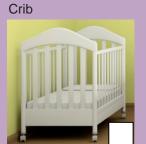


Pre-Test Infant Sleep Survey

Client ID:	
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Client Initials: _____

Which of these do you have at home?











Sleep Position: How will your baby sleep?

On his/her back						
\square All of the time	☐ Most of the time	☐ Sometimes	□ Never			
On his/her side or tummy						
☐ All of the time	\square Most of the time	☐ Sometimes	□ Never			
Sleep Location: Where will your baby sleep at home?						
In a crib, play yard, or bassinet						
\square All of the time	☐ Most of the time	☐ Sometimes	□ Never			
With parents or others in an adult bed or child's bed						
☐ All of the time	\square Most of the time	☐ Sometimes	□ Never			
In a car seat or infant swing						
☐ All of the time	\square Most of the time	☐ Sometimes	□ Never			
In another location:						



Post-Test Infant Sleep Survey

Client ID:	

Client Initials: _____

Which of these do you have at home?











Sleep Position: How will your baby sleep?

On his/her back						
\square All of the time	\square Most of the time	☐ Sometimes	□ Never			
On his/her side or tummy						
$\ \square$ All of the time	\square Most of the time	□ Sometimes	□ Never			
Sleep Location: Where will your baby sleep at home?						
In a crib, play yard, or bassinet						
\square All of the time	☐ Most of the time	☐ Sometimes	□ Never			
With parents or others in an adult bed or child's bed						
\square All of the time	\square Most of the time	☐ Sometimes	□ Never			
In a car seat or infant swing						
☐ All of the time	☐ Most of the time	☐ Sometimes	□ Never			
In another location:						