Eligibility Demographics

Participant ID

_____

Partner Organization

- ◯ Affinia Health Care
- ◯ Nurses for Newborns
- ◯ St. Louis County Department of Public Health
- ◯ Parents As Teachers
- ◯ Child Day Care Association
- ◯ Infant Loss Resources
- ◯ Other

Partner Organization (Other)

Name of Site

_____

Caregiver Information

Caregiver First Name

_____

Caregiver Last Name

_____

Caregiver Zip Code

_____

Caregiver Relationship to Infant

_____

Mother's Information

Mother is Caregiver Listed Above

- ◯ Yes
- ◯ No

Mother First Name

_____

Mother Last Name

_____

Mother Date of Birth

_____

Stage of Pregnancy

- ◯ Prenatal
- ◯ Postpartum
- ◯ Unknown

Number of Previous Pregnancies

_____

Number of Live Births

_____

Race of Mother	☐ Black/African American ☐ White/Caucasian ☐ Asian American/Pacific Islander ☐ Native American/American Indian ☐ Prefer Not to Answer ☐ Unknown ☐ Other describe: (Select all that apply)
Race of Mother, Other	_____ (Please provide details on the previous answer.)
Mother Ethnicity	◯ Hispanic or Latinx ◯ Not Hispanic or Latinx ◯ Unknown
Mother Health Plan	◯ Medicaid- Home State Health ◯ Medicaid- Missouri Care ◯ Medicaid- United Health Care ◯ ACA- Cigna ◯ ACA-AmBetter ◯ ACA-SSM Health- Well First Health ◯ Commercial Plan ◯ No Health Insurance ◯ Unknown ◯ Other describe:
Mother Health Plan, Other	_____ (Please provide details on the previous answer.)
Commercial Health Plan, Describe	_____
Mother's Primary Care Provider Name	_____
Prenatal Care Start	_____ (# of weeks gestation)
Delivering Hospital	◯ BJC Barnes Jewish Hospital ◯ BJC Missouri Baptist Hospital ◯ SSM Health St. Mary's Health Center ◯ SSM Health DePaul Health Center ◯ SSM Health St. Clare Health Center ◯ Mercy ◯ Did Not Deliver in a Hospital ◯ Other
Delivery Hospital, Other	_____

Father's Information

Father is Caregiver Listed Above
◯ Yes
◯ No

Father First Name
_____

Father Last Name
_____

Race of Father
☐ Black/African American
☐ White/Caucasian
☐ Asian American/Pacific Islander
☐ Native American/American Indian
☐ Prefer Not to Answer
☐ Unknown
☐ Other describe:
(Select all that apply)

Race of Father, Other
_____
(Please provide details on the previous answer.)

Father Ethnicity
◯ Hispanic or Latinx
◯ Not Hispanic or Latinx
◯ Unknown

Baby's Information

Baby's Due Date
_____

Baby's Date of Birth
_____

Is the baby a patient of the NICU?
◯ Yes
◯ No

Baby's First Name
_____

Baby's Last Name
_____

Baby's Sex
◯ Male
◯ Female
◯ Unknown

Baby's Primary Care Provider Name
_____

Baby's Health Plan

◯ Medicaid- Home State Health
◯ Medicaid- Missouri Care
◯ Medicaid- United Health Care
◯ ACA- Cigna
◯ ACA- Ambetter
◯ ACA- SSM Health- Well First Health
◯ Commercial Health Insurance
◯ No Health Insurance
◯ Unknown
◯ Other describe:

Baby's Health Plan, Other

_____
(Please provide details on the previous answer.)

Commercial Health Plan, Describe

_____

Basic Needs Assessment (Optional)

Basic Needs Assessment

◯ Yes
◯ No

Government Assistance

☐ Not on Government Assistance
☐ WIC
☐ Medicaid
☐ TANF
☐ SNAP
☐ Other, describe:
(Select all that apply)

Government Assistance, Other

_____
(Please provide details on the previous answer.)

Number of Children in Household

_____

Primary Language

_____

Primary Transportation

☐ Own a Vehicle
☐ Ask Others to Drive Places
☐ Public Transportation
☐ Bicycle
☐ Walking
☐ Uber/Lyft/Taxi
☐ Unknown
☐ Other, describe:
(Select all that apply)

Primary Transportation, Other

_____
(Please provide details on the previous answer.)

Are you currently employed?	◯ Yes Full-Time 37+ Hours per week ◯ Yes Part-Time ◯ Yes Temporarily Employed ◯ Yes Internship or Work Experience Group ◯ No In School ◯ No Looking for Work ◯ No Unable to Work ◯ No Not Working ◯ Other, describe: ◯ Unknown
Current Employment, Other	_____
Number of Jobs	_____
Number of Jobs	_____
What is your highest level of education?	◯ Some High School ◯ High School Diploma/GED ◯ 2 Year Community College ◯ Technical or Trade School ◯ 4 Year College Graduate ◯ Graduate School ◯ Unknown ◯ Other describe:
Education, Other	_____ (Please provide details on the previous answer.)
Where do/will you and baby live?	☐ Caregiver Owns a House ☐ Caregiver Rents a House ☐ Caregiver Rents an Apartment ☐ With a Family Member ☐ With a Friend ☐ Do Not Have a Home ☐ Maternity Shelter ☐ Unknown ☐ Other, describe: (Select all that apply)
Housing, Other	_____ (Please provide details on the previous answer.)
How often do you not have enough food?	◯ Never ◯ Sometimes (1-2 Times Per Month) ◯ Most of the Time (Once a Week) ◯ Always ◯ I Don't Know ◯ Unknown

How often do you need assistance with utilities?

◯ Never
◯ Sometimes (1-4 Times Per Year)
◯ Most of the Time (5-8 Times Per Year)
◯ Always
◯ I Don't Know
◯ Unknown

Service Provider

What items were distributed to the family?

☐ Portable Crib
☐ Sleep Sack
☐ Pacifier
☐ Baby Sleep Book
☐ Crib Sheet
☐ Other describe:
☐ Unknown
(Select all that apply)

Additional Items Delivered, Other

_____
(Please provide details on the previous answer.)

How was education delivered?

◯ Safe Sleep Class
◯ Home Visitation
◯ Safety Stop
◯ At a Prenatal/Postpartum Visit
◯ At a Well Child Visit
◯ Other describe:
◯ Unknown

Education Received, Other

_____
(Please provide details on the previous answer.)

Resources the Family Got Connected To

_____

Any additional notes about demographics or eligibility:

_____

Safe Sleep

Survey Date

_____

How was the survey completed?

◯ Home visitation
◯ Phone call
◯ Baby Safety Class
◯ Safety Stop
◯ Prenatal/Postpartum Visit
◯ Well Child Visit
◯ Other describe:

Survey Complete, Other

_____

General Knowledge

Have you received previous education about safe sleep guidelines for baby?

◯ Yes
◯ No

Who did you learn about safe sleep from?

☐ Doctor or Nurse During Prenatal Visits
☐ Birthing Class
☐ Health Department
☐ Home Visitor
☐ Family Member
☐ In the Hospital After Giving Birth
☐ Social Service Agency
☐ WIC Programming
☐ TV/Magazine
☐ Social Media
☐ Internet
☐ Friend
☐ Other describe:
☐ Unknown
(Select all that apply)

Learn Safe Sleep, Other

_____

What are the ABCD's of Safe Sleep? A-

_____

What are the ABCD's of safe sleep? B-

_____

What are the ABCD's of safe sleep? C-

_____

What are the ABCD's of safe sleep? D-

_____

Any additional notes or observations about general knowledge:

_____

Safe Sleep Position

What position do you lay baby to sleep for NAPTIME?

◯ On baby's back
◯ On baby's belly
◯ Propped on baby's side
◯ Unknown

What position do you lay baby to sleep for BEDTIME?

◯ On baby's back
◯ On baby's belly
◯ Propped on baby's side
◯ Unknown

Any additional notes or observations about sleep position:

_____

Sleep Environment

Where does baby sleep during NAPTIME?

☐ In a crib
☐ In a pack n play or portable crib
☐ In a bed with somebody
☐ In his or her stroller
☐ In a bassinet
☐ In a bouncy seat
☐ In someone's arms
☐ In a boppy pillow
☐ In a car seat
☐ In a swing
☐ On a bed
☐ On an air mattress
☐ Unknown
☐ Other describe:
(Select all that apply)

Safe Sleep Location Naptime, Other

_____

What is in the area where baby sleeps during NAPTIME?

☐ Nothing extra, just a crib mattress & fitted bottom sheet
☐ A Pillow
☐ A Blanket
☐ A Stuffed Animal
☐ Bumper Pads
☐ Space was Filled with Other Items
☐ Unknown
☐ Other describe:
(Select all that apply)

Safe Bed Items Naptime, Other

_____

Where does baby sleep during BEDTIME?	☐ In a crib ☐ In a pack n play or portable crib ☐ In a bed with somebody ☐ In his or her stroller ☐ In a bassinet ☐ In a bouncy seat ☐ In someone's arms ☐ In a boppy pillow ☐ In a car seat ☐ In a swing ☐ On a bed ☐ On an air mattress ☐ Unknown ☐ Other describe: (Select all that apply)
Safe Sleep Location Bedtime, Other	_____
What is in the area where baby sleeps during BEDTIME?	☐ Nothing extra, just a crib mattress & fitted bottom sheet ☐ A Pillow ☐ A Blanket ☐ A Stuffed Animal ☐ Bumper Pads ☐ Space was Filled with Other Items ☐ Unknown ☐ Other describe: (Select all that apply)
Safe Bed Items Bedtime, Other	_____
Any additional notes or observations about sleep environment:	_____

Other Caregivers and Safe Sleep

Do you know anyone else that puts baby down for NAPTIME?	◯ Yes ◯ No
Who else puts baby down for NAPTIME?	☐ Friends and Neighbors ☐ Family Members ☐ Baby's Mother ☐ Baby's Father ☐ Significant Other ☐ Day Care Center ☐ Babysitter ☐ I Don't Know Anyone ☐ Unknown ☐ Other describe: (Select all that apply)
Others Putting Baby to Naptime Describe	_____

Where do each of the following put baby down to sleep for NAPTIME?

	Friends/Neighbors	Family Members	Baby's Mother	Baby's Father	Significant Other	Day Care	Babysitters	Other
In a crib	☐	☐	☐	☐	☐	☐	☐	☐
In a pack n play or portable crib	☐	☐	☐	☐	☐	☐	☐	☐
In a bed with a caregiver	☐	☐	☐	☐	☐	☐	☐	☐
In a bed with other children	☐	☐	☐	☐	☐	☐	☐	☐
In his or her stroller	☐	☐	☐	☐	☐	☐	☐	☐
In a bassinet	☐	☐	☐	☐	☐	☐	☐	☐
In a bouncy seat	☐	☐	☐	☐	☐	☐	☐	☐
In someone's arms while they are sleeping or baby is sleeping	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐

Other place

_____

How do these people put baby down for NAPTIME?

	On baby's back	On baby's belly	Propped on baby's side	Unknown
Friends/neighbors	◯	◯	◯	◯
Family Members	◯	◯	◯	◯
Baby's Mother	◯	◯	◯	◯
Baby's Father	◯	◯	◯	◯
Significant Other	◯	◯	◯	◯
Day Care	◯	◯	◯	◯
Babysitters	◯	◯	◯	◯
Others	◯	◯	◯	◯

Do you know anyone else that puts baby down for BEDTIME?

◯ Yes
◯ No

Who else puts baby down for BEDTIME?

☐ Friends and Neighbors
☐ Family Members
☐ Baby's Father
☐ Significant Other
☐ Day Care Center
☐ Babysitter
☐ I Don't Know Anyone
☐ Unknown
☐ Other describe:
(Select all that apply)

Location for Baby Sleep Description

_____

Where do these people put baby down for BEDTIME?

	Friends and neighbors	Family members	Baby's mother	Baby's father	Significant Other	Day Care	Babysitters	Others
In a crib	☐	☐	☐	☐	☐	☐	☐	☐
In a pack n play or portable crib	☐	☐	☐	☐	☐	☐	☐	☐
In a bed with a caregiver	☐	☐	☐	☐	☐	☐	☐	☐
In a bed with other children	☐	☐	☐	☐	☐	☐	☐	☐
In his or her stroller	☐	☐	☐	☐	☐	☐	☐	☐
In a bassinet	☐	☐	☐	☐	☐	☐	☐	☐
In a bouncy seat	☐	☐	☐	☐	☐	☐	☐	☐
In someone's arms while they are sleeping or baby is sleeping	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐

How do these people put baby down for BEDTIME?

	On baby's back	On baby's belly	Propped on baby's side	Unknown
Friends/neighbors	◯	◯	◯	◯
Family members	◯	◯	◯	◯
Baby's mother	◯	◯	◯	◯
Baby's father	◯	◯	◯	◯
Significant other	◯	◯	◯	◯
Day care	◯	◯	◯	◯
Babysitters	◯	◯	◯	◯
Other	◯	◯	◯	◯

Any additional notes or observations about other caregivers and safe sleep:

_____

Bed-Sharing

How often did you or someone else share a bed with baby?

◯ Never
◯ Sometimes
◯ Always
◯ I Don't Know
◯ Unknown

Bed-Sharing Days Per Week

_____
(Days Per Week)

Any additional notes or observations about bed-sharing:

_____

Feeding

How do you feed baby?

- ☐ Breast Milk
- ☐ Formula
- ☐ Baby Food
- ☐ Solid Food
- ☐ Other describe:
- ☐ Unknown

(Select all that apply)

Baby Feeding Description

_____

How often have you or someone else propped a bottle?

_____

(Times Per Week)

What sleep position is safest after feeding baby?

- ◯ On baby's back
- ◯ On baby's belly
- ◯ Propped on baby's side
- ◯ Unknown

Any additional notes or observations about feeding baby:

_____

Pacifier

Does baby use a pacifier when going to sleep?

- ◯ No
- ◯ Yes
- ◯ Sometimes
- ◯ I Don't Know
- ◯ Unknown

Any additional notes or observations about baby and pacifier

_____

Smoking

How often is baby exposed to smoke?

- ◯ Never
- ◯ Monthly
- ◯ Weekly
- ◯ Daily
- ◯ Unknown

(Smoke is defined as: cigarette, cigar, marijuana, vaping)

Any additional notes or observations about smoking:

_____

Parental Stress

On a scale of 1 to 10, how would you rate the level of stress you are currently experiencing?

- ◯ 1-None
- ◯ 2-A Little
- ◯ 3
- ◯ 4-Normal Level
- ◯ 5
- ◯ 6-Somewhat More Than Normal
- ◯ 7
- ◯ 8-A Lot
- ◯ 9
- ◯ 10-Extreme or Overwhelmed
- ◯ Unknown

Any additional notes or observations about parental stress: _____

Challenges to Safe Sleep

What challenges do you have when practicing safe sleep? _____

Resources

What resources did you connect the family to?

_____