**Appendix D1**

OMB Approval No.: 0584-0580

Approval Expires: XX/XX/20XX

**Contact Information Form Reminder – English**

**(Delivered by email and text)**

**EMAIL:**

Hello [Caregiver First Name],

Keep in touch with the Feeding My Baby Study.  Click on the link below to update your contact information and we will provide you with a $10 check**.**

[**https://itfps.westat.com**](https://itfps.westat.com)

Any questions, contact [Study Liaison Name] at [Study Liaison Toll Free Number] or [Study Liaison Email Address] or by text at [Study Liaison Cellphone Number]

Thank you,

Feeding My Baby Study

**TEXT:**

$10 from Feeding My Baby.  Go to https://itfps.westat.com and give us your current contact information.  Thanks, [Study Liaison Name] ([Study Liaison Phone Number]).