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APPENDIX L.1
WIC ITFPS-2 PARTICIPANT INTERVIEW
5 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_____

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

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

I'd like to begin by asking you some questions about WIC.

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 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]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

- Yes, still that location.....01
- No, new location.....02

SD33. (If SD32 is no) Please tell me where you go now

Record location _____

Ask SD34 and SD35 only if SD31 is 'no'

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

Age.....[weeks/months]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

- You no longer qualify for WIC.....01
- It was inconvenient for you.....02
- You no longer need WIC.....03
- Other reason (record response).....04

CURRENT FEEDING PRACTICES

AMPM Module (Asking child's food intake in past 24 hours)
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24-HR Recall for Food Intake 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)

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

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

e. In the past month did you have sore or cracked nipples?

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

f. (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 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

g. In the past month did you have a breast infection?

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

h. (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 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

i. In the past month were your breasts too full?

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

j. (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

Pumped or expressed breastmilk to relieve fullness.....04
 Nothing, just continued breastfeeding.....05
 Other (specify _____)...06

k. In the past month did you not have enough milk to satisfy the baby?

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

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]

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 days05
- 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 weeks03
- 1 to 3 months04
- 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

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 (Asked once when mother indicates for the first time that she is formula feeding in CF1)

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 CF36.

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

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

If CF32 = NO, skip to CF40.

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

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

Feeding Methods and Food Preparation:

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

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

Only ask at 3 months if indicated that child is eating solid foods (something other than formula or BM) in CF32

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

EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS

Next I'm going to ask you some questions about how you get information on how to feed {CHILD}.

Sources of information about infant/toddler feeding

5, 15

KA36. There are many people and places mothers turn to for information on how to feed children. I am going to read you a list and I would like you to tell me if you have turned to any of these people or places to get information about how to feed {CHILD}. (CATI offers in random order) [Source: New Development]

a. Your mother, mother-in-law, or another family member

Yes.....01

No.....02

Don't Know.....98

Not Applicable.....99

b.	Your husband or boyfriend	
	Yes.....	01
	No.....	02
	Don't Know.....	98
	Not Applicable.....	99
c.	A friend	
	Yes.....	01
	No.....	02
	Don't Know.....	98
	Not Applicable.....	99
d.	Your child's doctor or another health professional	
	Yes.....	01
	No.....	02
	Don't Know.....	98
	Not Applicable.....	99
e.	A mom's group or class	
	Yes.....	01
	No.....	02
	Don't Know.....	98
	Not Applicable.....	99
f.	Books or magazines	
	Yes.....	01
	No.....	02
	Don't Know.....	98
	Not Applicable.....	99
g.	The internet or parenting websites	
	Yes.....	01
	No.....	02
	Don't Know.....	98
	Not Applicable.....	99
h.	Your WIC office or clinic	
	Yes.....	01
	No.....	02
	Don't Know.....	98
	Not Applicable.....	99

Most helpful source of information about infant/toddler feeding
5, 15

Ask if answered 'yes' to two or more sources of information in KA36

KA40. You just told me about the people or places you turn to in order to get information about how to feed {CHILD}. I'm going to read that list back to you, and I'd like you to tell me which person or place you think gives you the most helpful information about feeding {CHILD}. [CATI includes only options endorsed as 'yes' in KA36, and randomizes the included options]. So would you say that the person or place that gives you the most helpful information is (interviewer read responses with "or" between each): [Source: New Development]

- Your mother, mother-in-law, or another family member.....01
- Your husband or boyfriend.....02
- A friend.....03
- Your child's doctor or another health professional.....04
- A mom's group or class.....05
- Books or magazines.....06
- The internet or parenting websites.....07
- WIC.....08
- Don't know.....98
- Refused.....99

Why did mother seek information about infant/toddler feeding
5, 15

KA37. (If yes to seeking information from any source in KA36) I'm going to read you a short list of reasons why some mothers look for information about how to feed their children. For each one, please tell me if it is a reason why you looked for information. [Source: New Development]

a. I had questions about what to feed my child

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

b. I was worried about my child's weight

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

c. I wanted help with a problem I was having with feeding my child.

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

d. I wanted to learn more about feeding new or different things to my child

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

Did the mother have problems getting information about infant/toddler feeding? If so, what were the problems/barriers?

5, 15

KA38. Have you had any problems finding information about how to feed {CHILD}? [Source: New Development]

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

KA39. (If yes to KA38) I'm going to read you some problems mothers have getting information. For each one, please tell me if this was a problem for you.

a. I didn't know where to look for information

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

b. I couldn't find information on what I wanted to know

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

c. I found information about what I wanted to know, but none of it seemed to apply to my situation.

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

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

Finally I'm going to ask you some questions about 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.....05
Don't Know.....98
Refused.....99

Child physical activity indoors

5, 13, 15, 24

At 5 months only:

CH5. I am going to read you a list of activities you or someone in your home may have done with your child in the past week. For each one please tell me how often you or someone in your home did the following activities with {CHILD} in the past week. [Source: MacDonald & Parke, 1986, modified]

a. Roll on the floor or a soft surface, including the child rolling around or when someone pushes the child around gently. In the past week, how often did you or someone in your home roll around 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. Playing ball. This includes placing a ball in front of a child so he has to go after it by grabbing or pushing. In the past week, how often did you or someone in your home play 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

- c. **Tummy time. This includes placing your baby on his/her tummy and let him/her explore while you are watching. In the past week, how often did you or someone in your home play tummy time with {CHILD}?**

Every day.....	01
Several times a week.....	02
Once a week.....	03
Not at all.....	04
Don't Know.....	98
Refused.....	99

Child sleep duration/patterns
5, 11, 24

- CH9. On a typical day, how much time does your child spend sleeping during the NIGHT, between 7 in the evening and 7 in the morning? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]**

Amount of time.....[hours, minutes]

- CH10. On a typical day, how much time does your child spend sleeping during the DAY, between 7 in the morning and 7 in the evening? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]**

Amount of time.....[hours, minutes]

- CH11. How many times does your child usually wake up during the night, between 7 in the evening and 7 in the morning? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]**

Number of wakings.....[number]

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.....