PRE-NATAL Safe Sleep Assessment

1. How will you lay your baby down to sleep?
   - On the back
   - On the tummy
   - On the side
   - Not sure

2. Where will your baby sleep at home?
   - In a bassinet next to my bed
   - In my bed
   - In a portable crib next to my bed
   - In a big bed
   - In a crib in my room
   - Don’t know/not sure
   - In a crib in the baby’s room
   - 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.
   - Firm Mattress
   - Blanket
   - Pillow
   - Fitted Sheet
   - Bumper Pad
   - Stuffed Toy
   - Other ______________

4. Have you talked about Safe Sleep with others who may put your child down to sleep?
   - Yes
   - No

Optional Information

If you are willing to give us more information to use for a quality improvement project about infant safe sleep, please fill out the questions below. Your responses are anonymous. No personal identifying information will be collected. Participation is completely voluntary. Your child’s care will not be impacted if you decide not to answer the survey questions.

What is your sex?  □ Female  □ Male

How old are you? _______

What is your highest level of education?
   - GED/High School Graduate
   - Some college
   - Bachelor’s Degree
   - Associate’s Degree
   - Master’s Degree
   - Other ____________________

What is your race?
   - White
   - Mixed race
   - African American
   - Other
   - Asian

Are you Hispanic?  □ Yes  □ No

How many children do you have? _______
INFANT Safe Sleep Assessment

1. How do you lay your baby down to sleep?
   - [ ] On the back
   - [ ] On the tummy
   - [ ] On the side
   - [ ] Not sure

2. Where does your baby sleep at home?
   - [ ] In a bassinet next to my bed
   - [ ] In my bed
   - [ ] In a portable crib next to my bed
   - [ ] In a crib in my room
   - [ ] In a crib in the baby’s room
   - [ ] Don’t know/not sure
   - [ ] 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.
   - [ ] Firm Mattress
   - [ ] Blanket
   - [ ] Pillow
   - [ ] Fitted Sheet
   - [ ] Bumper Pad
   - [ ] Stuffed Toy
   - [ ] Other ____________________

4. Have you talked about Safe Sleep with others who may put your child down to sleep?
   - [ ] Yes
   - [ ] No

Optional Information

If you are willing to give us more information to use for a quality improvement project about infant safe sleep, please fill out the questions below. Your responses are anonymous. No personal identifying information will be collected. Participation is completely voluntary. Your child’s care will not be impacted if you decide not to answer the survey questions.

What is your sex?
   - [ ] Female
   - [ ] Male

How old are you? ________

What is your highest level of education?
   - [ ] GED/High School Graduate
   - [ ] Some college
   - [ ] Bachelor’s Degree
   - [ ] Associate’s Degree
   - [ ] Master’s Degree
   - [ ] Other ____________________

What is your race?
   - [ ] White
   - [ ] Mixed race
   - [ ] African American
   - [ ] Other
   - [ ] Asian

Are you Hispanic?
   - [ ] Yes
   - [ ] No

How many children do you have? ________
I discussed the importance of the following with the parent(s):

☐ Placing baby back to sleep
☐ Placing baby in a crib/bassinet/portable crib
☐ Using a firm mattress
☐ Using a fitted sheet
☐ Removing the following items from the sleep environment (check all that apply):
  ☐ Blanket  ☐ Bumper Pad
  ☐ Pillow  ☐ Stuffed Toy
  ☐ Other______________________
☐ No discussion

I provided the parent with the Safe Sleep Checklist for child care:

☐ Yes  ☐ No