**SAFETY SCREENING**

**Please say the number(s) that match with your answer.**

**IF YOU HAVE A GUN AT HOME, HOW DO YOU KEEP IT SECURE?**

1. I do not want to discuss this today.
2. We do not have guns in the house.
3. Gun Lock
4. Gun Safe
5. Lock box
6. None of the above

**IF YOU HAVE A GUN AT HOME, DO YOU STORE THE AMMO (BULLETS) SEPARATELY?**

1. Yes
2. No
3. We do not have guns in the house.

**HAVE YOU OR A LOVED ONE BEEN IMPACTED BY GUN VIOLENCE IN THE PAST?**

1. Yes
2. No
3. Prefer not to answer

**WOULD YOU BE INTERESTED IN:**

1. Receiving a free gun lock
2. Learning more information about gun safety and storage
3. Resources for grief or violence-related trauma
4. Information about asking about guns at other people’s homes where your child may visit

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Grief counseling & Victim Services

Gun safety & storage