

APPENDIX U.1

Age 3 EXTENSION WIC INFANT AND TODDLER FEEDING PRACTICES STUDY - II
HT/WT MEASUREMENT LETTER TO RESPONDENTS - ENGLISH

DATE

[CAREGIVER NAME]
[ADDRESS]
[CITY, STATE, ZIP]

Dear [CAREGIVER NAME]:

Thank you for taking part in the Feeding My Baby Study and agreeing to provide us with [CHILD'S FIRST NAME]'S height and weight measurements.

[IF WIC SITE] As [STUDY LIAISON] discussed with you, you can take [CHILD] to [WIC SITE NAME] at [WIC SITE ADDRESS] for the measurements. Please call [WIC SITE NAME] at [WIC SITE PHONE NUMBER] to make an appointment for the measurements. Only the height and weight measurements will be taken. No other medical examinations or blood tests will be done.

[IF PROVIDER] As you discussed with [STUDY LIAISON], you are going to take [CHILD] to your own doctor or clinic for the measurements.

We are enclosing a card for the measurements.

Please take the card with you and give it to the [WIC SITE STAFF/DOCTOR OR CLINIC]. Please ask them to enter the information requested and mail the card back to Westat. When we receive the card with the measurements, we will add \$20 to your Payoneer card, plus an additional \$10 to cover your transportation costs as a token of our appreciation. For any questions, contact [STUDY LIAISON] at [STUDY LIAISON TOLL FREE NUMBER] or [STUDY LIAISON EMAIL ADDRESS].

Thank you,

Feeding My Baby Study Team