



**Philadelphia Safe Sleep Awareness For Every Well Newborn (S.A.F.E.) Program  
SAFE SLEEP PRACTICE ANALYSIS SURVEY TEMPLATE - ONLINE USE**

Dear Clinical Nurses:

Your hospital is participating in the *Philadelphia Safe Sleep Awareness For Every Well Newborn (S.A.F.E.) Program* grant from the Pennsylvania Department of Health. As part of our baseline assessment, we are conducting a safe sleep practice analysis with all clinical nurses practicing at our Mother/Baby, Pediatric, and Neonatal Intensive Care Units. We would appreciate your full participation in completing this brief survey that will likely only take 10 to 15 minutes of your time. Please answer each question as honestly and accurately as possible. All responses are anonymous, and we do not require that you provide your name or any identifiable information.

Thank you for your time and information about you and your practice.

Marilyn Stringer, PhD, WHNP, FAAN  
Professor Emeriti, Women's Health Nursing, Penn School of Nursing  
Program Director, *Philadelphia Safe Sleep Awareness For Every Well Newborn (S.A.F.E.) Program*

Please answer the following questions about yourself and your practice site.

1. Age

- 1  20 to 25 Years of age
- 2  26 to 30 Years of age
- 3  31 to 35 Years of age
- 4  36 to 40 Years of age
- 5  41 to 45 Years of age
- 6  46 to 50 Years of age
- 7  51 Years of age or older

2. Gender

- 1. Male
- 2. Female

3. Unit

- 1 Mother/Baby                      2 Intensive Care Nursery  
3 Pediatrics  
4. Other

4. Highest nursing degree

- 1  Diploma  
2  Associates Degree  
3  Bachelor's Degree  
4  Master's Degree  
5  Doctorate of Nursing Practice  
6  Doctorate PhD or DNSc

5. Years of experience in Mother/Baby, Neonatal or Women's Health nursing practice:

- 1  < 1 Year  
2  1 to 3 Years  
3  > 3 to 5 Years  
4  > 5 to 10 Years  
5  > 10 to 20 Years  
6  > 20 Years

6. Years of experience in nursing

- 1  < 1 Year  
2  1 to 3 Years  
3  > 3 to 5 Years  
4  > 5 to 10 Years  
5  > 10 to 20 Years

7. Are you practicing as a lactation consultant? Yes No

8. How often do you practice as a lactation consultant? Yes No

9. How often do you practice as a lactation consultant? Yes No

10. How often do you practice as a lactation consultant? Yes No

Position	Never	Rarely	Sometimes	Often	Always
Supine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side-lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How often do you practice as a lactation consultant? Yes No

12. How often do you practice as a lactation consultant? Yes No

13. How often do you practice as a lactation consultant? Yes No

14. How often do you practice as a lactation consultant? Yes No

15. How often do you practice as a lactation consultant? Yes No

16. How often do you practice as a lactation consultant? Yes No

17. How often do you practice as a lactation consultant? Yes No

18. How often do you practice as a lactation consultant? Yes No

19. How often do you practice as a lactation consultant? Yes No

20. How often do you practice as a lactation consultant? Yes No

Position	Never	Rarely	Sometimes	Often	Always
Supine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side-lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How often do you practice as a lactation consultant? Yes No

Position	Never	Rarely	Sometimes	Often	Always
Supine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. How often do you practice as a lactation consultant? Yes No

Prone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side-lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Úlæ^Á•[] áÁ Á@Á ||, á\*Á^•á}•Áá[~Á^&{{^}áá}•Á Á áÁá@\*Á  
T[ @!•Áá}•Á

F2ÈP[, Á-} Á[~ÑK

	Never	Rarely	Sometimes	Often	Always
Úl[ çã^Á~] ^!çã^áÁá { ^ Áá ^-Á ÁáááÁ á^ç^[] { ^} áÁ Á á á á^Á^ç^[] { ^} á-Á [.áá} á] á á &] á Á	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ú^& { { ^} á@ { ^ááá!•} áá!^ Á [] á!•Á áÁááá*^ Á Áá^ & Á@Áá \ Á-ÁÚÚÉÁ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ú^& { { ^} áÁ, áá!á* Á Ááááá*^ Á Áá^ & Á @Áá \ Á-ÁÚÚÉÁ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ú^& { { ^} ááÁ@á-á} • Á ^  Á Á@Á ] á^} • á[[ É •^Á Á@Á á^} • á^áÉ~ á} Á á^] ááÁ~!-áÁ^•á} ^áÁ! Á-á} • É^áá  Á ! Ááááá@Áá•á Á [] @ ÉÁ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Óáçã^Á [ @!•Áá} • Á Áá [ áÁ^& } áÁ@ áÁ • { [ \^Áç] [ •!^ Á Á-á} çá] { ^} ÉÁ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V^áá@ [ @!•Áá} • Á@á ç! @ áá* Á & ] çã^ Á Á ^  É áá^áá@ ÉÁ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V^áá@ [ @!•Áá} • Á Á áá-á} • Á} Á -á( Á~!-áÁ ^  Á) á} çá ^á} áÁ^áçá ^ÉÁ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V^áá@ [ @!•Áá} • Á Á] • á! Á-!á* Á ] ááá! Á) á çá ^á} áÁ^áçá ^ÉÁ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend exclusive breastfeeding as a strategy to reduce the risk of SIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F3ÈP[, Á-} Á[~Á|áá@Á} Á-á} • Ñ

Never	Rarely	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F4ÈY @Áá { ^} á^•á^•&á^•Á[~Á|áá@Á} • Á, áá!á\* Á-á} • Ñ

FÁÁ, áá! Á-á} • Á•á\* Áá] \^á á@Áá@Áá} áÁ^& Áç] [•^áÉ

GÁÁ, áá! Á-á} • Á•á\* Áá] \^á á@Áá@Áá} áÁ^& Áç!^áÉ

HÁÁ, áá! Á-á} • Á@ Á[ Á@^Á^|Á^&|^Á} • Á

Úlæ^Á•[] áÁ Á@Á ||, á\*Á^•á}•Áá[~Á^á^|Á} çá] { ^} • Á! Á-á} • É

Ó[] ^!á @ÁÉÁ Á@Á!•^•Á-Á@ÁV á!•á Á-Á} • ^!çá á@Á@Á@Á@Á•^!çá^áÉ

F5ÈØ | Ûæ^Á | ^ } çã [ { ^ } • Á | Æ æ • È | æ^&@& Á Ø@Ø{ • æ^ Á **SAFE OR UNSAFE**  
 Ç Á^ { æ Æ Á @ & ã Á @ } Æ æ öæ^Á|^} ã \* È

ITEM	SAFE	UNSAFE
Öæ ã ^   • Á	<input type="checkbox"/> Á	<input type="checkbox"/> Á
Öæ ã ^   Á ã ^ • Á } çæ ã ^   Á	<input type="checkbox"/> Á	<input type="checkbox"/> Á
Ô [ çæ * Á	<input type="checkbox"/> Á	<input type="checkbox"/> Á
Úã [ , Á	<input type="checkbox"/> Á	<input type="checkbox"/> Á
Û ç ^ à Áæ ã æ ç Á   Á ç @   Á ç ^ • Á	<input type="checkbox"/> Á	<input type="checkbox"/> Á
Ó   ] Á [ ç • Á	<input type="checkbox"/> Á	<input type="checkbox"/> Á
Ò ç æ ã [ • ^ Á   æ   ç ^ • Á	<input type="checkbox"/> Á	<input type="checkbox"/> Á
T ^ à ç æ ã { • Á ~ & @ Æ Á ~ & ç } Á ~   à Á [ ç Æ Á ~ • ^ Á	<input type="checkbox"/> Á	<input type="checkbox"/> Á
Ú [ • æ ] ã * Á ç æ ^ • Á	<input type="checkbox"/> Á	<input type="checkbox"/> Á

F6ÈP æ^Á [ ~ Á æ Á @ Á Ç ^ | æ ã Á ç æ ^ { ^ Á - Á ^ à æ ç æ • Á Ç È Í Á ~ à | ç æ } Á ç Ø Ù Á æ à Á ç @ |  
 Ù|^} È | æ^ Á ç æ ã ç Ò^ æ @ Á ç æ à Á Ç È Í Á ç æ { { ^ } æ ç } • Á | Á ç æ^ Á ç æ ç Ù|^} ã \*  
 Ò} çã [ { ^ } ç ã Á Á [ Á ÿ ^ • Á

F6æç^Á^ • È ã æ æ Á @ Á ç [ | | , ã \* ç Á

FÁçç^Á } | ^ Á æ æ Á @ Á ç • ç æ ç Á

GÁçç^Á } | ^ Á æ æ Á @ Á ç æ | • Á æ ç Á ç { { ^ } æ ç } • Á

HÁçç^Á } | ^ Á æ æ Á ç ç • Á ç • Á ~ à | ç æ } Á

I Áçç^Á^ æ æ Á @ Á } ç ^ Á ~ à | ç æ } Á

Ô [ ] ^ | à @ Ç È Í Á @ Á | ^ • ç ^ • Á - Á @ Á ç ç ^ | • ç Á - Á } } • ^ | ç æ æ ç ç Á ç • Á • ^ | ç ^ à È