



Cribs for Kids Recipient Follow-Up Survey #2



We hope that you are enjoying your Cribs for Kids Pack-N-Play. Now that it has been 6-8 weeks since you answered the Intake Survey questions, please take a moment to answer these follow-up questions. Thank you!

Date:	Parent/Caregiver Name:		
Phone:	Address:		
Zip Code:	Parent/Caregiver Age: 15-19 20-25 26+		
Email:	Baby's Date of Birth: (mm/dd/yyyy) ____/____/____		
Ethnicity:	African Am/Black Caucasian/White	Native American Multi-Racial	Hispanic
Preferred Language:	English	Spanish	Other (please state): _____
Education Level:	Some High School 4 yr College Degree	High School/GED Other	Some College

Where do you usually put your baby to sleep at naptime and at night?

- | | | |
|-------------------------|---------------------------|--------------|
| Adult Bed/Sibling's Bed | Crib/Bassinet/Pack-N-Play | Other: _____ |
| Car Seat or Baby Swing | Sofa/Couch | Baby Box |

Where would your baby sleep if you had not received a Pack-N-Play?

- | | | |
|-------------------------|---------------|--------------|
| Adult Bed/Sibling's Bed | Crib/Bassinet | Other: _____ |
| Car Seat or Baby Swing | Sofa/Couch | Baby Box |

We would like to know a few more things about how your baby sleeps in your home. Please answer the questions below.	Never	Sometimes	Almost Always	Always
1. Do you breastfeed your baby?				
2. Does your baby sleep with you, another adult, child or infant in the same bed?				
3. Do you put your baby on his/her back to sleep?				
4. Do you store any items in the baby's bed/sleep space when the baby is not sleeping?				
5. Do you have blankets, stuffed animals, or pillows, on or around your baby when he/she is sleeping?				
6. Do you bundle or dress your baby in more layers than you wear to keep him/her warm at night?				
7. Do you give your baby a pacifier to suck while falling asleep?				
8. Is your baby exposed to smoking or vaping in your home?				
9. Does your baby attend childcare outside the home?				

NOTES:

