

**CONFIDENTIAL CRIBS FOR KIDS® PROGRAM SURVEY****Parent/Caregiver Information**

Mother's Name: \_\_\_\_\_ Baby's Name: \_\_\_\_\_  
 Mother's Birth Date: \_\_\_\_\_ Baby's Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Race:**  
 African American       Caucasian  
 American Indian       Pacific Islander  
 Asian       Other \_\_\_\_\_

**Ethnicity:**  
 Hispanic       Non-Hispanic

**Age:**  
 18 Years or Younger       26-30 Years  
 19-25 Years       31 Years or Older

**Did you smoke during your pregnancy?**  
 Yes       No

**Does anyone else currently smoke in the house?**  
 Yes       No

**Income Level:**  
 \$0-\$10,000       \$10,000-\$20,000  
 \$20,000-\$30,000       \$30,000-\$40,000  
 \$40,000-\$50,000       \$50,000 & Over

**Baby's Sex:**     Male     Female

**Was your baby born early?**     Yes     No

**If yes, how many weeks early was the baby born?** \_\_\_\_\_

**Baby's Age:**  
 0-2 Months       4-6 Months  
 2-4 Months       6-12 Months

**A twin or multiple birth?**     Yes     No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Breast or bottle fed?**  
 Breast     Bottle     Both

**How many times have you been pregnant?** \_\_\_\_\_

**How many live births have you had, including this baby?** \_\_\_\_\_

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**CONFIDENTIAL CRIBS FOR KIDS® PROGRAM SURVEY**

**Infonnacion depadre/tutor**

Nombre de la Madre: \_\_\_\_\_ :Nombre de Bebé \_\_\_\_\_

Fecha de nacimiento de la madre: \_\_\_\_\_ Fecha de nacimiento de bebé: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Zip: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Fecha de hoy: \_\_\_\_\_

**Raza:**  
 Africana Americana       Blanca  
 India Americana y Nativa       Nativo del Pacífico  
 Asiática       Otro:  
 \_\_\_\_\_

**Sexo del bebé:**     Nino     Nina  
**Su bebé nació antes de tiempo?**     Si     No

**Si nació antes, ¿cuántas semanas antes?** \_\_\_\_\_

**¿De Origen Hispano?:**  
 Si                       No

**Edad del bebé:**  
 0-2 Meses                       4-6 Meses  
 2-4 Meses                       6-12 Meses

**Edad:**  
 18 años o menos       26-30 años  
 19-25 años               31 años o más

**¿Gemelos o parto múltiple?**     Si     No  
 Comentarios: \_\_\_\_\_

**¿Fumo durante su embarazo?**  
 Si                       No

**¿Alimenta al bebé con biberón o pecho o ambos?**  
 Pecho     Biberón     Ambos

**¿Alguien en su casa fuma?**  
 Si                       No

**¿Cuántas veces ha estado embarazada** \_\_\_\_\_

**Nivel de Ingreso:**  
 \$0-\$10,000               \$10,000-\$20,000  
 \$20,000-\$30,000       \$30,000-\$40,000  
 \$40,000-\$50,000       \$50,000 o más

**¿Cuántos partos vivos ha tenido, incluyendo a este bebé?** \_\_\_\_\_

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