \_\_\_\_\_

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Date of injury: \_\_\_\_\_

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Date of injury: \_\_\_\_\_

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Date of injury: \_\_\_\_\_

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Date of injury: \_\_\_\_\_

