

Safe Sleep Screening (Post-partum)

What position do **you lay baby to sleep for naptime and bedtime? (choose one)**

- ◇ On baby's back
- ◇ On baby's belly
- ◇ Propped on baby's side
- ◇ Unknown

Where does baby sleep during naptime and bedtime? (choose all that apply)

- ◇ In a crib
- ◇ In a pack n play or portable crib
- ◇ In a bed with somebody
- ◇ In his or her stroller
- ◇ In a bassinet
- ◇ In a bouncy seat
- ◇ In someone's arms
- ◇ In a boppy pillow
- ◇ In a car seat
- ◇ In a swing
- ◇ On a bed
- ◇ On an air mattress
- ◇ Unknown
- ◇ Other (describe):

What is in the area where baby sleeps during naptime and bedtime? (choose all that apply)

- ◇ Nothing extra, just a crib mattress & fitted bottom sheet
- ◇ A Pillow
- ◇ A Blanket
- ◇ A Stuffed Animal
- ◇ Bumper Pads
- ◇ Space was Filled with Other Items
- ◇ Unknown
- ◇ Other (describe):
 - _____

How often do you or someone else share a bed with baby? (choose one)

- ◇ Never
- ◇ Sometimes
- ◇ Always
- ◇ I Don't Know
- ◇ Unknown

DIRECTIONS FOR THE FOLLOWING PAGE: For each option selected in the question below, you will fill out two questions: **WHERE** does baby sleep and **WHAT** is in the crib with baby when sleeping.

Who Else Puts Baby to Sleep for Naptime or Bedtime? (mark all that apply)

- ◇ Friends or Neighbors
- ◇ Family Members
- ◇ Baby's Mother
- ◇ Baby's Father
- ◇ Significant Other
- ◇ Day Care Center
- ◇ Babysitter
- ◇ Unknown
- ◇ No One
- ◇ Other Caregiver (describe):



Safe Sleep Screening (Prenatal)

<p>What items were distributed to the family? (mark all that apply)</p> <ul style="list-style-type: none"> ◇ Portable Crib ◇ Sleep Sack ◇ Pacifier ◇ Baby Sleep Book ◇ Crib Sheet ◇ Unknown ◇ Other (describe): _____ <p>How was education delivered?</p> <ul style="list-style-type: none"> ◇ Safe Sleep Class ◇ Home Visitation ◇ Safety Stop ◇ At a Prenatal/Postpartum Visit ◇ At a Well Child Visit ◇ Other (describe): _____ 	<p>How was the survey completed?</p> <ul style="list-style-type: none"> ◇ Home visitation ◇ Phone call ◇ Baby Safety Class ◇ Safety Stop ◇ Prenatal/Postpartum Visit ◇ Well Child Visit ◇ In the Hospital ◇ Other (describe): _____ <p>What challenges will/do you have when practicing safe sleep?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>What position will/do you lay baby to sleep for naptime and bedtime? (choose one)</p> <ul style="list-style-type: none"> ◇ On baby's back ◇ On baby's belly ◇ Propped on baby's side ◇ Unknown <p>Where will/does baby sleep during naptime and bedtime? (choose all that apply)</p> <ul style="list-style-type: none"> ◇ In a crib ◇ In a pack n play or portable crib ◇ In a bed with somebody ◇ In his or her stroller ◇ In a bassinet ◇ In a bouncy seat ◇ In someone's arms ◇ In a boppy pillow ◇ In a car seat ◇ In a swing ◇ On a bed ◇ On an air mattress ◇ Unknown ◇ Other (describe): _____ 	<p>What will be/is in the area where baby sleeps during naptime and bedtime? (choose all that apply)</p> <ul style="list-style-type: none"> ◇ Nothing extra, just a crib mattress & fitted bottom sheet ◇ A Pillow ◇ A Blanket ◇ A Stuffed Animal ◇ Bumper Pads ◇ Space was Filled with Other Items ◇ Unknown ◇ Other (describe): _____ <p>How often will/do you or someone else share a bed with baby? (choose one)</p> <ul style="list-style-type: none"> ◇ Never ◇ Sometimes ◇ Always ◇ I Don't Know ◇ Unknown

