

## Safe Sleep Kentucky Survey

In the Commonwealth of Kentucky, infant mortality rates due to SIDS and unsafe sleep are higher than the national average. Your participation in this brief survey will help us determine what you know and understand about SIDS and safe sleep.

SIDS impacts thousands of lives and families each year, and your response will help us promote awareness and educate families on the importance of safe sleep for infants. Thank you!

1. How aware of or knowledgeable about the following?

	Not Aware	Aware	Somewhat Knowledgeable	Very Knowledgeable
Sudden Infant Death Syndrome (SIDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABCs of Safe Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. When you are caring for a baby, how often does the baby sleep or nap:

	Never	Rarely	Sometimes	Quite Often	Very Often
In a crib or play-yard by themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a blanket on the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a swing or car seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a bed with you or another adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a bed or crib with another child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a sofa or chair with you right beside them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In which position(s) is it safe for infants to sleep? Check all that apply.

- Tummy                       Side                       Back

4. Should the baby be in this position every time it sleeps, including nights and naps?

	Yes	No	Sometimes	I don't know
Tummy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What items do you or would you allow in a baby's crib while the baby is sleeping?

- Blanket     Pillow     Bumper pads     Stuffed animals     Toys     None of the above  
 Other: \_\_\_\_\_

6. When you are caring for an infant, how often do you use each of the following?

	Never	Almost Never	Occasionally	Somewhat Regularly	Regularly
Smoking/ Tobacco Products (Including e-cigs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Pain Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the Counter Pain Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suboxone/ Subutex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you think its okay to be using these while taking care of an infant?

	Yes	Yes, in moderation	No
Smoking/ Tobacco Products (Including e-cigs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Pain Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the Counter Pain Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suboxone/ Subutex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What is your age?

- <20
- 20-34
- 35-49
- 50-64
- 65+
- Prefer not to answer

9. With which gender to you identify?

- Male
- Female
- Other
- Prefer not to answer

10. Which role best describes your relationship to an infant in your life? Check all that apply.

- Mother
- Father
- Primary caregiver
- Babysitter
- Grandparent
- Aunt/ Uncle/ Other Relative
- Service Provider
- Prefer not to answer

11. Which doctor/practice provides the regular medical care for your infant?

12. What is your race?

- White
- Black or African-America
- Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- From multiple races
- Prefer not to answer

13. Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabitating with a significant other
- Single, but never married
- Prefer not to answer

14. In what city or town do you currently reside?

Optional: To be entered into a drawing for a Pack n' Play bundle, please provide us with your first name and current email address. This information will be used solely for the drawing and will remain confidential. The winner will be randomly selected and notified in September 2016.

First Name:

Email Address:

Please return your completed survey to the survey administrator, or send it by mail to:

Imagewest  
1906 College Heights Blvd. #11070  
Bowling Green, KY 2101

Thank you for taking the time to complete this survey.