



Appendix E1
Year 9 Interview Advance Letter - English

The interview will take about 60 minutes and will focus on what <<CHILD FIRST NAME>> ate and drank in the 24 hours prior to the interview. If <<CHILD FIRST NAME>> is in school, childcare or is cared for by someone other than a family member during the day, it is important that you speak to <<CHILD FIRST NAME>> or to the caregiver to learn what <<CHILD FIRST NAME>> ate so you can report this during the interview. We are including a notes page for you to jot down this information for the interview.

It is now time for your **age 9 interview** for the Feeding My Baby Year 9 Follow-up Study scheduled for **DATE**. One of our thoughts in conducting the Feeding My Baby Study has been to provide you with the information that will help you complete the FEED MY BABY study and additional researches for years after **DATE** at **(888) xxx-xxxx** to complete the interview at your convenience.

OMB Approval No. 0584-0580
Approval Expires: xx/xx/xxxx

As a token of appreciation, we will provide you with a **\$70** gift card 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 **\$80** gift card.

We are truly appreciative of your help on this study.

Best wishes,



Janice Machado
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 Year 9 Follow-up**.

Because it is essential to get an accurate measure, we are asking you to take the enclosed card and <<CHILD FIRST NAME>> to a WIC clinic for measurement **within 2 months of your child's 9th 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, 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 <<STUDY WIC CLINIC NAME>> for measurement, please <<PREFERRED MEASUREMENT PROCESS FOR THE SITE AS WALK-IN OR APPOINTMENT>>

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 provide a **\$80** gift card after the measurement card is returned to us.

If you complete the interview using your own cell phone and take your child to WIC or your doctor to be measured, you will receive a total of \$160.

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

The Food and Nutrition Service (FNS) is collecting this information to investigate the dietary practices and the health and nutritional status of the WIC ITFPS-2 children during the ninth year of life. This is a voluntary collection and FNS will use the information to inform WIC service delivery. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 0.0501 hours (3 minutes) 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 Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0580). Do not return the completed form to this address.