

APPENDIX J.1  
AGE 3 EXTENSION WIC INFANT AND TODDLER FEEDING PRACTICES STUDY - II  
36-MONTH INTERVIEW - ENGLISH

**WIC ITFPS-2 PARTICIPANT INTERVIEW**  
**36 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 AMPM  
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\_\_\_\_\_

## 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, 36

**NOTE:** The 24-hour dietary recall follows different pathways for each person's consumption, and thus the full content cannot be well expressed in a linear fashion like the rest of the participant interview. The interview is constructed such that the mother will be asked to recall all her child's dietary intake for the previous day in a very systematic fashion. She will be guided through the day and asked to report all foods, beverages, dietary supplements and each eating event, which will be recorded by the interviewer.

**The general questions are:**

1. **Please tell me everything {CHILD} had to eat and drink all day yesterday, {DAY}, from midnight to midnight. Include everything {CHILD} had at home and away, even snacks, drinks, bottles, breast milk, and water. I'll ask you for specific details and amounts of the foods in a few minutes. At this time, just tell me what {CHILD} had.**
2. **You're answers are important, so we'd like this list to be as complete as possible. In addition to the foods you have already told me about, did {CHILD} have any:**
  - a. Coffee, tea, soft drinks, milk or juice?
  - b. Cookies, candy, ice cream or other sweets?
  - c. Chips, crackers, popcorn, pretzels, nuts or other snack foods?
  - d. Fruits, vegetables, or cheese?
  - e. Breads, rolls, or tortillas?
  - f. Anything else?
3. **About what time did {CHILD} begin to eat/drink the {FOOD}?**
4. **What would you call this eating occasion? (Was it your breakfast, lunch, dinner, snack, or something else?)**
5. **When I ask how much {CHILD} ate, you can estimate the amount by using the drawings in the Food Model Booklet, the measuring cups and spoons, the ruler, and any of your own dishes and glasses. Feel free to check the labels on any food packages during the interview.**
6. **First, did {CHILD} have anything to eat or drink between midnight yesterday and her {FIRST EATING OCCASION}?**
7. **[The system will ask descriptive details about every food/beverage and then the amount eaten.]**
8. **Did you add anything to the {FOOD}?**
9. **Did you get (this/most of the ingredients for this) {FOOD} from the store?**

10. Where did you get (this/most of the ingredients for this) {FOOD}? Was it from a restaurant, a fast food place, a community program, a friend, or something else?
11. For {MEAL} {CHILD} had {FOODS}. Did {CHILD} eat or drink anything else?
12. Did {CHILD} eat this {MEAL} at your home?
13. Did {CHILD} eat or drink anything between her {TIME, MEAL} and her {NEXT TIME, MEAL}?
14. Did {CHILD} eat or drink anything between her {LAST TIME, MEAL} and midnight last night?
15. Do you remember anything else {CHILD} drank, including water, or that she ate yesterday – even small amounts, anything she ate in the car, or while shopping, cooking or cleaning up?
16. Was the amount of food that {CHILD} ate yesterday much more than usual, usual, or much less than usual?
17. When {CHILD} drinks tap water, what is the main source of the tap water. Is it the city water supply (community water supply); a well or rain cistern; a spring; or something else?
18. What type of salt does {CHILD} usually add to her food at the table? Would you say it is ordinary or seasoned salt, lite salt, or a salt substitute?
19. How often does {CHILD} add ordinary, sea, seasoned, or other flavored salt to her food at the table?
20. How often is ordinary salt or seasoned salt added in cooking or preparing foods in your household?
21. Is {CHILD} currently on any kind of diet, either to lose weight or for some other health-related reason?
22. The next questions are about {CHILD}'s use of dietary supplements, including prescription and over the counter supplements. All day yesterday, {DAY}, between midnight and midnight, did {CHILD} take any vitamins, minerals, herbals or other dietary supplements?
23. Can you please locate the containers for all the dietary supplements {CHILD} took? Can you please read to me all the words on the front label?
24. The next questions are about {CHILD}'s use of non-prescription antacids. All day yesterday, {DAY}, between midnight and midnight, did {CHILD} take any antacids?
25. Can you please locate the containers for all the antacids {CHILD} took? Can you please read to me all the words on the front label?

**SOCIODEMOGRAPHICS AND BACKGROUND**

I'd like to ask 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

**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 SD21 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 SD21
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]**

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

YES.....01  
NO.....02

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

YES.....01  
NO.....02

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

YES.....01  
NO.....02

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

YES.....01  
NO.....02

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

SPECIFY \_\_\_\_\_

**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

**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

***Currently pregnant/due date***

7, 13, 18, 30, 36

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

YES.....01 → GOTO SD17  
NO.....02 → GOTO CM9  
DON'T KNOW.....98 → GOTO CM9  
REFUSED.....99 → GOTO CM9

**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}

***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

**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