

**APPENDIX P.1**  
**WIC ITFPS-2 PARTICIPANT INTERVIEW**  
**13 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.**

**Marital status**  
*Baseline, 13*

**SD14. Are you married, separated, divorced, widowed, or never married? [Source: WIC IFPS-1]**

- Married.....01
- Separated.....02
- Divorced.....03
- Widowed.....04
- Never Married.....05
- Don't know.....98
- Refused.....99

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**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 }

**Household size**

Enrollment, 7, 13, 24

**SD18. How many people live in your household? By household I mean people who live together and share living expenses. Please include yourself in this count, and (If PN enrollment: please add 1 to the total for your pregnancy, too/If postnatal enrollment or 7, 13, or 24 months: If you are pregnant right now please add 1 to the total for your pregnancy. [Source: FITS 2002, modified]**

Number of people in household.....[number]

**Household income**

Enrollment, 7, 13, 24

**SD19. During [PREVIOUS MONTH], what was your household income before taxes? Please include any income in the past month from you, your family members who live with you, and any other people who live with you and share living expenses with you [Source: WIC IFPS-1, modified]**

- \$500 or less.....01
- \$501-\$1000.....02
- \$1001-\$1500.....03
- \$1501-\$2000.....04
- \$2001-\$2500.....05
- \$2501-\$3000.....06
- \$3001-\$3500.....07
- \$3501-\$4000.....08
- \$4001-\$4500.....09
- \$4501-\$5000.....10
- \$5001+.....11
- Don't know.....98
- Refused.....99

**Presence of infant's father**

Baseline, 13

**SD20. [PN: Is the father of your unborn child/1, 3, 13: Is {CHILD's} father] living in your household? [Source: WIC IFPS-1, modified]**

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

**Receipt of public assistance**

Baseline, 13

**SD21. Are you or your family currently receiving any of the following: [Source: WIC IFPS-1; modified]**

**a. Supplemental nutrition assistance benefits, sometimes called SNAP or Food Stamps?**

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

**b. Temporary assistance to needy families, sometimes called TANF or welfare?**

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

**c. Are you receiving Medicaid or [state specific name for medicaid]?**

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

**d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?**

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

**6-Item Food Security**

Enrollment, 24 bonus module

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

**SD36. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months—that is, since last (name of current month). [Source: USDA food security 6-item]**

**The first statement is, “The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.” Was that often, sometimes, or never true for your household in the last 12 months?**

Often true.....	01
Sometimes true.....	02
Never true.....	03
Don’t know.....	98
Refused.....	99

**SD37. “We couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for your household in the last 12 months?**

Often true.....	01
Sometimes true.....	02
Never true.....	03
Don’t know.....	98
Refused.....	99

**SD38. In the last 12 months, since last (name of current month), did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?**

Yes.....	01
No.....	02 (skip SD38a)
Don’t Know.....	98 (skip SD38a)

**a. [if yes to SD38, ask] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?**

Almost every month.....	01
Some months but not every month.....	02
Only 1 or 2 months.....	03
Don’t know.....	98

**SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?**

Yes.....	01
No.....	02
Don’t Know.....	98

**SD40. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?**

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

Next I'd like to ask you some questions 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

**WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION**

**Perceptions of Impact of Nutrition Education**

3, 13, 24

Administer WC20 only if respondent indicated in SD31 that they are still on WIC. If not on WIC, skip to WC21.

**WC20. Your WIC benefits include both education and food. Which is more important to you—the food you get from WIC, the education you get from WIC, or are they equally important? [Source: New Development]**

Food is more important.....	01
Education is more important.....	02
They are equally important.....	03
Don't know.....	98
Refused.....	99

*If no longer on WIC, say: I'd like to ask you about how you used WIC education.*

**WC21. Have you changed how you feed yourself or your family because of something you learned at WIC? [Source: New Development]**

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

**WC22. (If YES to WC21) What is the most important change you have made based on education you received from WIC? (Open-ended; Interviewer record response) [Source: New Development]**

I/we eat more fruits and vegetables.....	01
I/we eat more whole grains.....	02
I/we drink more reduced fat/low-fat/non-fat milk.....	03
I am breastfeeding/breastfed.....	04
I know how to prepare formula/feed the right amount of formula.....	05
We have more family meals/eat together.....	06
We don't watch TV when eating meals.....	07
We drink/buy fewer sugar sweetened beverages.....	08
I/we offer the right amount of foods (portion).....	09
I know how to choose more healthy foods for myself/my family.....	10
Other (specify _____).....	11
Don't know.....	98
Refused.....	99

<b>CURRENT FEEDING PRACTICES</b>
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<b>AMPM Module (Asking child's food intake in past 24 hours)</b>
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<b>24-HR Recall for Food Intake</b> 1, 3, 5, 7, 9, 11, 13, 15, 18, 24
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**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)**

**Current feeding choice**

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

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

- Only breastmilk.....01
- Only formula.....02
- Both breastmilk and formula.....03
- Neither breastmilk nor formula.....04

*IF CF1 = 02, SKIP TO CF19*

*IF CF1 = 04, AND CF30 NOT ADMINISTERED AT A PREVIOUS INTERVIEW, GO TO CF30.*

*IF CF1 = 04, AND CF30 ADMINISTERED AT A PREVIOUS INTERVIEW, GO TO CF34.*

**Breastfeeding Module (Asked only if mother currently feeding breastmilk, based on CF1)  
Questions CF6 – CF18**

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

**Use of breast pump**

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

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

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

- Yes.....01
- No.....02
- Refused.....99

*If CF6 is NO, skip to CF18*

**Time of day of pumping**

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

Ask only if currently pumping breastmilk in CF6

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

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

Usually.....	01
Sometimes.....	02
Never.....	03
Don't know.....	98
Refused.....	99

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

Usually.....	01
Sometimes.....	02
Never.....	03
Don't know.....	98
Refused.....	99

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

Usually.....	01
Sometimes.....	02
Never.....	03
Don't know.....	98
Refused.....	99

**Frequency of pumping**

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

Ask only if currently pumping breastmilk in CF6

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

Times pumped.....[times]

**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**

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

**Who provided formula**

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

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

- WIC.....01
- Somewhere else.....02
- Both WIC and somewhere else.....03

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

- More .....01
- Less .....02
- About right.....03
- Don't know.....98
- Refused.....99

**Reasons for formula use**

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

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

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

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

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

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

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

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

- c. Breastmilk alone did not satisfy my baby**
- Yes.....01  
No.....02
- d. I thought that my baby was not gaining enough weight**
- Yes.....01  
No.....02
- e. I didn't have enough breastmilk**
- Yes.....01  
No.....02
- f. Breastfeeding was too painful**
- Yes.....01  
No.....02
- g. I wanted my baby to have both formula and breastmilk.**
- Yes.....01  
No.....02
- Ask h-n if mother is either exclusively formula feeding or feeding both breastmilk and formula*
- h. I chose not to breastfeed**
- Yes.....01  
No.....02
- i. My baby was sick and could not breastfeed**
- Yes.....01  
No.....02
- j. I was sick or had to take medicine**
- Yes.....01  
No.....02
- k. Breastfeeding seemed too inconvenient**
- Yes.....01  
No.....02
- l. I could not or did not want to pump**
- Yes.....01  
No.....02
- m. I wanted or needed someone else to feed my baby**

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

**n. For another reason**

Yes (specify \_\_\_\_\_)...01  
 No.....02

***If not adhering to formula dilution instructions, why? Prescribed by Dr., nutritionist?***  
 1, 3, 5, 7, 9, 11, 13

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

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

If CF22 = NO, skip to CF24.

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

Doctor.....01  
 Someone who works at the WIC office or clinic.....02  
 Another health care provider.....03  
 Friend.....04  
 Family member.....05  
 Other.....06  
 No one told me.....07

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

Yes.....01  
 No.....02  
 Not applicable – use ready-to-feed.....03

If CF24 = NO, skip to CF27.

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

Doctor.....01  
 Someone who works at the WIC office or clinic.....02  
 Another health care provider.....03  
 Friend.....04  
 Family member.....05  
 Other.....06  
 No one told me.....07

***How is formula feeding schedule determined (set, on demand, mixed)***  
 1, 3, 5, 7, 9, 11, 13

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

- Schedule.....01
- Cries or seems hungry.....02
- Both on a schedule and when baby cries or seems hungry.....03

**Move to Partial Breastfeeding**

**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 breastfeeding on previous interviews or if she answered ‘yes’ to ever breastfed or tried to breastfeed*

**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

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

7, 9, 11, 13, 15, 18, 24 (ask until affirmative, then stop asking)

**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]

**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

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.**

*Source of baby food (homemade or purchased; if purchased, was it all with WIC vouchers or some purchased without WIC vouchers)*

7, 9, 11, 13

**CF37. For each food category I read to you, please tell me about how much of the food fed to your baby over the past 7 days was store-bought baby food in a jar or container. Baby foods in a jar or container are those sold especially for babies. Foods that are not baby foods in a jar or container include fresh fruit, fruit juices other than those especially sold for babies, foods you prepare especially for the baby, and table food. [Source: FDA IFPS-2, modified]**

**a. Fruit and vegetable juice**

All store-bought baby food.....01  
 Mostly store-bought baby food.....02  
 Some store-bought baby food.....03  
 No store-bought baby food.....04  
 Not fed this food in past 7 days.....05

**b. Fruit**

All store-bought baby food.....01  
 Mostly store-bought baby food.....02  
 Some store-bought baby food.....03  
 No store-bought baby food.....04  
 Not fed this food in past 7 days.....05

**c. Vegetables**

All store-bought baby food.....01  
 Mostly store-bought baby food.....02  
 Some store-bought baby food.....03  
 No store-bought baby food.....04

Not fed this food in past 7 days.....05

**d. Meat, such as beef and chicken**

All store-bought baby food.....01  
Mostly store-bought baby food.....02  
Some store-bought baby food.....03  
No store-bought baby food.....04  
Not fed this food in past 7 days.....05

**d. Combination dinners**

All store-bought baby food.....01  
Mostly store-bought baby food.....02  
Some store-bought baby food.....03  
No store-bought baby food.....04  
Not fed this food in past 7 days.....05

**CF38. [If all, mostly or some store-bought baby food indicated above, then ask:] Was all of the store-bought baby food in jars or containers bought with WIC checks, only some with WIC checks, or none with WIC checks? [Source: New Development]**

All with WIC checks.....01  
Some with WIC checks.....02  
None with WIC checks.....03  
Don't know.....98  
Refused.....99

**Methods and frequency of methods used to prepare child foods**

7, 9, 11, 13

**CF39. [If mostly, some, or no store-bought baby food fed in past 7 days from above, ask:] I'm going to read you some ways people prepare homemade food for babies. For each one, please tell me if you do this to make food for {CHILD}. [Source: New Development]**

**a. Puree, such as in a blender or food processor**

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

**b. Mash, such as with a fork or spoon**

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

**c. Chop or dice**

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

**d. Chew foods yourself before giving to [HIM/HER]**

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

**e. Is there any other way you make food for {CHILD}?**

Yes (specify \_\_\_\_\_).....01  
No.....02

**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

<b>d</b>	<b>Does {CHILD} eat fruits from WIC</b>	
	Yes.....	01
	No.....	02
	Don't Know.....	98
<b>e.</b>	<b>100% juice from WIC</b>	
	Yes.....	01
	No.....	02
	Don't Know.....	98
<b>f.</b>	<b>Milk from WIC, including cow's milk, soy milk, or other milk</b>	
	Yes.....	01
	No.....	02
	Don't Know.....	98
<b>g.</b>	<b>Peanut butter from WIC</b>	
	Yes.....	01
	No.....	02
	Don't Know.....	98
<b>h.</b>	<b>Does {CHILD} eat vegetables from WIC</b>	
	Yes.....	01
	No.....	02
	Don't Know.....	98
<b>i.</b>	<b>Whole grain bread or other whole grains, such as brown rice, bulgur, barley, or tortillas from WIC</b>	
	Yes.....	01
	No.....	02
	Don't Know.....	98
<b>j.</b>	<b>Does {CHILD} eat other food from WIC (specify _____)</b>	
	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

***Self-feeding during mealtimes***

*9, 11, 13 – discontinue after answer is affirmative*

**CF48. Does {CHILD} feed [HIM/HERSELF] any foods? That is, does {CHILD} pick up these foods and put them in [his/her] mouth without any help? [Source: IFPS-1, modified]**

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

**MATERNAL HEALTH AND LIFESTYLE**

Now I'd like to change topics and ask you some questions about your health, and about work, school, and child care.

***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]

**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 all .....03

*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]

**Ever used regular non-maternal child care?**

3, 7, 13, 24 (once answered affirmative, stop asking for subsequent interviews)

**The next few questions are about childcare. By childcare, we mean any kind of arrangement where someone other than you or {CHILD'S} other parent takes care of {CHILD} on a regular basis, while you go to work or school.**

**Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a childcare center or family daycare home. Do not include care provided by you or {CHILD'S} other parent. [Source: PHFE WIC Survey 2010 modified]**

**MH18. Have you ever used a regular childcare arrangement for {CHILD}?**

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

**When did child first start non-maternal child care?**

3, 7, 13, 24 (asked only if ever used is yes, then stop asking once answered)

**MH19. At what age did {CHILD} first start a regular childcare arrangement? [Source: New Development]**

Age.....[months]

**Current use of non-maternal child care (and what kind)**

3, 7, 13, 24

**MH20. Which type of regular childcare arrangement are you currently using the most for {CHILD}? [Source: PHFE WIC Survey 2011, modified]**

- A child care center.....01
- A family daycare home.....02
- Early Head Start.....03
- Someone cares for {CHILD} in their home.....04
- Someone cares for {CHILD} in your home.....05
- Some other kind of childcare.....06
- Not currently using childcare.....07

**Contact info for child care (for CACFP status)**

3, 7, 13, 24

**MH21. (If center or family daycare from MH20) Can we get the official name and address of the childcare? We won't contact them without your permission, we just need it to for our records. [Source: New Development]**

Name \_\_\_\_\_  
Address \_\_\_\_\_

**Who provides food to child care location (provided by mother, or by facility)**

3, 7, 13, 24

*Ask only if indicated current child care use in MH20*

**MH23. Who provides most of the food {CHILD} eats at childcare – the child care provider, you, or is the food divided about equally between you and the childcare provider? [Source: PHFE WIC Survey 2011]**

- Child care provider.....01
- Parent.....02
- Equally divided.....03

**If child care provides food, program timing for transition to supplemental foods**

7, 13

*Ask only if MH23 indicates child care provides food*

*13 mo:*

**MH25. (If the child care provider supplies food) At what age does the child care provider start giving table foods? [Source: New Development]**

Age.....[weeks/months]

**MH26. (If the child care provider supplies food) At what age does the child care provider start giving cow's milk? [Source: New Development]**

Age.....[weeks/months]

**EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS**

Next I'm going to ask you some questions about your beliefs about feeding babies and toddlers.

*Maternal knowledge, attitudes, and beliefs about nutrition (religious or ethical/lifestyle such as Kashrut, Halal, Vegetarian/Vegan*

13

**KA9. Do you have any religious or lifestyle beliefs, such as Halal, keeping Kosher or being Vegetarian or Vegan, that influence how you feed {CHILD}? [Source: New Development]**

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

**KA10. (If yes) What are those beliefs? [Source: New Development]**

Halal.....01  
Kosher.....02  
Vegetarian.....03  
Vegan.....04  
Other (specify \_\_\_\_\_).....05

*Caregiver understanding of infant nonverbal satiety cues and crying; toddler satiety cues.*

3, 13, 24

13 and 24 months:

**KA27. I'm going to read you some statements about when {CHILD} is hungry or full. Please tell me how much you agree or disagree with these statements. [Source: First Steps Survey, modified]**

**a. My child knows when he or she is full. Would you say that you [Interviewer read options]:**

Strongly agree.....01  
Agree.....02  
Neither agree nor disagree.....03  
Disagree.....04  
Strongly disagree.....05

**b. I let my child decide how much to eat. Would you say that you [Interviewer read options]:**

Strongly agree.....01  
Agree.....02  
Neither agree nor disagree.....03  
Disagree.....04  
Strongly disagree.....05

**Perceptions of infant/toddler size and role in feeding decisions**

3, 13, 24

At 3, 13, 24:

**KA29. Does your child’s weight influence your decisions about how and what to feed {HIM/HER}? [Source: New Development]**

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

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

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

**Health status/conditions**

**Actions to rectify health conditions**

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

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

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

Yes.....	01
No.....	02
Don’t Know.....	98

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

Specify \_\_\_\_\_

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

Taking her/him to the doctor for treatment.....	01
Treating him/her at home with medicine.....	02
Treating him/her at home with something other than medicine (such as herbal remedies, special teas, or other forms of treatment).....	03
Changing his/her diet.....	04
Other.....	04
Don’t Know.....	98
Refused.....	99

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

**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.....

*Ask at 7, 13, 24 months only if core sample, and no longer in WIC. Ask once and then confirm at interview prior to when the next height/weight measure is needed:*

**CM9. As we mentioned when you first joined the study, we'd like to get information from {CHILD}'s doctor, and you gave us permission to do that. Can I please have the name of your child's doctor, the doctor's phone number if you have it, and the city and state where the doctor's office is?**

Doctor's name.....  
Location.....  
Phone.....  
Child hasn't seen a doctor.....97  
Don't know.....98  
Refused.....99

*If CM9 = 97, 98, 99 refer case for home health service.*