WIC ITFPS-2 Participant Interview

30 Month

October 28, 2014

**CAREGIVER STATUS CONFIRMATION**

***Respondent still Caregiver?***

*1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 36*

SD12. Before we begin today, I need to ask whether you are still {CHILD's} caregiver. [Source: New Development]

YES 01🡪 GOTO SD14

NO 02🡪 GOTO SD12a

a. Does {CHILD} still live with you?

YES 01🡪 GOTO SD12b

NO 02🡪 GOTO SD12c

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

**SOCIODEMOGRAPHICS AND BACKGROUND**

I’d like to start today by asking you some background questions about yourself and your family.

***Marital status***

*Baseline, 13, 30,36*

SD14. Are you …? [Source: WIC IFPS-1]

Married 01

Separated 02

Divorced 03

Widowed 04

Or Never Married 05

Don’t know 98

Refused 99

***Household size***

*Enrollment, 7, 13, 24, 30, 36*

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, 24, 30 or 36 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, 30, 36*

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]

INCOME [amount]

*(OR if respondent cannot provide specific amount):* I’ll read some ranges, and you can stop me when I get to the one that is your best estimate of your household income before taxes for [PREVIOUS MONTH]

$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

***6-Item Food Security***

*Enrollment, 7, 13, 18, 24, 30, 36*

These next questions are about the food eaten in your household in the last 12 months, since {*name of 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 🡪 GOTO SD38a

NO 02 🡪 GOTO SD39

DON’T KNOW 98 🡪 GOTO SD39

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

NO 02

DON’T KNOW 98

***Receipt of public assistance***

*Baseline, 13, 24, 30, 36*

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

***Currently pregnant/due date***

*7, 13, 18, 30, 36*

SD16. Are you currently pregnant? [Source: New Development]

YES 01 🡪 GOTO SD17

NO 02🡪 GOTO SD31

DON’T KNOW 98🡪 GOTO SD31

REFUSED 99🡪 GOTO SD31

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}

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

*1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 36*

**Next I’d like to ask 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

SD45. Are you currently getting WIC food or checks for any infants or children other than {CHILD}? [Source: New development]

YES 01

NO 02

(If SD31 = Yes, go to SD32 after SD45; If SD31 = No for the first time, go to SD34 after SD45; if SD31 = No now and no previously go to WC20 after SD45.)

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🡪 GOTO WC20

NO, NEW LOCATION 02🡪 GOTO SD33

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

*RECORD LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Ask SD34 and SD35 only if SD31 is 'no' for the first time*

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]

1. **You no longer qualify for WIC?**

YES 01

NO 02

1. **It was inconvenient for you?**

YES 01

NO 02

1. **You no longer need WIC?**

YES 01

NO 02

1. **Is there any other reason?**

YES 01

NO 02

*(IF YES):* **[What is the other reason you stopped going to WIC?]**

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION**

*Perceptions of Impact of Nutrition Education*

*3, 13, 24, 30*

*Administer WC20 only if respondent indicated in SD31 or SD45 that they are still on WIC. If not on WIC, skip to intro before 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🡪 GOTO WC22

NO 02🡪 GOTO MH13

DON’T KNOW 98🡪 GOTO MH13

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

**MATERNAL HEALTH AND LIFESTYLE**

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

***Maternal weight***

*1, 3, 13, 24, 30*

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

POUNDS [NUMBER]

***Educational attainment***

*Baseline, 24, 30*

SD26. What is the highest year or grade you finished in school? [Source: FITS 2002; modified]

*(do not read – endorse based on participant response, probe if needed)*

NEVER ATTENDED SCHOOL 01

GRADES 1 TO 11, ENTER NUMBER 02

HIGH SCHOOL DIPLOMA OR GED 03

SOME COLLEGE/SOME POSTSECONDARY   
VOCATIONAL COURSES 04

2-YEAR OR 3-YEAR COLLEGE DEGREE (AA DEGREE)

OR VOCATIONAL SCHOOL DIPLOMA 05

4-YEAR COLLEGE DEGREE (BA, BS DEGREE) 06

SOME GRADUATE WORK/NO GRADUATE DEGREE 07

DOCTORAL OR GRADUATE DEGREE (MA, MBA,

PHD, JD, MD) 08

DON’T KNOW 98

REFUSED 99

***Educational status***

*3, 7, 13, 18, 24, 30*

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, 30*

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 ALL03

*Ask SD30 first time answer to SD 27 or SD29 is ‘yes’ then discontinue*

SD30. How old was {CHILD} when you started going back to school or working? [Source: New Development]

AGE [WEEKS, MONTHS]

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

*3, 7, 13, 24, 30 (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🡪 GOTO MH19

NO 02🡪 GOTO CF43 Intro

*If MH18 = Yes, stop asking for subsequent interviews.*

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

*3, 7, 13, 24, 30 (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]

*Stop asking MH19 after the first time it is answered.*

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

*3, 7, 13, 24, 30*

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🡪 GOTO MH21

A family daycare home 02🡪 GOTO MH21

Early Head Start 03🡪 GOTO MH23

Someone cares for {CHILD} in their home 04🡪 GOTO MH23

Someone cares for {CHILD} in your home 05🡪 GOTO MH23

Some other kind of childcare 06🡪 GOTO MH23

Not currently using childcare 07🡪 GOTO CF43 Intro

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

*3, 7, 13, 24, 30*

MH21. (If center or family daycare from MH20) Can we get the official name and address of the child care? 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, 30*

*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

**CURRENT FEEDING PRACTICES/FEEDING BELIEFS**

**Now I’m going to ask some questions about {CHILD’s} eating habits and some things you may do in feeding [him/her].**

***Infant/child food package – does child eat foods from WIC food package?***

*7, 13, 15, 18, 24, 30*

*For 13, 15, 18, 24, 30 mo, only if SD31 = Yes. Else skip to CF49.*

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

***Practices for introducing new foods***

*15, 18, 24, 30*

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

Once 01

Twice 02

Three to five times 03

Six to ten times 04

More than ten times 05

LIKES EVERYTHING 06

DON’T KNOW 98

REFUSED 99

***Toddler/Child feeding rules***

*15, 24, 30*

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

**Now I’m going to ask you about your beliefs about feeding children.**

***Toddler/Child period knowledge, attitudes, beliefs about nutrition***

*15, 24, 30*

KA11a. It’s ok for a child to walk around while eating as long as he or she 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

KA12a. It’s important for a child to finish all the food on his or 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

KA13a. The best way to make a child 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

KA14a. It’s important that the parent decides how much a child 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

KA15a. People feel differently about what their children eat. Which of the following best describes your opinion about children eating fast food: [Source: Thompson, 2009, modified]

Children should be allowed to eat fast food whenever they want to 01

Children should be allowed to eat fast food occasionally 02

Children should never eat fast food 03

KA16a. There are many kinds of sugary foods like candy, ice cream, cakes or cookies. Which of the following best describes your opinion about children eating sugary foods: [Source: Thompson, 2009, modified]

Children should be allowed to eat sugary foods whenever they want to 01

Children should be allowed to eat sugary foods occasionally 02

Children should never eat sugary foods 03

KA17a. 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 children eating snack foods: [Source: Thompson, 2009, modified]

Children should be allowed to eat snack foods whenever they want to 01

Children should be allowed to eat snack foods occasionally 02

Children should never eat snack foods 03

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

**The next questions are 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, 30*

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 🡪 GOTO CH2a

NO 02 🡪 GOTO CH21

DON’T KNOW 98 🡪 GOTO CH21

**CH2a.**(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

***Caregiver report of child weight and height***

*30,36*

CH21. The last time {CHILD} was weighed, how much did [he/she] weigh? [Source: New development]

POUNDS [number]

OR

KILOGRAMS [number]

DON’T KNOW 98 🡪 GOTO CH24

REFUSED 99 🡪 GOTO CH24

CH22. When was that weight taken? Please give me the month and year. [Source: New development]

MONTH [Jan-Dec]

YEAR [number]

DON’T KNOW 98

REFUSED 99

CH23. Where was {CHILD}’s weight taken? Was it… [Source: NC CHAMPS, modified]

At home 01

In a doctor’s office 02

At the WIC site or clinic 03

Or some other place 04

CH24. The last time {CHILD}’s height was measured, how tall was [he/she]? [Source: New development]

INCHES [number]

OR

CENTIMETERS [number]

DON’T KNOW 98 🡪 GOTO CH21

REFUSED 99 🡪 GOTO CH21

CH25. When was that height measurement taken? Please give me the month and year. [Source: New development]

MONTH [Jan-Dec]

YEAR [number]

DON’T KNOW 98

REFUSED 99

CH26. Where was {CHILD}’s height measured? Was it… [Source:NC CHAMPS, modified]

At home 01

In a doctor’s office 02

At the WIC site or clinic 03

Or some other place 04

***Medical Home***

*30*

CH27. Is there a place such as a doctor’s office, health clinic, or other medical facility that {CHILD} USUALLY goes to when [he/she] needs a routine physical examination or a well-child check-up? Would you say…[Source: NHIS 2013 Child Survey, modified]

there is one place 01

there is more than one place 02

or there is no usual place 03

DON’T KNOW 98

REFUSED 99

***Recent Routine Health Visit***

*30*

CH28. Did {CHILD} have a physical exam or well-child check-up around [his/her] second birthday? [Source: New development]

YES 01

NO 02

NOT YET 03

DON’T KNOW 98

REFUSED 99

***Child physical activity outdoors***

*18, 24, 30*

CH7a. Think for a moment about a typical weekday, that is Monday through Friday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekday? This can include playing in your yard or neighborhood, or playing in a park or other outdoor recreation area, such as a zoo or amusement park. [Source: Parental report of outdoor playtime Burdette, 2004, modified]

TIME [HOURS/MINUTES]

CH8. Now, think about a typical weekend day, that is Saturday or Sunday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekend day? [Source: Parental report of outdoor playtime Burdette, 2004, modified]

TIME [HOURS/MINUTES]

***Child television/video exposure***

*15, 18, 24, 30*

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

*At 18, 24, and 30 only:*

CH18a. On an average day, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Do not include time spent playing video or computer games that involve physical activity such as Wii. Just give your best estimate. [Source: PHFE WIC survey 2011, modified]

LESS THAN ONE HOUR 01

NUMBER OF HOURS (1 OR MORE) [NUMBER 2-18]

DON'T KNOW 98

REFUSED 99

***Child is a picky eater***

*18, 24, 30*

CH4. Do you consider [CHILD] a very picky eater, a somewhat picky eater, or not a picky eater? [FITS 2008]

A VERY PICKY EATER 01

A SOMEWHAT PICKY EATER 02

NOT A PICKY EATER? 03

DON’T KNOW 98

REFUSED 99

***TV on during meals***

*15, 18, 24, 30*

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, 30*

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

**HEALTHY FOOD AVAILABILITY, ACCESS, AND PURCHASING**

***Availability and purchasing of fresh fruits and vegetables***

*30*

In this next set of questions, I am going to ask you about the availability, cost and quality of fresh fruits and vegetables in your community. Community is defined as the place where you live, and other neighborhoods that you are easily able to get to. Please tell me how much you agree or disagree with the following statements. [Source: Boehmer/ Brownson et al. 2006]

AP1. It is easy to buy fresh fruits and vegetables in my community. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree? [Source: Boehmer/ Brownson et al. 2006, modified]

STRONGLY AGREE 01

AGREE 02

NEITHER AGREE NOR DISAGREE 03

DISAGREE 04

STRONGLY DISAGREE 05

AP2. There are a lot of fresh fruits and vegetables available in my community. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree? [Source: Boehmer/ Brownson et al. 2006, modified]

STRONGLY AGREE 01

AGREE 02

NEITHER AGREE NOR DISAGREE 03

DISAGREE 04

STRONGLY DISAGREE 05

AP3. The fresh fruits and vegetables in my community are of high quality. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree? [Source: Boehmer/ Brownson et al. 2006, modified]

STRONGLY AGREE 01

AGREE 02

NEITHER AGREE NOR DISAGREE 03

DISAGREE 04

STRONGLY DISAGREE 05

I’m going to read you a few statements about things some people say make it hard for them to eat fruits and vegetables. For each one, please tell me how much you agree or disagree.

AP4. Eating fruits and vegetables is difficult because they cost too much. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree? [Source: CA Nut Ed and Food Package Impact Study]

STRONGLY AGREE 01

AGREE 02

NEITHER AGREE NOR DISAGREE 03

DISAGREE 04

STRONGLY DISAGREE 05

AP5. Eating fruits and vegetables is difficult because they take too much time to prepare. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree? [Source: New development]

STRONGLY AGREE 01

AGREE 02

NEITHER AGREE NOR DISAGREE 03

DISAGREE 04

STRONGLY DISAGREE 05

AP6. Eating fruits and vegetables is difficult because I don’t like them. Would you say that you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree? [Source: CA Nut Ed and Food Package Impact Study]

STRONGLY AGREE 01

AGREE 02

NEITHER AGREE NOR DISAGREE 03

DISAGREE 04

STRONGLY DISAGREE 05

**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 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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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🡪 GOTO CM3b

NO (if no, go to a) 02🡪 GOTO CM3a

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. Do you have a Facebook account we could use to contact you?

YES…………….……………………………..01

NO……………………………………………02

*(IF YES):* **[What is your Facebook name?]**

[SPECIFY: ]

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

WHAT IS THIS PERSON’S RELATIONSHIP TO YOU?

PHONE

ADDRESS

EMAIL

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

NAME

WHAT IS THIS PERSON’S RELATIONSHIP TO YOU?

PHONE

ADDRESS

EMAIL