**Measure 7 – Safe Sleep**

**Child Measure**

**Data Collection Time Point(s)**

[ ]  3 Months Post Birth (All Non-NFP EBHV)

[ ]  6 Months Post Birth (All Non-NFP EBHV)

[ ]  9 Months Post Birth (All Non-NFP EBHV)

[ ]  12 Months Post Birth (All Non-NFP EBHV)

[ ]  0 Months Post Birth (NFP) / Entry of the Child

[ ]  6 Months Post Birth (NFP)

[ ]  12 Months Post Birth (NFP)

**\*Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was data for this measure collected?**

☐ Yes (Continue to 2)

☐ No (Continue to 1)

☐ Yes, with incomplete data (Continue to 2)

**1. Please provide the reason data was not collected**

☐ Caregiver exited prior to this data being collected

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. How often do you (Caregiver) place your child to sleep on his/her back?**

[ ]  Always [ ]  Sometimes [ ]  Never

**3. How often do you (Caregiver) or others bed-share with your child?**

[ ]  Always [ ]  Sometimes [ ]  Never

**4. How often does your child sleep with soft bedding?**

[ ]  Always [ ]  Sometimes [ ]  Never