

**APPENDIX D1**  
**72-MONTH TELEPHONE INTERVIEW - ENGLISH**

**NOTE FOR OMB:** Rather than sequential numbering, survey items are identified by alpha-numeric codes. These codes are not visible to the participants, as this is a computer assisted telephone interview, and therefore will not cause confusion. Items are coded in this way to allow for matching of items across the study's 18 longitudinal interviews in analyses.

**INTERVIEWER:**

- *IF PARTICIPANT HAS NOT RETURNED SIGNED CONSENT, READ CONSENT FORM AND DOCUMENT VERBAL CONSENT ONCE GIVEN.*
- *READ THE FOLLOWING PRIVACY STATEMENT TO ALL PARTICIPANTS*

**Per §246.26 (i)(C), USDA Food and Nutrition Service is authorized to collect information to enhance the health, education, or well-being of those who use WIC services. Your participation in this study is completely voluntary. This information is being collected primarily for use by the Food and Nutrition Service in the administration and evaluation of the WIC program. The information you provide will be combined with information from everyone who participates in the study, and we will not use your name, your child's name, or any other information about your identity in any reports. As described in the system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports, published in the Federal Register on April 25, 1991, volume 56, pages 19078-19080, FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private.**

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 45 minutes (0.75 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.

**CAREGIVER STATUS CONFIRMATION**

***Respondent still Caregiver?***

*1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 36, 42, 48, 54, 60, 72*

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

## 24-HOUR DIETARY RECALL

### 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, 48, 60, 72

**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. **Your 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 his/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 his/her {TIME, MEAL} and his/her {NEXT TIME, MEAL}?
14. Did {CHILD} eat or drink anything between his/her {LAST TIME, MEAL} and midnight last night?
15. Do you remember anything else {CHILD} drank, including water, or that he/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 his/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 his/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 start today by asking you some background questions about yourself and your family.

***Marital status***

*Baseline, 13, 30, 36, 48, 60, 72*

**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

***Receipt of public assistance***

*Baseline, 13, 24, 30, 36, 42, 48, 54, 60, 72*

**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

**Continuation/discontinuation of WIC participation (timing, reasons, location)**

1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 36, 42, 48, 54, 60, 72

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

**SD31a. Are you currently getting WIC food or checks for yourself? [Source: FDA IFPS-2; modified]**

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

**Modified!SD45a. Are you currently getting WIC food or checks for any infants under 12 months old? [Source: New development]**

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

**Modified!SD45b. Are you currently getting WIC food or checks for any children ages 1-5 years old? [Source: New development]**

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

**Household size**

Enrollment, 7, 13, 24, 30, 36, 48, 60, 72

**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. If you are pregnant right now please add 1 to the total for your pregnancy. [Source: FITS 2002, modified, and new development]**

NUMBER OF PEOPLE IN HOUSEHOLD.....[NUMBER]

**New! SD18a. Including yourself, how many are adults age 18 or older? [NUMBER]**

**New! SD18b. How many are children between the ages of 0 and 4? If you are pregnant, please add 1 here for your pregnancy. [NUMBER]**

**New! SD18c. How many are between the ages of 5 and 17? [NUMBER]**

**Household income**

Enrollment, 7, 13, 24, 30, 36, 48, 60, 72

**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, 42, 48, 54, 60, 72*

**These first 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 true.....01
- Sometimes true.....02
- Never true for your household in the last 12 months.....03
- DON'T KNOW.....98
- REFUSED.....99

**SD37. “We couldn’t afford to eat balanced meals.” Was that...**

Often true.....	01
Sometimes true.....	02
Never true for your household in the last 12 months.....	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.....	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

**WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION**

**Perceptions of impact of nutrition education**

3, 13, 24, 30, 42, 54, 72

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

YES.....	01	→	GOTO WC22
NO.....	02	→	GOTO MH13
DON’T KNOW.....	98	→	GOTO MH13

**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

**New! WC23. I am going to read you a few statements about how parents may feel after their child turns five and no longer receives WIC. Thinking about how you feel now that {CHILD} no longer receives WIC, please tell me how much you agree or disagree with each of the following statements. [Source: New Development]**

**a. You miss getting the WIC foods for {CHILD}. Would you say that you...**

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

**b. You miss coming to WIC for {CHILD} because of the education, information and advice you received about {HIM/HER}. Do you...**

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

**c. You miss coming to WIC to talk with other parents about parenting and feeding {CHILD}. Do you...**

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

**d. You miss coming to WIC for {CHILD} because the WIC staff listened to your thoughts about {HIS/HER} health and what {HE/SHE} was eating. Do you...**

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

<b>MATERNAL HEALTH AND LIFESTYLE</b>
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**Now I'd like to change topics and ask you some questions about health, and about work, school, and child care.**

***Maternal weight***

1, 3, 13, 24, 30, 42, 54, 72

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

POUNDS.....[NUMBER]

***Educational status***

3, 7, 13, 18, 24, 30, 42, 54, 72

**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, 30, 42, 54, 72

**SD29. Are you currently working for pay...[Source: LA WIC Survey]**

full time [35 hours or more].....	01
part time, or.....	02
not at all?.....	03

**New!MH24a.** In addition to providing food and nutrition education, WIC connects participants with other organizations so they can get help with things like housing, additional food assistance, health care, child care, or legal services. These connections are sometimes called referrals. Did you ever get referrals from WIC when {CHILD} was receiving WIC? [Source: New development]

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

(IF SD31A=YES OR SD45A = YES OR SD45B=YES GOTO MH24B. ELSE GO TO MH25)

**New!MH24b.** Since {CHILD} stopped receiving WIC, have you gotten referrals from WIC if you go for yourself or another child? [Source: New development]

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

**New!MH25.** Since {CHILD} stopped receiving WIC, have any of the following places given you referrals so you can get help with things like housing, additional food assistance, health care, child care, or legal services? [Source: New development]

**a. Has your work place given you referrals?**

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

**b. Has a school or child care given you referrals?**

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

**c. A church or other religious organization?**

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

**d. A doctor’s office or clinic?**

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

**e. Has any other place given you referrals?**

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

(IF YES): [What other place has given you referrals?]

SPECIFY \_\_\_\_\_

**Current school and child care**

72

**Now I would like to ask you some questions about {CHILD}.**

**New!MH26a. What grade is {CHILD} in right now?**

Preschool.....01→ GOTO MH27  
Finished preschool, about to start kindergarten.....02→ GOTO MH27  
Kindergarten.....03→ GOTO MH26c  
Finished kindergarten, about to start first grade.....04→ GOTO MH26c  
First grade.....05→ GOTO MH26b  
Finished first grade, about to start second grade.....06→ GOTO MH26b  
Your child has not started school yet.....07→ GOTO CF51

**New! MH26b. Did {CHILD} start elementary school in kindergarten or first grade?**

KINDERGARTEN.....01  
FIRST GRADE.....02

**FILL INSTRUCTION FOR MH26c: If MH26a = 03 or 04, FILL = kindergarten. If MH26a = 05 or 06, FILL = response to MH26b.**

**New!MH26c. How old was {CHILD}, in years and months, when {he/she} started {FILL}**

YEARS.....[number]  
MONTHS.....[number]

The next few questions are about child care arrangements. By child care, 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. For child care please include care provided by a relative or non-relative, but do not include care provided by you or {CHILD}'s other parent.

**New!MH27.** Which type of non-parental child care arrangement are you currently using the most for {CHILD} before school starts in the morning? If {CHILD} is not currently in school, think about the most recent school year.

- Someone cares for {CHILD} in their home.....01
- Someone cares for {CHILD} in your home.....02
- A before-school childcare program at school.....03
- A before-school childcare program not located at school.....04
- Some other kind of child care .....05
- Not currently using before-school child care.....06

**New!MH28.** Which type of non-parental child care arrangement are you currently using the most for {CHILD} after school ends for the day? If {CHILD} is not currently in school, think about the most recent school year.

- Someone cares for {CHILD} in their home.....01
- Someone cares for {CHILD} in your home.....02
- An after-school child care program at school.....03
- An after-school childcare program not located at school.....04
- Some other kind of child care .....04
- Not currently using after-school child care.....05

**New!MH29.** Which type of non-parental child care arrangement are you currently using the most when school is not in session, such as school breaks or summer?

- Someone cares for {CHILD} in their home.....01
- Someone cares for {CHILD} in your home.....02
- A child care center.....03
- A camp, academic, or activity program.....04
- Some other kind of child care .....05
- Not currently using child care when school is not in session.....06

The next questions are about who provides the food {CHILD} eats for breakfast and lunch during the regular school year. We want to know about who provides the food child eats, not the location where it is actually eaten.

**New!MH30.** During a typical Monday to Friday school week, {CHILD} may get {his/her} breakfast foods from home, from a child care program, from school, or from somewhere else. How many days each week is the food {CHILD} eats for breakfast provided...

a. from home

DAYS.....[0 to 5]

b. from a child care provider

DAYS.....[0 to 5]

c. from school

DAYS.....[0 to 5]

d. from somewhere else

DAYS.....[0 to 5]

(IF  $d > 0$ ): [What is the other place where {CHILD} gets breakfast foods?]

SPECIFY \_\_\_\_\_

**SOFT EDIT:** Sum of a, b, c, and d = 5. If  $\neq 5$ , interviewer should review with respondent to confirm whether child does not eat breakfast every day ( $<5$ ), or has more than one breakfast some days ( $>5$ ).

**New!MH31.** During a typical Monday to Friday school week, {CHILD} may get {his/her} lunch foods from home, from a child care program, from school, or from somewhere else. How many days each week is the food {CHILD} eats for lunch provided...

a. from home

DAYS.....[0 to 5]

b. from a child care provider

DAYS.....[0 to 5]

c. from school

DAYS.....[0 to 5]

**d. from somewhere else**

DAYS.....[0 to 5]

(IF d > 0): [What is the other place where {CHILD} gets lunch foods?]

SPECIFY \_\_\_\_\_

**SOFT EDIT: Sum of a, b, c, and d = 5. If ≠ 5, interviewer should review with respondent to confirm whether child does not eat lunch every day (<5), or has more than one lunch some days (>5).**

**New!MH32. Who provides most of the snacks {CHILD} eats during a typical Monday to Friday school week – the school or child care provider, you, or are the snacks divided about equally between you and the school or child care provider? [Source: PHFE WIC Survey 2011, modified]**

SCHOOL OR CHILD CARE PROVIDER.....01  
RESPONDENT.....02  
EQUALLY DIVIDED.....03

**CURRENT FEEDING PRACTICES/FEEDING BELIEFS**

**Now I'm going to ask some questions about {CHILD's} eating habits and some things you may do in feeding [him/her].**

**Toddler/Child feeding rules**  
15, 24, 30, 42, 54, 72

**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; O'Connor et al., 2010]**

- a. I keep track of what food {CHILD} eats. Would you say...**
  - always.....01
  - usually.....02
  - about half of the time.....03
  - occasionally, or.....04
  - never.....05
  
- b. I try to get {CHILD} to finish his/her food. Would you say...**
  - always.....01
  - usually.....02
  - about half of the time.....03
  - occasionally, or.....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

**f. I use mealtimes to teach {CHILD} about healthy eating.**

ALWAYS.....	01
USUALLY.....	02
ABOUT HALF OF THE TIME.....	03
OCCASIONALLY.....	04
NEVER.....	05

**g. I ask {CHILD} to help me prepare food.**

ALWAYS.....	01
USUALLY.....	02
ABOUT HALF OF THE TIME.....	03
OCCASIONALLY.....	04
NEVER.....	05

**h. I tell {CHILD} he/she has to try at least a couple of bites of new foods, but doesn't have to eat it all.**

ALWAYS.....	01
USUALLY.....	02
ABOUT HALF OF THE TIME.....	03
OCCASIONALLY.....	04
NEVER.....	05



**New!KA42.** In addition to providing food, WIC provides nutrition classes or individual counseling about things like what and how to feed your child, picky eating, healthy child weight, growth, and development. Since {CHILD} stopped receiving WIC services, have you sought out nutrition classes or individual counseling on these topics from somewhere other than WIC? [Source: New development]

YES.....01→ GOTO KA43  
NO.....03→ GOTO CH2

**New!KA43.** Since {CHILD} stopped receiving WIC, where have you received nutrition classes or counseling on these topics? Have you received nutrition classes or counseling at... [Source: New development]

**a. A farmer's market?**

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

**b. A food pantry or food bank?**

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

**c. Have you received nutrition classes or counseling at a school or child care?**

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

**d. A doctor's office or clinic?**

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

**e. A health insurance provider?**

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

f. Have you received nutrition classes or counseling at your workplace?

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

g. A community center?

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

f. Have you received nutrition classes or counseling at another place?

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

(IF YES): What is the other place where you have received nutrition classes or counseling?

SPECIFY \_\_\_\_\_

**CHILD HEALTH, BEHAVIOR, AND CHILD REARING**

The next questions are 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, 30, 42, 54, 72

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 child’s ability to eat and swallow.

YES.....01 → GOTO CH2a  
NO.....02 → GOTO CH21  
DON’T KNOW.....98 → GOTO CH21

**CH2a.(IF YES) What medical problem or condition does {CHILD} have?**

FOOD ALLERGIES.....	01
DIABETES.....	02
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA.....	03
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX.....	04
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS.....	05

OTHER (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

**Caregiver report of child weight and height**

30, 36, 48, 60, 72

**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

***Developmental concerns***

**New!DM13.** Has a doctor or other health professional ever told you that {CHILD} has a condition that affects development and learning, such as developmental delays, learning problems, attention problems, behavior problems, or autism? [Source: IFPS 6YR, *modified*]

- YES.....01→ GOTO DM13a
- NO.....02→ GOTO DM14
- DON'T KNOW.....98
- REFUSED.....99

**New!DM13a.(IF YES) What condition does {CHILD} have?**

- DEVELOPMENTAL DELAYS.....01
- LEARNING PROBLEMS.....02
- ATTENTION PROBLEMS.....03
- BEHAVIOR PROBLEMS.....04
- AUTISM.....05

OTHER (Specify)\_\_\_\_\_

**Receipt of special education services**

72

**DM14.** Some children have difficulty in school because of a health problem, condition, or disability. These children may receive services from a program called Special Education. Is {CHILD} currently enrolled in any special education classes or services? [Source: National Household Education Survey, *modified*]

- YES.....01→ GOTO DM14a
- NO.....02→ GOTO CH7a

**DM14a. (IF YES) Does the condition for which {CHILD} is receiving special education interfere with {HIS/HER} ability to do any of the following things? [Source: National Household Education Survey, *modified*]**

**a. Learn?**

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

**b. Participate in sports, clubs, or other organized activities?**

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

**c. Attend school on a regular basis?**

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

**d. Make friends?**

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

**Child physical activity outdoors**

18, 24, 30, 42, 54, 72

**CH7a. 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. [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 television/video exposure**

15, 18, 24, 30, 42, 54, 72

**CH17a. On an average weekday, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, not playing video games, 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

**CH17b. On an average weekend day, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, not playing video games, 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

**CH18b. On an average weekday, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Do not include time spent playing video or computer games that involve physical activity such as Wii. 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

**CH18c. On an average weekend day, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Do not include time spent playing video or computer games that involve physical activity such as Wii. 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

***TV on during meals***

15, 18, 24, 30, 42, 54, 72

**CH19. When you and your child eat meals or snacks at home, how often is a television on while you are eating? Would you say...[Source: CDC 2010 Youth Physical Activity and Nutrition Survey, modified]**

Most of the time.....	01
Sometimes.....	02
Rarely, or .....	03
Never.....	04
DON'T KNOW.....	98
REFUSED.....	99

***Family eats together***

15, 18, 24, 30, 42, 54, 72

**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? Would you say...[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

**HEALTHY FOOD AVAILABILITY, ACCESS, AND PURCHASING**

***Purchasing of WIC Foods***

72

**New!AP7.** Now that {CHILD} is no longer receiving food from WIC, in the past month did you buy any of the following foods for your family? Please be sure to include foods paid for with SNAP benefits, too. [Source: New development]

**a. In the past month did you buy the types of hot or cold breakfast cereals you or {CHILD} used to get from WIC?**

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

**b. Did you buy cheese? Do not include processed cheese spreads or dips.**

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

**c. Eggs?**

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

**d. In the past month did you buy 100% juice? Do not include fruit drinks or juice with added sugar.**

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

**e. Fruit, including fresh, frozen, dried, or canned? Do not include fruit juice.**

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

**f. Skim, nonfat, or 1% fat milk? Do not include 2%, whole milk, or non-dairy milk.**

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



**g. In the past month did you buy peanut butter?**

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

**h. Beans, including dried or canned whole beans?**

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

**i. Vegetables, including fresh, frozen, or canned?**

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

**j. In the past month did you buy whole grain bread, whole wheat or corn tortillas, or brown rice?**

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

<b>CLOSING</b>
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**[REGULAR CLOSING]**

**Those are all of the questions I have. We will (send you your/add) (\$60/\$70) (prepaid MasterCard/to your prepaid Master Card). We want to ask you to go to WIC or your doctor's office to have your child weighed and measured and we will provide you with \$70 for doing so. Your study liaison will be in touch with you about this. Thank you so much for participating in this study. The information you have provided will really help other mothers and children enrolled in WIC. Goodbye.**

**[CLOSING IF SELECTED FOR A SECOND AMPM INTERVIEW]**

**Those are all of the questions I have. We will (send you your/add) (\$60/\$70) (prepaid MasterCard/to your prepaid Master Card). We want to ask you to go to WIC or your doctor's office to have your child weighed and measured and we will provide you with \$70 for doing so. Your study liaison will be in touch with you about this. Thank you so much for participating in this study. The information you have provided will really help other mothers and children enrolled in WIC. In addition, you have been selected to receive another \$60 for telling us a little more about the foods your child eats. I'd like to set up an appointment for a few days from now. You will receive your incentive for both interviews after you complete this second interview, which will take about 30 minutes. If you do not complete the second interview, you will receive the incentive for the interview you just completed in about 11 days. Please hold as I access our calendar.**