Safe Sleep Baby Workshop

Intake Survey

Please take a moment to answer the following questions. Thank you!

Participant Information

Participant is… (choose one)

- ☐ First time mom
- ☐ Mom with other child/children
- ☐ Father of baby
- ☐ Other family/caregiver
- ☐ Other: (specify)_____

Date: (mm/dd/yyyy)

Zip:

Name:

Participant's Birth Date: (mm/dd/yyyy)

Phone:

Alternate Phone:

Participant's Preferred Language:

☐ English ☐ Dari ☐ Other_____
☐ Spanish ☐ Russian
☐ Farsi ☐ Hmong

Participant's Ethnicity:

☐Afghan ☐ Caucasian/White ☐ Multi-Racial_____
☐African Am/Black ☐ Hispanic /Latino ☐ Other Race_____
☐Asian ☐ Pacific Islander

Baby's Birth Date: (mm/dd/yyyy)
Expected Due Date: (mm/dd/yyyy)

Baby's Ethnicity:

☐Afghan ☐ Caucasian/White ☐ Multi-Racial_____
☐African Am/Black ☐ Hispanic /Latino ☐ Other Race_____
☐Asian ☐ Pacific Islander

How did you hear about the Safe Sleep Baby workshop? (Please specify)

☐ TV/Radio/Newspaper: _____
☐ Family Resource Center/Home Visitor:
☐ Social Worker: _____
☐ Doctor/Clinic: _____
☐ Poster/Flyer:_____

1. Where do you (or plan to) sleep your baby? (check all that apply)

☐ Adult or Family Bed ☐ Crib/Bassinet/Pack-N-Play ☐ Other (please specify)
☐ Car Seat or Baby Swing ☐ Sofa/Couch
_____

2. Do you currently have a crib, bassinet, or portable crib that you can/do use? ☐ Yes ☐ No

3. We would like to know a few more things about how you sleep (or plan to sleep) your baby in your home.

	Never	Sometimes	Always
a. How often does (or will) your baby **sleep with you or another adult** in the same bed?	☐	☐	☐
b. How often does (or will) your baby **sleep with another baby or child** in the same bed or crib?	☐	☐	☐
c. How often do (or will) you put your baby on their **back to sleep**?	☐	☐	☐
d. How often do (or will) you have **blankets on or around** your baby when they are sleeping?	☐	☐	☐
e. How often does (or will) your baby have **stuffed animals or pillows** on or around them when sleeping?	☐	☐	☐
f. How often do you (or are you planning to) **breastfeed your baby**?	☐	☐	☐
g. How often is your baby around (or will be around) **cigarette smoke in your home**?	☐	☐	☐