



**Prevent Shaken Baby Syndrome!**

Please Help Us to Track the Effectiveness of Our Program

I have received the information and seen the video about Shaken Baby Syndrome. I understand that violent shaking is harmful and potentially deadly to a baby. By helping you with this program I know that all information I provide is confidential. The program coordinator will call me in seven months for a follow-up interview regarding my recollections about the information I received today. I can refuse to participate in this project and it will not affect the medical care for myself or my baby in any way. I am free to withdraw from the project at any time. If I have any questions, I can call the University Hospital Shaken Baby Syndrome/Abusive Head Trauma Prevention and Awareness Program Office at (505)272-1959.

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Baby's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Hospital where baby was born: \_\_\_\_\_

In what city or town will the baby live? \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ethnicity: You may check more than one box

Baby's Mother

Baby's Father

Native American

Hispanic

African American

Asian/Pacific Islander

White (Non Hispanic)

What is your highest education?

Some high school

High school graduate, no college

Some college

College graduate

Post-college degree (Masters, PhD)

What best describes your home situation?

Mother and father are married and living together, with the baby

Single mother, living alone with baby

Single mother, living with the baby and the father of the baby

Single mother, living with a man who is not the father of the baby

Single mother, living with the baby's grandparents

Other \_\_\_\_\_

What type of medical insurance do you have? Check all that apply.

None

Medicaid, Medicaid sponsored HMO, or other government program

Private Insurance or HMO

Unsure/Don't Know

Was the information you received helpful to you?

 Yes No

Is this the first time you've heard that shaking a baby is dangerous?

 Yes No

Would you recommend this information be given to all new parents?

 Yes No

May we call you in 7 months to ask about your recollection of this information

 Yes No

If you answered yes, please provide your phone number(s)

Home: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Is there anything else you would like us to know?