



Safe Sleep FOLLOW-UP Questionnaire

(Administer 3 months after crib delivery.)

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

Today's Date: _____ Date portable crib education done: _____
Mothers name: _____ Infants Name: _____ Infant DOB _____

1. Where did your baby sleep for most of last night?
 - Crib
 - Pack-n-Play
 - Bed with an adult
 - Bed with children
 - Stroller
 - Bassinet
 - Other _____

2. Are you using the portable crib every time your baby sleeps?
 - Yes
 - No
 - a. If no, where else does your baby sleep?
 - Crib
 - Bed with an adult
 - Bed with children
 - Stroller
 - Bassinet
 - Other _____

11/2021

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

Submit completed forms via fax to 516-227-9644

3. If you didn't have this portable crib, where would your baby sleep?

4. What items do you have in the place where the baby sleeps?

- Pillow
- Blanket
- Sheet
- Stuffed animals/toys
- Clothes
- Diapers
- Other: _____
- Nothing

5. Which way are you laying your baby down to sleep?

- Stomach
- Back
- Side
- Not sure

6. Do you ever put your baby on any of the below alone (even if only for a few minutes?)
(Check all that apply)

- Sofa
- Adult bed
- Recliner
- Waterbed
- Beanbag chair
- Air mattress

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

- Yes
- No

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

Yes

No

9. Does your baby sleep away from home at all, including a daycare provider?

Yes

No

If yes:

A. When the baby sleeps away from your home/is at daycare, where does the baby sleep?

Crib

Portable crib

Bed with an adult

Bed with children

Stroller

Bassinet

Other _____

B. If your baby sleeps elsewhere, have you discussed putting your baby on his/her back to sleep?

Yes

No

10. Is the portable crib you received set up now?

Yes

No

Not sure

11. What is the baby's current weight? _____ (Remind caregiver: If baby is over 15 pounds or can push up on hands and knees then bassinet level should not be used)

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12. Did you find the home visit/safe sleep training helpful?

- Very Helpful
- Somewhat helpful
- Not helpful

13. Did you learn anything you didn't already know?

- Yes
- No

If yes, what? _____

14. Have you had any problems using the portable crib?

- Yes
- No

If yes, what? _____

15. Is there anything you did not like about the Cribs for Kids program? _____

16. Additional Comments:

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