



Safe Sleep Questionnaire

****This form was completed using:** In-person protocol or
 Covid protocols

Today's Date: _____

Mothers Name: _____ Infants Name: _____

Who participated in the educational portion of Cribs for Kids _____

1. Have you ever heard of Sudden Infant Death Syndrome (SIDS) also called crib death?

Yes No

If yes, What have you heard? _____

2. During this pregnancy has anyone talked to you about "Back to Sleep", ABC's of Safe Sleep or SIDS?

Yes No

If yes, what have you learned?

3. Did anyone ever talk to you about the safest place to put your baby down to sleep?

Yes No

If yes, please check the boxes where you learned or heard about the information? (Check ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Doctor or nurse during prenatal visit | <input type="checkbox"/> Hospital after childbirth |
| <input type="checkbox"/> Baby's doctor | <input type="checkbox"/> WIC programming |
| <input type="checkbox"/> Family member | <input type="checkbox"/> TV/Magazine |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |

11/2021

All forms available at: <http://www.nassaucountyny.gov/3765/Partners> for printing.

Submit completed forms via fax to 516-227-9644

SKIP QUESTIONS 4-10 IF CRIB IS DELIVERED TO A PREGNANT MOM

4. Where did your baby sleep for most of last night?
- Crib
 - Pack-n-Play
 - Bed with an adult
 - Bed with children
 - Stroller
 - Bassinet
 - Other _____
5. What items do you have in the place where the baby sleeps now?
- Pillow
 - Blanket
 - Sheet
 - Stuffed animals/toys
 - Clothes
 - Diapers
 - Other: _____
 - Nothing
6. Which way are you laying your baby down to sleep?
- Stomach
 - Back
 - Side
 - Not sure
7. How does another adult or caregiver put your baby to sleep?
- Stomach
 - Back
 - Side
 - Not sure

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8. Does your baby spend time on his/her belly while awake?

- Yes
- No

9. Does your baby use a pacifier when going to sleep?

- Yes
- No

10. Does your baby sleep away from home?

- Yes
- No

If yes, when the baby sleeps away from your home, where does the baby sleep?

- Crib
- Pack-n-Play
- Bed with an adult
- Bed with children
- Stroller
- Bassinet
- Other _____

Email completed forms to: cribsforkids@nassaucountyny.gov or fax to: (516)227-9644

Questions? Email cribsforkids@nassaucountyny.gov

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