

Safe Sleep Survey

Too many babies are dying in our community. We know that unsafe sleep habits increase the risk of babies dying. We need your help to understand what the community knows about safe sleep for babies. Please do not write your name anywhere on the survey. Your identity and responses to this survey will remain confidential. Responses to this survey will be used to create an educational message to help save babies' lives.

**For this survey, an infant is defined as a child between the ages of birth and 1 year old.
Please print clearly.**

1. From whom or where do you get information about taking care of an infant?

2. What does the phrase, "Back to Sleep?" mean to you?

3. Do you believe infants are safe when sleeping with others? Yes No (circle one)

4. Please read the following facts:

- More than half of infant deaths reviewed by the Marion County Child Fatality Review Team (CFRT) occurred in an unsafe sleeping arrangement.
- African American infants are two-times more likely to die than Caucasian infants.
- The safest way for an infant to sleep is on its back, on a firm mattress, with no pillows, blankets or stuffed animals.
- Soft, fluffy bedding is dangerous for an infant.
- Infants should **never** sleep on a sofa, couch, recliner, water bed, bean bag chair or on quilts.
- No one should smoke around an infant.

How many of these facts did you know? (circle one)

All of them Most of them Half of them Some of them None of them

5. Are there any infants living in your home? Yes No (circle one)

If YES, go to question 6.

If NO, go to question 8.

6. Where do/does the infant(s) in your home usually sleep?

7. If you need to leave your infant(s) with someone, who would you choose?

8. If you were in charge, how would you make sure our community knows about safe sleep for infants and understood its importance?

General Information - Your responses to the following questions will be used for category purposes only.

Age: _____

Gender: A. Male
 B. Female

Race/Ethnicity: (please circle all that apply)

- A. Caucasian
- B. Black or African American
- C. Hispanic or Latino
- D. Asian
- E. Native Hawaiian or other Pacific Islander
- F. American Indian or Alaskan Native
- G. Other (specify) _____

Highest level of education completed: (circle only one)

- A. Never attended school
- B. Elementary school (grades 1 to 8)
- C. Some high school
- D. High school graduate or GED
- E. Some college or technical school
- F. College graduate

I am a _____. (circle all that apply) parent grandparent babysitter

Zip code: _____

Please place your completed survey in the box. Thank you for your time.