APPENDIX Q.1

WIC ITFPS-2 Participant Interview

15 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next I’d like to ask you about WIC**

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

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

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 applicable 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)**

**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 CF33.*

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

Yes 01

No 02

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

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

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

**Next I’m going to ask you some questions about the types of food you buy or make for {CHILD}, how you prepare those foods and feed them to {CHILD}, and what foods you get through WIC.**

***Time to cessation of bottle feeding***

*7, 9, 11, 13, 15, 18, 24 (until affirmative)*

CF34. Is {CHILD} still drinking anything from a bottle? [Source: New Development]

Yes 01

No 02

CF35. (*If no, ask*:) How old was {CHILD} when [HE/SHE] stopped using a bottle? [Source: New Development]

Age [weeks/months/years]

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

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

*\*only ask if indicated that child is eating solid foods (something other than formula or BM)*

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

***Infant/child food package – does child eat foods from WIC food package?***

*7, 13, 15, 18, 24*

*For 13, 15, 18, 24 mo:*

CF43. Which of the following WIC foods does {CHILD} eat? Does [HE/SHE] eat: [Source: FITS 2008, modified]

a. Breakfast cereal, either hot or cold from WIC

Yes 01

No 02

Don’t Know 98

b. Cheese from WIC

Yes 01

No 02

Don’t Know 98

c. Eggs from WIC

Yes 01

No 02

Don’t Know 98

d Does {CHILD} eat fruits from WIC

Yes 01

No 02

Don’t Know 98

e. 100% juice from WIC

Yes 01

No 02

Don’t Know 98

f. Milk from WIC, including cow’s milk, soy milk, or other milk

Yes 01

No 02

Don’t Know 98

g. Peanut butter from WIC

Yes 01

No 02

Don’t Know 98

h. Does {CHILD} eat vegetables from WIC

Yes 01

No 02

Don’t Know 98

i. Whole grain bread or other whole grains, such as brown rice, bulgur, barley, or tortillas from WIC

Yes 01

No 02

Don’t Know 98

j. Does {CHILD} eat other food from WIC (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Yes 01

No 02

Don’t Know 98

***Perceptions of impact of WIC food package choices on food child receives***

*7, 15*

KA28. Are the foods you can buy with WIC checks the kinds of foods that you would typically feed {CHILD}? [Source: New Development]

Yes 01

No 02

Don’t know 98

***Practices for introducing new foods to toddlers***

*15, 18, 24*

CF49. How many times do you offer a new food before you decide {CHILD} does not like it? [Source: FITS 2002, 2008, modified]

Once 01

Twice 02

Three to five times 03

Six to ten times 04

More than ten times 05

LIKES EVERYTHING 06

DON’T KNOW 98

REFUSED 99

***Toddler feeding rules***

*15, 24*

CF51. I am going to read some things that parents may do. Please tell me how often each statement is true for you and {CHILD}. [Source: Thompson et al., 2009]

 a. I keep track of *what* food {CHILD} eats

Always 01

Usually 02

About half of the time 03

Occasionally 04

Never 05

 b. I try to get {CHILD} to finish his/her food

Always 01

Usually 02

About half of the time 03

Occasionally 04

Never 05

 c. I try to get {CHILD} to eat even if she/he seems not hungry

Always 01

Usually 02

About half of the time 03

Occasionally 04

Never 05

 d. I carefully control how much {CHILD} eats

Always 01

Usually 02

About half of the time 03

Occasionally 04

Never 05

 e. I am very careful not to feed {CHILD} too much

Always 01

Usually 02

About half of the time 03

Occasionally 04

Never 05

**EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS**

**Now I’m going to ask you about your beliefs about feeding toddlers, and where you get information about how to feed {CHILD}.**

***Toddler period knowledge, attitudes, beliefs about nutrition***

*15, 24*

KA11. It’s ok for a toddler to walk around while eating as long as s/he eats. [Source: Thompson, 2009, modified]. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

Strongly agree 01

Agree 02

Neither agree nor disagree 03

Disagree 04

Strongly disagree 05

KA12. It’s important for a toddler to finish all the food on his/her plate. [Source: Thompson, 2009, modified]. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

Strongly agree 01

Agree 02

Neither agree nor disagree 03

Disagree 04

Strongly disagree 05

KA13. The best way to make a toddler stop crying is to feed him or her. [Source: Thompson, 2009, modified]. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

Strongly agree 01

Agree 02

Neither agree nor disagree 03

Disagree 04

Strongly disagree 05

KA14. It’s important that the parent decides how much a toddler should eat. [Source: Thompson, 2009, modified]. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

Strongly agree 01

Agree 02

Neither agree nor disagree 03

Disagree 04

Strongly disagree 05

KA15. People feel differently about what their toddlers eat. Which of the following best describes your opinion about toddlers eating fast food: [Source: Thompson, 2009, modified]

Toddlers should be allowed to eat fast food whenever they want to 01

Toddlers should be allowed to eat fast food occasionally 02

Toddlers should never eat fast food 03

KA16. There are many kinds of sugary foods like candy, ice cream, cakes or cookies. Which of the following best describes your opinion about toddlers eating sugary foods: [Source: Thompson, 2009, modified]

Toddlers should be allowed to eat sugary foods whenever they want to 01

Toddlers should be allowed to eat sugary foods occasionally 02

Toddlers should never eat sugary foods 03

KA17. There are many kinds of snack foods like potato chips, regular or flavored tortilla chips, and cheese puffs. Which of the following best describes your opinion about toddlers eating snack foods: [Source: Thompson, 2009, modified]

Toddlers should be allowed to eat snack foods whenever they want to 01

Toddlers should be allowed to eat snack foods occasionally 02

Toddlers should never eat snack foods 03

***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, or another 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

Your WIC office or clinic 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 having problems finding information) 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 {CHILD’S} health and behavior, and your family’s routines and habits.**

***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 13, 15, 24 only:*

CH6. I am going to read you a list of activities you or someone in your home may have done with {CHILD} in the past week. How often did you or someone in your home do: [Source: MacDonald & Parke, 1986, modified]

a. Wrestling. This is when someone gently and playfully pushes the child around on the ground or a bed, and the child playfully pushes back. In the past week, how often did you or someone in your home wrestle 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. Tumbling.This is when a child rolls around, does somersaults, or climbs over things. In the past week, how often did you or someone in your home play tumbling 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. Playing chase. This is when someone playfully runs or crawls after a child. In the past week, how often did you or someone in your home play chase with {CHILD}?

Every day 01

Several times a week 02

Once a week 03

Not at all 04

Don’t Know 98

Refused 99

d. Playing ball. This includes placing a ball in front of a child so he has to go after it by crawling, walking, or grabbing. In the past week, how often have you or someone in your home played 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

***Child television/video exposure***

*15, 18, 24*

*At 15 months only:*

CH17 . On an average day, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, and just give your best estimate. [Source: PHFE WIC survey 2011, modified]

Less than one hour 01

Number of hours (1 or more) [number 1-18]

Don't know 98

Refused 99

***TV on during meals***

*15, 18, 24*

CH19. When you and your child eat meals or snacks at home, how often is a television on while you are eating? [Source: CDC 2010 Youth Physical Activity and Nutrition Survey, modified]

Most of the time 01

Sometimes 02

Rarely 03

Never 04

Don’t know 98

Refused 99

***Family eats together***

*15, 18, 24*

CH20. During the past week, including weekdays and weekends, how many times did all or most of your family sit down and eat a meal together? [Source: NHANES Flexible Consumer Behavior Survey (CBQ) 2009-2010, modified]

7 or more times each week 01

5-6 times during the week 02

3-4 times/week 03

1-2 times/week 04

Never 05

Don’t know 98

Refused 99

**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