

Safe Sleep Baby Workshop

Exit Interview



Instructions to Interviewer | The protocol below should be completed in a conversational format. You do not have to ask each of the questions below if the participant indicates the answers in the course of answering the first open-ended question. Please complete the box below.

Date:	Zip Code:	Interviewer:
Name:		
Participant's Birth Date: (mm/dd/yyyy)	Baby's Birth Date: (mm/dd/yyyy)	

I. INTRODUCTION:

We hope that you are enjoying your Cribs for Kids Pack-N-Play. Now that it has been 2-3 weeks since you answered the Intake Survey questions, we would like to ask you a few follow-up questions about your baby and to learn about your experience with the SSB Workshop and the Pack-N-Play you received. Thank you!

a. OPENING QUESTION: How has SSB training and the crib been helpful to you as a new mom?

Record key quotes or ideas mentioned

b. Where do you sleep your baby?

☐ Adult or Family Bed

☐ Crib/Bassinet/Pack-N-Play

☐ Other (please specify)

☐ Car Seat or Baby Swing

☐ Sofa/Couch

IF NOT USING PACK-N-PLAY | Why aren't you using your crib?

Record key quotes or ideas mentioned

c. Where would your baby sleep if you had not received a Pack-N-Play: (check all that apply)

☐ Adult or Family Bed

☐ Crib/Bassinet/Pack-N-Play

☐ Other (please specify)

☐ Car Seat or Baby Swing

☐ Sofa/Couch

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II. SLEEPING PRACTICES | *Ask or fill out if already mentioned.*

We would like to know a few more things about how you sleep your baby in your home.

	Never	Sometimes	Always
a. How often does your baby sleep with you or another adult in the same bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often does your baby sleep with another baby or child in the same bed or crib?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you put your baby on his/her back to sleep ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often do you have blankets on or around your baby when he/she is sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often does your baby have stuffed animals or pillows on or around him/her when sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often do you breastfeed your baby ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often is your baby around cigarette smoke in your home ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. PARTICIPANT FEEDBACK

a. Would you recommend the SSB training to your friends?

☐ I have already recommended to someone ☐ Yes ☐ No >>>> If NO, why not?

b. Have you shared any of the information about safely sleeping your baby from the SSB workshop with other family and/or friends?

☐ No ☐ Yes >>>

a. If YES, can you tell me who you have shared this information with?

☐ Father of Baby ☐ Sister (of mother) ☐ Friends
☐ Mother (of mother) ☐ Siblings (of baby) ☐ Other: _____
☐ Grandmother (of mother) ☐ Other Family

b. Approximately how many people in total have you shared this information with? _____

c. Lastly, do you have any questions, comments or concerns for us?