

# Pre-Training Survey

Please **CIRCLE** the most appropriate answer:

- |  |                             |
|--|-----------------------------|
| 1. Are you single, married or living w   roommate?                         | Single   Married   Roommate |
| 2. Do children (less than 18 years old) live in your house   apartment?    | Yes   No   N/A              |
| 3. Do children (less than 18 years old) ever visit your house   apartment? | Yes   No   N/A              |
| 4. Do you, a spouse or a roommate store personal firearm(s) at home?       | Yes   No   N/A              |
| 5. Do you visit w   someone who keeps guns in their home?                  | Yes   No   N/A              |

**If you answered NO to BOTH questions #4m and #5, then STOP HERE**

If you answered **YES to question #4**, then please answer these questions:

- |   |                |
|---|----------------|
| A. Are firearm(s) stored in a locked gun cabinet?               | Yes   No   N/A |
| B. Are firearms stored unloaded?                                | Yes   No   N/A |
| C. Is ammo stored in a locked cabinet?                          | Yes   No   N/A |
| D. Is ammo stored in a locked cabinet separate from firearm(s)? | Yes   No   N/A |
| E. Have you discussed firearm safety w   those at home?         | Yes   No   N/A |

If you answered **NO to question #5**, then please STOP HERE.

If you answered **YES to question #5**, then please answer these questions:

- |   |                       |
|---|-----------------------|
| A. In homes you visit, are firearm(s) stored in a locked gun cabinet?               | Yes   No   Don't Know |
| B. In homes you visit, are firearms stored unloaded?                                | Yes   No   Don't Know |
| C. In homes you visit, is ammo stored in a locked cabinet?                          | Yes   No   Don't Know |
| D. In homes you visit, is ammo stored in a locked cabinet separate from firearm(s)? | Yes   No   Don't Know |
| E. Have you discussed firearm safety w   others whose homes you visit?              | Yes   No              |

*Thank you for completing this ANONYMOUS survey and for supporting firearm safety in the home!*

N/A = Not applicable

