## Form B10 - Sudden unexpected death in infancy

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|---|---|---|
| *In what position was the child put to sleep?* | ☐ Back<br>☐ Front<br>☐ Side<br>☐ Not known | |
| *Was the child sleeping with another person at the time of death?* | ☐ Yes<br>☐ No<br>☐ Not known | |
| *Where was the child put to sleep?* | ☐ Bed<br>☐ Cot<br>☐ Carry cot<br>☐ Sofa<br>☐ Moses basket | ☐ Car chair<br>☐ Pram<br>☐ Not known<br>☐ Other, (please specify): |
| *Did any of the main carers or household members smoke?* | ☐ Yes<br>☐ No<br>☐ Not known | |

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