



ELIGIBILITY SCREENER

The following eligibility questions ask you about certain personal characteristics including your age, ethnicity, and relationship to an infant. Your responses to these questions will be used to determine your eligibility to participate in the survey.

1. What is your age?

- <18
- 18-29
- 30-39
- 40-49
- 50-64
- 65+

2. Which role best describes your relationship to the infant (less than 1 year of age) in your life? Check all that apply.

- Mother (Expectant)
- Father (Expectant)
- Primary caregiver
- Babysitter
- Grandparent
- Aunt/ Uncle/ Other Relative
- Service Provider
- None
- Other

Please describe _____

3. What is your gender?

- Male
- Female
- Other

4. Are you Hispanic or Latino?

- Yes
- No

5. What is your race? Check all that apply.

- Black or African-American
- White
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other

Please describe _____

6. Which of the following best describes your relationship status?

- Married
- Divorced or separated
- Single, never married

- Single, but living with a significant other
- In a domestic partnership or civil union
- Widowed
- Other

Please describe _____

7. What is your highest level of education?

- Less than High School
- Some High School
- High School Diploma or Equivalent
- Some College or Post High School Training
- College Degree (e.g. Bachelor of Arts, Bachelor of Science)
- Graduate Degree (e.g. JD, MBA, MA, MS, MSW, Ph.D., MD.)

8. What type of insurance coverage do you have?

- No health insurance
- Medicaid
- Medicare
- Private Insurance (For example, Blue Cross, Cigna, United Health Care)
- Veteran's insurance coverage (VA)

If participant responds None to Question #2 the following message will be displayed.

Thank you for completing the eligibility screener. Unfortunately based on your responses you are not eligible to take part in the survey. We appreciate your time. If you have any questions, please contact a project representative.



SURVEY

The following questions ask about your knowledge of safety strategies for infants. Please answer the questions to the best of your knowledge. Your responses will be kept completely confidential and will not be shared with members of your church.

1. *What is SIDS?

- a. Sudden Infant Disability Syndrome
- b. Sudden Infant Disease Syndrome
- c. Suffocation In Dreams Syndrome
- d. Sudden Infant Death Syndrome

2. *SIDS usually occurs when babies are?

- a. Sleeping
- b. Eating
- c. Bathing
- d. Playing

3. *Most researchers agree that most cases of SIDS are? (choose all that apply)

- Treatable
- Predictable
- Preventable

4. What are two of the leading causes of death for infants less than 1 year of age?

- a. Drowning and violence
- b. Accidental suffocation during sleep and drowning
- c. SIDS and accidental suffocation or strangulation during sleep
- d. Violence and SIDS
- e. SIDS and drowning

5. Where is the safest place for a baby to sleep? (check all that apply)

- In a bed with their parents
- Alone, in a crib or bassinet
- In an infant car seat
- On the couch

6. The last time you put an infant down for the night or a nap how did you do it? (check all that apply)

- Alone in a crib or bassinet with only a fitted sheet
- On their stomach
- In a crib or bassinet with a fitted sheet, blanket, and bumper pad
- In the bed with me
- On their back
- In an infant car seat
- On their side

7. What are the ABCs of safe sleep?

- A. _____
 B. _____
 C. _____

8. What sleeping position is safest for babies? (check all that apply)

- On their side
- On their stomach
- On their back
- Either on their back or side

9. When making up a baby’s crib, parents should include which of the following items?

- a. A tightly fitting sheet
- b. Pillows
- c. Thick blankets to keep the baby warm
- d. Crib bumpers
- e. A and C
- f. A and D

10. Smoking around an infant either in the home or in the car increases the risk of Sudden Infant Death Syndrome or SIDS.

- a. True
- b. False

11. Does your child’s daycare provider have a safe sleep policy?

- a. Yes
- b. No
- c. Don’t know
- d. Not applicable (child does not have a daycare provider)

12. Does your church have a safe sleep policy?

- a. Yes
- b. No
- c. Don’t know
- d. Not applicable

13. The next time you put an infant down for the night or a nap how do you plan to do it? (check all that apply)

- Alone in a crib or bassinet with only a fitted sheet
- On their stomach
- In a crib or bassinet with a fitted sheet, blanket, and bumper pad
- In the bed with me
- On their back
- In an infant car seat
- On their side

14. **Providing social support (e.g. prayers, words of encouragement, information, prenatal classes, and help with meals or other children) is related to a pregnant woman's mental well-being.**
- a. True
 - b. False
15. **Which of the following can an expectant mom do to help her have a healthy pregnancy? (check all that apply)**
- Get help with causes of stress including problems at home, work or school.
 - Stop drinking alcohol and/or using illegal drugs.
 - Take a multivitamin every day that has 400 mcg of folic acid.
 - Stop smoking cigarettes, cigars or other types of drugs.