



Safe Sleep Questionnaire

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)

Doctor or nurse during prenatal visit

Hospital after childbirth

Baby's doctor

WIC programming

Family member

TV/Magazine

Friend

Other _____

11/2024

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 _____

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