Form Approved  
OMB No. 0920-1333  
Exp. Date 4/30/2024

Feeding My Baby and Me: IFPS-III: Month 18

The information you are being asked to provide is authorized to be collected under Section 301 of The Public Health Service Act (42 USC 241). Providing this information is voluntary. CDC will use this information in its study, Feeding My Baby and Me (also known as the Infant Feeding Practices Study III), in order to learn more about the choices mothers make in feeding their babies and toddlers in the first 2 years of life. This information will support efforts to improve the health of our nation’s children. This information will be shared with a contractor, Westat, with which CDC has entered into an agreement to assist with carrying out this study.

**Public reporting burden of this collection of information varies from 2 to 24 minutes with an average of 15 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-**1333**)**

**DEMOGRAPHICS**

**A9. Are you currently {CHILD'S NAME}’s caregiver?**

* Yes (GO TO A29)
* No

**[IF A9 = NO, END SURVEY, MAY BE ELIGIBLE FOR FUTURE SURVEYS. SHOW SURVEY INELIGIBILITY SCREEN AND THEN END SURVEY.]**

**[START SURVEY INELIGIBILITY SCREEN]**

We’re sorry, you are not eligible to complete this survey if you are not currently the study child’s caregiver. We will check back with you to see if you are eligible for study surveys in the future. Thank you.

**[END SURVEY INELIGIBILITY SCREEN]**

**A29. Have you moved out of the United States?**

* Yes
* No

**A4. Counting yourself, how many people live in your household? Include all members who live in your household for at least 9 months of the year.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ People < 17 years of age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ People 18 and older

**A6. Which income range category represents the total combined income of all members of your household during the past 12 months? Please include any income from all sources (employment, pensions, social security, etc.).**

* Less than $5,000
* $5,000 to $7,499
* $7,500 to $9,999
* $10,000 to $12,499
* $12,500 to $14,999
* $15,000 to $19,999
* $20,000 to $24,999
* $25,000 to $29,999
* $30,000 to $34,999
* $35,000 to $39,999
* $40,000 to $49,999
* $50,000 to $59,999
* $60,000 to $74,999
* $75,000 to $99,999
* $100,000 to $149,999
* $150,000 or more

**FEEDING**

**Foods Your Child Eats**

**[PROGRAMMER: LIST EACH REPETITION OF INSTRUCTIONS AND THE GRID THAT FOLLOWS THOSE INSTRUCTIONS ON A SEPARATE PAGE]**

**In the past 7 days, how often was {CHILD'S NAME} fed each food listed below?** Include feedings by everyone who feeds the child and include snack and night time feedings.

Fill in only one column for each item.

* + If **{CHILD'S NAME}** was fed the food once a day or more, enter the number of feedings per day in the first column.
  + If **{CHILD'S NAME}** was fed the food less than once a day, enter the number of feedings per week in the second column.
  + If **{CHILD'S NAME}** was not fed the food at all during the past 7 days, fill in 0 in the second column.

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER LINE, EITHER FEEDINGS PER DAY OR FEEDINGS PER WEEK]**

|  |  |  |
| --- | --- | --- |
| **Breast milk and infant formula** | **Feedings per day** | **Feedings per week** |
| Breast milk at your breast |  |  |
| Breast milk in a bottle/cup |  |  |
| Infant formula |  |  |
| Toddler milk (includes follow up formulas or toddler formulas) |  |  |

**[IF INFANT FORMULA >0] In the past week, about how many ounces of infant formula did you child drink at each feeding?**

* 1 to 2
* 3 to 4
* 5 to 6
* 7 to 8
* More than 8

**In the past 7 days, how often was {CHILD'S NAME} fed each beverage listed below?** Include feedings by everyone who feeds the child and include snack and night time feedings.

Fill in only one column for each item.

* + If **{CHILD'S NAME}** was fed the beverage once a day or more, enter the number of feedings per day in the first column.
  + If **{CHILD'S NAME}** was fed the beverage less than once a day, enter the number of feedings per week in the second column.
  + If **{CHILD'S NAME}** was not fed the beverage at all during the past 7 days, fill in 0 in the second column.

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER LINE, EITHER FEEDINGS PER DAY OR FEEDINGS PER WEEK]**

|  |  |  |
| --- | --- | --- |
| **Beverages** | **Feedings per day** | **Feedings per week** |
| Water: include tap, bottled, or unflavored sparkling water |  |  |
| 100% pure fruit juice or 100% pure vegetable juice |  |  |
| Regular soda or pop that contains sugar. Don't include diet soda or diet pop |  |  |
| Sweetened fruit drinks such as Kool-Aid, lemonade, sweet tea, Hi-C, cranberry cocktail, Gatorade, or flavored milk (e.g., chocolate, strawberry, vanilla) |  |  |
| Unsweetened cow's milk (includes milk added to foods such as cereals) |  |  |
| Unsweetened other milk such as soy milk, rice milk, or goat milk. |  |  |

**In the past 7 days, how often was {CHILD’S NAME} fed each food listed below?** Include feedings by everyone who feeds the baby and include snack and night time feedings.

Fill in only one column for each item.

* + If **{CHILD’S NAME}** was fed the food once a day or more, enter the number of feedings per day in the first column.
  + If **{CHILD’S NAME}** was fed the food less than once a day, enter the number of feedings per week in the second column.
  + If **{CHILD’S NAME}** was not fed the food at all during the past 7 days, fill in 0 in the second column.

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER LINE, EITHER FEEDINGS PER DAY OR FEEDINGS PER WEEK]**

|  |  |  |
| --- | --- | --- |
| **Grains** | **Feedings per day** | **Feedings per week** |
| Hot or cold cereal (do not include baby cereal) |  |  |
| Rice, pasta, breads (includes, rice, pasta, toast, rolls, bagels, cornbread, tortillas, bread in sandwiches, pancakes, waffles, crackers, etc.) |  |  |

**In the past 7 days, how often was {CHILD’S NAME} fed each food listed below?** Include feedings by everyone who feeds the baby and include snack and night time feedings.

Fill in only one column for each item.

* + If **{CHILD’S NAME}** was fed the food once a day or more, enter the number of feedings per day in the first column.
  + If **{CHILD’S NAME}** was fed the food less than once a day, enter the number of feedings per week in the second column.
  + If **{CHILD’S NAME}** was not fed the food at all during the past 7 days, fill in 0 in the second column.

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER LINE, EITHER FEEDINGS PER DAY OR FEEDINGS PER WEEK]**

|  |  |  |
| --- | --- | --- |
| **Meats and Other Protein Foods** | **Feedings per day** | **Feedings per week** |
| Meat (not processed): chicken, turkey, pork, beef, or lamb |  |  |
| Processed meat: baby food meats, combination dinners, bacon, ham, lunch meats, hot dogs, etc. |  |  |
| Fish or shellfish |  |  |
| Eggs |  |  |
| Beans: Refried beans, black beans, white beans, baked beans, beans in soup, pork and beans, or any other cooked dried beans. Don't include green beans. |  |  |
| Peanut butter, other peanut foods, or nuts |  |  |
| Soy foods: tofu, frozen soy desserts, etc. |  |  |

**In the past 7 days, how often was {CHILD’S NAME} fed each food listed below?** Include feedings by everyone who feeds the baby and include snack and night time feedings.

Fill in only one column for each item.

* + If **{CHILD’S NAME}** was fed the food once a day or more, enter the number of feedings per day in the first column.
  + If **{CHILD’S NAME}** was fed the food less than once a day, enter the number of feedings per week in the second column.
  + If **{CHILD’S NAME}** was not fed the food at all during the past 7 days, fill in 0 in the second column.

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER LINE, EITHER FEEDINGS PER DAY OR FEEDINGS PER WEEK]**

|  |  |  |
| --- | --- | --- |
| **Fruits and Vegetables** | **Feedings per day** | **Feedings per week** |
| Fruits: fresh, frozen, or canned, pureed baby food, or in squeezable pouches. Don't include juice. |  |  |
| Potatoes: baked, boiled, or mashed potatoes, or sweet potatoes |  |  |
| Fried potatoes including French fries, home fries, or hash browns |  |  |
| Green leafy vegetables: spinach, kale, collards, lettuce, or other green leafy vegetables |  |  |
| Other vegetables: fresh, frozen, or canned, or in squeezable pouches (other than green leafy or lettuce salads, potatoes, or cooked dried beans) |  |  |
| Tomato sauces: Mexican-type salsa with tomato, spaghetti noodles with tomato sauce, or mixed into foods such as lasagna (do not include tomato sauce on pizza) |  |  |

**In the past 7 days, how often was {CHILD’S NAME} fed each food listed below?** Include feedings by everyone who feeds the baby and include snack and night time feedings.

Fill in only one column for each item.

* + If **{CHILD’S NAME}** was fed the food once a day or more, enter the number of feedings per day in the first column.
  + If **{CHILD’S NAME}** was fed the food less than once a day, enter the number of feedings per week in the second column.
  + If **{CHILD’S NAME}** was not fed the food at all during the past 7 days, fill in 0 in the second column.

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER LINE, EITHER FEEDINGS PER DAY OR FEEDINGS PER WEEK]**

|  |  |  |
| --- | --- | --- |
| **Dairy** | **Feedings per day** | **Feedings per week** |
| Cheese: all types (include cheese as a snack, on a sandwich, or in foods such as lasagna, quesadillas, or casseroles). Do not count cheese on pizza |  |  |
| Other dairy products, such as pudding or yogurt. Don't include sugar free or plain kinds |  |  |

**In the past 7 days, how often was {CHILD’S NAME} fed each food listed below?** Include feedings by everyone who feeds the baby and include snack and night time feedings.

Fill in only one column for each item.

* + If **{CHILD’S NAME}** was fed the food once a day or more, enter the number of feedings per day in the first column.
  + If **{CHILD’S NAME}** was fed the food less than once a day, enter the number of feedings per week in the second column.
  + If **{CHILD’S NAME}** was not fed the food at all during the past 7 days, fill in 0 in the second column.

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER LINE, EITHER FEEDINGS PER DAY OR FEEDINGS PER WEEK]**

|  |  |  |
| --- | --- | --- |
| **Sweets and Desserts** | **Feedings per day** | **Feedings per week** |
| Ice cream or other frozen dairy desserts, such as frozen yogurt and sherbet. Don't include sugar free kinds |  |  |
| Sugar free frozen dairy desserts or sugar free pudding, plain or sugar free yogurt, or other sugar free dairy products |  |  |
| Sweet foods: candy, cookies, cake, doughnuts, muffins, pop-tarts, etc. Don't count frozen or sugar free desserts |  |  |

**In the past 7 days, how often was {CHILD’S NAME} fed each food listed below?** Include feedings by everyone who feeds the baby and include snack and night time feedings.

Fill in only one column for each item.

* + If **{CHILD’S NAME}** was fed the food once a day or more, enter the number of feedings per day in the first column.
  + If **{CHILD’S NAME}** was fed the food less than once a day, enter the number of feedings per week in the second column.
  + If **{CHILD’S NAME}** was not fed the food at all during the past 7 days, fill in 0 in the second column.

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER LINE, EITHER FEEDINGS PER DAY OR FEEDINGS PER WEEK]**

|  |  |  |
| --- | --- | --- |
| **Snacks and Other Foods** | **Feedings per day** | **Feedings per week** |
| Pizza: frozen pizza, fast food pizza, homemade pizza, or other pizza |  |  |
| Snacks such as potato chips, corn chips, pretzels, or popcorn |  |  |

**Feeding Breast Milk**

**E5. [ASK IF E4 FROM PREVIOUS SURVEY INCLUDES DATE AND R HAS NOT ALREADY ANSWERED YES] Has {CHILD'S NAME} stopped directly feeding at your breast?**

* Yes
* No (GO TO E11)

**E6. How old was {FILL: HE/SHE} when {FILL: HE/SHE} completely stopped feeding directly from your breast? Do not answer about pumped or expressed milk. You will be asked about that later. (Day 0 is the day your child was born)**

My child completely stopped feeding at my breast at \_\_\_ days OR \_\_\_ weeks OR \_\_\_ months

**E8. What were the two most important reasons for your decision to stop feeding your child directly at your breast?**

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER COLUMN, DO NOT ALLOW BOTH COLUMNS CHECKED FOR SAME LINE]**

|  |  |  |
| --- | --- | --- |
|  | **Most important reason** | **Second most important reason** |
| I wanted or needed someone else to feed my child |  |  |
| Breast milk alone did not satisfy my child |  |  |
| I wanted my body back to myself |  |  |
| I was sick or had to take medicine |  |  |
| I could not breastfeed while working or going to school |  |  |
| My child lost interest in nursing or began to wean himself or herself |  |  |
| I was pregnant |  |  |
| Other reason |  |  |

**E11. [ASK IF E10 FROM PREVIOUS SURVEY INCLUDES DATE AND R HAS NOT ALREADY ANSWERED YES] Have you stopped pumping or hand-expressing breast milk?**

* Yes
* No (GO TO E16)

**[IF E11 = VALID SKIP, SKIP TO E16]**

**E12. How old was {FILL: HE/SHE} when you completely stopped pumping or hand-expressing breast milk? (Day 0 is the day your child was born). Do not answer about feeding your child your pumped breast milk. You will be asked about that later.**

I completely stopped pumping or hand-expressing my breast milk at\_\_\_ days OR \_\_\_ weeks OR \_\_\_ months

**E13. What were the two most important reasons for your decision to stop pumping or hand-expressing breast milk?**

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER COLUMN, DO NOT ALLOW BOTH COLUMNS CHECKED FOR SAME LINE]**

|  |  |  |
| --- | --- | --- |
|  | **Most important reason** | **Second most important reason** |
| Pumping milk no longer seemed worth the effort it required |  |  |
| Too many challenges related to pumping at work or school |  |  |
| Pumping supplies cost too much |  |  |
| I was not getting enough pumped milk |  |  |
| I had enough milk stored to reach my breastfeeding goal |  |  |
| I was pregnant |  |  |
| I was sick or had to take medicine |  |  |
| Other reason |  |  |

**E16. [ASK IF E15 FROM PREVIOUS SURVEY INCLUDES DATE AND R HAS NOT ALREADY ANSWERED YES] Have you stopped feeding your child pumped or expressed breast milk?**

* Yes
* No (GO TO E24)

**[IF E16 = VALID SKIP, GO TO E19]**

**E17. How old was {FILL: HE/SHE} when {FILL: HE/SHE} completely stopped being fed any pumped or expressed breast milk? Do not answer about feeding directly at your breast. (Day 0 is the day your child was born)**

My child completely stopped being fed pumped or expressed breast milk at\_\_\_ days OR \_\_\_ weeks OR \_\_\_ months

**E19. [IF E4 OR E15 HAVE DATE IN ANY SURVEY AND E5 ≠ NO AND E16 ≠ NO, ASK E19. ONCE ANSWERED, DO NOT ASK AGAIN IN FUTURE SURVEYS] Did you feed your child breast milk (at the breast or pumped/expressed milk) as long as you wanted?**

* Yes
* No

**Feeding Formula**

**E24. [ASK IF E23 INCLUDES DATE FROM PREVIOUS SURVEY AND R HAS NOT ALREADY ANSWERED YES] Has {CHILD'S NAME} stopped being fed infant formula?**

* Yes
* No (GO to C66)

**E25. How old was {FILL: HE/SHE} when {FILL: HE/SHE} completely stopped being fed infant formula? (Day 0 is the day your child was born)**

My child completely stopped feeding infant formula at \_\_\_ days OR \_\_\_ weeks OR \_\_\_ months

**E26. What were the two most important reasons for your decision to stop feeding {CHILD'S NAME} infant formula?**

**[PROGRAMMER: ONLY ALLOW ONE RESPONSE PER COLUMN, DO NOT ALLOW BOTH COLUMNS CHECKED FOR SAME LINE]**

|  |  |  |
| --- | --- | --- |
|  | **Most important reason** | **Second most important reason** |
| My child started drinking other milk(s) (such as cow's milk, soy milk, rice milk, or goat's milk) |  |  |
| My child started drinking other drinks (such as water, juice, sweetened fruit drinks, or soda or pop) |  |  |
| I fed my child my breast milk |  |  |
| I fed my child breast milk from someone else |  |  |
| My doctor told me to stop |  |  |
| I thought it was time to be done |  |  |
| Other reason |  |  |

**Feeding Practices and Beliefs**

These next questions are about beliefs you may have about your child and other toddlers.

**How much do you agree or disagree with the following statements?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Disagree** | **Slightly Disagree** | **Neutral** | **Slightly Agree** | **Agree** |
| C66. **{CHILD'S NAME}** leaves food on **{FILL: HIS/HER}** plate at the end of meal. |  |  |  |  |  |
| C67. **{CHILD'S NAME}** cannot eat a meal if **{FILL: HE/SHE}** has had a snack just before. |  |  |  |  |  |
| C68. **{CHILD'S NAME}** is always asking for food. |  |  |  |  |  |
| C69. If allowed to, **{CHILD'S NAME}** would eat too much. |  |  |  |  |  |
| C84. It is important for parents to have rules for how much a toddler eats |  |  |  |  |  |
| C85. A toddler should never eat fast food |  |  |  |  |  |

**The following are statements that parents or children may do. Please indicate how often you or your child do the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Seldom** | **Half the time** | **Most of the time** | **Always** |
| C70. **{CHILD'S NAME}** lets me know when **{FILL: HE/SHE}** is full |  |  |  |  |  |
| C72. I talk to **{CHILD'S NAME}** to encourage **{FILL: HIM/HER}** to eat |  |  |  |  |  |
| C81. I try to get **{CHILD'S NAME}** to finish **{FILL: HIS/HER}** food |  |  |  |  |  |
| C82. I insist **{CHILD'S NAME}** re-tries new foods that were refused at the same meal |  |  |  |  |  |
| C88. I allow **{CHILD'S NAME}** to watch TV while eating if **{FILL: HE/SHE}** wants |  |  |  |  |  |
| C89. I allow **{CHILD'S NAME}** to eat fast food if **{FILL: HE/SHE}** wants |  |  |  |  |  |
| C90. I allow **{CHILD'S NAME}** to drink sugared drinks/soda if **{FILL: HE/SHE}** wants |  |  |  |  |  |
| C91. I allow **{CHILD'S NAME}** to eat desserts/sweets if **{FILL: HE/SHE}** wants |  |  |  |  |  |
| C115. I let **{CHILD'S NAME}** decide how much to eat |  |  |  |  |  |
| C116. I pay attention when **{CHILD'S NAME}** seems to be telling me that **{FILL: HE/SHE}** is full or hungry |  |  |  |  |  |
| C117. I allow **{CHILD'S NAME}** to eat when **{FILL: HE/SHE}** is hungry |  |  |  |  |  |

**The next questions are about your child’s eating behavior. For each statement,** **please select the response that most closely reflects your child’s eating behavior.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| C99. My child gets full up easily |  |  |  |  |  |
| C100. My child gets full before **{FILL: HIS/HER}** meal is finished |  |  |  |  |  |
| C101. Even if my child is full up, **{FILL: HE/SHE}** finds room to eat **{FILL: HIS/HER}** favorite food |  |  |  |  |  |
| C102. My child enjoys tasting new foods |  |  |  |  |  |
| C103. My child enjoys a wide variety of foods |  |  |  |  |  |
| C104. My child decides that **{FILL: HE/SHE}** doesn’t like food, even without tasting it |  |  |  |  |  |

**HEALTH AND LIFESTYLE**

**C46. Which of the following was {CHILD'S NAME} given in vitamin or mineral drops [or pills] or chewables at least 3 days a week during the past week?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Iron only vitamin |  |  |
| Vitamin D only vitamin |  |  |
| Multivitamin |  |  |
| Other vitamins |  |  |

**H24. Which of the following problems did {CHILD'S NAME} have during the past month?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Fever |  |  |
| Diarrhea or vomiting |  |  |
| Ear infection |  |  |
| Severe respiratory infection (e.g., pneumonia, bronchiolitis) |  |  |
| Wheeze |  |  |
| Eczema (atopic dermatitis) |  |  |
| COVID-19 |  |  |

**H6. What kind of birth control are you or your spouse/partner using now?**

*Select all that apply.*

* Hormonal IUD (Mirena®, Skyla®, Kyleena®, Liletta®)
* Implant (Nexplanon®)
* Shot (Depo-Provera®)
* Progestin-only pill (e.g. mini-pill)
* Combined contraception (e.g. combined pill, patch [OrthoEvra®] or vaginal ring [NuvaRing®])
* Non hormonal method (for example permanent sterilization [e.g., tubes tied, Essure®, vasectomy], copper [non-hormonal] IUD, condoms, not having sex at certain times [rhythm method or natural family planning], withdrawal [pulling out], diaphragm, cervical cap, sponge, not having sex, no method, not applicable [e.g. hysterectomy, same-sex partner])

**[PROGRAMMER: DISPLAY CONTACT INFORMATION SECTION]**

**CONTACT INFORMATION SCREEN**

**1-MONTH SURVEY AND ONWARDS:**

Thank you very much for completing the survey! Please take a moment to review your information and update as needed.

We can provide you with a link for $X immediately after you complete this survey or mail you a check. Which would you prefer?

**Preference for receiving the money for the survey**:

🞆 Check [PROGRAMMER: IF CHECK IS SELECTED BUT THERE IS NO ADDRESS, DISPLAY MESSAGE “Please enter your mailing address below”]

🞆 Online gift card [PROGRAMMER: IF GIFT CARD IS SELECTED BUT THERE IS NO EMAIL ADDRESS, DISPLAY MESSAGE “Please enter your email address below”]

[PROGRAMMER: PRE-POPULATE ALL CONTACT INFORMATION THAT HAS BEEN PROVIDED ON PREVIOUS SURVEY(S). IF NO INFORMATION HAS BEEN PROVIDED, LEAVE BLANK]

**Contact Information**

Name\*:

Cell Phone Number\*:

Email address\*:

\*Would you **prefer** to receive study information through text or email or both?

Text Email Both Text and Email

\*This information is required.

[PROGRAMMER: DISPLAY IF INFORMATION HAS BEEN PRE-POPULATED]

Is this information still correct?

Yes □

No □ [PROGRAMMER: IF NO, PROVIDE BLANK CONTACT INFORMATION FOR RESPONDENT TO UPDATE]

[PROGRAMMER: MAILING ADDRESS IS ONLY DISPLAYED IF CHECK IS INDICATED ABOVE AND NO MAILING ADDRESS HAS BEEN PROVIDED PREVIOUSLY]

Address 1:

Address 2:

Zip code:

[PROGRAMMER: PRE-POPULATE STATE AND CITY]

**Contact Information of someone the study can contact in case we lose touch with you:**

Please provide the name and contact information of another person who would always know how to contact you (such as your partner, parent, or friend). We will contact them only if we cannot reach you by email or text. Please let them know they have your permission to share your contact information with the study.

Name:

Relationship: Spouse/Partner/Parent/Sibling/Other Relative/Friend

Phone Number:

Email address:

[IF CHECK: Please look out for a check from Westat in 5 -7 business days IF VIRTUAL GIFT CARD: Please look out for an email or text with a link to your online gift card]. Your next survey will start [NEXT SURVEY START DATE]. We will send you a reminder on that day. Please make sure to update your contact information at this website at any time your phone number or email address changes. Thank you for your continued participation in the Feeding My Baby and Me Study.