

**WIC ITFPS-2 PARTICIPANT INTERVIEW  
24 MONTH  
REVISED SEPTEMBER 2014**

**SOCIODEMOGRAPHICS AND BACKGROUND**

**Respondent still Caregiver?**  
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

**SD12. (1 mo.: Before we go any further/ All other: Before we begin today), I need to ask whether you are still {CHILD's} caregiver. [Source: New Development]**

- Yes.....01
- No.....02
- (If no, go to a)

**a. Does {CHILD} still live with you?**

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

**b. (If a is Yes): Can you please tell me who in your household is now {CHILD's} caregiver? Can I speak with that person?**

Name of New Caregiver\_\_\_\_\_

**c. (If a is No): Can you please tell me who is caring for {CHILD} now, and how I could reach that person?**

Name of New Caregiver\_\_\_\_\_

Phone of New Caregiver\_\_\_\_\_

Address of New Caregiver\_\_\_\_\_

Relation of New Caregiver to Child\_\_\_\_\_

**OK, I'm going to start by asking you some questions about yourself and your household.**

**Household size**  
Enrollment, 7, 13, 24

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

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

**Household income**  
Enrollment, 7, 13, 24

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

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

**Next I'd like to ask you some questions about WIC.**

**Continuation/discontinuation of WIC participation (timing, reasons, location)**  
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

**SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]**

- Yes.....01
  - No.....02
- (if no for the first time go to SD34, if no previously go to next applicable module)

**SD32. The last time we talked with you, you were going to WIC at [fill in location]. Do you still go there, or do you go to a new location? [Source: FDA IFPS-2 modified]**

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

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

Record location \_\_\_\_\_

Ask SD34 and SD35 only if SD31 is 'no'

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

Age.....[weeks/months]

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

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

**WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION**

**Perceptions of Impact of Nutrition Education**  
3, 13, 24

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

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

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

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

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

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

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

- I/we eat more fruits and vegetables.....01
- I/we eat more whole grains.....02
- I/we drink more reduced fat/low-fat/non-fat milk.....03
- I am breastfeeding/breastfed.....04

I know how to prepare formula/feed the right amount of formula	05
We have more family meals/eat together.....	06
We don't watch TV when eating meals.....	07
We drink/buy fewer sugar sweetened beverages.....	08
I/we offer the right amount of foods (portion).....	09
I know how to choose more healthy foods for myself/my family	10
Other (specify_____)	11
Don't know.....	98
Refused.....	99

<b>CURRENT FEEDING PRACTICES</b>
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<b>AMPM Module (Asking child's food intake in past 24 hours)</b>
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<i>24-HR Recall for Food Intake</i> 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)**

<b>Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)</b>
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<i>Fed other than breastmilk or formula</i> 1, 3, 5, 7, 9, 11, 13, 15, 18, 24
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Ask CF32 at every interview until mother answers yes, then drop from later interviews.

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

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

**Time to introduction of supplemental foods**

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

Only ask CF33 if CF32 = YES now or at a previous interview

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- g. Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice. Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to?**
- Yes.....01  
No.....02
- h. (If yes) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?**
- Yes.....01  
No.....02
- j. (If yes) How old was {CHILD} when [HE/SHE] was first fed Other drinks and liquids, including teas and broths?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- k. Has [HE/SHE] been given Cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.**
- Yes.....01  
No.....02
- l. (If yes) How old was {CHILD} when [HE/SHE] was first fed cow's milk?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.**
- Yes.....01  
No.....02
- n. (If yes) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?**

- Yes.....01  
No.....02
- p. (If yes) How old was {CHILD} when [HE/SHE] was first fed baby cereal?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- q. Has [HE/SHE] been given other cereal besides baby cereal?**
- Yes.....01  
No.....02
- r. (If yes) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- s. Has [HE/SHE] been given eggs?**
- Yes.....01  
No.....02
- t. (If yes) How old was {CHILD} when [HE/SHE] was first fed eggs?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- u. Has [HE/SHE] been given fruit, including baby food or regular fruit?**
- Yes.....01  
No.....02
- v. (If yes) How old was {CHILD} when [HE/SHE] was first fed fruit?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?**
- Yes.....01  
No.....02
- x. (If yes) How old was {CHILD} when [HE/SHE] was first fed vegetables?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99

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



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

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

***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]

***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

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

***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]**

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 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

**MATERNAL HEALTH AND LIFESTYLE**

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

**Maternal weight**

1, 3, 13, 24

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

Pounds.....[number]

**Educational attainment**

Baseline, 24 months

**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

**SD27. As of today, are you in school or college? [Source: WIC IFPS-1]**

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

**Current employment status**

3, 7, 13, 18, 24

**SD29. Are you currently working for pay full time, part time, or not at all? [Source: LA WIC Survey]**

- Full time (35 hours or more).....01
- Part time.....02
- Not at all .....03

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

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

Age.....[weeks, months]

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

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

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

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

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

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

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

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

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

Age.....[months]

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

3, 7, 13, 24

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

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

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

3, 7, 13, 24

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

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

<b>EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS</b>
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Now I'm going to ask you about your beliefs about feeding toddlers.

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

**KA11. It's ok for a toddler 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

**KA12. It's important for a toddler 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

**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

**Caregiver understanding of infant nonverbal satiety cues and crying; toddler satiety cues.  
3, 13, 24**

13 and 24 months:

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

**a. My child knows when he or she is full. Would you say that you:**

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

**b. I let my child decide how much to eat. Would you say that you:**

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

**Perceptions of infant/toddler size and role in feeding decisions**  
3, 13, 24

At 3, 13, 24:

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

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

At 24 months only:

**KA30. Currently, would you describe your child as overweight, normal weight or thin?** [Source: UCLA/PHFE CHIRP Study]

Overweight.....	01
Normal.....	02
Thin.....	03

**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 is a picky eater**

18, 24

**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
Or, not a picky eater? .....	03
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 physical activity outdoors**

18, 24

**CH7. 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. This does not include time spent in a stroller outside. [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 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]

***Child television/video exposure***  
15, 18, 24

**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 and 24 only:*

**CH18. On an average day, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? 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

***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

<b>24-MONTH BONUS MODULE</b>
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**6-Item Food Security**  
*24 bonus module*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

***Receipt of Public Assistance***

*Baseline, 13, 24*

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

**Maternal Dietary Intake Questions**  
24 month bonus module

**MH28. These questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else. [Source: NHANES]**

**a. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda. You can tell me per day, per week or per month.**

*Interviewer instruction:*

*Include: manzanita and peñafiel sodas.*

*Do not include: diet or sugar-free fruit drinks. do not include juices or tea in cans.*

*Record quantity:*

Quantity.....[number]  
Never.....00  
Don't know.....98  
Refused.....99

*Record Unit (per):*

Day.....01  
Week.....02  
Month.....03  
Don't know.....98  
Refused.....99

*Interviewer Instruction:*

*If more than 2 times per day*

*OR more than 14 times per week*

*OR more than 60 times per month*

*Ask:*

**You said {quantity} per {unit}. Is that correct?**

Yes.....01  
No.....02 (if no, re-ask question a)  
Don't know.....98  
Refused.....99

**b. (During the past month), how often did you drink 100% pure fruit juice such as orange, mango, apple, grape and pineapple juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. (You can tell me per day, per week or per month.)**

*Interviewer instruction:*

*Include: only 100% pure juices.*

Do not include: fruit-flavored drinks with added sugar, like cranberry cocktail, hi-c, lemonade, kool-aid, gatorade, tampico, and sunny delight.

Record quantity:

Quantity.....	[number]
Never.....	00
Don't know.....	98
Refused.....	99

Record unit (per):

Day.....	01
Week.....	02
Month.....	03
Don't know.....	98
Refused.....	99

Interviewer Instruction:

If more than 14 times per week  
OR more than 60 times per month  
Ask:

**You said {quantity} per {unit}. Is that correct?**

Yes.....	01
No.....	02 (if no, re-ask question b)
Don't know.....	98
Refused.....	99

c. **(During the past month), how often did you drink coffee or tea that had sugar or honey added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. Do not include artificially sweetened coffee or diet tea. (You can tell me per day, per week or per month.)**

Record quantity:

Quantity.....	[number]
Never.....	00
Don't know.....	98
Refused.....	99

Record unit (per):

Day.....	01
Week.....	02
Month.....	03
Don't know.....	98
Refused.....	99

Interviewer Instruction:

If more than 1 time per day  
OR more than 14 times per week

*OR more than 60 times per month*

*Ask:*

**You said {quantity} per {unit}. Is that correct?**

Yes.....01  
No.....02 (if no, re-ask question c)  
Don't know.....98  
Refused.....99

- d. (During the past month), how often did you drink sweetened fruit drinks, sports or energy drinks, such as Kool-aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull or Vitamin Water? Include fruit juices you made at home and added sugar to. Do not include diet drinks or artificially sweetened drinks. (You can tell me per day, per week or per month.)**

*Interviewer instruction:*

*Include: drinks with added sugar, tampico, sunny delight, and twister.*

*Do not include: 100% fruit juices or soda, yogurt drinks, carbonated water or fruit-flavored teas.*

*Record quantity:*

Quantity.....[number]  
Never.....00  
Don't know.....98  
Refused.....99

*Record unit (per):*

Day.....01  
Week.....02  
Month.....03  
Don't know.....98  
Refused.....99

*Interviewer Instruction:*

*If more than 14 times per week*

*OR more than 60 times per month*

*Ask:*

**You said {quantity} per {unit}. Is that correct?**

Yes.....01  
No.....02 (if no, re-ask question d)  
Don't know.....98  
Refused.....99

- e. (During the past month), how often did you eat fruit? Include fresh, frozen or canned fruit. Do not include juices. (You can tell me per day, per week or per month.)**

*Interviewer instructions:*

*Do not include: dried fruits.*



*Record quantity:*

Quantity.....	[number]
Never.....	00
Don't know.....	98
Refused.....	99

*Record unit (per):*

Day.....	01
Week.....	02
Month.....	03
Don't know.....	98
Refused.....	99

*Interviewer Instruction:*

*If more than 1 time per day  
OR more than 14 times per week  
OR more than 60 times per month  
Ask:*

**You said {quantity} per {unit}. Is that correct?**

Yes.....	01
No.....	02 (if no, re-ask question e)
Don't know.....	98
Refused.....	99

**f. (During the past month), how often did you eat a green leafy or lettuce salad, with or without other vegetables? (You can tell me per day, per week or per month.)**

*Interviewer instructions:*

*Include: spinach salads.*

*Record quantity:*

Quantity.....	[number]
Never.....	00
Don't know.....	98
Refused.....	99

*Record unit (per):*

Day.....	01
Week.....	02
Month.....	03
Don't know.....	98
Refused.....	99

*Interviewer Instruction:*

*If more than 1 time per day  
OR more than 14 times per week*

*OR more than 60 times per month*

*Ask:*

**You said {quantity} per {unit}. Is that correct?**

Yes.....01  
No.....02 (if no, re-ask question f)  
Don't know.....98  
Refused.....99

**g. (During the past month), how often did you eat any kind of potatoes other than fried potatoes, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad? (You can tell me per day, per week or per month.)**

*Interviewer instructions:*

*Include: all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes.*

*Record quantity:*

Quantity.....[number]  
Never.....00  
Don't know.....98  
Refused.....99

*Record unit (per):*

Day.....01  
Week.....02  
Month.....03  
Don't know.....98  
Refused.....99

*Interviewer Instruction:*

*If more than 1 time per day  
OR more than 14 times per week  
OR more than 60 times per month  
Ask:*

**You said {quantity} per {unit}. Is that correct?**

Yes.....01  
No.....02 (if no, re-ask question g)  
Don't know.....98  
Refused.....99

**h. (During the past month), how often did you eat refried beans, baked beans, beans in soup, pork and beans or any other type of cooked dried beans? Do not include green beans. (You can tell me per day, per week or per month.)**

*Interviewer instructions:*

*Include: soybeans, kidney, pinto, garbanzo, lentils, black, black-eyed peas, cow peas, and lima beans.*

*Record quantity:*

Quantity.....[number]	
Never.....	00
Don't know.....	98
Refused.....	99

*Record unit (per):*

Day.....	01
Week.....	02
Month.....	03
Don't know.....	98
Refused.....	99

*Interviewer Instruction:*

*If more than 1 time per day  
OR more than 14 times per week  
OR more than 60 times per month  
Ask:*

**You said {quantity} per {unit}. Is that correct?**

Yes.....	01
No.....	02 (if no, re-ask question h)
Don't know.....	98
Refused.....	99

- i. (During the past month), not including what you just told me about (lettuce salads, potatoes, cooked dried beans), how often did you eat other vegetables? (You can tell me per day, per week or per month.)**

*Interviewer instructions:*

*Include any form of the vegetable (raw, cooked, canned, or frozen). Examples of other vegetables include: tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli.*

*Do not include: rice*

*Record quantity:*

Quantity.....[number]	
Never.....	00
Don't know.....	98
Refused.....	99

*Record unit (per):*

Day.....	01
Week.....	02
Month.....	03
Don't know.....	98
Refused.....	99

*Interviewer Instruction:*

*If more than 2 times per day  
OR more than 14 times per week  
OR more than 60 times per month  
Ask:*

**You said {quantity} per {unit}. Is that correct?**

Yes.....01  
No.....02 (if no, re-ask question i)  
Don't know.....98  
Refused.....99

**j. (During the past month), how often did you have Mexican-type salsa made with tomato? (You can tell me per day, per week or per month.)**

*Interviewer instructions:*

*Include: all tomato-based salsas.*

*Record quantity:*

Quantity.....[number]  
Never.....00  
Don't know.....98  
Refused.....99

*Record unit (per):*

Day.....01  
Week.....02  
Month.....03  
Don't know.....98  
Refused.....99

*Interviewer Instruction:*

*If more than 1 time per day  
OR more than 14 times per week  
OR more than 60 times per month  
Ask:*

**You said {quantity} per {unit}. Is that correct?**

Yes.....01  
No.....02 (if no, re-ask question j)  
Don't know.....98  
Refused.....99

**k. During the past month, how often did you eat pizza? Include frozen pizza, fast food pizza, and homemade pizza. You can tell me per day, per week or per month.**

*Record quantity:*

Quantity.....[number]	
Never.....	00
Don't know.....	98
Refused.....	99

*Record unit (per):*

Day.....	01
Week.....	02
Month.....	03
Don't know.....	98
Refused.....	99

*Interviewer Instruction:*

*If more than 1 time per day  
OR more than 14 times per week  
OR more than 60 times per month  
Ask:*

**You said {quantity} per {unit}. Is that correct?**

Yes.....	01
No.....	02 (if no, re-ask question k)
Don't know.....	98
Refused.....	99

- I. (During the past month), how often did you have tomato sauces such as with spaghetti or noodles or mixed into foods such as lasagna? {If indicated eats pizza in I, add: Please do not count tomato sauce on pizza.} (You can tell me per day, per week or per month.)**

*Record quantity:*

Quantity.....[number]	
Never.....	00
Don't know.....	98
Refused.....	99

*Record unit (per):*

Day.....	01
Week.....	02
Month.....	03
Don't know.....	98
Refused.....	99

*Interviewer Instruction:*

*If more than 1 time per day  
OR more than 14 times per week  
OR more than 60 times per month  
Ask:*

**You said {quantity} per {unit}. Is that correct?**

- Yes.....01
- No.....02 (if no, re-ask question 1)
- 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 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:*

**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.**

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

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

**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.....  
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.....

**HEALTH CARE PROVIDER INFORMATION UPDATE**

Ask at 7, 13, 24 months only if core sample. Ask once and then confirm at interview prior to when the next height/weight measure is needed:

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

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

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