



APPENDIX L1
48- and 60-mo HT/WT measurement letter - 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 FIRST NAME]'s height and weight measurements.

[IF WIC SITE] As we discussed, you can take [CHILD FIRST NAME] to [WIC SITE NAME] at [WIC SITE ADDRESS] for the measurements within the next month. [IF APPT. REQUIRED] Please call [WIC SITE NAME] at [WIC SITE PHONE NUMBER] to make an appointment for the measurements. [IF NO APPT NECESSARY]: You can go to WIC anytime during these hours: [INSERT HOURS/DAYS OF WEEK HERE] for the measurements. Only the height and weight measurements will be taken. No other medical examinations or blood tests will be done, and you will not be required to sign your child up for WIC to get the measurements done.

[IF PROVIDER] As we discussed, you are going to take [CHILD FIRST NAME] to your own doctor or clinic for the measurements.

Please take the measurement card with you and give it to the [WIC SITE STAFF/DOCTOR OR CLINIC]. 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 [\$50/\$60] to your prepaid MasterCard, plus an additional \$10 to cover your transportation costs as a token of our appreciation.

If you have any questions, please contact me by phone at [STUDY LIAISON TOLL FREE NUMBER] (toll free), or text ([STUDY LIAISON TEXT NUMBER]) or email ([STUDY LIAISON EMAIL ADDRESS]).

Thank you,

[STUDY LIAISON NAME]
Feeding My Baby Study Liaison