

CONFIDENTIAL CRIBS FOR KIDS® PUBLIC SAFETY INITIATIVE SURVEY

Parent/Caregiver Information

Mother's Name: _____ Baby's Name: _____
Mother's Birth Date: _____ Baby's Birth Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Today's Date: _____

Race:
_____ African American _____ Caucasian
_____ American Indian _____ Pacific Islander
_____ Asian _____ Other _____

Ethnicity:
_____ Hispanic _____ Non-Hispanic

Age:
_____ 18 Years or Younger _____ 26-30 Years
_____ 19-25 Years _____ 31 Years or Older

Did you smoke during your pregnancy?
_____ Yes _____ No

Does anyone else currently smoke in the house?
_____ Yes _____ No

Income Level:
_____ \$0-\$10,000 _____ \$10,000-\$20,000
_____ \$20,000-\$30,000 _____ \$30,000-\$40,000
_____ \$40,000-\$50,000 _____ \$50,000 & Over

Baby's Sex: _____ Male _____ Female
Was your baby born early? _____ Yes _____ No

Baby's Age:
_____ 0-2 Months _____ 4-6 Months
_____ 2-4 Months _____ 6-12 Months

A twin or multiple birth? _____ Yes _____ No

Breast or bottle fed?
_____ Breast _____ Bottle _____ Both
Does your baby sleep with a pacifier? Yes _____ No _____

Number of live deliveries, including this baby? _____

Have you received education at the hospital?
Yes _____ No _____

Police _____ **Dept. Name** _____
Fire _____ **Officer Name** _____

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