

APPENDIX Q.1
WIC ITFPS-2 PARTICIPANT INTERVIEW
15 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_____

Next I'd like to ask you 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]

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)

24-HR Recall for Food Intake
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

- Nutrition intake**
- Number of breastmilk/formula feedings per day**
- Type of formula used**
- Adherence to formula dilution instructions**
- Use/timing of supplemental formula for breastfeeding mothers**
- Addition of anything other than human milk/formula to child's bottle**
- Specific food item intake**
- Use of jarred baby foods**
- Meal and snack pattern**
- Eating locations (eating on the go)**
- Use of dietary supplements for infants (direct administration)**

Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)

Fed other than breastmilk or formula

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

Ask CF32 at every interview until mother answers yes, then drop from later interviews and go straight to CF33.

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

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

Time to introduction of supplemental foods

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

Next I'm going to ask you some questions about when you first started feeding {CHILD} different types of foods.

Ask each food until answer is affirmative, then stop asking that food in subsequent interviews

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. Has [HE/SHE] been given plain bottled or tap water?

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

b. (If yes) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?

Age.....[weeks/months]
Don't know.....98
Refused.....99

c. Has [HE/SHE] been given soda or soft drinks?

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

d. (If yes) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?

Age.....[weeks/months]
Don't know.....98
Refused.....99

e. Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?

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

f. (If yes) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?

Age.....[weeks/months]
Don't know.....98
Refused.....99

g. Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice. Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to?

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

h. (If yes) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?

Age.....[weeks/months]
Don't know.....98
Refused.....99

i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?

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

j. (If yes) How old was {CHILD} when [HE/SHE] was first fed Other drinks and liquids, including teas and broths?

Age.....[weeks/months]
Don't know.....98
Refused.....99

k. Has [HE/SHE] been given Cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.

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

l. (If yes) How old was {CHILD} when [HE/SHE] was first fed cow's milk?

Age.....[weeks/months]
Don't know.....98
Refused.....99

m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.

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

n. (If yes) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?

Age.....[weeks/months]
Don't know.....98
Refused.....99

o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?

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

p. (If yes) How old was {CHILD} when [HE/SHE] was first fed baby cereal?

Age.....[weeks/months]
Don't know.....98
Refused.....99

q. Has [HE/SHE] been given other cereal besides baby cereal?

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

r. (If yes) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?

Age.....[weeks/months]
Don't know.....98
Refused.....99

s. Has [HE/SHE] been given eggs?

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

t. (If yes) How old was {CHILD} when [HE/SHE] was first fed eggs?

Age.....[weeks/months]
Don't know.....98
Refused.....99

u. Has [HE/SHE] been given fruit, including baby food or regular fruit?

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

v. (If yes) How old was {CHILD} when [HE/SHE] was first fed fruit?

Age.....[weeks/months]
Don't know.....98
Refused.....99

w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?

Yes.....01

	No.....	02
x.	(If yes) How old was {CHILD} when [HE/SHE] was first fed vegetables?	
	Age.....[weeks/months]	
	Don't know.....	98
	Refused.....	99
y.	Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?	
	Yes.....	01
	No.....	02
z.	(If yes) How old was {CHILD} when [HE/SHE] was first fed beans?	
	Age.....[weeks/months]	
	Don't know.....	98
	Refused.....	99
aa.	Has [HE/SHE] been given peanut butter	
	Yes.....	01
	No.....	02
bb.	(If yes) How old was {CHILD} when [HE/SHE] was first fed peanut butter?	
	Age.....[weeks/months]	
	Don't know.....	98
	Refused.....	99
cc.	Has [HE/SHE] been given meats,, chicken, or fish, including baby food and baby food combination dinners containing these foods?	
	Yes.....	01
	No.....	02
dd.	(If yes) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?	
	Age.....[weeks/months]	
	Don't know.....	98
	Refused.....	99
ee.	Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?	
	Yes.....	01
	No.....	02
ff.	(If yes) How old was {CHILD} when [HE/SHE] was first fed salty snacks?	
	Age.....[weeks/months]	
	Don't know.....	98
	Refused.....	99

gg. Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam

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

hh. (If yes) How old was {CHILD} when [HE/SHE] was first fed sweets?

Age.....[weeks/months]
Don't know.....98
Refused.....99

Next I'm going to ask you some questions about the types of food you buy or make for {CHILD}, how you prepare those foods and feed them to {CHILD}, and what foods you get through WIC.

Time to cessation of bottle feeding
7, 9, 11, 13, 15, 18, 24 (until affirmative)

CF34. Is {CHILD} still drinking anything from a bottle? [Source: New Development]

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

CF35. (If no, ask:) How old was {CHILD} when [HE/SHE] stopped using a bottle? [Source: New Development]

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

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

Don't Know.....98

j. Does {CHILD} eat other food from WIC (specify _____)

Yes.....01

No.....02

Don't Know.....98

Perceptions of impact of WIC food package choices on food child receives
7, 15

KA28. Are the foods you can buy with WIC checks the kinds of foods that you would typically feed {CHILD}? [Source: New Development]

Yes.....01

No.....02

Don't know.....98

Practices for introducing new foods to toddlers
15, 18, 24

CF49. How many times do you offer a new food before you decide {CHILD} does not like it? [Source: FITS 2002, 2008, modified]

Once01

Twice02

Three to five times03

Six to ten times04

More than ten times05

LIKES EVERYTHING06

DON'T KNOW98

REFUSED.....99

Toddler feeding rules
15, 24

CF51. I am going to read some things that parents may do. Please tell me how often each statement is true for you and {CHILD}. [Source: Thompson et al., 2009]

a. I keep track of *what* food {CHILD} eats

Always.....01

Usually.....02

About half of the time.....03

Occasionally.....04

Never.....05

b. I try to get {CHILD} to finish his/her food

Always.....01

Usually.....	02
About half of the time.....	03
Occasionally.....	04
Never.....	05

c. I try to get {CHILD} to eat even if she/he seems not hungry

Always.....	01
Usually.....	02
About half of the time.....	03
Occasionally.....	04
Never.....	05

d. I carefully control how much {CHILD} eats

Always.....	01
Usually.....	02
About half of the time.....	03
Occasionally.....	04
Never.....	05

e. I am very careful not to feed {CHILD} too much

Always.....	01
Usually.....	02
About half of the time.....	03
Occasionally.....	04
Never.....	05

EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS

Now I'm going to ask you about your beliefs about feeding toddlers, and where you get information about how to feed {CHILD}.

Toddler period knowledge, attitudes, beliefs about nutrition
15, 24

KA11. It's ok for a toddler to walk around while eating as long as s/he eats. [Source: Thompson, 2009, modified]. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

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

KA12. It's important for a toddler to finish all the food on his/her plate. [Source: Thompson, 2009, modified]. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

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

KA13. The best way to make a toddler stop crying is to feed him or her. [Source: Thompson, 2009, modified]. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

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

KA14. It's important that the parent decides how much a toddler should eat. [Source: Thompson, 2009, modified]. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

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

KA15. People feel differently about what their toddlers eat. Which of the following best describes your opinion about toddlers eating fast food: [Source: Thompson, 2009, modified]

Toddlers should be allowed to eat fast food whenever they want to.....	01
Toddlers should be allowed to eat fast food occasionally.....	02
Toddlers should never eat fast food.....	03

KA16. There are many kinds of sugary foods like candy, ice cream, cakes or cookies. Which of the following best describes your opinion about toddlers eating sugary foods: [Source: Thompson, 2009, modified]

Toddlers should be allowed to eat sugary foods whenever they want to	01
Toddlers should be allowed to eat sugary foods occasionally.....	02
Toddlers should never eat sugary foods.....	03

KA17. There are many kinds of snack foods like potato chips, regular or flavored tortilla chips, and cheese puffs. Which of the following best describes your opinion about toddlers eating snack foods: [Source: Thompson, 2009, modified]

Toddlers should be allowed to eat snack foods whenever they want to..	01
Toddlers should be allowed to eat snack foods occasionally.....	02
Toddlers should never eat snack foods.....	03

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
Your WIC office or clinic.....	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 having problems finding information) 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 {CHILD'S} health and behavior, and your family's routines and habits.

Health status/conditions

Actions to rectify health conditions

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

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

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

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

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

Specify _____

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

- Taking her/him to the doctor for treatment.....01
- Treating him/her at home with medicine.....02
- Treating him/her at home with something other than medicine (such as herbal remedies, special teas, or other forms of treatment).....03
- Changing his/her diet.....04
- Other.....05
- Don’t Know.....98
- Refused.....99

Child physical activity indoors

5, 13, 15, 24

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

Child television/video exposure

15, 18, 24

At 15 months only:

CH17 . On an average day, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, and just give your best estimate. [Source: PHFE WIC survey 2011, modified]

Less than one hour.....01
Number of hours (1 or more).....[number 1-18]
Don't know.....98
Refused.....99

TV on during meals

15, 18, 24

CH19. When you and your child eat meals or snacks at home, how often is a television on while you are eating? [Source: CDC 2010 Youth Physical Activity and Nutrition Survey, modified]

Most of the time.....	01
Sometimes.....	02
Rarely.....	03
Never.....	04
Don't know.....	98
Refused.....	99

Family eats together

15, 18, 24

CH20. During the past week, including weekdays and weekends, how many times did all or most of your family sit down and eat a meal together? [Source: NHANES Flexible Consumer Behavior Survey (CBQ) 2009-2010, modified]

7 or more times each week.....	01
5-6 times during the week.....	02
3-4 times/week.....	03
1-2 times/week.....	04
Never.....	05
Don't know.....	98
Refused.....	99

PARTICIPANT CONTACT INFORMATION UPDATE

Thank you for taking the time to speak with me today. Because we'll be calling you again for your next interview (EN: in a couple of weeks / all other times: when your child is {AGE – next interview}), I'd like to be sure we have all the right ways to contact you.

CM1. Is your full name still {NAME}?

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

(If no, go to a)

a. Can you please tell me what your full legal name is now?

Ask only if still on WIC:

CM2. {If have WIC ID on file: We have your WIC ID as {FILL}, is that correct?/If don't have WIC ID on file: Do you know what your current WIC ID is?}

WIC ID is the same (fill below).....	01
New WIC ID (specify below)	02
Don't know WIC ID.....	98
Refused WIC ID.....	99

WIC ID _____

CM3. I reached you today at {FILL #}. Will that still be the best number to call you at for your next interview?

- Yes (if yes, go to b).....01
- No (if no, go to a).....02

a. What is the best number to call you at for your next interview?

- Number (specify ---/---/----)
- NO PHONE (go to CM4).....97

Is that number home, work, cell, or something else?

- Home.....01
- Work.....02
- Cell.....03
- Other (specify _____).....04

b. Is there another number we could try in case we have trouble reaching you?

- Number (specify ---/---/----)
- Is that number home, work, cell, or something else?**

- Home.....01
- Work.....02
- Cell.....03
- Other (specify _____).....04

We'd like to keep in touch with you even if we can't get you by phone or your phone number changes, so I'm going to ask you about a few additional ways we might be able to contact you.

CM4. *If have email on file: We have your email address as {FILL}, is that correct?/If no email: Do you have an email address we could use to contact you if necessary?*

- Email is the same (fill below).....01
- New Email (specify below)02
- Don't know Email.....98
- Refused Email.....99

Email _____

CM5. *If mailing address on file: We have your current mailing address as {FILL}. Is that correct?/If no mailing address on file: Can I get a mailing address we could use to contact you if necessary?*

- Address is the same (fill below).....01
- New address (specify below)02
- Don't know/don't have address.....98
- Refused address.....99

a. Can you please tell me what your current mailing address is?

Street/Apt# _____

City _____

State _____

ZIP _____

- b. **(If CM3a is 97 – no phone): Earlier you indicated that you do not have a phone. Since we need to speak with you by phone we will mail you a study phone. You will receive the phone before your next interview. The package will contain instructions on how to use the phone. Should we mail the phone to the mailing address you just provided?**

Address is the same (fill below).....01
 New address (specify below)02
 Don't know/don't have address.....98
 Refused address.....99

Can you please provide the address where the phone should be mailed?

Street/Apt# _____

City _____

State _____

ZIP _____

CM6. [Social Media – will develop question when procedure is finalized]

- CM7. (If contacts on file: Earlier you provided the names and contact information for two people who would always know how to find you. Can I read that information back to you and check that it's still up to date?/If no contacts on file: Just in case we can't get in touch with you using the information you just gave me, I'd like to ask you for the names and contact information for two people who would always know how to find you.**

Person #1 (If contacts on file, read fill info and correct as needed)

Name.....
 Who is this person to you?.....
 Phone.....
 Address.....
 Email.....

Person #2 (If contacts on file, read fill info and correct as needed)

Name.....
 Who is this person to you?.....
 Phone.....
 Address.....
 Email.....