

APPENDIX R.1
WIC ITFPS-2 PARTICIPANT INTERVIEW
18 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_____

OK, I'm going to start by asking you some questions about yourself and your household.

Currently pregnant/due date
7, 13, 18

SD16. Are you currently pregnant? [Source: New Development]

- Yes.....01
- No.....02
- Don't know.....98
- Refused.....99

SD17. (If yes) When is your baby due? [Source: FDA IFPS-2]

Month.....[January – Dec.]
Day.....[1-31]
{Year – autofill for next occurrence of the month}

Educational status

3, 7, 13, 18, 24

SD27. As of today, are you in school or college? [Source: WIC IFPS-1]

Yes.....01
No.....02

Current employment status

3, 7, 13, 18, 24

SD29. Are you currently working for pay full time, part time, or not at all? [Source: LA WIC Survey]

Full time (35 hours or more).....01
Part time.....02
Not at all03

Ask SD30 first time answer to SD 27 or SD29 is 'yes' then discontinue

SD30. How old was {CHILD} when you started going to school or working? [Source: New Development]

Age.....[weeks, months]

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

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

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]

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

Child use of cup (with/without assistance), spoon, sippy cup
9, 13, 18

CF44. During the past 7 days, did {CHILD} ever drink from a cup that was held by someone else?
[Source: WIC IFPS-1]

Yes.....	01
No.....	02
Don't know.....	98
Refused.....	99

CF45. Does {CHILD} feed [HIM/HERSELF] with a spoon without spilling much? [Source: FITS 2002]

Yes.....	01
No.....	02
Don't know.....	98
Refused.....	99

CF46. Does {CHILD} drink from a sippy cup without help? (IF ASKED: a sippy cup is a cup with a plastic cover that has a spout) [Source: FITS 2002]

Yes.....	01
No.....	02
Don't know.....	98
Refused.....	99

CF47. Does [HE/SHE] drink from a regular cup without help—that is a cup without a lid? [Source: FITS 2002]

Yes.....	01
No.....	02
Don't know.....	98
Refused.....	99

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

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 is a picky eater
18, 24

CH4. Do you consider {CHILD} a very picky eater, a somewhat picky eater, or not a picky eater? [FITS 2008]

- A very picky eater.....01
- A somewhat picky eater.....02
- Not a picky eater03
- Don’t Know.....98
- Refused.....99

Child physical activity outdoors
18, 24

CH7. Think for a moment about a typical weekday, that is Monday through Friday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekday? This can include playing in your yard or neighborhood, or playing in a park or other outdoor recreation area, such as a zoo or amusement park. This does not include time spent in a stroller outside. [Source: Parental report of outdoor playtime Burdette, 2004, modified]

Time.....[hours/minutes]

CH8. Now, think about a typical weekend day, that is Saturday or Sunday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekend day? [Source: Parental report of outdoor playtime Burdette, 2004, modified]

Time.....[hours/minutes]

Child television/video exposure
15, 18, 24

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

At 18 and 24 only:

CH18. On an average day, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Just give your best estimate. [Source: PHFE WIC survey 2011, modified]

Less than one hour.....01
Number of hours (1 or more).....[number 2-18]
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.....