



Patient ID Area

Protect Your Baby! Please help us to track the effectiveness of our program!

I have received information about Shaken Baby Syndrome, and safe sleep practices and have been asked to voluntarily sign a commitment statement acknowledging that I have received, read, and understand this information. I can refuse to participate in this project, and neither the medical care for myself nor my baby will be affected in any way. All information I provide is confidential. The collective results from all of the participants in this study will be presented at scientific meetings, but no identifying information about any individual will be disclosed. I am free to withdraw from the project at any time. I have read this information, my questions have been answered, and I consent to participate in this project. If I have further questions, I can call The Safe Babies New York office at 716-878-7441.

I have received the educational material about Shaken Baby Syndrome, and I understand that violent shaking is harmful and potentially deadly to a baby. I agree to participate in this study. I also understand that babies sleep safest **alone**, on their **back** and in a **crib**. (Do not sign for your spouse; they should sign themselves!)

Mother's Name _____ Signature _____

Father's Name _____ Signature _____

Witness Name _____ Signature _____

Check here if mother is unavailable father is unavailable

Baby's Date of Birth ____ / ____ / ____ Hospital where baby was born _____

In what city or town will the baby live? _____ Zip Code _____

What is your age? Baby's Mother _____ Baby's Father _____

What best describes the baby's home situation?

- Mother and father are married and living together, with the baby
- Single mother, living with the baby and the father of the baby
- Single mother, living with a man who is not the father of the baby
- Single mother, living with the baby and baby's grandparents
- Single mother, living with the baby and/or other children
- Other _____

What type of medical insurance do you have (check all that apply)?

- None / Unsure / Don't know
- Medicaid, Medicaid sponsored HMO
- Blue Cross/Blue Shield/Community Blue/Excellus
- Independent Health
- Univera Healthcare
- Other _____

Were you offered the opportunity to watch the Shaken Baby Syndrome video? Yes No

Did you watch the Shaken Baby Syndrome video? Yes No Previously seen

Was the information you received helpful to you? Yes No

Is this the first time you've heard that shaking a baby is dangerous? Yes No

Would you recommend this information be given to all new parents? Yes No

Were you offered the opportunity to watch the safe sleep video? Yes No

Did you watch the safe sleep video? Yes No Previously seen

Was the information you received helpful to you? Yes No

Is this the first time you've heard about safe sleep practices? Yes No

Would you recommend this information be given to all new parents? Yes No

Any comments about our program? _____