# Community Baby Shower for Safe Sleep

**POST TEST**

**Name of Mother:** _____ **Mother's Date of Birth:** _____
First Last

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

☐ On the back ☐ On the tummy ☐ On the side ☐ Not sure

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

☐ In a bassinet next to my bed ☐ In a crib in the baby's room ☐ Don't know/not sure
☐ In a portable crib next to my bed ☐ On a twin or larger mattress or bed ☐ Swing/car seat
☐ In a crib in my room ☐ In my bed ☐ Couch/sofa/armchair

**3. Please check the items that you now plan to get for your baby's sleeping area.**

☐ Firm Mattress ☐ Loose Blanket ☐ Cushions/pillows/nursing pillows ☐ Sleep Positioner
☐ Fitted Sheet ☐ Bumper Pad (mesh/non-mesh) ☐ Stuffed Toy ☐ Wearable blanket/sleep sack

**4. Do you plan to talk about Safe Sleep with others who may put your child down to sleep?** ☐ Yes ☐ No

**5. Have you used tobacco (including e-cigarettes) in the past 6 months?** ☐ Yes ☐ No

**6. How often do you currently use tobacco (including e-cigarettes)?** ☐ Never ☐ Daily ☐ Weekly ☐ Monthly

**7. Will you allow anyone to use tobacco (including e-cigarettes) inside your home/car?**

☐ Never ☐ Daily ☐ Weekly ☐ Monthly

**8. Do you know at least three ways to avoid second-hand smoke exposure for your baby?** ☐ Yes ☐ No

**9. How many local resources do you know about to quit tobacco use?**

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

**10. Are you interested in quitting tobacco use?** ☐ Yes, in the next 30 days ☐ Yes, but not now
☐ I'm not ready to quit ☐ I don't use tobacco

**11. How likely are you to breastfeed?**

☐ not likely ☐ somewhat likely ☐ very likely

**12. Up to what age do you plan to breastfeed your baby?**

☐ none ☐ 1-2 weeks ☐ up to 3 months ☐ up to 6 months ☐ up to 1 year ☐ over 1 year

**13. Up to what age are you confident you will breastfeed?**

☐ Don't plan to breastfeed ☐ Up to 3 months ☐ Up to 6 months ☐ Up to 1 year ☐ Over 1 year

**14. How many local resources do you know about to support your breastfeeding goals?**

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

**15. If you do not receive a "Cribs for Kids" Pack-N-Play today where will you have your baby sleep?** *(Check all that apply)*

☐ Adult Bed ☐ Car Seat ☐ Sofa ☐ Crib ☐ Pack 'n Play ☐ Bassinet ☐ Swing ☐ Other (specify) _____

| | Please select whether the following are true or false: | True | False |
|---|---|---|---|
| 16. | My baby is at risk of dying of SIDS. | | |
| 17. | Loose blankets in the crib can cause infant death. | | |
| 18. | Sleeping with my baby can cause infant death. | | |
| 19. | Putting my baby alone, on the back in a crib will help protect her. | | |
| 20. | My baby will choke on his back. | | |
| 21. | I can't keep my baby warm without blankets. | | |
| 22. | I don't have room for a crib in my room. | | |
| 23. | People tell me different things about how my baby should sleep and I don't know what to do. | | |

**24. Think about what you knew about safe sleep before today. Based on what you have learned at this shower, please rate your confidence for the following:**

| | | | |
|---|---|---|---|
| **a. Get baby to sleep on his back** | ☐ Less Confident | ☐ No Change | ☐ More Confident |
| **b. Have baby sleep in my room, but separate bed** | ☐ Less Confident | ☐ No Change | ☐ More Confident |
| **c. Keep loose blankets out of the crib** | ☐ Less Confident | ☐ No Change | ☐ More Confident |
| **d. Avoid second-hand smoke** | ☐ Less Confident | ☐ No Change | ☐ More Confident |
| **e. Breastfeed only** | ☐ Less Confident | ☐ No Change | ☐ More Confident |

**25. How would you rate this event?** ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

***If *Dissatisfied*/*Very Dissatisfied*, why?** _____

**26. Comments/Suggestions:** _____

## 'Cribs for Kids'® Hold Harmless Agreement

In exchange for the grant of a "Pack-N-Play" portable baby crib, receipt of which is hereby acknowledged, I, _____, agree to indemnify, defend and hold harmless the KIDS Network, as well as officers, agents and employees of the above from all claims or losses accruing or resulting to any person, firm, or corporation who may claim to be injured or damaged as a result of acts or omissions involving the placement and/or use of the portable cribs provided within this "Cribs for Kids" program.

I understand that the safest place for my baby to sleep is on his/her back in a safety-approved crib with no loose bedding or blankets.

I agree to provide my information to the KIDS Network, in order to obtain a crib for my baby.

Signed: _____Date: _____

Witness: _____Date: _____

☐ I understand there are a limited number of cribs. Because I have resources to buy or get a crib on my own, I choose to give up my crib so someone with greater need can have it.