Appendix F1

OMB Approval No. 0584-0580

Approval Expires: 02/28/2025

Year 9 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 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:
   1. Coffee, tea, soft drinks, milk or juice?
   2. Cookies, candy, ice cream or other sweets?
   3. Chips, crackers, popcorn, pretzels, nuts or other snack foods?
   4. Fruits, vegetables, or cheese?
   5. Breads, rolls, or tortillas?
   6. 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…

1. 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]

1. from school

DAYS [0 to 5]

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

1. 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 ≠ 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…

1. from home

DAYS [0 to 5]

[IF MH31a=5, SKIP TO MH33]

1. from school

DAYS [0 to 5]

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

1. 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!* 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…

1. from home

DAYS [0 to 5]

1. from school

DAYS [0 to 5]

1. from somewhere else

DAYS [0 to 5]

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

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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…

1. from home

DAYS [0 to 5]

[IF MH36a=5, SKIP TO J21]

1. from school

DAYS [0 to 5]

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

1. 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 ≠ 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 THA 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 THA 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]

1. 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

1. 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  GO TO CH2a

NO 02  GO TO DM13

DON'T KNOW 98  GO TO DM13

REFUSED 99  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 DISORDER 03

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 cihldren who used to be involved in WIC develop and grow. We may contact you again if you are selected for any other studies.

**[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.