Pēpi-Pod® Program Research Study
(Safe Sleeping Space Study)

FORM B: Family Feedback
2 week check

Answers received from:

Name: ___________________________________________ Date: ___/___/___

Baby’s name: ___________________________________________

Relationship to baby: ☐ Mother ☐ Father ☐ Grandparent ☐ Carer ☐ Other ____________

Q 1 Has baby slept in the pēpi-pod yet? ☐ Yes ☐ No
If no, why? ________________________________________________

Q 2 Did someone show you how to make it up? ☐ Yes ☐ No
If no, why not? ________________________________________________

Q 3 Did someone explain the RULES of protection when using the pēpi-pod? ☐ Yes ☐ No
If no, why not? ________________________________________________

Q 4 Did someone ask you to help spread what you have learned about safe sleeping to others?
☐ Yes → Go to Q 5 ☐ No → Go to Q 6

Q 5 Approximately how many people did you speak to about the pēpi-pod?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ more than 5 _______________
Who did you speak to? (circle): Family / Friends / Health professional / Other ____________

Q 6 Has there been any problems or accidents with any part of the pēpi-pod? ☐ Yes ☐ No
If YES, give details: (e.g. Was baby in the pēpi-pod at the time?; Is the pēpi-pod now unsafe to use?)
________________________________________________________________________________________
________________________________________________________________________________________

Q 7 Do you want to keep the pēpi-pod?
☐ No → Arrange return & completion of final questionnaire.
☐ Yes → Schedule date for next follow up 4 weeks from the date of this check.

2 Week Check conducted by:

Name: ______________________________________________________________________________
Position/role: ________________________________________________________________________

☐ Phone ☐ face-to-face ☐ other method ________________________________________________

Signature: _______________________________ Date: ___/___/___

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