

CHIME MONITORING CONFIDENCE SCALE

Infant's Name: _____

Form Completed By:

- Mother Other Caregiver **FORM_B**
 Father Other _____

Infant's Date of Birth: **FORM_C** ____/____/____

FOR EACH QUESTION, CIRCLE THE NUMBER THAT SAYS HOW YOU FEEL ABOUT USING THE MONITOR WITH YOUR BABY.

I feel sure that I can:

1. Put the bands and electrodes on my baby correctly. **Q1**

1 2 3 4 5
never sometimes half the time often always

2. Tell when the memory is full. **Q2**

1 2 3 4 5
never sometimes half the time often always

3. Remember to put the monitor on my baby for naps. **Q3**

1 2 3 4 5
never sometimes half the time often always

4. Do CPR if I need to. **Q4**

1 2 3 4 5
never sometimes half the time often always

5. Put the monitor on my baby when we go in the car. **Q5**

1 2 3 4 5
never sometimes half the time often always

6. Fill out the alarm log when there is an alarm. **Q6**

1 2 3 4 5
never sometimes half the time often always

7. Remember to put the monitor on my baby at night when he/she is in bed. **Q7**

1 2 3 4 5
never sometimes half the time often always

8. Use the monitor when we go to someone else's house. **Q8**

1 2 3 4 5
never sometimes half the time often always

9. Use the monitor whenever my baby is **NOT** being watched. **Q9**

1 2 3 4 5
never sometimes half the time often always

10. Hear the alarm when there are noises in the house. **Q10**

1 2 3 4 5
never sometimes half the time often always