Cribs for Kids Recipient Follow-Up Survey #1

Helping every baby sleep safer

Kentucky Public Health
Prevent. Promote. Protect.

We hope that you are enjoying your Cribs for Kids Pack-N-Play. Now that it has been 2-3 weeks since your baby arrived home, please take a moment to answer these follow-up questions. Thank you!

Today's Date: _____ / _____ / _____ Parent/Caregiver Name: _____

Street Address: _____ Apt #: _____

City/State: _____ Zipcode: _____

Email: _____ Phone: _____

Parent/Caregiver Age: ☐15-19 ☐20-25 ☐26+ Baby's Date of Birth: ____ / ____ / _____

Education Level: ☐Some High School ☐High School/GED ☐Some College ☐4-year College Degree
☐Other: _____

How did you hear about the Cribs for Kids Program? ☐Community Outreach Event ☐Friends/Family
☐Health Care Provider ☐KDPH Website

How often does your baby sleep with the Crib/Bassinet/Pack-N-Play provided by the Cribs for Kids Program?
☐Never ☐Sometimes ☐Almost Always ☐Always

If always is **not** marked, where does your baby sleep?
☐Adult Bed/Sibling's Bed ☐Crib/Bassinet/Pack-N-Play ☐Car Seat or Baby Swing ☐Sofa/Couch
☐Baby Box ☐Other: _____

Where would your baby sleep if you had not received a Pack-N-Play?
☐Adult Bed/Sibling's Bed ☐Crib/Bassinet/Pack-N-Play ☐Car Seat or Baby Swing ☐Sofa/Couch
☐Baby Box ☐Other: _____

Please answer the questions below about how your baby sleeps in your home.	Never	Sometimes	Almost Always	Always
1. Does your baby sleep with you, another adult, child or baby in the same bed?				
2. Do you put your baby on his/her back to sleep?				
3. Do you have blankets, stuffed animals, or pillows on or around your baby when he/she is sleeping?				
4. Do you breastfeed your baby?				
5. Is your baby exposed to smoking or vaping in your home?				
Lastly, do you have any questions, comments or concerns for us?				

Submitted by (Referring Agent): _____