

JCMH Safe Sleep Education Assessment Tool

Patient label here _____

1. What safe sleep options are in the home?	<input type="checkbox"/> Crib <input type="checkbox"/> Bassinet <input type="checkbox"/> Pack n Play	<input type="checkbox"/> None	<input type="checkbox"/> Education provided <input type="checkbox"/> Referral made
2. Where will the baby sleep?	For Naps: <input type="checkbox"/> Crib <input type="checkbox"/> Bassinet <input type="checkbox"/> Pack n Play <input type="checkbox"/> Couch <input type="checkbox"/> Recliner <input type="checkbox"/> Swing <input type="checkbox"/> Car seat	At Night: <input type="checkbox"/> Crib <input type="checkbox"/> Bassinet <input type="checkbox"/> Pack n Play <input type="checkbox"/> Couch <input type="checkbox"/> Recliner <input type="checkbox"/> Swing <input type="checkbox"/> Car seat	<input type="checkbox"/> Education provided
	<input type="checkbox"/> Bouncy seat <input type="checkbox"/> Floor <input type="checkbox"/> With an adult, child or pet <input type="checkbox"/> Other _____	Bouncy seat Floor With an adult, child or pet Other _____	
3. Will stuffed animals, toys, pillows, quilts, blankets, wedges, positioners, other loose bedding or bumpers be in the infant's sleep environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Education provided
4. Will the baby ever share a sleep surface with a sibling, adult or pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Education provided
5. Does your baby ever share a sleep surface in a bed, couch, recliner or other?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Education provided
6. When baby sleeps he/she is placed on:	For Naps: <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Stomach	At Night: <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Stomach	<input type="checkbox"/> Education provided
7. Do you and/or other caregivers smoke?	<input type="checkbox"/> Yes: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> No smoking (skip to #9)		<input type="checkbox"/> Education provided
8. If you smoke outside, do you change your clothes before holding your baby?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Education provided
9. Will the infant dressed for the temperature of the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Education provided
10. Is the infant breastfeeding?	<input type="checkbox"/> Yes: <input type="checkbox"/> Breastfeeding only <input type="checkbox"/> Formula and breast milk <input type="checkbox"/> No		<input type="checkbox"/> Education provided
11. Will you use a clean dry pacifier that is not attached to a string or stuffed animal?	<input type="checkbox"/> Yes <input type="checkbox"/> n/a <input type="checkbox"/> No		<input type="checkbox"/> Education provided
12. Will you provide supervised tummy time while the baby is awake?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Education provided
13. Staff presented and reviewed NIH Safe Sleep materials. "What does a safe sleep environment look like?" Handout.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Parent declined <input type="checkbox"/> Safe sleep referral made		Others educated: <input type="checkbox"/> Father of baby <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____

Staff signature: _____ Date: _____

Print name _____