

BEDTIME BASICS FOR BABIES

EVALUATION PLAN SUMMARY – JUNE 2009




First
Candle

• Helping Babies Survive & Thrive •

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DISTRICT OF COLUMBIA

INDIANA

WASHINGTON STATE

OVERVIEW

First Candle received a grant from the Bill & Melinda Gates Foundation to distribute cribs to at-risk and financially in-need families and their infants throughout the District of Columbia, Indiana and Washington State.

An evaluation of this program is being led by:

Rachel Moon, MD, pediatrician and SIDS researcher at Children's National Medical Center and Associate Professor of Pediatrics, George Washington University School of Medicine and Health Sciences

Fern Hauck, MD, MS, Associate Professor of Family Medicine and Public Health Sciences, Director, International Family Medicine Clinic, Department of Family Medicine, University of Virginia Health System

James J. Kemp, MD, Professor of Pediatrics, Division of Allergy and Pulmonary Medicine, Washington University in St. Louis

They are being assisted by two research assistants, Taiwo Ajao, MPH, of Children's National Medical Center and Kawai Tanabe, MPH, of the University of Virginia.

The implications of a study of this magnitude are far-reaching. With proof that such campaigns can save babies lives simply by putting them to sleep in a safe crib rather than adult beds and other unsafe places, the project has the capacity to change child care practices nationwide, literally saving thousands and thousands of lives in the years to come.

EVALUATION PLAN SUMMARY

Evaluation of Impact on Infant Mortality Outcomes

To determine how effective our efforts are in promoting positive outcomes, we plan to look at the trends over a three-year period and obtain the most current data as they become available. We will focus specifically on infant mortality rates, postneonatal mortality rates and sleep-related death rates, comparing those rates with baseline data that have been obtained from The Centers for Disease Control & Prevention's (CDC) Wonder and state DOH websites.

While we will review data and report on outcomes across all three sites, we will focus in-depth evaluation on select areas. Specifically, we will focus on DC as a whole, four key counties in Indiana (Allen, Clark, Floyd and

Marion) and six key counties in Washington State (King, Kitsap, Pierce, Snohomish, Spokane and Yakima). These counties have been selected due to the number of high-risk infants and the program's ability to ensure high levels of crib distribution in these counties.

The vital statistics data will be compared before and after crib distribution to determine the impact of our efforts. We will look at the data in relation to each state as a whole and to each key county; the total of the key counties in each site; and the total of all the key counties of all three sites.

Overall, our efforts will allow us to: 1) Develop a better understanding of which deaths are potentially preventable; 2) Understand the barriers to incorporating a safe sleep environment for infants, both among those families who are crib recipients and those who are not; and 3) Develop more effective educational strategies for families. Furthermore, we will continue to follow trends in infant mortality and risk factors in the key site areas to ascertain the impact of this large-scale intervention on both family behavior and infant mortality.

Evaluation of Environment and Risk Factors for Sleep-related Deaths during the Study Period

Details on sleep-related deaths will be obtained from infant death reporting systems at each site. First Candle will establish a data sharing agreement with each site's DOH to obtain this information. We will determine which details are most important to our evaluation plan to ensure consistency and completeness for all the sites. The data to be obtained from infant death reporting systems may include: demographic information for the mother and the infant; the infant's medical history; pre-existing maternal risk factors (including risk factors associated with pregnancy and prenatal care); circumstances of death; household environment; and an interview with the parents/guardian. These data will be analyzed by the evaluation team to determine what risk factors were associated with the sleep-related deaths.

Evaluation of Changes in Knowledge, Attitudes and Practice of Participants

We will conduct surveys of the project's participants to evaluate knowledge, attitudes and practices upon enrollment in the crib distribution program, and a follow-up survey will be conducted one to three months after crib receipt. These surveys will be our primary determinant of the effectiveness of our efforts to change behavior among our study population. Study recruitment will take place at the crib distribution sites and will focus on the most at-risk infants and their families. Once the participant is enrolled, a staff member at the distribution site will obtain written informed consent and complete a survey to evaluate the participant's knowledge about safe sleeping practices prior to receiving the portable crib.

This initial survey will ask about demographic information, knowledge of infant safe sleep practices and intended practices with regards to infant care. Families who do not wish to participate in this study are still eligible to receive a portable crib. Families who agree to participate will be asked to respond to a follow-up survey one to three months after receiving the crib. This survey will be administered by a project staff member, caseworker or a visiting health worker. Self-administered versions will also be made available. If a visiting health worker is going to see the family because of clinical care or ongoing case management, the health worker will

administer the survey. If no visiting health worker is scheduled, a project staff member or caseworker will administer the survey. This survey will inquire about knowledge and behavior with regard to infant safe sleep practices and about the family's satisfaction with the crib distribution process. In addition, the visiting health worker will ask to view the portable crib in the home to assess whether the crib is being utilized as an infant safe sleep area.

The completed surveys will be submitted to the program staff to be scanned and uploaded to a secure, web-based electronic database. The evaluation team will analyze the data to determine participants' knowledge and practices before and after project intervention. Analysis, employing both statistical and graphical presentations of results, will generally proceed from descriptions and simple comparisons to multiple logistic regression models. A detailed interval analysis will be conducted by the end of Year Four and the final analysis after Year Seven.

Process Evaluation

We will obtain feedback from the distribution site staff about the difficulties and success in the crib distribution process using monthly report data. The crib distribution sites will submit these monthly reports via First Candle's secure, web-based database. The monthly program report will describe the program sites' activities, successes, challenges and distribution reach. It will include details such as the number of qualifying families, crib distribution, educational materials distribution, training, issues of concern and ideas for improvement.

Using the monthly reports, we will determine how effective our efforts are and how we can improve the distribution process. We will also use web-based surveys to obtain feedback from service providers, including case workers, healthcare professionals, medical examiners and infant mortality experts.

Focus Groups

Focus groups will be conducted with crib recipients and staff at distribution sites to qualitatively evaluate the crib distribution process.

The focus groups with participants will serve to help us understand cultural influences and barriers to safe sleep practices and to determine the effectiveness of the public education campaign and the crib distribution process. In addition, the focus groups with staff responsible for crib distribution will help us to assess barriers, advantages of particular methods, and best practices with regards to crib distribution and education efforts. The focus groups will occur after the first six months of crib distribution. This will allow us to obtain qualitative data that may not be accessible through the monthly reports regarding successes and issues of various crib distribution models and thus will enable us to modify our processes to become more effective.

Please see the Appendix to review the evaluation surveys.

You may use either a pen or pencil to complete this survey. Please fill in the bubble marks as completely as you can and avoid stray pen or pencil marks on this survey. For write-in responses, please print as legibly as you can and write within the spaces provided. If any of the questions do not apply or if there is not an answer provided that makes sense, please leave that question blank. *Thank you!*

1. What is your relationship to the baby?

- | | |
|-----------------------------------|---|
| <input type="radio"/> Mother | <input type="radio"/> Aunt |
| <input type="radio"/> Father | <input type="radio"/> Uncle |
| <input type="radio"/> Grandmother | <input type="radio"/> Non-blood relative guardian (including foster parent) |
| <input type="radio"/> Grandfather | <input type="radio"/> Other |

2. When is the baby due?

- In the next month
 More than 1 month from now

3. How old is the birth mother of the baby? (PLACE ONE NUMBER IN EACH BRACKET)

[] [] Years

4. After the baby is born, who will sleep in the same room with the baby at night? (CHECK ALL THAT APPLY)

- | | |
|-------------------------------|---|
| <input type="radio"/> Nobody | <input type="radio"/> Other family member |
| <input type="radio"/> Mother | <input type="radio"/> Other non-family member |
| <input type="radio"/> Father | <input type="radio"/> Don't know |
| <input type="radio"/> Sibling | |

5. Where in the room is the baby going to sleep? (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="radio"/> Crib/playpen/portable crib | <input type="radio"/> Bed (toddler or adult bed) |
| <input type="radio"/> Bassinet | <input type="radio"/> Sofa or armchair |
| <input type="radio"/> Car seat or infant seat | <input type="radio"/> Other |
| <input type="radio"/> On the floor (with or without a mat, sleeping bag, or blanket) | <input type="radio"/> Don't know |

6. Will the baby share a bed, sofa, or armchair with anyone else?

- No SKIP TO Q.8
 Yes

7. Who will the baby share a bed, sofa, or armchair with? (CHECK ALL THAT APPLY)

- | | |
|----------------------------------|---|
| <input type="radio"/> Parent(s) | <input type="radio"/> Other family member |
| <input type="radio"/> Sibling(s) | <input type="radio"/> Non-family member |

8. *What position are you going to place the baby for sleep?*

- Back
- Side
- Stomach
- Other
- Don't know

9. *Do you think that you are going to use a pacifier with the baby?*

- No
- Yes
- Don't know

10. *Will the baby be breastfed, formula fed, or a combination of both?*

- Breast
- Formula
- Both
- Don't know

11. *What is the recommended sleep position for healthy babies?*

- On the back only
- Side or back is okay
- Side or stomach is okay
- Stomach only
- Side only
- Don't know

12. *What is the highest grade or year of regular school or college that the baby's birth mother has completed?*

- Did not finish high school
- High school diploma/GED
- Some college/Technical or vocational school
- Technical school graduate
- 4 year college graduate
- Post graduate or professional training

13. *What is the highest grade or year of regular school or college that the baby's birth father has completed?*

- Did not finish high school
- High school diploma/GED
- Some college/Technical or vocational school
- Technical school graduate
- 4 year college graduate
- Post graduate or professional training

14. *Has the baby's birth mother smoked cigarettes at any time during this pregnancy with the baby?*

- No
- Yes

15. *In total, including yourself, how many people in the household smoke?*

[] (AFTER ANSWER, PROMPT WITH "ANYONE ELSE?")

16. *Has the baby's birth mother ever been treated for or diagnosed as having depression?*

- No
- Yes
- Don't know

17. *Which of these groups best describes the racial background of the baby's birth mother? (CHECK ALL THAT APPLY)*

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

18. *Is the baby's birth mother Hispanic or Latina?*

- No
- Yes

19. *Which of these groups best describes the racial background of the baby's birth father? (CHECK ALL THAT APPLY)*

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

20. *Is the baby's birth father Hispanic or Latina?*

- No
- Yes

FOR STAFF USE ONLY

State Code:

- DC
- IN
- WA

Site Code:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 21 | <input type="radio"/> 41 | <input type="radio"/> 61 | <input type="radio"/> 81 |
| <input type="radio"/> 2 | <input type="radio"/> 22 | <input type="radio"/> 42 | <input type="radio"/> 62 | <input type="radio"/> 82 |
| <input type="radio"/> 3 | <input type="radio"/> 23 | <input type="radio"/> 43 | <input type="radio"/> 63 | <input type="radio"/> 83 |
| <input type="radio"/> 4 | <input type="radio"/> 24 | <input type="radio"/> 44 | <input type="radio"/> 64 | <input type="radio"/> 84 |
| <input type="radio"/> 5 | <input type="radio"/> 25 | <input type="radio"/> 45 | <input type="radio"/> 65 | <input type="radio"/> 85 |
| <input type="radio"/> 6 | <input type="radio"/> 26 | <input type="radio"/> 46 | <input type="radio"/> 66 | <input type="radio"/> 86 |
| <input type="radio"/> 7 | <input type="radio"/> 27 | <input type="radio"/> 47 | <input type="radio"/> 67 | <input type="radio"/> 87 |
| <input type="radio"/> 8 | <input type="radio"/> 28 | <input type="radio"/> 48 | <input type="radio"/> 68 | <input type="radio"/> 88 |
| <input type="radio"/> 9 | <input type="radio"/> 29 | <input type="radio"/> 49 | <input type="radio"/> 69 | <input type="radio"/> 89 |
| <input type="radio"/> 10 | <input type="radio"/> 30 | <input type="radio"/> 50 | <input type="radio"/> 70 | <input type="radio"/> 90 |
| <input type="radio"/> 11 | <input type="radio"/> 31 | <input type="radio"/> 51 | <input type="radio"/> 71 | <input type="radio"/> 91 |
| <input type="radio"/> 12 | <input type="radio"/> 32 | <input type="radio"/> 52 | <input type="radio"/> 72 | <input type="radio"/> 92 |
| <input type="radio"/> 13 | <input type="radio"/> 33 | <input type="radio"/> 53 | <input type="radio"/> 73 | <input type="radio"/> 93 |
| <input type="radio"/> 14 | <input type="radio"/> 34 | <input type="radio"/> 54 | <input type="radio"/> 74 | <input type="radio"/> 94 |
| <input type="radio"/> 15 | <input type="radio"/> 35 | <input type="radio"/> 55 | <input type="radio"/> 75 | <input type="radio"/> 95 |
| <input type="radio"/> 16 | <input type="radio"/> 36 | <input type="radio"/> 56 | <input type="radio"/> 76 | <input type="radio"/> 96 |
| <input type="radio"/> 17 | <input type="radio"/> 37 | <input type="radio"/> 57 | <input type="radio"/> 77 | <input type="radio"/> 97 |
| <input type="radio"/> 18 | <input type="radio"/> 38 | <input type="radio"/> 58 | <input type="radio"/> 78 | <input type="radio"/> 98 |
| <input type="radio"/> 19 | <input type="radio"/> 39 | <input type="radio"/> 59 | <input type="radio"/> 79 | <input type="radio"/> 99 |
| <input type="radio"/> 20 | <input type="radio"/> 40 | <input type="radio"/> 60 | <input type="radio"/> 80 | <input type="radio"/> 100 |

Mother's Birth Month:

- | | |
|--------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> July |
| <input type="radio"/> February | <input type="radio"/> August |
| <input type="radio"/> March | <input type="radio"/> September |
| <input type="radio"/> April | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> December |

Mother's Birth Year:

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 1959 | <input type="radio"/> 1969 | <input type="radio"/> 1979 | <input type="radio"/> 1989 |
| <input type="radio"/> 1960 | <input type="radio"/> 1970 | <input type="radio"/> 1980 | <input type="radio"/> 1990 |
| <input type="radio"/> 1961 | <input type="radio"/> 1971 | <input type="radio"/> 1981 | <input type="radio"/> 1991 |
| <input type="radio"/> 1962 | <input type="radio"/> 1972 | <input type="radio"/> 1982 | <input type="radio"/> 1992 |
| <input type="radio"/> 1963 | <input type="radio"/> 1973 | <input type="radio"/> 1983 | <input type="radio"/> 1993 |
| <input type="radio"/> 1964 | <input type="radio"/> 1974 | <input type="radio"/> 1984 | <input type="radio"/> 1994 |
| <input type="radio"/> 1965 | <input type="radio"/> 1975 | <input type="radio"/> 1985 | <input type="radio"/> 1995 |
| <input type="radio"/> 1966 | <input type="radio"/> 1976 | <input type="radio"/> 1986 | <input type="radio"/> 1996 |
| <input type="radio"/> 1967 | <input type="radio"/> 1977 | <input type="radio"/> 1987 | <input type="radio"/> 1997 |
| <input type="radio"/> 1968 | <input type="radio"/> 1978 | <input type="radio"/> 1988 | <input type="radio"/> 1998 |

Baby's Birth Month:

- | | |
|--------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> July |
| <input type="radio"/> February | <input type="radio"/> August |
| <input type="radio"/> March | <input type="radio"/> September |
| <input type="radio"/> April | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> December |

Today's Date:

Day:

- | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 9 | <input type="radio"/> 17 | <input type="radio"/> 25 |
| <input type="radio"/> 2 | <input type="radio"/> 10 | <input type="radio"/> 18 | <input type="radio"/> 26 |
| <input type="radio"/> 3 | <input type="radio"/> 11 | <input type="radio"/> 19 | <input type="radio"/> 27 |
| <input type="radio"/> 4 | <input type="radio"/> 12 | <input type="radio"/> 20 | <input type="radio"/> 28 |
| <input type="radio"/> 5 | <input type="radio"/> 13 | <input type="radio"/> 21 | <input type="radio"/> 29 |
| <input type="radio"/> 6 | <input type="radio"/> 14 | <input type="radio"/> 22 | <input type="radio"/> 30 |
| <input type="radio"/> 7 | <input type="radio"/> 15 | <input type="radio"/> 23 | <input type="radio"/> 31 |
| <input type="radio"/> 8 | <input type="radio"/> 16 | <input type="radio"/> 24 | |

Year:

- 2009
- 2010
- 2011
- 2012
- 2013
- 2014

You may use either a pen or pencil to complete this survey. Please fill in the bubble marks as completely as you can and avoid stray pen or pencil marks on this survey. For write-in responses, please print as legibly as you can and write within the spaces provided. If any of the questions do not apply or if there is not an answer provided that makes sense, please leave that question blank. *Thank you!*

1. What is your relationship to the baby?

- | | |
|-----------------------------------|---|
| <input type="radio"/> Mother | <input type="radio"/> Aunt |
| <input type="radio"/> Father | <input type="radio"/> Uncle |
| <input type="radio"/> Grandmother | <input type="radio"/> Non-blood relative guardian (including foster parent) |
| <input type="radio"/> Grandfather | <input type="radio"/> Other |

2. How old is the baby? (PLACE ONE NUMBER IN EACH BRACKET)

[] [] Weeks

3. How old is the birth mother of the baby? (PLACE ONE NUMBER IN EACH BRACKET)

[] [] Years

4. Who slept in the same room with the baby last night? (CHECK ALL THAT APPLY)

- | | |
|------------------------------|---|
| <input type="radio"/> Nobody | <input type="radio"/> Sibling |
| <input type="radio"/> Mother | <input type="radio"/> Other family member |
| <input type="radio"/> Father | <input type="radio"/> Other non-family member |

5. Where in the room did the baby sleep last night? (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="radio"/> Crib/playpen/portable crib | <input type="radio"/> Bed (toddler or adult bed) |
| <input type="radio"/> Bassinet | <input type="radio"/> Sofa or armchair |
| <input type="radio"/> Car seat or infant seat | <input type="radio"/> Other |
| <input type="radio"/> On the floor (with or without a mat, sleeping bag, or blanket) | |

6. Does the baby sleep on a bed, sofa, or armchair with anyone else?

- No SKIP TO Q.9
 Yes

7. Who did the baby share a bed, sofa, or armchair with? (CHECK ALL THAT APPLY)

- | | |
|----------------------------------|---|
| <input type="radio"/> Parent(s) | <input type="radio"/> Other family member |
| <input type="radio"/> Sibling(s) | <input type="radio"/> Non-family member |

8. If the baby shared a bed or sofa, how long did the baby share the bed/sofa with the other person(s)?

- Less than 2 hours
 2 - 5 hours
 More than 5 hours

9. *How did you place the baby for sleep last night?*

- Back
- Side
- Stomach
- Other

10. *Does the baby use a pacifier?*

- No
- Yes

11. *Is the baby breastfed, formula fed, or a combination of both?*

- Breast
- Formula
- Both

12. *What is the recommended sleep position for healthy babies?*

- On the back only
- Side or back is okay
- Side only
- Side or stomach is okay
- Stomach only
- I don't know

13. *What is the highest grade or year of regular school or college that the baby's birth mother has completed?*

- Did not finish high school
- High school diploma/GED
- Some college/Technical or vocational school
- Technical school graduate
- 4 year college graduate
- Post graduate or professional training

14. *What is the highest grade or year of regular school or college that the baby's birth father has completed?*

- Did not finish high school
- High school diploma/GED
- Some college/Technical or vocational school
- Technical school graduate
- 4 year college graduate
- Post graduate or professional training

15. *Did the baby's birth mother smoke cigarettes at any time during this pregnancy with the baby?*

- No
- Yes

16. *In total, including yourself, how many people in the household smoke?*

[] (AFTER ANSWER, PROMPT WITH "ANYONE ELSE?")

17. *Has the baby's birth mother ever been treated for or diagnosed as having depression?*

- No
- Yes
- Don't know

18. Which of these groups best describes the racial background of the baby's birth mother? **(CHECK ALL THAT APPLY)**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

19. Is the baby's birth mother Hispanic or Latina?

- No
- Yes

20. Which of these groups best describes the racial background of the baby's birth father? **(CHECK ALL THAT APPLY)**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

21. Is the baby's birth father Hispanic or Latina?

- No
- Yes

FOR STAFF USE ONLY

State Code:

- DC
- IN
- WA

Site Code:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 21 | <input type="radio"/> 41 | <input type="radio"/> 61 | <input type="radio"/> 81 |
| <input type="radio"/> 2 | <input type="radio"/> 22 | <input type="radio"/> 42 | <input type="radio"/> 62 | <input type="radio"/> 82 |
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| <input type="radio"/> 6 | <input type="radio"/> 26 | <input type="radio"/> 46 | <input type="radio"/> 66 | <input type="radio"/> 86 |
| <input type="radio"/> 7 | <input type="radio"/> 27 | <input type="radio"/> 47 | <input type="radio"/> 67 | <input type="radio"/> 87 |
| <input type="radio"/> 8 | <input type="radio"/> 28 | <input type="radio"/> 48 | <input type="radio"/> 68 | <input type="radio"/> 88 |
| <input type="radio"/> 9 | <input type="radio"/> 29 | <input type="radio"/> 49 | <input type="radio"/> 69 | <input type="radio"/> 89 |
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| <input type="radio"/> 12 | <input type="radio"/> 32 | <input type="radio"/> 52 | <input type="radio"/> 72 | <input type="radio"/> 92 |
| <input type="radio"/> 13 | <input type="radio"/> 33 | <input type="radio"/> 53 | <input type="radio"/> 73 | <input type="radio"/> 93 |
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| <input type="radio"/> 18 | <input type="radio"/> 38 | <input type="radio"/> 58 | <input type="radio"/> 78 | <input type="radio"/> 98 |
| <input type="radio"/> 19 | <input type="radio"/> 39 | <input type="radio"/> 59 | <input type="radio"/> 79 | <input type="radio"/> 99 |
| <input type="radio"/> 20 | <input type="radio"/> 40 | <input type="radio"/> 60 | <input type="radio"/> 80 | <input type="radio"/> 100 |

Mother's Birth Month:

- | | |
|--------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> July |
| <input type="radio"/> February | <input type="radio"/> August |
| <input type="radio"/> March | <input type="radio"/> September |
| <input type="radio"/> April | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> December |

Mother's Birth Year:

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 1959 | <input type="radio"/> 1969 | <input type="radio"/> 1979 | <input type="radio"/> 1989 |
| <input type="radio"/> 1960 | <input type="radio"/> 1970 | <input type="radio"/> 1980 | <input type="radio"/> 1990 |
| <input type="radio"/> 1961 | <input type="radio"/> 1971 | <input type="radio"/> 1981 | <input type="radio"/> 1991 |
| <input type="radio"/> 1962 | <input type="radio"/> 1972 | <input type="radio"/> 1982 | <input type="radio"/> 1992 |
| <input type="radio"/> 1963 | <input type="radio"/> 1973 | <input type="radio"/> 1983 | <input type="radio"/> 1993 |
| <input type="radio"/> 1964 | <input type="radio"/> 1974 | <input type="radio"/> 1984 | <input type="radio"/> 1994 |
| <input type="radio"/> 1965 | <input type="radio"/> 1975 | <input type="radio"/> 1985 | <input type="radio"/> 1995 |
| <input type="radio"/> 1966 | <input type="radio"/> 1976 | <input type="radio"/> 1986 | <input type="radio"/> 1996 |
| <input type="radio"/> 1967 | <input type="radio"/> 1977 | <input type="radio"/> 1987 | <input type="radio"/> 1997 |
| <input type="radio"/> 1968 | <input type="radio"/> 1978 | <input type="radio"/> 1988 | <input type="radio"/> 1998 |

Baby's Birth Month:

- | | |
|--------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> July |
| <input type="radio"/> February | <input type="radio"/> August |
| <input type="radio"/> March | <input type="radio"/> September |
| <input type="radio"/> April | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> December |

Today's Date:

Day:

- | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 9 | <input type="radio"/> 17 | <input type="radio"/> 25 |
| <input type="radio"/> 2 | <input type="radio"/> 10 | <input type="radio"/> 18 | <input type="radio"/> 26 |
| <input type="radio"/> 3 | <input type="radio"/> 11 | <input type="radio"/> 19 | <input type="radio"/> 27 |
| <input type="radio"/> 4 | <input type="radio"/> 12 | <input type="radio"/> 20 | <input type="radio"/> 28 |
| <input type="radio"/> 5 | <input type="radio"/> 13 | <input type="radio"/> 21 | <input type="radio"/> 29 |
| <input type="radio"/> 6 | <input type="radio"/> 14 | <input type="radio"/> 22 | <input type="radio"/> 30 |
| <input type="radio"/> 7 | <input type="radio"/> 15 | <input type="radio"/> 23 | <input type="radio"/> 31 |
| <input type="radio"/> 8 | <input type="radio"/> 16 | <input type="radio"/> 24 | |

Year:

- 2009
- 2010
- 2011
- 2012
- 2013
- 2014

Follow-Up Survey – Crib Recipient

You may use either a pen or pencil to complete this survey. Please fill in the bubble marks as completely as you can and avoid stray pen or pencil marks on this survey. For write-in responses, please print as legibly as you can and write within the spaces provided. If any of the questions do not apply or if there is not an answer provided that makes sense, please leave that question blank. *Thank you!*

1. What is your relationship to the baby?

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Non-blood relative guardian (including foster parent)
- Other

2. How old is the baby? (PLACE ONE NUMBER IN EACH BRACKET)

[] [] Weeks

3. Does the baby have any medical problems that have required an operation, overnight hospital stay, or daily medicine?

- No
- Yes

4. Who slept in the same room with the baby last night? (CHECK ALL THAT APPLY)

- Nobody
- Mother
- Father
- Sibling
- Other family member
- Other non-family member

5. Where in the room did the baby sleep last night? (CHECK ALL THAT APPLY)

- Crib/playpen/portable crib
- Bassinet
- Car seat or infant seat
- On the floor (with or without a mat, sleeping bag, or blanket)
- Bed (toddler or adult bed)
- Sofa or armchair
- Other

6. Does the baby sleep on a bed, sofa, or armchair with anyone else?

- No SKIP TO Q.9
- Yes

7. Who did the baby share a bed, sofa, or armchair with? (CHECK ALL THAT APPLY)

- Parent(s)
- Sibling(s)
- Other family member
- Non-family member

8. *If the baby shared a bed or sofa, how long did the baby share the bed/sofa with the other person(s)?*

- Less than 2 hours
- 2 - 5 hours
- More than 5 hours

9. ***(IF BABY DOES NOT SLEEP IN CRIB, BASSINET, OR PLAYPEN) Why isn't the crib being used? (CHECK ALL THAT APPLY)***

- Parent doesn't like to use crib
- Baby doesn't like crib or cries when in crib
- No room for crib
- Too much trouble to use crib
- Someone else is using the crib
- Parent prefers to sleep with the baby
- Parent thinks that it's safer to have the baby with him/her
- More difficult to feed baby if the baby sleeps in crib
- Worried about crib death
- Baby is too small for the crib
- Crib has not been put together yet
- Cultural reasons
- Other

10. ***(IF BABY SLEEPS IN CRIB) Where would the baby sleep if you had not gotten this free crib? (CHECK ALL THAT APPLY)***

- Parent's bed
- Couch/sofa/armchair
- Bed with sibling
- Car seat or infant seat
- On the floor (with or without mat, sleeping bag, or blanket)
- Another crib
- Bed with someone other than parent or sibling

11. *How did you place the baby for sleep last night?*

- Back
- Side
- Stomach
- No Usual Position
- Other

12. ***(IF PARENT SAYS BABY PLACED ON SIDE, BACK, OR NO USUAL POSITION) Do you ever put him/her to sleep on his/her stomach?***

- No
- Yes

13. *Is the baby breastfed or formula fed?*

- Breast SKIP TO Q.16
- Formula
- Both SKIP TO Q.16

14. *Was the baby ever breastfed?*

- No SKIP TO Q.16
- Yes

15. *How old was the baby when he/she stopped breastfeeding?*

- | | |
|--|---|
| <input type="radio"/> The baby is still breastfeeding | <input type="radio"/> More than 1 month but less than 4 months old |
| <input type="radio"/> Less than 1 week old | <input type="radio"/> More than 4 months but less than 6 months old |
| <input type="radio"/> More than 1 week but less than 1 month old | <input type="radio"/> More than 6 months old |

16. *Does the baby ever use a pacifier?*

- No SKIP TO Q.19
 Yes

17. *When did the baby start using the pacifier?*

- Less than 1 week old
 More than 1 week but less than 1 month old
 More than 1 month old

18. *When does the baby typically use the pacifier? (CHECK ALL THAT APPLY)*

- At bedtime
 At naptime
 While awake

19. *What clothing does the baby typically wear when s/he sleeps at night? (CHECK ALL THAT APPLY)*

- | | |
|--|---|
| <input type="radio"/> Pajamas with feet | <input type="radio"/> Sleep sack/wearable blanket |
| <input type="radio"/> Pajamas without feet | <input type="radio"/> Undershirt/T-shirt |
| <input type="radio"/> One-piece T-shirt | <input type="radio"/> Other |

20. *What item(s) does the baby typically sleep with? (CHECK ALL THAT APPLY)*

- | | |
|------------------------------------|-----------------------------------|
| <input type="radio"/> Pacifier | <input type="radio"/> Pillow |
| <input type="radio"/> Blankets | <input type="radio"/> Stuffed toy |
| <input type="radio"/> Bumpers pads | <input type="radio"/> Other |

21. *What is the recommended sleep position for healthy babies?*

- | | |
|--|---|
| <input type="radio"/> On the back only | <input type="radio"/> Side or stomach is okay |
| <input type="radio"/> Side or back is okay | <input type="radio"/> Stomach only |
| <input type="radio"/> Side only | <input type="radio"/> I don't know |

22. *Have you smoked any cigarettes since the baby was born?*

- No SKIP TO Q. 24
 Yes

23. *In total, including yourself, how many people in the household smoke?*

[] (AFTER ANSWER, PROMPT WITH "ANYONE ELSE?")

24. Where did you get your crib?

- Birth hospital
- WIC
- Food bank
- Baby's doctor or clinic
- Community outreach program
- Health department
- Health fair
- Other

25. How did you get the crib?

- Got a voucher and went to pick it up
- Somebody brought it to my home
- Picked it up or received it without a voucher
- Other

26. How old was the baby when you got your crib?

- Baby was not born yet
- 1-7 days
- 8-14 days
- 15-21 days
- After 21 days

27. Did you have any problems picking up the crib?

- No
- Hours to pick up crib were inconvenient
- The place to pick up the crib was not convenient
- I did not have transportation to pick up the crib
- Other

28. Did you have any problems putting the crib together?

- No
- The instructions were not clear
- The crib did not unfold correctly
- It was difficult to open the crib totally
- Other

29. Did someone show you how to put the crib together?

- Someone showed me in person
- I watched a video on how to put the crib together
- No

30. When you received the crib, did someone talk to you about why it is important to use a crib for the baby?

- No
- Yes

31. Do you have any suggestions for making the crib program better?

- No
- Yes _____

32. Overall, with a scale of 1 - 5, with 1 being extremely unhappy and 5 being extremely happy, how happy are you with the crib program?

- 1
- 2
- 3
- 4
- 5

FOR STAFF USE ONLY

State Code:

- DC
- IN
- WA

Site Code:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 21 | <input type="radio"/> 41 | <input type="radio"/> 61 | <input type="radio"/> 81 |
| <input type="radio"/> 2 | <input type="radio"/> 22 | <input type="radio"/> 42 | <input type="radio"/> 62 | <input type="radio"/> 82 |
| <input type="radio"/> 3 | <input type="radio"/> 23 | <input type="radio"/> 43 | <input type="radio"/> 63 | <input type="radio"/> 83 |
| <input type="radio"/> 4 | <input type="radio"/> 24 | <input type="radio"/> 44 | <input type="radio"/> 64 | <input type="radio"/> 84 |
| <input type="radio"/> 5 | <input type="radio"/> 25 | <input type="radio"/> 45 | <input type="radio"/> 65 | <input type="radio"/> 85 |
| <input type="radio"/> 6 | <input type="radio"/> 26 | <input type="radio"/> 46 | <input type="radio"/> 66 | <input type="radio"/> 86 |
| <input type="radio"/> 7 | <input type="radio"/> 27 | <input type="radio"/> 47 | <input type="radio"/> 67 | <input type="radio"/> 87 |
| <input type="radio"/> 8 | <input type="radio"/> 28 | <input type="radio"/> 48 | <input type="radio"/> 68 | <input type="radio"/> 88 |
| <input type="radio"/> 9 | <input type="radio"/> 29 | <input type="radio"/> 49 | <input type="radio"/> 69 | <input type="radio"/> 89 |
| <input type="radio"/> 10 | <input type="radio"/> 30 | <input type="radio"/> 50 | <input type="radio"/> 70 | <input type="radio"/> 90 |
| <input type="radio"/> 11 | <input type="radio"/> 31 | <input type="radio"/> 51 | <input type="radio"/> 71 | <input type="radio"/> 91 |
| <input type="radio"/> 12 | <input type="radio"/> 32 | <input type="radio"/> 52 | <input type="radio"/> 72 | <input type="radio"/> 92 |
| <input type="radio"/> 13 | <input type="radio"/> 33 | <input type="radio"/> 53 | <input type="radio"/> 73 | <input type="radio"/> 93 |
| <input type="radio"/> 14 | <input type="radio"/> 34 | <input type="radio"/> 54 | <input type="radio"/> 74 | <input type="radio"/> 94 |
| <input type="radio"/> 15 | <input type="radio"/> 35 | <input type="radio"/> 55 | <input type="radio"/> 75 | <input type="radio"/> 95 |
| <input type="radio"/> 16 | <input type="radio"/> 36 | <input type="radio"/> 56 | <input type="radio"/> 76 | <input type="radio"/> 96 |
| <input type="radio"/> 17 | <input type="radio"/> 37 | <input type="radio"/> 57 | <input type="radio"/> 77 | <input type="radio"/> 97 |
| <input type="radio"/> 18 | <input type="radio"/> 38 | <input type="radio"/> 58 | <input type="radio"/> 78 | <input type="radio"/> 98 |
| <input type="radio"/> 19 | <input type="radio"/> 39 | <input type="radio"/> 59 | <input type="radio"/> 79 | <input type="radio"/> 99 |
| <input type="radio"/> 20 | <input type="radio"/> 40 | <input type="radio"/> 60 | <input type="radio"/> 80 | <input type="radio"/> 100 |

Mother's Birth Month:

- | | |
|--------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> July |
| <input type="radio"/> February | <input type="radio"/> August |
| <input type="radio"/> March | <input type="radio"/> September |
| <input type="radio"/> April | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> December |

Mother's Birth Year:

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 1959 | <input type="radio"/> 1969 | <input type="radio"/> 1979 | <input type="radio"/> 1989 |
| <input type="radio"/> 1960 | <input type="radio"/> 1970 | <input type="radio"/> 1980 | <input type="radio"/> 1990 |
| <input type="radio"/> 1961 | <input type="radio"/> 1971 | <input type="radio"/> 1981 | <input type="radio"/> 1991 |
| <input type="radio"/> 1962 | <input type="radio"/> 1972 | <input type="radio"/> 1982 | <input type="radio"/> 1992 |
| <input type="radio"/> 1963 | <input type="radio"/> 1973 | <input type="radio"/> 1983 | <input type="radio"/> 1993 |
| <input type="radio"/> 1964 | <input type="radio"/> 1974 | <input type="radio"/> 1984 | <input type="radio"/> 1994 |
| <input type="radio"/> 1965 | <input type="radio"/> 1975 | <input type="radio"/> 1985 | <input type="radio"/> 1995 |
| <input type="radio"/> 1966 | <input type="radio"/> 1976 | <input type="radio"/> 1986 | <input type="radio"/> 1996 |
| <input type="radio"/> 1967 | <input type="radio"/> 1977 | <input type="radio"/> 1987 | <input type="radio"/> 1997 |
| <input type="radio"/> 1968 | <input type="radio"/> 1978 | <input type="radio"/> 1988 | <input type="radio"/> 1998 |

Baby's Birth Month:

- | | |
|--------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> July |
| <input type="radio"/> February | <input type="radio"/> August |
| <input type="radio"/> March | <input type="radio"/> September |
| <input type="radio"/> April | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> December |

Today's Date:

Day:

- | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 9 | <input type="radio"/> 17 | <input type="radio"/> 25 |
| <input type="radio"/> 2 | <input type="radio"/> 10 | <input type="radio"/> 18 | <input type="radio"/> 26 |
| <input type="radio"/> 3 | <input type="radio"/> 11 | <input type="radio"/> 19 | <input type="radio"/> 27 |
| <input type="radio"/> 4 | <input type="radio"/> 12 | <input type="radio"/> 20 | <input type="radio"/> 28 |
| <input type="radio"/> 5 | <input type="radio"/> 13 | <input type="radio"/> 21 | <input type="radio"/> 29 |
| <input type="radio"/> 6 | <input type="radio"/> 14 | <input type="radio"/> 22 | <input type="radio"/> 30 |
| <input type="radio"/> 7 | <input type="radio"/> 15 | <input type="radio"/> 23 | <input type="radio"/> 31 |
| <input type="radio"/> 8 | <input type="radio"/> 16 | <input type="radio"/> 24 | |

Year:

- 2009
- 2010
- 2011
- 2012
- 2013
- 2014

Home Visiting Survey – Crib Recipient

You may use either a pen or pencil to complete this survey. Please fill in the bubble marks as completely as you can and avoid stray pen or pencil marks on this survey. For write-in responses, please print as legibly as you can and write within the spaces provided. If any of the questions do not apply or if there is not an answer provided that makes sense, please leave that question blank. *Thank you!*

1. What is your relationship to the baby?

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Non-blood relative guardian (including foster parent)
- Other

2. How old is the baby? (PLACE ONE NUMBER IN EACH BRACKET)

[] [] Weeks

3. Does the baby have any medical problems that have required an operation, overnight hospital stay, or daily medicine?

- No
- Yes

4. Who slept in the same room with the baby last night? (CHECK ALL THAT APPLY)

- Nobody
- Mother
- Father
- Sibling
- Other family member
- Other non-family member

5. Where in the room did the baby sleep last night? (CHECK ALL THAT APPLY)

- Crib/playpen/portable crib
- Bassinet
- Car seat or infant seat
- On the floor (with or without a mat, sleeping bag, or blanket)
- Bed (toddler or adult bed)
- Sofa or armchair
- Other

6. Does the baby sleep on a bed, sofa, or armchair with anyone else?

- No SKIP TO Q.10
- Yes

7. Who did the baby share a bed, sofa, or armchair with? (CHECK ALL THAT APPLY)

- Parent(s)
- Sibling(s)
- Other family member
- Non-family member

8. *If the baby shared a bed or sofa, how long did the baby share the bed/sofa with the other person(s)?*

- Less than 2 hours
- 2 - 5 hours
- More than 5 hours

9. ***(IF BABY DOES NOT SLEEP IN CRIB, BASSINET, OR PLAYPEN) Why isn't the crib being used? (CHECK ALL THAT APPLY)***

- | | |
|---|---|
| <input type="radio"/> Parent doesn't like to use crib | <input type="radio"/> Parent thinks that it's safer to have the baby with him/her |
| <input type="radio"/> Baby is too small for the crib | <input type="radio"/> More difficult to feed baby if the baby sleeps in crib |
| <input type="radio"/> No room for crib | <input type="radio"/> Baby doesn't like crib or cries when in crib |
| <input type="radio"/> Too much trouble to use crib | <input type="radio"/> Parent prefers to sleep with the baby |
| <input type="radio"/> Someone else is using the crib | <input type="radio"/> Crib hasn't been put together yet |
| <input type="radio"/> Worried about crib death | <input type="radio"/> Other |
| <input type="radio"/> Cultural reasons | <input type="radio"/> Not applicable |

10. ***(IF BABY SLEEPS IN CRIB) Where would the baby sleep if you had not gotten this free crib? (CHECK ALL THAT APPLY)***

- | | |
|---|--|
| <input type="radio"/> Parent's bed | <input type="radio"/> Bed with someone other than parent or sibling |
| <input type="radio"/> Bed with sibling | <input type="radio"/> On the floor (with or without mat, sleeping bag, or blanket) |
| <input type="radio"/> Another crib | <input type="radio"/> Couch/sofa/armchair |
| <input type="radio"/> Car seat or infant seat | <input type="radio"/> Other |

11. *How did you place the baby for sleep last night?*

- | | |
|-------------------------------|---|
| <input type="radio"/> Back | <input type="radio"/> No Usual Position |
| <input type="radio"/> Side | <input type="radio"/> Other |
| <input type="radio"/> Stomach | |

12. ***(IF PARENT SAYS BABY PLACED ON SIDE, BACK, OR NO USUAL POSITION) Do you ever put him/her to sleep on his/her stomach?***

- No
- Yes

13. *Is the baby breastfed or formula fed?*

- Breast SKIP TO Q.16
- Formula
- Both SKIP TO Q.16

14. *Was the baby ever breastfed?*

- No SKIP TO Q.16
- Yes

15. *How old was the baby when he/she stopped breastfeeding?*

- | | |
|--|---|
| <input type="radio"/> The baby is still breastfeeding | <input type="radio"/> More than 1 month but less than 4 months old |
| <input type="radio"/> Less than 1 week old | <input type="radio"/> More than 4 months but less than 6 months old |
| <input type="radio"/> More than 1 week but less than 1 month old | <input type="radio"/> More than 6 months old |

16. *Does the baby ever use a pacifier?*

- No SKIP TO Q.19
 Yes

17. *When did the baby start using the pacifier?*

- Less than 1 week old
 More than 1 week but less than 1 month old
 More than 1 month old

18. *When does the baby typically use the pacifier? (CHECK ALL THAT APPLY)*

- At bedtime
 At naptime
 While awake

19. *What clothing does the baby typically wear when s/he sleeps at night? (CHECK ALL THAT APPLY)*

- | | |
|--|---|
| <input type="radio"/> Pajamas with feet | <input type="radio"/> Sleep sack/wearable blanket |
| <input type="radio"/> Pajamas without feet | <input type="radio"/> Undershirt/T-shirt |
| <input type="radio"/> One-piece T-shirt | <input type="radio"/> Other |

20. *What item(s) does the baby typically sleep with? (CHECK ALL THAT APPLY)*

- | | |
|------------------------------------|-----------------------------------|
| <input type="radio"/> Pacifier | <input type="radio"/> Pillow |
| <input type="radio"/> Blankets | <input type="radio"/> Stuffed toy |
| <input type="radio"/> Bumpers pads | <input type="radio"/> Other |

21. *What is the recommended sleep position for healthy babies?*

- | | |
|--|---|
| <input type="radio"/> On the back only | <input type="radio"/> Side or stomach is okay |
| <input type="radio"/> Side or back is okay | <input type="radio"/> Stomach only |
| <input type="radio"/> Side only | <input type="radio"/> I don't know |

22. *Have you smoked any cigarettes since the baby was born?*

- No
 Yes

23. *In total, including yourself, how many people in the household smoke?*

[] (AFTER ANSWER, PROMPT WITH "ANYONE ELSE?")

24. Where did you get your crib?

- Birth hospital
- WIC
- Food bank
- Baby's doctor or clinic
- Community outreach program
- Health department
- Health fair
- Other

25. How did you get the crib?

- Got a voucher and went to pick it up
- Somebody brought it to my home
- Picked it up or received it without a voucher
- Other

26. How old was the baby when you got your crib?

- Baby was not born yet
- 1-7 days
- 8-14 days
- 15-21 days
- After 21 days

27. Did you have any problems picking up the crib?

- No
- Hours to pick up crib were inconvenient
- The place to pick up the crib was not convenient
- I did not have transportation to pick up the crib
- Other

28. Did you have any problems putting the crib together?

- No
- The instructions were not clear
- The crib did not unfold correctly
- It was difficult to open the crib totally
- Other

29. Did someone show you how to put the crib together?

- Someone showed me in person
- I watched a video on how to put the crib together
- No

30. When you received the crib, did someone talk to you about why it is important to use a crib for the baby?

- No
- Yes

31. Do you have any suggestions for making the crib program better?

- No
- Yes _____

32. Overall, with a scale of 1 - 5, with 1 being extremely unhappy and 5 being extremely happy, how happy are you with the crib program?

- 1
- 2
- 3
- 4
- 5

FOR VISITING HEALTH WORKER TO COMPLETE

33. (IF PARENT INDICATES THAT THERE IS A CRIB) Please ask to see crib.

- Permission denied
- Permission granted
- Crib not available to look at

34. Does crib appear to be in good condition?

- No
- Yes
- Not applicable

35. Does crib appear to be in use solely for the baby to sleep in?

- No
- Yes
- Not applicable

36. If crib appears to be used for baby to sleep in, please check items in crib other than crib sheet:

- | | |
|------------------------------------|--------------------------------------|
| <input type="radio"/> Blankets | <input type="radio"/> Other items |
| <input type="radio"/> Pillows | <input type="radio"/> Not applicable |
| <input type="radio"/> Stuffed toys | |

37. Did you observe the baby sleeping?

- No
- Yes

38. If you observed the baby sleeping, what position was the baby in?

- | | |
|----------------------------|--------------------------------------|
| <input type="radio"/> Back | <input type="radio"/> Stomach |
| <input type="radio"/> Side | <input type="radio"/> Not applicable |

39. If you observed the baby sleeping, was the baby in a crib?

- No
- Yes
- Did not observe

40. If baby is not sleeping in the crib, where is the baby sleeping?

- | | |
|--|--|
| <input type="radio"/> Adult bed | <input type="radio"/> On the floor (with or without mat, sleeping bag, or blanket) |
| <input type="radio"/> Sofa or armchair | <input type="radio"/> Car seat or infant seat |
| <input type="radio"/> Infant swing | <input type="radio"/> Other |

FOR STAFF USE ONLY

State Code:

- DC
- IN
- WA

Site Code:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 21 | <input type="radio"/> 41 | <input type="radio"/> 61 | <input type="radio"/> 81 |
| <input type="radio"/> 2 | <input type="radio"/> 22 | <input type="radio"/> 42 | <input type="radio"/> 62 | <input type="radio"/> 82 |
| <input type="radio"/> 3 | <input type="radio"/> 23 | <input type="radio"/> 43 | <input type="radio"/> 63 | <input type="radio"/> 83 |
| <input type="radio"/> 4 | <input type="radio"/> 24 | <input type="radio"/> 44 | <input type="radio"/> 64 | <input type="radio"/> 84 |
| <input type="radio"/> 5 | <input type="radio"/> 25 | <input type="radio"/> 45 | <input type="radio"/> 65 | <input type="radio"/> 85 |
| <input type="radio"/> 6 | <input type="radio"/> 26 | <input type="radio"/> 46 | <input type="radio"/> 66 | <input type="radio"/> 86 |
| <input type="radio"/> 7 | <input type="radio"/> 27 | <input type="radio"/> 47 | <input type="radio"/> 67 | <input type="radio"/> 87 |
| <input type="radio"/> 8 | <input type="radio"/> 28 | <input type="radio"/> 48 | <input type="radio"/> 68 | <input type="radio"/> 88 |
| <input type="radio"/> 9 | <input type="radio"/> 29 | <input type="radio"/> 49 | <input type="radio"/> 69 | <input type="radio"/> 89 |
| <input type="radio"/> 10 | <input type="radio"/> 30 | <input type="radio"/> 50 | <input type="radio"/> 70 | <input type="radio"/> 90 |
| <input type="radio"/> 11 | <input type="radio"/> 31 | <input type="radio"/> 51 | <input type="radio"/> 71 | <input type="radio"/> 91 |
| <input type="radio"/> 12 | <input type="radio"/> 32 | <input type="radio"/> 52 | <input type="radio"/> 72 | <input type="radio"/> 92 |
| <input type="radio"/> 13 | <input type="radio"/> 33 | <input type="radio"/> 53 | <input type="radio"/> 73 | <input type="radio"/> 93 |
| <input type="radio"/> 14 | <input type="radio"/> 34 | <input type="radio"/> 54 | <input type="radio"/> 74 | <input type="radio"/> 94 |
| <input type="radio"/> 15 | <input type="radio"/> 35 | <input type="radio"/> 55 | <input type="radio"/> 75 | <input type="radio"/> 95 |
| <input type="radio"/> 16 | <input type="radio"/> 36 | <input type="radio"/> 56 | <input type="radio"/> 76 | <input type="radio"/> 96 |
| <input type="radio"/> 17 | <input type="radio"/> 37 | <input type="radio"/> 57 | <input type="radio"/> 77 | <input type="radio"/> 97 |
| <input type="radio"/> 18 | <input type="radio"/> 38 | <input type="radio"/> 58 | <input type="radio"/> 78 | <input type="radio"/> 98 |
| <input type="radio"/> 19 | <input type="radio"/> 39 | <input type="radio"/> 59 | <input type="radio"/> 79 | <input type="radio"/> 99 |
| <input type="radio"/> 20 | <input type="radio"/> 40 | <input type="radio"/> 60 | <input type="radio"/> 80 | <input type="radio"/> 100 |

Mother's Birth Month:

- | | |
|--------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> July |
| <input type="radio"/> February | <input type="radio"/> August |
| <input type="radio"/> March | <input type="radio"/> September |
| <input type="radio"/> April | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> December |

Mother's Birth Year:

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 1959 | <input type="radio"/> 1969 | <input type="radio"/> 1979 | <input type="radio"/> 1989 |
| <input type="radio"/> 1960 | <input type="radio"/> 1970 | <input type="radio"/> 1980 | <input type="radio"/> 1990 |
| <input type="radio"/> 1961 | <input type="radio"/> 1971 | <input type="radio"/> 1981 | <input type="radio"/> 1991 |
| <input type="radio"/> 1962 | <input type="radio"/> 1972 | <input type="radio"/> 1982 | <input type="radio"/> 1992 |
| <input type="radio"/> 1963 | <input type="radio"/> 1973 | <input type="radio"/> 1983 | <input type="radio"/> 1993 |
| <input type="radio"/> 1964 | <input type="radio"/> 1974 | <input type="radio"/> 1984 | <input type="radio"/> 1994 |
| <input type="radio"/> 1965 | <input type="radio"/> 1975 | <input type="radio"/> 1985 | <input type="radio"/> 1995 |
| <input type="radio"/> 1966 | <input type="radio"/> 1976 | <input type="radio"/> 1986 | <input type="radio"/> 1996 |
| <input type="radio"/> 1967 | <input type="radio"/> 1977 | <input type="radio"/> 1987 | <input type="radio"/> 1997 |
| <input type="radio"/> 1968 | <input type="radio"/> 1978 | <input type="radio"/> 1988 | <input type="radio"/> 1998 |

Baby's Birth Month:

- | | |
|--------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> July |
| <input type="radio"/> February | <input type="radio"/> August |
| <input type="radio"/> March | <input type="radio"/> September |
| <input type="radio"/> April | <input type="radio"/> October |
| <input type="radio"/> May | <input type="radio"/> November |
| <input type="radio"/> June | <input type="radio"/> December |

Today's Date:

Day:

- | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 9 | <input type="radio"/> 17 | <input type="radio"/> 25 |
| <input type="radio"/> 2 | <input type="radio"/> 10 | <input type="radio"/> 18 | <input type="radio"/> 26 |
| <input type="radio"/> 3 | <input type="radio"/> 11 | <input type="radio"/> 19 | <input type="radio"/> 27 |
| <input type="radio"/> 4 | <input type="radio"/> 12 | <input type="radio"/> 20 | <input type="radio"/> 28 |
| <input type="radio"/> 5 | <input type="radio"/> 13 | <input type="radio"/> 21 | <input type="radio"/> 29 |
| <input type="radio"/> 6 | <input type="radio"/> 14 | <input type="radio"/> 22 | <input type="radio"/> 30 |
| <input type="radio"/> 7 | <input type="radio"/> 15 | <input type="radio"/> 23 | <input type="radio"/> 31 |
| <input type="radio"/> 8 | <input type="radio"/> 16 | <input type="radio"/> 24 | |

Year:

- 2009
- 2010
- 2011
- 2012
- 2013
- 2014