



**APPENDIX C1**  
**72-month advance letter - English**

[DATE]

«First\_Name» «Last\_Name»  
«Address1»  
«City», «State» «Zip»

Dear «First\_Name»:

OMB Approval No. 0584-0580  
Approval Expires: XX/XX/XXXX

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0580. The time required to complete this information collection is estimated to average 3 minutes (0.05 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0580). Do not return the completed form to this address.

As a token of appreciation, we will add **\$60** to your prepaid MasterCard after you complete this interview and an additional **\$10** if you are using your own cellphone. Please see the attached measurement card and instructions regarding the opportunity to receive an additional **\$70**.

We are truly appreciative of your help on this study.

Best wishes,

Nancy Weinfield  
Feeding My Baby Study Project Director

### **Measurement Card Instructions**

Measures of children's height and weight are also an important part of the **Feeding My Baby Study**.

Because it is essential to get an accurate measure, we are asking you to take the enclosed card and «Baby\_Name» to a WIC clinic for measurement **within 2 months of your child's 6<sup>th</sup> birthday**. WIC has agreed to measure all children enrolled in the study. If you prefer, you can take your child to your own healthcare provider for measurements. Please ask the WIC or provider's office to complete the card. To avoid delay in getting your incentive, please review the card before you leave the office to make sure:

- The whole form is completed;
- The provider's name and address are completed, preferably with a rubber stamp;
- The numbers are clear and legible;
- The correct units (pounds/kilograms and inches/centimeters) are used;
- Staff filled in their name, signature, and date.

If you plan to take the child to **[WIC SITE NAME WHERE ENROLLED]** for measurement, please [call [number] to make appointment with [staff name]/visit the clinic during [measurement days and time]].

The completed postage-paid card can be returned by mail. If you prefer, you can send us a cellphone photo of the completed measurement card by text or email if you want to make sure the card does not get lost in the mail. Be sure to take a picture that is clear and readable. Before taking the picture, cover your child's name and date of birth to protect your child's privacy. Text the picture to «Study\_Liaison\_Cell» or email it to FeedingMyBabyStudy@Westat.com. Please include your first name. Be sure to save the card until we let

you know that the picture is accepted and your incentive has been paid.

To express our thanks, we will add **\$60** to your prepaid MasterCard after the measurement card is returned to us plus an additional **\$10** to cover transportation costs.

***If you complete the interview using your own cell phone and take your child to WIC to be measured, we will add a total of \$140 to your prepaid MasterCard.***

If you want to take your child to a different WIC clinic than where you originally enrolled, please contact your Study Liaison, «Study\_Liaison\_Name», to make the arrangements at «Study\_Liaison\_Phone» or «Study\_Liaison\_Email» or by text at «Study\_Liaison\_Cell».

Notes: Foods your child ate/drank away from home

This note sheet is for you to use to jot down the foods your child ate or drank away from home the day before your interview. We will not ask you to return it. You will use it as a reference for the interview.

If your child attends school, we suggest that you ask your child what he/she ate or drank while at school as soon as you can after the school day, so that they are likely to remember. It may help your child to remember what they had if you review the school's planned menu or remind them of the items you sent with them for lunch. If someone else feeds your child, please ask the person what foods your child ate or drank while with them.

You can write the foods and beverages on this page as a reminder for the interview.

<i>What food did child drink or eat?</i>	<i>How much did child drink or eat?</i>	<i>What time did child drink or eat?</i>
<i>Example:</i>		
Cheerios	½ cup	10AM
With 2% milk	¼ cup	10AM
Apple wedges	½ apple	10AM
Peanut butter and jelly sandwich	1 sandwich	12noon
	1 slice Wonder bread	
	1 TBSP Jif peanut butter	
	1 tsp grape jam	
Baked potato wedges	4 small wedges	12 noon
2% milk	½ cup	12noon
Raisins	25 pieces	12noon