

**1. How will you lay your baby down to sleep? (check all that apply)**

- Back       Tummy       Side       Not sure

**2. Where will your baby sleep at home? (check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bassinet in my room      | <input type="checkbox"/> My bed              | <input type="checkbox"/> Swing                 |
| <input type="checkbox"/> Portable crib in my room | <input type="checkbox"/> Toddler bed         | <input type="checkbox"/> Car seat              |
| <input type="checkbox"/> Crib in my room          | <input type="checkbox"/> Twin or larger bed  | <input type="checkbox"/> Don't know/not sure   |
| <input type="checkbox"/> Crib in the baby's room  | <input type="checkbox"/> Couch/sofa/armchair | <input type="checkbox"/> Other (specify) _____ |

**3. Please check the items that are already in your baby's sleeping area at home, or that you plan to get for your baby's sleeping area.**

- |   |  |                                      |  |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Firm mattress    | <input type="checkbox"/> Loose blanket | <input type="checkbox"/> Pillow      | <input type="checkbox"/> Sleep positioner      |
| <input type="checkbox"/> Fitted sheet     | <input type="checkbox"/> Bumper pad    | <input type="checkbox"/> Stuffed toy | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Wearable blanket |  |                                      |  |

**4. Have you talked about Safe Sleep with others who may put your baby down to sleep?**

- Yes       No

Date: \_\_\_\_\_

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