



Prevent Shaken Baby Syndrome!

Please help us to track the effectiveness of our program!

I have received information about Shaken Baby Syndrome, and have been asked to voluntarily sign a commitment statement acknowledging that I have received, read, and understand this information. I have also been asked to voluntarily provide a phone number where the study coordinators may call me in approximately 7 months to ask me a few questions regarding my recollections about the information I received today. I can refuse to participate in this project, and neither the medical care for myself nor my baby will be affected in any way. All information I provide is confidential. The collective results from all of the participants in this study will be presented at scientific meetings, but no identifying information about any individual will be disclosed. I am free to withdraw from the project at any time. I have read this information, my questions have been answered, and I consent to participate in this project. If I have further questions, I can call The Upstate New York Shaken Baby Syndrome Program office at 716-878-7441.

I have received the educational material about Shaken Baby Syndrome, and I understand that violent shaking is harmful and potentially deadly to a baby. I agree to participate in this study.
 (Do not sign for your spouse; they should sign themselves!)

Mother's Name _____ Signature _____

Father's Name _____ Signature _____

Witness Name _____ Signature _____

Baby's Date of Birth ___ / ___ / ___ Hospital where baby was born _____

In what city or town will the baby live? _____ Zip Code _____

What is your age? Baby's Mother _____ Baby's Father _____

What is your highest education?	Baby's Mother	Baby's Father
Some high school	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate, no college	<input type="checkbox"/>	<input type="checkbox"/>
Some college	<input type="checkbox"/>	<input type="checkbox"/>
College graduate	<input type="checkbox"/>	<input type="checkbox"/>
Post-college degree (Masters, Ph.D.)	<input type="checkbox"/>	<input type="checkbox"/>

What best describes the baby's home situation?

Mother and father are married and living together, with the baby	<input type="checkbox"/>
Single mother, living with the baby and the father of the baby	<input type="checkbox"/>
Single mother, living with a man who is not the father of the baby	<input type="checkbox"/>
Single mother living with the baby's grandparents	<input type="checkbox"/>
Single mother, living alone	<input type="checkbox"/>
Other _____	

What type of medical insurance do you have (check all that apply)?

None

Medicaid, Medicaid sponsored HMO, or other government sponsored program (Medisource, Family Health Plus, etc.)

Private Insurance or HMO

Unsure / Don't know

Was the information you received helpful to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this the first time you've heard that shaking a baby is dangerous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you recommend this information be given to all new parents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

May we call you in 7 months to ask about your recollections of this information? Yes No

If you answered yes, please provide a phone number where we may reach you (_____) _____ - _____

Any comments about our program? _____
