

**APPENDIX J.1**  
**WIC ITFPS-2 PARTICIPANT INTERVIEW**  
**1 MONTH - ENGLISH**

**SOCIODEMOGRAPHICS AND BACKGROUND**

**I'd like to start today by asking you some background questions about your baby and yourself. Let's start with some questions about your baby.**

**Child Sex**  
*Enrollment or if recruited prenatal, 1 mo*

**SD8. Is your baby a boy or a girl? [Source: WIC IFPS-1]**

- Boy.....01
- Girl.....02

**Single or Multiple Birth**  
*Enrollment or if recruited prenatal, 1 mo*

**SD7. Did you have twins, or more than one baby? [Source: FDA IFPS-2]**

- Yes.....01
  - No.....02
- If yes, need to sample one child for study*

**Child Name**  
*Enrollment or if recruited prenatal, 1 mo*

**SD9. What is your baby's full name? Please spell that for me. [Source: New Development]**

Record full name:

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

**a. Is there a nickname you use for {CHILD} that you would like me to use while talking with you?**

(If yes) Nickname \_\_\_\_\_

**Infant DOB**  
*Enrollment if postnatal or if recruited prenatal, 1 mo*

**SD5. {EN: Thinking of the child you enrolled in WIC today,}What month was {EN: this child/ 1 mo: CHILD} born? [Source: WIC IFPS-1]**

Month.....[January – December]

**SD6. {EN: Thinking of the child you enrolled in WIC today/ 1 mo: And } what day of the month was {CHILD} born?**

Day.....[1-31]

{Year – autofill for last occurrence of the month}

Don't know.....98

Refused .....99

**Birth Weight**

1

**HF28. What was {CHILD’S} weight at birth? [Source: WIC IFPS-1]**

Pounds.....[number]

Ounces.....[0-15]

**Gestational Age (birth <37 weeks)**

1

**HF29. Was {CHILD} born more than 3 weeks before (his/her) due date? [Source: PHFE WIC Postpartum Questionnaire 2010]**

Yes.....01

No.....02

Don't know.....98

**HF30. (If yes) How many weeks pregnant were you when {CHILD} was born? [Source: PHFE WIC Postpartum Questionnaire 2010]**

Weeks.....[22-37]

**Child Ethnicity**

*Enrollment or if recruited prenatal, 1 mo*

**SD10. Is {CHILD} Latino or Hispanic?**

Hispanic or Latino.....01

Not Hispanic or Latino.....02

Don't know.....98

Refused.....99

**Child Race**

*Enrollment or if recruited prenatal, 1 mo*

**SD11. What is {CHILD’S} race? (choose all that apply) [Source: OMB Standard Categories]**

- American Indian or Alaska Native .....01
- Asian .....02
- Black or African American .....03
- Native Hawaiian or Other Pacific Islander .....04
- White .....05
- Other (specify \_\_\_\_\_)....06
- Don't know.....98
- Refused .....99

**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 \_\_\_\_\_

Now I’m going to ask some questions about you.

**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 #SD 34)

**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

**Employment status during pregnancy**  
1

**SD28. Some women work for pay during pregnancy and some do not. How many months did you work for pay while you were pregnant with {CHILD}? [Source: New Development]**

Months.....[0 to 9]

**HOSPITAL EXPERIENCES AND FEEDING PRACTICES**

Next I'd like to ask you some questions about your experience in the hospital when {CHILD} was born.

**NICU Feeding Module**  
1, \*3 for last question

**HF1. Did {CHILD} spend any time in the NICU (If needed: The NICU is the Neonatal Intensive Care Unit, a special hospital unit for newborn babies who are premature or who have special medical problems)?[Source: New Development]**

Yes.....01

No (if no, skip to HF7).....02

**HF2. (If yes) What was the reason? [Source: New Development]**

Premature delivery .....	01
Other health problem (specify _____).....	02

**HF3. How long was she/he in the NICU? [Source: New Development]**

Time.....	[days/weeks]
Still there.....	96

**HF4. While she/he was in the NICU, did you feed him/her breastmilk directly from your breast, pump breastmilk for him/her, both feed from your breast and pump, or did you not feed your baby breastmilk at all? (If still there, change to present tense - are you feeding him/her directly from your breast, pumping breastmilk for him/her, both feeding from your breast and pumping, or are you not feeding your baby breastmilk?) [Source: New Development]**

Feeding directly from breast.....	01
Pumping breastmilk.....	02
Both from breast and pumping.....	03
Not feeding breastmilk.....	04

**Mode of delivery**

1

**HF7. How was your baby delivered? [Source: FDA Project First]**

vaginally and not induced.....	01
vaginally and induced.....	02
a planned caesarean/c-section.....	03
an unplanned or emergency caesarean/c-section.....	04

**Rooming arrangement in hospital**

1

**HF8. While you were in the hospital, did {CHILD} stay in the same room with you, or in a nursery? Do not include time your child was out of your room briefly for things such as medical procedures, bathing, or weighing. [Source: WIC IFPS-1; modified]**

Only in my room.....	01
Only in the nursery.....	02
Both.....	03
In NICU, never in my room or in the nursery.....	04
In NICU, then nursery.....	05
In NICU, then my room.....	06
In NICU, then both my room and the nursery.....	07

**First Feeding/Initiation of breastfeeding**

1

**HF9. What was the very first thing that {CHILD} was fed after birth? Was it formula, your breastmilk, sugar water, plain water, or something else? [Source: WIC IFPS-1]**

Formula.....	01
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Breastmilk.....	02
Sugar water.....	03
Plain water.....	04
Other.....	05
Don't know .....	98

*If baby was in NICU and mother indicated in HF4 she was feeding breast milk, skip to HF11*

**HF10. (If first thing fed was other than breastmilk) Did you start to breastfeed your baby while still in the hospital? [Source: New Development]**

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

**HF11. (If first fed was breastmilk or started breastfeeding in hospital) Did you start breastfeeding in the first hour after birth or later? [Source: WIC IFPS-1; modified]**

First hour.....	01
Later.....	02
Don't remember.....	98

**Initial bf problems/barriers to initiating bf.**

1

**HF12. (If started to breastfeed in hospital) Did you have any problems with breastfeeding while you were in the hospital? [Source: WIC IFPS-1]**

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

*If no to HF12, skip to HF18*

**HF13. Did you have problems with your breasts being so full that milk wouldn't come out or your baby had trouble latching on? [Source: WIC IFPS-1]**

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

**HF14. Did you have problems with breast or nipple pain? [Source: WIC IFPS-1, modified]**

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

**HF15. Did you have problems with thinking the baby was not getting enough milk? [Source: WIC IFPS-1]**

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

**HF16. Did you have problems with it taking too long for your milk to come in? [Source: WIC IFPS-1]**

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

**HF17. Did any of the people working at the hospital assist you with any of these problems?  
[Source: WIC IFPS-1]**

Yes.....01

No.....02

**Receipt of gift package from hospital? Contents?**

1

**HF18. When you left the hospital, were you given a gift pack? [Source: WIC IFPS-1]**

Yes.....01

No.....02

**HF19. (If yes) Which of the following things were in the gift pack? [Source: WIC IFPS-1, modified]**

**a. Formula**

Yes.....01

No.....02

**b. Coupons for formula or discounts on formula**

Yes.....01

No.....02

**c. A pacifier**

Yes.....01

No.....02

**d. An empty bottle**

Yes.....01

No.....02

**Breastfeeding on set schedule or on demand?**

1

*Ask only if breastfeeding in the hospital*

**HF20. While you were in the hospital, did you feed your baby breastmilk, either from your breast or from a bottle, on a set schedule or whenever [HE/SHE] cried or seemed hungry?  
[Source: WIC IFPS -1]**

Schedule.....01

Cried or seemed hungry.....02

Both on a schedule and when baby cried or seemed hungry.....03

**Pump breasts in hospital**

1

**HF21. While you were in the hospital, did you pump milk or try to pump milk from your breasts?**  
[Source: WIC IFPS-1]

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

***Encouragement of bf in hospital***

**1**

**HF22. While you were in the hospital, did your doctor, the nurses or other hospital staff encourage you to breastfeed your baby?** [Source: New Development]

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

***Availability of bf support in hospital***

**1**

**HF23. Was there someone in the hospital whose job it was to help you with breastfeeding, like a lactation consultant or another trained specialist?** [Source: WIC IFPS-1; modified]

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

***Breastfeeding-related hospital support services used***

**1**

**HF24. While you were in the hospital, did you use any of the following support services, information, or equipment for breastfeeding?** [Source: New Development]

**a. Did you use brochures, pamphlets, or TV classes**

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

**b. Did you use a lactation consultant**

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

**c. Did you use another trained specialist who helped with breastfeeding**

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

**d. While you were in the hospital did you use breastfeeding support groups or classes**

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



- e. **Did you use equipment for breastfeeding support such as pumps, breast shields, or other equipment**  
 Yes.....01  
 No.....02
- f. **Did you use counseling that you asked for**  
 Yes.....01  
 No.....02
- g. **Did you use counseling offered when you hadn't asked**  
 Yes.....01  
 No.....02
- h. **Did you use a hotline or number in the hospital to call for breastfeeding questions**  
 Yes.....01  
 No.....02
- i. **Did you use the name and number of a specific hospital staff member to call for questions**  
 Yes.....01  
 No.....02
- j. **While you were in the hospital did you use any other services, information, or equipment not mentioned**  
 Yes (specify \_\_\_\_\_).....01  
 No.....02

**Feeding type at hospital discharge (human milk, formula, both)**

1

**HF25. When you left the hospital, were you feeding your baby only breastmilk, only formula, or both breastmilk and formula? [Source: WIC IFPS-1]**

- only breastmilk.....01
- only formula.....02
- both breastmilk and formula.....03

**Length of hospital stay for mother**

1

**HF26. How many nights did you stay in the hospital after {CHILD's} birth? [Source: FDA Project First; modified]**

Nights.....[number]

**Length of hospital stay for infant**

**HF27. How many nights did {CHILD} stay in the hospital after birth? [Source: FDA Project First; modified]**

Nights.....[number]  
 Don't remember.....98

## 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

*First postnatal interview (1 or 3), if mother indicates formula feeding only in CF1, and if 1 month answered no to HF10 breastfeeding initiated in hospital, ask:*

**CF29. Did you ever feed your baby breastmilk, either from your breast or from a bottle? [Source: FDA IFPS-2, modified]**

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

*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
<b>e.</b>	<b>In the past month did you have sore or cracked nipples?</b>	
	Yes.....	01
	No.....	02
<b>f.</b>	<b><i>(If yes) What did you do about this problem? (Interviewer allow open-ended and check all responses offered)</i></b>	
	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
<b>g.</b>	<b>In the past month did you have a breast infection?</b>	
	Yes.....	01
	No.....	02
<b>h.</b>	<b><i>(If yes) What did you do about this problem? (Interviewer allow open-ended and check all responses offered)</i></b>	
	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
<b>i.</b>	<b>In the past month were your breasts too full?</b>	
	Yes.....	01
	No.....	02
<b>j.</b>	<b><i>(If yes) What did you do about this problem? (Interviewer allow open-ended and check all responses offered)</i></b>	
	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
<b>k.</b>	<b>In the past month did you not have enough milk to satisfy the baby?</b>	
	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

**From where mom received pump**

1, 3 (ask at 1 month, or at 3 if mother indicates pumping for the first time at 3 months)

*Ask only if currently pumping breastmilk in CF6*

**CF7. What are you using most often to pump breastmilk, is it an electric pump, a manual pump, pumping by hand, or something else? [Source: New Development]**

An electric pump.....01  
A manual pump.....02  
Pumping by hand.....03  
Other.....04

**CF10. (Do not ask if CF7 pumping by hand) How did you get the breast pump that you use most often? (Interviewer read options)[Source: FDA IFPS-2, modified]**

WIC loaned it to you or paid for it.....01  
You bought it or rented it.....02  
You borrowed it from a friend or relative.....03  
It was given to you as a gift.....04  
You use one provided by a hospital,  
your place of work, or someplace else.....05

**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]

**Amount of milk pumped**

1

Ask only if currently pumping breastmilk in CF6

**CF13. During the past 24 hours, about how many ounces of breastmilk did you pump, that is since (time) yesterday? ([Prompt:] Your best estimate or guess is fine. Think about the bottle or bottles you filled with pumped breastmilk and about the size of the bottles.) [Source: New Development]**

Interviewer note: If the mother didn't pump in the past 24 hours, enter 0.

Ounces.....[number]



**What mom did with pumped milk**

1

Ask only if currently pumping breastmilk in CF6

If CF13 = 0, skip to CF15.

**CF14. What did you do with the breastmilk that you pumped in the past 24 hours? Did you...**  
[Source: New Development]

- a. Feed any of it to {CHILD} immediately**  
 Yes.....01  
 No.....02
- b. Store any of it for later use**  
 Yes.....01  
 No.....02
- c. Throw any of it away**  
 Yes.....01  
 No.....02

**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

If CF19 = 02, skip to CF21.

**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**

**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 CF33.

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

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

*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

If CF32 = NO, skip to MH3.

**Time to introduction of supplemental foods**

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

Only ask CF33 if CF32 = YES

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

**MATERNAL HEALTH AND LIFESTYLE**

Next I'm going to ask you some questions about your health.

**Pregnancy weight gain**  
 1

MH3. At the end of your pregnancy and right before you delivered {CHILD}, about how much did you weigh, without shoes? [Source: PHFE WIC Postpartum Questionnaire 2010]

Weight.....[pounds]

a. Based on what you told us before, this means that you gained about [CATI calculates difference between pre-pregnancy weight (MH2 from screening) and post-pregnancy weight (MH3)] during your pregnancy with {CHILD}. Is that about right?

Yes.....01  
 No (ask for correction to weights).....02

**Maternal weight**  
 1, 3, 13, 24

MH13. Right now, about how much do you weigh, without shoes? [Source: PHFE WIC Postpartum Questionnaire 2010]

Pounds.....[number]

**Health problems during pregnancy**  
 1

MH4. Did you have any of the following health problems during your pregnancy? [Source: WIC IFPS-1]

a. Diabetes, which is high sugar

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

b. High blood pressure while you were pregnant

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

**c. Swelling at the wrists or ankles while you were pregnant**

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

**Actions taken to rectify maternal health problems**

*1 (put this before the hospitalization question)*

**MH6. (If yes to any of the health problems in MH4) Did you get treatment from your doctor for your pregnancy health problems? [Source: New Development]**

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

**Health problems during pregnancy**

*1*

**MH5. Did you have any problems during your pregnancy that required you to stay in the hospital overnight before the time you went in and had your baby? [Source: WIC IFPS-1. modified]**

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

**a. (If yes), How many total nights were you in the hospital?**

Nights.....[number]

**b. (If > 1 night) Was this during a single hospital stay or at different times during your pregnancy?**

Single stay.....	01
Different times.....	02
Don't know.....	98
Refused.....	99

**Prenatal care receipt**

*1*

**MH10. Where did you go for prenatal medical care - a private obstetrician, a private other doctor, a public clinic, a midwife, or somewhere else? [Source: WIC IFPS-1; modified]**

Private obstetrician.....	01
Private other doctor.....	02
Public clinic.....	03
Midwife.....	04
Other.....	05

**Timing of first prenatal OB visit**

1

**MH11. When you had your first visit for prenatal care with a doctor or healthcare provider, how many weeks or months pregnant were you? [Source: PHFE WIC Postpartum Questionnaire 2010]**

Weeks.....	[1-40]
Or Months.....	[1-9]

**Health care coverage during pregnancy**

1

**MH12. During your pregnancy with {CHILD}, were you covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through your or a spouse’s employer, a plan you bought independently, or one you got through a plan provided by the government? [Source: PHFE WIC Postpartum Questionnaire 2010]**

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

**Maternal physical health post-birth**

1

**MH14. How would you rate your own overall health today? [Source: Medical Outcomes Study]**

Excellent.....	01
Good.....	02
Fair.....	03
Poor .....	04

**Actions taken to rectify any maternal health conditions**

1

**MH15. (If answer to MH14 is Fair or Poor) What, if anything, are you doing to take care of health problems? (Interviewer: ask open-ended, select all that apply) [Source: New Development]**

Going to doctor.....	01
Dieting.....	02
Exercising.....	03
Taking medications.....	04
Nothing.....	05



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

**EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS**

Next I'm going to ask you some questions about decisions you've made and advice you've gotten about how to feed your baby.

**How long intend to breastfeed**  
1

**KA20. (If still exclusively breastfeeding at 1 month from CF1) How old do you think your baby will be when you feed him or her something other than breastmilk? [Source: WIC IFPS-1]**

Age.....[weeks/months/years]

**KA21. (If still doing any breastfeeding at 1 month from CF1): How old do you think your baby will be when you completely stop giving him or her breastmilk? [Source: WIC IFPS-1]**

Age.....[weeks/months/years]

**Influences on decision to breastfeed or formula feed**  
Prenatal, 1

1 Month Question:

Now I'm going to ask you about talks you might have had with different people about the way you feed your baby.

**KA23. Have you talked with any of the following people about the ways you are currently feeding your baby, such as breastfeeding, formula feeding, or feeding solid foods? [Source: WIC IFPS-1, modified]**

**a. Your husband or boyfriend?**

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

**(If yes) How important was this talk with your husband/boyfriend in helping you decide how to feed your baby? Would you say that it was very important, somewhat important, or not important?**

- Very important.....01
- Somewhat important.....02
- Not important.....03

**b. Your mother?**

- Yes.....01

No.....	02
Don't know.....	98
Not applicable.....	99

**(If yes) How important was this talk with your mother in helping you decide how to feed your baby? Would you say that it was very important, somewhat important, or not important?**

Very important.....	01
Somewhat important.....	02
Not important.....	03

**c. Other relatives?**

Yes.....	01
No.....	02
Don't know.....	98
Not applicable.....	99

**(If yes) How important was this talk with your relatives in helping you decide how to feed your baby? Would you say that it was very important, somewhat important, or not important?**

Very important.....	01
Somewhat important.....	02
Not important.....	03

**d. Friends?**

Yes.....	01
No.....	02
Don't know.....	98
Not applicable.....	99

**(If yes) How important was this talk with your friends in helping you decide how to feed your baby? Would you say that it was very important, somewhat important, or not important?**

Very important.....	01
Somewhat important.....	02
Not important.....	03

**e. People who work at your WIC office or clinic?**

Yes.....	01
No.....	02
Don't know.....	98
Not applicable.....	99

**(If yes) How important was this talk with people who work at your WIC office or clinic in helping you decide how to feed your baby? Would you say that it was very important, somewhat important, or not important?**

Very important.....	01
Somewhat important.....	02
Not important.....	03

**f. Your child’s doctor or another health professional?**

Yes.....	01
No.....	02
Don’t know.....	98
Not applicable.....	99

*(If yes)* **How important was this talk with your child’s doctor or another health professional in helping you decide how to feed your baby? Would you say that it was very important, somewhat important, or not important?**

Very important.....	01
Somewhat important.....	02
Not important.....	03

**Receipt of advice about breastfeeding**

1

**KA31. Mothers often get advice from family about breastfeeding. I’m going to ask you some questions about advice you might have gotten. [Source: New Development]**

**a. Has your husband or boyfriend encouraged you to breastfeed {CHILD}, discouraged you from breastfeeding {CHILD}, given mixed advice, or has he not given you advice about this?**

Encourage.....	01
Discourage.....	02
Mixed advice.....	03
No advice.....	04
Not applicable.....	97

**b. Has your mother encouraged you to breastfeed {CHILD}, discouraged you from breastfeeding {CHILD}, given mixed advice, or has she not given you advice about this ?**

Encourage.....	01
Discourage.....	02
Mixed advice.....	03
No advice.....	04
Not applicable.....	97

**c. Have other relatives encouraged you to breastfeed {CHILD}, discouraged you from breastfeeding {CHILD}, given you mixed advice, or have you not gotten advice about this from other relatives?**

Encourage.....	01
Discourage.....	02
Mixed advice.....	03

No advice.....	04
Not applicable.....	97

**KA32. Now I'd like to ask you some questions about information you may have gotten about feeding {CHILD}. Since {CHILD} was born did you get any information about breastfeeding from the following people or groups, not including people who work at your WIC office or clinic? [Source: WIC IFPS-1, modified]**

**a. Did a doctor or nurse give you information about breastfeeding?**

Yes.....	01
No.....	02
Don't know.....	98
Not applicable.....	99

**b. Did a childbirth education class give you information about breastfeeding?**

Yes.....	01
No.....	02
Don't know.....	98
Not applicable.....	99

**c. Did a lactation specialist give you information about breastfeeding?**

Yes.....	01
No.....	02
Don't know.....	98
Not applicable.....	99

**KA33. Which of the following best describes the kind of advice that people who work at your WIC office or clinic gave you about feeding {CHILD}: Did they say breastfeeding only is better, formula feeding only is better, or that there is no difference between breastfeeding and formula feeding? [Sources: IFPS-1, PHFE WIC Survey 2010, modified]**

Breastfeeding is better.....	01
Formula feeding is better.....	02
No difference between breastfeeding and formula feeding.....	03
Didn't give advice about feeding.....	04
Don't know .....	98

**KA34. Does your baby's doctor recommend breastfeeding only, formula feeding only, or that both are equally ok? [Source: WIC IFPS-1, modified]**

Breastfeeding.....	01
Formula feeding.....	02
Both are equally OK.....	03
Didn't give advice about feeding.....	04
Don't know .....	98

***Receipt of counseling about infant feeding and care (sources - physician, WIC, other)  
Any advice from physician specific to premature birth status***

**KA35. Now I'd like to ask you about who has given you counseling or education about how to feed and care for {CHILD} more generally. [Source: New Development]**

**a. Did the people who work at your WIC office or clinic give you counseling or education about how to feed and care for {CHILD}?**

Yes.....01  
 No.....02  
 Don't know.....98  
 Not applicable.....99

**b. Did a dietitian at a hospital give you counseling or education about how to feed and care for {CHILD}?**

Yes.....01  
 No.....02  
 Don't know.....98  
 Not applicable.....99

**c. Did a doctor or nurse give you counseling or education about how to feed and care for {CHILD}?**

Yes.....01  
 No.....02  
 Don't know.....98  
 Not applicable.....99

**d. (If baby born before 37 weeks) Did a doctor or nurse give you any advice about feeding a premature infant?**

Yes.....01  
 No.....02  
 Don't know.....98  
 Not applicable.....99

<b>CHILD HEALTH, BEHAVIOR, AND CHILD REARING</b>
--

***Health status/conditions***

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

**Finally I'm going to ask you about your child's health.**

**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

<b>PARTICIPANT CONTACT INFORMATION UPDATE</b>
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**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.....

*Ask only if core sample, at the 1<sup>st</sup> interview after the child is born:*

- CM8. As we mentioned when you first joined the study, we'd like to get information from the hospital where {CHILD} was born, and you gave us permission to do that. Can I please have the name of the hospital, the phone number if you have it, and the city and state where you gave birth to {CHILD}?**



Hospital name.....	
Location.....	
Phone.....	
Child not born in a hospital.....	97
Don't know.....	98
Refused.....	99