

## Safe Sleep FOLLOW-UP Questionnaire

(Administer 3 months after crib delivery.)

**This form was complete	ed using:	☐ In-perso	on protocol or protocols
Today's Date:	•		on done:
Mothers name:	Infants Nam	e:	Infant DOB
Caseworker completing form (name):			
NOTE: If client is NOT follow	ving safe s	sleep guid	elines as
indicated in responses belo	w, please	reeducate	client/family.
1. Where did your baby sleep for mo	st of last night?		
□ Crib		□ Stroller	
□ Pack-n-Play		□ Bassinet	
$\hfill\Box$ Bed with an adult		□ Other	
□ Bed with children			
<ul><li>2. Are you using the portable crib eve</li><li>□ Yes</li><li>□ No</li></ul>	ery time your b	aby sleeps?	
a. If no, where else does your	· hahv sleen?		
□ Crib	aaay sieep.		
□ Bed with an adult			
☐ Bed with children			
□ Stroller			
□ Bassinet			
□ Other			

7/2024

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

Submit competed 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

7/2024

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

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
	<ul><li>□ Bassinet</li><li>□ Other</li></ul>
	B. If you baby sleeps elsewhere, have you discussed putting your baby on his/her back to sleep?
10	<ul> <li>D. Is the portable crib you received set up now?</li> <li>□ Yes</li> <li>□ No</li> <li>□ Not sure</li> </ul>
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)
7/202	4
All for	ms available at: http://www.nassaucountyny.gov/3765/Partners for printing.

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 was what?
	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	. If safe sleep practices are not being followed, please confirm that
	reeducation was completed (caseworker name
17.	Additional Comments: