Safe Sleep Baby Workshop

Intake Survey

Cribs for Kids® Helping every baby sleep safer

THE CHILD ABUSE PREVENTION CENTER

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

Participant is… (chose one)

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

Date:

Zip Code:

Name:

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

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

Phone:

Alternate Phone:

Preferred Language:

- ☐ English
- ☐ Spanish
- ☐ Russian
- ☐ Hmong
- ☐ Other:_____

Ethnicity:

- ☐ African Am/Black
- ☐ Asian/Pacific Islander
- ☐ Caucasian/White
- ☐ Hispanic
- ☐ Native American
- ☐ Multi-Racial

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

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

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

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

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 his/her **back to sleep**?	☐	☐	☐
d. How often do (or will) you have **blankets on or around** your baby when he/she is sleeping?	☐	☐	☐
e. How often does (or will) your baby have **stuffed animals or pillows** on or around him/her 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**?	☐	☐	☐

FIRST 5 SACRAMENTO