




Safe to Sleep® Risk Reduction for Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death: Curriculum for Nurses Survey

Screenshots of SurveyMonkey

The survey below will be emailed to those who take the CE. The information gathered will help improve the course completion process.

https://www.surveymonkey.com/r/Preview/?sm=Y0MIK2F7t6mji8lCHsXVale_2BVJwhpozRtWGDkN_2BP_2FQW2vmP2V8ruuae1gP0N22Nh

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Safe to Sleep® Campaign
Risk Reduction for Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death: Curriculum for Nurses Survey

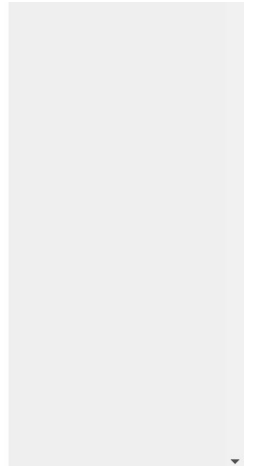
OMB # 0925-0701


Expiration Date: 02/2021

Public reporting burden for this collection of information is estimated to average 10 minutes to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0701). Do not return the completed form to this address.

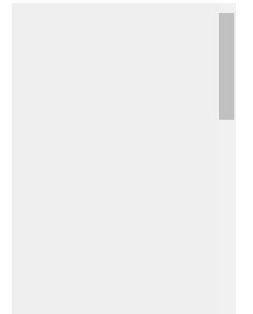
1. What is your highest level of education? 

- High school/GED
- Current nursing student
- Nurse's certification (CNA)
- Associate's degree
- Registered Nurse
- Licensed Practical Nurse
- Bachelor's degree
- Master's degree
- Doctorate
- Other (please specify)




2. How many years have you been a practicing nurse? 

- 0 to 2
- 3 to 5
- 6 to 10
- 11 to 15
- More than 15
- Not applicable



3. In what type(s) of setting(s) do you currently work? (Check all that apply.) 

- Labor and delivery unit
- Neonatal intensive care unit (NICU)
- Well baby nursery
- Mother/baby unit
- Antepartum/postpartum unit
- Medical/surgical unit
- Pediatric unit
- Birth center
- Lactation clinic
- Childbirth/childhood education
- Public health department
- Community clinic
- Child care setting
- Social work organization
- School
- Home care
- Currently a student
- Other (please specify)

4. During what month did you complete the CE activity on safe infant sleep? 


- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- Don't remember

5. Why did you complete the CE activity on safe infant sleep? (Check all that apply.) 


- This course was required by my organization or degree/education program
- Continuing education credits or contact hours
- Staff education/training
- Creating a safe sleep program
- Interested in the topic
- Other (please specify)

6. How would you rate your level of SIDS risk-reduction/safe infant sleep knowledge *before* the CE activity? (Check only one.) 


- Excellent
- Good
- Average
- Fair
- Poor

7. How would you rate your level of SIDS risk-reduction/safe infant sleep knowledge *after* this CE activity? (Check only one.) 

- Excellent
- Good
- Average
- Fair
- Poor

8. Did the CE activity provide you with enough information to enhance your organization's practice and patient education related to safe infant sleep? 


- Yes
- No (please explain)

9. Do you routinely talk with parents about their baby's sleep position once he/she is born, including where the baby will sleep (room sharing vs. bed sharing, crib, bassinet, etc.)? 

- Yes
- No
- Not applicable

10. Does your organization have policies/competencies regarding SIDS risk reduction/safe infant sleep? 

- Yes
- No
- Don't know


11. Does your organization recommend a specific sleep position for infants when they are at home with their caregivers? 

- Yes
- No
- Don't know

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12. What is your organization's recommended sleep position for infants while they are in its (your) care? (Check only one.) 

- Supine (back)
- Side
- Prone (stomach)


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*The answer to this question determines what question is served next. If "supine" is selected, then the user skips question 13. If "side" or "supine" is selected, then the user is asked these questions.




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13. If the supine (back) position is not your organization's recommended sleep position for infants, why not? 


Don't know

Other (please specify)

*This question is skipped if the user selected "supine" for question 12.



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14. Have you used the training and knowledge that you gained from the CE activity on safe infant sleep? 

Yes

No

*If the user answers "yes" for this question, then s/he receives question 15. If the user answers "no," then s/he skips to question 16.


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15. How have you used the training and knowledge that you gained from the CE activity on safe infant sleep? (Check all that apply.) 

- Educated parents, patients, and others about safe infant sleep
- Shared information about or the link to the activity with colleagues
- Held a training session for faculty/colleagues
- Requested additional materials
- Reviewed my organization's existing policy addressing SIDS risk reduction/safe infant sleep practices
- Revised my organization's existing policy addressing SIDS risk reduction/safe infant sleep practices
- Created a policy for my organization addressing SIDS risk reduction/safe infant sleep practices
- Other (please specify)

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16. Since completing the activity, have you held or are you planning to hold any educational sessions for staff or clients related to SIDS risk reduction/safe infant sleep? 

- No
- Yes (please specify)


17. Did you learn about any new SIDS risk reduction/safe infant sleep resources as a result of completing the activity?



- No
- Yes (please specify)

18. Have you used any of these new resources since completing the CE activity on safe infant sleep? 

- Yes
- No

19. Are there additional safe sleep educational materials you would like to receive? (Check all that apply.) 

- Presentation slides
- Public service announcements
- Videos
- Brochures or handouts
- Posters
- Resources in other languages
- Nothing at this time
- Other (please specify)

20. Was there a topic (or topics) not covered in the CE activity on safe infant sleep that you think should be included?




- Yes
- No

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*If the user answers “yes” for this question, then s/he receives question 21. If the user answers “no,” then s/he skips to question 22.

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21. Please identify any topic(s) that you think should be added to the CE activity on safe infant sleep. (Check all that apply.) 


- Breastfeeding
- Swaddling/blankets/wearable blankets
- Room sharing and bed sharing
- NICU safe sleep practices
- Cultural differences
- Safe sleep facts/statistics
- Patient/client resources
- Baby sleep products and safety concerns
- Other (please specify)

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22. Would you recommend this CE activity to other health care providers? 

- Yes
- No (please specify)

23. Do you have any final suggestions for improving this CE Activity on Risk Reduction for Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death: Curriculum for Nurses? 

- No
- Yes (please specify)

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Done