APPENDIX L.1

WIC ITFPS-2 Participant Interview

5 Month - ENGLISH

**SOCIODEMOGRAPHICS AND BACKGROUND**

***Respondent still Caregiver?***

*1, 3, 5, 7, 9, 11, 13, 15, 18, 24*

SD12. (*1 mo.:* Before we go any further*/ All other:* Before we begin today), I need to ask whether you are still {CHILD's} caregiver. [Source: New Development]

Yes 01

No 02

(If no, go to a)

a. Does {CHILD} still live with you?

Yes 01

No 02

b. (*If a is Yes):* Can you please tell me who in your household is now {CHILD's} caregiver? Can I speak with that person?

Name of New Caregiver\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*c. (If a is No):* Can you please tell me who is caring for {CHILD} now, and how I could reach that person?

Name of New Caregiver\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone of New Caregiver\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of New Caregiver\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation of New Caregiver to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Continuation/discontinuation of WIC participation (timing, reasons, location)***

*1, 3, 5, 7, 9, 11, 13, 15, 18, 24*

**I’d like to begin by asking you some questions about WIC.**

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

Yes 01

No 02

(if no for the first time go to SD34, if no previously go to next module)

SD32. The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location? [Source: FDA IFPS-2 modified]

Yes, still that location 01

No, new location 02

SD33. *(If SD32 is no)* Please tell me where you go now

*Record location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Ask SD34 and SD35 only if SD31 is 'no'*

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

Age [weeks/months]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

You no longer qualify for WIC 01

It was inconvenient for you 02

You no longer need WIC 03

Other reason (record response) 04

**CURRENT FEEDING PRACTICES**

AMPM Module (Asking child’s food intake in past 24 hours)

***24-HR Recall for Food Intake***

*1, 3, 5, 7, 9, 11, 13, 15, 18, 24*

**Nutrition intake**

**Number of breastmilk/formula feedings per day**

**Type of formula used**

**Adherence to formula dilution instructions**

**Use/timing of supplemental formula for breastfeeding mothers**

**Addition of anything other than human milk/formula to child’s bottle**

**Specific food item intake**

**Use of jarred baby foods**

**Meal and snack pattern**

**Eating locations (eating on the go)**

**Use of dietary supplements for infants (direct administration)**

Now I’m going to ask you some questions about things you might be doing to feed your baby.

*Current feeding choice*

*1, 3, 5, 7, 9, 11, 13*

CF1. Are you currently feeding {CHILD} breastmilk either from your breast or from a bottle, formula, (*1-5 months*: or both) (*7-13 months:* both, or neither)? [Source: New Development]

Only breastmilk 01

Only formula 02

Both breastmilk and formula 03

Neither breastmilk nor formula 04

*IF CF1 = 02, SKIP TO CF19*

**Breastfeeding Module (Asked only if mother currently feeding breastmilk, based on CF1)**

**Questions CF2 – CF18**

***Frequency and nature of breastfeeding problems***

***Resolution of breastfeeding problems***

*1, 3, 5*

You said that you are currently feeding {CHILD} breastmilk. I’d like to ask you some questions about that now.

CF2. I would like to ask you about some of the problems you might have had with breastfeeding during the past month. During the past month, have you had any of the following problems:

*Ask items (a/b) only at 1 month, then drop at 3 and 5.*

a. In the past month, did your baby have trouble latching on?

Yes 01

No 02

b. (*If yes*) What did you do about this problem? *(Interviewer allow open-ended and check all responses offered)*

Turned to someone for advice 01

Bottle fed baby with formula 02

Pumped breastmilk to be fed to baby with bottle 03

Nothing, just continued breastfeeding 04

Other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 05

*Ask at 1, 3, 5*

c. In the past month did your baby have problems with choking?

Yes 01

No 02

d. (*If yes*) What did you do about this problem? *(Interviewer allow open-ended and check all responses offered)*

Turned to someone for advice 01

Bottle fed baby with formula 02

Pumped breastmilk to be fed to baby with bottle 03

Nothing, just continued breastfeeding 04

Other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 05

e. In the past month did you have sore or cracked nipples?

Yes 01

No 02

f. (*If yes*) What did you do about this problem? *(Interviewer allow open-ended and check all responses offered)*

Turned to someone for advice 01

Took medications or used creams 02

Bottle fed baby with formula 03

Pumped breastmilk to be fed to baby with bottle 04

Nothing, just continued breastfeeding 05

Other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 06

g. In the past month did you have a breast infection?

Yes 01

No 02

h. (*If yes*) What did you do about this problem? *(Interviewer allow open-ended and check all responses offered)*

Turned to someone for advice 01

Took medications or used creams 02

Bottle fed baby with formula 03

Pumped breastmilk to be fed to baby with bottle 04

Nothing, just continued breastfeeding 05

Other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 06

i. In the past month were your breasts too full?

Yes 01

No 02

j. (*If yes*) What did you do about this problem? *(Interviewer allow open-ended and check all responses offered)*

Turned to someone for advice 01

Bottle fed baby with formula 02

Pumped breastmilk to be fed to baby with bottle 03

Pumped or expressed breastmilk to relieve fullness 04

Nothing, just continued breastfeeding 05

Other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 06

k. In the past month did you not have enough milk to satisfy the baby?

Yes 01

No 02

l. (*If yes*) What did you do about this problem? *(Interviewer allow open-ended and check all responses offered)*

Turned to someone for advice 01

Changed what I ate 02

Bottle fed baby with formula 03

Pumped breastmilk to be fed to baby with bottle 04

Nothing 05

Other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 06

m. In the past month did you have any other problems breastfeeding? (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Yes 01

No 02

n. (*If yes*) What did you do about this problem? *(Interviewer allow open-ended and check all responses offered)*

Turned to someone for advice 01

Took antibiotics/medications 02

Bottle fed baby with formula 03

Pumped breastmilk to be fed to baby with bottle 04

Nothing, just continued breastfeeding 05

Other (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 06

***Support received for breastfeeding problem***

*1, 3, 5*

CF3. (*If yes to any problem in CF2*) When you have encountered problems with breastfeeding have any of the following people given you advice about what to do? [Source: IFPS-1, modified]

a. People who work at your WIC office or clinic

Yes 01

No 02

b. Doctors or nurses

Yes 01

No 02

c. Friends or relatives

Yes 01

No 02

d. Breastfeeding support people outside of WIC such as La Leche League or a lactation counselor

Yes 01

No 02

e. Anyone else?

Yes 01

No 02

***Frequency and nature of breastfeeding barriers***

***Best solutions to identified barriers***

*1, 3, 5*

CF4. I’m going to read you some statements about things that might make it hard to breastfeed or keep you from breastfeeding. For each one, please tell me if this has happened to you in the past month: [FDA IFPS-2, modified]

a. I had to return to work or school and I could not or did not want to pump or breastfeed there. Did this happen to you in the past month?

Yes 01

No 02

b. Breastfeeding took too much out of me. Did this happen to you in the past month?

Yes 01

No 02

c. I did not have time to breastfeed. Did this happen to you in the past month?

Yes 01

No 02

d. I felt tied down by breastfeeding. Did this happen to you in the past month?

Yes 01

No 02

e. My husband or boyfriend was against it. Did this happen to you in the past month?

Yes 01

No 02

CF5. (*If yes to any barriers in CF4*) What do you think is the best way to deal with this/these things that made it hard to breastfeed? *(Interviewer allow open-ended and check all responses offered)* [Source: New Development]

Seek support from a friend or relative to help you

to continue breastfeeding 01

Seek support from a health professional to help you

to continue breastfeeding 02

Make arrangements with work or school to continue

breastfeeding or pumping during the day 03

Stop breastfeeding and switch to formula feeding 04

Mix breastfeeding with formula feeding 05

Nothing, just continue breastfeeding 06

Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 07

***Use of breast pump***

*1, 3, 5, 7, 9, 11, 13*

CF6. Some mothers are able to pump breastmilk and others are not. Are you currently pumping breastmilk?

*Interviewer: code yes if mother is pumping at all, even if infrequently.*

Yes 01

No 02

Refused 99

If CF6 is NO, skip to CF18

***Time of day of pumping***

*1, 3, 5, 7, 9, 11, 13*

*Ask only if currently pumping breastmilk in CF6*

CF12. Now I’d like to ask you about the times of day when you usually pump. [Source: New Development]

a. When you pump, how often do you pump in the morning, before noon? Would you say usually, sometimes, or never?

Usually 01

Sometimes 02

Never 03

Don’t know 98

Refused 99

b. When you pump, how often do you pump mid-day, from noon to 5pm? Would you say usually, sometimes, or never?

Usually 01

Sometimes 02

Never 03

Don’t know 98

Refused 99

c. When you pump, how often to you pump in the evening or night time, after 5pm? Would you say usually, sometimes, or never?

Usually 01

Sometimes 02

Never 03

Don’t know 98

Refused 99

***Frequency of pumping***

*1, 3, 5, 7, 9, 11, 13*

*Ask only if currently pumping breastmilk in CF6*

CF11. Thinking about the past two weeks, how many times did you pump milk? (*Interviewer allow open-ended, calculate numbers for response if needed, and confirm with respondent)*[Source: FDA IFPS-2, modified]

Times pumped [times]

***Reasons for pumping***

*1, 3, 5, 7*

*Ask only if currently pumping breastmilk in CF6*

CF15. I’m going to read you some reasons why you might have pumped breastmilk in the past month. For each one, tell me if this was a reason you pumped breastmilk. (CATI to randomize order of sub-items) [Source: FDA IFPS-2, modified]

a. To relieve engorgement or swelling

Yes 01

No 02

b. To keep your milk supply up when your baby could not nurse (such as while you were away from your baby or when your baby was too sick to nurse)

Yes 01

No 02

c. To mix with cereal or other food

Yes 01

No 02

d. To increase your milk supply

Yes 01

No 02

e. To have an emergency supply of milk

Yes 01

No 02

f. To get milk so that someone else can feed your baby

Yes 01

No 02

g. Any other reason you have pumped breastmilk in the past month?

Yes (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 01

No 02

***Storage practices for pumped/expressed human milk***

*1, 3, 5, 7, 9, 11, 13*

*Ask only if currently pumping breastmilk in CF6*

CF16. In the last month, how long was your pumped milk usually stored in the refrigerator? [Source: FDA IFPS-2, modified]

I do not store milk in a refrigerator 01

1 day or less 02

2 to 3 days 03

4 to 5 days 04

6 to 8 days 05

More than 8 days 06

CF17. How long is your frozen milk usually stored? [Source: FDA IFPS-2]

*Only include 4 months or more after the 5 month interview*

I do not freeze my milk 01

Less than 1 week 02

1 to 4 weeks 03

1 to 3 months 04

4 months or more 05

***How is breastmilk feeding schedule determined (time schedule, child seems hungry, mixed)***

*1, 3, 5, 7, 9, 11, 13*

CF18. Do you breastfeed or feed {CHILD} breastmilk from a bottle on a regular schedule, or when [HE/SHE] cries or seems hungry? [Source: IFPS-1, modified]

Schedule 01

Cries or seems hungry 02

Both on a schedule and when baby cries or seems hungry 03

*IF CF1 = 01 SKIP TO CF52*

**Formula Feeding Module (Asked only if mother currently formula feeding)**

**Questions CF19 – CF27**

***Who provided formula***

*1, 3, 5, 7, 9, 11, 13*

You said that you are currently feeding {CHILD} formula. I’d like to ask you some questions about that.

CF19. Where do you get the formula that you use to feed {CHILD}? Do you get it from WIC, from somewhere else, or both WIC and somewhere else? [Source: New Development]

WIC 01

Somewhere else 02

Both WIC and somewhere else 03

CF20. (*If indicated in CF19 getting formula from WIC)* Is the amount of formula that you get from WIC to help feed {CHILD} more than you usually need, less than you usually need, or about right? [Source: PHFE WIC Survey 2010, modified]

More 01

Less 02

About right 03

Don’t know 98

Refused 99

***Reasons for formula use***

*1, 3, 5, 7, 9, 11, 13 (ask for the last time at the interview where mom indicates she has completely stopped breastfeeding)*

CF21. There are many reasons for using formula. Please tell me if any of the following are reasons why you feed your baby formula? [Source: FDA IFPS-2, modified]

*If not currently breastfeeding at all (CF1) and never tried to breastfeed (HF10, CF29), skip to h.*

*Ask (a) only in months 1, 3, 5*

a. My baby had trouble sucking or latching on to the breast

Yes 01

No 02

b. My baby lost interest in nursing or began to stop nursing by him or herself

Yes 01

No 02

c. Breastmilk alone did not satisfy my baby

Yes 01

No 02

d. I thought that my baby was not gaining enough weight

Yes 01

No 02

e. I didn’t have enough breastmilk

Yes 01

No 02

f. Breastfeeding was too painful

Yes 01

No 02

g. I wanted my baby to have both formula and breastmilk.

Yes 01

No 02

*Ask h-n if mother is either exclusively formula feeding or feeding both breastmilk and formula*

h. I chose not to breastfeed

Yes 01

No 02

i. My baby was sick and could not breastfeed

Yes 01

No 02

j. I was sick or had to take medicine

Yes 01

No 02

k. Breastfeeding seemed too inconvenient

Yes 01

No 02

l. I could not or did not want to pump

Yes 01

No 02

m. I wanted or needed someone else to feed my baby

Yes 01

No 02

n. For another reason

Yes (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 01

No 02

***If not adhering to formula dilution instructions, why? Prescribed by Dr., nutritionist?***

*1, 3, 5, 7, 9, 11, 13*

CF22. In the past month, did you ever mix the formula with extra water to make it last longer? [Source: IFPS-1]

Yes 01

No 02

If CF22 = NO, skip to CF24.

CF23. (*If yes to CF22*) Who told you to prepare the formula this way? [Source: New Development]

Doctor 01

Someone who works at the WIC office or clinic 02

Another health care provider 03

Friend 04

Family member 05

Other 06

No one told me 07

CF24. In the past month, did you ever mix the formula with less water than directed in order to concentrate it or make it stronger? [Source: IFPS-1, modified]

Yes 01

No 02

Not applicable – use ready-to-feed 03

If CF24 = NO, skip to CF27.

CF25. (*If yes to CF24*) Who told you to prepare the formula this way? [Source: New Development]

Doctor 01

Someone who works at the WIC office or clinic 02

Another health care provider 03

Friend 04

Family member 05

Other 06

No one told me 07

***How is formula feeding schedule determined (set, on demand, mixed)***

*1, 3, 5, 7, 9, 11, 13*

CF27. Do you feed {CHILD} formula on a regular schedule or when [HE/SHE] cries or seems hungry? [Source: IFPS-1]

Schedule 01

Cries or seems hungry 02

Both on a schedule and when baby cries or seems hungry 03

**Move to Partial Breastfeeding (Asked once when mother indicates for the first time that she is formula feeding in CF1)**

***Timing of move to partial breastfeeding***

*(any time 1-13)*

*Ask of all women who indicated fully BF in CF1. Once answered affirmatively, drop from subsequent interviews.*

CF52. Has {CHILD} ever been fed infant formula, even just one time? Do not count while you were in the hospital after {CHILD’s} birth.

Yes 01 (go to CF53)

No 02 (go to CF32)

Don’t know 03

Refused 04

*Ask of fully BF women who answered yes to CF52, partially BF women (based on CF1), and fully formula feeding women (based in CF1) who indicated that they ever breastfed in CF29 or HF10. Ask once, first time formula feeding indicated in CF1 or CF52, then drop from subsequent interviews.*

CF53. How old was {CHILD} the first time he/she was fed infant formula? Do not count while you were in the hospital after {CHILD’S} birth.

Age [days/weeks/months]

Don’t know 98

Refused 99

*Asked of all partially BF women and all fully formula feeding women who ever breastfed based on CF29 or HF10. Ask until an age, don’t know, or refused is given in response, then drop from subsequent interviews.*

CF28. How old was {CHILD} when (he/she) was first fed formula every day? [Source: FITS 2002, modified]

Age [days/weeks/months]

Child is not fed formula every day 97

Don’t Know 98

Refused 99

**Breastfeeding Cessation Module: (asked once first time mother indicates not currently feeding breastmilk in CF1)**

**Questions CF30 – CF31**

***Timing of cessation of breastfeeding***

*(any time 1-13)*

*Ask at first interview when mother says she is not feeding breastmilk, if she indicated feeding breastmilk in CF1 on previous interviews or if she answered ‘yes’ to ever breastfed or tried to breastfeed in CF29*

CF30. How old was {CHILD} when you completely stopped breastfeeding or feeding [HIM/HER] breastmilk from a bottle? [Source: IFPS-1, modified]

Age [days/weeks/months]

***Reasons for cessation of breastfeeding***

*(any time 1-13)*

CF31. There are many reasons mothers stop breastfeeding. Please tell me if any of the following reasons helped you to decide to stop breastfeeding {CHILD}? [Source: FDA IFPS-2, modified]

*Do not ask (a) if interview is 5 months or later*

a. My baby had trouble sucking or latching on

Yes 01

No 02

b. My baby began to bite

Yes 01

No 02

c. My baby lost interest in nursing or began to stop nursing by him or herself

Yes 01

No 02

d. Breastmilk alone did not satisfy my baby

Yes 01

No 02

e. I thought that my baby was not gaining enough weight

Yes 01

No 02

f. I didn’t have enough milk

Yes 01

No 02

g. Breastfeeding was too painful

Yes 01

No 02

h. I was sick or had to take medicine

Yes 01

No 02

i. Breastfeeding was too inconvenient

Yes 01

No 02

j. I wanted or needed someone else to feed my baby

Yes 01

No 02

k. I did not want to breastfeed in public

Yes 01

No 02

l. Another reason (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Yes 01

No 02

**Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)**

***Fed other than breastmilk or formula***

***1, 3, 5, 7, 9, 11, 13, 15, 18, 24***

*Ask CF32 at every interview until mother answers yes, then drop from later interviews and go straight to CF36.*

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk? [Source: WIC IFPS-1, modified]

Yes 01

No 02

If CF32 = NO, skip to CF40.

***Were foods other than breastmilk or formula fed by bottle? If so, why?***

*1, 3, 5, 7*

CF36. Now I’m going to ask you some questions about things you might have added to your baby’s bottle of infant formula or pumped breastmilk. [Source: FDA IFPS-2, modified; New Development for reasons]

a In the past two weeks, how often have you added baby cereal to your baby’s bottle?

Every feeding 01

At most feedings 02

About once a day 03

Every few days 04

Rarely 05

Never 06

b. (*If anything other than never*) Why did you add baby cereal to your baby’s bottle?

To make him/her full 01

To make him/her drink more milk 02

To give him/her a special treat 03

As a remedy 04

A doctor or other health professional told me to 05

A friend or relative told me to 06

Other 07

c. In the past two weeks, how often have you added sweetener to your baby’s bottle?

Every feeding 01

At most feedings 02

About once a day 03

Every few days 04

Rarely 05

Never 06

d. (*If anything other than never*) Why did you add sweetener to your baby’s bottle?

To make him/her full 01

To make him/her drink more milk 02

To give him/her a special treat 03

As a remedy 04

A doctor or other health professional told me to 05

A friend or relative told me to 06

Other 07

e. Have you added anything else?(Specify OTHER)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) In the past two weeks, how often have you added [OTHER] to your baby’s bottle?

Every feeding 01

At most feedings 02

About once a day 03

Every few days 04

Rarely 05

Never 06

f. (*If anything other than never*) Why did you add [OTHER] to your baby’s bottle?

To make him/her full 01

To make him/her drink more milk 02

To give him/her a special treat 03

As a remedy 04

A doctor or other health professional told me to 05

A friend or relative told me to 06

Other 07

***Time to introduction of supplemental foods***

*1, 3, 5, 7, 9, 11, 13, 15, 18, 24*

*Only ask CF33 if CF32 = YES now or at a previous interview*

Next I’m going to ask you some questions about when you first started feeding {CHILD} different types of foods.

*Ask each food until answer is affirmative, then stop asking that food in subsequent interviews*

CF33. For each of the following, please tell me if {CHILD}has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. Has [HE/SHE] been given plain bottled or tap water?

Yes 01

No 02

b. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?

Age [weeks/months]

Don’t know 98

Refused 99

c. Has [HE/SHE] been given soda or soft drinks?

Yes 01

No 02

d. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?

Age [weeks/months]

Don’t know 98

Refused 99

e. Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?

Yes 01

No 02

f. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?

Age [weeks/months]

Don’t know 98

Refused 99

g. Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice. Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to?

Yes 01

No 02

h. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?

Age [weeks/months]

Don’t know 98

Refused 99

i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?

Yes 01

No 02

j. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed Other drinks and liquids, including teas and broths?

Age [weeks/months]

Don’t know 98

Refused 99

k. Has [HE/SHE] been given Cow’s milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.

Yes 01

No 02

l. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed cow’s milk?

Age [weeks/months]

Don’t know 98

Refused 99

m. Has [HE/SHE] been given dairy products other than cow’s milk including cheese, yogurt, or goat’s milk? Please include any dairy products other than cow’s milk that you add to other foods.

Yes 01

No 02

n. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow’s milk?

Age [weeks/months]

Don’t know 98

Refused 99

o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?

Yes 01

No 02

p. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?

Age [weeks/months]

Don’t know 98

Refused 99

q. Has [HE/SHE] been given other cereal besides baby cereal?

Yes 01

No 02

r. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?

Age [weeks/months]

Don’t know 98

Refused 99

s. Has [HE/SHE] been given eggs?

Yes 01

No 02

t. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed eggs?

Age [weeks/months]

Don’t know 98

Refused 99

u. Has [HE/SHE] been given fruit, including baby food or regular fruit?

Yes 01

No 02

v. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed fruit?

Age [weeks/months]

Don’t know 98

Refused 99

w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?

Yes 01

No 02

x. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed vegetables?

Age [weeks/months]

Don’t know 98

Refused 99

y. Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?

Yes 01

No 02

z. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed beans?

Age [weeks/months]

Don’t know 98

Refused 99

aa. Has [HE/SHE] been given peanut butter

Yes 01

No 02

bb. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?

Age [weeks/months]

Don’t know 98

Refused 99

cc. Has [HE/SHE] been given meats,, chicken, or fish, including baby food and baby food combination dinners containing these foods?

Yes 01

No 02

dd. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?

Age [weeks/months]

Don’t know 98

Refused 99

ee. Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?

Yes 01

No 02

ff. (*If yes)* How old was {CHILD} when [HE/SHE] was first fed salty snacks?

Age [weeks/months]

Don’t know 98

Refused 99

gg. Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam

Yes 01

No 02

hh. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed sweets?

Age [weeks/months]

Don’t know 98

Refused 99

**Feeding Methods and Food Preparation:**

***Method of feeding child (spoon, infant feeder, bottle/modified bottle, etc.)***

*\*3, 5, 7, 9, 11, 13, 15*

*Only ask at 3 months if indicated that child is eating solid foods (something other than formula or BM) in CF32*

CF40. In the past 7 days, have you given {CHILD} any foods with a spoon? [Source: IFPS-1, modified]

Yes 01

No 02

CF41. In the past 7 days, have you given {CHILD} any foods with an infant feeder or with a bottle that has an extra large nipple hole? [Source: IFPS-1, modified]

Yes 01

No 02

**EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS**

**Next I’m going to ask you some questions about how you get information on how to feed {CHILD}.**

***Sources of information about infant/toddler feeding***

*5, 15*

KA36. There are many people and places mothers turn to for information on how to feed children. I am going to read you a list and I would like you to tell me if you have turned to any of these people or places to get information about how to feed {CHILD}. (CATI offers in random order) [Source: New Development]

a. Your mother, mother-in-law, oranother family member

Yes 01

No 02

Don’t Know 98

Not Applicable 99

b. Your husband or boyfriend

Yes 01

No 02

Don’t Know 98

Not Applicable 99

c. A friend

Yes 01

No 02

Don’t Know 98

Not Applicable 99

d. Your child’s doctor or another health professional

Yes 01

No 02

Don’t Know 98

Not Applicable 99

e. A mom’s group or class

Yes 01

No 02

Don’t Know 98

Not Applicable 99

f. Books or magazines

Yes 01

No 02

Don’t Know 98

Not Applicable 99

g. The internet or parenting websites

Yes 01

No 02

Don’t Know 98

Not Applicable 99

h. Your WIC office or clinic

Yes 01

No 02

Don’t Know 98

Not Applicable 99

***Most helpful source of information about infant/toddler feeding***

*5, 15*

*Ask if answered ‘yes’ to two or more sources of information in KA36*

KA40. You just told me about the people or places you turn to in order to get information about how to feed {CHILD}. I’m going to read that list back to you, and I’d like you to tell me which person or place you think gives you the most helpful information about feeding {CHILD}. [CATI includes only options endorsed as ‘yes’ in KA36, and randomizes the included options]. So would you say that the person or place that gives you the most helpful information is (*interviewer read responses with “or” between each*): [Source: New Development]

Your mother, mother-in-law, or another family member 01

Your husband or boyfriend 02

A friend 03

Your child’s doctor or another health professional 04

A mom’s group or class 05

Books or magazines 06

The internet or parenting websites 07

WIC 08

Don’t know 98

Refused 99

***Why did mother seek information about infant/toddler feeding***

*5, 15*

KA37. (*If yes to seeking information from any source in KA36*) I’m going to read you a short list of reasons why some mothers look for information about how to feed their children. For each one, please tell me if it is a reason why you looked for information. [Source: New Development]

a. I had questions about what to feed my child

Yes 01

No 02

Don’t Know 98

b. I was worried about my child’s weight

Yes 01

No 02

Don’t Know 98

c. I wanted help with a problem I was having with feeding my child.

Yes 01

No 02

Don’t Know 98

d. I wanted to learn more about feeding new or different things to my child

Yes 01

No 02

Don’t Know 98

***Did the mother have problems getting information about infant/toddler feeding? If so, what were the problems/barriers?***

*5, 15*

KA38. Have you had any problems finding information about how to feed {CHILD}? [Source: New Development]

Yes 01

No 02

Don’t Know 98

KA39. (*If yes to KA38*) I’m going to read you some problems mothers have getting information. For each one, please tell me if this was a problem for you.

a. I didn’t know where to look for information

Yes 01

No 02

Don’t Know 98

b. I couldn’t find information on what I wanted to know

Yes 01

No 02

Don’t Know 98

c. I found information about what I wanted to know, but none of it seemed to apply to my situation.

Yes 01

No 02

Don’t Know 98

**CHILD HEALTH, BEHAVIOR, AND CHILD REARING**

**Finally I’m going to ask you some questions about your child’s health and behavior.**

***Health status/conditions***

***Actions to rectify health conditions***

*1, 3, 5, 7, 9, 11, 13, 15, 18, 24*

CH2. Has the doctor told you that {CHILD} has any long-term medical problems or conditions that may affect what or how (he/she) eats? [Source: FITS 2008, modified]

(*Interviewer, if necessary add*) These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby’s ability to eat and swallow.

Yes 01

No 02

Don’t Know 98

(If yes) **What medical problem or condition does {CHILD} have?**

Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CH3. (*If yes to health status/conditions in CH2*): What are you currently doing to treat this medical problem? [Source: New Development] *(Open-ended, Interviewer check all that apply)*

Taking her/him to the doctor for treatment 01

Treating him/her at home with medicine 02

Treating him/her at home with something other than

medicine (such as herbal remedies, special teas, or other

forms of treatment) 03

Changing his/her diet 04

Other 05

Don’t Know 98

Refused 99

***Child physical activity indoors***

*5, 13, 15, 24*

*At 5 months only:*

CH5. I am going to read you a list of activities you or someone in your home may have done with your child in the past week. For each one please tell me how often you or someone in your home did the following activities with {CHILD} in the past week. [Source: MacDonald & Parke, 1986, modified]

a. Roll on the floor or a soft surface, including the child rolling around or when someone pushes the child around gently. In the past week, how often did you or someone in your home roll around with {CHILD}?

Every day 01

Several times a week 02

Once a week 03

Not at all 04

Don’t Know 98

Refused 99

b. Playing ball. This includes placing a ball in front of a child so he has to go after it by grabbing or pushing. In the past week, how often did you or someone in your home play ball with {CHILD}?

Every day 01

Several times a week 02

Once a week 03

Not at all 04

Don’t Know 98

Refused 99

c. Tummy time. This includes placing your baby on his/her tummy and let him/her explore while you are watching. In the past week, how often did you or someone in your home play tummy time with {CHILD}?

Every day 01

Several times a week 02

Once a week 03

Not at all 04

Don’t Know 98

Refused 99

***Child sleep duration/patterns***

*5, 11, 24*

CH9. On a typical day, how much time does your child spend sleeping during the NIGHT, between 7 in the evening and 7 in the morning? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

Amount of time [hours, minutes]

CH10. On a typical day, how much time does your child spend sleeping during the DAY, between 7 in the morning and 7 in the evening? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

Amount of time [hours, minutes]

CH11. How many times does your child usually wake up during the night, between 7 in the evening and 7 in the morning? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

Number of wakings [number]

**PARTICIPANT CONTACT INFORMATION UPDATE**

**Thank you for taking the time to speak with me today. Because we’ll be calling you again for your next interview (***EN:* **in a couple of weeks** */ all other times:* **when your child is {AGE – next interview}), I’d like to be sure we have all the right ways to contact you.**

CM1. Is your full name still {NAME}?

Yes 01

No 02

(If no, go to a)

a. Can you please tell me what your full legal name is now?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Ask only if still on WIC:*

CM2. {*If have WIC ID on file:* We have your WIC ID as {FILL}, is that correct?/*If don’t have WIC ID on file:* Do you know what your current WIC ID is?}

WIC ID is the same (fill below) 01

New WIC ID (specify below) 02

Don’t know WIC ID 98

Refused WIC ID 99

WIC ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CM3. I reached you today at {FILL #}. Will that still be the best number to call you at for your next interview?

Yes (if yes, go to b) 01

No (if no, go to a) 02

a. What is the best number to call you at for your next interview?

Number (specify ---/---/----)

NO PHONE (go to CM4) 97

**Is that number home, work, cell, or something else?**

Home 01

Work 02

Cell 03

Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 04

**b. Is there another number we could try in case we have trouble reaching you?**

Number (specify ---/---/----)

**Is that number home, work, cell, or something else?**

Home 01

Work 02

Cell 03

Other (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 04

We’d like to keep in touch with you even if we can’t get you by phone or your phone number changes, so I’m going to ask you about a few additional ways we might be able to contact you.

CM4. *If have email on file:* We have your email address as {FILL}, is that correct?/*If no email:* Do you have an email address we could use to contact you if necessary?

Email is the same (fill below) 01

New Email (specify below) 02

Don’t know Email 98

Refused Email 99

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CM5. *If mailing address on file:* We have your current mailing address as {FILL}. Is that correct? *If no mailing address on file:* Can I get a mailing address we could use to contact you if necessary?

Address is the same (fill below) 01

New address (specify below) 02

Don’t know/don’t have address 98

Refused address 99

a. Can you please tell me what your current mailing address is?

Street/Apt#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. (*If CM3a is 97 – no phone)*: Earlier you indicated that you do not have a phone. Since we need to speak with you by phone we will mail you a study phone. You will receive the phone before your next interview. The package will contain instructions on how to use the phone. Should we mail the phone to the mailing address you just provided?

Address is the same (fill below) 01

New address (specify below) 02

Don’t know/don’t have address 98

Refused address 99

Can you please provide the address where the phone should be mailed?

Street/Apt#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CM6. [Social Media – will develop question when procedure is finalized]

CM7. (*If contacts on file:* Earlier you provided the names and contact information for two people who would always know how to find you. Can I read that information back to you and check that it’s still up to date?/*If no contacts on file:* Just in case we can’t get in touch with you using the information you just gave me, I’d like to ask you for the names and contact information for two people who would always know how to find you.

**Person #1** *(If contacts on file, read fill info and correct as needed)*

Name

Who is this person to you?

Phone

Address

Email

**Person #2** *(If contacts on file, read fill info and correct as needed)*

Name

Who is this person to you?

Phone

Address

Email