

APPENDIX F1
YEAR 9 TELEPHONE INTERVIEW - ENGLISH

OMB Approval No. 0584-0580
Approval Expires: XX/XX/20XX

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 19 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.

CAREGIVER STATUS CONFIRMATION

Respondent still Caregiver?

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

SD12. Before we begin today, I need to ask whether you are still {CHILD's} caregiver. [Source: New Development]

YES.....01 GO TO AMPM
NO.....02 GO TO SD12a

a. Does {CHILD} still live with you?

YES.....01 GO TO SD12b
NO.....02 GO TO 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___ (Ineligible if Foster Parent)

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, Year 9

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, Year 9

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, Year 9

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
REFUSED.....	99

b. Temporary assistance to needy families, sometimes called TANF or welfare?

YES.....	01
NO.....	02
DON'T KNOW.....	98
REFUSED.....	99

c. Medicaid or [state specific name for medicaid]?

YES.....	01
NO.....	02
DON'T KNOW.....	98
REFUSED.....	99

d. During the school year, does {CHILD} receive free or reduced price meals or snacks from school?

YES.....	01
NO.....	02
DON'T KNOW.....	98
REFUSED.....	99

New! e. During the summer months when there is no school, does {CHILD} receive meals or snacks through school?

YES.....	01
NO.....	02
DON'T KNOW.....	98

Educational attainment

Baseline, 24, 30, 54, Year 9

SD26. What is the highest year or grade you finished in school?

(DO NOT READ – ENDORSE BASED ON PARTICIPANT RESPONSE, PROBE IF NEEDED)

NEVER ATTENDED SCHOOL.....	01
GRADES 1 TO 11, ENTER NUMBER.....	02
HIGH SCHOOL DIPLOMA OR GED.....	03
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES.....	04
2-YEAR OR 3-YEAR COLLEGE DEGREE (AA DEGREE) OR VOCATIONAL SCHOOL DIPLOMA.....	05
4-YEAR COLLEGE DEGREE (BA, BS DEGREE.....	06
SOME GRADUATE WORK/NO GRADUATE DEGREE.....	07
DOCTORAL OR GRADUATE DEGREE (MA, MBA, PHD, JD, MD).....	08

WIC participation

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

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

SD31a. Are you or any of your children currently getting food from WIC or an EBT card for WIC foods? [Source: FDA IFPS-2; modified]

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

New! SD31b. Counting all of your (IF I1_SD12a=1 and NO NEW CAREGIVER MODULE THEN BIOLOGICAL MOTHER, SAY: pregnancies and) children, about how many months or years in total have you received WIC services? [Source Los Angeles County WIC Survey]

NUMBER OF MONTHS 0-12 [NUMBER]

NUMBER OF YEARS 0-25.....[NUMBER]

Household size

Enrollment, 7, 13, 24, 30, 36, 48, 60, 72, Year 9

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 household. [Source: FITS 2002, modified, and new development]

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

SD18a. Including yourself, how many are adults age 18 or older?

NUMBER OF PEOPLE 18 OR OLDER.....[NUMBER]

Modified! SD18b. How many are children between the ages of 0 and 17? If you are pregnant, please add 1 here for total number of children between ages 0 and 17.

NUMBER OF CHILDREN 0-17.....[NUMBER]

Household income

Enrollment, 7, 13, 24, 30, 36, 48, 60, 72, Year 9

SD19. During [PREVIOUS MONTH], what was your total 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 total 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

18-item food security

Enrollment, 7, 13, 18, 24, 30, 36, 42, 48, 54, 60, 72, Year 9

These next 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.

SD. 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 18-item see <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools/#household>]

New!SD50. The first statement is “We worried whether our food would run out before we got money to buy more.” Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

OFTEN TRUE.....	01
SOMETIMES TRUE.....	02
NEVER TRUE.....	03
DON'T KNOW.....	98
REFUSED.....	99

SD36 “The food that we bought just didn’t last, and we didn’t have money to get more.” Was that often true, sometimes true, or never true for your household in the last 12 months?

OFTEN TRUE.....	01
SOMETIMES TRUE.....	02
NEVER TRUE.....	03
DON'T KNOW.....	98
REFUSED.....	99

SD37. “We couldn’t afford to eat balanced meals.” Was that often true, sometimes true, or never true for your household in the last 12 months?

OFTEN TRUE.....	01
SOMETIMES TRUE.....	02
NEVER TRUE.....	03
DON'T KNOW.....	98
REFUSED.....	99

IF SD50 = 01 OR 02, OR SD 36 = 01 OR 02, OR SD37 = 01 OR 02, GO TO SD38. ELSE GO TO CH31.

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 GO TO SD38a
- NO.....02 GO TO SD39
- DON'T KNOW.....98 GO TO SD39
- REFUSED.....99 GO TO SD39

SD38a. [IF YES TO SD38, ASK] How often did this happen —almost every month, some months but not every month, or in only 1 or 2 months?

- ALMOST EVERY MONTH.....01
- SOME MONTHS BUT NOT EVERY MONTH.....02
- ONLY 1 OR 2 MONTHS.....03
- DON'T KNOW.....98
- REFUSED.....99

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
- REFUSED.....99

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
- REFUSED.....99

New! SD51. In the last 12 months, did you lose weight because there wasn't enough money for food?

- YES.....01
- NO.....02
- DON'T KNOW.....98
- REFUSED.....99

IF SD38 = 01, OR SD 39 = 01, OR SD40 = 01, OR SD51 = 01 GO TO SD52. ELSE GO TO CH31.

New! SD52. In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

- YES.....01 GO TO SD52a
- NO.....02 GO TO CH31
- DON'T KNOW.....98 GO TO CH31
- REFUSED.....99 GO TO CH31

SD52a. [If SD52 = 01, ASK] How often did this happen —almost every month, some months but not every month, or in only 1 or 2 months?

ALMOST EVERY MONTH.....	01
SOME MONTHS BUT NOT EVERY MONTH.....	02
ONLY 1 OR 2 MONTHS.....	03
DON'T KNOW.....	98
REFUSED.....	99

Now I'm going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was OFTEN true, SOMETIMES true, or NEVER true in the last 12 months for (your child/children living in the household).

IF SD18a≥1 AND SD18B=1, THEN USE “WE” AND “OUR CHILD” WHERE OPTIONAL.

IF SD18A≥1 AND SD18b≥1 THEN USE “WE” “THE CHILDREN” OR “ANY OF THE CHILDREN” WHERE OPTIIONAL.

IF SD18A=1 AND SD18B=1 THEN USE “I” AND “MY CHILD” WHERE OPTIONAL.

IFSD18A=1 AND SD18B≥1 THEN USE “I” AND “MY CHILDREN” OR “ANY OF THE CHLDREN” WHERE OPTIONAL.

New! CH31. “(I/We) relied on only a few kinds of low-cost food to feed ((my/our) child/the children) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

OFTEN TRUE.....	01
SOMETIMES TRUE.....	02
NEVER TRUE.....	03
DON'T KNOW.....	98
REFUSED.....	99

New! CH32. “(I/We) couldn't feed ((my/our) child/the children) a balanced meal, because (I/we) couldn't afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

OFTEN TRUE.....	01
SOMETIMES TRUE.....	02
NEVER TRUE.....	03
DON'T KNOW.....	98
REFUSED.....	99

New! CH33. "((My/Our) child was/The children were) not eating enough because (I/we) just couldn't afford enough food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

OFTEN TRUE.....01
 SOMETIMES TRUE.....02
 NEVER TRUE.....03
 DON'T KNOW.....98
 REFUSED.....99

IF CH31 = 01 OR 02, OR CH32 = 01 OR 02, OR CH33 = 01 OR 02 GO TO CH34. ELSE GO TO MH13.

New! CH34. In the last 12 months, since (current month) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

YES.....01
 NO.....02
 DON'T KNOW.....98
 REFUSED.....99

New! CH35. In the last 12 months, did ({CHILD}/any of the children) ever skip meals because there wasn't enough money for food?

YES.....01 GO TO CH35a
 NO.....02 GO TO CH36
 DON'T KNOW.....98 GO TO CH36
 REFUSED.....99 GO TO CH36

New! CH35a. [IF CH35 = 01, ASK] How often did this happen —almost every month, some months but not every month, or in only 1 or 2 months??

ALMOST EVERY MONTH.....01
 SOME MONTHS BUT NOT EVERY MONTH.....02
 ONLY 1 OR TWO MONTHS.....03
 DON'T KNOW.....98
 REFUSED.....99

New! CH36. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

YES.....01
 NO.....02
 DON'T KNOW.....98
 REFUSED.....99

New! CH37. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

YES.....01
NO.....02
DON'T KNOW.....98
REFUSED.....99

MATERNAL HEALTH AND LIFESTYLE

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, Age 9

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

POUNDS.....[NUMBER]

Current employment status

3, 7, 13, 18, 24, 30, 42, 54, 72, Year 9

Modified! SD29. Are you currently working for pay? [Modified, Source: LA WIC Survey]

YES.....01
NO.....02
DON'T KNOW.....98
REFUSED.....99

[IF SD29=01, ASK] SD29a. Are you working ...? [Modified, Source: LA WIC Survey]

Full time, at least 35 hours per week.....01
Part time, less than 35 hours per week.....02
DON'T KNOW.....98
REFUSED.....99

Current child care use

72, Year 9

The next few questions are about your use of regular child care. 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.

Modified! MH34. Do you currently use regular child care for [CHILD]?

- YES.....01
- NO.....02 GO TO MH30
- DON'T KNOW.....98 GO TO MH30
- REFUSED.....99 GO TO MH30

Modified! MH35. When do you use regular child care for {CHILD} before school, after school, or when school is not in session? (INTERVIEWER CHECK ALL THAT APPLY)

- Before school.....01
- After school.....02
- When school is not in session, such as weekends, holidays, or during summer break.....03

Sources of food during school week

72, Year 9

The next questions are about who provides the food {CHILD} eats for breakfast, lunch, snacks, and dinner or supper during the regular school year.

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...

a. from home

DAYS.....[0 to 5]

[IF MH30a=5, SKIP TO MH31]

(ASK ONLY IF MH35 = 01) **from a child care provider**

DAYS.....[0 to 5]

b. from school

DAYS.....[0 to 5]

[IF MH30a + MH30b =5, SKIP TO MH31]

c. 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 .)

MH31. During a typical Monday to Friday school week, {CHILD} may bring {his/her} lunch from home or get it from school, or from somewhere else. How many days each week is the food {CHILD} eats for lunch...

a. from home

DAYS.....[0 to 5]

[IF MH31a=5, SKIP TO MH33]

b. from school

DAYS.....[0 to 5]

[IF MH31a + MH31b =5, SKIP TO MH33]

c. 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 $\neq 5$, 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! MH33. During a typical Monday to Friday school week, {CHILD} may get {his/her} snacks from home or get them from a child care program, from school, or from somewhere else. How many days each week are the snacks {CHILD} eats...

a. from home

DAYS.....[0 to 5]

b. from school

DAYS.....[0 to 5]

c. from somewhere else

DAYS.....[0 to 5]

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

SPECIFY _____

d. don't know

New! MH36. During a typical Monday to Friday school week, {CHILD} may get {his/her} dinner or supper at home or from a child care program, from school, or from somewhere else. How many days each week is the food {CHILD} eats for dinner or supper...

a. from home

DAYS.....[0 to 5]

[IF MH36a=5, SKIP TO J21]

b. from school

DAYS.....[0 to 5]

[IF MH36a + MH36b =5, SKIP TO J21]

c. from somewhere else

DAYS.....[0 to 5]

(IF $d > 0$): [What is the other place where {CHILD} gets dinner or supper 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 lunch every day (<5), or has more than one lunch some days (>5).

FEEDING PRACTICES AND BELIEFS, NUTRITION KNOWLEDGE, WIC FOOD PURCHASING

Now I'm going to ask some questions about {CHILD's} eating habits and some things that you may do that involve food for your family.

Home food environment

Year 9

New! J21. How often do you have fruits available at home? Would you say...?
 [Source: NHANES Flexible Consumer Behavior Survey, 2009-2010, CBQ020]

Never.....	1
Rarely.....	2
Sometimes.....	3
Often.....	4
Very Often.....	5
DON'T KNOW.....	98
REFUSED.....	99

New! J22. How often do you have any of these dark green vegetables available at home? Broccoli; spinach and other greens like collard, mustard, and turnip greens; and dark green leafy lettuce like romaine. Would you say...?
 [Source: NHANES Flexible Consumer Behavior Survey, 2009-2010, CBQ030]

Never.....	1
Rarely.....	2
Sometimes.....	3
Often.....	4
Very Often.....	5
DON'T KNOW.....	98
REFUSED.....	99

New! J23. How often do you have salty snacks such as chips and crackers available at home? Do not include nuts. Would you say...?
 [Source: NHANES Flexible Consumer Behavior Survey, 2009-2010, CBQ040]

Never.....	1
Rarely.....	2
Sometimes.....	3
Often.....	4
Very Often.....	5
DON'T KNOW.....	98
REFUSED.....	99

New! J24. How often do you have 1% fat, skim, non-fat or fat-free milk available at home? Do not include 2% milk or whole milk. Would you say...?

[Source: Modified NHANES Flexible Consumer Behavior Survey, 2009-2010, CBQ050]

Never.....	1
Rarely.....	2
Sometimes.....	3
Often.....	4
Very Often.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

New! J25. How often do you have soft drinks such as soda or pop, sports drinks such as Gatorade, fruit-flavored drinks, or fruit punch available at home? Do not include diet drinks or 100% juice. Would you say...?

[Source: Modified NHANES Flexible Consumer Behavior Survey, 2009-2010, CBQ060]

Never.....	1
Rarely.....	2
Sometimes.....	3
Often.....	4
Very Often.....	5
DON'T KNOW.....	98
REFUSED.....	99

Feeding beliefs or practices

15, 24, 30, 42, 54, 72, Year 9

Now I'm going to ask you about {CHILD's} eating or some things that you may do or believe about {CHILD's} eating. Please tell me how much you agree or disagree with each of the following statements

New! KA91. {CHILD} enjoys a wide variety of foods.

Disagree.....	01
Slightly disagree.....	02
Neither disagree nor agree.....	03
Slightly agree.....	04
Agree.....	05
DON'T KNOW.....	98
REFUSED.....	99

Modified! CF51c. If {CHILD} says ‘I am not hungry,’ I try to get (him/her) to eat anyway.

Disagree.....	01
Slightly disagree.....	02
Neither disagree nor agree.....	03
Slightly agree.....	04
Agree.....	05
DON’T KNOW.....	98
REFUSED.....	99

New! KA92. If I did not guide or regulate {CHILD’S} eating, (she/he) would eat too many junk foods or sweets.

Disagree.....	01
Slightly disagree.....	02
Neither disagree nor agree.....	03
Slightly agree.....	04
Agree.....	05
DON’T KNOW.....	98
REFUSED.....	99

TV on during meals

15, 18, 24, 30, 42, 54, 72, Year 9

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, Year 9

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? [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

Perceptions of impact of WIC nutrition education

3, 13, 24, 30, 42, 54, 72, Year 9

Modified! WC21. Did you learn something from WIC that helps you make decisions now about what foods to offer {CHILD}? [Source: New Development]

- YES.....01 GO TO WC22
- NO.....02 GO TO KA42
- DON'T KNOW.....98 GO TO KA42

Modified! WC22. (IF YES TO WC21) What did you learn at WIC that you use now when you make decisions about what foods to offer {CHILD}? (OPEN-ENDED; INTERVIEWER RECORD RESPONSE; MARK ALL THAT APPLY) [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
- 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 LIMIT THE SWEETS AND/OR JUNK FOOD
WE EAT.....12
- I/WE OFFER THE RIGHT AMOUNT
OF FOODS (PORTION).....09
- I/WE KNOW HOW TO CHOOSE MORE HEALTHY
FOODS FOR MYSELF/MY FAMILY.....10
- I READ LABELS ON FOOD PACKAGING.....11
- I/WE LIMIT THE SALT AND SALTY FOODS WE EAT.....12
- OTHER (Specify).....14
- DON'T KNOW.....98
- REFUSED.....99

Non-WIC nutrition information sources

72, Year 9

Modified! KA42. After {CHILD} turned 6, did you seek out nutrition information on topics related to feeding {CHILD} such as picky eating, healthy weight, growth, and development? [Source: New development]

- YES.....01 GO TO KA43
- NO.....03 GO TO CF56
- DON'T KNOW.....98 GO TO CF56
- REFUSED.....99 GO TO CF56

Modified! KA43. After {CHILD} turned 6, where have you sought nutrition information from?
 (OPEN-ENDED; INTERVIEWER RECORD RESPONSE; MARK ALL THAT APPLY) [Source:
 New development]

- HEALTHCARE PROFESSIONAL SUCH AS DOCTOR,
SCHOOL NURSE OR HEALTH CLINIC OR HOSPITAL.....01
- SCHOOL OR CHILDCARE OR DAYCARE PROVIDER.....02
- INTERNET OR SOCIAL MEDIA.....03
- BOOKS OR LIBRARY OR MAGAZINES.....04
- FAMILY AND/OR FRIENDS.....05
- FARMER’S MARKET.....06
- WORK OR SCHOOL THAT CAREGIVER ATTENDS
SUCH AS COLLEGE.....07
- COMMUNITY CENTER.....08
- FOOD PANTRY.....09
- OTHER (Specify)_____

Skill-based nutritional knowledge

Year 9

[CF56INTRO] Let’s talk about some things that you may do when you buy food.

New! CF56a How often do you shop with a grocery list? [Source: Faithful Families]

- Never.....01
- Seldom.....02
- Sometimes.....03
- Most of the time.....04
- Always.....05
- DON’T KNOW.....98
- REFUSED.....99

New! CF56b How often do you plan meals ahead of time? [Source: Faithful Families]

- Never.....01
- Seldom.....02
- Sometimes.....03
- Most of the time.....04
- Always.....05
- DON’T KNOW.....98
- REFUSED.....99

Next, we have some questions about food labels. A food label usually is on the back or the side of the food package. It has two parts, a Nutrition Facts panel and a list of ingredients. The "Nutrition Facts panel" of a food label lists the amount of calories, fat, fiber, carbohydrates and some other nutritional information.

New! CF51J How often do you use information on added sugars from a food label?

Always.....	01
Most of the time.....	02
Sometimes.....	03
Rarely.....	04
Never.....	05
NEVER SEEN (FOOD LABEL).....	06
DON'T KNOW.....	98
REFUSED.....	99

New! CF51K How often do you use information on sodium from a food label?

Always.....	01
Most of the time.....	02
Sometimes.....	03
Rarely.....	04
Never.....	05
NEVER SEEN (FOOD LABEL).....	06
DON'T KNOW.....	98
REFUSED.....	99

Purchasing of WIC Foods

72, Year 9

AP7. In the past month did you buy any of the following foods for yourself or your family that you used to get from WIC? [Source: New development]

a. In the past month did you buy cold or hot whole grain breakfast cereal like corn flakes, bran flakes, plain Cheerios, oatmeal, grits, or cream of wheat?

YES.....	01
NO.....	02
DON'T KNOW.....	98
REFUSED.....	99

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

YES.....	01
NO.....	02
DON'T KNOW.....	98
REFUSED.....	99

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

The next questions are about {CHILD’S} health and behavior

Health status/conditions

1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 42, 54, 72, Year 9

CH2. Has the doctor told you that {CHILD} has any long-term physical or developmental medical problems or conditions that may affect what or how (he/she) eats or {CHILD’S} diet? [Source: FITS 2008, modified]

[IF NEEDED: The medical problems or conditions may be things like food allergies, diabetes, obesity, metabolic disorders, gastrointestinal problems such as celiac disease or gastric reflux, developmental concerns such as ADHD, Autism, Autism Spectrum Disorder, or a sensory processing disorder or mental health concern like anxiety or depression or any long-term problem that influences your child’s eating or diet.]

- | | | | |
|-----------------|----|--------------------------|------------|
| YES..... | 01 | <input type="checkbox"/> | GO TO CH2a |
| NO..... | 02 | <input type="checkbox"/> | GO TO DM13 |
| DON'T KNOW..... | 98 | <input type="checkbox"/> | GO TO DM13 |
| REFUSED..... | 99 | <input type="checkbox"/> | GO TO DM13 |

CH2a. (IF YES) What medical problem or condition does {CHILD} have? [MARK ALL THAT APPLY]

- | | |
|--|----|
| FOOD ALLERGIES..... | 01 |
| DIABETIC OR PREDIABETIC OR DIABETES..... | 02 |
| GASTROINTESTINAL DISORDER SUCH AS
CELIAC DISEASE, CYCLIC VOMITING, OR
GASTRIC REFLUX..... | 04 |
| OVERWEIGHT OR OBESE..... | 06 |
| ATTENTION DEFICIT DISORDER (ADD), ATTENTION
DEFICIT HYPERACTIVITY DISORDER (ADHD),
AUTISM OR AUTISM SPECTRUM DISORDER..... | 07 |
| CONSTIPATION OR DIFFICULTY POOPING..... | 08 |
| BLOOD DISORDER SUCH AS SICKLE CELL
ANEMIA OR ANEMIC..... | 09 |
| MENTAL HEALTH CONCERN SUCH AS ANXIETY
OR DEPRESSION..... | 10 |
| OTHER (Specify)_____ | |

Child physical activity

18, 24, 30, 42, 54, 72, Year 9

New! DM23. Last week, how many days was {CHILD} physically active for a total of at least 60 minutes per day? Add up all the time (he/she) spent in any kind of physical activity that increased (his/her) heart rate and made (him/her) breathe hard some of the time. [School Activity and Nutrition Survey]

DAYS.....[0 to 7]

New! DM24. Last week, how many days did {CHILD} play outside for 30 minutes or more? Do not count outdoor play during school hours. [School Activity and Nutrition Survey]

DAYS.....[0 to 7]

Child sleep duration/patterns

15, 18, 24, 30, 42, 54, 72, Year 9

Modified! CH29 During the past week, how many hours of sleep did {CHILD} get on most weeknights? [Modified based on NSCH]

HOURS.....[0 to 15]

Child television/video exposure

15, 18, 24, 30, 42, 54, 72, Year 9

CH17a. Thinking of an average school day, that is, Monday through Friday, how many hours does {CHILD} watch television or play video games? 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. Thinking about a typical day when school is not in session, how many hours a day does {CHILD} watch television or play video games? 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

Developmental concerns

72, Year 9

[If CH2a=07, THEN DM13=01 AND GO TO DM13aMOD ELSE GO TO DM13.]

Modified! DM13.Has a doctor, other health care provider, or educator EVER told you that {CHILD} has any of the following...

[IF NEEDED Examples of educators are teachers and school nurses.]

Behavioral or conduct problems, developmental delay, an intellectual disability, speech or language disorder, a learning disability, attention deficit disorder, or Autism or Autism Spectrum Disorder? [Source: NSCH A25-A30, Modified]

YES.....01 GO TO DM13a
NO.....02 GO TO DM16
DON'T KNOW.....98 GO TO DM16
REFUSED.....99 GO TO DM16

Modified! DM13aMOD “You mentioned that {CHILD} has {TEXT FROM CH2a=07}, does {CHILD} have any other developmental conditions that a doctor, nurse, or teacher has ever told you about? These may include developmental delay, an intellectual disability, or behavioral or conduct problems. [MARK ALL THAT APPLY UNDER DM13a, INCLUDING TEXT FROM CH2a=07]

Modified! DM13a. (IF DM13 YES) What condition does {CHILD} have [Revised based on NSCH, MARK ALL THE APPLY]?

- DEVELOPMENTAL DELAYS.....01
- SPEECH OR OTHER LANGUAGE DISORDER
- LEARNING DISABILITY.....02
- ATTENTION DEFICIT DISORDER03
- BEHAVIORAL OR CONDUCT PROBLEMS.....04
- AUTISM OR AUTISM SPECTRUM DISORDER.....05
- INTELLECTUAL DISABILITY (FORMERLY KNOWN AS MENTAL RETARDATION).....06
- OTHER (Specify)_____

New! DM13b. To what extent does {CHILD’s} health condition(s) or problem(s) affect {CHILD’s} daily life? [Source NSCH, Modified]

- Very little.....01
- Somewhat.....02
- A lot.....03
- DON'T KNOW.....98
- REFUSED.....99

SCHOOL PERFORMANCE

Receipt of special education services

72, Year 9

New! [IF YES TO DM13] DM14. Some children have difficulty in school because of the health problem, condition, or disability you mentioned. These children may have an Individual Education Plan also called an IEP or receive services from a program called Special Education or receive accommodations through a 504 plan. Is {CHILD} currently enrolled in any of these special education classes or services or accommodations? [Source: National Household Education Survey, modified]

- YES.....01 GO TO DM14a
- NO.....02 GO TO DM16
- DON'T KNOW.....98 GO TO DM16
- REFUSED.....99 GO TO DM16

New! DM14a. (IFYES TO DM14) Does the condition for which {CHILD} is receiving special education interfere with {HIS/HER} ability to attend school on a regular basis? [Source: National Household Education Survey, *modified*]

YES.....	01
NO.....	02
DON'T KNOW.....	98
REFUSED.....	99

School Performance

Year 9

DM16. What grade is {CHILD} currently in or if school has ended for the school year, what grade did your child just finish?

Second grade.....	01
Third grade.....	01
Fourth grade.....	02
Fifth grade.....	03
Other.....	04
DON'T KNOW.....	98
REFUSED.....	99

DM 17. Thinking back on the last full school year, about how many days did {CHILD} miss school? [Modified from National Study of Children’s Health

<https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2019/NSCH-T2.pdf>, see page 13]

NO MISSED DAYS.....	01
1-3 DAYS.....	02
4-6 DAYS.....	03
7-10 DAYS.....	04
11 OR MORE DAYS.....	05
THE CHILD WAS NOT ENROLLED IN SCHOOL.....	06
DON'T KNOW.....	98
REFUSED.....	99

DM 18. Thinking back on the last full school year, how many times has {CHILD’s} school contacted you or another adult in your household about any problems {CHILD} is having with school? [Modified, National Study of Children’s Health

<https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2019/NSCH-T2.pdf>, see page 13]

NONE.....	01
1 TIME.....	02
2 OR MORE TIMES.....	03
DON'T KNOW.....	98
REFUSED.....	99

DM 19. Since {CHILD} started school, has [CHILD] repeated any grades or has {CHILD's} school ever recommended that [CHILD] repeat any grades? [Modified, National Study of Children's Health

<https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2019/NSCH-T2.pdf>, see page 13]

YES.....01
NO.....02
DON'T KNOW.....98
REFUSED.....99

DM 21. During the current school year, or thinking back to the last school year if {CHILD} is not currently in school, how many days a week did {CHILD} participate in school-related activities? Examples of school-related activities may include clubs, band, sports, dance, theater, scouts, or volunteer work.

DAYS.....[0 to 7]

DM22. Compared to other children {CHILD's} age, how much difficulty does {CHILD} have making or keeping friends? [Same source as above]

No difficulty.....01
A little difficulty.....02
A lot of difficulty.....03
DON'T KNOW.....98
REFUSED.....99

CLOSING

[REGULAR CLOSING]

Those are all of the questions I have. We will (send you your) (\$70/\$80) (gift 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 a \$80 gift card 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 WIC understand how children who used to be involved in WIC develop and grow.

[CLOSING IF SELECTED FOR A SECOND AMPM INTERVIEW]

Those are all of the questions I have. We will (send you your) (\$70/\$80) (gift 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 a \$80 gift card 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 WIC understand how children who used to be involved in the program develop and grow. In addition, you have been selected to receive another (\$70/80) gift card 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.

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 1.0000 hours (60 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.