

**UH Shaken Baby Syndrome Prevention and Awareness Program  
Follow-up Telephone Survey and Consent**



Tracking # \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Date of Call: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Caller: \_\_\_\_\_

Hello, I'm \_\_\_\_\_ calling from University Hospital. May I speak with (MOTHER'S NAME)? IF NOT AVAILABLE, ARRANGE CALL BACK.

(WHEN ON LINE, REINTRODUCE IF NECESSARY) We are doing an important study on the health of children in Albuquerque. About 7 months ago, your baby was discharged at University Hospital. At that time, you received information about caring for your baby, and agreed to participate in a follow-up survey. I'd like to ask you some questions about some information you received; this should take about 5 minutes. Your participation is voluntary, and your answers are confidential; you can refuse to answer any question at any time. Is this a good time for you to talk? IF NO, ARRANGE CALL BACK.

1. Do you remember receiving any information at that time about caring for your child?  
 YES       NO       DON'T KNOW
- 1a. If so, what was/were the topic(s)? (PLEASE DOCUMENT ALL OF THEIR RESPONSES, NOT JUST SBS IF APPLICABLE.)  
 SBS/Abuse       Other \_\_\_\_\_       DON'T KNOW

We want to determine how an educational message can best be delivered to families with young children about the dangers of shaking a baby. Your responses are very important to us in determining how effective we are in delivering our message to parents. The information you provide will only be grouped together with responses obtained from many other parents, and your answers won't be identified individually. Your privacy will always be respected.

---

2. Before leaving the hospital with your baby, do you remember you and your family receiving information about the dangers of violent infant shaking, preventing Shaken Baby Syndrome, and what to do if your baby cries a lot?  
 YES       NO       N/A  
(IF NO, THANK THEM FOR THEIR TIME AND HANG UP)

3. Do you remember anybody else receiving this information?  
 Your husband       Your boyfriend  
 Your mother       Your father  
 Other \_\_\_\_\_

4. Do you remember a nurse, social worker, or another health educator speaking with you about the dangers of shaking your baby?  
 YES       NO

5. Do you remember receiving any written material (e.g. brochure, card, magnet, etc.) about preventing Shaken Baby Syndrome and what to do if your baby cries?  
 YES       NO

6. Do you remember watching a video about Shaken Baby Syndrome?  
 YES       NO

**UH Shaken Baby Syndrome Prevention and Awareness Program  
Follow-up Telephone Survey and Consent**

7. Do you remember signing a form acknowledging that you'd received information about Shaken Baby Syndrome?

YES       NO

8. Do you remember seeing any posters on the maternity ward at the hospital about the dangers of shaking a baby?

YES       NO

9. What type of information that you received when your baby was born do you remember MOST?

Written materials     Video       Signing form       Posters  
 Nurses talking to me       Other \_\_\_\_\_  
 Didn't remember anything

10. Since you left the hospital after delivering your baby, have you seen or received any other materials or information from your baby's pediatrician or another source about Shaken Baby Syndrome or what to do when your baby cries? If so, from where??

YES       NO  
 Pediatrician       Billboards       TV/Radio  
 Other \_\_\_\_\_

11. Is the baby currently living with you?

YES       NO

12. Is the baby's father or another adult male currently living in the house with you and your baby?

YES       NO

12a. If so, did he also receive this information on Shaken Baby Syndrome when you were in the hospital after delivering your baby?

YES       NO

12b. If not, have you shared this information with him?

YES       NO

13. Do you ever leave your baby in the care of another adult? If so, who:

Daycare Center  
 Licensed Family Daycare Provider  
 Friend, relative, or babysitter  
 Other

14. Have you shared this information about Shaken Baby Syndrome with others who care for your child?

YES       NO

Thank you for answering our questions. Your answers will help us to design programs to improve the health of children and families in our community.

Would you like a telephone number for more information on any of the topic we just discussed?  
IF YES, SAY: Call the National Service for Shaken Baby Syndrome at 1-888-273-0071.

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