

# Initial Questionnaire

[ ] [ ] [ ] [ ]

If other, specify

- (4) Primary Caregiver?  Mother  Father  Grandmother  Other
- (5) Age of primary caregiver? [ ] (if two primary caregiver use oldest)
- (6) Race of primary caregiver? [ ] If other, specify [ ]
- (7) Insurance type [ ]
- (8) How many other children in home [ ]
- (9) Number of bedrooms [ ]
- (10) Baby's birth date (from other screen) [ ]
- (11) Clinic Name [ ] If other, specify [ ]
- (12) Did baby stay in NICU?  yes  no  missing
- (13) Did nurse/doctor discuss SIDS at discharge?  yes  no  doesn't remember  missing
- (14) Has doctor discussed SIDS at checkups?  yes  no  doesn't remember  missing
- (15) Which of the following were recommended:
- (a) Baby not sleep with adults?  yes  no  missing
- (b) Place baby on back?  yes  no  missing
- (c) No loose blankets?  yes  no  missing
- (d) No smoking?  yes  no  missing
- (e) Place pacifier in mouth to sleep?  yes  no  missing
- (16) Given a pacifier by hospital or doctor?  yes  no  missing
- (17) Does baby have pacifier?  yes  no  missing
- (18) Does baby sleep with pacifier? [ ]
- (19) If pacifier used, why? [ ] If other, specify [ ]
- (20) If pacifier not used, why? [ ] If other, specify [ ]
- (21) How is baby fed? [ ]

RA Entering data [ ]

RA who did the survey [ ]

# 3 Month Follow Up Phone Survey

Due Date

Hello, my name is <your name> and I am a research assistant at Kern Medical Center.

I am trying to reach:

[Redacted] [Redacted] [Redacted]

*If person is not reached:*

Thank you for your time. We will try another day

*If person is reached:*

Hi I just had a few questions regarding your last visit to the er with (insert child's name) on

[Redacted]. When you came one of our Research Assistants talked to you about Sudden Infant Death Syndrome. I just wanted to know (proceed to ask questions):

(1) How many people did you tell about pacifier use to prevent Sudden Infant Death Syndrome?	[Yellow Box]
(2) Does your baby use a pacifier now?	[Yellow Box]
(3) If a pacifier is not used during sleep, which of the following is the reason? If other, please specify:	[Yellow Box] [Yellow Box]
(4) Does your baby sleep on its back?	[Yellow Box]

All 5 follow up phone calls failed?  yes  no  missing

Follow up letter sent date: [Yellow Box]

Is 3 month follow up successful?  yes  no  missing

Follow up call 1 date	[Green Box]	RA Name call 1	[Green Box]
Follow up call 2 date	[Green Box]	RA Name call 2	[Green Box]
Follow up call 3 date	[Green Box]	RA Name call 3	[Green Box]
Follow up call 4 date	[Green Box]	RA Name call 4	[Green Box]
Follow up call 5 date	[Green Box]	RA Name call 5	[Green Box]

[Questionnaire](#)   [goto Demographics](#)   [Opening Screen](#)

[Redacted] [Redacted] [Redacted]

# One year Follow Up Phone Survey

Due Date

Hello, my name is <your name> and I am a research assistant at Kern Medical Center.

I am trying to reach:

*If person is not reached:*

Thank you for your time. We will try another day

*If person is reached:*

Hello, we are calling to thank you for filling in the survey about Sudden Infant Death Syndrome on . This call is to get an update on the information you received. Do you mind taking the time to answer a few more questions?

(1) How many ear infections has your child had?

(2) Did your baby have any episodes of turning blue or stopped breathing since we first told you about the study

yes  no  m

(3) Did your baby die of SIDS ?

yes  no  m

(4) Has your baby any other medical problems?

yes  no  m

What are they?

(5) How is your child doing overall?


All 5 follow up phone calls failed?  yes  no  missing

Follow up letter sent date:

Is one year follow up successful?  yes  no  missing

Follow up call 1 date

RA Name call 1

Follow up call 2 date

RA Name call 2

Follow up call 3 date

RA Name call 3

Follow up call 4 date

RA Name call 4

Follow up call 5 date

RA Name call 5

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pacifier\_f\_call\_q5\_year