



OMB Approval No. 0584-XXXX  
Approval Expires: XX/XX/20XX

**Appendix EE.1  
Infant Weight and Length Measurement Appointment Script - ENGLISH**

**PHONE/EMAIL SCRIPT:**

**Thank you for your continued participation in the WIC Feeding My Baby Study. As you know, as part of the study, we need to get [CHILD]'s length and weight from time to time.**

**When we last spoke with you on [LAST INTERVIEW DATE] you said that you are no longer visiting the WIC clinic at [CURRENT SITE NAME] and [CHILD] does not have a regular health care provider who can give us [his/her] current weight and length.**

**We would like to make an appointment to come to your home to get [CHILD]'s current length and weight. The visit will take no more than 30 minutes. The measurements will be taken by a trained professional from [HOME HEALTH AGENCY NAME]. They will contact you soon to make an appointment at your convenience. They will bring all equipment needed for the measurement and only take length and weight. They will not conduct any medical examinations or offer any medical advice.**

**You will receive \$20 for completing the visit.**

**Please let me know if you have any questions. You can contact me at [PHONE NUMBER] or [EMAIL ADDRESS].**

**Thanks.**