



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: _____

NOTE: If client is NOT following safe sleep guidelines as indicated in responses below, please reeducate client/family.

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 _____

5/2023

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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