

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?