Appendix A

Study Research Questions

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Table A-1. Study research questions

	Research question	Chapter
	Background and Environmental Characteristics	
1.	How do feeding practices vary with working and family care/childcare/preschool circumstances?	2,5
2.	What are the main barriers to eating healthy?	2
3.	What is the influence of parenting and broader environmental factors on early dietary behaviors that may affect child obesity?	5,6
4.	What is the impact of participation in other Federal food benefit programs on feeding practices and health outcomes?	3,4,6
	Nutrition and Health Outcomes	
5.	What is the food and nutrient intake of 4-5-year-olds, both overall and by subgroups of interest?	3,4
6.	What are the meal and snack patterns, both overall and by subgroups of interest?	3
7.	How do feeding practices impact children's weight and growth?	6
8.	When do "unhealthy" eating habits typically begin and are there early warning signs that a change is occurring?	3
9.	Do early feeding practices, meal/snack patterns, or food and nutrient intakes relate to feeding practices, meal/snack patterns, food and nutrient intakes, and health status at ages 4–5 years?	3,4,6,7
10.	Do early feeding practices, meal/snack patterns, or food and nutrient intakes relate to weight trajectories or child overweight/obesity at ages 4–5 years?	6
	Impact of WIC	
11.	Does continued participation in WIC lead to better eating behaviors and health outcomes?	7
12.	Does the nutrient intake of 4-5-year-olds reflect nutrients provided in the WIC food package?	4
13.	What is the impact of WIC experience on outcomes beyond nutrition and health such as developmental outcomes?	6,7
14.	Does continued participation in WIC have a positive corollary effect on access to healthcare and continuity of care?	2,7
15.	What factors lead to continued/discontinued/renewed participation in WIC through age 5?	7

Table A-2. Study research questions by Example Independent and Dependent Variables[1]

Research question	Example Independent Variables	Example Dependent Variables	Chapter
Background and Environmental Characteristics			
1. How do feeding practices vary with working and family care/childcare/preschool circumstances?	a. Childcare arrangement (informal vs. formal) b. Employment	a. Source of food at site of childcare (childcare provides food, mother provides food, equally divided) b. Number of times family eats together in a week	a. Section 2.5.2 b. Section 5.6.3
2. What are the main barriers to eating healthy?	a. Sociodemographic variables b. Household in food desert	a. Perceived cost of fresh fruits and vegetables; effort involved in preparation of fresh fruits and vegetables; dislike of fresh produce b. Access to fresh fruits and vegetables	a. Section 2.7.3 b. Section 2.7.2
3. What is the influence of parenting and broader environmental factors on early dietary behaviors that may affect child obesity?	a. Number of time family eats together in a week b. How often TV is on during meals	a. Healthy Eating Index-2015 b. Healthy Eating Index-2015	a. Section 5.6.4 b. Section 5.6.4
4. What is the impact of participation in other Federal food benefit programs on feeding practices and health outcomes?	a. Influence of participation in the Supplemental Nutrition Assistance Program (SNAP) b. Influence of SNAP participation c. Participation in non-WIC benefits programs	a. Likelihood of meeting the Dietary Guidelines for Americans recommendation on added sugars intake b. Salt intake (regression model) c. Belief that it is important parents should decide how much the child should eat, belief that it is important for the child to finish all the food on his/her plate, and access to snack foods	a. Section 3.7 b. Section 4.5 c. Section 5.4.1
5. What is the food and nutrient intake of 4-5-year-olds, both overall and by subgroups of interest?	a. Sociodemographic variables b. Sociodemographic variables	a. Food group intake b. Total daily energy and nutrient intake	a. Section 3.5 b. Section 4.4
Nutrition and Health Outcomes			
6. What are the meal and snack patterns, both overall and by subgroups of interest?	a. Sociodemographic variables	a. Consumption of breakfast, lunch, dinner, and snacks (measured using 24-hour dietary recall)	a. Section 3.4

Table A-2. Study research questions by Example Independent and Dependent Variables[1] (continued)

Research question	Example Independent Variables	Example Dependent Variables	Chapter
Nutrition and Health Outcomes			
7. How do feeding practices impact children's weight and growth?	a. Breastfeeding duration b. Breastfeeding duration, timing of introduction of sugar-sweetened beverages, believing that it is important for the child to finish all the food on his/her plate	a. BMI-for-age weight status around age 5 years b. BMI-for-age percentile trajectory class	a. Section 6.7.2 b. Section 6.9
8. When do "unhealthy" eating habits typically begin and are there early warning signs that a change is occurring?	a. Timing of introduction of sugar-sweetened beverages b. Number of times families eats together in a week; frequency of television viewing during meals	a. Likelihood of meeting the Dietary Guidelines for Americans recommendation on added sugar intake b. Timing of adoption of these feeding practices	a. Section 4.5 b. Section 5.6.1, 5.6.2
9. Do early feeding practices, meal/snack patterns, or food and nutrient intakes relate to feeding practices, meal/snack patterns, food and nutrient intakes, and health status at ages 4-5 years?	a. Breastfeeding duration b. Age when sugar-sweetened beverages are introduced; number of snacking occasions c. Number of snacking occasions	a. BMI-for-age weight status around age 5 years b. Likelihood of meeting the Dietary Guidelines for Americans recommendation on added sugar intake c. Total sodium intake	a. Section 6.7.2 b. Section 3.7 c. Section 4.5
10. Do early feeding practices, meal/snack patterns, or food and nutrient intakes relate to weight trajectories or child overweight/obesity at ages 4–5 years?	a. Breastfeeding duration b. Breastfeeding duration, timing of introduction of sugar-sweetened beverages, believing that it is important for the child to finish all the food on his/her plate	a. BMI-for-age weight status around age 5 years b. BMI-for-age percentile trajectory class	a. Section 6.7.2 b. Section 6.9
Impact of WIC			
11. Does continued participation in WIC lead to better eating behaviors and health outcomes?	a. Patterns of WIC participation	a. Healthy Eating Index-2015, total and component scores	a. Section 7.7

Table A-2. Study research questions by Example Independent and Dependent Variables[1] (continued)

Research question	Example Independent Variables	Example Dependent Variables	Chapter
Impact of WIC			
12. Does the nutrient intake of 4-5-year-olds reflect nutrients provided in the WIC food package?	a. WIC participation status	a. Total daily energy and nutrient intake	a. Section 4.4.3
13. What is the impact of WIC experience on outcomes beyond nutrition and health such as developmental outcomes?	a. Patterns of WIC participation	a. Problem-Solving Scale scores	a. Section 7.7
14. Does continued participation in WIC have a positive corollary effect on access to healthcare and continuity of care?	a. WIC status at 54 months b. Patterns of WIC participation	a. Child has a medical home in the fifth year and household Medicaid participation b. Child has a medical home in the fifth year	a. Section 2.8.1, 2.8.2 b. Section 7.7
15. What factors lead to continued/discontinued/renewed participation in WIC through age 5?	a. Sociodemographic variables b. Another child participating with WIC	a. WIC participation category (7 participation categories at age 5 years) b. WIC participation category (7 participation categories at age 5 years)	a. Section 7.6 b. Section 7.6

[1] The independent and dependent variables presented in this table are examples of the analyses conducted in order to answer the designated research questions. This table is not an exhaustive list of all analyses conducted.

Appendix B1

Details of Sampling and Weighting Procedures and Attrition

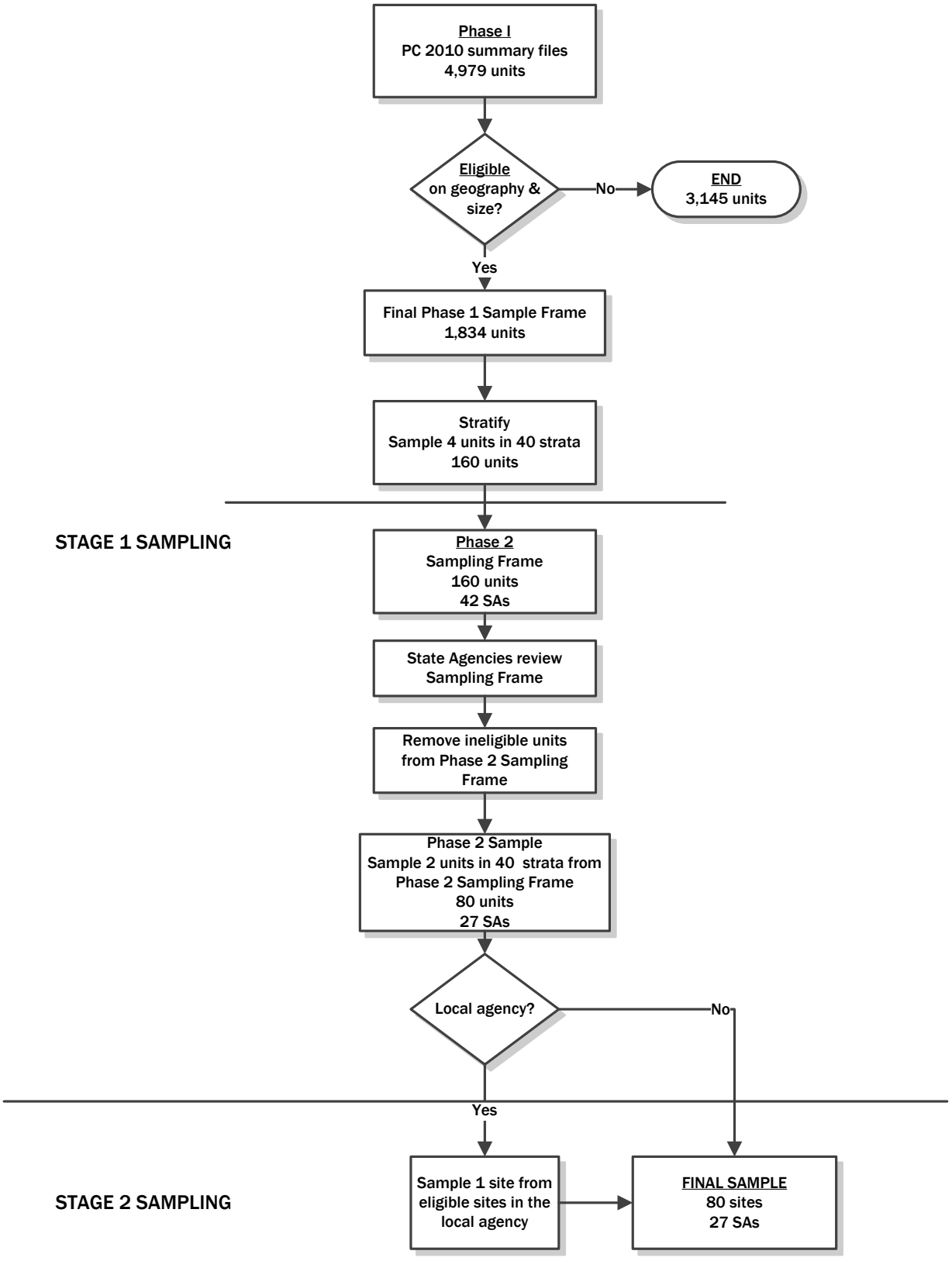
Appendix B1
Details of Sampling and Weighting Procedures

B1.1 Selection of WIC Sites

The WIC service sites were selected using a stratified two-stage sampling approach. Because no national list of service sites exists, we used, as a sampling frame, a summary file at the level of the unit reported by each State Agency (SA) in the census of April 2010 (the WIC Program and Participant Characteristics 2010, or PC2010). This census resulted in a file with one record for each participant being served by WIC in that month. Because State agencies had flexibility for PC2010 for reporting service location identifiers, the IDs provided in the records by the State agencies varied; some State agencies provided the site ID in addition to a local agency code, whereas other State agencies included only a local agency code. As a result, two stages of selection were used to sample sites. The first stage involved the sampling of "PC2010 tabulation units"—the units for which IDs were provided in the PC2010 data. The second stage involved the sampling of sites for situations in which the sampled tabulation unit was a local agency. (For the remainder of this report, these tabulation units will be referred to, using standard statistical terminology, as "first-stage" sampling units.) Additionally, because the information needed to determine final eligibility of sites (namely, current enrollment information and whether the site was expected to be operational during the study recruitment period) was not available in the PC2010 data, the first-stage sample was selected in two phases in order to contact SAs to obtain additional eligibility information about the sites. The ultimate goal was the selection of 80 WIC sites. Figure B1-1 is a flowchart that gives a general overview of the WIC site sampling process.

As shown in Figure B1-1, Phase 1 of Stage 1 involved the selection of four first-stage sampling units in each of 40 strata to create a Phase 2 sampling frame of 160 units. Stratification involved partitioning the sampling frame into four homogeneous groups and was used to improve the precision of estimates and to ensure representation in the sample of different types of sites. In Phase 2 of Stage 1, we contacted SAs to determine the eligibility of each of the units sampled in the first phase and then sampled two units from among the eligible first-stage sampling units in each stratum for a total of 80 units. In Stage 2, we sampled the services sites within the sampled units that were local agencies (rather than service sites) and selected one site from each local agency.

Figure B1-1. Overview of WIC site sampling process



Site eligibility was defined in terms of enrollment flow. A minimum average flow of 1.5 new enrollees per day was required for a site to be eligible and ensure a sufficient volume of participants. Additionally, to ensure that recruitment could be completed within the study recruitment period, we imposed a restriction requiring that eligible sites yield the target number of eligible enrollees within a 4-month period.

Following the completion of the sampling of sites for the study, we began site recruitment efforts in earnest to eliminate the adverse effects of site-level nonresponse on sample yield, sampled service sites that were unable to participate in the study were replaced by members of a matched sample.

B1.2 Construction of the Sampling Frame

The sampling frame was constructed from the WIC PC2010 dataset. PC2010 data were provided through a total of 90 individual SAS data files—one for each State WIC Agency. The PC2010 was obtained from FNS in October 2011. Once received, Westat's subcontractor, Altarum, merged all 90 files into a single analytic file. Altarum thoroughly reviewed the PC2010 Guidance document to better understand each field that is included in the PC2010 database and to identify fields that would be required to develop the first-stage sampling frame file, including the following variables that Altarum derived from information provided in the PC2010 database:

- Unit (i.e., a unique identifier for the PC2010 tabulation unit described in Section B1.1, which was either the WIC site or the local agency);
- Unit Source;
- Number of Exclusively Breastfeeding Women;
- Number of Postpartum Women, Not Breastfeeding;
- Number of Prenatal Women Enrolled in April 2010 (PC2010 reference month);
- Number of Infants Under Age 3 Months Enrolled in April 2010;
- Total Number of Infants Enrolled in April 2010;
- Percent of Infants Enrolled in April 2010 Who Were Under Age 3 Months;
- Total Number of Participants (all Categories);

- Number of Women Participants Under Age 18 Years in April 2010;
- Number of Women Participants Under Age 16 Years in April 2010;
- Percent of Women With High Weight for Height Risk Code; and
- Percent of Children With High Weight for Height Risk Code.

B1.3 Stage 1 Sampling: Selection of the Phase 1 Sample

The Stage 1 sampling was conducted in two phases. The process used to select the Phase 1 sample involved three steps: computation of the measure of size (MOS) used for Phase 1 selection, exclusion of ineligible units, and stratification and selection of the units.

B1.3.1 Measure of Size Computation

The sample design involved sampling sites with probabilities proportional to an MOS (i.e., probability proportional to size [PPS] sampling). For the Phase 1 sample, the MOS was the expected number of eligible enrollees for the first-stage sampling unit, based on the April 2010 enrollment counts from the PC2010. That is, the MOS was calculated for each first-stage sampling unit by summing the total prenatal enrollment and 20 percent of the total enrollment of infants less than 3 months.[1] Based on the aforementioned eligibility considerations, units with a value less than 30 for this MOS (i.e., less than 1.5 enrollees per day, assuming 20 enrollment days per month) were considered ineligible.

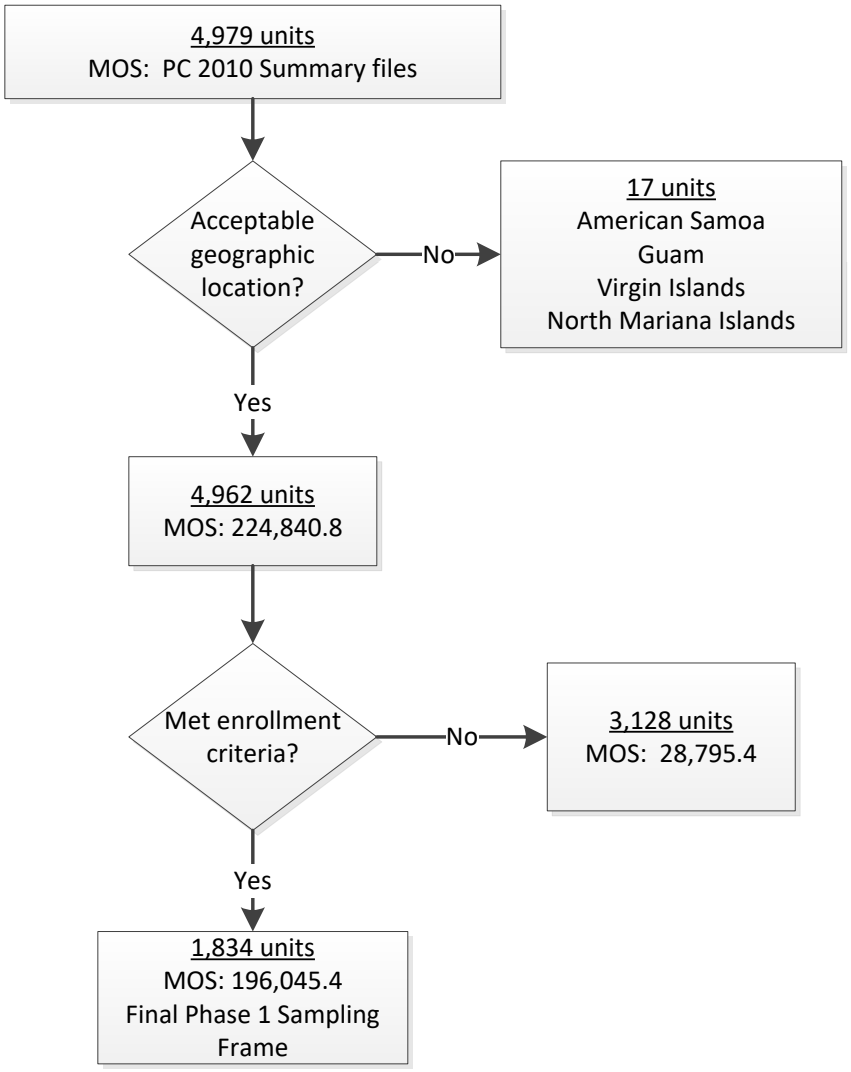
B1.3.2 Exclusion of Ineligible Units

As shown in Figure B1-2, a total of 4,979 units appeared on the PC2010 summary file that served as the basis for creating the sampling frame. Of these, a very small proportion (17 units) was dropped because of geographic location (American Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands). Since the units in these territories represented only 0.3 percent of the total sampling frame, this did not impact the representativeness of the frame. The remaining 4,962 units had a total MOS of 224,840.8. Of these, 3,128 units (with a total MOS of 28,795.4, about 12.8 percent of the total

[1] The 20 percent figure is based on an estimate from the Early Childhood Longitudinal Study-Birth Cohort that 20 percent of infants enrolled in WIC were not enrolled prenatally.

among geographically eligible units) were dropped because their MOS value was less than 30. As a result, the final Phase 1 sampling frame contained a total of 1,834 units, with a total MOS of 196,045.4.

Figure B1-2. Exclusion of ineligibles from unit selection process



B1.3.3 Stratification and Selection of the Phase 1 Sample

As noted above, the sample was designed to yield 80 sampled service sites. To achieve this, a total of 40 strata were formed, and ultimately (after two phases of selection) two sites were sampled from each of these strata. Five characteristics of the first-stage sampling unit or its SA were used to form

the strata (note that the first three of these five characteristics are features of the State WIC Agency Plan that were used to group the WIC SA programs into categories):

- **Peer Counseling Program.** Whether the SA has a breastfeeding peer counseling program in place.[2]

- **Trained Paraprofessionals.** Whether SA policy allows for trained paraprofessionals to provide nutrition education (vs. requiring that staff that provide nutrition education have professional training or credentials).

- **Policy to Provide Formula.** Whether SA policy is to provide one can of formula for breastfeeding infants during the first 30 days of life.

- **Percent of Women Who Used Fully Breastfeeding Package.** This variable was an estimate of the percentage of women in the first-stage sampling unit who utilized the fully breastfeeding food package during the postpartum period. The PC2010 data were used to measure food-package selection by first-stage sampling unit, and this rate was computed by taking the ratio of the number of postpartum women who received the fully breastfeeding package during April of 2010 to the total number of postpartum women receiving any food package that same month.

- **Average of Children's and Mothers' High Weight for Height Rates.** The PC2010 data were used to estimate the percent's of children and of mothers who are "high weight for height"[3] at the first-stage sampling unit level, and these percentages were averaged together to get a measure of risk of being overweight for all participants at the first-stage sampling unit level.

Using these characteristics (i.e., combinations of different levels of these variables), the first-stage sampling units were grouped to form 40 fairly homogenous strata of roughly equal size (in terms of total MOS). Specifically, the first-stage sampling units in a given stratum all came from SAs in the same State WIC Agency Plan classification (based on the three SA plan characteristics discussed above) and, to the extent possible, had similar fully breastfeeding and "high weight for height" rates.

One first-stage sampling unit (PHFE-WIC, in California) was, by itself, large enough (in terms of the total MOS) to constitute a stratum. That is, this unit (a local agency) was a certainty stratum,

[2] It turned out that there was no variation in this characteristic; all states reported offering a breastfeeding-peer counseling program.

[3] For children (12 months or older), "high weight for height" is determined based on nutrition risk code 110. For children 24 months and older, it is defined as higher than the 95th percentile of body mass index (BMI) for age. For children 12 to 24 months, it is defined as at risk of being overweight by virtue of having a mother or father who is obese (BMI of 30 or greater). For mothers, the criterion is a pregravid BMI of 25 or higher.

meaning that the unit was included in the first-stage sample with certainty. The service sites associated with the local agency were enumerated and sampled as described below.

Table B1-1 presents a tabulation of how the strata were defined. Specifically, each particular combination shown in the (1) cross-tabulation of the features of the WIC SA plan, (2) exclusively breastfeeding range, and (3) high weight for height range, constitutes a stratum. This tabulation shows, for each stratum, the total MOS, the number of units on the sampling frame, the number of units selected in the first phase, the number of sampled Phase 1 units that were eligible for Phase 2 selection, and the number of units sampled in the second phase. Each of the counts of units was broken down by local agencies and individual sites.

Besides the certainty stratum, there were a few cases in which a particular first-stage sampling unit was sufficiently large to be sampled with certainty in the first phase of selection; that is, the unit's MOS was greater than one-fourth of the total MOS for its stratum, so that its probability of selection in a PPS design was 1.

Table B1-1. Definitions of the strata used for site sampling and key sampling statistics by stratum

Stratum ID	Features of the state WIC program	% of women who used fully breastfeeding package	Children and mothers' high weight for height rates (%)	Total stratum measure of size	Number of: Units on frame			Phase 1 units sampled			Phase units sampled eligible for phase 2			Phase 2 units sampled		
					Total	Agencies	Sites	Total	Agencies	Sites	Total	Agencies	Sites	Total	Agencies	Sites
101	Does the state operate a breastfeeding peer counseling program? YES	0–10.5691	0–36.7147	4,997.2	65	1	64	4	0	4	4	0	4	2	0	2
102		0–10.5691	36.7147–45.9689	4,952.0	62	0	62	4	0	4	3	0	3	2	0	2
103	Does the State require that general nutrition education be provided by a professional staff member, e.g., dietitian, nurse? NO	10.5691–14.4928	0–35.5971	4,994.0	61	4	57	4	0	4	4	0	4	2	0	2
104		10.5691–14.4928	35.5971–44.0943	5,000.0	49	3	46	4	0	4	3	0	3	2	0	2
105		14.4928–20.3863	0–33.5319	4,973.4	66	4	62	4	0	4	4	0	4	2	0	2
106		14.4928–20.3863	33.5319–44.3548	4,980.8	63	9	54	4	1	3	2	0	2	2	0	2
107	Is infant formula issued in the 1st month to partially breastfed infants? NO	20.3863–63.5838	0–30.7242	5,019.4	59	28	31	4	3	1	4	3	1	2	1	1
108		20.3863–63.5838	30.7242–33.0749	4,988.0	43	16	27	4	2	2	4	2	2	2	1	1
109		20.3863–63.5838	33.0749–35.2011	4,999.6	52	14	38	4	2	2	4	2	2	2	1	1
110		20.3863–63.5838	35.2011–52.7565	4,968.4	67	22	45	4	2	2	2	0	2	2	0	2
200	Does the state operate a breastfeeding peer counseling program? YES	0–100	0–100	6,340.4	1	1	0	1	1	0	1	1	0	1	1	0
201		0–14.2857	0–28.7699	4,874.6	64	14	50	4	1	3	4	1	3	2	0	2
202		0–14.2857	28.7699–30.9995	4,905.0	47	11	36	4	2	2	3	1	2	2	1	1
203	Does the State require that general nutrition education be provided by a professional staff member, e.g., dietitian, nurse? NO	0–14.2857	30.9995–33.0338	4,839.8	47	10	37	4	1	3	3	1	2	2	0	2
204		0–14.2857	33.0338–34.1299	4,913.8	45	14	31	4	3	1	4	3	1	2	1	1
205		0–14.2857	34.1299–35.0733	4,893.4	48	12	36	4	1	3	4	1	3	2	1	1
206		0–14.2857	35.0733–35.8987	4,853.8	45	17	28	4	2	2	3	2	1	2	1	1
207		0–14.2857	35.8987–36.6585	4,881.4	45	18	27	4	3	1	4	3	1	2	2	0
208		0–14.2857	36.6585–37.5487	4,868.6	40	18	22	4	4	0	4	4	0	2	2	0
209	Is infant formula issued in the 1st month to partially breastfed infants? YES	0–14.2857	37.5487–39.0369	4,961.8	39	18	21	4	1	3	4	1	3	2	0	2
210		0–14.2857	39.0369–40.9907	4,768.6	38	17	21	4	3	1	4	3	1	2	2	0
211		0–14.2857	40.9907–44.6064	4,982.6	53	21	32	4	3	1	4	3	1	2	1	1
212		0–14.2857	44.6064–61.7659	4,874.4	55	24	31	4	3	1	3	2	1	2	1	1
213		14.2857–20.9273	0–31.9917	4,934.6	36	9	27	4	2	2	4	2	2	2	2	0
214		14.2857–20.9273	31.9917–34.1434	4,837.4	45	7	38	4	1	3	4	1	3	2	1	1
215		14.2857–20.9273	34.1434–35.2664	5,028.0	29	10	19	4	1	3	3	1	2	2	1	1
216		14.2857–20.9273	35.2664–37.6706	4,989.8	47	19	28	4	2	2	3	2	1	2	1	1
217		14.2857–20.9273	37.6706–41.8135	4,935.6	49	17	32	4	2	2	4	2	2	2	2	0

Table B1-1. Definitions of the strata used for site sampling and key sampling statistics by stratum (continued)

Stratum ID	Features of the state WIC program	% of women who used fully breastfeeding package	Children and mothers' high weight for height rates (%)	Total stratum measure of size	Number of: Units on frame			Phase 1 units sampled			Phase units sampled eligible for phase 2			Phase 2 units sampled		
					Total	Agencies	Sites	Total	Agencies	Sites	Total	Agencies	Sites	Total	Agencies	Sites
218		14.2857–20.9273	41.8135–55.0665	4,860.4	49	19	30	4	2	2	3	2	1	2	2	0
219		20.9273–29.3196	0–32.3818	4,892.6	39	8	31	4	2	2	4	2	2	2	1	1
220		20.9273–29.3196	32.3818–36.7067	4,924.8	56	20	36	4	3	1	4	3	1	2	1	1
221		20.9273–29.3196	36.7067–38.5783	4,897.2	23	13	10	4	4	0	4	4	0	2	2	0
222		20.9273–29.3196	38.5783–52.1351	4,912.4	44	22	22	4	3	1	4	3	1	2	2	0
223		29.3196–35.9756	0–32.5106	4,823.4	30	18	12	4	4	0	3	3	0	2	2	0
224		29.3196–35.9756	32.5106–49.5159	4,706.6	36	20	16	4	2	2	4	2	2	2	1	1
225		35.9756–69.1358	0–32.6778	4,878.4	28	24	4	4	3	1	3	3	0	2	2	0
226		35.9756–69.1358	32.6778–47.0875	4,954.0	38	32	6	4	4	0	3	3	0	2	2	0
301	Does the state operate a breastfeeding peer counseling program? YES Does the State require that general nutrition education be provided by a professional staff member, e.g., dietitian, nurse? YES Is infant formula issued in the 1st month to partially breastfed infants? N/A	0–7.6336	0–100	4,222.0	47	4	43	4	1	3	3	1	2	2	1	1
302		7.6336–33.3992	0–34.2542	4,262.8	37	10	27	4	3	1	3	2	1	2	2	0
303		7.6336–33.3992	34.2542–50.2087	4,154.4	47	6	41	4	1	3	4	1	3	2	1	1
Total				196,045.4	1,834	554	1,280	157	78	79	139	70	69	79	42	37

B1.3.4 Stage 1 Sampling: Selection of the Phase 2 Sample

Following the selection of the Phase 1 sample of 160 first-stage units, further work was undertaken to enumerate individual service sites (when the first-stage unit was a local agency), ascertain each unit's eligibility, and select the final sample of sites. During April 2012, 42 SAs were sent an introductory letter and asked to review a list of local agencies in their State in the Phase 1 sampling frame of 160 units and provide information needed for Phase 2 of sampling. The 42 SAs were divided into two groups based on the information they reported for the PC2010 census. The 21 SAs in Group A reported their local agencies on the census, but not the service sites under the local agencies. The 21 SAs in Group B reported their local agencies but also reported IDs for the sites under the local agencies. Group A was sent a list of all their local agencies on the sampling frame, along with the names of the sites within each local agency, based on information we obtained from their State and local web sites. They were asked to review the list of local agencies and service sites, remove sites that were not operational, and add sites that were missing from the list. SAs in Group B were sent a list of local agencies and the ID numbers of service sites under the local agencies, and were asked to provide the name of the site corresponding to the site number(s), and indicate whether or not the site(s) was expected to continue as an operational site for the next 12 months.

The SAs were also asked to provide five items of information about their sites on the frame that would be operational for the next 12 months: (1) number of days the site was open to conduct prenatal and infant enrollments during January 2012, (2) total number of participants served that month, (3) number of prenatal women enrolled during that month, (4) number of infants enrolled during that month, and (5) whether any of the prenatal and infant participants were enrolled at outreach locations affiliated with the site.

The information SAs provided was used to determine eligibility for the Phase 2 sample. Sites that were not expected to continue in operations for the next 12 months and sites that did not meet the eligibility criteria (in terms of enrollment flow) were designated as ineligible. If the first-stage sampling unit was a local agency, that unit was designated as ineligible if all sites associated with the local agency were ineligible; otherwise, that unit was eligible.

Subsampling (second-phase selection) of eligible first-stage sampling units was done to arrive at the final sample of first-stage sampling units. In each of the 40 strata (the same strata used for the

Phase 1 sample) two first-stage units were sampled with equal probability from among the eligible units.

B1.4 Stage 2 Sampling

As shown in Figure B1-1, Stage 1 sampling units selected in the Phase 2 sample that were local agencies (i.e., consisted of more than one service site), went through a second stage of sampling to select one service site. For each first-stage sampling unit that was a local agency, the eligible service sites were listed. An MOS that reflected the expected average daily enrollment was obtained for each service site by summing the January 2012 prenatal enrollment and 20 percent of the January 2012 infant enrollment, and dividing this total by the number of enrollment days in January 2012. Within each local agency in the Phase 2 sample, exactly one service site was sampled from the eligible sites with probabilities proportional to this MOS. The final sample of service sites contained a total of 80 sites in 27 SAs.

B1.5 Site Replacements

During site sampling, candidate replacement sites were designated for each sampled site. These replacements were available for use in the event that the sampled site was unable or unwilling to participate in the study. All replacements were selected at the same time as the original sample from the same stratum as the sampled sites and had a similar measure of size. This replacement of sites by matched substitutes is similar to imputation and thus does not affect the weights of any member of the sample. A total of six sites were replaced.

B1.6 Sampling New WIC Enrollees

B1.6.1 Recruitment Windows

The sample included all prenatal mothers or their babies less than 2.5 months old who were newly enrolled into WIC at the sampled site during a pre-specified recruitment window. Mothers were eligible to participate even if they had enrolled in WIC for a previous pregnancy or previous child. The recruitment window was a consecutive string of days in which all new WIC enrollees in that site were designated to be screened for eligibility and recruited into WIC ITFPS-2. The length of the

recruitment window for each site was predetermined based on the estimated amount of time that would have been needed in July 2012[4] to yield 98 new WIC enrollees per site (the target sample size for each site). Since the flow of new WIC enrollees into the 80 sampled sites was decidedly different, the window length was much shorter in clinics with a "high flow" of new enrollees compared with clinics with a "low flow." The study screening and enrollment processes did not necessarily occur during the recruitment window, but the study participants must have enrolled in WIC at the service site during the recruitment period.

After notifying the sites of their selection into the study, we provided them enrollment data obtained from the WIC PC2010 dataset on their participation, prenatal and infant enrollment rates, and the site days of operation for January 2012. The sites were asked to identify any significant changes to the information (such as increases or decreases in participation or prenatal/infant enrollments between January and August), and to update the site schedule for enrolling new participants.

The length of the recruitment window for each site was calculated based on the updated enrollment figures and the total recruitment period was set at 20 weeks. The recruitment windows ranged from 4 to 77 days per site. The recruitment protocol called for staggering the launch of recruitment in the 80 sites over a 9-week period and each site was randomly assigned to a "release group" which corresponded to one of the 9 weeks that recruitment was launched. A site's eligibility for a given release group depended on the length of that site's recruitment window. For example, a site that required a 3-month recruitment window could not be assigned to the last release group. Thus, the randomization of recruitment windows took into account each site's window length but was also done in such a manner that the planned number of sites was assigned to each release group. The first and last release groups each included five sites while the remaining release groups each included 10 sites. In general, recruitment in the sites was launched on the Monday of the recruitment week.

The 20-week recruitment period began July 1, 2013 and ended November 18, 2013. Before starting recruitment we increased the recruitment window for each site by 3 percent to serve as a buffer based on new enrollment data that suggested the WIC enrollment was declining. However, even with the 3 percent buffer, after 4 weeks into recruitment with 40 sites in the field (August 1, 2013), we projected we would only reach about 84 percent of the estimated number of eligible WIC

[4] July 2012 was the month the sites provided updated enrollment counts and schedule information prior to calculating recruitment windows.

women relative to the expected numbers that were estimated in July 2012. As a result, all recruitment windows were extended by an additional 10 percent (with the exception of five sites where the full 10 percent extension could not be achieved while still ending recruitment on November 18).

B1.6.2 Core and Supplemental Samples

Two samples were selected at each service site: a core longitudinal and supplemental cross-sectional sample. The core sample was originally designed to be an equal probability sample of all new enrollees. The supplemental sample was designed to focus on subpopulations with specific characteristics such as African American mothers and infants enrolled postnatally with no prenatal WIC exposure. The supplemental sample was not designed to be analyzed by itself but only in conjunction with the core sample. Under the original design, the two samples were to start out as equal in size with an average of 49 (one half of the total of 98) new enrollees each per service site. The supplemental sample was designed to be considerably smaller after screening and subsampling.

During recruitment, each pregnant client was asked if this was the first time she had enrolled for WIC during this pregnancy, and each mother of a newly enrolling infant was asked if she was enrolled in WIC during her pregnancy for the infant at hand. For both prenatal and postnatal enrollees, only first-time enrollees were eligible for the sample. With this approach, ineligible postpartum mothers and infants were immediately screened out of the sample. During recruitment, the sample was screened to determine race, ethnicity, trimester at enrollment, pre-pregnancy BMI, household composition, and income, and new enrollees not required to achieve the subgroup targets were subsampled from the supplemental sample. This approach was designed to drop approximately: 68 percent of White mothers; 81 percent of Hispanic mothers; 71 percent of mothers in their first trimester; 68 percent of mothers in their second or third trimester; 18 percent of mothers enrolling postnatally; 58 percent of obese mothers; 29 percent of overweight mothers; 71 percent of mother with low or normal pre-pregnancy BMI; 54 percent of mothers with income at or below 75 percent of poverty; 64 percent of mothers with income between 76-130 percent of poverty; and 69 percent of mothers with income above 130 percent of poverty. These rates were based on the sample sizes needed to support the precision requirements (power projections) and were determined by taking into account estimated population distributions.

Following the decision to extend the recruitment windows by 13 percent, the sample was closely monitored to determine whether recruitment targets could be met. Several weeks of tracking the enrollment of prenatal mothers and their infants into WIC in each of the 80 sites confirmed that we could not meet the projected study recruitment targets. To compensate we altered the study participant sampling process to eliminate the subsampling of participants in the supplemental sample. Additionally, the proportion of sampled cases designated for the core (versus supplemental) sample was revised to 87.5 percent (a change from the original 50%).

These changes were designed to meet the core target sample size (based on the lower than expected WIC enrollment flows that had been observed to date) and meet or exceed the overall target sample size. The core sample remains nationally representative. Following these changes, no eligible participant was subsampled out; thus, the demographic characteristics of the supplemental sample after the change differed considerably from the demographic profile before the change. These changes went into effect as of August 27, 2013. Cases completing the screener prior to August 27, 2013 were sampled using the original rates, and cases completing the screener on or after August 27, 2013 were sampled using the revised rates.

B1.6.3 Multiple Births

For those study mothers who had twins, triplets, and so on, a single infant was sampled at the first postnatal interview.

B1.7 Details of the Weighting Procedures

B1.7.1 Computation of Survey Weights

For the analyses in this report, survey weights were computed for:

- The prenatal respondents;
- The 1-month interview, 3-month interview, 5-month interview, 7-month interview, 9-month interview, 11-month interview, 13-month interview, 15-month interview, 18-month interview, 24-month interview, 30-month interview, 36-month interview, 42-month interview, 48-month interview, 54-month interview, and 60-month interview respondents (separately);

- A set of participants who responded to either the 1- or 3-month interview;
- A set of participants who responded to the prenatal interview, the 1-month interview, the 3-month interview, the 5-month interview, the 7-month interview, the 9-month interview, the 11-month interview, and the 13-month interview;
- A set of participants who responded to the prenatal interview, the 1-month interview, the 3-month interview, the 5-month interview, the 7-month interview, the 9-month interview, the 11-month interview, the 13-month interview, the 15-month interview, the 18-month interview, and the 24-month interview;
- A set of participants who responded to either the 1-month or the 3-month interview, and also responded to the 5-month interview, the 7-month interview, the 9-month interview, the 11-month interview, the 13-month interview, the 15-month interview, the 18-month interview, and the 24-month interview;
- A set of participants who responded to either the 1-month or the 3-month interview, and also responded to the 5-month interview, the 7-month interview, the 9-month interview, the 11-month interview, the 13-month interview, the 15-month interview, the 18-month interview, the 24-month interview, the 30-month interview, and the 36-month interview;
- A set of participants who responded to either the 1-month or the 3-month interview, and also responded to the 5-month interview, the 7-month interview, the 9-month interview, the 11-month interview, the 13-month interview, the 15-month interview, the 18-month interview, the 24-month interview, the 30-month interview, the 36-month interview, the 42-month interview, and the 48-month interview;
- A set of participants who responded to either the 1-month or the 3-month interview, and also responded to the 5-month interview, the 7-month interview, the 9-month interview, the 11-month interview, the 13-month interview, the 15-month interview, the 18-month interview, the 24-month interview, the 30-month interview, the 36-month interview, the 42-month interview, the 48-month interview, the 54-month interview, and the 60-month interview;
- A set of participants for whom birth length and weight measurements were available;
- A set of participants for whom 6-month length and weight measurements were available;
- A set of participants for whom 12-month length and weight measurements were available;
- A set of participants for whom 24-month length and weight measurements were available;

- A set of participants for whom 36-month length and weight measurements were available;
- A set of participants for whom 48-month length and weight measurements were available;
- A set of participants for whom 60-month length and weight measurements were available;
- A set of participants who responded to either the 1-month or the 3-month interview; also responded to the 5-month interview, the 7-month interview, the 9-month interview, the 11-month interview, the 13-month interview, the 15-month interview, the 18-month interview, the 24-month interview, the 30-month interview, and the 36-month interview; and also provided 36-month length and weight measurements;
- A set of participants who responded to either the 1-month or the 3-month interview; also responded to the 5-month interview, the 7-month interview, the 9-month interview, the 11-month interview, the 13-month interview, the 15-month interview, the 18-month interview, the 24-month interview, the 30-month interview, the 36-month interview, the 42-month interview, and the 48-month interview; and also provided 48-month length and weight measurements; and
- A set of participants who responded to either the 1-month or the 3-month interview; also responded to the 5-month interview, the 7-month interview, the 9-month interview, the 11-month interview, the 13-month interview, the 15-month interview, the 18-month interview, the 24-month interview, the 30-month interview, the 36-month interview, the 42-month interview, the 48-month interview, the 54-month interview, and the 60-month interview; provided 60-month length and weight measurements plus length and weight measurements from at least one of birth, 6-month, 12-month, 24-month, 36-month, and 48-month; and provided responses for all potential covariates used in growth model analysis at 60 months.

These weights account for differential probabilities of selection and nonresponse. For some analyses, weights were computed for the "combined" set of respondents (including both core and supplemental sample cases); for other analyses, weights were computed for the core sample only. (See below for further discussion of this.)

For each sampled site, the site-level base weight was computed as the reciprocal of the probability of selection of the site. For example, if a site was sampled with probability equal to 1/100, its base weight was 100. Because sites were sampled within strata with probabilities proportionate to their estimated size, there was variation in these probabilities. The site-level base weights varied from 4.9 to 64.9.

The site-level base weights were adjusted to account for the probability of sampling the participant within the site. This adjustment accounts for the length of the recruitment window at the site (relative to the total number of days the site was enrolling participants during the study recruitment period). The resulting weight was the participant-level base weight, and these weights varied from 23.2 to 245.0.

As discussed in Section B1.3, two samples were selected at each site: a core longitudinal and supplemental sample. For some interviews, both the core and supplemental sample (combined) are interviewed, while for other interviews, only the core sample is interviewed. The participant weights for these interviews include factors to account for the subsampling of participants for the core sample and for the subsampling of participants in the supplemental sample, to produce core-only sample weights and combined sample weights. The weights for a particular interview are based on the sample to which the interview was administered.

For those study mothers who have multiple births, a single infant was sampled at the first postnatal interview, and the weights account for the sampling of the particular infant.

B1.7.2 Adjusting for Nonresponse

Nonresponse occurs as a result of respondents refusing or being unable to participate in some interviews. Because the set of participants who respond differs from interview to interview, the weights used to analyze data from a particular interview were developed to adjust for nonresponse to that particular interview. Some analyses involve participants who respond to a given combination of interviews, or those who respond to either one interview or another. In such cases, custom weights that adjust for nonresponse to the particular combination of interview were developed.

Specifically, to reduce the potential nonresponse bias, the base weights were adjusted to compensate for differential nonresponse. A weighting class adjustment (Brick & Kalton, 1996) was used to adjust for nonresponse. With this approach, weighting classes are formed (using variables known for respondents and nonrespondents), and nonrespondents' weights are redistributed to respondents within the same weighting class. Characteristics used to form the weighting classes should be associated with the probability of response as well as key survey outcome variables (Little & Vartivarian, 2003). In the early stages of recruitment for WIC ITFPS-2, however, very limited

information was available for both respondents and nonrespondents. The characteristics used to form weighting classes to adjust for nonresponse at each stage were as follows:

- **Adjusting for log nonresponse and nonresponse to the screener:** Service site.
- **Adjusting for nonresponse to the enrollment instrument or failure to consent to the study:** Mother's age; timing of WIC enrollment (1st trimester, 2nd trimester, 3rd trimester, postnatal);mother's weight category (overweight, obese, other); mother's Hispanic origin; mother's race; poverty status; and language.
- **Adjusting for prenatal interview nonresponse:** Timing of WIC enrollment, mother's age, language, and race.
- **Adjusting for 1-month interview nonresponse:**
  - **Core-only sample:** Timing of WIC enrollment, food security, mother's Hispanic origin, mother's weight category, mother's race, age, language, and poverty status.
  - **Combined sample (core and supplemental):** Timing of WIC enrollment, mother's race, mother's weight category, mother's Hispanic origin, age, food security, language, and poverty status.
- **Adjusting for 3-month interview nonresponse (Core-only sample):** Mother's weight category, food security, language, poverty status, race, timing of WIC enrollment, and mother's age.
- **Adjusting for nonresponse to both the 1- and 3-month interviews:**
  - **Core-only sample:** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race.
  - **Combined sample (core and supplemental):** Food security, mother's weight category, mother's age, language, mother's race, timing of WIC enrollment, and poverty status.
- **Adjusting for 5-month interview nonresponse (Core-only sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race.
- **Adjusting for 7-month interview nonresponse (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, and mother's race.
- **Adjusting for 9-month interview nonresponse (Core-only sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race.

- **Adjusting for 11-month interview nonresponse (Core-only sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race.

- **Adjusting for 13-month interview nonresponse (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, mother's race, and WIC enrollment status at 7 months.

- **Adjusting for nonresponse to any interview from the prenatal interview through the 13-month interview (Core-only sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race.

- **Adjusting for nonresponse to the 1-month interview and the 3-month interview, or to any interview from the 5-month interview through the 13-month interview (Core-only sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, and mother's race**.**

- **Adjusting for nonresponse to the 1-month interview and the 3-month interview, or to any interview from the 5-month interview through the 24-month interview (Core-only sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, and mother's race**.**

- **Adjusting for 15-month interview nonresponse (Core-only sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, WIC enrollment status at 13 months, and mother's race.

- **Adjusting for 18-month interview nonresponse (Core-only sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, poverty status, language, WIC enrollment status at 15 months, and mother's race.

- **Adjusting for 24-month interview nonresponse (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, poverty status, language, WIC enrollment status at 13 months, and mother's race.

- **Adjusting for nonresponse to the 1-month interview and the 3-month interview, or to any interview from the 5-month interview through the 36-month interview (Core-only sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race**.**

- **Adjusting for 30-month interview nonresponse (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, poverty status, language, mother's Hispanic origin, and mother's race.

- **Adjusting for 36-month interview nonresponse (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, poverty status, language, mother's Hispanic origin, and mother's race.

- **Adjusting for nonresponse to the 1-month interview and the 3-month interview, or to any interview from the 5-month interview through the 48-month interview (Core-only sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race.

- **Adjusting for 42-month interview nonresponse (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, poverty status, mother's Hispanic origin, and mother's race.

- **Adjusting for 48-month interview nonresponse (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, poverty status, language, mother's Hispanic origin, and mother's race.

- **Adjusting for nonresponse to the 1-month interview and the 3-month interview, or to any interview from the 5-month interview through the 60-month interview (Core-only sample):** Mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race.

- **Adjusting for 54-month interview nonresponse (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, poverty status, language, mother's Hispanic origin, and mother's race.

- **Adjusting for 60-month interview nonresponse (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, poverty status, language, mother's Hispanic origin, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to the birth length and weight measurements (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, WIC enrollment status at 1 month, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to the 6-month length and weight measurements (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, WIC enrollment status at 3 months, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to the 12-month length and weight measurements (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, WIC enrollment status at 7 months, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to the 24-month length and weight measurements (Combined sample):** Food security, mother's weight category,

mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, WIC enrollment status at 13 months, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to the 36-month length and weight measurements (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to the 48-month length and weight measurements (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to the 60-month length and weight measurements (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, poverty status, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to any of the 6-month, 12-month, 24-month, and/or 36-month length and weight measurements (Combined sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, language, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to any of the interviews (1- or 3-month through 36-month) and/or 36-month length and weight measurements (Core sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to any of the interviews (1- or 3-month through 48-month) and/or 48-month length and weight measurements (Core sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, and mother's race.

- **Adjusting for nonresponse (i.e., lack of availability) to any of the interviews (1- or 3-month through 60-month) and/or 60-month length and weight measurements and/or any of the variables considered as covariates for the 60-month growth model (Core sample):** Food security, mother's weight category, mother's age, timing of WIC enrollment, mother's Hispanic origin, poverty status, language, mother's race, and baby's gender.

These adjustments were performed sequentially; that is, the base weights were adjusted for log nonresponse and nonresponse to the screener, these adjusted weights were adjusted for nonresponse to the enrollment instrument or failure to consent, and these adjusted weights were adjusted for nonresponse to the particular interview(s). Within these weighting classes, a weighted response rate was computed (using the weights produced in the previous adjustment) and applied to the weights from the previous adjustment (i.e., the weights from the previous adjustment were

divided by the weighted response rate in the weighting class) to obtain the corresponding nonresponse-adjusted weights.

B1.7.3 Replicate Weights

In addition to the full sample weights described above, a series of replicate weights were created and attached to each data record for variance estimation. Replication methods provide a relatively simple and robust approach to estimating sampling variances for complex survey data (Rust & Rao, 1996). The basic replication approach is to repeatedly select portions of the sample ("replicates") and then to apply the weighting process developed for the full sample to each replicate separately. The estimate of interest is calculated for each replicate. The variability among these estimates is then used to estimate the variance of the full sample statistics. The replicate weights were used to calculate standard errors of the survey-based estimates and to conduct significance tests and other analyses.

Different approaches can be used to create these replicates. For WIC ITFPS-2, 40 replicates were created, and the replication approach that was used is a modified balanced repeated replication (BRR) method suggested by Fay (Judkins, 1990). When estimating the variance of ratios of rare subsets, one problem that occasionally arises from standard BRR is that one or more replicate estimates will be undefined due to zero denominators. Instead of increasing the weights of one half-sample by 100 percent and decreasing the weights of the other half-sample to zero as in standard BRR, Fay's method perturbs the weights by ±100 (1-K) percent where K is referred to as "Fay's factor." The perturbation factor for standard BRR is 100 percent, or K=0. For WIC ITFPS-2, K=0.3 was used.

B1.7.4 Determining Which Survey Weight to Use for a Particular Analysis

As discussed in Section B1.7.1, several different sets of weights have been computed for different analysis purposes. In planning for an analysis, a critical early step is to identify the weight that is appropriate for that analysis. To do this, the analyst should determine how the set of cases being used in the analysis is defined. It is important to note that the choice of survey weight is not a function specifically of the variables being used, but rather of the set of cases being used in the analysis. For example, if the analysis involves estimating the proportion of infants with medical conditions affecting feeding by 5 months of age, by whether or not they were exclusively breastfed

through 5 months, including other covariates from the baseline (1- or 3-month) interview, then the set of cases included in the analysis are those who completed the 5-month interview; thus, the appropriate weight is the 5-month interview (cross-sectional) weight. To consider another example, if the analysis involves examining how the introduction of sugar-sweetened beverages by 13 months of age is related to prenatal nutrition education provided by the WIC program and duration of breastfeeding (as measured by whether the infant was still being breastfed at each of 5-, 7-, 9-, 11-, and 13-months), the set of cases included in the analysis are those who completed the prenatal interview, a baseline (1- or 3-month) interview, and each of the 5-, 7-, 9-, 11-, and 13-month interviews; thus, the appropriate weight for that analysis would be the (longitudinal) weight computed for the set of participants who responded to the prenatal interview, the 1-month interview, the 3-month interview, the 5-month interview, the 7-month interview, the 9-month interview, the 11-month interview, and the 13-month interview.

B1.8 Imputation

Imputation was used to adjust for item nonresponse (i.e., missing data for particular items among those who respond to a given interview). All the key sociodemographic variables are imputed for the total sample (see Section 1.7). Table B1-2 presents the frequency of key sociodemographic characteristics using the 42-month cross-sectional weight, the 48-month cross-sectional weight, and the 1- or 3-month through 48-month weight, which is referred to as the longitudinal weight in this report. As with weighting, a carefully designed imputation procedure aims to reduce bias due to nonresponse (in this case, item nonresponse). The hot deck imputation method was used to generate the imputations (Kalton & Kasprzyk, 1982). With this approach, imputation cells are formed by cross-classifying variables that are associated with the variable being imputed and, where possible, also associated with the probability of response to the variable being imputed.

Table B1-2. Frequency of key sociodemographic characteristics using alternative weights

Key sociodemographic characteristic	Sociodemographic subgroups	54-month cross-sectional weight % (SE)	60-month cross-sectional weight % (SE)	Longitudinal weight (1 or 3 through 60 months) % (SE)
Caregiver race	African American	21.8 (2.9)	21.9 (2.9)	22.9 (3.2)
	White	58.9 (3.6)	58.5 (3.4)	60.2 (3.8)
	Other	19.4 (2.8)	19.6 (2.7)	16.8 (2.4)
Caregiver ethnicity	Hispanic or Latino	46.6 (4.7)	46.7 (4.7)	44.2 (5.2)
	Not Hispanic or Latino	53.4 (4.7)	53.3 (4.7)	55.8 (5.2)
Age of mother (at child's birth)	16-19 years	11.3 (1.1)	11.4 (1.1)	9.6 (1.3)
	20-25 years	40.1 (1.5)	40.0 (1.4)	40.7 (1.4)
	26 years or older	48.5 (1.4)	48.5 (1.5)	49.7 (1.6)
Maternal educational attainment	High school or less	53.8 (2.1)	54.0 (2.0)	51.9 (2.6)
	More than high school	46.1 (2.1	46.0 (2.0)	48.1 (2.6)
Marital Status at 48 months	Married	39.1 (1.8)	39.3 (2.0)	41.3 (2.5)
	Not married (including divorced and widowed)	60.9 (1.8)	60.6 (2.0)	58.7 (2.5)
Food Security at 48 months	High or marginal food security	76.7 (1.2)	76.7 (1.2)	75.2 (1.9)
	Low food security	12.9 (0.8)	12.9 (0.9)	13.6 (1.2)
	Very low food security	10.4 (0.9)	10.5 (0.9)	11.2 (1.6)
Participation in non-WIC benefit programs at 48months	Does not participate in any other programs	18.2 (1.2)	17.8 (1.3)	18.9 (1.7)
	Participates in SNAP or SNAP and other programs	46.5 (1.7)	46.8 (1.7)	46.6 (2.8)
	Participates in other programs excluding SNAP	35.3 (1.9)	35.4 (1.8)	34.5 (2.3)
Parity	First born	42.5 (1.7)	42.4 (1.7)	41.3 (1.7)
	Second born	26.8 (1.2)	26.8 (1.1)	28.8 (1.7)
	Third or subsequent born	30.7 (1.6)	30.7 (1.5)	29.9 (2.1)
Weight status of mother at 42 months	Normal or underweight	31.4 (1.3)	31.5 (1.3)	30.8 (1.9)
	Overweight	31.3 (1.2)	31.1 (1.3)	32.7 (2.2)
	Obese	37.3 (1.2)	37.4 (1.2)	36.6 (1.8)
Poverty level at 48 months	75% of poverty guideline or below	44.4 (1.5)	44.6 (1.6)	45.0 (2.4)
	Above 75% but not more than 130% of poverty guideline	32.2 (1.4)	32.1 (1.4)	32.5 (1.9)
	Above 130% of poverty guideline	23.5 (1.4)	23.3 (1.4)	22.5 (2.0)
Timing of WIC enrollment	First trimester	31.4 (2.3)	31.7 (2.3)	32.5 (2.5)
	Second trimester	39.5 (1.9)	39.5 (2.0)	38.8 (1.9)
	Third trimester	15.5 (1.1)	15.7 (1.1)	15.8 (1.2)
	Postnatal	13.5 (1.6)	13.2 (1.5)	12.9 (1.4)
WIC participation status at 48 months	Child currently receiving WIC	53.2 (2.2)	52.6 (2.2)	56.7 (2.6)
	Child not currently receiving WIC	46.8 (2.2)	47.4 (2.2)	43.3 (2.6)

B1.9 Attrition

Table B1-3. Attrition of enrolled participants up to the 60-month interview (n=4,367)

Attrition of enrolled participants (n = 4,367)	13-month interview % (n)	24-month interview % (n)	36-month interview % (n)	48-month interview % (n)	60-month interview % (n)
Total	17.6 (769)	21.6 (944)	26.1 (1,139)	28.9 (1,260)	30.2 (1,317)
Eligible[a]	12.9 (563)	16.8 (735)	21.2 (924)	23.8 (1,039)	25.0 (1,093)
Ineligible[b]	4.7 (206)	4.8 (209)	4.9 (215)	5.1 (221)	5.1 (224)

[a] Participants eligible to continue in the study. Includes non-participation reasons such as non-locatable, refusal, and not completing a baseline interview.

[b] Participants not eligible to continue in the study. Includes non-participation reasons such as pregnancy loss, child decease, and moving out of the country.

B1.10 References

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Appendix B2

B2a: Additional Analysis Details from Chapter 2
B2b: Additional Analysis Details from Chapter 3
B2c: Additional Analysis Details from Chapter 4
B2d: Additional Analysis Details from Chapter 5
B2e: Additional Analysis Details from Chapter 6
B2f: Additional Analysis Details from Chapter 7

Appendix B2a

Additional Analysis Details from Chapter 2

Appendix B2a
Additional Analysis Details from Chapter 2

Table B2a-1 presents the percentage of caregivers in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Infant and Toddler Feeding Practices Study (WIC ITFPS-2) who work by their school status at 42 and 54 months.

Table B2a-1. Percentage of WIC ITFPS-2 caregivers working by school status at 42 and 54 months

Interview month	Full-time only, no school % (standard error [SE])	Full-time and school % (SE)	Part-time only, no school % (SE)	Part-time and school % (SE)	Total	Unweighted *n*	Weighted *n*
Month 42	28.5 (1.2)	4.4 (0.4)	17.1 (1.1)	3.2 (0.4)	53.3 (1.7)	2,623	439,251
Month 54	30.8 (1.4)	4.8 (0.5)	17.4 (1.2)	3.4 (0.4)	56.3 (1.5)	2.560	440,806

Table B2a-2 presents the percentage of WIC ITFPS-2 caregivers attending school by work status at 42 and 54 months.

Table B2a-2. Percentage of WIC ITFPS-2 caregivers who attend school by work status at 42 and 54 months

Interview month	School only, not working % (standard error [SE])	School and working part-time % (SE)	School and working full-time % (SE)	Total	Unweighted *n*	Weighted *n*
Month 42	4.9 (0.5)	3.2 (0.4)	4.4 (0.4)	12.6 (0.9)	2,623	439,251
Month 54	4.6 (0.6)	3.4 (0.4)	4.8 (0.5)	12.7 (0.9)	2,560	440,806

Table B2a-3 presents the percentage of WIC ITFPS-2 study children in regular childcare at 42 and 54 months.

Table B2a-3. Percentage of WIC ITFPS-2 study children in regular childcare at 42 and 54 months

Interview month	Currently using regular child care % (standard error [SE])	Ever used regular child care % (SE)	Unweighted *n*	Weighted *n*
Month 42	53.2 (1.7)	71.1 (1.3)	2,636	441,987
Month 54	63.8 (1.6)	80.4 (1.3)	2,563	441,244

Table B2a-4 presents the percentage of WIC ITFPS-2 children and/or mothers reporting participation in WIC at 54 and 60 months.

Table B2a-4. Percentage of WIC ITFPS-2 children and/or mothers receiving WIC at 54 and 60 months

Interview month	Receiving WIC % (standard error [SE])	Not receiving WIC % (SE)	Unweighted *n*	Weighted *n*
Month 54	51.8 (2.4)	48.2 (2.4)	2,562	440,974
Month 60	40.6 (2.3)	59.4 (2.3)	2,526	440,571

Table B2a-5 presents the percentage of WIC ITFPS-2 families reporting participation in the Supplemental Nutrition Assistance Program (SNAP) or receiving Temporary Assistance for Needy Families (TANF) at 54 and 60 months.

Table B2a-5. Percentage of WIC ITFPS-2 families reporting receipt of SNAP or TANF at 54 and 60 months

Interview month	Receiving SNAP % (standard error [SE])	Receiving TANF % (SE)	Unweighted *n*	Weighted *n*
Month 54	46.2 (1.8)	6.3 (1.1)	2,545	437,658
Month 60	42.7 (1.6)	6.2 (1.1)	2,503	437,645

Table B2a-6 presents the percentage of WIC ITFPS-2 caregivers by level of agreement with select statements about fruits and vegetables in their communities at 54 months.

Table B2a-6. Percentage of WIC ITFPS-2 caregivers by level of agreement with select statements about fruits and vegetables in their communities at 54 months

Statement about fruits and vegetables in the community	Agree or strongly agree % (standard error [SE])	Neither agree nor disagree % (SE)	Disagree or strongly disagree % (SE)	Unweighted *n*	Weighted *n*
Easy to buy	89.4 (1.1)	5.6 (0.6)	5.1 (0.7)	2,552	439,652
Plentiful	89.9 (1.1)	5.1 (0.6)	5.1 (0.7)	2,552	439,652
Of high quality	77.9 (1.1)	13.0 (0.8)	9.1 (0.8)	2,552	439,652

Table B2a-7 presents the percentage of WIC ITFPS-2 caregivers by level of agreement with select barriers to consumption of fresh fruits and vegetables at 54 months.

Table B2a-7. Percentage of WIC ITFPS-2 caregivers by level of agreement with select barriers to consumption of fruits and vegetables at 54 months

Statement about barriers to consumption fruits and vegetables	Agree or strongly agree % (standard error [SE])	Neither agree nor disagree % (SE)	Disagree or strongly disagree % (SE)	Unweighted *n*	Weighted *n*
Cost too much	29.8 (1.2)	17.4 (0.8)	52.8 (1.3)	2,560	439,954
Take too much time to prepare	4.7 (0.5)	6.1 (0.8)	89.3 (0.9)	2,560	439,954
Do not like	4.4 (0.5)	4.5 (0.5)	91.0 (0.9)	2,560	439,954

Table B2a-8 presents the percentage of study children with a medical home at 54 months.

Table B2a-8. Percentage of WIC ITFPS-2 study children with a medical home at 54 months

Yes or No at 54-month interview	Have medical home % (standard error [SE])
Yes	95.5 (0.5)
No	4.5 (0.5)
Unweighted *n*	2,563
Weighted *n*	441,244

Appendix B2b

Additional Analysis Details from Chapter 3

Appendix B2b
Additional Analysis Details from Chapter 3

Table B2b-1 presents the percentage of children in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Infant and Toddler Feeding Practices Study (WIC ITFPS-2) eating meals and snacks on a given day at 48 and 60 months. Findings "on a given day" use 1 day of dietary recall information.

Table B2b-1. Percentage of WIC ITFPS-2 children eating meals and snacks on a given day at 48 and 60 months

Interview month	Breakfast % (standard error [SE])	Lunch % (SE)	Dinner % (SE)	Snack % (SE)	Unweighted *n*	Weighted *n*
Month 48	98.2 (0.3)	94.4 (0.6)	96.1 (0.6)	85.9 (1.8)	2,561	439,572
Month 60	98.7 (0.3)	96.2 (0.6)	95.3 (0.7)	87.8 (1.2)	2,493	436,197

Table B2b-2 presents the percentage of WIC ITFPS-2 children consuming select foods or beverages at 48 and 60 months.

Table B2b-2. Percentage of WIC ITFPS-2 children consuming select foods or beverages on a given day at 48 and 60 months

Food or beverage	48-month interview % (standard error [SE])	60-month interview % (SE)
Any fruit or 100% fruit juice	88.4 (0.8)	88.4 (1.0)
Any fruit excluding 100% fruit juice	71.6 (1.7)	73.0 (1.3)
100% fruit juice	65.2 (1.6)	62.1 (1.6)
Any vegetable	63.6 (1.4)	67.1 (1.4)
Cooked vegetables	56.8 (1.5)	58.5 (1.7)
Raw vegetables	16.7 (1.0)	20.7 (1.0)
Cow's milk	81.0 (1.3)	81.5 (0.8)
Soy or rice milk beverage	1.4 (0.4)	1.2 (0.3)
Cheese	38.5 (1.6)	42.4 (1.3)
Yogurt	18.0 (1.2)	21.3 (1.1)
Breakfast cereals	57.7 (1.5)	60.2 (1.5)
Bread and rolls	29.2 (1.4)	28.1 (1.3)
Crackers, pretzels, rice cakes	29.5 (1.1)	27.7 (1.5)
Rice and pasta	26.6 (2.3)	25.3 (2.2)
Grains in mixed dishes	72.7 (1.8)	78.0 (1.4)
Any type of sugar-sweetened beverage, dessert, or sweet	81.7 (1.4)	84.0 (0.9)
Desserts and candy	57.4 (1.3)	59.5 (1.2)
Other sweets	28.2 (1.3)	26.7 (1.0)

Table B2b-2. Percentage of WIC ITFPS-2 children consuming select foods or beverages on a given day at 48 and 60 months (continued)

Food or beverage	48-month interview % (standard error [SE])	60-month interview % (SE)
Sugar-sweetened beverages	33.2 (1.4)	35.5 (1.6)
Salty snacks	28.4 (1.5)	31.0 (1.7)
Unweighted *n*	2,562	2,496
Weighted *n*	439,736	436,443

Table B2b-3 presents odds ratios and confidence intervals from multivariable logistic regression assessing factors associated with meeting the DGA recommendation for added sugars on a given day at 60 months. Results are weighted using the 60-month combined sample cross-sectional statistical weights. Unweighted *n*=2,112 and weighted *n*=441,247.

Table B2b-3. Odds ratios and confidence intervals from multivariable logistic regression examining factors affecting the likelihood of added sugars consumption on a given day at 60 months meeting the 2015-2020 Dietary Guidelines for Americans (DGA) recommendation for added sugars

Covariate	Odds ratio	95% confidence interval	
Child gender: Female vs. Male	0.968	0.756	1.238
Caregiver race: Reference is White			
African American or Black	0.975	0.731	1.301
All Other*	1.600*	1.091	2.345
Ethnicity: Hispanic vs. non-Hispanic	1.019	0.808	1.285
Caregiver education level: High school or less vs. more than high school	0.949	0.726	1.241
Caregiver age at study child's birth[a]	0.997	0.977	1.018
Caregiver marital status	0.931	0.732	1.184
Parity: Reference is third or subsequently born			
Second born	0.919	0.688	1.228
Firstborn	1.035	0.769	1.394
Breastfeeding duration (days)[a]	1.001	1.000	1.002
Timing of sugar-sweetened beverage (SSB) introduction: In child's first year compared to not introduced in first 2 years	0.620*	0.415	0.928
Timing of SSB introduction: In child's second year compared to not introduced in first 2 years	0.746	0.496	1.122
Complementary foods introduced after 4 months compared to prior to 4 months	1.254	0.982	1.601
Age when sweet foods are introduced: Introduced in first year compared to not introduced in first 2 years	0.651	0.399	1.063
Age when sweet foods are introduced: Introduced in second year compared to not introduced in first 2 years	0.714	0.401	1.270
Child's energy intake at 60 months[a]	1.000*	1.000	1.000
Number of snacking occasions on a given day at 60 months	0.823*	0.747	0.907
WIC and Supplemental Nutrition Assistance Program (SNAP) status at 54 months: Receiving SNAP only compared to not receiving benefits from either program	0.885	0.647	1.211

Table B2b-3. Odds ratios and confidence intervals from multivariable logistic regression examining factors affecting the likelihood of added sugars consumption on a given day at 60 months meeting the 2015-2020 Dietary Guidelines for Americans (DGA) recommendation for added sugars (continued)

Covariate	Odds ratio	95% confidence interval	
WIC and SNAP status at 54 months: Receiving both WIC and SNAP compared to not receiving benefits from either program	1.123	0.793	1.591
WIC and SNAP status at 54 months: Receiving WIC but not SNAP compared to not receiving benefits from either program	1.465*	1.162	1.847

[a] Continuous variable.

* Indicates significance at $p \leq 0.05$.

Appendix B2c

Additional Analysis Details from Chapter 4

Appendix B2c
Additional Analysis Details from Chapter 4

Table B2c-1 presents the mean percentage of total energy consumed at eating occasions by children in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Infant and Toddler Feeding Practices Study (WIC ITFPS-2). Estimates of "usual" intake use 2 days of dietary recall information and are adjusted for day-to-day variation using methods recommended by the National Cancer Institute.

Table B2c-1. Mean percentage of usual total energy intake by WIC ITFPS-2 children at eating occasions, 48 and 60 months[a]

	Mean percentage at eating occasion			
Interview month	Breakfast % (standard error [SE])	Lunch % (SE)	Dinner % (SE)	Snack % (SE)
Month 48	23.0 (0.4)	26.7 (0.4)	26.8 (0.4)	21.1 (0.5)
Unweighted *n*	2,501	2,406	2,463	2,205
Weighted *n*	431,593	414,731	422,183	376,535
Month 60	22.8 (0.6)	27.2 (0.4)	26.8 (0.5)	21.3 (0.5)
Unweighted *n*	2,456	2,384	2,394	2,189
Weighted *n*	430,709	419,337	415,533	382,390

[a] The sample sizes reported represent the data used in the usual-intake models. In the usual-intake models, each observation generates 500 pseudo-individual observations; these additional data points are used in estimates presented.

Table B2c-2 presents parameter estimates, standard errors, and *p*-values from the linear regression used to explore the independent effects of sociodemographic characteristics, early feeding practices, and participation in Federal feeding programs on sodium intake on a given day at 60 months. Results are weighted using the 60-month combined sample cross-sectional statistical weights. Unweighted n=2,201 and weighted n=381,428.

Table B2c-2. Findings from regression of total sodium intake on a given day at 60 months on sociodemographic characteristics, early feeding practices, and Federal food program participation at 54 months

Covariates	Estimate	Standard error	t Value	*p*-value
Intercept	121.23	133.14	0.91	0.368
Child gender: Female compared to male	-16.50	38.19	-0.43	0.668
Caregiver race: African American compared to White	28.32	53.48	0.53	0.599
Caregiver race: All Other races compared to White	36.99	52.33	0.71	0.484
Caregiver ethnicity: Hispanic compared to non-Hispanic	-10.55	37.71	-0.28	0.781
Caregiver education: At most high school compared to more than high school	3.40	30.02	0.11	0.910
Age of caregiver at child's birth[a]	0.08	4.39	0.02	0.985
Marital status: Not married compared to married	35.50	38.87	0.91	0.367
Parity: Firstborn compared to third or subsequent born	98.96	55.96	1.77	0.085
Parity: Second born compared to third or subsequent born	57.53	37.77	1.52	0.136
Breastfeeding duration[a]	0.29	0.12	2.34	0.024*
Complementary foods introduced after 4 months compared to prior to 4 months	15.86	41.71	0.38	0.706
Age when salty snacks are introduced: Introduced in the first year compared to not introduced in the first 2 years	-60.93	74.97	-0.81	0.421
Age when salty snacks are introduced: Introduced in the second year compared to not introduced in the first 2 years	-83.89	94.23	-0.89	0.379
Child's energy intake at 60 months[a]	1.62	0.043	36.71	<.001*
Number of snacking occasions at 60 months[a]	-76.08	15.56	-4.89	<.001*
WIC & SNAP status at 54 months: Receiving SNAP only compared to not receiving benefits from either program	-51.98	53.20	-0.98	0.334
WIC & SNAP status at 54 months: Receiving both WIC and SNAP compared to not receiving benefits from either program	-75.62	34.37	-2.20	0.034*
WIC & SNAP status at 54 months: Receiving WIC only compared to not receiving benefits from either program	-119.21	54.03	-2.21	0.033*

[a] Continuous variable.

* Indicates significance at $p \leq 0.05$.

Appendix B2d

Additional Analysis Details from Chapter 5

Appendix B2d
Additional Analysis Details from Chapter 5

Table B2d-1 presents the percentage of caregivers in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Infant and Toddler Feeding Practices Study (WIC ITFPS-2) by their level of agreement with select statements about feeding practices.

Table B2d-1. Percentage of WIC ITFPS-2 caregivers by their level of agreement with select statements about feeding practices at 54 months

Statement about feeding practices	Agree or strongly agree % (standard error [SE])	Neither agree nor disagree % (SE)	Disagree or strongly disagree % (SE)	Median	Unweighted *n*	Weighted *n*
Parent decides how much child should eat	56.9 (1.6)	16.4 (1.0)	26.7 (1.2)	1.9 (0.0)	2,558	440,374
Best way to get child to behave is to offer favorite foods as a reward	33.1 (1.7)	25.6 (1.3)	41.3 (1.5)	2.7 (0.1)	2,558	440,374
Important to finish food on plate	45.6 (1.4)	27.8 (1.3)	26.5 (1.1)	2.2 (0.0)	2,558	440,374

Table B2d-2 presents the percentage of WIC ITFPS-2 caregivers by how often they think children should be allowed to eat different types of less healthy foods.

Table B2d-2. Percentage of WIC ITFPS-2 caregivers by how often they think children should be allowed to eat different types of less healthy foods at 54 months

Frequency	Fast food % (standard error [SE])	Sugary foods % (SE)	Snack foods % (SE)	Sugary drinks % (SE)
Whenever they want	0.5 (0.2)	0.6 (0.2)	2.6 (0.4)	0.7 (0.2)
Occasionally	90.9 (0.6)	93.1 (0.7)	93.2 (0.9)	78.6 (1.3)
Never	8.6 (0.6)	6.3 (0.6)	4.2 (0.7)	20.7 (1.3)
Unweighted *n*	2,559	2,559	2,559	2,559
Weighted *n*	440,409	440,409	440,409	440,409

Table B2d-3 presents the percentage distribution of the number of times study mothers introduce a new food before deciding that the child does not like it.

Table B2d-3. Percentage distribution of the number of times study mothers introduce a new food before deciding the child does not like it at 54 months

Number of times new food introduced before deciding child does not like it	Study mothers % (standard error)
Once	5.4 (0.6)
Twice	26.3 (1.1)
3-5 times	49.3 (1.0)
6-10 times	7.6 (0.7)
More than 10 times	10.5 (0.8)
Child likes everything	1.0 (0.2)
Unweighted *n*	2,559
Weighted *n*	440,743

Table B2d-4 presents the percentage of study mothers who consider their children to be picky eaters by how picky the child is.

Table B2d-4. Percentage of study mothers who consider their children picky eaters by how picky the child is at 54 months

Type of picky eater	Study mothers % (standard error)
A very picky eater	18.7 (0.9)
A somewhat picky eater	46.4 (1.4)
Not a picky eater	34.9 (1.5)
Unweighted *n*	2,560
Weighted *n*	440,974

Table B2d-5 presents the percentage of study mothers by the frequency of the family eating together during the past week.

Table B2d-5. Percentage of study mothers by the frequency of the family eating together during the past week at 54 months

Frequency of family eating together during past week	Study mothers % (standard error)
7 or more times a week	35.2 (1.4)
5-6 times a week	30.7 (1.2)
3-4 times a week	24.0 (1.1)
1-2 times a week	9.0 (0.8)
Never	1.1 (0.2)
Unweighted *n*	2,562
Weighted *n*	441,078

Table B2d-6 presents the percentage distribution of study mothers by how frequently the television is on when the child is eating.

Table B2d-6. Percentage distribution of study mothers by how frequently the television is on when the child is eating at 54 month

Frequency of television on when child is eating	Study mothers % (standard error)
Most of the time	16.6 (0.9)
Sometimes	33.8 (1.1)
Rarely	26.4 (1.2)
Never	23.2 (1.2)
Unweighted *n*	2,561
Weighted *n*	440,842

Appendix B2e

Additional Analysis Details from Chapter 6

Appendix B2e
Additional Analysis Details From Chapter 6

Table B2e-1 presents the percentage of children in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Infant and Toddler Feeding Practices Study (WIC ITFPS-2) by parental report of typical outdoor playtime on weekdays and weekend days and median hours of outdoor play time.

Table B2e-1. Percentage of study children by parental report of typical outdoor playtime on weekdays and weekend days at 54 months

Length of outdoor play time	Study children % (standard error)
On a typical weekday	
2 hours or less	65.7 (1.6)
Does not play outside	3.1 (0.6)
Up to an hour	29.6 (1.5)
More than an hour and up to 2 hours	33.0 (1.2)
More than 2 hours	34.3 (1.6)
Unweighted *n*	2,551
Weighted *n*	439,563
On a typical weekend day	
2 hours or less	38.6 (1.2)
Does not play outside	2.8 (0.6)
Up to an hour	13.9 (1.2)
More than an hour and up to 2 hours	22.0 (1.2)
More than 2 hours	61.4 (1.2)
Unweighted *n*	2,549
Weighted *n*	439,261
Day of the week	Median hours
Typical weekday	1.9
Typical weekend day	2.7

Table B2e-2 presents the percentage distribution of study children by Problem-Solving Scale scores.

Table B2e-2. Percentage distribution of study children by Problem-Solving Scale scores at 54 months

Problem-Solving Scale score range	Study children % (standard error)
Refer (<=28.12)	5.0 (0.5)
Monitor (28.12 - 39.68)	8.7 (0.8)
Typical (>39.68)	86.3 (0.9)
Unweighted *n*	2,562
Weighted *n*	441,078

Table B2e-3 presents the percentage distribution of study children around ages 4 years and 5 years by their body mass index (BMI)-for-age weight status categories.

Table B2e-3. Percentage distribution of study children by body mass index (BMI)-for-age weight status categories around ages 4 and 5 years

Weight status categories	Age 3 (32 to 40 months) % (standard error [SE])	Age 4 (44 to 52 months) % (SE)	Age 5 (56 to 64 months) % (SE)
Underweight (less than 5th percentile)	4.1 (0.5)	5.0 (0.8)	4.7 (0.6)
Normal/Healthy Weight (5th to less than 85th percentile)	65.2 (1.4)	61.4 (1.2)	59.9 (1.7)
Overweight (85th to less than 95th percentile)	13.6 (1.0)	15.2 (0.9)	16.0 (1.2)
Obese (95th or higher percentile)	17.0 (1.0)	18.3 (1.0)	19.3 (1.3)
Unweighted *n*	1,886	2,115	1,825
Weighted *n*	442,544	442,085	441,932

Appendix B2f

Additional Analysis Details from Chapter 7

Appendix B2f
Additional Analysis Details from Chapter 7

Table B2f-1 presents the percentage of study mothers by reason for staying with WIC among those currently participating in WIC at 54 months.

Table B2f-1. Among those currently participating in WIC at 54 months, the percentage of study mothers by reasons for staying with WIC

Reason to stay	Study mothers participating in WIC at 54 months % (standard error)
Food	93.1 (0.8)
Education, information, and advice	95.0 (0.7)
Can talk with other parents about parenting and feeding your child	70.0 (1.9)
WIC staff listen to your thoughts about your child's health and what he/she is eating	92.2 (1.0)
Unweighted *n*	1,251
Weighted *n*	228,288

Table B2f-2 presents the percentage distribution of study mothers by their report of the most important benefit WIC provides among those currently participating in WIC at 54 months.

Table B2f-2. Among those currently participating in WIC at 54 months, the percentage distribution of study mothers by most important benefit WIC provides

Most important WIC benefit	Study mothers participating in WIC at 54 months % (standard error)
Food	7.2 (1.1)
Education	1.2 (0.4)
Food and education are equally important	91.6 (1.0)
Unweighted *n*	1,280
Weighted *n*	232,414

Table B2f-3 presents the three most frequently cited "most important" changes made in eating practices because of something learned at WIC.

Table B2f-3. Among those who made a change in their feeding practices because of something they learned at WIC, the percentage by the most important change made at 54 months

Most important change made	Study mothers who made a change % (standard error)
Choose healthier/nutrient-dense foods or eat more balanced diet	39.1 (1.3)
Eat more fruits and/or vegetables	32.3 (1.2)
Offer the right amount of foods (portion)	11.1 (1.1)
Unweighted *n*	1,798
Weighted *n*	319,410

Table B2f-4 presents the percentage of WIC ITFPS-2 study children by their Problem-Solving Scale scores and their pattern of WIC participation during the first 5 years of the study child's life.

Table B2f-4. Percentage of study children by Problem-Solving Scale scores and pattern of WIC participation

	Pattern of WIC participation						
Problem-Solving Scale score	In Year 1 only % (standard error [SE])	In Years 1 & 2 only % (SE)	In Years 1, 2, & 3 only % (SE)	In Years 1, 2, 3, & 4 only % (SE)	In Years 1, 2, 3, 4, & 5 % (SE)	Consistently % (SE)	Intermittently % (SE)
Refer	6.1 (4.0)	2.3 (1.3)	2.3 (2.0)	6.8 (3.0)	2.7 (2.2)	6.9 (1.5)	1.5 (0.8)
Monitor	4.9 (2.5)	2.0 (1.4)	2.8 (1.5)	4.9 (2.9)	12.2 (5.0)	10.7 (1.4)	7.0 (2.5)
Typical	89.0 (4.7)	95.7 (2.0)	94.9 (2.4)	88.4 (4.1)	85.1 (5.5)	82.5 (1.8)	91.5 (2.8)
Unweighted *n*	99	116	89	81	76	461	149
Weighted *n*	40,662	42,124	36,912	33,225	33,545	191,883	61,396

Table B2f-5 offers additional model detail from the regression of Healthy Eating Index-2015 (HEI-2015) scores at 60 months on sociodemographic characteristics, early and contemporary feeding practices, lifestyle characteristics, and patterns of WIC participation. Results are weighted using the 60-month longitudinal statistical weights. Unweighted n=1,034 and weighted n=425,317.

Table B2f-5. Model results from regression of Healthy Eating Index-2015 (HEI-2015) total scores on a given day at 60 months on sociodemographic characteristics, early and contemporary feeding practices, and WIC participation

Parameter	Estimate	Standard error	*t* Value	*p*- value
Intercept	58.13	2.46	23.61	<.001
Child gender: Female compared to male	2.23	0.84	2.67	0.011*
Caregiver race: African American compared to White	1.63	1.03	1.58	0.122
Caregiver race: All Other races compared to White	0.88	1.41	0.63	0.545
Caregiver ethnicity: Hispanic compared to non-Hispanic	3.03	1.18	2.56	0.014*
Caregiver's education level: High school or less compared to more than high school	-0.56	0.93	-0.60	0.553
Marital status: Not married compared to married	-1.57	1.32	-1.19	0.239
Regular childcare use: Yes compared to no	1.32	0.92	1.43	0.161
Nighttime sleep duration does not meet recommendation compared to meets recommendation	0.98	1.15	0.85	0.399
Television on during meals: Most or sometimes compared to rarely or never	-2.37	0.96	-2.47	0.018*
Family eat together: 5 or more times compared to less than 5 times per week	0.54	1.12	0.48	0.634
Breastfeeding duration[a]	0.01	<.01	2.49	0.017*
Timing of SSB introduction: In the first year compared to not in the first 2 years	-2.54	1.30	-1.96	0.057
Timing of SSB introduction: In the second year compared to not in the first 2 years	-1.92	1.26	-1.52	0.135
Early introduction of complementary foods: Prior to 4 months compared to after 4 months	-0.23	1.34	-0.18	0.862
Age of the introduction of sweet foods: In the first year compared to not in the first 2 years	-3.04	1.87	-1.63	0.111
Age of the introduction of sweet foods: In the second year compared to not in the first 2 years	-1.89	2.07	-0.92	0.365
Receiving SNAP at 60 months	-0.18	1.04	-0.18	0.861
WIC participation: In the first year only compared to consistently	-2.64	1.51	-175	0.087
WIC participation: Into the 2nd and 3rd years compared to consistently	-2.77	1.27	-2.18	0.035*
WIC participation: Into the 4th and 5th years compared to consistently	-0.06	1.36	-0.04	0.966
WIC participation: Intermittently compared to consistently	-0.93	1.24	-0.76	0.454

[a] Continuous variable

* Indicates significance at $p \leq 0.05$

Appendix B3

Dietary Intake Coding Procedures and Estimating Usual Intake

Appendix B3
Dietary Intake Coding Procedures and Estimating Usual Intake

B3.1 Dietary Intake Procedures for WIC ITFPS-2

The procedures for child dietary intake include a 24-hour dietary recall using the same system used in the National Health and Nutrition Examination Survey, What We Eat in America (NHANES, WWEIA) interview. This system consists of three components: the Automated Multiple Pass Method (AMPM) 24-hour recall interview system, the Post Interview Processing System (PIPS), and the SurveyNet coding application.[1] The system uses the U.S. Department of Agriculture (USDA) Food and Nutrient Database for Dietary Studies 5.0 (FNDDS5) as the source of the nutrient values.[2] The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Infant and Toddler Feeding Practices Study (WIC ITFPS-2) collects the child's dietary intake from the child's caregiver at every interview age from 1 to 24 months, and then annually at 36, 48, 60 and 72 months. A 10 percent subsample of children at 13, 15, 18, 24, 36, 48, 60, and 72 months completes a second intake to allow estimation of "usual" intake.

B.3.1.1 AMPM Interview Data Entry

The AMPM interview asks the mother to recall all her child's dietary intake for the previous day in a systematic fashion. The interview guides the mother through the day and asks her to report all foods, beverages, and dietary supplements for each eating event during the 24-hour period; the interviewer records all responses. The interview produces a 24-hour snapshot of all foods, beverages, and dietary supplements consumed by the child. In preparation for the 13-month interview, participants received a package of measuring guides to help them report their child's portion sizes during the interview, and were asked to keep the measuring guides for the duration of

[1] Raper, N., Perloff, B., Ingwersen, L., Steinfeldt, L., and Anand, J. (2004). An overview of USDA's dietary intake data system. *Journal of Food Composition and Analysis,* 17(3), 545-555.

[2] Ahuja, J.K.A., Montville, J.B., Omolewa-Tomobi, G., Heendeniya, K.Y., Martin, C.L., Steinfeldt, L.C., Anand, J., Adler, M.E,. LaComb, R.P., and Moshfegh, A.J. (2012). *USDA food and nutrient database for dietary studies, 5.0-Documentation and user guide.* Beltsville, MD: U.S. Department of Agriculture, Agricultural Research Service, Food Surveys Research Group.

the study. Additionally, if caregivers report that they do not know what the child ate while away from the caregiver, the dietary interviewer asked the caregiver to obtain the missing details about those foods from a knowledgeable source; afterward, the data retrieval interviewer contacted the caregiver within 2 working days to obtain the missing information.

B.3.1.2 Post Interview Processing System

Westat processes the recall data through the Post Interview Processing System (PIPS). During PIPS processing, approximately 70 percent of foods are auto-coded, meaning that the system assigns a food code and/or a portion quantity to the interview data. The PIPS also creates SurveyNet batches of no more than 20 intake days each, which the study team separated by recall month (3-, 5-, 7-, etc.). The online Coder Tracking System tracks each batch through the various coding and review steps. Dietary coders assign themselves batches and complete the coding for all intake days within a single assigned batch using SurveyNet.

B.3.1.3 Standard SurveyNet Processing

Assigning Food Codes

SurveyNet displays a shorthand version of each interview question and the selected response for all food description and portion data in a text box at the top of the food-coding screen. Dietary coders review this interview data, select the appropriate food code, and enter the quantity reported. In cases where the PIPS automatically assigns the food code or quantity, the dietary coder merely reviews the prefilled fields to ensure that there are no changes needed. Changes to these preassigned data may be required if the interviewer entered a comment or a text response in any field that would cause the coder to change the preassigned food code or quantity. For all foods not auto-coded during PIPS, the dietary coders review all question responses to determine the most appropriate food code to apply.

Recipe Modifications

Coding supervisors have the ability to create recipe modifications to more closely match the reported food. Coding supervisors follow the same modification guidelines used in NHANES,

which allow modification of a recipe for the type of fat used in cooking; the type of milk used in preparing selected foods (e.g., beverages, pudding, cooked cereal); the amount of liquid used to prepare condensed soup (when different from instructions); and the type of salad dressing used in salads such as coleslaw or chicken salad.

New Foods

The coders also flag new food items that they cannot link to an acceptable food code in SurveyNet. Coding supervisors do additional research to determine if the food could match an existing food code or if they need to flag the food for nutrient modification after analysis because the nutrient profile of the foods differs too much from existing food codes. The study team handled several food items in this way: agave syrup, almond milk, chia seed, edamame, Greek yogurt, hemp seed, and quinoa. Senior coding staff obtained nutrient information for these products from the USDA National Nutrient Database for Survey Research and corrected the information in the SurveyNet analysis files.

Coding Guidelines

The coders use NHANES coding guidelines to resolve common coding problems and to establish consistent coding methods. These guidelines contain rules for coding foods when not enough information is available (e.g., how much meat to code in a sandwich when the respondent did not report the amount, how to handle reports of nonstick spray, etc.). The study team developed a second set of coding guidelines for coding amounts of dietary supplements, since the default dose for non-children's supplements in the NHANES Dietary Supplement Database is generally appropriate for adults rather than infants and children. The study team develops additional guidelines throughout the study, as they encounter and resolve new issues. Coding staff document these guidelines in a decision log maintained throughout the study.

Entering Quantities

Once the food code is assigned or reviewed (in the case of auto-coding), coders review the auto-coded quantity or enter the amount of food reported. SurveyNet allows entry of portions using the same food models presented in the AMPM, and provides predetermined weights for foods in

commonly eaten portions (e.g., one-half grapefruit, one medium chicken leg). SurveyNet automatically converts food amounts entered as a shape, by dimensions (length, width, and height); volume; or weight in imperial units to a weight in grams. Coders also use SurveyNet to code imprecise measures, such as "handful," "medium bowl," or "swallow." When respondents report "Don't know" for the quantity consumed, coders are instructed to first consult the coding guidelines, which provide default amounts for items in a sandwich or salad, and other common combinations. If no coding guideline exists, coders select the "quantity not specified" portion option available in SurveyNet.[3]

Combinations

SurveyNet flags foods added to another food (e.g., milk added to cereal) or eaten in combination (e.g., the bread, meat, cheese, and spread on a sandwich) using combination codes. The system usually identifies combinations during data collection by AMPM, and PIPS assigns the combination code in SurveyNet. If coders need to add additional food codes to represent the reported food, the coder uses the combination code to link the foods.

Review

After the dietary coders assign food codes, coders and supervisors conduct quality control review by verifying, adjudicating, and editing the assigned food codes and portion amounts. Verifying involves a detailed review of coded intakes by a second coder. A coding supervisor reviews and adjudicates any notepad entries made by the second coder that highlight questions or disagreement between coders. The supervisor reviews and edits all adjudicated records and makes decisions on notepad questions and unfound foods. The adjudication process also allows evaluation of the accuracy of each coder's work. This quality control (QC) process selects two intakes from every batch for calculation of accuracy, assessing 10 percent of each coder's work. Coders must maintain 95 percent accuracy.

[3] For participants less than 2 years old, one-half of the "quantity not specified" amount was coded.

Analysis

Coding supervisors use SurveyNet to process the coded intakes and obtain the nutrient analysis. The system automatically generates error reports that document unresolved issues such as missing or invalid food codes, recipe modifications, or portion codes. Supervisors resolve all errors and rerun the analysis. The system produces two analysis data files: an "ANA" file, which contains one line of data for every food or supplement reported by the respondent on the intake day; and a "TOT" file, which contains one line of data for each respondent for a single intake day. The analysis files include 65 nutrients from the Food and Nutrient Database for Dietary Studies 5.0 (FNDDS5).

Quality Control Review

The study team performs standard QC checks on the analyzed data as a means of identifying errors. Outlier reports identify unusually high or low portions for key food items and high or low amounts of key nutrients. Coding supervisors review outliers and correct any deemed to be the result of coding errors. These outlier checks including the following:

Portion Outliers. Portion outlier reports identify errors in the reported amount of foods consumed. In addition, they serve as a check for intakes where coders applied an incorrect form of the food when specifying the amount.[4] The USDA SurveyNet software used to code AMPM intakes also identifies intakes where the portion of the reported food is either below or above established portion size range for that food item; these portion size ranges are specific for the age and gender of the respondent.

In addition to portion outliers, reports identify total calorie and macro- and micronutrient outliers. Coding supervisors examine all records flagged as outliers and correct any interviewer or coding errors. The records are reanalyzed prior to generating outlier reports for the remaining nutrients.

Minimum Criteria for Inclusion in Dataset. When conducting reviews of the intakes identified in any of the outlier reports, coding supervisors determine whether or not the intake met minimum

[4] For example, the coder entered 1 cup of rice as uncooked by mistake when the respondent reported cooked rice.

criteria. In general, an intake does not meet minimum criteria if any of the following situations are noted:

1. **Interview is broken off prior to completing the time and occasion pass.** For intakes other than those collected at the 1-, 3-, and 5-month recall, if the breakoff happens before the time and occasion is recorded for every food in the intake, the intake fails the minimum criteria and coding supervisors delete the intake from the dataset. Without time and occasion information for each food, it is not possible to determine that the reported foods span an entire day's intake. For intakes collected at 1, 3, and 5 months, the coders apply the coding guidelines developed for infant breastmilk consumption; the guidelines do not require the time and occasion information.

2. **Intake is judged as "unreliable."** Although interviewers do not provide feedback on whether or not a respondent is reliable, coding supervisors implement guidelines developed in previous studies.

3. **Meals with missing foods.** Coding supervisors apply this flag when a respondent reports a meal, but cannot recall foods eaten at the meal and data retrieval for these foods was unsuccessful. For example, the respondent reports the child eating a meal at a friend's house but cannot recall the foods.

USDA Food Pattern Food Groups

The study team edits and finalizes all dietary recall data files before rerunning the SurveyNet analysis to obtain corrected nutrient values. Using the Food Pattern Equivalent Database (FPED) 2010-2011,[5] the study team appends food pattern equivalent (FPE) values to the dietary data. Coding supervisors identify food codes that do not have a match in the FPED and impute any needed food group values.

FITS Food Groups

In order to allow comparisons of the WIC ITFPS-2 dietary data to the Feeding Infants and Toddler Study (FITS), the study team assigns each FNDDS food code to one of the food groups developed for FITS 2002 and 2008.[6] The FITS adapted the food groups from the Continuing Survey of Food Intakes by Individuals (CSFII), a nationwide dietary intake study available at the time of the 2002

[5] Bowman, S.A., Clemens, J.C., Thoerig, R.C., Friday, J.E., Shimizu, M., and Moshfegh, A.J. (2013). *Food patterns equivalents database 2009-10: Methodology and user guide* [Online]. Food Surveys Research Group, Beltsville Human Nutrition Research Center, Agricultural Research Service, U.S. Department of Agriculture, Beltsville, Maryland. Available at: http://www.ars.usda.gov/nea/bhnrc/fsrg.

[6] Fox, M.K., Pac, S., Devaney, B., and Jankowski, L. (2004). Feeding infants and toddlers study: What foods are infants and toddlers eating? *Journal of the American Dietetic Association*, 104, 22-30.

FITS. The FITS adjusted some of the CSFII food groups to allow slightly different analysis of foods of interest to the diets of infants and toddlers. For example, because diets of young infants are largely milk-based, FITS moved yogurt, milk desserts, and cheese into other groups, leaving milk (breastmilk, formula, cow's milk and other fluid milks) in a group of its own.

B3.2 The National Cancer Institute Method for Analyzing Usual Intake Data

The study used methods recommended by the National Cancer Institute (NCI) for estimating "usual" intake. These methods rely on data from repeated administrations of a 24-hour dietary recall within a narrow time window. Both univariate and Markov Chain Monte Carlo (MCMC) models were used, with the latter primarily employed to estimate FPED food group values and Healthy Eating Index-2015 (HEI-2015) scores. For more information, see the NCI method for adjusting for dietary measurement error at https://prevention.cancer.gov/research-groups/biometry/measurement-error-impact/measurement-error-0. Tooze et al. (2010) offers an introduction to the model.[7]

Using 2 days of dietary recall information to estimate usual intake has several differences from an analysis based on a single recall. First, the repeated measures over time allow for the estimate of measurement variance (variability within person over time) separately from between-person variance. This results in adjustment of food and nutrient means and correlations and their associated standard errors for measurement error (i.e., the method estimates of what these values would be without measurement error). Second, the NCI method employs algorithms to transform the data to distribute outcomes more like a symmetric normal distribution.[8] This reduces the bias created by outliers (nutrient data is often highly skewed) and supports the validity of the assumption that errors are normally distributed, which is an assumption of the mixed model underlying the approach.[9] Third, the NCI method produces model-based estimates of distributions of food and nutrient

[7] Tooze, J.A., Kipnis, V., Buckman, D.W., Carroll, R.J., Freedman, L.S., Guenther, P.M., Krebs-Smith, S.M., Subar, A.F., and Dodd, K.W. (2010). A mixed-effects model approach for estimating the distribution of usual intake of nutrients: The NCI method. *Statistics in Medicine,* 29(27), 2857-2868.

[8] Box, G.E.P., and Cox, D. (1964). An analysis of transformations. *Journal of the Royal Statistical Society*, Series B, *26*, 211-252.

[9] SAS Institute Inc. (2008). *SAS/STAT® 9.2 user's guide*. Cary, NC: SAS Institute Inc., Proc Genmod.

intakes that have decreased bias and error by using covariates to obtain outcome estimates. Fourth, the NCI method enables the valid estimation of "episodically" consumed food (i.e., foods not consumed on a daily basis), by employing a two-part model where one part of the model estimates the probability that the food will be consumed on a given day and the other part of the model estimates the amount of the food that is consumed if it is consumed at all.

All intakes were adjusted for the child's sex and the 12 key sociodemographic characteristics used throughout this report. In other words, these variables were included in the NCI usual intake models used. As a result, the usual intake estimates produced are tailored to this report. Alternative estimates of children's usual intake would result if different variables were included in the NCI models. Additionally, the NCI models generate a "pseudo-population." For this pseudo-population, the number of pseudo-individuals must be chosen; this report used 500 pseudo-individuals per observed respondent. Finally, the dietary data contain foods that are infrequently consumed by study children. Episodically consumed foods were those that had zero values for 10-90 percent of the sample. Some foods were so rarely consumed that they were considered "never" consumed. Foods considered never consumed had zero values for more than 90 percent of the sample.

Appendix B4

Instruments

SOCIODEMOGRAPHICS AND BACKGROUND

I'd like to start today by asking you some background questions about you and your family.

[IP_SD14Intro]

Marital status
Baseline, 13

SD14. Are you…

[IP_SD14]

married, ... 01
separated, ... 02
divorced,..... 03
widowed, or 04
never married?..... 05

US or foreign born
Baseline

SD13. Were you born in the United States?

[IP_SD13]

YES..... 01
NO 02

Educational attainment
Baseline, 24 months

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

[IP_SD26]

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

[IP_SD26OS]

Receipt of public assistance
Baseline, 13, 24-month bonus

SD21. Are you or your family currently receiving any of the following:

[IP_SD21a]

a. Supplemental nutrition assistance benefits, sometimes called SNAP or Food Stamps?

YES 01
NO..... 02

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

[IP_SD21b]

YES 01
NO..... 02

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

[IP_SD21c]

YES 01
NO..... 02

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[IP_SD21d]

YES 01
NO..... 02

Number of children in Household
Baseline

SD43. How many of the people who live in your household are under the age of 18? Please include all of the people under age 18 who stay with you all or most of the time and please add 1 to the total for your pregnancy, too.

[IP_SD43]

TOTAL HOUSEHOLD MEMBERS UNDER AGE 18[NUMBER]

Presence of infant's father
Baseline, 13

SD20. Is the father of your unborn child living in your household?

[IP_SD20]

YES 01
NO..... 02

Father's weight
Baseline

MH7. Thinking of your unborn child's biological father, would you say he is… [IP_MH7]

too thin,.....01
normal weight, or 02
overweight? 03

Parity
Baseline

SD15. Thinking about your pregnancies before this one, how many of these pregnancies resulted in a live birth?

[IP_SD15]

NUMBER OF LIVE BIRTHS ..... [NUMBER]

Interpregnancy Interval/Interpartum Period
Baseline

ASK ONLY IF ANSWER TO SD15 IS >0.

SD42. Now thinking about the children you have given birth to before this pregnancy, what is your youngest child's birthdate?

a. First tell me the year

[IP_SD42a]

YEAR ..... [NUMBER]

b. What month was that child born?

[IP_SD42b]

MONTH..... [JANUARY – DECEMBER]

c. And what day of the month?

[IP_SD42c]

DAY..... [1-31]

Now I'm going to ask you some questions about WIC, including what your WIC site offers and what WIC services you use.

Prior WIC Receipt
Baseline

SD23. Before this pregnancy, have you ever received benefits from WIC? [IP_SD23]

YES 01
NO..... 02

NO, DON'T KNOW, AND REFUSED, SKIP TO WC1

Past Children on WIC
Baseline

ASK ONLY IF ANSWER TO SD15 IS >0.

SD24. (*IF YES TO SD23*) Thinking of your other children, how many of them have received food from WIC?

[IP_SD24]

NUMBER OF CHILDREN ..... [NUMBER]

Duration of prior WIC receipt
Baseline

SD25. (*IF PRIOR WIC RECEIPT*) In total, how many years have you or your children received WIC services? Would you say it has been…

[IP_SD25]

less than 1 year,.....01
1 to 2 years,.....02
3 to 4 years, or.....03
5 or more years?.....04

WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION

Awareness: WIC Food Packages
Prenatal, 3

Now I'm going to read you a few questions and I'd like you to tell me if these things are offered at your WIC office or clinic:

WC1. There is a special WIC food package for breastfeeding women who do not accept infant formula from WIC. Is this food package offered at your WIC office or clinic?

[IP_WC1]

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

WC2. At your WIC office or clinic does the amount of infant formula you can get from WIC change based on the age of the baby?

[IP_WC2]

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

WC3. At your WIC office or clinic does the amount of infant formula you can get from WIC change depending on how much breastfeeding the mother is doing?

[IP_WC3]

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

Awareness: Breastfeeding counseling and education
Prenatal, 3

Now I'm going to ask you some questions about information and services you might have gotten from WIC.

WC4. Do you think that WIC recommends… [IP_WC4]

breastfeeding only,.....01
formula feeding only, or 02
that both are equally ok?..... 03

Utilization: Breastfeeding counseling and education
Prenatal, 3

WC5. Have you received any information from WIC about breastfeeding during this pregnancy?

[IP_WC5]

YES 01
NO..... 02

Utilization: Nutrition education and counseling
Prenatal, 3

WC6. Have you received information from WIC about what you should be eating?

[IP_WC6]

YES 01
NO..... 02

Utilization: Food package
Prenatal, 3

WC12. During the last month did you buy all of the WIC foods for which you were issued checks or EBT benefits?

[IP_WC12]

YES 01
NO..... 02
HAVEN'T SHOPPED YET 03

WC13. During the last month did you buy the full amount of the fruit and vegetable benefit?

[IP_WC13]

YES.....01
NO.....02
HAVEN'T SHOPPED YET.....03

EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS

I'd like to ask some questions about things you might have done during your pregnancy.

Maternal smoking during pregnancy
Baseline

MH8. Currently, about how many cigarettes do you smoke on an average day? Just your best estimate is fine.

[IP_MH8]

NUMBER OF CIGARETTES..... [NUMBER]
NOTE THAT 1 PACK = 20 CIGARETTES

Alcohol during pregnancy
Baseline

MH9. Currently, how often do you drink alcoholic beverages, such as beer wine or liquor? Would you say…

[IP_MH9]

never,.....01
less than once a week, ...02
1 to 4 days a week, or.....03
5 or more days a week?.....04

Past infant feeding practices
Baseline

IF THIS IS THE MOTHER'S FIRST CHILD BASED ON SD15, SKIP KA1-KA8.

Let's turn to some questions about feeding babies.

KA1. Did you breastfeed (*IF 1 OTHER CHILD BASED ON SD15:* your other child/*IF MORE THAN 1 OTHER CHILD BASED ON SD15:* any of your other children) even just one time?

[IP_KA1]

YES 01
NO..... 02

IF 1 OTHER BABY, (BASED SD15) ASK KA2-4:

KA2. (*IF 1 OTHER CHILD & KA1=YES*): How old was your other child when you stopped breastfeeding?

[IP_KA2Num]
[IP_KA2Unit]

AGE .....[WEEKS/MONTHS/YEARS]

KA3. (*IF 1 OTHER CHILD*): How old was your other child the first time you fed him or her infant cereal, store-bought baby food in a jar or container, or homemade pureed baby food? When thinking about the first time you fed any of these things, please be sure to include infant cereal you might have added to your other child's bottle.

[IP_KA3Num]
[IP_KA3Unit]

AGE .....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE..... 99

KA4. (*IF 1 OTHER CHILD*): How old was your other child the first time you fed him or her table foods, like fruits, vegetables, or any other table food?

[IP_KA4Num]
[IP_KA4Unit]

AGE .....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE..... 99

IF MORE THAN 1 OTHER BABY, BASED SD15 ASK KA5-7

KA5. (*IF MORE THAN 1 OTHER CHILD AND KA1=YES*): How many of your other children did you breastfeed?

[IP_KA5]

NUMBER OF CHILDREN ..... [NUMBER]

KA6. (*IF MORE THAN 1 OTHER CHILD AND KA1=YES*): Thinking of the child you breastfed the longest, how old was he or she when you stopped breastfeeding?

[IP_KA6Num]
[IP_KA6Unit]

AGE .....[WEEKS/MONTHS/YEARS]

KA7. (*IF MORE THAN 1 OTHER CHILD*): Thinking of all your other children, what was the earliest age that you fed infant cereal, store-bought baby food in a jar or container, or homemade pureed baby food to any of your other children? When thinking about the first time you fed any of these things, please be sure to include infant cereal you might have added to your children's bottles.

[IP_KA7Num]
[IP_KA7Unit]

AGE .....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE..... 99

KA8. (*IF MORE THAN 1 OTHER CHILD*): Thinking of all your other children, what was the earliest age that you fed table foods like fruits, vegetables, or any other table foods to any of them?

[IP_KA8Num]
[IP_KA8Unit]

AGE .....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE..... 99

Attitudes/beliefs about benefits and barriers to breastfeeding
Prenatal

Now I'd like to ask you some questions about your thoughts on breastfeeding, and plans you are making for feeding your new baby.

KA18. I'll now read a series of statements about breastfeeding. Please indicate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each statement.

a. Breastfed babies are healthier than formula-fed babies. Would you say that you… [IP_KA18c]

strongly agree, ...01
agree,…… 02
neither agree or disagree, ...03
disagree, or 04
strongly disagree? 05

b. Breastfeeding brings a mother closer to her baby. Would you say… [IP_KA18d]

Strongly agree,.....01
Agree, ...02
Neither agree or disagree, ...03
Disagree, or.....04
Strongly disagree? 05

c. Breastfeeding is easier than formula feeding. (interviewer read response options for all items as needed)

[IP_KA18a]

STRONGLY AGREE..... 01
AGREE..... 02
NEITHER AGREE OR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

d. With bottle feeding, the mother knows that the baby is getting enough to eat.

[IP_KA18l]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE..... 03
DISAGREE..... 04
STRONGLY DISAGREE..... 05

e. Breastfeeding helps women lose weight.

[IP_KA18f]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE..... 03
DISAGREE..... 04
STRONGLY DISAGREE..... 05

f. Breastfeeding means no one else can feed your baby.

[IP_KA18i]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

g. Breastfeeding helps protect the baby from diseases.

[IP_KA18b]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

h. Breastmilk leaking onto your clothes is something I worry about.

[IP_KA18k]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

i. Breastfeeding is painful.

[IP_KA18j]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

j. Breastfeeding reduces the risk of a child becoming overweight.

[IP_KA18n]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

k. Breastfeeding in public is not something I want to do.

[IP_KA18m]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

l. Breastfeeding ties you down.

[IP_KA18h]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

m. Breastmilk alone gives a new baby all he/she needs to eat.

[IP_KA18e]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

n. Breastfeeding takes too much time.

[IP_KA18g]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

KA19. You may not know exactly what your plans are for feeding your baby, but you may have ideas about what you would like or are planning to do. I am going to read you some statements about feeding your baby and I would like you to please choose the answer that most closely matches your opinion.

a. I am planning to only formula feed my baby and do not plan to breastfeed at all.

Would you say that you…

[IP_KA19a]

strongly agree, ...01
agree, ...02
neither agree nor disagree, ...03
disagree, or 04
strongly disagree? 05

b. I am planning to breastfeed my baby or at least try.

[IP_KA19b]

STRONGLY AGREE..... 01
AGREE..... 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

c. When my baby is one-month-old, I will be breastfeeding without using any formula or other milk.

[IP_KA19c]

STRONGLY AGREE..... 01
AGREE..... 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

d. When my baby is three-months-old, I will be breastfeeding my baby without using any formula or other milk.

[IP_KA19d]

STRONGLY AGREE..... 01
AGREE..... 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

e. When my baby is six-months-old, I will be breastfeeding my baby without using any formula or other milk.

[IP_KA19e]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

Influences on decision to breastfeed or formula feed
Prenatal, 1

KA22. Have you talked with any of the following people about whether you plan to breastfeed, formula feed, or both breastfeed and formula feed your baby?

a. Your husband or boyfriend?

[IP_KA22a]

YES 01
NO 02
NOT APPLICABLE 99

(*IF YES*) How important was this talk with your husband or boyfriend in helping you decide how to feed your baby? Would you say that it was…

[IP_KA22aImp]

very important, ... 01
somewhat important, or 02
not important? 03

b. Your mother?

[IP_KA22b]

YES 01
NO 02
NOT APPLICABLE 99

(*IF YES*) How important was this talk with your mother in helping you decide how to feed your baby? Would you say that it was…

[IP_KA22bImp]

very important, ... 01
somewhat important, or 02
not important? 03

c. Other relatives?

[IP_KA22c]

YES 01
NO 02

NOT APPLICABLE 99

(*IF YES*) How important was this talk with your relatives in helping you decide how to feed your baby? Would you say that it was…

[IP_KA22cImp]

very important, ... 01
somewhat important, or 02
not important? 03

d. Friends?

[IP_KA22d]

YES 01
NO 02

NOT APPLICABLE 99

(*IF YES*) How important was this talk with your friends in helping you decide how to feed your baby? Would you say that it was …

[IP_KA22dImp]

very important, ... 01
somewhat important, or 02
not important? 03

e. People who work at your WIC office or clinic?

[IP_KA22e]

YES 01
NO 02

NOT APPLICABLE 99

(*IF YES*) How important was this talk with people who work at your WIC office or clinic in helping you decide how to feed your baby? Would you say that it was…

[IP_KA22eImp]

very important, ...01
somewhat important, or 02
not important? 03

f. Your doctor?

[IP_KA22f]

YES 01
NO 02

NOT APPLICABLE 99

(*IF YES*) How important was this talk with your doctor in helping you decide how to feed your baby? Would you say that it was…

[IP_KA22fImp]

very important, ...01
somewhat important, or 02
not important? 03

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

NUTRITION INTAKE
NUMBER OF BREASTMILK/FORMULA FEEDINGS PER DAY
TYPE OF FORMULA USED
ADHERENCE TO FORMULA DILUTION INSTRUCTIONS
USE/TIMING OF SUPPLEMENTAL FORMULA FOR BREASTFEEDING MOTHERS
ADDITION OF ANYTHING OTHER THAN HUMAN MILK/FORMULA TO CHILD'S BOTTLE
SPECIFIC FOOD ITEM INTAKE
USE OF JARRED BABY FOODS
MEAL AND SNACK PATTERN
EATING LOCATIONS (EATING ON THE GO)
USE OF DIETARY SUPPLEMENTS FOR INFANTS (DIRECT ADMINISTRATION)

SOCIODEMOGRAPHICS AND BACKGROUND

I'd like to start today by asking you some background questions about your baby and yourself. Let's start with some questions about your baby.

Single or Multiple Birth
Enrollment or if recruited prenatal, 1 mo

SD7. Did you have twins, or more than one baby?

[I1_SD7]

SINGLE BIRTH ..... 01SKIP TO SD8
MULTIPLE BIRTH..... 02

REFUSED AND DON'T KNOW NOT ALLOWED.

IF MULTIPLE BIRTH, NEED TO SAMPLE ONE CHILD FOR STUDY

SD44. How many babies did you have? Please include only live births.

[I1_SD44Num]

NUMBER OF LIVE BIRTHS ..... [NUMBER]

REFUSED AND DON'T KNOW NOT ALLOWED.

Child Sex
Enrollment or if recruited prenatal, 1 mo

SD8. Is (*Single Birth:* your baby/*Multiple Birth:* {BABY'S NAME}) a boy or a girl?

[I1_SD8]

BOY 01
GIRL 02

Infant DOB
Enrollment if postnatal or if recruited prenatal, 1 mo, 3 mo

SD5. {*EN:* **Thinking of the newborn baby you just enrolled in WIC}What month was** {*EN:* **this child;** *1 MO, 3 MO:* **CHILD} born?**

[I1_SD5]

MONTH..... [JANUARY – DECEMBER]

SD6. {*EN:* **Thinking of the newborn baby you just enrolled in WIC** / *1 MO, 3 MO:* **And } what day of the month was {CHILD} born?**

[I1_SD6]

DAY..... [1-31]

[I1_SD6Yr]

{YEAR – AUTOFILL FOR LAST OCCURRENCE OF THE MONTH}

Birth Weight
1

HF28. What was {CHILD'S} weight at birth?

[I1_HF28Lbs]

POUNDS ..... [NUMBER][1-16]

[I1_HF28OZ]

OUNCES ..... [0-15]

Gestational Age (birth <37 weeks)
1

HF29. Was {CHILD} born more than 3 weeks before (his/her) due date?

[I1_HF29]

YES.....01
NO.....02 (GO TO SD10)

REFUSED AND DON'T KNOW GO TO SD10

HF30. (If yes) How many weeks pregnant were you when {CHILD} was born?

[I1_HF30]

WEEKS.....[22-37]

Child Ethnicity
Enrollment or if recruited prenatal, 1 mo

SD10. Is {CHILD} Hispanic or Latino?

[I1_SD10]

YES, HISPANIC OR LATINO.....01
NO, NOT HISPANIC OR LATINO 02

Child Race
Enrollment or if recruited prenatal, 1 mo

SD11. What is {CHILD'S} race? (*CODE ALL THAT APPLY*)
[IF NEEDED: You may give one or more races.]

[I1_SD11]

AMERICAN INDIAN OR ALASKA NATIVE 11
ASIAN…….....12
BLACK OR AFRICAN AMERICAN 13
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 14
WHITE.....15
OTHER 91

(IF OTHER): **[What is {CHILD}'s race?]**

[I1_SD11OS]

IF MOTHER IS CAREGIVER AND PRENATAL INTERVIEW WAS COMPLETED, SKIP TO SD28
IF MOTHER IS NOT CAREGIVER AND PRENATAL INTERVIEW WAS COMPLETED, SKIP TO SD31. IF MOTHER IS NOT CAREGIVER AND PRENATAL INTERVIEW WAS NOT COMPLETED, SKIP TO SD43

Marital status
Baseline, 13

SD14. Are you…

[I1_SD14]

married, ... 01
separated, ... 02
divorced,..... 03
widowed, or 04
never married?..... 05

US or foreign born
Baseline

SD13. Were you born in the United States?

[I1_SD13]

YES..... 01
NO 02

Educational attainment
Baseline, 24 months

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

[I1_SD26]

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

[I1_SD26OS]

Employment status during pregnancy
1

SD28. Some women work for pay during pregnancy and some do not. How many months did you work for pay while you were pregnant with {CHILD}?

[I1_SD28]

MONTHS..... [0 TO 9]

IF MOTHER IS CAREGIVER AND PRENATAL INTERVIEW WAS COMPLETED, SKIP TO SD31.

Receipt of public assistance
Baseline, 13

SD21. Are you or your family currently receiving any of the following:

a. Supplemental nutrition assistance benefits, sometimes called SNAP or Food Stamps?

[I1_SD21a]

YES 01
NO 02

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

[I1_SD21b]

YES 01
NO 02

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

[I1_SD21c]

YES 01
NO 02

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[I1_SD21d]

YES 01
NO 02

Number of children in household
Baseline

SD43. How many of the people who live in your household are under the age of 18? Please include all of the people under age 18 who stay with you all or most of the time (*PN:* and please add 1 to the total for your pregnancy, too/*1 OR 3 MO:* and please be sure to include {CHILD}, too).

[I1_SD43]

TOTAL HOUSEHOLD MEMBERS UNDER AGE 18..... [NUMBER]

Presence of infant's father
Baseline, 13

SD20. [*PN*: Is the father of your unborn child/*1, 3, 13*: Is {CHILD's} father] living in your household?

[I1_SD20]

YES 01
NO 02

Parity
Baseline

SD15. Thinking about (M:your/CG: {CHILD'S} birth mother} pregnancies before (*PN*: this one/*1 OR 3*: {CHILD}), how many of these pregnancies resulted in a live birth?

[I1_SD15]

NUMBER OF LIVE BIRTHS ..... [NUMBER]

ASK ONLY IF ANSWER TO SD15 IS >0.

Interpregnancy Interval/Interpartum Period
Baseline

SD42. Now thinking about the children (M:you have/CG:{CHILD's birth mother has} given birth to (*PN:* before this pregnancy/*1 OR 3:* other than {CHILD}), what is (M:your/CG:her) youngest child's birthdate?

a. First tell me the year

[I1_SD42a]

YEAR..... [NUMBER]

b. What month was that child born?

[I1_SD42b]

MONTH..... [JANUARY – DECEMBER]

c. And what day of the month?

[I1_SD42c]

DAY ..... [1-31]

Prior WIC Receipt
Baseline

SD23. Before (*PN:* **This pregnancy/***1 OR 3:* **{CHILD}), have you) ever received benefits from WIC?**

[I1_SD23]

YES 01
NO 02

Past Children on WIC
Baseline

ASK ONLY IF CAREGIVER IS NOT MOTHER OR (ANSWER TO SD15 IS >0 AND MOTHER IS CAREGIVER).

SD24. (*IF YES TO SD23***) Thinking of your other children, how many of them have received food from WIC?**

[I1_SD24]

NUMBER OF CHILDREN ..... [NUMBER]

Duration of prior WIC receipt
Baseline

SD25. (*IF PRIOR WIC RECEIPT***) In total, how many years have you or your children received WIC services? Would you say it has been…**

[I1_SD25]

less than 1 year, ... 01
1 to 2 years, ... 02
3 to 4 years, or 03
5 or more years? 04

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}?

[I1_SD31]

YES 01
NO 02
(IF NO FOR THE FIRST TIME, GO TO SD34, IF NO NOW AND IN A PREVIOUS EVENT GO TO NEXT APPLICABLE MODULE).

REFUSED AND DON'T KNOW GO TO NEXT APPLICABLE MODULE.

SD32. (IF RESPONDENT HAS NOT CHANGED FROM PREVIOUS EVENT: The last time we talked with you, you were going to WIC at [*FILL IN LOCATION*]. Do you still go there, or do you go to a new location? /IF NEW CAREGIVER: Do you go to [FILL LOCATION}, or do you go to another location?)

[I1_SD32]

YES, STILL THAT LOCATION 01
NO, NEW LOCATION 02

SD33. *(IF SD32 IS NO)* **Please tell me where you go now**

GO TO NEXT MODULE

ASK SD34 AND SD35 ONLY IF SD31 IS 'NO'

SD34. How old was {CHILD} when you stopped going to WIC?

[I1_SD34Num]
[I1_SD34Unit]

AGE ..... [WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC.

[I1_SD35a]

a. You no longer qualify for WIC?

YES 01
NO 02

[I1_SD35b]

b. It was inconvenient for you?

YES 01
NO 02

[I1_SD35c]

c. You no longer need WIC?

YES 01
NO 02

[I1_SD35d]

d. Is there any other reason?

YES 01
NO 02

(IF YES): **[What is the other reason you stopped going to WIC?]**

[I1_SD35dOS]

IF CAREGIVER IS NOT MOTHER SKIP TO CF1

HOSPITAL EXPERIENCES AND FEEDING PRACTICES

Next I'd like to ask you some questions about your experience in the hospital when {CHILD} was born.

[I1_HF1BC]

CONTINUE WITH HOSPITAL QUESTIONS..... 01 (GO TO HF1)
DELIVERED AT BIRTHING CENTER 02
DELIVERED AT HOME.....03

REFUSED AND DON'T KNOW NOT ALLOWED.

[I1_HFBCQ]

Ok, we'll {*DELIVERED AT BIRTHING CENTER:* be asking about your experience on the birthing center/*DELIVERED AT HOME*: skip the question about a hospital stay}.

IF MOM INDICATES SHE DELIVERED AT A BIRTHING CENTER, SHE SHOULD ANSWER HOSPITAL QUESTIONS ABOUT THE BIRTHING CENTER INSTEAD. IF SHE DELIVERED AT HOME AND DID NOT GO TO A HOSPITAL, SKIP TO HF7.

NICU Feeding Module
*1, *3 for last question*

HF1. Did {CHILD} spend any time in the NICU?

[*IF NEEDED:* The NICU is the Neonatal Intensive Care Unit, a special hospital unit for newborn babies who are premature or who have special medical problems.]

[I1_HF1]

YES 01
NO (IF NO, SKIP TO HF7).....02

REFUSED AND DON'T KNOW GO TO HF7.

HF2. (*IF YES*) What was the reason?

[I1_HF2]

PREMATURE DELIVERY.....01
OTHER HEALTH PROBLEM.....91

(*IF OTHER HEALTH PROBLEM)*: **[SPECIFY:]**

[I1_HF20S]

SPECIFY _____

HF3. How long was she/he in the NICU?

[I1_HF3Num]
[I1_HF3Unit]

TIME.....[DAYS/WEEKS]
STILL THERE 99

HF4. While she/he was/is in the NICU, did you feed him/her breastmilk directly from your breast, pump breastmilk for him/her, both feed from your breast and pump, or did you not feed your baby breastmilk at all? (*IF STILL THERE, CHANGE TO PRESENT TENSE* **- are you feeding him/her directly from your breast, pumping breastmilk for him/her, both feeding from your breast and pumping, or are you not feeding your baby breastmilk?)**

[I1_HF4]

FEEDING DIRECTLY FROM BREAST.....01
PUMPING BREASTMILK.....02
BOTH FROM BREAST AND PUMPING.....03
NOT FEEDING BREASTMILK.....04

Mode of delivery
1

HF7. How was your baby delivered?

[I1_HF7]

Vaginally and not induced,.....01
Vaginally and induced,.....02
A planned caesarean or c-section, or.....03
An unplanned or emergency caesarean or c-section?.....04

IF BABY WAS DELIVERED AT HOME SKIP TO HF9

Rooming arrangement in hospital
1

IF BABY SPENT TIME IN NICU HF1=YES SKIP TO I1_HF8a

HF8. While you were in the hospital/birthing center, did {CHILD} stay in the same room with you, or in a nursery? Do not include time your child was out of your room briefly for things such as medical procedures, bathing, or weighing.

[CODE ALL THAT APPLY]

[I1_HF8]

MY ROOM 11
THE NURSERY 12

SKIP TO HF9

HF8a. While you were in the hospital/birthing center, did {CHILD} stay in the same room with you, or in a nursery? Do not include time your child was out of your room briefly for things such as medical procedures, bathing, or weighing.

[CODE ALL THAT APPLY]

[I1_HF8NICU]

MY ROOM 11
THE NURSERY 12
NICU 13

First Feeding/Initiation of breastfeeding
1

HF9. What was the very first thing that {CHILD} was fed after birth? Was it…

[I1_HF9]

formula, ... 01
your breastmilk, ... 02
sugar water, ... 03
plain water, or 04
something else? 05

IF BABY WAS FIRST FED BREASTMILK (HF9=2) OR BABY WAS IN NICU AND MOTHER INDICATED IN HF4 SHE WAS FEEDING BREAST MILK, OR MOTHER GAVE BIRTH AT HOME SKIP TO HF11

HF10. (*IF FIRST THING FED WAS OTHER THAN BREASTMILK***) Did you start to breastfeed your baby while still in the hospital/birthing center?**

[I1_HF10]

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

HF11. (*IF FIRST FED WAS BREASTMILK OR STARTED BREASTFEEDING IN HOSPITAL***) Did you start breastfeeding in the first hour after birth or later?**

[I1_HF11]

FIRST HOUR..... 01
LATER 02

IF GAVE BIRTH AT HOME SKIP TO CF1
IF GAVE BIRTH IN HOSPITAL OR BIRTHING CENTER AND DID NOT FEED BREASTMILK IN HOSPITAL, SKIP TO HF18.

Initial bf problems/barriers to initiating bf.
1

HF12. (*IF STARTED TO BREASTFEED IN HOSPITAL***) Did you have any problems with breastfeeding while you were in the hospital/birthing center?**

[I1_HF12]

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

IF NO, REFUSED, OR DON'T KNOW TO HF12, SKIP TOHF18

HF13. Did you have problems with your breasts being so full that milk wouldn't come out or your baby had trouble latching on?

[I1_HF13]

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

HF14. Did you have problems with breast or nipple pain?

[I1_HF14]

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

HF15. Did you have problems with thinking the baby was not getting enough milk?

[I1_HF15]

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

HF16. Did you have problems with it taking too long for your milk to come in?

[I1_HF16]

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

HF17. Did any of the people working at the hospital assist you with any of these problems?

[I1_HF17]

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

Receipt of gift package from hospital? Contents?
1

HF18. When you left the hospital/birthing center, were you given a gift pack?

[I1_HF18]

YES..... 01
NO.....02 (*SKIP TO BOX BEFORE HF20)*

REFUSED AND DON'T KNOW SKIP TO BOX BEFORE HF20

HF19. (*IF YES*) Which of the following things were in the gift pack?

a. Formula?

[I1_HF19a]

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

b. Coupons for formula or discounts on formula? [I1_HF19b]

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

c. A pacifier?

[I1_HF19c]

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

d. An empty

bottle? [I1_HF19d]

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

Breastfeeding on set schedule or on demand?
1

ASK ONLY IF BREASTFEEDING IN THE HOSPITAL

HF20. While you were in the hospital/birthing center, did you feed your baby breastmilk, either from your breast or from a bottle, on a set schedule or whenever [HE/SHE] cried or seemed hungry?

[CODE ALL THAT APPLY.]

[I1_HF20]

SCHEDULE 11
CRIED OR SEEMED HUNGRY 12

Pump breasts in hospital
1

HF21. While you were in the hospital/birthing center, did you pump milk or try to pump milk from your breasts?

[I1_HF21]

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

Encouragement of bf in hospital
1

HF22. While you were in the hospital/birthing center, did your doctor, the nurses or other hospital staff encourage you to breastfeed your baby?

[I1_HF22]

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

Availability of bf support in hospital
1

HF23. Was there someone in the hospital/birthing center whose job it was to help you with breastfeeding, like a lactation consultant or another trained specialist?

[I1_HF23]

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

Breastfeeding-related hospital support services used
1

HF24. While you were in the hospital/birthing center, did you use any of the following support services, information, or equipment for breastfeeding?

a. Did you use brochures, pamphlets, or TV classes?

[I1_HF24a]

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

b. Did you use a lactation consultant?

[I1_HF24b]

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

c. Another trained specialist who helped with breastfeeding?

[I1_HF24c]

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

d. While you were in the hospital/birthing center did you use breastfeeding support groups or classes?

[I1_HF24d]

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

e. Equipment for breastfeeding support such as pumps, breast shields, or other equipment?

[I1_HF24e]

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

f. Counseling that you asked for?

[I1_HF24f]

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

g. Counseling offered when you hadn't asked?

[I1_HF24g]

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

h. A hotline or number in the hospital/birthing center to call for breastfeeding questions?

[I1_HF24h]

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

i. The name and number of a specific hospital/birthing center staff member to call for questions?

[I1_HF24i]

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

j While you were <u>in the hospital/birthing center</u> did you use any other services, information, or equipment not mentioned?

[I1_HF24j]

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

(IF YES) [**SPECIFY:**]

[I1_HF24jOS]

SPECIFY _____

Feeding type at hospital discharge (human milk, formula, both)
1

HF25. When you left the hospital/birthing center, were you feeding your baby…

[I1_HF25]

only breastmilk, ... 01
only formula, or..... 02
both breastmilk and formula? 03

Length of hospital stay for mother
1

HF26. How many nights did you stay in the hospital/birthing center after {CHILD's} birth?

[I1_HF26]

NIGHTS..... [NUMBER]

HF27. How many nights did {CHILD} stay in the hospital/birthing center after birth?

[I1_HF27]

NIGHTS..... [NUMBER]

CURRENT FEEDING PRACTICES

Now I'm going to ask you some questions about things you might be doing to feed your baby.

Current feeding choice
1, 3, 5, 7, 9, 11, 13

CF1. {*Biomom:* **Are you**/*Caregiver:* **Is anyone} currently feeding {CHILD} breastmilk either from thebreast or from a bottle, formula, (***1-5 MONTHS*: **or both) (***7-13 MONTHS:* **both, or neither)?**

[I1_CF1]

ONLY BREASTMILK 01
ONLY FORMULA.....02
BOTH BREASTMILK AND FORMULA 03
NEITHER BREASTMILK NOR FORMULA 04

FIRST POSTNATAL INTERVIEW (1 OR 3), IF MOTHER INDICATES FORMULA FEEDING ONLY IN CF1, AND IF 1 MONTH ANSWERED NO TO HF10 BREASTFEEDING INITIATED IN HOSPITAL, AND ANSWERED ANYTHING BUT BREASTMILK TO HF10 FIRST THING CHILD WAS FED ASK:

CF29. {*Biomom:* **Did you**/*Caregiver:* **Did anyone**} **ever feed your baby breastmilk, either from the breast or from a bottle?**

[I1_CF29]

YES 01
NO 02

IF CF1 = 02, SKIP TO CF19

IF CF29=01 AND CF1=RF OR DK, SKIP TO CF30

IF CF29=02, RF, OR DK AND CF1 =RF OR DK, SKIP TO CF32

BREASTFEEDING MODULE (ASKED ONLY IF MOTHER CURRENTLY FEEDING BREASTMILK, BASED ON CF1)
QUESTIONS CF2 – CF18

Frequency and nature of breastfeeding problems
Resolution of breastfeeding problems
1, 3, 5

IF MOTHER IS NOT CAREGIVER, SKIP TO CF18

You said that you are currently feeding {CHILD} breastmilk. I'd like to ask you some questions about that now.

CF2. I would like to ask you about some of the problems you might have had with breastfeeding during the past month. During the past month, have you had any of the following problems:

[I1_CF2]

ASK ITEMS (A/B) ONLY AT 1 MONTH, THEN DROP AT 3 AND 5.

a. In the past month, did your baby have trouble latching on?

[I1_CF2a]

YES 01
NO 02

b. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[I1_CF2b]

[CODE ALL THAT APPLY]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
OTHER (SPECIFY **_[I1_CF2bOS1]** 91
[I1_CF2bOS2] 92
[I1_CF2bOS3] 93

ASK AT 1, 3, 5

c. **In the past month did your baby have problems with choking?**

[I1_CF2c]

YES 01
NO 02

d. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[I1_CF2d]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
OTHER (SPECIFY **[I1_CF2dOS1] (AnsProbChokingOS1_1M)** 91 **[50 Characters]**
[I1_CF2dOS2] (AnsProbChokingOS2_1M) 92 **[50 Characters]**
[I1_CF2dOS3] (AnsProbChokingOS3_1M) 93 **[50 Characters]**

e. **In the past month did you have sore or cracked nipples?**

[I1_CF2e]

YES 01
NO 02

f. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[CODE ALL THAT APPLY]
[PROBE: Anything else?]

[I1_CF2f]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED WITH BOTTLE..... 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
TOOK MEDICATIONS OR USED CREAMS 15
OTHER (SPECIFY)
[I1_CF2fOS1]..... 91
[I1_CF2fOS2]..... 92
[I1_CF2fOS3]..... 93

g. **In the past month did you have a breast infection?**

[I1_CF2g]

YES 01
NO 02

h. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[CODE ALL THAT APPLY]

[I1_CF2h]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY
WITH BOTTLE..... 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
TOOK MEDICATIONS OR USED CREAMS 15
OTHER (SPECIFY)
[I1_CF2hOS1]..... 91
[I1_CF2hOS2]..... 92
[I1_CF2hOS3]..... 93

i. **In the past month were your breasts too full?**

[I1_CF2j]

YES 01
NO 02

j. (*IF YES*) **What did you do about this problem?** ***(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[CODE ALL THAT APPLY]

[I1_CF2j]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
PUMPED OR EXPRESSED BREASTMILK TO RELIEVE FULLNESS 15
OTHER (SPECIFY _**[I1_CF2jOS1]** 91
[I1_CF2jOS2] 92
[I1_CF2jOS3] 93

k. **In the past month did you not have enough milk to satisfy the baby?**

[I1_CF2k]

YES 01
NO 02

l. **In the past month did you have any other problems breastfeeding?**

[I1_CF2m]

YES 01
NO 02

(*IF CF2m IS YES):* **[SPECIFY:]**

[I1_CF2mOS]

SPECIFY _____

m. (*IF YES*) **What did you do about this problem?** ***(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[CODE ALL THAT APPLY]

[I1_CF2l]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
CHANGED WHAT I ATE 15
OTHER (SPECIFY)
[I1_CF2IOS1] 91
[I1_CF2IOS2] 92
[I1_CF2IOS3] 93

n. **(*IF CF2m IS YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[CODE ALL THAT APPLY]

[I1_CF2n]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
TOOK ANTIBIOTICS/MEDICATIONS 15
OTHER (SPECIFY)
[I1_CF2nOS1] 91
[I1_CF2nOS2] 92
[I1_CF2nOS3] 93

Support received for breastfeeding problem
1, 3, 5

CF3. **(*IF YES TO ANY PROBLEM IN CF2*) When you have encountered problems with breastfeeding have any of the following people given you advice about what to do?**

a. **People who work at your WIC office or clinic?**

[I1_CF3a]

YES 01
NO 02

b. **Doctors or nurses?**

[I1_CM3b]

YES 01
NO 02

c. **Friends or relatives?**

[I1_CF3c]

YES 01
NO 02

d. Breastfeeding support people outside of WIC such as La Leche League or a lactation counselor?

[I1_CF3d]

YES 01
NO 02

e. Anyone else?

[I1_CF3e]

YES 01
NO 02

Frequency and nature of breastfeeding barriers
Best solutions to identified barriers
1, 3, 5

CF4. I'm going to read you some statements about things that might make it hard to breastfeed or keep you from breastfeeding. For each one, please tell me if this has happened to you in the past month: [FDA IFPS-2, modified]

a. I had to return to work or school and I could not or did not want to pump or breastfeed there. Did this happen to you in the past month?

[I1_CF4a]

YES 01
NO 02

b. Breastfeeding took too much out of me. Did this happen to you in the past month?

[I1_CF4b]

YES 01
NO 02

c. I did not have time to breastfeed.

[I1_CF4c]

YES 01
NO 02

d. I felt tied down by breastfeeding.

[I1_CF4d]

YES 01
NO 02

e. My husband or boyfriend was against it. Did this happen to you in the past month?

[I1_CF4e]

YES 01
NO 02

CF5. (*IF YES TO ANY BARRIERS IN CF4*) What do you think is the best way to deal with these things that made it hard to breastfeed?

[CODE ALL THAT APPLY.]

[I1_CF5]

SEEK SUPPORT FROM A FRIEND OR RELATIVE TO HELP YOU TO CONTINUE BREASTFEEDING 11
SEEK SUPPORT FROM A HEALTH PROFESSIONAL TO HELP YOU CONTINUE BREASTFEEDING 12
MAKE ARRANGEMENTS WITH WORK OR SCHOOL TO HELP YOU CONTINUE BREASTFEEDING OR PUMPING DURING THE DAY 13
STOP BREASTFEEDING AND SWITCH TO FORMULA FEEDING 14
MIX BREASTFEEDING WITH FORMULA FEEDING 15
NOTHING, JUST CONTINUE BREASTFEEDING 16
OTHER 91

(IF OTHER): **[SPECIFY:]**

[I1_CF5OS]

SPECIFY _____

Use of breast pump
1, 3, 5, 7, 9, 11, 13

CF6. Some mothers are able to pump breastmilk and others are not. Are you currently pumping breastmilk?

[I1_CF6]

[INTERVIEWER: CODE YES IF MOTHER IS PUMPING AT ALL, EVEN IF INFREQUENTLY.]

YES 01
NO 02

IF CF6 IS NO, RF, OR DK, SKIP TO CF18

From where mom received pump
1, 3 (ask at 1 month, or at 3 if mother indicates pumping for the first time at 3 months)

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF7. What are you using most often to pump breastmilk, is it… [I1_CF7]

an electric pump, ... 01
a manual pump, ... 02
pumping by hand, or ..... 03 (GO TO CF12)
something else? 04

REFUSED AND DON'T KNOW GO TO CF12.

CF10. (*DO NOT ASK IF CF7 IS PUMPING BY HAND)* How did you get the breast pump that you use most often? Would you say… (*INTERVIEWER READ OPTIONS)*

[I1_CF10]

WIC loaned it to you or paid for it, ... 01
you bought it or rented it, ... 02
you borrowed it from a friend or relative, ... 03
it was given to you as a gift, or 04
you use one provided by a hospital, your place of work, or someplace else? 05

Time of day of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF12. Now I'd like to ask you about the times of day when you usually pump.

a. When you pump, how often do you pump in the morning, before noon? Would you say…

[I1_CF12a]

usually, ... 01
sometimes, or 02
never? 03

b. When you pump, how often do you pump mid-day, from noon to 5pm? Would you say usually, sometimes, or never?

[I1_CF12b]

usually, ... 01
sometimes, or 02
never? 03

c. When you pump, how often to you pump in the evening or night time, after 5pm?

[I1_CF12c]

USUALLY 01
SOMETIMES 02
NEVER 03

Frequency of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF11. Thinking about the past two weeks, how many times did you pump milk?
(*INTERVIEWER ALLOW OPEN-ENDED, CALCULATE NUMBERS FOR RESPONSE IF NEEDED, AND CONFIRM WITH RESPONDENT***)**

[I1_CF11]

TIMES PUMPED ..... [TIMES]

Amount of milk pumped
1

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF13. During the past 24 hours, about how many ounces of breastmilk did you pump, that is since (*time*) yesterday?

[[IF NEEDED:] Your best estimate or guess is fine. Think about the bottle or bottles you filled with pumped breastmilk and about the size of the bottles.]

[I1_CF13]

OUNCES ..... [NUMBER]

What mom did with pumped milk
1

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN

CF6 IF CF13 = 0, SKIP TO CF15.

CF14. What did you do with the breastmilk that you pumped in the past 24 hours? Did you…

a. Feed any of it to {CHILD} immediately?

[I1_CF14a]

YES 01
NO 02

b. Store any of it for later use?

[I1_CF14b]

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

c. Throw any of it away?

[I1_CF14c]

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

Reasons for pumping
1, 3, 5, 7

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF15. I'm going to read you some reasons why you might have pumped breastmilk in the past month. For each one, tell me if this was a reason you pumped breastmilk.

a. To get milk so that someone else can feed your baby?

[I1_CF15f]

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

b. To keep your milk supply up when your baby could not nurse, such as while you were away from your baby or when your baby was too sick to nurse?

[I1_CF15b]

YES 01
NO 02

c. To mix with cereal or other food?

[I1_CF15c]

YES 01
NO 02

d. To relieve engorgement or swelling?

[I1_CF15a]

YES 01
NO 02

e. To have an emergency supply of milk?

[I1_CF15e]

YES 01
NO 02

f. To increase your milk supply?

[I1_CF15d]

YES 01
NO 02

g. Is there any other reason you have pumped breastmilk in the past month?

[I1_CF15g]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I1_CF15gOS]

SPECIFY _____

Storage practices for pumped/expressed human milk
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF16. In the last month, how long was your pumped milk usually stored in the refrigerator?

[I1_CF16]

I DO NOT STORE MILK IN A REFRIGERATOR 00
1 DAY OR LESS..... 01
2 TO 3 DAYS..... 02
4 TO 5 DAYS..... 03
6 TO 8 DAYS..... 04
MORE THAN 8 DAYS..... 05

CF17. How long is your frozen milk usually stored?

[I1_CF17]

ONLY INCLUDE 4 MONTHS OR MORE AFTER THE 5 MONTH INTERVIEW

I DO NOT FREEZE MY MILK 01
LESS THAN 1 WEEK 02
1 TO 4 WEEKS 03
1 TO 3 MONTHS 04

How is breastmilk feeding schedule determined (time schedule, child seems hungry, mixed)
1, 3, 5, 7, 9, 11, 13

CF18. Do you breastfeed or feed {CHILD} breastmilk from a bottle on a regular schedule, or when [HE/SHE] cries or seems hungry?

[I1_CF18]

SCHEDULE 01
CRIES OR SEEMS HUNGRY 02
BOTH 03

IF CF1 = 01 SKIP TO CF52

FORMULA FEEDING MODULE (ASKED ONLY IF MOTHER CURRENTLY FORMULA FEEDING) QUESTIONS CF19 – CF27

Who provided formula
1, 3, 5, 7, 9, 11, 13

You said that you are currently feeding {CHILD} formula. I'd like to ask you some questions about that.

CF19. Where do you get the formula that you use to feed {CHILD}? Do you get it…

[I1_CF19]

from WIC,..... 01
from somewhere else, or..... 02
both WIC and somewhere else?..... 03

If CF19 = 02, DK, OR RF, GO TO SKIP BEFORE CF21.

CF20. (*IF INDICATED IN CF19 GETTING FORMULA FROM WIC***) Is the amount of formula that you get from WIC to help feed {CHILD}…**

[I1_CF20]

more than you usually need,..... 01
less than you usually need, or 02
about right? 03

Reasons for formula use
1, 3, 5, 7, 9, 11, 13 (ask for the last time at the interview where mom indicates she has completely stopped breastfeeding)

IF MOTHER IS NOT CAREGIVER SKIP TO CF22.

CF21. There are many reasons for using formula. Please tell me if any of the following are reasons why you feed your baby formula?

[I1_CF21]

IF NOT CURRENTLY BREASTFEEDING AT ALL (CF1) AND NEVER TRIED TO BREASTFEED (HF10, CF29), SKIP TO H.

ASK (A) ONLY IN MONTHS 1, 3, 5

a. My baby had trouble sucking or latching on to the breast.

[I1_CF21a]

YES 01
NO 02

b. My baby lost interest in nursing or began to stop nursing by him or herself.

[I1_CF21b]

YES 01
NO 02

c. Breastmilk alone did not satisfy my baby.

[I1_CF21c]

YES 01
NO 02

d. I thought that my baby was not gaining enough weight.

[I1_CF21d]

YES 01
NO 02

e. I didn't have enough breastmilk.

[I1_CF21e]

YES 01
NO 02

f. Breastfeeding was too painful.

[I1_CF21f]

YES 01
NO 02

g. I wanted my baby to have both formula and breastmilk.

[I1_CF21g]

YES 01
NO 02

ASK H-N IF MOTHER IS EITHER EXCLUSIVELY FORMULA FEEDING OR FEEDING BOTH BREASTMILK AND FORMULA

h. I chose not to breastfeed.

[I1_CF21h]

YES 01
NO 02

i. My baby was sick and could not breastfeed.

[I1_CF21i]

YES 01
NO 02

j. I was sick or had to take medicine.

[I1_CF21j]

YES 01
NO 02

k. Breastfeeding seemed too inconvenient.

[I1_CF21k]

YES 01
NO 02

l. I could not or did not want to pump.

[I1_CF21l]

YES 01
NO 02

m. I wanted or needed someone else to feed my baby.

[I1_CF21m]

YES 01
NO..... 02

n. For another reason.

[I1_CF21n]

YES 01
NO..... 02

(IF YES): **[SPECIFY:]**

[I1_CF21nOS]

SPECIFY _____

If not adhering to formula dilution instructions, why? Prescribed by Dr., nutritionist?
1, 3, 5, 7, 9, 11, 13

CF22. In the past month, did you ever mix the formula with extra water to make it last longer?

[I1_CF22]

YES 01
NO..... 02

IF CF22 = NO, RF, OR DK, SKIP TO CF24

CF23. (*IF YES TO CF22*) Who told you to prepare the formula this way? [CODE ALL THAT APPLY.]

[I1_CF23]

DOCTOR..... 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC..... 12
ANOTHER HEALTH CARE PROVIDER..... 13
FRIEND..... 14
FAMILY MEMBER.....15
OTHER.....16
NO ONE TOLD ME.....17

CF24. In the past month, did you ever mix the formula with less water than directed in order to concentrate it or make it stronger?

[I1_CF24]

YES 01
NO..... 02
NOT APPLICABLE – USE READY-TO-FEED..... 99

IF CF24 = NO, 99, RF, OR DK, SKIP TO CF27

CF25. (*IF YES TO CF24*) Who told you to prepare the formula this way? [CODE ALL THAT APPLY.]

[I1_CF25]

DOCTOR..... 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR
CLINIC 12 ANOTHER HEALTH CARE PROVIDER..... 13
FRIEND..... 14
FAMILY MEMBER.....15
OTHER.....16
NO ONE TOLD ME.....17

How is formula feeding schedule determined (set, on demand, mixed)
1, 3, 5, 7, 9, 11, 13

CF27. Do you feed {CHILD} formula on a regular schedule or when [HE/SHE] cries or seems hungry?

[I1_CF27]

SCHEDULE 01
CRIES OR SEEMS HUNGRY 02
BOTH 03

MOVE TO PARTIAL BREASTFEEDING

Timing of move to partial breastfeeding
(any time 1-13)

ASK OF ALL WOMEN WHO INDICATED FULLY BF IN CF1 AND DID NOT ANSWER BOTTLE FED BABY WITH FORMULA TO ANY QUESTIONS IN CF2. ONCE ANSWERED AFFIRMATIVELY, DROP FROM SUBSEQUENT INTERVIEWS.

CF52. Has {CHILD} ever been fed infant formula, even just one time? Do not count while {CHILD} was in the hospital after birth.

[I1_CF52]

YES..... 01 (GO TO CF53)
NO..... 02 (GO TO CF32)

RF OR DK, GO TO CF32.

ASK OF FULLY BF WOMEN WHO ANSWERED YES TO CF52 OR ANSWERED BOTTLE FED BABY WITH FORMULA TO ANY QUESTIONS IN CF2, PARTIALLY BF WOMEN (BASED ON CF1), AND FULLY FORMULA FEEDING WOMEN (BASED IN CF1) WHO INDICATED THAT THEY EVER BREASTFED IN CF29 OR HF10. ASK ONCE, FIRST TIME FORMULA FEEDING INDICATED IN CF1 OR CF52, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF53. How old was {CHILD} the first time he/she was fed infant formula? Do not count while {CHILD} was in the hospital after birth.

[I1_CF53Num]
[I1_CF53Unit]

AGE .....[DAYS/WEEKS/MONTHS]

ASKED OF ALL PARTIALLY BF WOMEN AND ALL FULLY FORMULA FEEDING WOMEN WHO EVER BREASTFED BASED ON CF29 OR HF10. ASK UNTIL AN AGE, DON'T KNOW, OR REFUSED IS GIVEN IN RESPONSE, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF28. How old was {CHILD} when (he/she) was first fed formula every day?

[I1_CF28Num]
[I1_CF28Unit]

INTERVIEWER INSTRUCTION: ENCOURAGE THE MOTHER TO RESPOND IN DAYS OR WEEKS IF SHE OFFERS MONTH INSTEAD. ACCEPT MONTH IF SHE CANNOT RESPOND IN DAYS OR WEEKS.

AGE.....[DAYS/WEEKS/MONTHS]
CHILD IS NOT FED FORMULA EVERY DAY 999

BREASTFEEDING CESSATION MODULE: (ASKED ONCE FIRST TIME MOTHER INDICATES NOT CURRENTLY FEEDING BREASTMILK IN CF1)
QUESTIONS CF30 – CF31

Timing of cessation of breastfeeding
(any time 1-13)

ASK AT FIRST INTERVIEW WHEN MOTHER SAYS SHE IS NOT FEEDING BREASTMILK, IF SHE INDICATED FEEDING BREASTMILK IN CF1 ON PREVIOUS INTERVIEWS OR IF SHE ANSWERED 'YES' TO EVER BREASTFED OR TRIED TO BREASTFEED IN CF29

CF30. How old was {CHILD} when you completely stopped breastfeeding or feeding [HIM/HER] breastmilk from a bottle?

[I1_CF30Num]
[I1_CF30Unit]

AGE .....[DAYS/WEEKS/MONTHS]

Reasons for cessation of breastfeeding
(any time 1-13)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF32

CF31. There are many reasons mothers stop breastfeeding. Please tell me if any of the

following reasons helped you to decide to stop breastfeeding {CHILD}?

DO NOT ASK (A) IF INTERVIEW IS 5 MONTHS OR LATER

a. My baby had trouble sucking or latching on.

[I1_CF31a]

YES 01
NO..... 02

b. My baby began to bite.

[I1_CF31b]

YES 01
NO..... 02

c. My baby lost interest in nursing or began to stop nursing by him or herself.

[I1_CF31c]

YES 01
NO..... 02

d. Breastmilk alone did not satisfy my baby.

[I1_CF31d]

YES 01
NO..... 02

e. I thought that my baby was not gaining enough weight.

[I1_CF31e]

YES 01
NO..... 02

f. I didn't have enough milk.

[I1_CF31f]

YES 01
NO 02

g. Breastfeeding was too painful.

[I1_CF31g]

YES 01
NO 02

h. I was sick or had to take medicine.

[I1_CF31h]

YES 01
NO 02

i. Breastfeeding was too inconvenient.

[I1_CF31i]

YES 01
NO 02

j. I wanted or needed someone else to feed my baby.

[I1_CF31j]

YES 01
NO 02

k. I did not want to breastfeed in public.

[I1_CF31k]

YES 01
NO 02

l. Another reason?

[I1_CF31l]

YES 01
NO..... 02

(IF YES): **[SPECIFY:]**

[I1_CF31lOS]

SPECIFY _____

SUPPLEMENTAL FOODS INITIATION (ASKED ALL INTERVIEWS 1-24 UNTIL ALL ENDORSED)

Fed other than breastmilk or formula
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ASK CF32 AT EVERY INTERVIEW UNTIL MOTHER ANSWERS YES, THEN DROP FROM LATER INTERVIEWS.

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk?

[I1_CF32]

YES 01
NO 02

Were foods other than breastmilk or formula fed by bottle? If so, why?
1, 3, 5, 7

CF36. Now I'm going to ask you some questions about things you might have added to your baby's bottle of infant formula or pumped breastmilk.:

a. In the past two weeks, how often have you added baby cereal to your baby's bottle? Would you say…

[I1_CF36a]

at every feeding 01
at most feedings 02
about once a day 03
every few days..... 04
rarely, or 05
never? 06

b. (*IF ANYTHING OTHER THAN NEVER, RF, OR DK***) Why did you add baby cereal to your baby's bottle?**

[CODE ONLY ONE RESPONSE - THE FIRST ONE GIVEN.]

[I1_CF36b]

TO MAKE HIM/HER FULL 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT.....03
AS A REMEDY.....04
A DOCTOR OR OTHER HEALTH PROFESSIONAL
TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO 06
OTHER 07

c. In the past two weeks, how often have you added sweetener to your baby's bottle? Would you say…

[I1_CF36c]

at every feeding 01
at most feedings.....02
about once a day.....03
every few days 04
rarely, or.....05
never?.....06

d. **(*IF ANYTHING OTHER THAN NEVER, RF, OR DK*) Why did you add sweetener to your baby's bottle?**

[CODE ONLY ONE RESPONSE - THE FIRST ONE GIVEN.]

[I1_CF36d]

TO MAKE HIM/HER FULL 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT 03
AS A REMEDY 04
A DOCTOR OR OTHER HEALTH PROFESSIONAL TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO 06
OTHER 07

e. **Have you added anything else?**

[I1_CF36eAny]

YES 01
NO ..... 02 *SKIP TO INSTRUCTION BEFORE CF33*

RF & DK SKIP TO INSTRUCTION BEFORE CF33

(IF YES) **[SPECIFY:]**

[I1_CF36eOS]
SPECIFY _____

In the past two weeks, how often have you added [OTHER] to your baby's bottle?

[I1_CF36e]

at every feeding, ... 01
at most feedings, ... 02
about once a day, ... 03
every few days, ... 04
rarely, or 05
never? 06

f. **(*IF ANYTHING OTHER THAN NEVER, RF, OR DK*) Why did you add [OTHER] to your baby's bottle?**

[CODE ONLY ONE RESPONSE - THE FIRST ONE GIVEN.]

[I1_CF36f]

TO MAKE HIM/HER FULL 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT 03
AS A REMEDY 04
A DOCTOR OR OTHER HEALTH PROFESSIONAL TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO 06
OTHER 07

Time to introduction of supplemental foods
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ONLY ASK CF33 IF CF32 = YES. IF CF32=NO, RF, OR DK, THEN SKIP TO MATERNAL HEALTH AND LIFESTYLE (MH8).

Next I'm going to ask you some questions about <u>when</u> you first started feeding {CHILD} different types of foods.

ASK EACH FOOD UNTIL ANSWER IS AFFIRMATIVE, THEN STOP ASKING THAT FOOD IN SUBSEQUENT INTERVIEWS

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food.

a. Has [HE/SHE] been given plain bottled or tap water?

[I1_CF33a]

YES 01
NO 02

b. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?

[I1_CF33bNum]
[I1_CF33bUnit]

AGE .....[WEEKS/MONTHS]

c. Has [HE/SHE] been given soda or soft drinks?

[I1_CF33c]

YES 01
NO 02

d. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?

[I1_CF33dNum]
[I1_CF33dUnit]

AGE .....[WEEKS/MONTHS]

e. Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?

[I1_CF33e]

YES..... 01
NO 02

f. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?

[I1_CF33fNum]
[I1_CF33fUnit]

AGE .....[WEEKS/MONTHS]

g. Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice. Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to?

[I1_CF33g]

YES..... 01
NO 02

h. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?

[I1_CF33hNum]
[I1_CF33hUnit]

AGE .....[WEEKS/MONTHS]

i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?

[I1_CF33i]

YES..... 01
NO 02

j. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed Other drinks and liquids, including teas and broths?

[I1_CF33jNum]
[I1_CF33jUnit]

AGE .....[WEEKS/MONTHS]

k. Has [HE/SHE] been given cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.

[I1_CF33k]

YES..... 01
NO 02

l. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed cow's milk?

[I1_CF33lNum]
[I1_CF33lUnit]

AGE .....[WEEKS/MONTHS]

m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.

[I1_CF33m]

YES..... 01
NO 02

n. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?

[I1_CF33nNum]
[I1_CF33nUnit]

AGE .....[WEEKS/MONTHS]

o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?

[I1_CF33o]

YES..... 01
NO 02

p. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?

[I1_CF33pNum]
[I1_CF33pUnit]

AGE .....[WEEKS/MONTHS]

q. Has [HE/SHE] been given other cereal besides baby cereal?

[I1_CF33q]

YES..... 01
NO 02

r. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?**

[I1_CF33rNum]
[I1_CF33rUnit]

AGE .....[WEEKS/MONTHS]

s. **Has [HE/SHE] been given eggs?**

[I1_CF33s]

YES..... 01
NO 02

t. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed eggs?**

[I1_CF33tNum]
[I1_CF33tUnit]

AGE .....[WEEKS/MONTHS]

u. **Has [HE/SHE] been given fruit, including baby food or regular fruit?**

[I1_CF33u]

YES..... 01
NO 02

v. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed fruit?**

[I1_CF33vNum]
[I1_CF33vUnit]

AGE .....[WEEKS/MONTHS]

w. **Has [HE/SHE] been given vegetables, including baby food or regular vegetables?**

[I1_CF33w]

YES..... 01
NO 02

x. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed vegetables?**

[I1_CF33xNum]
[I1_CF33xUnit]

AGE .....[WEEKS/MONTHS]

y. Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?

[I1_CF33y]

YES 01
NO 02

z. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed beans?

[I1_CF33zNum]
[I1_CF33zUnit]

AGE ..... [WEEKS/MONTHS]

aa. Has [HE/SHE] been given peanut butter

[I1_CF33aa]

YES 01
NO 02

bb. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?

[I1_CF33bbNum]
[I1_CF33bbUnit]

AGE ..... [WEEKS/MONTHS]

cc. Has [HE/SHE] been given meats, chicken, or fish, including baby food and baby food combination dinners containing these foods?

[I1_CF33cc]

YES 01
NO 02

dd. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?

[I1_CF33ddNum]
[I1_CF33ddUnit]

AGE ..... [WEEKS/MONTHS]

ee. Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?

[I1_CF33ee]

YES 01
NO 02

ff. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed salty snacks?**

[I1_CF33ffNum]
[I1_CF33ffUnit]

AGE .....[WEEKS/MONTHS]

gg. **Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam?**

[I1_CF33gg]

YES..... 01
NO 02

hh. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed sweets?**

[I1_CF33hhNum]
[I1_CF33hhUnit]

AGE .....[WEEKS/MONTHS]

MATERNAL HEALTH AND LIFESTYLE

Next I'm going to ask you some questions about your health.

IF RESPONDENT COMPLETED A PRENATAL INTERVIEW, SKIP TO MH3.
IF CAREGIVER IS NOT MOTHER, SKIP TO MH13

Maternal smoking during pregnancy
Baseline

MH8. During your pregnancy with {CHILD}/(*PN:* currently), about how many cigarettes did you smoke/(*PN*: do you smoke) on an average day? Just your best estimate is fine.

[I1_MH8]

NUMBER OF CIGARETTES..... [NUMBER]

NOTE THAT 1 PACK = 20 CIGARETTES

Alcohol during pregnancy
Baseline

MH9. *(1 AND 3:* **<u>During</u> your pregnancy with {CHILD} how often did you /*PN*: Currently, how often do you) drink alcoholic beverages, such as beer wine or liquor? Would you say…**

[I1_MH9]

never,..... 01
less than once a week, ... 02
1 to 4 days a week, or..... 03
5 or more days a week? 04

Pregnancy weight gain
1

MH3. At the end of your pregnancy and right before you delivered {CHILD}, about how much did you weigh, without shoes?

[I1_MH3]

WEIGHT..... [POUNDS]

REFUSED AND DON'T KNOW GO TO MH13.

a. Based on what you told us before, this means that you {*IF GAINED OR LOST WEIGHT***: gained/lost about** [CATI CALCULATES DIFFERENCE BETWEEN PRE-PREGNANCY WEIGHT (MH2 FROM SCREENING) AND POST-PREGNANCY WEIGHT (MH3)] **pounds/***IF GAINED NO WEIGHT:* **gained no weight} during your pregnancy with {CHILD}. Is that about right?**

[I1_MH3a]

YES.....01 (GO TO MH13)
NO (ASK FOR CORRECTION TO WEIGHTS) 02 (GO TO MH2)

REFUSED AND DON'T KNOW GO TO MH13.

MH2. In the month before you got pregnant about how much did you weigh, without shoes?

[I1_MH2]

WEIGHT ..... [POUNDS]

RE-ASK MH3

Maternal weight
1, 3, 13, 24

MH13. Right now, about how much do you weigh, without shoes?

[I1_MH13]

POUNDS ..... [NUMBER]

IF RESPONDENT COMPLETED A PRENATAL INTERVIEW, SKIP TO MH4.

Father's weight
Baseline

MH7. Thinking of [*PN***: your unborn child's/** *1 OR 3***: {CHILD'S}] biological father, would you say he is:**

[I1_MH7]

too thin, ... 01
normal weight, or..... 02
overweight? 03

IF MOTHER IS NOT CAREGIVER SKIP TO MH14

Health problems during pregnancy
1

MH4. Did you have any of the following health problems during your pregnancy?

a. Diabetes, which is high sugar?

[I1_MH4a]

YES 01
NO 02

b. High blood pressure while you were pregnant?

[I1_MH4b]

YES 01
NO 02

c. Swelling at the wrists or ankles while you were pregnant?

[I1_MH4c]

YES 01
NO 02

Actions taken to rectify maternal health problems
1 (put this before the hospitalization question)

MH6. (*IF YES TO ANY OF THE HEALTH PROBLEMS IN MH4***) Did you get treatment from your doctor for your pregnancy health problems?**

[I1_MH6]

YES 01
NO 02

Health problems during pregnancy
1

MH5. Did you have any problems during your pregnancy that required you to stay in the hospital overnight before the time you went in and had your baby?

[I1_MH5]

YES 01
NO 02

a. **(*IF YES*), How many total nights were you in the hospital?**

[I1_MH5a]

NIGHTS..... [NUMBER]

REFUSED AND DON'T KNOW GO TO MH10.

b. **(*IF > 1 NIGHT*) Was this during a single hospital stay or at different times during your pregnancy?**

[I1_Mh5b]

SINGLE STAY 01
DIFFERENT TIMES 02

Prenatal care receipt
1

MH10. Where did you go for prenatal medical care? Did you go to. . .

[I1_MH10]

a private obstetrician, ... 01
a private other doctor, ... 02
a public clinic, ... 03
a midwife, or 04
somewhere else? 05
NEVER HAD PRENATAL CARE ..... 06 SKIP TO *MH12*

DK & RF, SKIP TO MH12

Timing of first prenatal OB visit
1

MH11. When you had your first visit for prenatal care with a doctor or healthcare provider, how many weeks or months pregnant were you?

[I1_MH11Num]
[I1_MH11Unit]

WEEKS..... [1-40]
OR MONTHS ..... [1-9]

Health care coverage during pregnancy
1

MH12. <u>During</u> your pregnancy with {CHILD}, were you covered by health insurance or any other kind of health care plan?

(*IF NEEDED:* This includes health insurance obtained through your or a spouse's employer, a plan you bought independently, or one you got through a plan provided by the government?

[I1_MH12]

YES 01
NO 02

Maternal physical health post-birth
1

MH14. How would you rate your own overall health today? Would you say…

[I1_MH14]

excellent, ... 01
good, ... 02
fair, or 03
poor? 04

Actions taken to rectify any maternal health conditions
1

MH15. (*IF ANSWER TO MH14 IS FAIR OR POOR)* **What, if anything, are you doing to take care of health problems?**

[CODE ALL THAT APPLY.]

[I1_MH15]

GOING TO DOCTOR 11
DIETING 12
EXERCISING 13
TAKING MEDICATIONS 14
NOTHING 15
OTHER 91

(IF OTHER): **[SPECIFY:]**

[I1_MH15OS]

SPECIFY _____

EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS

IF RESPONDENT COMPLETED A PRENATAL INTERVIEW, SKIP TO INTRODUCTORY STATEMENT BEFORE KA20

Past infant feeding practices
Baseline

IF CAREGIVER IS NOT THE MOTHER ASK KA1
IF CAREGIVER IS MOTHER AND THIS IS THE MOTHER'S FIRST CHILD BASED ON SD15 (SD15 = 0), SKIP KA1-KA8.

Let's turn to some questions about feeding babies.

KA1. Did you breastfeed (*IF 1 OTHER CHILD BASED ON SD15:* **your other child/***IF MORE THAN 1 OTHER CHILD BASED ON SD15:* **any of your other children) even just one time?**

[I1_KA1]

YES 01
NO 02
DON'T HAVE ANY OTHER CHILDREN……..03 SKIP TO KA20

IF 1 OTHER BABY, BASED ON PARITY QUESTION FROM SOCIODEMOGRAPHICS (SD15) ASK KA2-4:

KA2. (*IF 1 OTHER CHILD & KA1=YES***): How old was your other child when you stopped breastfeeding?**

[I1_KA2Num]
[I1_KA2Unit]

AGE .....[WEEKS/MONTHS/YEARS]

KA3. (*IF 1 OTHER CHILD***) How old was your other child the first time you fed him/her infant cereal, store-bought baby food in a jar or container, or homemade pureed baby food? When thinking about the first time you fed any of these things, please be sure to include infant cereal you might have added to your other child's bottle.**

[I1_KA3Num]
[I1_KA3Unit]

AGE .....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE 99

KA4. (*IF 1 OTHER CHILD***): How old was your other child the first time you fed him/her table foods, like fruits, vegetables, or any other table food?**

[I1_KA4Num]
[I1_KA4Unit]

AGE .....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE 99

IF MORE THAN 1 OTHER BABY, BASED ON PARITY QUESTION FROM SOCIODEMOGRAPHICS (SD15) ASK KA5-7:

KA5. (*IF MORE THAN 1 OTHER CHILD & KA1=YES*): How many of your other children did you breastfeed?

[I1_KA5]

NUMBER OF CHILDREN ..... [NUMBER]

KA6. (*IF MORE THAN 1 OTHER CHILD & KA1=YES*): Thinking of the child you breastfed the longest, how old was he or she when you stopped breastfeeding?

[I1_KA6Num]
[I1_KA6Unit]

AGE .....[WEEKS/MONTHS/YEARS]

KA7. (*IF MORE THAN 1 OTHER CHILD*): Thinking of all your other children, what was the earliest age that you fed infant cereal, store-bought baby food in a jar or container, or homemade pureed baby food to any of your other children? When thinking about the first time you fed any of these things, please be sure to include infant cereal you might have added to your children's bottles.

[I1_KA7Num]
[I1_KA7Unit]

AGE .....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE 99

KA8. (*IF MORE THAN 1 OTHER CHILD*): Thinking of all your other children, what was the earliest age that you fed table foods like fruits, vegetables, or any other table foods to any of them?

[I1_KA8Num]
[I1_KA8Unit]

AGE .....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE.....99

Next I'm going to ask you some questions about decisions you've made and advice you've gotten about how to feed your baby.

How long intend to breastfeed
1

KA20. (*IF STILL EXCLUSIVELY BREASTFEEDING AT 1 MONTH FROM CF1*) How old do you think your baby will be when you feed him or her something other than breastmilk?

[I1_KA20Num]
[I1_KA20Unit]

AGE .....[WEEKS/MONTHS/YEARS]

KA21. (*IF STILL DOING ANY BREASTFEEDING AT 1 MONTH FROM CF1*)**: How old do you think your baby will be when you completely stop giving him or her breastmilk?**

[I1_KA21Num]
[I1_KA21Unit]

AGE .....[WEEKS/MONTHS/YEARS]

Influences on decision to breastfeed or formula feed
Prenatal, 1

1 MONTH QUESTION:

I'm going to ask you about talks you might have had with different people about the way you feed your baby.

KA23. Have you talked with any of the following people about the ways you are currently feeding your baby, such as breastfeeding, formula feeding, or feeding solid foods?

[I1_KA23a]

a. Your husband or boyfriend?

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

NOT APPLICABLE.....99

(*IF YES*) **How important was this talk with your husband/boyfriend in helping you decide how to feed your baby? Would you say that it was. . .**

[I1_KA23aImp]

very important,.....01
somewhat important, or.....02
not important?.....03

b. Your mother?

[I1_KA23b]

YES.....01
NO.....02
NOT APPLICABLE.....99

(*IF YES*) **How important was this talk with your mother in helping you decide how to feed your baby? Would you say that it was. . .**

[I1_KA23bImp]

very important.....01
somewhat important, or.....02
not important?.....03

c. Other relatives?

[I1_KA23c]

YES..... 01
NO..... 02
NOT APPLICABLE 99

(*IF YES*) How important was this talk with your relatives in helping you decide how to feed your baby? Would you say that it was. . .

[I1_KA23cImp]

very important,..... 01
somewhat important, or 02
very important? 03

d. Friends?

[I1_KA23d]

YES..... 01
NO..... 02
NOT APPLICABLE 99

(*IF YES*) How important was this talk with your friends in helping you decide how to feed your baby? Would you say that it was. . .

[I1_KA23dImp]

very important,..... 01
somewhat important, or 02
not important? 03

e. People who work at your WIC office or clinic?

[I1_KA23e]

YES..... 01
NO..... 02
NOT APPLICABLE 99

(*IF YES*) How important was this talk with people who work at your WIC office or clinic in helping you decide how to feed your baby? Would you say that it was. . .

very important,..... 01
somewhat important, or 02
not important? 03

f. Your child's doctor or another health professional?

[I1_KA23f]

YES..... 01
NO..... 02
NOT APPLICABLE 99

(*IF YES*) How important was this talk with your child's doctor or another health professional in helping you decide how to feed your baby? Would you say that it was. . .

[I1_KA23fImp]

very important,..... 01
somewhat important, or 02
not important?..... 03

IF MOTHER IS NOT CAREGIVER, SKIP TO KA35

Receipt of advice about breastfeeding
1

KA31. Mothers often get advice from family about breastfeeding. I'm going to ask you some questions about advice you might have gotten.

a. Has your husband or boyfriend encouraged you to breastfeed {CHILD}, discouraged you from breastfeeding {CHILD}, given mixed advice, or has he not given you advice about this?

[I1_KA31a]

ENCOURAGE.....01
DISCOURAGE.....02
MIXED ADVICE 03
NO ADVICE 04
NOT APPLICABLE.....99

b. Has your mother encouraged you to breastfeed {CHILD}, discouraged you from breastfeeding {CHILD}, given mixed advice, or has she not given you advice about this ?

[I1_KA31b]

ENCOURAGE.....01
DISCOURAGE.....02
MIXED ADVICE 03
NO ADVICE 04
NOT APPLICABLE.....99

c. Have other relatives encouraged you to breastfeed {CHILD}, discouraged you from breastfeeding {CHILD}, given you mixed advice, or have you not gotten advice about this from other relatives?

[I1_KA31c]

ENCOURAGE....01
DISCOURAGE....02
MIXED ADVICE....03
NO ADVICE....04
NOT APPLICABLE....99

KA32. Now I'd like to ask you some questions about information you may have gotten about feeding {CHILD}. Since {CHILD} was born did you get any information about breastfeeding from the following people or groups, not including people who work at your WIC office or clinic?

a. Did a doctor or nurse give you information about breastfeeding?

[I1_KA32a]

YES....01
NO....02
NOT APPLICABLE....99

b. Did a childbirth education class give you information about breastfeeding?

[I1_KA32b]

YES....01
NO....02
NOT APPLICABLE....99

c. Did a lactation specialist give you information about breastfeeding?

[I1_KA32c]

YES....01
NO....02
NOT APPLICABLE....99

KA33. Which of the following best describes the kind of advice that people who work at your WIC office or clinic gave you about feeding {CHILD}: Did they say…

[I1_KA33]

breastfeeding only is better,....01
formula feeding only is better, or....02
that there is no difference between breastfeeding and formula feeding?....03
DIDN'T GIVE ADVICE ABOUT FEEDING....04

KA34. Does your baby's doctor recommend…

[I1_KA34]

breastfeeding only,.....01
formula feeding only, or 02
that both are equally ok?.....03
DIDN'T GIVE ADVICE ABOUT FEEDING.....04

Receipt of counseling about infant feeding and care (sources - physician, WIC, other)
Any advice from physician specific to premature birth status
1

KA35. Now I'd like to ask you about who has given you counseling or education about how to feed and care for {CHILD} more generally.

a. Did the people who work at your WIC office or clinic give you counseling or education about how to feed and care for {CHILD}?

[I1_KA35a]

YES.....01
NO.....02
NOT APPLICABLE.....99

b. Did a dietitian at a hospital give you counseling or education about how to feed and care for {CHILD}?

[I1_KA35b]

YES.....01
NO.....02
NOT APPLICABLE.....99

c. Did a doctor or nurse give you counseling or education about how to feed and care for {CHILD}?

[I1_KA35c]

YES.....01
NO.....02
NOT APPLICABLE.....99

d. (*IF BABY BORN BEFORE 37 WEEKS*) Did a doctor or nurse give you any advice about feeding a premature infant?

[I1_KA35d]

YES.....01
NO.....02
NOT APPLICABLE.....99

Health status/conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

Finally I'm going to ask you about your child's health.

CH2. Has the doctor told you that {CHILD} has any long-term medical problems or conditions that may affect what or how (he/she) eats?

[*IF NEEDED:* **These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]**

[I1_CH2]

YES.....01
NO.....02 (GO TO CM1)

REFUSED AND DON'T KNOW GO TO CM1.

(IF YES) **What medical problem or condition does {CHILD} have?**

[I1_CH2a]

FOOD ALLERGIES 11
DIABETES 12
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA 13
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX 14
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS.....15
OTHER 91

(IF OTHER): **[SPECIFY:]**

[I1_CH2aOS]

SPECIFY _____

CH3. **(*IF YES TO HEALTH STATUS/CONDITIONS IN CH2*): What are you currently doing to treat this medical problem?**

[CODE ALL THAT APPLY.]
[PROBE: Anyone else?]

[I1_CH3]

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

NUTRITION INTAKE
NUMBER OF BREASTMILK/FORMULA FEEDINGS PER DAY
TYPE OF FORMULA USED
ADHERENCE TO FORMULA DILUTION INSTRUCTIONS
USE/TIMING OF SUPPLEMENTAL FORMULA FOR BREASTFEEDING MOTHERS
ADDITION OF ANYTHING OTHER THAN HUMAN MILK/FORMULA TO CHILD'S BOTTLE
SPECIFIC FOOD ITEM INTAKE
USE OF JARRED BABY FOODS
MEAL AND SNACK PATTERN
EATING LOCATIONS (EATING ON THE GO)
USE OF DIETARY SUPPLEMENTS FOR INFANTS (DIRECT ADMINISTRATION)

SOCIODEMOGRAPHICS AND BACKGROUND

IF RECRUITED POSTNATAL OR COMPLETED ONE MONTH INTERVIEW, SKIP TO SD14

I'd like to start today by asking you some background questions about your baby and yourself. Let's start with some questions about your baby.

Single or Multiple Birth
Enrollment or if recruited prenatal, 1 mo, 3 mo

SD7. Did you have twins, or more than one baby?

[I3_SD7]

SINGLE BABY ..... 01 SKIP TO SD8
MULTIPLE BABY 02

IF MULTIPLE BIRTHS, NEED TO SAMPLE ONE CHILD FOR STUDY RF & DK NOT ALLOWED.

SD44. How many babies did you have? Please include only live births.

[I3_SD44Num]

NUMBER OF LIVE BIRTHS ..... [NUMBER]

RF & DK NOT ALLOWED.

PROGRAM SELECTS RANDOM CHILD. **I'll be asking you about the {NUMBER} child you just gave birth to. Just so I remember which child I am asking about, what is that child's first name?**

[I3_SD44Name]

FIRST NAME_____

Child Sex
Enrollment or if recruited prenatal, 1 mo, 3 mo

SD8. Is (*SINGLE BIRTH:* your baby/*MULTIPLE BIRTH:* {BABY'S NAME}) a boy or a girl?

[I3_SD8]

BOY 01
GIRL 02

Infant DOB
Enrollment if postnatal or if recruited prenatal, 1 mo, 3 mo

SD5. {*EN:* **Thinking of the newborn baby you just enrolled in WIC}What month was** {*EN:* **this child;** *1 MO, 3MO:* **CHILD} born?**

[I3_SD5]

MONTH..... [JANUARY – DECEMBER]

SD6. {*EN:* **Thinking of the newborn baby you just enrolled in WIC** / *1 MO, 3MO:* **And } what day of the month was {CHILD} born?**

[I3_SD6]

DAY..... [1-31]

[I3_SD6Yr]

{YEAR – AUTOFILL FOR LAST OCCURRENCE OF THE MONTH}

Child Ethnicity
Enrollment or if recruited prenatal, 1 mo, 3 mo

SD10. Is {CHILD}Hispanic or Latino?

[I3_SD10]

YES, HISPANIC OR LATINO.....01
NO, NOT HISPANIC OR LATINO.....02

SD11. What is {CHILD'S} race? (*CHOOSE ALL THAT APPLY*)

[IF NEEDED: You may give one or more races.]
[IF R SAYS "HISPANIC", PROBE: Is he/she white Hispanic or black Hispanic?]

[I3_SD11]

AMERICAN INDIAN OR ALASKA NATIVE 11
ASIAN.....12
BLACK OR AFRICAN AMERICAN 13
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.....14
WHITE.....15
OTHER 91

(IF OTHER):

[SPECIFY:] [I3_SD11OS]
SPECIFY _____

IF A PRENATAL OR 1 MONTH INTERVIEW WAS COMPLETED, SKIP TO SD31Intro.

Now I'm going to ask some questions about you and your family.

IF MOTHER IS NOT CAREGIVER, SKIP TO SD43.

Marital status
Baseline, 13

SD14. Are you…

[I3_SD14]

married,.....01
separated,.....02
divorced,.....03
widowed, or.....04
never married?.....05

US or foreign born
Baseline

SD13. Were you born in the United States?

[I3_SD13]

YES 01
NO 02

Receipt of public assistance
Baseline, 13, 24-month bonus

SD21. Are you or your family currently receiving any of the following:

a. Supplemental nutrition assistance benefits, sometimes called SNAP or Food Stamps?

[I3_SD21a]

YES 01
NO 02

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

[I3_SD21b]

YES 01
NO 02

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

[I3_SD21c]

YES 01
NO 02

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[I3_SD21d]

YES 01
NO 02

Number of children in household
Baseline

SD43. How many of the people who live in your household are under the age of 18? Please include all of the people under age 18 who stay with you all or most of the time (*PN:* and please add 1 to the total for your pregnancy, too/*1 OR 3 MO:* and please be sure to include {CHILD}, too).

[I3_SD43]

TOTAL HOUSEHOLD MEMBERS UNDER AGE 18[NUMBER]

Presence of infant's father
Baseline, 13

SD20. [*PN*: Is the father of your unborn child/*1, 3, 13*: Is {CHILD's} father] living in your household?

[I3_SD20]

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

Parity
Baseline

SD15. Thinking about (M: your/CG: {CHILD'S} birth mother} pregnancies before (*PN*: this one/*1 OR 3*: {CHILD}), how many of these pregnancies resulted in a live birth?

[I3_SD15]

NUMBER OF LIVE BIRTHS..... [NUMBER]

Interpregnancy Interval/Interpartum Period
Baseline

ASK ONLY IF CAREGIVER IS NOT MOTHER OR ANSWER TO SD15 IS >0 AND MOTHER IS CAREGIVER.

SD42. Now thinking about the children (M:you have/CG: {CHILD'S} birth mother has} given birth to (*PN:* before this pregnancy/*1 OR 3:* other than {CHILD}), what is (M:your/CG:her) youngest child's birthdate?

a. First tell me the year

[I3_SD42]

YEAR ..... [NUMBER]

b. What month was that child born?

[I3_SD42b]

MONTH..... [JANUARY – DECEMBER]

c. And what day of the month?

[I3_SD42c]

DAY..... [1-31]

Prior WIC Receipt
Baseline

SD23. Before (*PN:* **This pregnancy/***1 OR 3:* **{CHILD}), have you ever received benefits from WIC?**

[I3_SD23]

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

Past Children on WIC
Baseline

ASK ONLY IF CAREGIVER IS NOT MOTHER OR (ANSWER TO SD15 IS >0 AND MOTHER IS CAREGIVER).

SD24. (*IF YES TO SD23***) Thinking of your other children, how many of them have received food from WIC?**

[I3_SD24]

NUMBER OF CHILDREN ..... [NUMBER]

Duration of prior WIC receipt
Baseline

SD25. (*IF PRIOR WIC RECEIPT***) In total, how many years have you or your children received WIC services? Would you say it has been…**

[I3_SD25]

less than 1 year,..... 01
1 to 2 years,..... 02
3 to 4 years, or..... 03
5 or more years?..... 04

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

I'd like to ask you some questions about WIC.

[I3_SD31Intro]

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}?

[I3_SD31]
(GettingWIC_3M)

YES 01
NO 02

IF NO FOR THE FIRST TIME GO TO SD34, IF NO PREVIOUSLY GO TO NEXT APPLICABLE MODULE.

RF & DK GO TO NEXT APPLICABLE MODULE.

SD32. (IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:) The last time we talked with you, you were going to WIC at [*FILL IN LOCATION*]. Do you still go there, or do you go to a new location? /IF NEW RESPONDENT: Do you go to WIC at [FILL LOCATION] or do you go to another location?

[I3_SD32]

YES, STILL THAT LOCATION 01
NO, NEW LOCATION.....02

SD33. *(IF SD32 IS NO)* **Please tell me where you go now**

ASK SD34 AND SD35 ONLY IF SD31 IS 'NO'

SD34. How old was {CHILD} when you stopped going to WIC?

[I3_SD34Num]

[I3_SD34Unit]

AGE .....[WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC:

a. You no longer qualify for WIC?

[I3_SD35a]

YES 01
NO 02

b. It was inconvenient for you?

[I3_SD35b]

YES 01
NO 02

c. You no longer need WIC?

[I3_SD35c]

YES 01
NO 02

d. Is there any other reason?

[I3_SD35d]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I3_SD35dOS]

SPECIFY _____

WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION

IF NOT ON WIC (SD31=NO), SKIP TO WC21Intro.

I'm going to ask you some more questions about WIC, including what your WIC site offers and what WIC services you use.

[I3_WC1Intro]

IF CAREGIVER IS NOT MOTHER, SKIP TO WC2.

Awareness: WIC Food Packages
Prenatal, 3

First I'm going to read you a few questions and I'd like you to tell me if these things are offered at your WIC office or clinic:

WC1. There is a special WIC food package for breastfeeding women who do not accept infant formula from WIC. Is this food package offered at your WIC office or clinic?

[I3_WC1]

YES 01
NO 02

Perceptions of impact of WIC food package on breastfeeding behavior
3, 7

IF WC1 = YES, ASK KA25

KA25. (If yes) How important was the special food package for breastfeeding mothers in your decision to breastfeed {CHILD}? Would you say…

[I3_KA25]

very important, ... 01
somewhat important, or..... 02
not important? 03

Awareness: WIC Food Packages
Prenatal, 3

WC2. At your WIC office or clinic does the amount of infant formula you can get from WIC change based on the age of the baby?

[I3_WC2]

YES 01
NO..... 02

IF MOTHER IS NOT CAREGIVER, SKIP TO WC6.

WC3. At your WIC office or clinic does the amount of infant formula you can get from WIC change depending on how much breastfeeding the mother is doing?

[I3_WC3]

YES 01
NO..... 02

Awareness: Breastfeeding counseling and education
Prenatal, 3

Now I'm going to ask you some questions about information and services you might have gotten from WIC.

[I3_WC4Intro]

WC4. Do you think that WIC recommends…

[I3_WC4]

breastfeeding only,..... 01
formula feeding only, or 02
that both are equally ok?..... 03

Utilization: Breastfeeding counseling and education
Prenatal, 3

WC5. Have you received any information from WIC about breastfeeding (during this pregnancy/{CHILD})?

[I3_WC5]

YES 01
NO 02

Utilization: Nutrition education and counseling
Prenatal, 3

WC6. Have you received information from WIC about what you should be eating?

[I3_WC6]

YES 01
NO 02

3 ONLY:

WC7. Have you received information from WIC about how to feed formula to your child?

[I3_WC7]

YES 01
NO 02

WC8. Have you received information from WIC about how to prepare formula?

[I3_WC8]

YES 01
NO 02

WC9. Have you received information from WIC about when to begin giving cereal and other foods to {CHILD}?

[I3_WC9]

YES 01
NO 02

IF MOTHER IS NOT CAREGIVER, SKIP TO WC12.
IF BABY WAS BORN AT HOME, SKIP TO WC11.

Utilization: Peer counseling for breastfeeding
3

WC10. Did someone who works for your WIC office or clinic visit you in the hospital/birthing center when you had {CHILD}, to provide breastfeeding support?

[I3_WC10]

YES 01
NO 02
DIDN'T NEED IT 03
NOT APPLICABLE, CHILD NOT BORN IN HOSPITAL 99

WC11. Did someone who works for your WIC office or clinic call you after {CHILD} was born to provide breastfeeding support?

[I3_WC11]

YES 01
NO 02
DIDN'T NEED IT 03

Utilization: Food package
Prenatal, 3

Now I'm going to ask you a few questions about how you have used WIC food and education.

WC12. During the last month did you buy all of the WIC foods for which you were issued checks or EBT benefits?

[I3_WC12]

YES 01
NO 02
HAVEN'T SHOPPED YET 03

WC13. During the last month did you buy the full amount of the fruit and vegetable benefit?

[I3_WC13]

YES 01
NO 02
HAVEN'T SHOPPED YET 03

WC20. Your WIC benefits include both education and food. Which is more important to you…

[I3_WC20]

the food you get from WIC, ... 01
the education you get from WIC, or 02
are they equally important? 03

IF NO LONGER ON WIC, SAY: **I'd like to ask you about how you used WIC education.**

WC21. Have you changed how you feed yourself or your family because of something you learned at WIC?

[I3_WC21]

YES 01
NO 02

WC22. (*IF YES TO WC21***) What is the most important change you have made based on education you received from WIC?** *(OPEN-ENDED; INTERVIEWER RECORD RESPONSE)*

[I3_WC22]

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
I AM BREASTFEEDING/BREASTFED 04
I KNOW HOW TO PREPARE FORMULA/FEED THE
RIGHT AMOUNT OF FORMULA 05
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 OFFER THE RIGHT AMOUNT OF FOODS
(PORTION) 09
I KNOW HOW TO CHOOSE MORE HEALTHY FOODS
FOR MYSELF/MY FAMILY 10
OTHER 91

(IF OTHER): **[SPECIFY:]**

[I3_WC22OS]

HOSPITAL EXPERIENCES AND FEEDING PRACTICES

NICU Feeding Module
*1, *3 for last question*

HF5. (IF CHILD WAS STILL IN NICU AT 1 MONTH FROM HF3***)**

(*IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT*: **When we spoke with you last time your baby was still in the NICU.) At what age did your baby come home from the NICU?**

[ENTER NUMBER OF WEEKS]

[I3_HF5]

AGE .....[WEEKS]

CURRENT FEEDING PRACTICES

Current feeding choice
1, 3, 5, 7, 9, 11, 13

Now I'm going to ask you some questions about things you might be doing to feed your baby.

Current feeding choice
1, 3, 5, 7, 9, 11, 13

CF1. {*Biomom:***Are you**/*Caregiver***: Is anyone} currently feeding {CHILD} breastmilk either from the breast or from a bottle, formula, (***1-5 MONTHS*: **or both) (***7-13 MONTHS:* **both, or neither)?**

[I3_CF1]

ONLY BREASTMILK.....01
ONLY FORMULA.....02
BOTH BREASTMILK AND FORMULA.....03

FIRST POSTNATAL INTERVIEW (1 OR 3), IF MOTHER INDICATES FORMULA FEEDING ONLY IN CF1, AND IF 1 MONTH ANSWERED NO TO HF10 BREASTFEEDING INITIATED IN HOSPITAL, ASK:

CF29. {*Biomom:***Did you**/*Caregiver:* **Did Anyone} ever feed your baby breastmilk, either from the breast or from a bottle?**

[I3_CF29]

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

IF CF1 = 02, SKIP TO CF19

IF CF29=01 OR BREASTFED IN 1-MONTH EVENT AND CF1=RF OR DK, SKIP TO CF30

IF CF29=02, RF, OR DK AND CF1=RF OR DK, SKIP TO CF32

Breastfeeding Module (Asked only if mother currently feeding breastmilk, based on CF1)
Questions CF2 – CF18

Frequency and nature of breastfeeding problems
Resolution of breastfeeding problems
1, 3, 5

IF MOTHER IS NOT CAREGIVER SKIP TO CF18

You said that you are currently feeding {CHILD} breastmilk. I'd like to ask you some questions about that now.

CF2. I would like to ask you about some of the problems you might have had with breastfeeding during the past month. During the past month, have you had any of the following problems:

[I3_CF2]

[ASK ITEMS (A/B) ONLY AT 1 MONTH, THEN DROP AT 3 AND 5.

a. In the past month, did your baby have trouble latching on?

YES 01
NO 02

b. **(***IF YES***) What did you do about this problem? (***INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED***)**

[CODE ALL THAT APPLY]

[PROBE: Anything else?]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
OTHER (SPECIFY) 91

ASK AT 1, 3, 5

c. In the past month did your baby have problems with choking?

[I3_CF2c]

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

d. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[CODE ALL THAT APPLY]
[PROBE: Anything else?]

[I3_CF2d]

TURNED TO SOMEONE FOR ADVICE..... 11
BOTTLE FED BABY WITH FORMULA..... 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE..... 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
OTHER (SPECIFY_____)
[I3_CF2dOS1] 91
[I3_CF2dOS2] 92
[I3_CF2dOS3] 93

e. In the past month did you have sore or cracked nipples?

[I3_CF2e]

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

f. (*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)*

[CODE ALL THAT APPLY]
[PROBE: Anything else?]

[I3_CF2f]

TURNED TO SOMEONE FOR ADVICE..... 11
BOTTLE FED BABY WITH FORMULA..... 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE..... 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
TOOK MEDICATIONS OR USED CREAMS..... 15
OTHER (SPECIFY_____)
[I3_CF2fOS1].....91
[I3_CF2fOS2] 92
[I3_CF2fOS3] 93

g. In the past month did you have a breast infection?

[I3_CF2g]

YES 01
NO 02

h. (*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)*

[CODE ALL THAT APPLY]
[PROBE: Anything else?]

[I3_CF2h]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
TOOK MEDICATIONS OR USED CREAMS 15
OTHER (SPECIFY)
[I3_CF2hOS1] 91
[I3_CF2hOS2] 92
[I3_CF2hOS3] 93

i. In the past month were your breasts too full?

[I3_CF2i]

YES 01
NO 02

j. (*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)*

[CODE ALL THAT APPLY]
[PROBE: Anything else?]

[I3_CF2j]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
PUMPED OR EXPRESSED BREASTMILK TO RELIEVE FULLNESS 15
OTHER (SPECIFY)
[I3_CF2jOS1] 91
[I3_CF2jOS2] 92
[I3_CF2jOS3] 93

k. **In the past month did you not have enough milk to satisfy the baby?**

[I3_CF2k]

YES 01
NO 02

l. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[CODE ALL THAT APPLY]
[PROBE: Anything else?]

[I3_CF2l]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE.....13
NOTHING, JUST CONTINUED BREASTFEEDING.....14
CHANGED WHAT I ATE.....15
OTHER (SPECIFY)
[I3_CF2lOS1] 91
[I3_CF2lOS2] 92
[I3_CF2lOS3] 93

m. **In the past month did you have any other problems breastfeeding?**

[I3_CF2m]

YES 01
NO 02

(IF CF2m IS YES): **[SPECIFY:]**

[I3_CF2mOS]
SPECIFY _____

n. (*IF CF2m IS YES*) **What did you do about this problem?** ***(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[CODE ALL THAT APPLY]
[PROBE: Anything else?]

[I3_CF2n]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
TOOK ANTIBIOTICS/MEDICATIONS 15
OTHER (SPECIFY)
[I3_CF2nOS1] 91
[I3_CF2nOS2] 92
[I3_CF2nOS3] 93

Support received for breastfeeding problem
1, 3, 5

CF3. (*IF YES TO ANY PROBLEM IN CF2*) **When you have encountered problems with breastfeeding have any of the following people given you advice about what to do?**

a. People who work at your WIC office or clinic?

[I3_CF3a]

YES 01
NO 02

b. Doctors or nurses?

[I3_CF3b]

YES 01
NO 02

c. Friends or relatives?

[I3_CF3c]

YES 01
NO 02

d. Breastfeeding support people outside of WIC such as La Leche League or a lactation counselor?

[I3_CF3d]

YES 01
NO 02

e. Anyone else?

[I3_CF3e]

YES 01
NO 02

Frequency and nature of breastfeeding barriers
Best solutions to identified barriers
1, 3, 5

CF4. I'm going to read you some statements about things that might make it hard to breastfeed or keep you from breastfeeding. For each one, please tell me if this has happened to you in the past month: [FDA IFPS-2, modified]

a. I had to return to work or school and I could not or did not want to pump or breastfeed there. Did this happen to you in the past month?

[I3_CF4a]

YES 01
NO 02

b. Breastfeeding took too much out of me. Did this happen to you in the past month?

[I3_CF4b]

YES 01
NO 02

c. I did not have time to breastfeed.

[I3_CF4c]

YES 01
NO 02

d. I felt tied down by breastfeeding.

[I3_CF4d]

YES 01
NO 02

e. My husband or boyfriend was against it. Did this happen to you in the past month?

[I3_CF4e]

YES 01
NO 02

CF5. **(*IF YES TO ANY BARRIERS IN CF4*) What do you think is the best way to deal with these things that made it hard to breastfeed? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[CODE ALL THAT APPLY.]

[PROBE: Anything else?]

[I3_CF5]

SEEK SUPPORT FROM A FRIEND OR RELATIVE TO HELP YOU TO CONTINUE BREASTFEEDING.....11
SEEK SUPPORT FROM A HEALTH PROFESSIONAL TO HELP YOU TO CONTINUE BREASTFEEDING.....12
MAKE ARRANGEMENTS WITH WORK OR SCHOOL TO CONTINUE BREASTFEEDING OR PUMPING DURING THE DAY 13
STOP BREASTFEEDING AND SWITCH TO FORMULA FEEDING.....14
MIX BREASTFEEDING WITH FORMULA FEEDING.....15
NOTHING, JUST CONTINUE BREASTFEEDING.....16
OTHER.....91

(IF OTHER): **[SPECIFY:]**

[I3_CF5OS]

SPECIFY _____

Use of breast pump
1, 3, 5, 7, 9, 11, 13

CF6. **Some mothers are able to pump breastmilk and others are not. Are you currently pumping breastmilk?**

[I3_CF6]

INTERVIEWER: CODE YES IF MOTHER IS PUMPING AT ALL, EVEN IF INFREQUENTLY.

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

IF CF6 IS NO, RF, OR DK, SKIP TO CF18

From where mom received pump
1, 3 (ask at 1 month, or at 3 if mother indicates pumping for the first time at 3 months)

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF7. What are you using most often to pump breastmilk, is it…

[I3_CF7]

an electric pump,.....01
a manual pump,.....02
pumping by hand, or .....03 (GO TO CF12)
something else?.....04

RF & DK GO TO CF12.

CF10. (*DO NOT ASK IF CF7 PUMPING BY HAND)* **How did you get the breast pump that you use most often? Would you say… (***INTERVIEWER READ OPTIONS)*

[I3_CF10]

WIC loaned it to you or paid for it, ...01
you bought it or rented it, ...02
you borrowed it from a friend or relative, ...03
it was given to you as a gift, or.....04
you use one provided by a hospital, your place of work, or someplace else?.....05

Time of day of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF12. Now I'd like to ask you about the times of day when you usually pump.

a. When you pump, how often do you pump in the morning, before noon? Would you say…

[I3_CF12a]

usually,.....01
sometimes, or 02
never?.....03

b. When you pump, how often do you pump mid-day, from noon to 5pm? Would you say…

[I3_CF12b]

usually, ... 01
sometimes, or 02
never? 03

c. When you pump, how often to you pump in the evening or night time, after 5pm?

[I3_CF12c]

USUALLY 01
SOMETIMES 02
NEVER 03

Frequency of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF11. Thinking about the past two weeks, how many times did you pump milk? (*INTERVIEWER ALLOW OPEN-ENDED, CALCULATE NUMBERS FOR RESPONSE IF NEEDED, AND CONFIRM WITH RESPONDENT*)

[I3_CF11]

TIMES PUMPED ..... [TIMES]

Reasons for pumping
1, 3, 5, 7

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF15. I'm going to read you some reasons why you might have pumped breastmilk in the past month. For each one, tell me if this was a reason you pumped breastmilk. (*QUESTIONS HAVE BEEN RANDOMIZED. THEY APPEAR BELOW IN THEIR RANDOM ORDER*

a. To get milk so that someone else can feed your baby?

[I3_CF15f]

YES 01
NO 02

b. To keep your milk supply up when your baby could not nurse, such as while you were away from your baby or when your baby was too sick to nurse

[I3_CF15b]

YES 01
NO 02

c. To mix with cereal or other food

[I3_CF15c]

YES 01
NO 02

d. To relieve engorgement or swelling

[I3_CF15a]

YES 01
NO 02

e. To have an emergency supply of milk

[I3_CF15e]

YES 01
NO 02

f. To increase your milk supply

[I3_CF15d]

YES 01
NO 02

g. Is there any other reason you have pumped breastmilk in the past month?

[I3_CF15g]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I1_CF15gOS]

SPECIFY _____

Storage practices for pumped/expressed human milk
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF16. In the last month, how long was your pumped milk usually stored in the refrigerator?

[I3_CF16]

I DO NOT STORE MILK IN A REFRIGERATOR 00
1 DAY OR LESS 01
2 TO 3 DAYS 02
4 TO 5 DAYS 03
6 TO 8 DAYS 04
MORE THAN 8 DAYS 05

CF17. How long is your frozen milk usually stored?

[I3_CF17]

ONLY INCLUDE 4 MONTHS OR MORE AFTER THE 5 MONTH INTERVIEW

I DO NOT FREEZE MY MILK 01
LESS THAN 1 WEEK 02
1 TO 4 WEEKS 03
1 TO 3 MONTHS 04

How is breastmilk feeding schedule determined (time schedule, child seems hungry, mixed)
1, 3, 5, 7, 9, 11, 13

CF18. Do you breastfeed or feed {CHILD} breastmilk from a bottle on a regular schedule, or when [HE/SHE] cries or seems hungry?

[I3_CF18]

SCHEDULE 01
CRIES OR SEEMS HUNGRY 02
BOTH 03

IF CF1 = 01 SKIP TO CF52

FORMULA FEEDING MODULE (ASKED ONLY IF MOTHER CURRENTLY FORMULA FEEDING)
QUESTIONS CF19 – CF27

Who provided formula
1, 3, 5, 7, 9, 11, 13

You said that you are currently feeding {CHILD} formula. I'd like to ask you some questions about that.

CF19. Where do you get the formula that you use to feed {CHILD}? Do you get it…

[I3_CF19]

from WIC, ... 01
from somewhere else, or 02
both WIC and somewhere else? 03

IF CF19 = 02, DK, RF, SKIP TO CF21.

CF20. (*IF INDICATED IN CF19 GETTING FORMULA FROM WIC***) Is the amount of formula that you get from WIC to help feed {CHILD}…**

[I3_CF20]

more than you usually need, ... 01
less than you usually need, or 02
about right? 03

IF MOTHER IS NOT CAREGIVER SKIP TO CF54

Reasons for formula use
1, 3, 5, 7, 9, 11, 13 (ask for the last time at the interview where mom indicates she has completely stopped breastfeeding)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF54.

CF21. There are many reasons for using formula. Please tell me if any of the following are reasons why you feed your baby formula?

[I3_CF21]
(ReasonsFormula_3M)

IF NOT CURRENTLY BREASTFEEDING AT ALL (CF1) AND NEVER TRIED TO BREASTFEED (HF10, CF29), SKIP TO H.

ASK (A) ONLY IN MONTHS 1, 3, 5

a. My baby had trouble sucking or latching on to the breast

[I3_CF21a]

YES 01
NO 02

b. My baby lost interest in nursing or began to stop nursing by him or herself

[I3_CF21b]

YES 01
NO 02

c. Breastmilk alone did not satisfy my baby

[I3_CF21c]

YES 01
NO 02

d. I thought that my baby was not gaining enough weight

[I3_CF21d]

YES 01
NO 02

e. I didn't have enough breastmilk

[I3_CF21e]

YES 01
NO 02

f. Breastfeeding was too painful

[I3_CF21f]

YES 01
NO 02

g. I wanted my baby to have both formula and breastmilk.

[I3_CF21g]

YES 01
NO 02

ASK H-N IF MOTHER IS EITHER EXCLUSIVELY FORMULA FEEDING OR FEEDING BOTH BREASTMILK AND FORMULA-BREASTFEEDING ONLY MOTHERS DO NOT ANSWER CF21N.

h. I chose not to breastfeed

[I3_CF21h]

YES 01
NO 02

i. My baby was sick and could not breastfeed

[I3_CF21i]

YES 01
NO 02

j. I was sick or had to take medicine

[I3_CF21j]

YES 01
NO 02

k. Breastfeeding seemed too inconvenient

[I3_CF21k]

YES 01
NO 02

l. I could not or did not want to pump

[I3_CF21l]

YES 01
NO 02

m. I wanted or needed someone else to feed my baby

[I3_CF21m]

YES 01
NO 02

n. For another reason

[I3_CF21n]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I3_CF21nOS]
SPECIFY _____

Formula Food Safety Questions
3, 7, 11

People have different routines they follow when preparing formula. Now I'd like to ask you about things you might do when you prepare formula for your baby.

CF54. In the past month, when you prepared infant formula for {CHILD} how often did you mix it with water that you had boiled first? Would you say you…

[I3_CF54]

did that always, ... 01
sometimes, ... 02
never, or 03
did you use ready-to-feed formula instead? [SKIP TO CF22] ... 04

CF55. Some people mix their infant formula with water, and keep it until they need it to feed their babies. In the past month, how often did you mix infant formula more than 24 hours before you fed it to {CHILD}? Would you say that you…

[I3_CF55]

always mixed it more than 24 hours before you fed it to {CHILD}, ... 01
sometimes did that, ... 02
never did that, or 03
did you use ready-to-feed formula instead? 04

If not adhering to formula dilution instructions, why? Prescribed by Dr., nutritionist?
1, 3, 5, 7, 9, 11, 13

CF22. In the past month, did you ever mix the formula with extra water to make it last longer?

[I3_CF22]

YES 01
NO 02

IF CF22 = NO, RF, OR DK SKIP TO CF24.

CF23. (*IF YES TO CF22***) Who told you to prepare the formula this way?**

[CODE ALL THAT APPLY.]

[PROBE: Anything else?]

[I3_CF23]

DOCTOR 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC 12
ANOTHER HEALTH CARE PROVIDER 13
FRIEND 14
FAMILY MEMBER 15
OTHER 16
NO ONE TOLD ME 17

CF24. In the past month, did you ever mix the formula with less water than directed in order to concentrate it or make it stronger?

[I3_CF24]

YES 01
NO 02
NOT APPLICABLE – USE READY-TO-FEED 99

IF CF24 = NO, 99, RF, OR DK SKIP TO CF27.

CF25. (*IF YES TO CF24*) Who told you to prepare the formula this way?

[CODE ALL THAT APPLY.]

[PROBE: Anything else?]

[I3_CF25]

DOCTOR 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC.....12
ANOTHER HEALTH CARE PROVIDER.....13
FRIEND.....14
FAMILY MEMBER.....15
OTHER.....16
NO ONE TOLD ME 17

How is formula feeding schedule determined (set, on demand, mixed)
1, 3, 5, 7, 9, 11, 13

CF27. Do you feed {CHILD} formula on a regular schedule or when [HE/SHE] cries or seems hungry?

[I3_CF27]

SCHEDULE.....01
CRIES OR SEEMS HUNGRY.....02
BOTH.....03

MOVE TO PARTIAL BREASTFEEDING

How is formula feeding schedule determined (set, on demand, mixed)
1, 3, 5, 7, 9, 11, 13

ASK OF ALL WOMEN WHO INDICATED FULLY BF IN CF1. AND DID NOT ANSWER BOTTLE FED BABY WITH FORMULA TO ANY QUESTIONS IN CF2. ONCE ANSWERED AFFIRMATIVELY, DROP FROM SUBSEQUENT INTERVIEWS.

CF52. Has {CHILD} ever been fed infant formula, even just one time? Do not count while {CHILD} was in the hospital after birth.

[I3_CF52]

YES..... 01 (*GO TO CF53*)
NO..... 02 (*GO TO CF32*)

RF & DK GO TO CF32.

ASK OF FULLY BF WOMEN WHO ANSWERED YES TO CF52,OR ANSWERED BOTTLE FED BABY WITH FORMULA TO ANY QUESTIONS IN CF2. PARTIALLY BF WOMEN (BASED ON CF1), AND FULLY FORMULA FEEDING WOMEN (BASED IN CF1) WHO INDICATED THAT THEY EVER BREASTFED IN CF29 OR HF10. ASK ONCE, FIRST TIME FORMULA FEEDING INDICATED IN CF1 OR CF52, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF53. How old was {CHILD} the first time he/she was fed infant formula? Do not count while {CHILD} was in the hospital after birth.

[I3_CF53Num]

[I3_CF53Unit]

AGE .....[DAYS/WEEKS/MONTHS]

ASKED OF ALL PARTIALLY BF WOMEN AND ALL FULLY FORMULA FEEDING WOMEN WHO EVER BREASTFED BASED ON CF29 OR HF10. ASK UNTIL AN AGE, DON'T KNOW, OR REFUSED IS GIVEN IN RESPONSE, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF28. How old was {CHILD} **when (**he/she**) was first fed formula every day?**

[I3_CF28Num]

[I3_CF28Unit]

INTERVIEWER INSTRUCTION: ENCOURAGE THE MOTHER TO RESPOND IN DAYS OR WEEKS IF SHE OFFERS MONTH INSTEAD. ACCEPT MONTH IF SHE CANNOT RESPOND IN DAYS OR WEEKS.

AGE .....[DAYS/WEEKS/MONTHS]
CHILD IS NOT FED FORMULA EVERY DAY 999

BREASTFEEDING CESSATION MODULE: (ASKED ONCE FIRST TIME MOTHER INDICATES NOT CURRENTLY FEEDING BREASTMILK IN CF1)
QUESTIONS CF30 – CF31

Timing of cessation of breastfeeding
(any time 1-13)

ASK AT FIRST INTERVIEW WHEN MOTHER SAYS SHE IS NOT FEEDING BREASTMILK, IF SHE INDICATED FEEDING BREASTMILK IN CF1 ON PREVIOUS INTERVIEWS OR IF SHE ANSWERED 'YES' TO EVER BREASTFED OR TRIED TO BREASTFEED IN CF29

CF30. How old was {CHILD} when you completely stopped breastfeeding or feeding [HIM/HER] breastmilk from a bottle?

[I3_CF30Num]

[I3_CF30Unit]

INTERVIEWER INSTRUCTION: ENCOURAGE THE MOTHER TO RESPOND IN DAYS OR WEEKS IF SHE OFFERS MONTH INSTEAD. ACCEPT MONTH IF SHE CANNOT RESPOND IN DAYS OR WEEKS.

AGE .....[DAYS/WEEKS/MONTHS]

Reasons for cessation of breastfeeding
(any time 1-13)

IF MOTHER IS NOT CAREGIVER SKIP TO CF32.

CF31. There are many reasons mothers stop breastfeeding. Please tell me if any of the following reasons helped you to decide to stop breastfeeding {CHILD}?

[I3_CF31Intro]

DO NOT ASK (A) IF INTERVIEW IS 5 MONTHS OR LATER

a. My baby had trouble sucking or latching on.

[I3_CF31a]

YES 01
NO 02

b. My baby began to bite.

[I3_CF31b]

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

c. My baby lost interest in nursing or began to stop nursing by him or herself.

[I3_CF31c]
(StopBFNoInterestNurse_3M)

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

d. Breastmilk alone did not satisfy my baby.

[I3_CF31d]

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

e. I thought that my baby was not gaining enough weight.

[I3_CF31e]

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

f. I didn't have enough milk.

[I3_CF31f]

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

g. Breastfeeding was too painful.

[I3_CF31g]

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

h. I was sick or had to take medicine.

[I3_CF31h]

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

i. Breastfeeding was too inconvenient.

[I3_CF31i]

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

j. I wanted or needed someone else to feed my baby.

[I3_CF31j]

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

k. I did not want to breastfeed in public.

[I3_CF31k]

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

l. Another reason?

[I3_CF31l]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I3_CF31lOS]

SPECIFY _____

Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)

Fed other than breastmilk or formula
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ASK CF32 AT EVERY INTERVIEW UNTIL MOTHER ANSWERS YES, THEN DROP FROM LATER INTERVIEWS

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk?

[I3_CF32]

YES..... 01
NO 02

Were foods other than breastmilk or formula fed by bottle? If so, why?
1, 3, 5, 7

CF36. Now I'm going to ask you some questions about things you might have added to your baby's bottle of infant formula or pumped breastmilk.

a In the past two weeks, how often have you added baby cereal to your baby's bottle? Would you say…

[I3_CF36a]

at every feeding,..... 01
at most feedings, ... 02
about once a day, ... 03
every few days, ... 04
rarely, or..... 05
never? 06

b. **(*IF ANYTHING OTHER THAN NEVER, DK, OR RF*) Why did you add baby cereal to your baby's bottle?**

[CODE ONLY ONE RESPONSE – THE FIRST ONE GIVEN.]

[I3_CF36b]

TO MAKE HIM/HER FULL 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT 03
AS A REMEDY 04
A DOCTOR OR OTHER HEALTH PROFESSIONAL TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO 06
OTHER 07

c. **In the past two weeks, how often have you added sweetener to your baby's bottle? Would you say…**

[I3_CF36c]

at every feeding, ... 01
at most feedings, ... 02
about once a day, ... 03
every few days, ... 04
rarely, or 05
never? 06

d. **(*IF ANYTHING OTHER THAN NEVER, RF, OR DK*) Why did you add sweetener to your baby's bottle?**

[CODE ONLY ONE RESPONSE – THE FIRST ONE GIVEN.]

[I3_CF36d]

TO MAKE HIM/HER FULL 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT 03
AS A REMEDY 04
A DOCTOR OR OTHER HEALTH PROFESSIONAL TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO 06
OTHER 07

e. **Have you added anything else?**

[I3_CF36eAny]

YES 01
NO ..... 02 (SKIP TO INSTRUCTIONS BEFORE CF33) *DK & RF SKIP TO INSTRUCTIONS BEFORE CF33.*

(IF YES): **[SPECIFY:]**

[I3_CF36eOS]

SPECIFY _____

In the past two weeks, how often have you added [OTHER] to your baby's bottle?

[I3_CF36e]

at every feeding, ... 01
at most feedings, ... 02
about once a day, ... 03
every few days, ... 04
rarely, or 05
never? 06

f. **(*IF ANYTHING OTHER THAN NEVER, RF, OR DK*) Why did you add [OTHER] to your baby's bottle?**

[CODE ONLY ONE RESPONSE – THE FIRST ONE GIVEN.]

[I3_CF36f]

TO MAKE HIM/HER FULL 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT 03
AS A REMEDY 04
A DOCTOR OR OTHER HEALTH PROFESSIONAL TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO 06
OTHER 07

Time for the introduction of supplemental foods.
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ONLY ASK CF33 IF CF32 = YES NOW OR AT A PREVIOUS INTERVIEW.
IF CF32=NO, RF, OR DK, SKIP TO CF50.

Next I'm going to ask you some questions about <u>when</u> you first started feeding {CHILD} different types of foods.

ASK EACH FOOD UNTIL ANSWER IS AFFIRMATIVE, THEN STOP ASKING THAT FOOD IN SUBSEQUENT INTERVIEWS

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food

[I3_CF33Intro]

a. Has [HE/SHE] been given plain bottled or tap water?

YES 01
NO 02

b. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?

[I3_CF33bNum]

[I3_CF33bUnit]

AGE .....[WEEKS/MONTHS]

c. Has [HE/SHE] been given soda or soft drinks?

[I3_CF33c]

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

d. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?

[I3_CF33dNum]

[I3_CF33dUnit]

AGE .....[WEEKS/MONTHS]

e. Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?

[I3_CF33e]

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

f. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?

[I3_CF33fNum]

[I3_CF33fUnit]

AGE .....[WEEKS/MONTHS]

g. Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice. Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to?

[I3_CF33g]

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

h. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?

[I3_CF33hNum]

[I3_CF33hUnit]

AGE .....[WEEKS/MONTHS]

i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?

[I3_CF33i]

YES 01
NO 02

j. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other drinks and liquids, including teas and broths?

[I3_CF33jNum]
[I3_CF33jUnit]

AGE .....[WEEKS/MONTHS]

k. Has [HE/SHE] been given cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.

[I3_CF33k]

YES 01
NO 02

l. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed cow's milk?

[I3_CF33lNum]

[I3_CF33lUnit]

AGE .....[WEEKS/MONTHS]

m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.

[I3_CF33m]

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

n. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?

[I3_CF33nNum]

[I3_CF33nUnit]

AGE .....[WEEKS/MONTHS]

o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?

[I3_CF33o]

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

p. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?

[I3_CF33pNum]

[I3_CF33pUnit]

AGE .....[WEEKS/MONTHS]

q. Has [HE/SHE] been given other cereal besides baby cereal?

[I3_CF33q]

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

r. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?

[I3_CF33rNum]

[I3_CF33rUnit]

AGE .....[WEEKS/MONTHS]

s. Has [HE/SHE] been given eggs?

[I3_CF33s]

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

t. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed eggs?

[I3_CF33tNum]

[I3_CF33tUnit]

AGE .....[WEEKS/MONTHS]

u. Has [HE/SHE] been given fruit, including baby food or regular fruit?

[I3_CF33u]

YES 01
NO 02

v. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed fruit?

[I3_CF33vNum]
[I3_CF33vUnit]

AGE .....[WEEKS/MONTHS]

w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?

[I3_CF33w]

YES 01
NO 02

x. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed vegetables?

[I3_CF33xNum]
[I3_CF33xUnit]

AGE .....[WEEKS/MONTHS]

y. Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?

[I3_CF33y]

YES 01
NO 02

z. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed beans?

[I3_CF33zNum]
[I3_CF33zUnit]

AGE .....[WEEKS/MONTHS]

aa. Has [HE/SHE] been given peanut butter

[I3_CF33aa]

YES 01
NO 02

bb. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?**

[I3_CF33bbNum]
[I3_CF33bbUnit]

AGE .....[WEEKS/MONTHS]

cc. **Has [HE/SHE] been given meats,, chicken, or fish, including baby food and baby food combination dinners containing these foods?**

[I3_CF33cc]

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

dd. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?**

[I3_CF33ddNum]
[I3_CF33ddUnit]

AGE .....[WEEKS/MONTHS]

ee. **Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?**

[I3_CF33ee]

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

ff. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed salty snacks?**

[I3_CF33ffNum]
[I3_CF33ffUnit]

AGE .....[WEEKS/MONTHS]

gg. **Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam?**

[I3_CF33gg]

YES 01
NO 02

hh. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed sweets?**

[I3_CF33hhNum]
[I3_CF33hhUnit]

AGE .....[WEEKS/MONTHS]

[END SUPPLEMENTAL FOODS MODULE]

Method of feeding child (spoon, infant feeder, bottle/modified bottle, etc.)
3, 5, 7, 9, 11, 13, 15
only ask if indicated that child is eating solid foods (something other than formula or BM) in CF32

CF40. In the past 7 days, have you given {CHILD} any foods with a spoon?

[I3_CF40]

YES..... 01
NO 02

CF41. In the past 7 days, have you given {CHILD} any foods with an infant feeder or with a bottle that has an extra large nipple hole?

[I3_CF41]

YES..... 01
NO 02

Infant bottle feeding practices
3, 9

AT 9 MONTHS, ASK ONLY IF CHILD IS STILL USING A BOTTLE (CF34)

CF50. I am going to read some things that parents may do. Please tell me how often each statement is true for you and {CHILD}.

a. When {CHILD} has a bottle, I prop it up. Would you say…

[I3_CF50a]

always,..... 01
usually,..... 02
about half of the time,..... 03
occasionally, or..... 04
never? 05

b. I try to get {CHILD} to finish (his/her) bottle of breastmilk or formula. Would you say…

[I3_CF50b]

always,.....01
usually, ...02
about half of the time,.....03
occasionally, or.....04
never? 05

Next I'm going to ask you some questions about your health and how you have been feeling.

[I3_MH8Intro]

IF RESPONDENT COMPLETED A PRENATAL OR 1 MONTH INTERVIEW, OR MOTHER IS NOT THE CAREGIVER SKIP TO MH13.

Maternal smoking during pregnancy
Baseline

MH8. During your pregnancy with {CHILD}/(*PN:* currently), about how many cigarettes did you smoke/(*PN*: do you smoke) on an average day? Just your best estimate is fine

[I3_MH8]

NUMBER OF CIGARETTES..... [NUMBER]

[NOTE THAT 1 PACK = 20 CIGARETTES]

Alcohol during pregnancy
Baseline

MH9. *(1 AND 3:* **During your pregnancy with {CHILD} how often did you /*PN*: Currently, how often do you) drink alcoholic beverages, such as beer wine or liquor? Would you say…**

[I3_MH9]

never,.....01
less than once a week, ...02
1 to 4 days a week, or 03
5 or more days a week? 04

Maternal weight
1, 3, 13, 24

MH13. Right now, about how much do you weigh, without shoes?

[I3_MH13]

POUNDS ..... [NUMBER]

IF RESPONDENT COMPLETED A PRENATAL OR 1 MONTH INTERVIEW, SKIP TO MH16.

Father's weight
Baseline

MH7. Thinking of [*PN*: your unborn child's/ *1 OR 3*: {CHILD'S}] biological father, would you say he is…

[I3_MH7]

too thin,..... 01
normal weight, or 02
overweight?..... 03

IF MOTHER IS NOT CAREGIVER, SKIP TO SD27.

Postpartum depression (Edinburgh scale)
3

MH16. It is not easy being a new mother, and it is OK to feel unhappy at times. Because you have recently had a baby, we would like to know how you are feeling. I'm going to read you some statements about how you might have been feeling emotionally lately, and I'd like you to choose the answer that comes closest to how you have felt during the past week.

In the past week [*INTERVIEWER: READ ITEMS AND RESPONSE OPTIONS*]:

a. I have been able to laugh and see the funny side of things. Would you say…

[I3_MH16a]

as much as I always could,..... 01
not quite so much now, ... 02
definitely not so much now, or..... 03
not at all? 04

b. In the past week I have looked forward with enjoyment to things. Would you say… [I3_MH16b]

as much as I ever did,..... 01
rather less than I used to,..... 02
definitely less than I used to, or 03
hardly at all? 04

c. In the past week I have blamed myself unnecessarily when things went wrong. Would you say…

[I3_MH16c]

yes, most of the time, ... 01
yes, some of the time, ... 02
not very often, or..... 03
no, never?..... 04

d. In the past week I have been anxious or worried for no good reason. Would you say…

[I3_MH16d]

no, not at all, ... 01
hardly ever, ... 02
yes, sometimes, or..... 03
yes, very often? 04

e. In the past week I have felt scared or panicky for no good reason. Would you say…

[I3_MH16e]

yes, quite a lot, ... 01
yes, sometimes, ... 02
no, not much, or..... 03
no, not at all?..... 04

f. In the past week things have been getting on top of me. Would you say…

[I3_MH16f]

yes, most of the time I haven't been able to cope at all, ... 01
yes, sometimes I haven't been coping as well as usual, ... 02
no, most of the time I have coped quite well, or..... 03
no, I have been coping as well as ever?..... 04

g. In the past week I have been so unhappy that I have had difficulty sleeping. Would you say…

[I3_MH16g]

yes, most of the time, ... 01
yes, some of the time,..... 02
not very often, or 03
no, not at all?..... 04

h. In the past week I have felt sad or miserable. Would you say…

[I3_MH16h]

yes, most of the time, ... 01
yes, some of the time,..... 02
not very often, or 03
no, not at all?..... 04

i. In the past week I have been so unhappy that I have been crying. Would you say…

[I3_MH16i]

yes, most of the time, ... 01
yes, quite often, ... 02
only occasionally, or 03
no, never?..... 04

j. In the past week the thought of harming myself has occurred to me. Would you say…

[I3_MH16j]

yes, quite often,	01	
sometimes,	02	
hardly ever, or	03	SKIP TO SD27 INTRO
never?	04	SKIP TO SD27 INTRO
		DK & RF SKIP TO SD27 INTRO

IF RESPONSE TO MH16J = 01 OR 02, REFER TO HOTLINE.

[I3_MH16jTran]

TRANSFER NOW	01	
TRANSFER AT END OF INTERVIEW	02	SKIP TO SD27 INTRO
NO, NOT INTERESTED IN HOTLINE	03	SKIP TO SD27 INTRO

[I3_MH16jIns]

Now I'd like to change topics and ask you some questions about work, school, and child care.

Educational status
3, 7, 13, 18, 24

SD27. As of today, are you in school or college?

[I3_SD27]

YES	01
NO	02

IF RESPONDENT COMPLETED A PRENATAL OR 1 MONTH INTERVIEW, SKIP TO SD29.

Educational attainment
Baseline, 24 months

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

[I3_SD26]
(DO NOT READ – ENDORSE BASED ON PARTICIPANT RESPONSE, PROBE IF NEEDED)

NEVER ATTENDED SCHOOL 01
GRADES 1 TO 11, ENTER NUMBER [I3_SD26OS]
(HighGrade_3M).....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

Current employment status
3, 7, 13, 18, 24

SD29. Are you currently working for pay…

[I3_SD29]

full time [35 hours or more], ... 01
part time, or 02
not at all? 03

ASK SD30 FIRST TIME ANSWER TO SD 27 OR SD29 IS 'YES' THEN DISCONTINUE

SD30. How old was {CHILD} when you started going to school or working?

[I3_SD30Num]
[I3_SD30Unit]
AGE .....[WEEKS, MONTHS]

ASK ONLY IF WORKING (SD29 = 01 OR 02), AND FEEDING BREASTMILK (CF1 = 01 OR 03)

MH17. Does your workplace do any of the following things to help you while you breastfeed?

a. Allow reasonable breaks for pumping?

[I3_MH17a]

YES 01
NO 02

b. Provide a reasonable place to store pumped milk?

[I3_MH17b]

YES 01
NO 02

c. Provide a private space that isn't a bathroom where you can pump milk?

[I3_MH17c]

YES 01
NO 02

Ever used regular non-maternal child care?
3, 7, 13, 24 (once answered affirmative, stop asking for subsequent interviews)

The next few questions are about 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, while you go to work or school.

Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a childcare center or family daycare home. Do <u>not</u> include care provided by you or {CHILD'S} other parent.

MH18. Have you ever used a regular child care arrangement for {CHILD}?

[I3_MH18]

YES 01
NO ..... 02 (SKIP TO KA1)

When did child first start non-maternal child care?
3, 7, 13, 24 (asked only if ever used is yes, then stop asking once answered)

MH19. At what age did {CHILD} first start a regular child care arrangement?

[I3_MH19Num]
[I3_MH19Unit]

AGE ..... [MONTHS]

MH20. Which type of regular child care arrangement are you currently using the most for {CHILD}?

[I3_MH20]

a child care center, ...01
a family daycare home, ... 02
Early Head Start, ...03
someone cares for {child} in their home, ... 04
someone cares for {child} in your home, ... 05
some other kind of childcare, or.....06
are you not currently using child care? 07

Contact info for child care (to check for CACFP status)
3, 7, 13, 24

MH21. (*IF CENTER OR FAMILY DAYCARE OR EHS FROM MH20***) Can we get the official name and address of the child care? We won't contact them without your permission, we just need it for our records.**

Barriers to breastfeeding in child care
3, 7

ASK MH22 ONLY IF MOTHER ANSWERED INDICATED IN CF1 THAT SHE IS FULLY OR PARTIALLY BREASTFEEDING AND IN MH20 THAT SHE IS CURRENTLY USING CHILD CARE

MH22. Do you have problems continuing to feed {CHILD} breastmilk while he/she is in child care?

[I3_MH22]

YES 01
NO..... 02

(*IF YES***), Please tell me if you have any of the following problems feeding {CHILD} breastmilk while he/she is in childcare:**

a. Lack of time?

[I3_MH22a]

YES 01
NO..... 02

b. Lack of privacy at child care site?

[I3_MH22b]

YES 01
NO..... 02

c. Too difficult to transport pumped milk to child care?

[I3_MH22c]

YES 01
NO 02

d. Child care provider doesn't encourage it?

[I3_MH22d]

YES 01
NO 02

e. Any other problems?

[I3_MH22e]

YES 01
NO 02

OS. (*IF MH22e = YES*): **[SPECIFY:]**

[I3_MH22eOS]

Human milk given by bottle, or mother comes to breastfeed at child care location?
3, 7

ASK MH27 ONLY IF MOTHER ANSWERED INDICATED IN CF1 THAT SHE IS FULLY OR PARTIALLY BREASTFEEDING AND IN MH20 THAT SHE IS CURRENTLY USING CHILD CARE

MH27. Do you take pumped breast milk to the child care facility/person, or do you go there to breastfeed your baby?

[I3_MH27]

PUMPED MILK 01
GO THERE TO FEED 02
BOTH 03
NEITHER 04

Who provides food to child care location (provided by mother, or by facility)
3, 7, 13, 24

ASK ONLY IF INDICATED CURRENT CHILD CARE USE IN MH20

MH23. Who provides most of the food {CHILD} eats at child care – the child care provider, you, or is the food divided about equally between you and the child care provider?

[I3_MH23]

CHILD CARE PROVIDER.....01
RESPONDENT.....02
EQUALLY DIVIDED.....03

EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS

IF RESPONDENT COMPLETED A PRENATAL OR 1 MONTH INTERVIEW, SKIP TO KA26.

Past infant feeding practices
Baseline

IF THIS IS THE MOTHER'S FIRST CHILD BASED ON SD15 (SD15 = 0), SKIP KA1-KA8.

Let's turn to some questions about feeding babies.

[I3_KA1Intro]

KA1. Did you breastfeed (*IF 1 OTHER CHILD BASED ON SD15:* **your other child/***IF MORE THAN 1 OTHER CHILD BASED ON SD15:* **any of your other children) even just one time?**

[I3_KA1]

YES.....01
NO.....02
DON'T HAVE ANY OTHER CHILDREN..03 (*SKIP TO KA26)*

IF 1 OTHER BABY, BASED ON PARITY QUESTION FROM SOCIODEMOGRAPHICS (SD15) ASK KA2-4:

KA2. (*IF 1 OTHER CHILD***): How old was your other child when you stopped breastfeeding?**

[I3_KA2Num]
[I3_KA2Unit]

AGE .....[WEEKS/MONTHS/YEARS]

KA3. (*IF 1 OTHER CHILD*) **How old was your other child the first time you fed him/her infant cereal, store-bought baby food in a jar or container, or homemade pureed baby food? When thinking about the first time you fed any of these things, please be sure to include infant cereal you might have added to your other child's bottle.**

[I3_KA3Num]
[I3_KA3Unit]

AGE.....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE.....99

KA4. (*IF 1 OTHER CHILD*)**: How old was your other child the first time you fed him/her table foods, like fruits, vegetables, or any other table food?**

[I3_KA4Num]
[I3_KA4Unit]

AGE.....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE.....99

IF MORE THAN 1 OTHER BABY, BASED ON PARITY QUESTION FROM SOCIODEMOGRAPHICS (SD15) ASK KA5-7):

KA5. (*IF MORE THAN 1 OTHER CHILD*): **How many of your other children did you breastfeed?**

[I3_KA5]

NUMBER OF CHILDREN..... [NUMBER]

KA6. (*IF MORE THAN 1 OTHER CHILD*)**: Thinking of the child you breastfed the longest, how old was he or she when you stopped breastfeeding?**

[I3_KA6Num]
[I3_KA6Unit]

AGE.....[WEEKS/MONTHS/YEARS]

KA7. (*IF MORE THAN 1 OTHER CHILD*)**: Thinking of all your other children, what was the earliest age that you fed infant cereal, store-bought baby food in a jar or container, or homemade pureed baby food to any of your other children? When thinking about the first time you fed any of these things, please be sure to include infant cereal you might have added to your children's bottles.**

[I3_KA7Num]
[I3_KA7Unit]

AGE.....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE..... 99

KA8. (*IF MORE THAN 1 OTHER CHILD*): Thinking of all your other children, what was the earliest age that you fed table foods like fruits, vegetables, or any other table foods to any of them?

[I3_KA8Num]
[I3_KA8Unit]

AGE .....[WEEKS/MONTHS/YEARS]
NOT APPLICABLE 99

Caregiver understanding of infant nonverbal satiety cues and crying; toddler satiety cues.
3, 13, 24

3 MONTH QUESTIONS:

KA26. I'm going to read you some statements about when babies are hungry or full. Please tell me how much you agree or disagree with these statements.

a. If a baby is crying, then he or she has to be hungry. Would you say that you:

[I3_KA26a]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
strongly disagree?.....05

b. If a baby sucks his or her hand, then he or she has to be hungry. Would you say that you:

[I3_KA26b]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
strongly disagree?.....05

c. If a baby turns his/her head away from the nipple or bottle, then he or she has to be full.

[I3_KA26c[

STRONGLY AGREE.....01
AGREE.....02
NEITHER AGREE NOR DISAGREE.....03
DISAGREE.....04
STRONGLY DISAGREE.....05

d. If a baby is given a bottle, the caregiver should always make sure he or she finishes it.

[I3_KA26d]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

e. A baby knows when he or she is full.

[I3_KA26e]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

Perceptions of infant/toddler size and role in feeding decisions
3, 13, 24

AT 3, 13, 24:

KA29. Does your child's weight influence your decisions about how and what to feed [HIM/HER]?

[I3_KA29]

YES 01
NO 02

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

Finally I'm going to ask you some questions about your child's health and behavior.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

CH2. Has the doctor told you that {CHILD} has any long-term medical problems or conditions that may affect what or how (he/she) eats?

[*IF NEEDED:* **These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]**

[I3_CH2]

YES 01
NO ..... 02 (GO TO CM12)

RF & DK GO TO CM12.

(*IF YES*) What medical problem or condition does {CHILD} have?

[CODE ALL THAT APPLY.]

[I3_CH2a]

FOOD ALLERGIES 11
DIABETES 12
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA 13
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX 14
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS 15
OTHER 91

(IF OTHER): **[SPECIFY:]**

[I3_CH2aOS]

SPECIFY _____

CH3. (*IF YES TO HEALTH STATUS/CONDITIONS IN CH2*): What are you currently doing to treat this medical problem?

[CODE ALL THAT APPLY.]

[I3_CH3]

TAKING HER/HIM TO THE DOCTOR FOR TREATMENT 11
TREATING HIM/HER AT HOME WITH MEDICINE 12
TREATING HIM/HER AT HOME WITH SOMETHING OTHER THAN MEDICINE (SUCH AS HERBAL REMEDIES, SPECIAL TEAS, OR OTHER FORMS OF TREATMENT) 13
CHANGING HIS/HER DIET 14
OTHER 15

Pacifier use/timing/reasons
3

CH12. When was {CHILD} given a pacifier <u>for the first time</u>? Would you say the first time was…

[I3_CH12]

in the hospital after [HE/SHE] was born, ... 01
in the first month after coming home from the hospital, ... 02
sometime after that first month, or 03
has {CHILD} never used a pacifier? 04

CH13. (*IF CHILD HAS USED A PACIFIER, CH12 = 04*) **Why was {CHILD} given a pacifier? Was [HE/SHE] given one…**

a. to stop him/her from crying?

[I3_CH13a]

YES 01
NO 02

b. to keep him/her calm?

[I3_CH13b]

YES 01
NO 02

c. to help him/her get to sleep?

[I3_CH13c]

YES 01
NO 02

d. was there another reason?

[I3_CH13d]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I3_CH13dOS]
SPECIFY _____

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

Nutrition intake
Number of breastmilk/formula feedings per day
Type of formula used
Adherence to formula dilution instructions
Use/timing of supplemental formula for breastfeeding mothers
Addition of anything other than human milk/formula to child's bottle
Specific food item intake
Use of jarred baby foods
Meal and snack pattern
Eating locations (eating on the go)
Use of dietary supplements for infants (direct administration)

SOCIODEMOGRAPHICS AND BACKGROUND

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

I'd like to ask you some questions about WIC.

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}?
[Source: FDA IFPS-2; modified]

[I5_SD31]

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

(*IF NO FOR THE FIRST TIME GO TO SD34, IF NO PREVIOUSLY GO TO NEXT MODULE*)

RF & DK GO TO NEXT MODULE

SD32. {*IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:* **The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location?**/*IF NEW RESPONDENT:* **Do you go to WIC at [FILL LOCATION] or do you go to another location?**} **[Source: FDA IFPS-2 modified]**

[I5_SD32]

YES, STILL THAT LOCATION 01
NO, NEW LOCATION 02

SD33. *(IF SD32 IS NO)* **Please tell me where you go now**

ASK SD34 AND SD35 ONLY IF SD31 IS 'NO' FOR THE FIRST TIME

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[I5_SD34Num]
[I5_SD34Unit]

AGE .....[WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

[I5_SD35a]

a. You no longer qualify for WIC?

YES.....01
NO 02

[I5_SD35b]

b. It was inconvenient for you?

YES.....01
NO 02

[I5_SD35c]

c. You no longer need WIC?

YES.....01
NO 02

[I5_SD35d]

d. **Is there any other reason?**

YES.....01
NO 02

[I5_SD35dOS]

SPECIFY_____

Now I'm going to ask you some questions about things you might be doing to feed your baby.

Current feeding choice
1, 3, 5, 7, 9, 11, 13

CF1. {*BIOMOM:* **Are you**/*CAREGIVER:* **Is anyone} currently feeding {CHILD} breastmilk either from the breast or from a bottle, formula, (***1-5 MONTHS***: or both) (***7-13 MONTHS:* **both, or neither)? [Source: New Development]**

[I5_CF1]

ONLY BREASTMILK.....01
ONLY FORMULA.....02
BOTH BREASTMILK AND FORMULA.....03

IF CF1 = 02, SKIP TO CF19

IF CF1= DK OR REFUSED AND PREVIOUSLY FED BREASTMILK AND CF30 HAS NOT PREVIOUSLY BEEN ADMINISTERED GO TO CF30

IF CF1=DK OR RF AND NEVER FED BREASTMILK IN PREVIOUS EVENT OR CF30 HAD PREVIOUSLY BEEN ADMINISTERED GO TO CF32

Breastfeeding Module (Asked only if mother currently feeding breastmilk, based on CF1)
Questions CF2 – CF18

Frequency and nature of breastfeeding problems
Resolution of breastfeeding problems
1, 3, 5

IF MOTHER IS NOT CAREGIVER, SKIP TO CF18.

You said that you are currently feeding {CHILD} breastmilk. I'd like to ask you some questions about that now.

CF2. I would like to ask you about some of the problems you might have had with breastfeeding during the past month. During the past month, have you had any of the following problems…

[I5_CF2]

ASK ITEMS (A/B) ONLY AT 1 MONTH, THEN DROP AT 3 AND 5.

a. **In the past month, did your baby have trouble latching on?**

YES.....01
NO 02

b. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY
WITH BOTTLE..... 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
OTHER.....91, 92, 93

(IF OTHER): **[SPECIFY:]**

ASK AT 1, 3, 5

c. In the past month did your baby have problems with choking?

[I5_CF2c]

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

d. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[I5_CF2d]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE..... 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
OTHER..... 91, 92, 93

(IF OTHER): **[SPECIFY:]**

[I5_CF2dOS1]
[I5_CF2dOS2]
[I5_CF2dOS3]

e. **In the past month did you have sore or cracked nipples?**

[I5_CF2e]

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

f. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[I5_CF2f]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE..... 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
OTHER..... 91, 92, 93

(IF OTHER): **[SPECIFY:]**

[I5_CF2fOS1]
[I5_CF2fOS2]
[I5_CF2fOS3]

g. **In the past month did you have a breast infection?**

[I5_CF2g]

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

h. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[I5_CF2h]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
TOOK MEDICATIONS OR USED CREAMS 15
OTHER 91, 92, 93

(IF OTHER): **[SPECIFY:]**

[I5_CF2hOS1]
[I5_CF2hOS2]
[I5_CF2hOS3]

i. **In the past month were your breasts too full?**

[I5_CF2i]

YES 01
NO 02

j. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[I5_CF2j]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY WITH BOTTLE 13
PUMPED OR EXPRESSED BREASTMILK TO RELIEVE FULLNESS 14
NOTHING, JUST CONTINUED BREASTFEEDING 15
OTHER 91, 92, 93

(IF OTHER): **[SPECIFY:]**

[I5_CF2jOS1]
[I5_CF2jOS2]
[I5_CF2jOS3]

k. **In the past month did you not have enough milk to satisfy the baby?**

[I5_CF2k]

YES 01
NO 02

l. **(*IF YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[I5_CF2l]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY
WITH BOTTLE..... 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
CHANGED WHAT I ATE 15
OTHER..... 91, 92, 93

(IF OTHER): **[SPECIFY:]**

[I5_CF2lOS1]
[I5_CF2lOS2]
[I5_CF2lOS3]

m. **In the past month did you have any other problems breastfeeding?**

[I5_CF2m]

YES..... 01
NO 02

(IF CF2m IS YES): **[SPECIFY:]**

[I5_CF2mOS]
SPECIFY _____

n. **(*IF CF2m IS YES*) What did you do about this problem? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)***

[I5_CF2n]

TURNED TO SOMEONE FOR ADVICE 11
BOTTLE FED BABY WITH FORMULA 12
PUMPED BREASTMILK TO BE FED TO BABY
WITH BOTTLE..... 13
NOTHING, JUST CONTINUED BREASTFEEDING 14
TOOK ANTIBIOTICS OR MEDICATIONS..... 15
OTHER..... 91, 92, 93

[I5_CF2nOS1]
[I5_CF2nOS2]
[I5_CF2nOS3]

Support received for breastfeeding problem
1, 3, 5

CF3. (*IF YES TO ANY PROBLEM IN CF2*) When you have encountered problems with breastfeeding have any of the following people given you advice about what to do? [Source: IFPS-1, modified]

a. People who work at your WIC office or clinic?

[I5_CF3a]

YES.....01
NO 02

b. Doctors or nurses?

[I5_CF3b]

YES.....01
NO 02

c. Friends or relatives?

[I5_CF3c]

YES.....01
NO 02

d. Breastfeeding support people outside of WIC such as La Leche League or a lactation counselor?

[I5_CF3d]

YES.....01
NO 02

e. Anyone else?

[I5_CF3e]

YES.....01
NO 02

Frequency and nature of breastfeeding barriers
Best solutions to identified barriers
1, 3, 5

CF4. I'm going to read you some statements about things that might make it hard to breastfeed or keep you from breastfeeding. For each one, please tell me if this has happened to you in the past month: [FDA IFPS-2, modified]

a. I had to return to work or school and I could not or did not want to pump or breastfeed there. Did this happen to you in the past month?

[I5_CF4a]

YES.....01
NO 02

b. Breastfeeding took too much out of me. Did this happen to you in the past month?

[I5_CF4b]

YES.....01
NO 02

c. I did not have time to breastfeed.

[I5_CF4c]

YES.....01
NO 02

d. I felt tied down by breastfeeding?

[I5_CF4d]

YES.....01
NO 02

e. My husband or boyfriend was against it. Did this happen to you in the past month?

[I5_CF4e]

YES.....01
NO 02

CF5. **(*IF YES TO ANY BARRIERS IN CF4*) What do you think is the best way to deal with this/these things that made it hard to breastfeed? *(INTERVIEWER ALLOW OPEN-ENDED AND CHECK ALL RESPONSES OFFERED)* [Source: New Development]**

[CODE ALL THAT APPLY]

[I5_CF5]

SEEK SUPPORT FROM A FRIEND OR RELATIVE TO HELP YOU TO CONTINUE BREASTFEEDING.....11
SEEK SUPPORT FROM A HEALTH PROFESSIONAL TO HELP YOU TO CONTINUE BREASTFEEDING 12
MAKE ARRANGEMENTS WITH WORK OR SCHOOL TO CONTINUE BREASTFEEDING OR PUMPING DURING THE DAY 13
STOP BREASTFEEDING AND SWITCH TO FORMULA FEEDING 14
MIX BREASTFEEDING WITH FORMULA FEEDING 15
NOTHING, JUST CONTINUE BREASTFEEDING.....16
OTHER 91

(IF OTHER): **[SPECIFY:]**

[I5_CF5OS]

SPECIFY _____

Use of breast pump
1, 3, 5, 7, 9, 11, 13

CF6. **Some mothers are able to pump breastmilk and others are not. Are you currently pumping breastmilk?**

[I5_CF6]

YES..... 01
NO 02

IF CF6 IS NO, RF, OR DK, SKIP TO CF18.

Time of day of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF12. **Now I'd like to ask you about the times of day when you usually pump. [Source: New Development]**

a. When you pump, how often do you pump in the morning, before noon? Would you say…

[I5_CF12a]

usually, ... 01
sometimes, or 02
never? 03

b. When you pump, how often do you pump mid-day, from noon to 5pm? Would you say…

[I5_CF12b]

usually, ... 01
sometimes. or 02
never? 03

c. When you pump, how often to you pump in the evening or night time, after 5pm?

[I5_CF12c]

USUALLY 01
SOMETIMES 02
NEVER 03

Frequency of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF11. Thinking about the past two weeks, how many times did you pump milk? (*INTERVIEWER ALLOW OPEN-ENDED, CALCULATE NUMBERS FOR RESPONSE IF NEEDED, AND CONFIRM WITH RESPONDENT)* **[Source: FDA IFPS-2, modified]**

[I5_CF11]

TIMES PUMPED ..... [TIMES]

Reasons for pumping
1, 3, 5, 7

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF15. I'm going to read you some reasons why you might have pumped breastmilk in the past month. For each one, tell me if this was a reason you pumped breastmilk. [Source: FDA IFPS-2, modified]

a. **To get milk so that someone else can feed your baby ? [I5_CF15f]**

YES.....01
NO 02

b. **To keep your milk supply up when your baby could not nurse (such as while you were away from your baby or when your baby was too sick to nurse)?**

[I5_CF15b]

YES.....01
NO 02

c. **To mix with cereal or other food?**

[I5_CF15c]

YES.....01
NO 02

d. **To relieve engorgement or swelling?**

[I5_CF15a]

YES.....01
NO 02

e. **To have an emergency supply of milk?**

[I5_CF15e]

YES.....01
NO 02

f. **To increase your milk supply?**

[I5_CF15d]

YES.....01
NO 02

g. **Is there any other reason you have pumped breastmilk in the past month?**

[I5_CF15g]

YES.....01
NO 02

(IF YES): **[SPECIFY:]**

[I5_CF15gOS]

SPECIFY _____

Storage practices for pumped/expressed human milk
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF16. In the last month, how long was your pumped milk usually stored in the refrigerator? [Source: FDA IFPS-2, modified]

[I5_CF16]

I DO NOT STORE MILK IN A REFRIGERATOR..... 01
1 DAY OR LESS..... 02
2TO 3 DAYS..... 03
4 TO 5 DAYS..... 04
6 TO 8 DAYS..... 05
MORE THAN 8 DAYS..... 06

CF17. How long is your frozen milk usually stored? [Source: FDA IFPS-2]

[I5_CF17]

ONLY INCLUDE 4 MONTHS OR MORE AFTER THE 5 MONTH INTERVIEW

I DO NOT FREEZE MY MILK..... 01
LESS THAN 1 WEEK..... 02
1 TO 4 WEEKS..... 03
1 TO 3 MONTHS..... 04
4 MONTHS OR MORE..... 05

How is breastmilk feeding schedule determined (time schedule, child seems hungry, mixed)
1, 3, 5, 7, 9, 11, 13

CF18. Do you breastfeed or feed {CHILD} breastmilk from a bottle on a regular schedule, or when [HE/SHE] cries or seems hungry? [Source: IFPS-1, modified]

[I5_CF18]

SCHEDULE..... 01
CRIES OR SEEMS HUNGRY..... 02
BOTH..... 03

IF CF1 = 01 SKIP TO CF52

Formula Feeding Module (Asked only if mother currently formula feeding)
Questions CF19 – CF27

Who provided formula
1, 3, 5, 7, 9, 11, 13

You said that you are currently feeding {CHILD} formula. I'd like to ask you some questions about that.

CF19. Where do you get the formula that you use to feed {CHILD}? Do you get it…

[I5_CF19]

from WIC, ... 01
from somewhere else, or..... 02 *SKIP TP CF21*
both WIC and somewhere else? 03
DK & RF SKIP TO CF21

CF20. (*IF INDICATED IN CF19 GETTING FORMULA FROM WIC)* **Is the amount of formula that you get from WIC to help feed {CHILD}…**

[I5_CF20]

more than you usually need,..... 01
less than you usually need, or..... 02
about right? 03

Reasons for formula use
1, 3, 5, 7, 9, 11, 13 (ask for the last time at the interview where mom indicates she has completely stopped breastfeeding)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF22.

CF21. There are many reasons for using formula. Please tell me if any of the following are reasons why you feed your baby formula? [Source: FDA IFPS-2, modified]

[I5_CF21]

IF NOT CURRENTLY BREASTFEEDING AT ALL (CF1) AND NEVER TRIED TO BREASTFEED (HF10, CF29), SKIP TO H.

ASK (A) ONLY IN MONTHS 1, 3, 5

a. My baby had trouble sucking or latching on to the breast.

[I5_CF21a]

YES..... 01
NO 02

b. My baby lost interest in nursing or began to stop nursing by him or herself.

[I5_CF21b]

YES 01
NO 02

c. Breastmilk alone did not satisfy my baby.

[I5_CF21c]

YES 01
NO 02

d. I thought that my baby was not gaining enough weight.

[I5_CF21d]

YES 01
NO 02

e. I didn't have enough breastmilk.

[I5_CF21e]

YES 01
NO 02

f. Breastfeeding was too painful.

[I5_CF21f]

YES 01
NO 02

g. I wanted my baby to have both formula and breastmilk.

[I5_CF21g]

YES 01
NO 02

ASK H-N IF MOTHER IS EITHER EXCLUSIVELY FORMULA FEEDING OR FEEDING BOTH BREASTMILK AND FORMULA

h. I chose not to breastfeed

[I5_CF21h]

YES 01
NO 02

i. My baby was sick and could not breastfeed

[I5_CF21i]

YES.....01
NO 02

j. I was sick or had to take medicine

[I5_CF21j]

YES.....01
NO 02

k. Breastfeeding seemed too inconvenient

[I5_CF21k]

YES.....01
NO 02

l. I could not or did not want to pump

[I5_CF21l]

YES.....01
NO 02

m. I wanted or needed someone else to feed my baby

[I5_CF21m]

YES.....01
NO 02

n. For another reason

[I5_CF21n]

YES.....01
NO 02

(IF YES): **[SPECIFY:]**

[I5_CF21nOS]

SPECIFY _____

If not adhering to formula dilution instructions, why? Prescribed by Dr., nutritionist?
1, 3, 5, 7, 9, 11, 13

CF22. In the past month, did you ever mix the formula with extra water to make it last longer? [Source: IFPS-1]

[I5_CF22]

YES 01
NO 02

IF CF22 = NO, RF, OR DK, SKIP TO CF24.

CF23. (*IF YES TO CF22*) Who told you to prepare the formula this way? [Source: New Development]

[I5_CF23]

DOCTOR 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC 12
ANOTHER HEALTH CARE PROVIDER 13
FRIEND 14
FAMILY MEMBER 15
OTHER 16
NO ONE TOLD ME 17

CF24. In the past month, did you ever mix the formula with less water than directed in order to concentrate it or make it stronger? [Source: IFPS-1, modified]

[I5_CF24]

YES 01
NO 02
NOT APPLICABLE – USE READY-TO-FEED 99

IF CF24 = NO, 99, RF, OR DK, SKIP TO CF27.

CF25. (*IF YES TO CF24*) Who told you to prepare the formula this way? [Source: New Development]

[I5_CF25]

DOCTOR 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC 12
ANOTHER HEALTH CARE PROVIDER 13
FRIEND 14
FAMILY MEMBER 15
OTHER 16
NO ONE TOLD ME 17

How is formula feeding schedule determined (set, on demand, mixed)
1, 3, 5, 7, 9, 11, 13

CF27. Do you feed {CHILD} formula on a regular schedule or when [HE/SHE] cries or seems hungry? [Source: IFPS-1]

[I5_CF27]

SCHEDULE.....01
CRIES OR SEEMS HUNGRY.....02
BOTH.....03

IF MOTHER IS NOT CAREGIVER, SKIP TO CF32.

Move to Partial Breastfeeding (Asked once when mother indicates for the first time that she is formula feeding in CF1)

Timing of move to partial breastfeeding
(any time 1-13)

ASK OF ALL WOMEN WHO INDICATED FULLY BF IN CF1. ONCE ANSWERED AFFIRMATIVELY, DROP FROM SUBSEQUENT INTERVIEWS.

CF52. Has {CHILD} ever been fed infant formula, even just one time? Do not count while {CHILD} was in the hospital after birth.

[I5_CF52]

YES..... 01 (GO TO CF53)
NO ..... 02 (GO TO CF32)

RF & DK GO TO CF32.

ASK OF FULLY BF WOMEN WHO ANSWERED YES TO CF52, PARTIALLY BF WOMEN (BASED ON CF1), AND FULLY FORMULA FEEDING WOMEN (BASED IN CF1) WHO INDICATED THAT THEY EVER BREASTFED IN CF29 OR HF10. ASK ONCE, FIRST TIME FORMULA FEEDING INDICATED IN CF1 OR CF52, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF53. How old was {CHILD} the first time he/she was fed infant formula? Do not count while {CHILD} was in the hospital after birth.

[I5_CF53Num]
[I5_CF53Unit]

AGE.....[DAYS/WEEKS/MONTHS]

ASKED OF ALL PARTIALLY BF WOMEN AND ALL FULLY FORMULA FEEDING WOMEN WHO EVER BREASTFED BASED ON CF29 OR HF10. ASK UNTIL AN AGE, DON'T KNOW, OR REFUSED IS GIVEN IN RESPONSE, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF28. How old was {CHILD} when (he/she) was first fed formula every day? [Source: FITS 2002, modified]

[I5_CF28Num]
[I5_CF28Unit]

AGE .....[DAYS/WEEKS/MONTHS]

Breastfeeding Cessation Module: (asked once first time mother indicates not currently feeding breastmilk in CF1)
Questions CF30 – CF31

Timing of cessation of breastfeeding
(any time 1-13)

ASK AT FIRST INTERVIEW WHEN MOTHER SAYS SHE IS NOT FEEDING BREASTMILK, IF SHE INDICATED FEEDING BREASTMILK IN CF1 ON PREVIOUS INTERVIEWS OR IF SHE ANSWERED 'YES' TO EVER BREASTFED OR TRIED TO BREASTFEED IN CF29

CF30. How old was {CHILD} when you completely stopped breastfeeding or feeding [HIM/HER] breastmilk from a bottle? [Source: IFPS-1, modified]

[I5_CF30Num]
[I5_CF30Unit]

AGE .....[DAYS/WEEKS/MONTHS]

Reasons for cessation of breastfeeding
(any time 1-13)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF32.

CF31. There are many reasons mothers stop breastfeeding. Please tell me if any of the following reasons helped you to decide to stop breastfeeding {CHILD}? [Source: FDA IFPS-2, modified]

DO NOT ASK (a) IF INTERVIEW IS 5 MONTHS OR LATER

a. My baby had trouble sucking or latching on.

YES.....01
NO 02

b. My baby began to bite.

[I5_CF31b]

YES 01
NO 02

c. My baby lost interest in nursing or began to stop nursing by him or herself.

[I5_CF31c]

YES 01
NO 02

d. Breastmilk alone did not satisfy my baby.

[I5_CF31d]

YES 01
NO 02

e. I thought that my baby was not gaining enough weight.

[I5_CF31e]

YES 01
NO 02

f. I didn't have enough milk.

[I5_CF31f]

YES 01
NO 02

g. Breastfeeding was too painful.

[I5_CF31g]

YES 01
NO 02

h. I was sick or had to take medicine.

[I5_CF31h]

YES 01
NO 02

i. Breastfeeding was too inconvenient.

[I5_CF31i]

YES 01
NO 02

j. I wanted or needed someone else to feed my baby.

[I5_CF31j]

YES.....01
NO 02

k. I did not want to breastfeed in public.

[I5_CF31k]

YES.....01
NO 02

l. Another reason?

[I5_CF31l]

YES.....01
NO 02

(IF YES): **[SPECIFY]:**

[I5_CF31lOS]

SPECIFY _____

Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)

Fed other than breastmilk or formula
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ASK CF32 AT EVERY INTERVIEW UNTIL MOTHER ANSWERS YES, THEN DROP FROM LATER INTERVIEWS.

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk? [Source: WIC IFPS-1, modified]

[I5_CF32]

YES.....01
NO 02

Were foods other than breastmilk or formula fed by bottle? If so, why?
1, 3, 5, 7

CF36. Now I'm going to ask you some questions about things you might have added to your baby's bottle of infant formula or pumped breastmilk. [Source: FDA IFPS-2, modified; New Development for reasons]

a. In the past two weeks, how often have you added baby cereal to your baby's bottle? Would you say…

[I5_CF36a]

at every feeding,.....01
at most feedings, ...02
about once a day,.....03
every few days, ...04
rarely, or.....05
never?.....06

b. (*IF ANYTHING OTHER THAN NEVER, RF, OR DK*) Why did you add baby cereal to your baby's bottle?

[CODE ONLY ONE RESPONSE – THE FIRST ONE GIVEN.]

[I5_CF36b]

TO MAKE HIM/HER FULL.....01
TO MAKE HIM/HER DRINK MORE MILK.....02
TO GIVE HIM/HER A SPECIAL TREAT.....03
AS A REMEDY.....04
A DOCTOR OR OTHER HEALTH PROFESSIONAL
TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO.....06
OTHER.....07

c. In the past two weeks, how often have you added sweetener to your baby's bottle? Would you say…

[I5_CF36c]

at every feeding,.....01
at most feedings, ...02
about once a day,.....03
every few days, ...04
rarely, or.....05
never?.....06

d. **(*IF ANYTHING OTHER THAN NEVER, RF, OR DK*) Why did you add sweetener to your baby's bottle?**

[CODE ONLY ONE RESPONSE – THE FIRST ONE GIVEN.]

[I5_CF36d]

TO MAKE HIM/HER FULL 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT 03
AS A REMEDY 04
A DOCTOR OR OTHER HEALTH PROFESSIONAL TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO 06
OTHER 07

e. **Have you added anything else?**

[I5_CF36eAny]

YES 01
NO 02

(IF YES): **[SPECIFY]:**

[I5_CF36eOS]

SPECIFY _____

In the past two weeks, how often have you added [OTHER] to your baby's bottle?

[I5_CF36e]

at every feeding, ... 01
at most feedings, ... 02
about once a day, ... 03
every few days, ... 04
rarely, or 05
never? 06

f. **(*IF ANYTHING OTHER THAN NEVER, RF, OR DK*) Why did you add [OTHER] to your baby's bottle?**

[CODE ONLY ONE RESPONSE - FIRST RESPONSE.]

[I5_CF36f]

TO MAKE HIM/HER FULL 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT 03
AS A REMEDY 04
A DOCTOR OR OTHER HEALTH PROFESSIONAL TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO 06
OTHER 07

Time to introduction of supplemental foods
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ONLY ASK CF33 IF CF32 = YES NOW OR AT A PREVIOUS INTERVIEW. IF CF32=NO, DK, OR RF, SKIP TO NEXT APPLICABLE MODULE

IF YES TO ALL FOOD IN CF33 AT PREVIOUS INTERVIEW, SKIP TO CF40.

Next I'm going to ask you some questions about <u>when</u> you first started feeding {CHILD} different types of foods.

ASK EACH FOOD UNTIL ANSWER IS AFFIRMATIVE, THEN STOP ASKING THAT FOOD IN SUBSEQUENT INTERVIEWS

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. Has [HE/SHE] been given plain bottled or tap water?

[I5_CF33a]

YES 01
NO 02

b. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?

[I5_CF33bNum]
[I5_CF33bUnit]

AGE .....[WEEKS/MONTHS]

c. Has [HE/SHE] been given soda or soft drinks?

[I5_CF33c]

YES.....01
NO 02

d. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?

[I5_CF33dNum]
[I5_CF33dUnit]

AGE .....[WEEKS/MONTHS]

e. Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi- C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?

[IF NEEDED: Do not include soda or soft drinks.]

[I5_CF33e]

YES.....01
NO 02

f. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?

[I5_CF33fNum]
[I5_CF33fUnit]

AGE .....[WEEKS/MONTHS]

g. Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.

[I5_CF33g]

YES.....01
NO 02

h. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?

[I5_CF33hNum]
[I5_CF33hUnit]

AGE .....[WEEKS/MONTHS]

i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?

[IF NEEDED: Do not include water, soda, fruit juice, sweetened beverages such as Kool-Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea.]

[I5_CF33i]

YES 01
NO 02

j. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other drinks and liquids, including teas and broths?

[I5_CF33jNum]
[I5_CF33jUnit]

AGE .....[WEEKS/MONTHS]

k. Has [HE/SHE] been given cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.

[I5_CF33k]

YES 01
NO 02

l. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed cow's milk?

[I5_CF33lNum]
[I5_CF33lUnit]

AGE .....[WEEKS/MONTHS]

m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.

[I5_CF33m]

YES 01
NO 02

n. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?

[I5_CF33nNum]
[I5_CF33nUnit]

AGE .....[WEEKS/MONTHS]

o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?

[I5_CF33o]

YES 01
NO 02

p. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?

[I5_CF33PNum]
[I5_CF33pUnit]

AGE .....[WEEKS/MONTHS]

q. Has [HE/SHE] been given other cereal besides baby cereal?

[I5_CF33q]

YES 01
NO 02

r. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?

[I5_CF33rNum]
[I5_CF33rUnit]

AGE .....[WEEKS/MONTHS]

s. Has [HE/SHE] been given eggs?

[I5_CF33s]

YES 01
NO 02

t. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed eggs?

[I5_CF33tNum]
[I5_CF33tUnit]

AGE .....[WEEKS/MONTHS]

u. Has [HE/SHE] been given fruit, including baby food or regular fruit?

[I5_CF33u]

YES 01
NO 02

v. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed fruit?

[I5_CF33vNum]
[I5_CF33vUnit]

AGE .....[WEEKS/MONTHS]

w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?

[I5_CF33w]

YES..... 01
NO 02

x. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed vegetables?

[I5_CF33xNum]
[I5_CF33xUnit]

AGE .....[WEEKS/MONTHS]

y. Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?

[I5_CF33y]

YES..... 01
NO 02

z. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed beans?

[I5_CF33zNum]
[I5_CF33zunit]

AGE .....[WEEKS/MONTHS]

aa. Has [HE/SHE] been given peanut butter?

[I5_CF33aa]

YES..... 01
NO 02

bb. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?

[I5_CF33bbNum]
[I5_CF33bbUnit]

AGE .....[WEEKS/MONTHS]

cc. Has [HE/SHE] been given meats, chicken, or fish, including baby food and baby food combination dinners containing these foods?

[I5_CF33cc]

YES.....01
NO 02

dd. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?

[I5_CF33ddNum]
[I5_CF33ddUnit]

AGE .....[WEEKS/MONTHS]

ee. Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?

[I5_CF33ee]

YES.....01
NO 02

ff. (*IF YES)* How old was {CHILD} when [HE/SHE] was first fed salty snacks?

[I5_CF33ffNum]
[I5_CF33ffUnit]

AGE .....[WEEKS/MONTHS]

gg. Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam?

[I5_CF33gg]

YES.....01
NO 02

hh. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed sweets?

[I5_CF33hhNum]
[I5_CF33hhUnit]

AGE .....[WEEKS/MONTHS]

Feeding Methods and Food Preparation:

Method of feeding child (spoon, infant feeder, bottle/modified bottle, etc.)
3, 5, 7, 9, 11, 13, 15

ONLY ASK IF INDICATED THAT CHILD IS EATING SOLID FOODS (SOMETHING OTHER THAN FORMULA OR BM) IN CF32

CF40. In the past 7 days, have you given {CHILD} any foods with a spoon? [Source: IFPS-1, modified]

[I5_CF40]

YES.....01
NO 02

CF41. In the past 7 days, have you given {CHILD} any foods with an infant feeder or with a bottle that has an extra-large nipple hole? [Source: IFPS-1, modified]

[I5_CF41]

YES.....01
NO 02

Next I'm going to ask you some questions about how you get information on how to feed {CHILD}.

Sources of information about infant/toddler feeding
5, 15

KA36. There are many people and places mothers turn to for information on how to feed children. I am going to read you a list and I would like you to tell me if you have turned to any of these people or places to get information about how to feed {CHILD}. [Source: New Development]

a. Your child's doctor or another health professional?

[I5_KA36d]

YES 01
NO 02
NOT APPLICABLE 99

b. Your mother, mother-in-law, or another family member?

[I5_KA36a]

YES 01
NO 02
NOT APPLICABLE 99

c. Your WIC office or clinic?

[I5_KA36h]

YES 01
NO 02
NOT APPLICABLE 99

d. A mom's group or class?

[I5_KA36e]

YES 01
NO 02
NOT APPLICABLE 99

e. Books or magazines?

[I5_KA36f]

YES 01
NO 02
NOT APPLICABLE 99

f. Your husband or boyfriend?

[I5_KA36b]

YES....01
NO....02
NOT APPLICABLE....99

g. The internet or parenting websites?

[I5_KA36g]

YES....01
NO....02
NOT APPLICABLE....99

h. A friend

[I5_KA36c]

YES....01
NO....02
NOT APPLICABLE....99

IF NO TO ALL OF KA36, SKIP TO KA38.

Most helpful source of information about infant/toddler feeding
5, 15

ASK IF ANSWERED 'YES' TO TWO OR MORE SOURCES OF INFORMATION IN KA36

KA40. You just told me about the people or places you turn to in order to get information about how to feed {CHILD}. I'm going to read that list back to you, and I'd like you to tell me which person or place you think gives you the most helpful information about feeding {CHILD}. [CATI includes only options endorsed as 'yes' in KA36**]. So would you say that the person or place that gives you the most helpful information is…: [Source: New Development]**

[I5_KA40]

your mother, mother-in-law, or another family member....01
your husband or boyfriend....02
a friend....03
your child's doctor or another health professional....04
a mom's group or class....05
books or magazines....06
the internet or parenting websites....07
your WIC office or clinic....08

Why did mother seek information about infant/toddler feeding
5, 15

KA37. (*IF YES TO SEEKING INFORMATION FROM ANY SOURCE IN KA36***) I'm going to read you a short list of reasons why some mothers look for information about how to feed their children. For each one, please tell me if it is a reason why you looked for information. [Source: New Development]**

a. I had questions about what to feed my child?

[I5_KA37a]

YES 01
NO 02

b. I was worried about my child's weight?

[I5_KA37b]

YES 01
NO 02

c. I wanted help with a problem I was having with feeding my child?

[I5_KA37c]

YES 01
NO 02

d. I wanted to learn more about feeding new or different things to my child?

[I5_KA37d]

YES 01
NO 02

Did the mother have problems getting information about infant/toddler feeding? If so, what were the problems/barriers?
5, 15

KA38. Have you had any problems finding information about how to feed {CHILD}? [Source: New Development]

[I5_KA38]

YES 01
NO 02

KA39. (*IF YES TO KA38*) I'm going to read you some problems mothers have getting information. For each one, please tell me if this was a problem for you.

a. I didn't know where to look for information?

[I5_KA39a]

YES 01
NO..... 02

b. I couldn't find information on what I wanted to know?

[I5_KA39b]

YES..... 01
NO 02

c. I found information about what I wanted to know, but none of it seemed to apply to my situation?

[I5_KA39c]

YES..... 01
NO 02

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

Finally I'm going to ask you some questions about your child's health and behavior.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

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

[*INTERVIEWER, IF NECESSARY ADD***: These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]**

[I5_CH2]

YES..... 01
NO..... 02 *(GO TO CH5)*

RF & DK GO TO CH5.

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

[I5_CH2a]

FOOD ALLERGIES 11
DIABETES 12
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA 13
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX 14
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS 15
OTHER 91

(IF OTHER): **[SPECIFY:]**

[I5_CH2aOS]

SPECIFY _____

CH3. (*IF YES TO HEALTH STATUS/CONDITIONS IN CH2***): What are you currently doing to treat this medical problem? [Source: New Development]** *(OPEN-ENDED, INTERVIEWER CHECK ALL THAT APPLY)*

[CODE ALL THAT APPLY.]

[I5_CH3]

TAKING HER/HIM TO THE DOCTOR FOR TREATMENT ..11
TREATING HIM/HER AT HOME WITH MEDICINE 12
TREATING HIM/HER AT HOME WITH SOMETHING OTHER THAN MEDICINE (SUCH AS HERBAL REMEDIES, SPECIAL TEAS, OR OTHER FORMS OF TREATMENT) 13
CHANGING HIS/HER DIET 14
OTHER 15

Child physical activity indoors
5, 13, 15, 24

AT 5 MONTHS ONLY:

CH5. I am going to read you a list of activities you or someone in your home may have done with your child in the past week. For each one please tell me how often you or someone in your home did the following activities with {CHILD} in the past week. [Source: MacDonald & Parke, 1986, modified]

a. **Roll on the floor or a soft surface, including the child rolling around or when someone pushes the child around gently. In the past week, how often did you or someone in your home roll around with {CHILD}? Would you say…**

[I5_CH5a]

every day,.....01
several times a week,.....02
once a week, or.....03
not at all?.....04

b. **Playing ball. This includes placing a ball in front of a child so he has to go after it by grabbing or pushing. In the past week, how often did you or someone in your home play ball with {CHILD}? Would you say…**

[I5_CH5b]

every day,.....01
several times a week,.....02
once a week, or.....03
not at all?.....04

c. **Tummy time. This includes placing your baby on his/her tummy and let him/her explore while you are watching. In the past week, how often did you or someone in your home play tummy time with {CHILD}? Would you say…**

[I5_CH5c]

every day,.....01
several times a week,.....02
once a week, or.....03
not at all?.....04

Child sleep duration/patterns
5, 11, 24

CH9. On a typical day, how much time does your child spend sleeping during the NIGHT, between 7 in the evening and 7 in the morning? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

[I5_CH9Hr]
[I5_CH9Min]

AMOUNT OF TIME_____

CH10. On a typical day, how much time does your child spend sleeping during the DAY, between 7 in the morning and 7 in the evening? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

[I5_CH10hr]
[I5_CH10Min]

AMOUNT OF TIME_____

CH11. How many times does your child usually wake up during the night, between 7 in the evening and 7 in the morning? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

[I5_CH11]

NUMBER OF WAKINGS ..... [NUMBER]

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

Nutrition intake
Number of breastmilk/formula feedings per day
Type of formula used
Adherence to formula dilution instructions
Use/timing of supplemental formula for breastfeeding mothers
Addition of anything other than human milk/formula to child's bottle
Specific food item intake
Use of jarred baby foods
Meal and snack pattern
Eating locations (eating on the go)
Use of dietary supplements for infants (direct administration)

Currently pregnant/due date
7, 13, 18

I'm going to ask you some questions about yourself and your household.

SD16. Are you currently pregnant? [Source: New Development]

[IF RESPONDENT IS MALE, CODE NO]

[I7_CD16]

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

SD17. (*IF YES*) When is your baby due? [Source: FDA IFPS-2]

[I7_SD17Mon]
[I7_SD17Day]
[I7_SD14Yr]

MONTH ..... [JANUARY – DEC.]
DAY..... [1-31]
{YEAR – AUTOFILL FOR NEXT OCCURRENCE OF THE MONTH}

Household size
Screening, 7, 13, 24

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, and (*IF CURRENTLY PREGNANT SD16=YES:* please add 1 to the total for your pregnancy, too [Source: FITS 2002, modified]

[I7_SD18]

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

Household income
Screening, 7, 13, 24

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

[I7_SD19]

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 household income before taxes for [PREVIOUS MONTH]**

[I7_SD19R]

$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, or more than $5000?	10 11

Household food insecurity
7, 13, 18, 24

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

SD36. 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 6-item]

The first statement is, The food that we bought just didn't last, and we didn't have money to get more. Was that. . .

[I7_SD36]

often true,..... 01
sometimes true, or..... 02
never true for your household in the last 12 months?..... 03

SD37. We couldn't afford to eat balanced meals. Was that. . .

[I7_SD37]

often true,..... 01
sometimes true, or..... 02
never true for your household in the last 12 months?..... 03

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?

[I7_SD38]

Yes..... 01
No..... 02 (Skip AD1a)

a. [*If yes to SD38, ask*] How often did this happen. . .

[I7_SD38a]

almost every month, ... 01
some months but not every month, or 02
only 1 or 2 months? 03

SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[I7_SD39]

Yes..... 01
No..... 02

SD40. In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

[I7_SD40]

Yes..... 01
No..... 02

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

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I7_SD31]

YES 01
NO 02

(IF NO FOR THE FIRST TIME GO TO SD34, IF NO PREVIOUSLY GO TO NEXT APPLICABLE MODULE)

RF & DK GO TO NEXT APPLICABLE MODULE

SD32. {*IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:* **The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location?** /*IF NEW RESPONDENT*: **Do you go to WIC at [FILL LOCATION] or do you go to another location? [Source: FDA IFPS-2 modified]**

[I7_SD32]

YES, STILL THAT LOCATION 01
NO, NEW LOCATION 02

SD33. *(IF SD32 IS NO)* **Please tell me where you go now.**

ASK SD34 AND SD35 ONLY IF SD31 IS 'NO' FOR THE FIRST TIME

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[I7_SD34Num]
[I7_SD34Unit]

AGE ..... [WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC:

[I7_SD35a]

a. You no longer qualify for WIC?

YES 01
NO 02

[I7_SD35b]

b. It was inconvenient for you?

YES 01
NO 02

[I7_SD35c]

c. You no longer need WIC?

YES 01
NO 02

[I7_SD35d]

d. Is there any other reason?

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I7_SD35dOS]

SPECIFY _____

WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION

ADMINISTER WIC MODULE ONLY IF RESPONDENT INDICATED IN SD31 THAT THEY ARE STILL ON WIC. IF NOT ON WIC SD31≠YES, SKIP TO NEXT APPLICABLE MODULE.

Utilization: Extended benefits for breastfeeding mothers
7

IF MOTHER CURRENTLY PREGNANT AGAIN (SD16=YES), SKIP TO WC15..

WC14. (*DON'T ASK IF MOTHER CURRENTLY PREGNANT AGAIN***) Your baby is now receiving baby foods and infant cereal from WIC. Are you still receiving WIC foods for YOURSELF? [Source: New Development]**

[I7_WC14]

YES 01
NO 02

a. (*IF YES***) Last month, did you purchase all of the WIC foods for which you were issued checks or EBT benefits for yourself and {CHILD}? [Source: New Development]**

[I7_WC14a]

YES 01
NO 02

Utilization: Information on initiation of supplemental foods
7

WC15. Have you received any information from WIC about when to start giving solid foods to {CHILD}? [Source: IFPS-1, modified}

[I7_WC15]

YES 01
NO 02

CURRENT FEEDING PRACTICES

Now I'm going to ask you some questions about things you might be doing to feed your baby.

Current feeding choice
1, 3, 5, 7, 9, 11, 13

CF1. {*BIOMOM:* **Are you**/*CAREGIVER:* **Is anyone} currently feeding {CHILD} breastmilk either from the breast or from a bottle, formula, (*1-5 months*: or both) (*7-13 months:* both, or neither)? [Source: New Development]**

[I7_CF1]

ONLY BREASTMILK.....01
ONLY FORMULA.....02
BOTH BREASTMILK AND FORMULA.....03
NEITHER BREASTMILK NOR FORMULA.....04

IF CF1 = 02, SKIP TO CF19

IF CF1 = 04, DK, OR RF, AND IF BREASTFED IN A PREVIOUS EVENT AND CF30 NOT ADMINISTERED AT A PREVIOUS INTERVIEW, GO TO CF30.

IF CF1 = 04, DK, OR RF, AND CF30 ADMINISTERED AT A PREVIOUS INTERVIEW OR NEVER BREASTFED, GO TO CF34.

Breastfeeding Module (Asked only if mother currently feeding breastmilk, based on CF1)
Questions CF6 – CF18

Use of breast pump
1, 3, 5, 7, 9, 11, 13

IF MOTHER IS NOT CAREGIVER SKIP TO CF18

You said that you are currently feeding {CHILD} breastmilk. I'd like to ask you some questions about that now.

CF6. Some mothers are able to pump breastmilk and others are not. Are you currently pumping breastmilk?

[I7_CF6]

YES 01
NO 02

IF CF6 IS NO, RF, OR DK, SKIP TO CF18

Time of day of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF12. Now I'd like to ask you about the times of day when you usually pump. [Source: New Development]

a. When you pump, how often do you pump in the morning, before noon? Would you say…

[I7_CF12a]

usually, ... 01
sometimes, or 02
never? 03

b. When you pump, how often do you pump mid-day, from noon to 5pm? Would you say…

[I7_CF12b]

usually, ... 01
sometimes, or 02
never? 03

c. When you pump, how often to you pump in the evening or night time, after 5pm?

[I7_CF12c]

USUALLY 01
SOMETIMES 02
NEVER 03

Frequency of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF11. Thinking about the past two weeks, how many times did you pump milk? (*INTERVIEWER ALLOW OPEN-ENDED, CALCULATE NUMBERS FOR RESPONSE IF NEEDED, AND CONFIRM WITH RESPONDENT)***[Source: FDA IFPS-2, modified]**

[I7_CF11]

TIMES PUMPED ..... [TIMES]

Reasons for pumping
1, 3, 5, 7

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF15. I'm going to read you some reasons why you might have pumped breastmilk in the past month. For each one, tell me if this was a reason you pumped breastmilk. [Source: FDA IFPS-2, modified]

a. To get milk so that someone else can feed your baby?

[I7_CF15f]

YES 01
NO 02

b. To keep your milk supply up when your baby could not nurse , such as while you were away from your baby or when your baby was too sick to nurse?

[I7_CF15b]

YES 01
NO 02

c. To mix with cereal or other food?

[I7_CF15c]

YES 01
NO 02

d. To relieve engorgement or swelling?

[I7_CF15a]

YES 01
NO 02

e. To have an emergency supply of milk?

[I7_CF15e]

YES 01
NO 02

f. To increase your milk supply?

[I7_CF15d]

YES 01
NO 02

g. Any other reason you have pumped breastmilk in the past month?

[I7_CF15g]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I7_CF15gOS]

SPECIFY _____

Storage practices for pumped/expressed human milk
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF16. In the last month, how long was your pumped milk usually stored in the refrigerator? [Source: FDA IFPS-2, modified]

[I7_CF16]

I DO NOT STORE MILK IN A REFRIGERATOR 01
1 DAY OR LESS.....02
1 TO 3 DAYS.....03
4 TO 5 DAYS.....04
6 TO 8 DAYS.....05
MORE THAN 8 DAYS.....06

CF17. How long is your frozen milk usually stored? [Source: FDA IFPS-2]

[I7_CF17]

ONLY INCLUDE 4 MONTHS OR MORE AFTER THE 5 MONTH INTERVIEW

I DO NOT FREEZE MY MILK.....01
LESS THAN 1 WEEK.....02
1 TO 4 WEEKS.....03
1 TO 3 MONTHS 04
4 MONTHS OR MORE.....05

How is breastmilk feeding schedule determined (time schedule, child seems hungry, mixed)
1, 3, 5, 7, 9, 11, 13

CF18. Do you breastfeed or feed {CHILD} breastmilk from a bottle on a regular schedule, or when [HE/SHE] cries or seems hungry? [Source: IFPS-1, modified]

[I7_CF18]

SCHEDULE 01
CRIES OR SEEMS HUNGRY 02
BOTH 03

IF CF1 = 01 SKIP TO CF52

Formula Feeding Module (Asked only if mother currently formula feeding)
Questions CF19 – CF27

You said that you are currently feeding {CHILD} formula. I'd like to ask you some questions about that.

Who provided formula
1, 3, 5, 7, 9, 11, 13

CF19. Where do you get the formula that you use to feed {CHILD}? Do you get it… [Source: New Development]

[I7_CF19]

from WIC, ... 01
from somewhere else, or ..... 02 *SKIP TO CF21*
both WIC and somewhere else? 03

DK AND RF GO TO CF21

CF20. (*IF INDICATED IN CF19 GETTING FORMULA FROM WIC*) Is the amount of formula that you get from WIC to help feed {CHILD}… [Source: PHFE WIC Survey 2010, modified]

[I7_CF20]

more than you usually need, ... 01
less than you usually need, or 02
about right? 03

Reasons for formula use
1, 3, 5, 7, 9, 11, 13 (ask for the last time at the interview where mom indicates she has completely stopped breastfeeding)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF54.

CF21. There are many reasons for using formula. Please tell me if any of the following are reasons why you feed your baby formula. [Source: FDA IFPS-2, modified]

[I7_CF21]

IF NOT CURRENTLY BREASTFEEDING AT ALL (CF1) AND NEVER TRIED TO BREASTFEED (HF10, CF29), SKIP TO H.

ASK (A) ONLY IN MONTHS 1, 3, 5

a. My baby had trouble sucking or latching on to the breast.

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

b. My baby lost interest in nursing or began to stop nursing by him or herself.

[I7_CF21b]

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

c. Breastmilk alone did not satisfy my baby.

[I7_CF21c]

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

d. I thought that my baby was not gaining enough weight.

[I7_CF21d]

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

e. I didn't have enough breastmilk.

[I7_CF21e]

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

f. Breastfeeding was too painful.

[I7_CF21f]

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

g. I wanted my baby to have both formula and breastmilk.

[I7_CF21g]

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

ASK H-N IF MOTHER IS EITHER EXCLUSIVELY FORMULA FEEDING OR FEEDING BOTH BREASTMILK AND FORMULA

h. I chose not to breastfeed.

[I7_CF21h]

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

i. My baby was sick and could not breastfeed.

[I7_CF21i]

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

j. I was sick or had to take medicine.

[I7_CF21j]

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

k. Breastfeeding seemed too inconvenient.

[I7_CF21k]

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

l. I could not or did not want to pump.

[I7_CF21l]

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

m. I wanted or needed someone else to feed my baby.

[I7_CF21m]

YES 01
NO 02

n. For another reason.

[I7_CF21n]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I7_CF21nOS]

SPECIFY _____

Formula Food Safety Questions
3, 7, 11

People have different routines they follow when preparing formula. Now I'd like to ask you about things you might do when you prepare formula for your baby.

CF54. In the past month, when you prepared infant formula for {CHILD} how often did you mix it with water that you had boiled first? Would you say…

[I7_CF54]

did that always,.....01
sometimes,.....02
never, or.....03
did you use ready-to-feed formula instead? [skip to CF22] 04

CF55. Some people mix their infant formula with water, and keep it until they need it to feed their babies. In the past month, how often did you mix infant formula more than 24 hours before you fed it to {CHILD}? Would you say that you…

[I7_CF55]

always mixed it more than 24 hours before fed it to {CHILD}.
01 sometimes did that, ...02
never did that, or 03
did you use ready-to-feed formula instead?.....04

If not adhering to formula dilution instructions, why? Prescribed by Dr., nutritionist?
1, 3, 5, 7, 9, 11, 13

CF22. In the past month, did you ever mix the formula with extra water to make it last longer? [Source: IFPS-1]

[I7_CF22]

YES 01
NO 02

IF CF22 = NO, RF, OR DK, SKIP TO CF24.

CF23. (*IF YES TO CF22*) Who told you to prepare the formula this way? [Source: New Development]

[CODE ALL THAT APPLY.]

[I7_CF23]

DOCTOR 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC 12
ANOTHER HEALTH CARE PROVIDER 13
FRIEND 14
FAMILY MEMBER 15
OTHER 16
NO ONE TOLD ME 17

CF24. In the past month, did you ever mix the formula with less water than directed in order to concentrate it or make it stronger? [Source: IFPS-1, modified]

[I7_CF24]

YES 01
NO 02
NOT APPLICABLE – USE READY-TO-FEED 99

IF CF24 = NO, 99, RF, OR DK, SKIP TO CF27.

CF25. (*IF YES TO CF24*) Who told you to prepare the formula this way? [Source: New Development]

[CODE ALL THAT APPLY.]

[I7_CF25]

DOCTOR 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC 12
ANOTHER HEALTH CARE PROVIDER 13
FRIEND 14
FAMILY MEMBER 15
OTHER 16
NO ONE TOLD ME 17

How is formula feeding schedule determined (set, on demand, mixed)
1, 3, 5, 7, 9, 11, 13

CF27. Do you feed {CHILD} formula on a regular schedule or when [HE/SHE] cries or seems hungry? [Source: IFPS-1]

[I7_CF27]

SCHEDULE.....01
CRIES OR SEEMS HUNGRY 02
BOTH.....03

Move to Partial Breastfeeding

Timing of move to partial breastfeeding
(any time 1-13)

ASK OF ALL WOMEN WHO INDICATED FULLY BF IN CF1. ONCE ANSWERED AFFIRMATIVELY, DROP FROM SUBSEQUENT INTERVIEWS.

CF52. Has {CHILD} ever been fed infant formula, even just one time? Do not count while {CHILD} was in the hospital after birth.

[I7_CF52]

YES.....01 (GO TO CF53)
NO.....02 (GO TO CF32)

RF & DK GO TO CF32.

ASK OF FULLY BF WOMEN WHO ANSWERED YES TO CF52, PARTIALLY BF WOMEN (BASED ON CF1), AND FULLY FORMULA FEEDING WOMEN (BASED IN CF1) WHO INDICATED THAT THEY EVER BREASTFED IN CF29 OR HF10. ASK ONCE, FIRST TIME FORMULA FEEDING INDICATED IN CF1 OR CF52, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF53. How old was {CHILD} the first time [HE/SHE] was fed infant formula? Do not count while {CHILD} was in the hospital after birth.

[I7_CF53Num]
[I7_CF53Unit]

AGE .....[DAYS/WEEKS/MONTHS]

ASKED OF ALL PARTIALLY BF WOMEN AND ALL FULLY FORMULA FEEDING WOMEN WHO EVER BREASTFED BASED ON CF29 OR HF10. ASK UNTIL AN AGE, DON'T KNOW, OR REFUSED IS GIVEN IN RESPONSE, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF28. How old was {CHILD} when [HE/SHE] was first fed formula every day? [Source: FITS 2002, modified]

[I7_CF28Num]
[I7_CF28Unit]

AGE .....[DAYS/WEEKS/MONTHS]

Breastfeeding Cessation Module: (asked once first time mother indicates not currently feeding breastmilk in CF1)
Questions CF30 – CF31

Timing of cessation of breastfeeding
(any time 1-13)

ASK AT FIRST INTERVIEW WHEN MOTHER SAYS SHE IS NOT FEEDING BREASTMILK, IF SHE INDICATED FEEDING BREASTMILK IN CF1 ON PREVIOUS INTERVIEWS OR IF SHE ANSWERED 'YES' TO EVER BREASTFED OR TRIED TO BREASTFEED IN CF29

CF30. How old was {CHILD} when you completely stopped breastfeeding or feeding [HIM/HER] breastmilk from a bottle? [Source: IFPS-1, modified]

[I7_CF30Num]
[I7_CF30Unit]

AGE .....[DAYS/WEEKS/MONTHS]

Reasons for cessation of breastfeeding
(any time 1-13)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF34

CF31. There are many reasons mothers stop breastfeeding. Please tell me if any of the following reasons helped you to decide to stop breastfeeding {CHILD}? [Source: FDA IFPS-2, modified]

DO NOT ASK (A) IF INTERVIEW IS 5 MONTHS OR LATER

a. My baby had trouble sucking or latching on.

YES 01
NO 02

b. My baby began to bite.

[I7_CF31b]

YES 01
NO 02

c. My baby lost interest in nursing or began to stop nursing by him or herself.

[I7_CF31c]

YES 01
NO 02

d. Breastmilk alone did not satisfy my baby.

[I7_CF31d]

YES 01
NO 02

e. I thought that my baby was not gaining enough weight.

[I7_CF31e]

YES 01
NO 02

f. I didn't have enough milk.

[I7_CF31f]

YES 01
NO 02

g. Breastfeeding was too painful. [I7_CF31e]

YES 01
NO 02

h. I was sick or had to take medicine.

[I7_CF31h]

YES 01
NO 02

i. Breastfeeding was too inconvenient.

[I7_CF31i]

YES 01
NO 02

j. I wanted or needed someone else to feed my baby.

[I7_CF31j]

YES 01
NO 02

k. I did not want to breastfeed in public.

[I7_CF31k]

YES 01
NO 02

l. Another reason?

[I7_CF31l]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I7_CF31lOS]

SPECIFY _____

Time to cessation of bottle feeding
7, 9, 11, 13, 15, 18, 24 (ask until affirmative, then stop asking)

CF34. Is {CHILD} still drinking anything from a bottle? [Source: New Development]

[I7_CF34]

YES 01
NO 02

CF35. (*IF CF34 = NO, ASK*:) How old was {CHILD} when he/she stopped using a bottle? [Source: New Development]

[I7_CF35Num]
[I7_CF35Unit]

AGE .....[WEEKS/MONTHS/YEARS]

Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)

Fed other than breastmilk or formula
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ASK CF32 AT EVERY INTERVIEW UNTIL MOTHER ANSWERS YES, THEN DROP FROM LATER INTERVIEWS.

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk? [Source: WIC IFPS-1, modified]

[I7_CF32]

YES 01
NO..... 02

Were foods other than breastmilk or formula fed by bottle? If so, why?
1, 3, 5, 7

ASK ONLY IF CF34 = YES – STILL DRINKING FROM BOTTLE

CF36. Now I'm going to ask you some questions about things you might have added to your baby's bottle of infant formula or pumped breastmilk. [Source: FDA IFPS-2, modified; New Development for reasons]

a. In the past two weeks, how often have you added baby cereal to your baby's bottle? Would you say…

[I7_CF36a]

at every feeding, ...01
at most feedings, ...02
about once a day, ...03
every few days, ...04
rarely, or 05
never? 06

b. (*IF ANYTHING OTHER THAN NEVER, RF, OR DK*) Why did you add baby cereal to your baby's bottle?

[CODE ONLY ONE RESPONSE – THE FIRST ONE GIVEN.]

[I7_CF36b]

TO MAKE HIM/HER FULL..... 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT 03
AS A REMEDY 04
A DOCTOR OR OTHER HEALTH PROFESSIONAL
TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO..... 06
OTHER..... 07

c. In the past two weeks, how often have you added sweetener to your baby's bottle? Would you say…

[I7_CF36c]

at every feeding,..... 01
at most feedings, ... 02
about once a day,..... 03
every few days, ... 04
rarely, or..... 05
never?..... 06

d. (*IF ANYTHING OTHER THAN NEVER, RF, OR DK*.) Why did you add sweetener to your baby's bottle?

[CODE ONLY ONE RESPONSE – THE FIRST ONE GIVEN.]

[I7_CF36d]

TO MAKE HIM/HER FULL 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT 03
AS A REMEDY 04
A DOCTOR OR OTHER HEALTH PROFESSIONAL
TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO..... 06
OTHER 07

e. Have you added anything else?

[I7_CF36eAny]

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

(IF YES): **[SPECIFY:]**

[I7_CF36eOS]

SPECIFY _____

In the past two weeks, how often have you added [OTHER] to your baby's bottle?

[I7_CF36e]

at every feeding,..... 01
at most feedings, ... 02
about once a day,..... 03
every few days, ... 04
rarely, or..... 05
never?..... 06

f. **(*IF ANYTHING OTHER THAN NEVER, RF, OR DK*) Why did you add [OTHER] to your baby's bottle?**

[CODE ONLY ONE RESPONSE – THE FIRST ONE GIVEN.]

[I7_CF36f]

TO MAKE HIM/HER FULL 01
TO MAKE HIM/HER DRINK MORE MILK 02
TO GIVE HIM/HER A SPECIAL TREAT 03
AS A REMEDY 04
A DOCTOR OR OTHER HEALTH PROFESSIONAL TOLD ME TO 05
A FRIEND OR RELATIVE TOLD ME TO 06
OTHER 07

Time to introduction of supplemental foods
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

IF YES TO ALL FOODS IN CF33 IN PREVIOUS EVENTS, SKIP TO CF37.

ONLY ASK CF33 IF CF32 = YES NOW OR AT A PREVIOUS INTERVIEW. IF CF32=NO, DK, OR RF, SKIP TO NEXT APPLICABLE MODULE

Next I'm going to ask you some questions about <u>when</u> you first started feeding {CHILD} different types of foods.

ASK EACH FOOD UNTIL ANSWER IS AFFIRMATIVE, THEN STOP ASKING THAT FOOD IN SUBSEQUENT INTERVIEWS.

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. **Has [HE/SHE] been given plain bottled or tap water?**

[I7_CF33a]

YES 01
NO 02

b. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?**

[I7_CF33bNum]
[I7_CF33bUnit]

AGE .....[WEEKS/MONTHS]

c. Has [HE/SHE] been given soda or soft drinks?

[I7_CF33c]

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

d. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?

[I7_CF33dNum]
[I7_CF33dUnit]

AGE .....[WEEKS/MONTHS]

e. Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?

[IF NEEDED: Do not include soda or soft drinks.]

[I7_CF33e]

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

f. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?

[I7_CF33fNum]
[I7_CF33Unit]

AGE .....[WEEKS/MONTHS]

g. Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice. Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to?

[I7_CF33g]

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

h. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?

[I7_CF33hNum]
[I7_CF33Unit]

AGE .....[WEEKS/MONTHS]

i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?

[IF NEEDED: Do not include water, soda, fruit juice, sweetened beverages such as Kool-Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea.]

[I7_CF33i]

YES 01
NO 02

j. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other drinks and liquids, including teas and broths?

[I7_CF33jNum]
[I7_CF33jUnit]

AGE .....[WEEKS/MONTHS]

k. Has [HE/SHE] been given cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.

[I7_CF33k]

YES 01
NO 02

l. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed cow's milk?

[I7_CF33lNum]
[I7_CF33lUnit]

AGE .....[WEEKS/MONTHS]

m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.

[I7_CF33m]

YES 01
NO 02

n. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?

[I7_CF33nNum]
[I7_CF33unit]

AGE .....[WEEKS/MONTHS]

o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?

[I7_CF33o]

YES 01
NO 02

p. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?

[I7_CF33pNum]
[I7_CF33pUnit]

AGE .....[WEEKS/MONTHS]

q. Has [HE/SHE] been given other cereal besides baby cereal?

[I7_CF33q]

YES 01
NO 02

r. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?

[I7_CF33rNum]
[I7_CF33rUnit]

AGE .....[WEEKS/MONTHS]

s. Has [HE/SHE] been given eggs?

[I7_CF33s]

YES 01
NO 02

t. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed eggs?

[I7_CF33tNum]
[I7_CF33tUnit]

AGE .....[WEEKS/MONTHS]

u. Has [HE/SHE] been given fruit, including baby food or regular fruit? [I7_CF33u]

YES 01
NO 02

v. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed fruit?

[I7_CF33vNum]
[I7_CF33vUnit]

AGE .....[WEEKS/MONTHS]

w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?

[I7_CF33w]

YES 01
NO 02

x. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed vegetables?

[I7_CG33xNum]
[I7_CF33xUnit]

AGE .....[WEEKS/MONTHS]

y. Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?

[I7_CF33y]

Yes 01
No 02

z. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed beans?

[I7_CF33zNum]
[I7_CF33zUnit]

AGE .....[WEEKS/MONTHS]

aa. Has [HE/SHE] been given peanut butter?

[I7_CF33aa]

YES..... 01
NO 02

bb. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?

[I7_CF33bbNum]
[I7_CF33bbUnit]

AGE .....[WEEKS/MONTHS]

cc. Has [HE/SHE] been given meats,, chicken, or fish, including baby food and baby food combination dinners containing these foods?

[I7_CF33cc]

YES..... 01
NO 02

dd. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?**

[I7_CF33ddNum]
[I7_CF33ddUnit]

AGE .....[WEEKS/MONTHS]

ee. **Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?**

[I7_CF33ee]

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

ff. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed salty snacks?**

[I7_CF33ffNum]
[I7_CF33ffUnit]

AGE .....[WEEKS/MONTHS]

gg. **Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam?**

[I7_CF33gg]

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

hh. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed sweets?**

[I7_CF33hhNum]
[I7_CF33hhUnit]

AGE .....[WEEKS/MONTHS]

Next I'm going to ask you some questions about the types of food you buy or make for {CHILD}, how you prepare those foods and feed them to {CHILD}, and what foods you get through WIC.

Source of baby food (homemade or purchased; if purchased, was it all with WIC vouchers or some purchased without WIC vouchers)
7, 9, 11, 13

CF37. For each food category I read to you, please tell me about how much of the food fed to your baby over the past 7 days was store-bought baby food in a jar or container. Baby foods in a jar or container are those sold especially for babies. Foods that are not baby foods in a jar or container include fresh fruit, fruit juices other than those especially sold for babies, foods you prepare especially for the baby, and table food. [Source: FDA IFPS-2, modified]

a. Fruit and vegetable juice? Was it…

[I7_CF37a]

all store-bought baby food, ...01
mostly store-bought baby food, ... 02
some store-bought baby food, or.....03
no store-bought baby food?.....04
NOT FED THIS FOOD IN PAST 7 DAYS 05

b. Fruit? Was it…

[I7_CF37b]

all store-bought baby food, ...01
mostly store-bought baby food, ... 02
some store-bought baby food, or.....03
no store-bought baby food?.....04
NOT FED THIS FOOD IN PAST 7 DAYS 05

c. Vegetables?

[I7_CF37c]

ALL STORE-BOUGHT BABY FOOD 01
MOSTLY STORE-BOUGHT BABY FOOD 02
SOME STORE-BOUGHT BABY FOOD..... 03
NO STORE-BOUGHT BABY FOOD 04
NOT FED THIS FOOD IN PAST 7 DAYS 05

d. Meat, such as beef and chicken?

[I7_CF37d]

ALL STORE-BOUGHT BABY FOOD 01
MOSTLY STORE-BOUGHT BABY FOOD 02
SOME STORE-BOUGHT BABY FOOD..... 03
NO STORE-BOUGHT BABY FOOD 04
NOT FED THIS FOOD IN PAST 7 DAYS 05

e. Combination dinners

[I7_CF37e]

ALL STORE-BOUGHT BABY FOOD 01
MOSTLY STORE-BOUGHT BABY FOOD 02
SOME STORE-BOUGHT BABY FOOD..... 03
NO STORE BOUGHT BABY FOOD..... 04
NOT FED THIS FOOD IN PAST 7 DAYS..... 05

CF38. **[***IF ALL, MOSTLY OR SOME STORE-BOUGHT BABY FOOD INDICATED ABOVE, THEN ASK:***] Was all of the store-bought baby food in jars or containers bought with WIC checks, only some with WIC checks, or none with WIC checks? [Source: New Development]**

[I7_CF38]

ALL WITH WIC CHECKS 01
ONLY SOME WITH WIC CHECKS..... 02
NONE WITH WIC CHECKS 03

Methods and frequency of methods used to prepare child foods
7, 9, 11, 13

CF39. **[***IF MOSTLY, SOME, OR NO STORE-BOUGHT BABY FOOD FED IN PAST 7 DAYS FROM ABOVE, ASK:***] I'm going to read you some ways people prepare homemade food for babies. For each one, please tell me if you do this to make food for {CHILD}. [Source: New Development]**

a. Puree, such as in a blender or food processor?

[I7_CF39a]

YES 01
NO..... 02

b. Mash, such as with a fork or spoon?

[I7_CF39b]

YES 01
NO..... 02

c. Chop or dice?

[I7_CF39c]

YES 01
NO..... 02

d. Chew foods yourself before giving to [HIM/HER]?

[I7_CF39d]

YES 01
NO..... 02

e. Is there any other way you make food for {CHILD}?

[I7_CF39e]

YES 01
NO..... 02

(IF YES): **[SPECIFY:]**

[I7_CF39eOS]

SPECIFY _____

Method of feeding child (spoon, infant feeder, bottle/modified bottle, etc.)
3, 5, 7, 9, 11, 13, 15
only ask if indicated that child is eating solid foods (something other than formula or BM)

CF40. In the past 7 days, have you given {CHILD} any foods with a spoon? [Source: IFPS- 1, modified]

[I7_CF40]

YES 01
NO..... 02

CF41. In the past 7 days, have you given {CHILD} any foods with an infant feeder or with a bottle that has an extra-large nipple hole? [Source: IFPS-1, modified]

[I7_CF41]

YES 01
NO..... 02

Infant/child food package – does child eat foods from WIC food package?
7, 13, 15, 18, 24

IF NOT ON WIC (SD31≠Yes), SKIP TO SD27

AT 7 MO ONLY:

CF42. Which of the following WIC foods does {CHILD} eat? Does [HE/SHE] eat… [Source: FITS 2008, modified]

a. infant formula from WIC?

[I7_CF42a]

YES 01
NO..... 02

b. baby cereal from WIC?

[I7_CF42b]

YES 01
NO..... 02

c. baby food fruits from WIC?

[I7_CF42c]

YES 01
NO..... 02

d. baby food vegetables from WIC?

[I7_CF42d]

YES 01
NO..... 02

e. baby food meats from WIC?

[I7_CF42e]

YES 01
NO..... 02

f. any other food from WIC?

[I7_CF42f]

YES 01
NO..... 02

(IF YES): **[SPECIFY:]**

[I7_CF42fOS]

SPECIFY _____

Perceptions of impact of WIC food package choices on food child receives
7, 15

KA28. Are the foods you can buy with WIC checks the kinds of foods that you would typically feed {CHILD}? [Source: New Development]

[I7_KA28]

YES 01
NO..... 02

Now I'd like to change topics and ask you some questions about work, school, and child care.

Educational status
3, 7, 13, 18, 24

SD27. As of today, are you in school or college? [Source: WIC IFPS-1]

[I7_SD27]

YES 01
NO 02

Current employment status
3, 7, 13, 18, 24

SD29. Are you currently working for pay… [Source: LA WIC Survey]

[I7_SD29]

full time [35 hours or more], ... 01
part time, or 02
not at all? 03

ASK SD30 FIRST TIME ANSWER TO SD 27 OR SD29 IS 'YES' THEN DISCONTINUE

SD30. How old was {CHILD} when you started going to school or working? [Source: New Development]

[I7_SD30Num]
[I7_SD30Unit]

AGE ..... [WEEKS, MONTHS]

Ever used regular non-maternal child care?
3, 7, 13, 24 (once answered affirmative, stop asking for subsequent interviews)

The next few questions are about childcare. By childcare, we mean any kind of arrangement where someone other than you or {CHILD'S} other parent takes care of {CHILD} on a regular basis, while you go to work or school.

Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a childcare center or family daycare home. Do <u>not</u> include care provided by you or {CHILD'S} other parent. [Source: PHFE WIC Survey 2010 modified]

MH18. Have you ever used a regular childcare arrangement for {CHILD}?

[I7_MH18]

When did child first start non-maternal child care?
3, 7, 13, 24

YES 01
NO ..... 02 *SKIP TO KA24*
DK & RF, SKIP TO KA24

When did child first start non-maternal child care?
3, 7, 13, 24 (asked only if ever used is yes, then stop asking once answered)

MH19. At what age did {CHILD} first start a regular childcare arrangement? [Source: New Development]

[I7_MH19Num]
[I7_MH19Unit]

AGE .....[MONTHS]

MH20. Which type of regular childcare arrangement are you currently using the <u>most</u> for {CHILD}? [Source: PHFE WIC Survey 2011, modified]

[I7_MH20]

a child care center, ...01
a family daycare home, ... 02
Early Head Start,.....03
someone cares for {CHILD} in their home, ... 04
someone cares for {CHILD} in your home, ... 05
some other kind of childcare, or.....06
you are not currently using childcare? 07

Contact info for child care (for CACFP status)
3, 7, 13, 24

MH21. (*IF CENTER OR FAMILY DAYCARE OR EHS FROM MH20***) Can we get the official name and address of the childcare? We won't contact them without your permission, we just need it for our records. [Source: New Development]**

Barriers to breastfeeding in child care
3, 7

ASK MH22 ONLY IF MOTHER ANSWERED INDICATED IN CF1 THAT SHE IS FULLY OR PARTIALLY BREASTFEEDING AND IN MH20 THAT SHE IS CURRENTLY USING CHILD CARE

MH22. Do you have problems continuing to feed {CHILD} breastmilk while he/she is in childcare? [Source: New Development]

[I7_MH22]

YES 01
NO..... 02

(*IF YES*), Please tell me if you have any of the following problems feeding {CHILD} breastmilk while he/she is in childcare:

a. Lack of time?

[I7_MH22a]

YES 01
NO..... 02

b. Lack of privacy at child care site?

[I7_MH22b]

YES 01
NO..... 02

c. Too difficult to transport pumped milk to child care?

[I7_MH22c]

YES 01
NO..... 02

d. Child care provider doesn't encourage it?

[I7_MH22d]

YES 01
NO..... 02

e. Any other problem?

[I7_MH22e]

YES 01
NO..... 02

(IF YES): **[SPECIFY:]**

[I7_MH22eOS]

SPECIFY_____

Who provides food to child care location (provided by mother, or by facility)
3, 7, 13, 24

ASK ONLY IF INDICATED CURRENT CHILD CARE USE IN MH20

MH23. Who provides most of the food {CHILD} eats at childcare – the child care provider, you, or is the food divided about equally between you and the childcare provider? [Source: PHFE WIC Survey 2011]

[I7_MH23]

CHILD CARE PROVIDER.....01
RESPONDENT..... 02
EQUALLY DIVIDED.....03

If child care provides food, program timing for transition to supplemental foods
7, 13

ASK ONLY IF MH23 INDICATES CHILD CARE PROVIDES FOOD 7 MO:

MH24. (*IF THE CHILD CARE PROVIDER SUPPLIES FOOD***) At what age does the child care provider start giving jarred or homemade baby foods? [Source: New Development]**

[I7_MH24Num]
[I7_MH24Unit]

AGE .....[WEEKS/MONTHS]

Human milk given by bottle, or mother comes to breastfeed at child care location?
3, 7

ASK MH27 ONLY IF MOTHER ANSWERED INDICATED IN CF1 THAT SHE IS FULLY OR PARTIALLY BREASTFEEDING AND IN MH20 THAT SHE IS CURRENTLY USING CHILD CARE

MH27. Do you take pumped breast milk to the child care facility/person, or do you go there to breastfeed your baby? [Source: New Development]

[I7_MH27]

TAKE PUMPED MILK 01
GO THERE TO FEED 02
BOTH 03
NEITHER……04

EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS

ASK KA24, KA25, KA28 ONLY IF STILL ON WIC (SD31=Yes). IF NOT ON WIC, SKIP TO CH1.

Next I'd like to ask you about foods you get from WIC.

Perceptions of impact of WIC food package on breastfeeding behavior
3, 7

KA24. At your WIC office or clinic, do you know if there is a special WIC food package for breastfeeding mothers who do not accept infant formula from WIC? [Source: IFPS-1, modified]

[I7_KA24]

YES 01
NO 02

KA25. (*IF YES*) How important was the special food package for breastfeeding mothers in your decision to breastfeed {CHILD}? Would you say.[Source: New Development]

[I7_KA25]

very important, ... 01
somewhat important, or 02
not important? 03

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

Finally I'm going to ask you some questions about your child's health and behavior.

Immunizations
7

CH1. [*BORN IN HOSPITAL/BIRTHING CENTER*: Since {CHILD} first came home from the hospital/birthing center…; *NOT BORN IN HOSPITAL*: Since {CHILD} was born…]; has [he/she] been given any vaccines or vaccinations either by mouth or by shot? [Source: WIC IFPS-1]

[I7_CH1]

YES 01
NO 02

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

(*INTERVIEWER, IF NECESSARY ADD***) These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.**

[I7_CH2]

YES 01
NO ..... 02 (GO TO CM1)
RF & DK GO TO CM1.

(IF YES) **What medical problem or condition does {CHILD} have?**

[CODE ALL THAT APPLY.]

[I1_CH2a]

FOOD ALLERGIES 11
DIABETES 12
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA 13
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX .. 14
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS .. 15
OTHER 91

(IF OTHER): **[SPECIFY:]**

[I7_CH2aOS)
SPECIFY _____

CH3. (*IF YES TO HEALTH STATUS/CONDITIONS IN CH2*): What are you currently doing to treat this medical problem? [Source: New Development] *(OPEN-ENDED, INTERVIEWER CHECK ALL THAT APPLY)*

[CODE ALL THAT APPLY.]

[I1_CH3]

TAKING HER/HIM TO THE DOCTOR FOR TREATMENT . 11
TREATING HIM/HER AT HOME WITH MEDICINE 12
TREATING HIM/HER AT HOME WITH SOMETHING OTHER THAN MEDICINE (SUCH AS HERBAL REMEDIES, SPECIAL TEAS, OR OTHER FORMS OF TREATMENT) 13
CHANGING HIS/HER DIET 14
OTHER 15

WIC ITFPS-2 PARTICIPANT INTERVIEW
9 MONTH - ENGLISH

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

Nutrition intake
Number of breastmilk/formula feedings per day
Type of formula used
Adherence to formula dilution instructions
Use/timing of supplemental formula for breastfeeding mothers
Addition of anything other than human milk/formula to child's bottle
Specific food item intake
Use of jarred baby foods
Meal and snack pattern
Eating locations (eating on the go)
Use of dietary supplements for infants (direct administration)

SOCIODEMOGRAPHICS AND BACKGROUND

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

I'd like to ask you some questions about WIC.

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I9_SD31]

YES 01
NO 02
(IF NO FOR THE FIRST TIME GO TO SD34, IF NO PREVIOUSLY GO TO NEXT APPLICABLE MODULE)

RF & DK GO TO NEXT APPLICABLE MODULE.

SD32. {*IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:* **The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location?**/*IF NEW RESPONDENT:* **Do you go to WIC at {FILL LOCATION] or do you go to another location? [Source: FDA IFPS-2 modified]**

[I9_SD32]

YES, STILL THAT LOCATION ..... 01 *(SKIP TO CF1 INTRO)*
NO, NEW LOCATION 02

DK & RF SKIP TO CF1 INTRO

SD33. *(IF SD32 IS NO)* **Please tell me where you go now.**

ASK SD34 AND SD35 ONLY IF SD31 IS 'NO'

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[I9_SD34Num]
[I9_SD34Unit]

AGE .....[WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC. [Source: LA WIC Survey; modified]

[I9_SD35]

a. You no longer qualify for WIC?

[I9_SD35a]

YES 01
NO 02

b. It was inconvenient for you?

[I9_SD35b]

YES 01
NO 02

c. You no longer need WIC?

[I9_SD35c]

YES 01
NO 02

d. Is there any other reason?

[I9_SD35d]

YES 01
NO..... 02

(IF YES): **[SPECIFY:]**

[I9_SD35OS]

SPECIFY:)_____

CURRENT FEEDING PRACTICES

Now I'm going to ask you some questions about things you might be doing to feed your baby.

Current feeding choice
1, 3, 5, 7, 9, 11, 13

CF1. {*BIOMOM:* **Are you**/*CAREGIVER:* **Is anyone} currently feeding {CHILD} breastmilk either from the breast or from a bottle, formula, (***1-5 MONTHS***: or both) (***7-13 MONTHS:* **both, or neither)? [Source: New Development]**

[I9_CF1]

ONLY BREASTMILK 01
ONLY FORMULA 02
BOTH BREASTMILK AND FORMULA 03
NEITHER BREASTMILK AND FORMULA 04

IF CF1 = 02, SKIP TO CF19

IF CF1 = 04, DK, OR RF AND RESPONDENT SAID CHILD WAS BREASTFED DURING A PREVIOUS INTERVIEW, AND CF30 NOT ADMINISTERED AT A PREVIOUS INTERVIEW, GO TO CF30.

IF CF1 = 04, DK, OR RF AND (CF30 ADMINISTERED AT A PREVIOUS INTERVIEW OR CHILD HAS NEVER BEEN BREASTFED, GO TO CF34.

Breastfeeding Module (Asked only if mother currently feeding breastmilk, based on CF1)
Questions CF6 – CF18

IF MOTHER IS NOT CAREGIVER, SKIP TO CF18

You said that you are currently feeding {CHILD} breastmilk. I'd like to ask you some questions about that now.

Use of breast pump
1, 3, 5, 7, 9, 11, 13

CF6. Some mothers are able to pump breastmilk and others are not. Are you currently pumping breastmilk?

[I9_CF6]

YES 01
NO..... 02

IF CF6 = NO, RF, OR DK, SKIP TO CF18.

Time of day of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF12. Now I'd like to ask you about the times of day when you usually pump. [Source: New Development]

a. When you pump, how often do you pump in the morning, before noon? Would you say…

[I9_CF12a]

usually, ...01
sometimes, or.....02
never..... 03

b. When you pump, how often do you pump mid-day, from noon to 5pm? Would you say…

[I9_CF12b]

usually, ...01
sometimes, or.....02
never? 03

c. When you pump, how often to you pump in the evening or night time, after 5pm?

[I9_CF12c]

USUALLY 01
SOMETIMES.....02
NEVER.....03

Frequency of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF11. Thinking about the past two weeks, how many times did you pump milk? **(***INTERVIEWER ALLOW OPEN-ENDED, CALCULATE NUMBERS FOR RESPONSE IF NEEDED, AND CONFIRM WITH RESPONDENT)* **[Source: FDA IFPS-2, modified]**

[I9_CF11]

TIMES PUMPED ..... [TIMES]

Storage practices for pumped/expressed human milk
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF16. In the last month, how long was your pumped milk usually stored in the refrigerator? [Source: FDA IFPS-2, modified]

[I9_CF16]

I DO NOT STORE MILK IN A REFRIGERATOR 01
1 DAY OR LESS.....02
2 TO 3 DAYS..... 03
4 TO 5 DAYS..... 04
6 TO 8 DAYS..... 05
MORE THAN 8 DAYS..... 06

CF17. How long is your frozen milk usually stored? [Source: FDA IFPS-2]

[I9_CF17]

ONLY INCLUDE 4 MONTHS OR MORE AFTER THE 5 MONTH INTERVIEW

I DO NOT FREEZE MY MILK.....01
LESS THAN 1 WEEK.....02
1 TO 4 WEEKS.....03
1 TO 3 MONTHS 04
4 MONTHS OR MORE.....05

How is breastmilk feeding schedule determined (time schedule, child seems hungry, mixed)
1, 3, 5, 7, 9, 11, 13

CF18. Do you breastfeed or feed {CHILD} breastmilk from a bottle on a regular schedule, or when [HE/SHE] cries or seems hungry? [Source: IFPS-1, modified]

[I9_CF18]

SCHEDULE 01
CRIES OR SEEMS HUNGRY 02
BOTH 03

IF CF1 = 01 SKIP TO CF52

Formula Feeding Module (Asked only if mother currently formula feeding)
Questions CF19 – CF27

You said that you are currently feeding {CHILD} formula. I'd like to ask you some questions about that.

Who provided formula
1, 3, 5, 7, 9, 11, 13

CF19. Where do you get the formula that you use to feed {CHILD}? Do you get it…? [Source: New Development]

[I9_CF19]

from WIC,..... 01
somewhere else, or ..... 02 *SKIP TO CF21*
both WIC and somewhere else?..... 03

DK & RF GO TO CF21

CF20. (*IF INDICATED IN CF19 GETTING FORMULA FROM WIC***) Is the amount of formula that you get from WIC to help feed {CHILD}…**

[I9_CF20]

more than you usually need, ... 01
less than you usually need, or 02
about right? 03

Reasons for formula use
1, 3, 5, 7, 9, 11, 13 (ask for the last time at the interview where mom indicates she has completely stopped breastfeeding)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF22.

CF21. There are many reasons for using formula. Please tell me if any of the following are reasons why you feed your baby formula? [Source: FDA IFPS-2, modified]

[I9_CF21]

IF NOT CURRENTLY BREASTFEEDING AT ALL (CF1) AND NEVER TRIED TO BREASTFEED (HF10, CF29), SKIP TO H.

ASK (A) ONLY IN MONTHS 1, 3, 5

a. My baby had trouble sucking or latching on to the breast

YES 01
NO..... 02

b. My baby lost interest in nursing or began to stop nursing by him or herself.

[I9_CF21b]

YES 01
NO..... 02

c. Breastmilk alone did not satisfy my baby.

[I9_CF21c]

YES 01
NO..... 02

d. I thought that my baby was not gaining enough weight.

[I9_CF21d]

YES 01
NO 02

e. I didn't have enough breastmilk.

[I9_CF21e]

YES 01
NO 02

f. Breastfeeding was too painful.

[I9_CF21f]

YES 01
NO 02

g. I wanted my baby to have both formula and breastmilk.

[I9_CF21g]

YES 01
NO 02

ASK H-N IF MOTHER IS EITHER EXCLUSIVELY FORMULA FEEDING OR FEEDING BOTH BREASTMILK AND FORMULA

h. I chose not to breastfeed.

[I9_CF21h]

YES 01
NO 02

i. My baby was sick and could not breastfeed.

[I9_CF21i]

YES 01
NO 02

j. I was sick or had to take medicine.

[I9_CF21j]

YES 01
NO 02

k. Breastfeeding seemed too inconvenient.

[I9_CF21k]

YES 01
NO 02

l. I could not or did not want to pump.

[I9_CF21l]

YES 01
NO 02

m. I wanted or needed someone else to feed my baby.

[I9_CF21m]

YES 01
NO 02

n. For another reason.

[I9_CF21n]

Yes 01
NO 02

(IF YES): **[SPECIFY:]**

[I9_CF21nOS]
SPECIFY _____

If not adhering to formula dilution instructions, why? Prescribed by Dr., nutritionist?
1, 3, 5, 7, 9, 11, 13

CF22. In the past month, did you ever mix the formula with extra water to make it last longer? [Source: IFPS-1]

[I9_CF22]

YES 01
NO..... 02

IF CF22 = NO, RF, OR DK, SKIP TO CF24.

CF23. (*IF YES TO CF22*) Who told you to prepare the formula this way? [Source: New Development]

[CODE ALL THAT APPLY.]

[I9_CF23]

DOCTOR..... 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC 12
ANOTHER HEALTH CARE PROVIDER..... 13
FRIEND..... 14
FAMILY MEMBER..... 15
OTHER..... 16
NO ONE TOLD ME..... 17

CF24. In the past month, did you ever mix the formula with less water than directed in order to concentrate it or make it stronger? [Source: IFPS-1, modified]

[I9_CF24]

YES 01
NO..... 02
NOT APPLICABLE – USE READY-TO-FEED..... 99

If CF24 = NO, NOT APPLICABLE, RF, OR DK, SKIP TO CF27.

CF25. (*IF YES TO CF24*) Who told you to prepare the formula this way? [Source: New Development]

[CODE ALL THAT APPLY.]

[I9_CF25]

DOCTOR..... 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC..... 12
ANOTHER HEALTH CARE PROVIDER..... 13
FRIEND..... 14
FAMILY MEMBER.....15
OTHER.....16
NO ONE TOLD ME.....17

How is formula feeding schedule determined (set, on demand, mixed)
1, 3, 5, 7, 9, 11, 13

CF27. Do you feed {CHILD} formula on a regular schedule or when [HE/SHE] cries or seems hungry? [Source: IFPS-1]

[I9_CF27]

SCHEDULE 01
CRIES OR SEEMS HUNGRY 02
BOTH 03

Move to Partial Breastfeeding

Timing of move to partial breastfeeding
(any time 1-13)

ASK OF ALL WOMEN WHO INDICATED FULLY BF IN CF1. ONCE ANSWERED AFFIRMATIVELY, DROP FROM SUBSEQUENT INTERVIEWS.

CF52. Has {CHILD} ever been fed infant formula, even just one time? Do not count while {CHILD} was in the hospital after birth.

[I9_CF52]

YES..... 01 (*GO TO CF53*)
NO..... 02 (*GO TO CF32*)

RF & DK GO TO CF32

ASK OF FULLY BF WOMEN WHO ANSWERED YES TO CF52, PARTIALLY BF WOMEN (BASED ON CF1), AND FULLY FORMULA FEEDING WOMEN (BASED IN CF1) WHO INDICATED THAT THEY EVER BREASTFED IN CF29 OR HF10. ASK ONCE, FIRST TIME FORMULA FEEDING INDICATED IN CF1 OR CF52, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF53. How old was {CHILD} the first time he/she was fed infant formula? Do not count while {CHILD} was in the hospital after birth.

[I9_CF53Num]
[I9_CF53Unit]

AGE .....[DAYS/WEEKS/MONTHS]

ASKED OF ALL PARTIALLY BF WOMEN AND ALL FULLY FORMULA FEEDING WOMEN WHO EVER BREASTFED BASED ON CF29 OR HF10. ASK UNTIL AN AGE, DON'T KNOW, OR REFUSED IS GIVEN IN RESPONSE, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF28. How old was {CHILD} when (he/she) was first fed formula every day? [Source: FITS 2002, modified]

[I9_CF28Num]
[I9_CF28Unit]

AGE.....[DAYS/WEEKS/MONTHS]
CHILD IS NOT FED FORMULA EVERY DAY.....999

Breastfeeding Cessation Module: (asked once first time mother indicates not currently feeding breastmilk in CF1)
Questions CF30 – CF31

Timing of cessation of breastfeeding
(any time 1-13)

ASK AT FIRST INTERVIEW WHEN MOTHER SAYS SHE IS NOT FEEDING BREASTMILK, IF SHE INDICATED FEEDING BREASTMILK IN CF1 ON PREVIOUS INTERVIEWS OR IF SHE ANSWERED 'YES' TO EVER BREASTFED OR TRIED TO BREASTFEED IN CF29

CF30. How old was {CHILD} when you completely stopped breastfeeding or feeding [HIM/HER] breastmilk from a bottle? [Source: IFPS-1, modified]

[I9_CF30Num]
[I9_CF30Unit]

AGE .....[DAYS/WEEKS/MONTHS]

Reasons for cessation of breastfeeding
(any time 1-13)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF34

CF31. There are many reasons mothers stop breastfeeding. Please tell me if any of the following reasons helped you to decide to stop breastfeeding {CHILD}? [Source: FDA IFPS-2, modified]

[I9_CF31Intro]

DO NOT ASK (A) IF INTERVIEW IS 5 MONTHS OR LATER

a. My baby had trouble sucking or latching on

YES 01
NO 02

b. My baby began to bite.

[I9_CF31b]

YES 01
NO 02

c. My baby lost interest in nursing or began to stop nursing by him or herself.

[I9_CF31c]

YES 01
NO 02

d. Breastmilk alone did not satisfy my baby.

[I9_CF31d]

YES 01
NO 02

e. I thought that my baby was not gaining enough weight.

[I9_CF31e]

YES 01
NO 02

f. I didn't have enough milk.

[I9_CF31f]

YES 01
NO 02

g. Breastfeeding was too painful.

[I9_CF31g]

YES 01
NO 02

h. I was sick or had to take medicine.

[I9_CF31h]

YES 01
NO 02

i. Breastfeeding was too inconvenient.

[I9_CF31i]

YES 01
NO 02

j. I wanted or needed someone else to feed my baby.

[I9_CF31j]

YES 01
NO 02

k. I did not want to breastfeed in public.

[I9_CF31k]

YES 01
NO 02

l. Another reason?

[I9_CF31l]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I7_CF31OS]

SPECIFY _____

Time to cessation of bottle feeding
7, 9, 11, 13, 15, 18, 24 (ASK UNTIL AFFIRMATIVE, THEN STOP ASKING)

CF34. Is {CHILD} still drinking anything from a bottle? [Source: New Development]

[I9_CF34]

YES 01
NO 02

CF35. (*IF CF34 = NO, ASK*:) How old was {CHILD} when he/she stopped using a bottle? [Source: New Development]

[I9_CF35Num]
[I9_CF35Unit]

AGE .....[WEEKS/MONTHS/YEARS]

Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)

Fed other than breastmilk or formula
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ASK CF32 AT EVERY INTERVIEW UNTIL MOTHER ANSWERS YES, THEN DROP FROM LATER INTERVIEWS.

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk? [Source: WIC IFPS-1, modified]

[I9_CF32]

YES 01
NO..... 02

Time to introduction of supplemental foods
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

IF YES TO ALL FOODS IN CF33 IN PREVIOUS EVENTS, SKIP TO CF37 IF

CG32 =NO, DON'T KNOW OR REFUSED, SKIP TO CF40

ONLY ASK CF33 IF CF32 = YES NOW OR AT A PREVIOUS INTERVIEW

Next I'm going to ask you some questions about <u>when</u> you first started feeding {CHILD} different types of foods.

ASK EACH FOOD UNTIL ANSWER IS AFFIRMATIVE, THEN STOP ASKING THAT FOOD IN SUBSEQUENT INTERVIEWS

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. Has [HE/SHE] been given plain bottled or tap water?

[I9_CF33a]

YES..... 01
NO 02

b. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?

[I9_CG33bNum]
[I9_CF33bUnit]

AGE .....[WEEKS/MONTHS]

c. Has [HE/SHE] been given soda or soft drinks?

[I9_CF33c]

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

d. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?

[I9_CF33dNum]
[I9_CF33dUnit]

AGE .....[WEEKS/MONTHS]

e. Has [HE/SHE] been given other sweetened beverages, such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea?

[IF NEEDED: Do not include soda or soft drinks.]

[I9_CF33e]

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

f. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?

[I9_CF33fNum]
[I9_CF33fUnit]

AGE .....[WEEKS/MONTHS]

g. Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice. Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to?

[I9_CF33g]

YES.....01
NO 02

h. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?

[I9_CF33hNum]
[I9_CF33hUnit]

AGE .....[WEEKS/MONTHS]

i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?

[IF NEEDED: Do not include water, soda, fruit juice or sweetened beverages such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea.]

[I9_CF33i]

YES 01
NO 02

j. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other drinks and liquids, including teas and broths?

[I9_CF33jNum]
[I9_CF33jUnit]

AGE .....[WEEKS/MONTHS]

k. Has [HE/SHE] been given cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.

[I9_CF33k]

YES..... 01
NO 02

l. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed cow's milk?

[I9_CF33lNum]
[I9_CF33lUnit]

AGE .....[WEEKS/MONTHS]

m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.

[I9_CF33m]

YES 01
NO 02

n. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?

[I9_CF33nNum]
[I9_CF33nUnit]

AGE .....[WEEKS/MONTHS]

o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?

[I9_CF33o]

YES 01
NO 02

p. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?

[I9_CF33pNum]
[I9_CF33pUnit]

AGE .....[WEEKS/MONTHS]

q. Has [HE/SHE] been given other cereal besides baby cereal?

[I9_CF33q]

YES 01
NO 02

r. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?

[I9_CF33rNum]
[I9_CF33rUnit]

AGE .....[WEEKS/MONTHS]

s. Has [HE/SHE] been given eggs?

[I9_CF33s]

YES 0
NO 02

t. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed eggs?

[I9_CF33tNum]
[I9_CF33tUnit]

AGE .....[WEEKS/MONTHS]

u. Has [HE/SHE] been given fruit, including baby food or regular fruit?

[I9_CF33u]

YES 01
NO 02

v. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed fruit?**

[I9_CF33vNum]
[I9_CF33vUnit]

AGE .....[WEEKS/MONTHS]

w. **Has [HE/SHE] been given vegetables, including baby food or regular vegetables?**

[I9_CF33w]

YES 01
NO 02

x. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed vegetables?**

[I9_CF33xNum]
[I9_CF33xUnit]

AGE .....[WEEKS/MONTHS]

y. **Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?**

[I9_CF33y]

YES 01
NO 02

z. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed beans?**

[I9_CF33zNum]
[I9_CF33zUnit]

AGE .....[WEEKS/MONTHS]

aa. **Has [HE/SHE] been given peanut butter?**

[I9_CF33aa]

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

bb. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?**

[I9_CF33bbNum]
[I9_CF33bbUnit]

AGE .....[WEEKS/MONTHS]

cc. Has [HE/SHE] been given meats, chicken, or fish, including baby food and baby food combination dinners containing these foods?

[I9_CF33cc]

YES 01
NO 02

dd. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?

[I9_CF33ddNum]
[I9_CF33ddUnit]

AGE .....[WEEKS/MONTHS]

ee. Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?

[I9_CF33ee]

YES 01
NO 02

ff. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed salty snacks?

[I9_CF33ffNum]
[I9_CF33ffUnit]

AGE .....[WEEKS/MONTHS]

gg. Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam?

[I9_CF33gg]

YES 01
NO 02

hh. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed sweets?

[I9_CF33hhNum]
[I9_CF33hhUnit]

AGE .....[WEEKS/MONTHS]

Next I'm going to ask you some questions about the types of food you buy or make for {CHILD}, how you prepare those foods and feed them to {CHILD}, and what foods you get through WIC.

Source of baby food (homemade or purchased; if purchased, was it all with WIC vouchers or some purchased without WIC vouchers)
7, 9, 11, 13

CF37. For each food category I read to you, please tell me about how much of the food fed to your baby over the past 7 days was store-bought baby food in a jar or container. Baby foods in a jar or container are those sold especially for babies. Foods that are not baby foods in a jar or container include fresh fruit, fruit juices other than those especially sold for babies, foods you prepare especially for the baby, and table food. [Source: FDA IFPS-2, modified]

a. Fruit and vegetable juice. Was it…

[I9_CF37a]

all store-bought baby food, ...01
mostly store-bought baby food, ...02
some store-bought baby food, or.....03
no store-bought baby food?.....04
NOT FED THIS FOOD IN THE PAST 7 DAYS 05

b. Fruit. Was it…

[I9_CF37b]

all store-bought baby food,..... 01
mostly store-bought baby food,..... 02
some store-bought baby food, or..... 03
no store-bought baby food?..... 04
NOT FED THIS FOOD IN THE PAST 7 DAYS 05

c. Vegetables?

[I9_CF37c]

ALL STORE-BOUGHT BABY FOOD.....01
MOSTLY STORE-BOUGHT BABY FOOD.....02
SOME STORE-BOUGHT BABY FOOD 03
NO STORE BOUGHT BABY FOOD 04
NOT FED THIS FOOD IN PAST 7 DAYS 05

d. Meat, such as beef and chicken?

[I9_CF37d]

ALL STORE-BOUGHT BABY FOOD.....01
MOSTLY STORE-BOUGHT BABY FOOD.....02
SOME STORE-BOUGHT BABY FOOD 03
NO STORE BOUGHT BABY FOOD.....04
NOT FED THIS FOOD IN PAST 7 DAYS ……..05

d. Combination dinners?

[I9_CF37e]

ALL STORE-BOUGHT BABY FOOD.....01
MOSTLY STORE-BOUGHT BABY FOOD.....02
SOME STORE-BOUGHT BABY FOOD.....03
NO STORE BOUGHT BABY FOOD.....04
NOT FED THIS FOOD IN PAST 7 DAYS.....05

CF38. [*IF ALL, MOSTLY OR SOME STORE-BOUGHT BABY FOOD INDICATED ABOVE, THEN ASK:*] **Was all of the store-bought baby food in jars or containers bought with WIC checks, only some with WIC checks, or none with WIC checks? [Source: New Development]**

[I9_CF38]

ALL WITH WIC CHECKS.....01
SOME WITH WIC CHECKS.....02
NONE WITH WIC CHECKS.....03

Methods and frequency of methods used to prepare child foods
7, 9, 11, 13

CF39. [*IF MOSTLY, SOME, OR NO STORE-BOUGHT BABY FOOD FED IN PAST 7 DAYS FROM ABOVE, ASK:*] **I'm going to read you some ways people prepare homemade food for babies. For each one, please tell me if you do this to make food for {CHILD}. [Source: New Development]**

a. Puree, such as in a blender or food processor?

[I9_CF39a]

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

b. Mash, such as with a fork or spoon?

[I9_CF39b]

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

c. Chop or dice?

[I9_CF39c]

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

d. Chew foods yourself before giving to [HIM/HER]?

[I9_CF39d]

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

e. Is there any other way you make food for {CHILD}?

[I9_CF39e]

Yes.....01
NO..... 02

(IF YES): **[SPECIFY:]**

[I9_CF39eOS]

SPECIFY _____

Method of feeding child (spoon, infant feeder, bottle/modified bottle, etc.)
3, 5, 7, 9, 11, 13, 15
only ask if indicated that child is eating solid foods (something other than formula or BM)

CF40. In the past 7 days, have you given {CHILD} any foods with a spoon? [Source: IFPS- 1, modified]

[I9_CF40]

YES 01
NO..... 02

CF41. In the past 7 days, have you given {CHILD} any foods with an infant feeder or with a bottle that has an extra large nipple hole? [Source: IFPS-1, modified]

[I9_CF41]

YES 01
NO..... 02

Child use of cup (with/without assistance), spoon, sippy cup
9, 13, 18

CF44. During the past 7 days, did {CHILD} ever drink from a cup that was held by someone else? [Source: WIC IFPS-1]

[I9_CF44]

YES 01
NO..... 02

CF45. Does {CHILD} feed [HIM/HERSELF] with a spoon without spilling much? [Source: FITS 2002]

[I9_CF45]

YES 01
NO..... 02

CF46. Does {CHILD} drink from a sippy cup without help?

(IF NEEDED: a sippy cup is a cup with a plastic cover that has a spout) [Source: FITS 2002]

[I9_CF46]

YES 01
NO..... 02

CF47. Does [HE/SHE] drink from a regular cup without help,that is a cup without a lid? [Source: FITS 2002]

[I9_CF47]

YES 01
NO..... 02

Self-feeding during mealtimes
DISCONTINUE AFTER ANSWER IS AFFIRMATIVE
9, 11, 13

CF48. Does {CHILD} feed [HIM/HERSELF] any foods? That is, does {CHILD} pick up these foods and put them in [HIS/HER] mouth without any help? [Source: IFPS-1, modified]

[I9_CF48]

YES 01
NO..... 02

Infant bottle feeding practices
3, 9

AT 9 MONTHS, ASK ONLY IF CHILD IS STILL USING A BOTTLE (CF34)

CF50. I am going to read some things that parents may do. Please tell me how often each statement is true for you and {CHILD}. [Source: Thompson et al., 2009]

a. When {CHILD} has a bottle, I prop it up…

[I9_CF50a]

always,.....01
usually, ...02
about half of the time,.....03
occasionally, or.....04
never, ...05

b. I try to get {CHILD} to finish [HIS/HER] bottle of breastmilk or formula…

[I9_CF50b]

always,.....01
usually, ...02
about half of the time,.....03
occasionally, or.....04
never? 05

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

Finally I'm going to ask you some questions about your child's health.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

CH2. Has the doctor told you that {CHILD} has any long-term medical problems or conditions that may affect what or how [HE/SHE] eats? [Source: FITS 2008, modified]

[IF NEEDED: These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]

[I9_Ch2]

YES.....01
NO.....02 (*GO TO CM1*)

RF & DK GO TO CM1.

(IF YES) **What medical problem or condition does {CHILD} have?**

[CODE ALL THAT APPLY.]

[I9_CH2a]

FOOD ALLERGIES 11
DIABETES 12
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA 13
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX ... 14
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS.... 15
OTHER 91

(IF OTHER): **[SPECIFY:]**

[I9_CH2aOS]

SPECIFY _____

CH3. (*IF YES TO HEALTH STATUS/CONDITIONS IN CH2***): What are you currently doing to treat this medical problem? [Source: New Development]** *(OPEN-ENDED, INTERVIEWER CHECK ALL THAT APPLY)*

[CODE ALL THAT APPLY.]

[I9_CH3]

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

Nutrition intake
Number of breastmilk/formula feedings per day
Type of formula used
Adherence to formula dilution instructions
Use/timing of supplemental formula for breastfeeding mothers
Addition of anything other than human milk/formula to child's bottle
Specific food item intake
Use of jarred baby foods
Meal and snack pattern
Eating locations (eating on the go)
Use of dietary supplements for infants (direct administration)

SOCIODEMOGRAPHICS AND BACKGROUND

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

I'd like to ask you some questions about WIC.

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I11_SD31]

YES 01
NO 02

(IF NO FOR THE FIRST TIME GO TO SD34 IF NO PREVIOUSLY, GO TO NEXT APPLICABLE MODULE)

DK & RF GO TO NEXT APPLICABLE MODULE

SD32. {*IF THE CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:* **The last time we talked with you, you were going to [*FILL IN LOCATION*]. Do you still go there, or do you go to a new location?/** *IF NEW RESPONDENT:* **Do you go to WIC at {FILL LOCATION} or do you go to another location? [Source: FDA IFPS-2 modified]**

[I11_SD32]

YES, STILL THAT LOCATION ..... *(GO TO CF1)* 01
NO, NEW LOCATION 02

SD33. *(IF SD32 IS NO)* **Please tell me where you go now.**

ASK SD34 AND SD35 ONLY IF SD31 IS 'NO'

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[I11_SD34Num]
[I11_SD34Unit]

AGE .....[WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

a. You no longer qualify for WIC?

[I11_SD35a]

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

b. It was inconvenient for you?

[I11_SD35b]

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

c. You no longer need WIC?

[I11_SD35c]

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

d. Is there any other reason?

[I11_SD35d]

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

(IF YES): **[What is the other reason you stopped going to WIC?]**

[I11_SD35OS]

SPECIFY:_____

CURRENT FEEDING PRACTICES

Now I'm going to ask you some questions about things you might be doing to feed your baby.

Current feeding choice
1, 3, 5, 7, 9, 11, 13

CF1. {*BIOMOM:***Are you/***CAREGIVER:* **Is anyone} currently feeding {CHILD} breastmilk either from the breast or from a bottle, formula, (***1-5 MONTHS***: or both) (***7-13 MONTHS:* **both, or neither)? [Source: New Development]**

[I11_CF1]

ONLY BREASTMILK.....01
ONLY FORMULA.....02
BOTH BREASTMILK AND FORMULA.....03
NEITHER BREASTMILK OR FORMULA.....04

IF CF1 = 02, SKIP TO CF19

IF CF1 = 04, DK or RF AND CHILD WAS BREASTFED AT A PREVIOUS INTERVIEW AND CF30 NOT ADMINISTERED AT A PREVIOUS INTERVIEW, GO TO CF30.

IF CF1 = 04, AND (CF30 ADMINISTERED AT A PREVIOUS INTERVIEW OR CHILD WAS NEVER BREASTFED), GO TO CF34.

Breastfeeding Module (Asked only if mother currently feeding breastmilk, based on CF1)
Questions CF6 – CF18

IF MOTHER IS NOT CAREGIVER SKIP TO CF18

You said that you are currently feeding {CHILD} breastmilk. I'd like to ask you some questions about that now.

Use of breast pump
1, 3, 5, 7, 9, 11, 13

CF6. Some mothers are able to pump breastmilk and others are not. Are you currently pumping breastmilk?

[I11_CF6]

YES 01
NO ..... 02 *SKIP TO CF18*

RF & DK, SKIP TO CF18.

Time of day of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF12. Now I'd like to ask you about the times of day when you usually pump. [Source: New Development]

a. When you pump, how often do you pump in the morning, before noon? Would you say…

[I11_CF12a]

usually, ... 01
sometimes, or 02
never? 03

b. When you pump, how often do you pump mid-day, from noon to 5pm? Would you say…

[I11_CF12b]

usually, ... 01
sometimes, or 02
never? 03

c. When you pump, how often to you pump in the evening or night time, after 5pm?

[I11_CF12c]

USUALLY 01
SOMETIMES 02
NEVER 03

Frequency of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF11. Thinking about the past two weeks, how many times did you pump milk?

[INTERVIEWER ALLOW OPEN-ENDED, CALCULATE NUMBERS FOR RESPONSE IF NEEDED, AND CONFIRM WITH RESPONDENT.] [Source: FDA IFPS-2, modified]

[I11_CF11]

TIMES PUMPED ..... [TIMES]

Storage practices for pumped/expressed human milk
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF16. In the last month, how long was your pumped milk usually stored in the refrigerator? [Source: FDA IFPS-2, modified]

[I11_CF16]

I DO NOT STORE MILK IN A REFRIGERATOR..... 01
1 DAY OR LESS 02
2 TO 3 DAYS 03
4 TO 5 DAYS 04
6 TO 8 DAYS 05
MORE THAN 8 DAYS 06

CF17. How long is your frozen milk usually stored? [Source: FDA IFPS-2]

[I11_CF17]

I DO NOT FREEZE MY MILK..... 01
LESS THAN 1 WEEK..... 02
1 TO 4 WEEKS..... 03
1 TO 3 MONTHS 04
4 MONTHS OR MORE..... 05

How is breastmilk feeding schedule determined (time schedule, child seems hungry, mixed)
1, 3, 5, 7, 9, 11, 13

CF18. Do you breastfeed or feed {CHILD} breastmilk from a bottle on a regular schedule, or when [HE/SHE] cries or seems hungry? [Source: IFPS-1, modified]

[I11_CF18]

SCHEDULE 01
CRIES OR SEEMS HUNGRY..... 02
BOTH 03

IF CF1 = 01 SKIP TO CF52

Formula Feeding Module (Asked only if mother currently formula feeding)
Questions CF19 – CF27

Who provided formula
1, 3, 5, 7, 9, 11, 13

You said that you are currently feeding {CHILD} formula. I'd like to ask you some questions about that.

CF19. Where do you get the formula that you use to feed {CHILD}? Do you get it…[Source: New Development]

[I11_CF19]

from WIC,..... 01
somewhere else, or..... 02 *SKIP TO CF21*
both WIC and somewhere else?..... 03

DK & RF GO TO CF21

CF20. (*IF INDICATED IN CF19 GETTING FORMULA FROM WIC***) Is the amount of formula that you get from WIC to help feed {CHILD}…[Source: PHFE WIC Survey 2010, modified]**

[I11_CF20]

more than you usually need, ... 01
less than you usually need, or 02
about right? 03

Reasons for formula use
1, 3, 5, 7, 9, 11, 13 (ASK FOR THE LAST TIME AT THE INTERVIEW WHERE MOM INDICATES SHE HAS COMPLETELY STOPPED BREASTFEEDING)

IF MOTHER IS NOT CAREGIVER SKIP TO CF54

CF21. There are many reasons for using formula. Please tell me if any of the following are reasons why you feed your baby formula? [Source: FDA IFPS-2, modified]

[I11_CF21]

IF NOT CURRENTLY BREASTFEEDING AT ALL (CF1) AND NEVER TRIED TO BREASTFEED (HF10, CF29), SKIP TO h.

ASK (a) ONLY IN MONTHS 1, 3, 5

a. My baby had trouble sucking or latching on to the breast.

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

b. My baby lost interest in nursing or began to stop nursing by him or herself.

[I11_CF21b]

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

c. Breastmilk alone did not satisfy my baby.

[I11_CF21c]

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

d. I thought that my baby was not gaining enough weight.

[I11_CF21d]

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

e. I didn't have enough breastmilk.

[I11_CF21e]

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

f. Breastfeeding was too painful.

[I11_CF21f]

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

g. I wanted my baby to have both formula and breastmilk.

[I11_CF21g]

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

ASK h-n IF MOTHER IS EITHER EXCLUSIVELY FORMULA FEEDING OR FEEDING BOTH BREASTMILK AND FORMULA

h. I chose not to breastfeed.

[I11_CF21h]

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

i. My baby was sick and could not breastfeed.

[I11_CF21i]

YES 01
NO 02

j. I was sick or had to take medicine.

[I11_CF21j]

YES 01
NO 02

k. Breastfeeding seemed too inconvenient.

[I11_CF21k]

YES 01
NO 02

l. I could not or did not want to pump.

[I11_CF21l]

YES 01
NO 02

m. I wanted or needed someone else to feed my baby.

[I11_CF21m]

YES 01
NO 02

n. For another reason.

[I11_CF21n]

Yes 01
NO 02

(IF YES): **[SPECIFY:]**

[I11_CF21nOS]

SPECIFY _____

New Formula Food Safety Questions
3, 7, 11

People have different routines they follow when preparing formula. Now I'd like to ask you about things you might do when you prepare formula for your baby.

CF54. In the past month, when you prepared infant formula for {CHILD} how often did you mix it with water that you had boiled first? Would you say you…

[I11_CF54]

did that always, ... 01
sometimes, ... 02
never, or 03
did you use ready-to-feed formula instead? [GO TO CF22] 04

CF55. Some people mix their infant formula with water, and keep it until they need it to feed their babies. In the past month, how often did you mix infant formula more than 24 hours before you fed it to {CHILD}? Would you say that you…

[I11_CF55]

always mixed it more than 24 hours before you fed it to {CHILD} 01
sometimes did that, ... 02
never did that, or 03
did you use ready-to-feed formula instead? 04

If not adhering to formula dilution instructions, why? Prescribed by Dr., nutritionist?
1, 3, 5, 7, 9, 11, 13

CF22. In the past month, did you ever mix the formula with extra water to make it last longer? [Source: IFPS-1]

[I11_CF22]

YES 01
NO 02

IF CF22 = NO, RF, OR DK,SKIP TO CF24.

CF23. (*IF YES TO CF22*) Who told you to prepare the formula this way? [Source: New Development]

[CODE ALL THAT APPLY.]

[I11_CF23]

DOCTOR 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC 12
ANOTHER HEALTH CARE PROVIDER 13
FRIEND 14
FAMILY MEMBER 15
OTHER 16
NO ONE TOLD ME 17

CF24. In the past month, did you ever mix the formula with less water than directed in order to concentrate it or make it stronger? [Source: IFPS-1, modified]

[I11_CF24]

YES 01
NO 02
NOT APPLICABLE – USE READY-TO-FEED 99

IF CF24 = NO, 99, RF, DK, SKIP TO CF27.

CF25. Who told you to prepare the formula this way? [Source: New Development]

[CODE ALL THAT APPLY.]

[I11_CF25]

DOCTOR 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC 12
ANOTHER HEALTH CARE PROVIDER 13
FRIEND 14
FAMILY MEMBER 15
OTHER 16
NO ONE TOLD ME 17

How is formula feeding schedule determined (set, on demand, mixed)
1, 3, 5, 7, 9, 11, 13

CF27. Do you feed {CHILD} formula on a regular schedule or when [HE/SHE] cries or seems hungry? [Source: IFPS-1]

[I11_CF27]

SCHEDULE 01
CRIES OR SEEMS HUNGRY 02
BOTH 03

Move to Partial Breastfeeding

Timing of move to partial breastfeeding
(any time 1-13)

ASK OF ALL WOMEN WHO INDICATED FULLY BF IN CF1. ONCE ANSWERED AFFIRMATIVELY, DROP FROM SUBSEQUENT INTERVIEWS.

CF52. Has {CHILD} ever been fed infant formula, even just one time? Do not count while {CHILD} was in the hospital after birth.

[I11_CF52]

YES..... 01 *(GO TO CF53)*
NO..... 02 *(GO TO CF32)*

RF & DK GO TO CF32.

ASK OF FULLY BF WOMEN WHO ANSWERED YES TO CF52, PARTIALLY BF WOMEN (BASED ON CF1), AND FULLY FORMULA FEEDING WOMEN (BASED IN CF1) WHO INDICATED THAT THEY EVER BREASTFED IN CF29 OR HF10. ASK ONCE, FIRST TIME FORMULA FEEDING INDICATED IN CF1 OR CF52, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF53. How old was {CHILD} the first time he/she was fed infant formula? Do not count while {CHILD} was in the hospital after birth.

[I11_CF53Num]
[I11_CF53Unit]

AGE .....[DAYS/WEEKS/MONTHS]

ASKED OF ALL PARTIALLY BF WOMEN AND ALL FULLY FORMULA FEEDING WOMEN WHO EVER BREASTFED BASED ON CF29 OR HF10. ASK UNTIL AN AGE, DON'T KNOW, OR REFUSED IS GIVEN IN RESPONSE, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF28. How old was {CHILD} when (he/she) was first fed formula every day? [Source: FITS 2002, modified]

[I11_CF28Num
[I11_CF28Unit]

[IF CHILD NOT FED FORMULA EVERYDAY, ENTER 999.]

AGE .....[DAYS/WEEKS/MONTHS]
CHILD IS NOT FED FORMULA EVERY DAY.....999

Breastfeeding Cessation Module: (asked once first time mother indicates not currently feeding breastmilk in CF1)
Questions CF30 – CF31

Timing of cessation of breastfeeding
(ANY TIME 1-13)

ASK AT FIRST INTERVIEW WHEN MOTHER SAYS SHE IS NOT FEEDING BREASTMILK, IF SHE INDICATED FEEDING BREASTMILK IN CF1 ON PREVIOUS INTERVIEWS OR IF SHE ANSWERED 'YES' TO EVER BREASTFED OR TRIED TO BREASTFEED IN CF29

CF30. How old was {CHILD} when you completely stopped breastfeeding or feeding [HIM/HER] breastmilk from a bottle? [Source: IFPS-1, modified]

[I11_CF30Num]
[I11_CF30Unit]

AGE .....[DAYS/WEEKS/MONTHS]

Reasons for cessation of breastfeeding
(any time 1-13)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF54.

CF31. There are many reasons mothers stop breastfeeding. Please tell me if any of the following reasons helped you to decide to stop breastfeeding {CHILD}? [Source: FDA IFPS-2, modified]

DO NOT ASK (A) IF INTERVIEW IS 5 MONTHS OR LATER

a. My baby had trouble sucking or latching on.

YES 01
NO 02

b. My baby began to bite.

[I11_CF31b]

YES.....01
NO 02

c. My baby lost interest in nursing or began to stop nursing by him or herself.

[I11_CF31c]

YES.....01
NO 02

d. Breastmilk alone did not satisfy my baby.

[I11_CF31d]

YES 01
NO 02

e. I thought that my baby was not gaining enough weight.

[I11_CF31e]

YES 01
NO 02

f. I didn't have enough milk.

[I11_CF31f]

YES 01
NO 02

g. Breastfeeding was too painful.

[I11_CF31g]

YES 01
NO 02

h. I was sick or had to take medicine.

[I11_CF31h]

YES 01
NO 02

i. Breastfeeding was too inconvenient.

[I11_CF31i]

YES 01
NO 02

j. I wanted or needed someone else to feed my baby.

[I11_CF31j]

YES 01
NO 02

k. I did not want to breastfeed in public.

[I11_CF31k]

YES 01
NO 02

l. Another reason?

[I11_CF31l]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I11_CF31OS]
SPECIFY _____

Time to cessation of bottle feeding
7, 9, 11, 13, 15, 18, 24 (ASK UNTIL AFFIRMATIVE, THEN STOP ASKING)

CF34. Is {CHILD} still drinking anything from a bottle? [Source: New Development]

[I11_CF34]

YES 01
NO 02

CF35. (*IF CF34 = NO, ASK*:) How old was {CHILD} when he/she stopped using a bottle? [Source: New Development]

[I11_CF35Num]
[I11_CF35Unit]

AGE .....[WEEKS/MONTHS/YEARS]

Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)

Fed other than breastmilk or formula
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ASK CF32 AT EVERY INTERVIEW UNTIL MOTHER ANSWERS YES, THEN DROP FROM LATER INTERVIEWS.

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk? [Source: WIC IFPS-1, modified]

[I11_CF32]

YES 01
NO 02

Time to introduction of supplemental foods
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

IF YES TO ALL FOODS IN CF33 IN PREVIOUS EVENTS, SKIP TO CF37

IF CF32=NO, DON'T KNOW OR REFUSED, SKIP NEXT APPLICABLE MODULE

ONLY ASK CF33 IF CF32=YES NOW OR IN A PREVIOUS INTERVIEW

Next I'm going to ask you some questions about <u>when</u> you first started feeding {CHILD} different types of foods.

ASK EACH FOOD UNTIL ANSWER IS AFFIRMATIVE, THEN STOP ASKING THAT FOOD IN SUBSEQUENT INTERVIEWS

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. Has [HE/SHE] been given plain bottled or tap water?

[I11_CF33a]

YES 01
NO 02

b. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?**

[I11_CF33bNum]
[I11_CF33bUnit]

AGE .....[WEEKS/MONTHS]

c. **Has [HE/SHE] been given soda or soft drinks?**

[I11_CF33c]

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

d. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?**

[I11_CF33dNum]
[I11_CF33Unit]

AGE .....[WEEKS/MONTHS]

e. **Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?**

[IF NEEDED: Do not include soda or soft drinks.]

[I11_CF33e]

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

f. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?**

[I11_CF33fNum]
[I11_CF33Unit]

AGE .....[WEEKS/MONTHS]

g. **Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice. Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.**

[I11_CF33g]

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

h. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?**

[I11_CF33hNum]
[I11_CF33hUnit]

AGE .....[WEEKS/MONTHS]

i. **Has [HE/SHE] been given other drinks and liquids, including teas and broths?**

[IF NEEDED: Do not include water, soda, fruit juice, sweetened beverages such as Kool-Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea.]

[I11_CF33i]

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

j. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other drinks and liquids, including teas and broths?**

[I11_CF33jNum]
[I11_CF33jUnit]

AGE .....[WEEKS/MONTHS]

k. **Has [HE/SHE] been given cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.**

[I11_CF33k]

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

l. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed cow's milk?**

[I11_CF33lNum]
[I11_CF33Unit]

AGE .....[WEEKS/MONTHS]

m. **Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.**

[I11_CF33m]

YES.....01
NO 02

n. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?**

[I11_CF33nNum]
[I11_CF33nUnit]

AGE .....[WEEKS/MONTHS]

o. **Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?**

[I11_CF33o]

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

p. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?**

[I11_CF33pNum]
[I11_CF33pUnit]

AGE .....[WEEKS/MONTHS]

q. **Has [HE/SHE] been given other cereal besides baby cereal?**

[I11_CF33q]

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

r. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?**

[I11_CF33rNum]
[I11_CF33rUnit]

AGE .....[WEEKS/MONTHS]

s. **Has [HE/SHE] been given eggs?**

[I11_CF33s]

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

t. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed eggs?**

[I11_CF33tNum]
[I11_CF33tUnit]

AGE .....[WEEKS/MONTHS]

u. Has [HE/SHE] been given fruit, including baby food or regular fruit?

[I11_CF33u]

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

v. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed fruit?

[I11_CF33vNum]
[I11_CF33vUnit]

AGE .....[WEEKS/MONTHS]

w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?

[I11_CF33w]

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

x. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed vegetables?

[I11_CF33xNum]
[I11_CF33xUnit]

AGE .....[WEEKS/MONTHS]

y. Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?

[I11_CF33y]

YES.....01
NO 02

z. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed beans?

[I11_CF33zNum]
[I11_CF33zUnit]

AGE .....[WEEKS/MONTHS]

aa. Has [HE/SHE] been given peanut butter

[I11_CF33aa]

YES.....01
NO 02

bb. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?**

[I11_CF33bbNum]
[I11_CF33bbUnit]

AGE .....[WEEKS/MONTHS]

cc. **Has [HE/SHE] been given meats,, chicken, or fish, including baby food and baby food combination dinners containing these foods?**

[I11_CF33cc]

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

dd. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?**

[I11_CF33ddNum]
[I11_CF33ddUnit]

AGE .....[WEEKS/MONTHS]

ee. **Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?**

[I11_CF33ee]

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

ff. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed salty snacks?**

[I11_CF33ffNum]
[I11_CF33ffUnit]

AGE .....[WEEKS/MONTHS]

gg. **Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam**

[I11_CF33gg]

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

hh. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed sweets?**

[I11_CF33hhNum]
[I11_CF33hhUnit]

AGE .....[WEEKS/MONTHS]

Next I'm going to ask you some questions about the types of food you buy or make for {CHILD}, how you prepare those foods and feed them to {CHILD}, and what foods you get through WIC.

Source of baby food (homemade or purchased; if purchased, was it all with WIC vouchers or some purchased without WIC vouchers)
7, 9, 11, 13

CF37. For each food category I read to you, please tell me about how much of the food fed to your baby over the past 7 days was store-bought baby food in a jar or container. Baby foods in a jar or container are those sold especially for babies. Foods that are not baby foods in a jar or container include fresh fruit, fruit juices other than those especially sold for babies, foods you prepare especially for the baby, and table food. [Source: FDA IFPS-2, modified]

a. Fruit and vegetable juice. Was it…

[I11_CF37a]

all store-bought baby food,.....01
mostly store-bought baby food,.....02
some store-bought baby food, or.....03
no store-bought baby food?.....04
NOT FED THIS FOOD IN THE PAST 7 DAYS.....05

b. Fruit. Was it…

[I11_CF37b]

all store-bought baby food,.....01
mostly store-bought baby food,.....02
some store-bought baby food. or.....03
no store-bought baby food?.....04
NOT FED THIS FOOD IN THE PAST 7 DAYS.....05

c. Vegetables?

[I11_CF37c]

ALL STORE-BOUGHT BABY FOOD.....01
MOSTLY STORE-BOUGHT BABY FOOD.....02
SOME STORE-BOUGHT BABY FOOD.....03
NO STORE BOUGHT BABY FOOD.....04
NOT FED THIS FOOD IN PAST 7 DAYS.....05

d. Meat, such as beef and chicken?

[I11_CF37d]

ALL STORE-BOUGHT BABY FOOD....01
MOSTLY STORE-BOUGHT BABY FOOD....02
SOME STORE-BOUGHT BABY FOOD....03
NO STORE BOUGHT BABY FOOD....04
NOT FED THIS FOOD IN PAST 7 DAYS....05

e. Combination dinners?

[I11_CF37e]

ALL STORE-BOUGHT BABY FOOD....01
MOSTLY STORE-BOUGHT BABY FOOD....02
SOME STORE-BOUGHT BABY FOOD....03
NO STORE BOUGHT BABY FOOD....04
NOT FED THIS FOOD IN PAST 7 DAYS....05

CF38. [*IF ALL, MOSTLY OR SOME STORE-BOUGHT BABY FOOD INDICATED ABOVE, THEN ASK:*] **Was all of the store-bought baby food in jars or containers bought with WIC checks, only some with WIC checks, or none with WIC checks? [Source: New Development]**

[I11_CF38]

ALL WITH WIC CHECKS....01
SOME WITH WIC CHECKS....02
NONE WITH WIC CHECKS....03

Methods and frequency of methods used to prepare child foods
7, 9, 11, 13

CF39. [*IF MOSTLY, SOME, OR NO STORE-BOUGHT BABY FOOD FED IN PAST 7 DAYS FROM ABOVE, ASK:*] **I'm going to read you some ways people prepare homemade food for babies. For each one, please tell me if you do this to make food for {CHILD}. [Source: New Development]**

a. Puree, such as in a blender or food processor?

[I11_CF39a]

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

b. Mash, such as with a fork or spoon?

[I11_CF39b]

YES 01
NO 02

c. Chop or dice?

[I11_CF39c]

YES 01
NO 02

d. Chew foods yourself before giving to [HIM/HER]?

[I11_CF39d]

YES 01
NO 02

e. Is there any other way you make food for {CHILD}?

[I11_CF39e]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I11_CF39eOS]

SPECIFY _____

Method of feeding child (spoon, infant feeder, bottle/modified bottle, etc.)
3, 5, 7, 9, 11, 13, 15
ONLY ASK IF INDICATED THAT CHILD IS EATING SOLID FOODS (SOMETHING OTHER THAN FORMULA OR BM)

CF40. In the past 7 days, have you given {CHILD} any foods with a spoon? [Source: IFPS-1, modified]

[I11_CF40]

YES 01
NO 02

CF41. In the past 7 days, have you given {CHILD} any foods with an infant feeder or with a bottle that has an extra-large nipple hole? [Source: IFPS-1, modified]

[I11_CF41]

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

Self-feeding during mealtimes
[DISCONTINUE AFTER ANSWER IS AFFIRMATIVE]
9, 11, 13

CF48. Does {CHILD} feed [HIM/HERSELF] any foods? That is, does {CHILD} pick up these foods and put them in [HIS/HER] mouth without any help? [Source: IFPS-1, modified]

[I11_CF48]

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

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

Finally I'm going to ask you some questions about your child's health and behavior.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

CH2. Has the doctor told you that {CHILD} has any long-term medical problems or conditions that may affect what or how [HE/SHE] eats? [Source: FITS 2008, modified]

[IF NEEDED: These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]

[I11_CH2]

YES 01
NO .....02 *(GO TO CM1)*

RF AND DK GO TO CM1.

(IF YES) **What medical problem or condition does {CHILD} have?**

[CODE ALL THAT APPLY.]

FOOD ALLERGIES 11
DIABETES 12
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA 13
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX 14
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS 15
OTHER 91

(IF OTHER) **[SPECIFY:]**

[I11_CH2OS]

SPECIFY _____

CH3. (*IF YES TO HEALTH STATUS/CONDITIONS IN CH2*): What are you currently doing to treat this medical problem? [Source: New Development]

[CODE ALL THAT APPLY.]

[I11_CH3]

TAKING HER/HIM TO THE DOCTOR FOR TREATMENT 11
TREATING HIM/HER AT HOME WITH MEDICINE 12
TREATING HIM/HER AT HOME WITH SOMETHING OTHER THAN MEDICINE (SUCH AS HERBAL REMEDIES, SPECIAL TEAS, OR OTHER FORMS OF TREATMENT) 13
CHANGING HIS/HER DIET 14
OTHER 15

Child sleep duration/patterns
5, 11, 24

CH9. On a typical day, how much time does your child spend sleeping during the NIGHT, between 7 in the evening and 7 in the morning? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

[I11_CH9Hr]
[I11_CH9Min]

AMOUNT OF TIME ..... [HOURS, MINUTES]

CH10. On a typical day, how much time does your child spend sleeping during the DAY, between 7 in the morning and 7 in the evening? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

[I11_CH10Hr]
[I11_CH10Min]

AMOUNT OF TIME ..... [HOURS, MINUTES]

CH11. How many times does your child usually wake up during the night, between 7 in the evening and 7 in the morning? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

[I11_CH11]

NUMBER OF WAKINGS ..... [NUMBER]

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

Nutrition intake
Number of breastmilk/formula feedings per day
Type of formula used
Adherence to formula dilution instructions
Use/timing of supplemental formula for breastfeeding mothers
Addition of anything other than human milk/formula to child's bottle
Specific food item intake
Use of jarred baby foods
Meal and snack pattern
Eating locations (eating on the go)
Use of dietary supplements for infants (direct administration)

SOCIODEMOGRAPHICS AND BACKGROUND

I'm going to ask you some questions about yourself and your household.

Marital status
Baseline, 13

SD14. Are you… [Source: WIC IFPS-1]

[I13_SD14]

married,..... 01
separated,..... 02
divorced,..... 03
widowed, or..... 04
never married?..... 05

Currently pregnant/due date
7, 13, 18

SD16. Are you currently pregnant? [Source: New Development]

[IF RESPONDENT IS MALE, CODE 'NO'.]

[I13_SD16]

YES..... 01
NO ..... 02 (GO TO SD16)

DK & RF GO TO SD16

SD17. (*IF YES*) When is your baby due? [Source: FDA IFPS-2]

[I13_SD17Mon]
[I13_SD17Day]
[I13_SD17Yr]

MONTH ..... [JANUARY – DEC.]
DAY ..... [1-31]
{YEAR – AUTOFILL FOR NEXT OCCURRENCE OF THE MONTH}

Household size
Enrollment, 7, 13, 24

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, and (*IF PN ENROLLMENT:* please add 1 to the total for your pregnancy, too/*IF POSTNATAL ENROLLMENT OR IF 7, 13, OR 24 MONTHS & SD16=YES:* If you are pregnant right now please add 1 to the total for your pregnancy. [Source: FITS 2002, modified]

[I13_SD18]

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

Household income
Enrollment, 7, 13, 24

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

[I13_SD19]

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 household income before taxes for [PREVIOUS MONTH]**

[I13_SD19R]

$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, or 10
more than $5000? 11

Presence of infant's father
Baseline, 13

SD20. [*PN:* Is the father of your unborn child/*1, 3, 13:* Is {CHILD's} father] living in your household? [Source: WIC IFPS-1, modified]

[I13_SD20]

YES 01
NO 02

Receipt of public assistance
Baseline, 13

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?

[I13_SD21a]

YES 01
NO 02

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

[I13_SD21b]

YES 01
NO 02

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

[I13_SD21c]

YES 01
NO 02

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[I13_SD21d]

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

Household food insecurity
7, 13, 18, 24

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

SD36. 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 6-item]

The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that. . .

[I13_SD36]

often true, ... 01
sometimes true, or 02
never true for your household in the last 12 months? 03

SD37. "We couldn't afford to eat balanced meals." Was that. . .

[I13_SD37]

often true, ... 01
sometimes true, or 02
never true for your household on the last 12 months? 03

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?

[I13_SD38]

Yes 01
No..... 02 (skip AD1a)

a. [*If yes to SD38, ask*] How often did this happen. . .

[I13_SD38a]

almost every month, ... 01
some months but not every month, or 02
only 1 or 2 months? 03

SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[I13_SD39]

Yes 01
No 02

SD40. In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

[I13_SD40]

Yes 01
No 02

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

Continuation/Discontinuation Of WIC Participation (Timing, Reasons, Location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I13_SD31]

YES 01
NO 02
(IF NO FOR THE FIRST TIME GO TO SD34, IF NO PREVIOUSLY OR DK, OR RF, GO TO NEXT APPLICABLE MODULE)

SD32. *IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:***:The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location?/** *IF NEW RESPONDENT:* **Do you go to WIC at {FILL LOCATION} or do you go to another location?[Source: FDA IFPS-2 modified]**

[I13_SD32]

YES, STILL THAT LOCATION 01
NO, NEW LOCATION 02

SD33. *(IF SD32 IS NO)* **Please tell me where you go now.**

RECORD LOCATION _____

GO TO NEXT MODULE

ASK SD34 AND SD35 ONLY IF SD31 IS 'NO'

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[I13_SD34Num]
[I13_SD34Unit]

AGE.....[WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

[I13_SD35a]

a. You no longer qualify for WIC?

YES 01
NO 02

[I13_SD35b]

b. It was inconvenient for you?

YES 01
NO 02

[I13_SD35c]

c. You no longer need WIC?

YES 01
NO 02

[I13_SD35d]

d. Is there any other reason?

YES 01
NO 02

[I13_SD35dOS]

SPECIFY _____

Perceptions of Impact of Nutrition Education
3, 13, 24

ADMINISTER WC20 ONLY IF RESPONDENT INDICATED IN SD31 THAT THEY ARE STILL ON WIC. IF NOT ON WIC, SKIP TO WC21Intro.

WC20. Your WIC benefits include both education and food. Which is more important to you… [Source: New Development]

[I13_WC20]

the food you get from WIC, ...01
the education you get from WIC, or 02
are they are equally important? 03

IF NO LONGER ON WIC, SAY: **I'd like to ask you about how you used WIC education.**

WC21. Have you changed how you feed yourself or your family because of something you learned at WIC? [Source: New Development]

[I13_WC21]

YES 01
NO 02

WC22. (*IF YES TO WC21***) What is the most important change you have made based on education you received from WIC?** ***(OPEN-ENDED; INTERVIEWER RECORD RESPONSE)*** **[Source: New Development]**

[I13_WC22]

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
I AM BREASTFEEDING/BREASTFED 04
I KNOW HOW TO PREPARE FORMULA/FEED THE RIGHT AMOUNT OF FORMULA 05
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 OFFER THE RIGHT AMOUNT OF FOODS (PORTION) 09
I KNOW HOW TO CHOOSE MORE HEALTHY FOODS FOR MYSELF/MY FAMILY.....10
OTHER.....91

(IF OTHER): **[SPECIFY:]**
[I13_WC22OS]

Current feeding choice
1, 3, 5, 7, 9, 11, 13

Now I'm going to ask you some questions about things you might be doing to feed your baby.

CF1. {*BIOMOM:* Are you/ CAREGIVER: Is anyone} currently feeding {CHILD} breastmilk either from the breast or from a bottle, formula, (*1-5 MONTHS*: or both) (*7-13 MONTHS:* both, or neither)? [Source: New Development]

[I13_CF1]

ONLY BREASTMILK 01
ONLY FORMULA.....02
BOTH BREASTMILK AND FORMULA.....03
NEITHER BREASTMILK OR FORMULA 04

IF CF1 = 02, SKIP TO CF19

IF CF1 = 04, DK or RF AND CHILD WAS BREASTFED AT A PREVIOUS INTERVIEW AND CF30 NOT ADMINISTERED AT A PREVIOUS INTERVIEW, GO TO CF30.

IF CF1 = 04, AND (CF30 ADMINISTERED AT A PREVIOUS INTERVIEW OR CHILD WAS NEVER BREASTFED), GO TO CF34.

Breastfeeding Module (Asked only if mother currently feeding breastmilk, based on CF1)
Questions CF6 – CF18

IF MOTHER IS NOT CAREGIVER, SKIP TO CF18.

You said that you are currently feeding {CHILD} breastmilk. I'd like to ask you some questions about that now.

Use of breast pump
1, 3, 5, 7, 9, 11, 13

CF6. Some mothers are able to pump breastmilk and others are not. Are you currently pumping breastmilk?

INTERVIEWER: CODE YES IF MOTHER IS PUMPING AT ALL, EVEN IF INFREQUENTLY.

[I13_CF6]

YES 01
NO 02

IF CF6 IS NO, RF, OR DK SKIP TO CF18

Time of day of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6.

CF12. Now I'd like to ask you about the times of day when you usually pump.. [Source: New Development]

a. When you pump, how often do you pump in the morning, before noon? Would you say…

[I13_CF12a]

usually,..... 01
sometimes, or..... 02
never? 03

b. When you pump, how often do you pump mid-day, from noon to 5pm? Would you say…

[I13_CF12b]

usually,..... 01
sometimes, or..... 02
never? 03

c. When you pump, how often to you pump in the evening or night time, after 5pm?

[I13_CF12c]

USUALLY 01
SOMETIMES 02
NEVER..... 03

Frequency of pumping
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF11. Thinking about the past two weeks, how many times did you pump milk? (*INTERVIEWER ALLOW OPEN-ENDED, CALCULATE NUMBERS FOR RESPONSE IF NEEDED, AND CONFIRM WITH RESPONDENT)*[Source: FDA IFPS-2, modified]

[I13_CF11]

TIMES PUMPED.....[TIMES]

Storage practices for pumped/expressed human milk
1, 3, 5, 7, 9, 11, 13

ASK ONLY IF CURRENTLY PUMPING BREASTMILK IN CF6

CF16. In the last month, how long was your pumped milk usually stored in the refrigerator? [Source: FDA IFPS-2, modified]

[I13_CF16]

I DO NOT STORE MILK IN A REFRIGERATOR 01
1 DAY OR LESS..... 02
2 TO 3 DAYS..... 03
4 TO 5 DAYS..... 04
6 TO 8 DAYS..... 05
MORE THAN 8 DAYS..... 06

CF17. How long is your frozen milk usually stored? [Source: FDA IFPS-2]

[I13_CF17]

ONLY INCLUDE 4 MONTHS OR MORE AFTER THE 5 MONTH INTERVIEW

I DO NOT FREEZE MY MILK.....01
LESS THAN 1 WEEK.....02
1 TO 4 WEEKS.....03
1 TO 3 MONTHS.....04
4 MONTHS OR MORE.....05

How is breastmilk feeding schedule determined (time schedule, child seems hungry, mixed)
1, 3, 5, 7, 9, 11, 13

CF18. Do you breastfeed or feed {CHILD} breastmilk from a bottle on a regular schedule, or when [HE/SHE] cries or seems hungry? [Source: IFPS-1, modified]

[I13_CF17]

SCHEDULE 01
CRIES OR SEEMS HUNGRY 02
BOTH 03

IF CF1 = 01 SKIP TO CF52

Formula Feeding Module (Asked only if mother currently formula feeding)
Questions CF19 – CF27

You said that you are currently feeding {CHILD} formula. I'd like to ask you some questions about that.

Who provided formula
1, 3, 5, 7, 9, 11, 13

CF19. Where do you get the formula that you use to feed {CHILD}? Do you get it… [Source: New Development]

[I13_CF19]

from WIC..... 01
from somewhere else, or..... 02
both WIC and somewhere else?..... 03

CF20. (*If indicated in CF19 getting formula from WIC)* Is the amount of formula that you get from WIC to help feed {CHILD}… [Source: PHFE WIC Survey 2010, modified]

[I13_CF20]

more than you usually need, ... 01
less than you usually need, or 02
about right? 03

Reasons for formula use
1, 3, 5, 7, 9, 11, 13 (ask for the last time at the interview where mom indicates she has completely stopped breastfeeding)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF54.

CF21. There are many reasons for using formula. Please tell me if any of the following are reasons why you feed your baby formula. [Source: FDA IFPS-2, modified]

IF NOT CURRENTLY BREASTFEEDING AT ALL (CF1) AND NEVER TRIED TO BREASTFEED (HF10, CF29), SKIP TO h.

ASK (a) ONLY IN MONTHS 1, 3, 5

a. My baby had trouble sucking or latching on to the breast

YES 01
NO 02

b. My baby lost interest in nursing or began to stop nursing by him or herself.

[I13_CF21b]

YES 01
NO 02

c. Breastmilk alone did not satisfy my baby.

[I13_CF21c]

YES 01
NO 02

d. I thought that my baby was not gaining enough weight.

[I13_CF21d]

YES 01
NO 02

e. I didn't have enough breastmilk.

[I13_CF21e]

YES 01
NO 02

f. Breastfeeding was too painful.

[I13_CF21f]

YES 01
NO 02

g. I wanted my baby to have both formula and breastmilk.

[I13_CF21g]

YES 01
NO 02

ASK h-n IF MOTHER IS EITHER EXCLUSIVELY FORMULA FEEDING OR FEEDING BOTH BREASTMILK AND FORMULA

h. I chose not to breastfeed.

[I13_CF22h]

YES.....01
NO 02

i. My baby was sick and could not breastfeed.

[I13_CF21i]

YES.....01
NO 02

j. I was sick or had to take medicine.

[I13_CF21j]

YES.....01
NO 02

k. Breastfeeding seemed too inconvenient.

[I13_CF21k]

YES.....01
NO 02

l. I could not or did not want to pump.

[I13_CF21l]

YES.....01
NO 02

m. I wanted or needed someone else to feed my baby.

[I13_CF21m]

YES.....01
NO 02

n. For another reason.

[I13_CF21n]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I13_CF21nOS]
SPECIFY _____

If not adhering to formula dilution instructions, why? Prescribed by Dr., nutritionist?
1, 3, 5, 7, 9, 11, 13

CF22. In the past month, did you ever mix the formula with extra water to make it last longer? [Source: IFPS-1]

[I13_CF22]

YES 01
NO 02

IF CF22 = NO, SKIP TO CF24.

CF23. (*IF YES TO CF22*) Who told you to prepare the formula this way? [Source: New Development]

[I13_CF23]

DOCTOR 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC 12
ANOTHER HEALTH CARE PROVIDER 13
FRIEND 14
FAMILY MEMBER 15
OTHER 16
NO ONE TOLD ME 17

CF24. In the past month, did you ever mix the formula with less water than directed in order to concentrate it or make it stronger? [Source: IFPS-1, modified]

[I13_CF24]

YES 01
NO 02
NOT APPLICABLE – USE READY-TO-FEED 99

IF CF24 = NO, 99, DK, RF, SKIP TO CF27.

CF25. Who told you to prepare the formula this way? [Source: New Development]

[I13_CF25]

DOCTOR 11
SOMEONE WHO WORKS AT THE WIC OFFICE OR CLINIC 12
ANOTHER HEALTH CARE PROVIDER 13
FRIEND 14
FAMILY MEMBER 15
OTHER 16
NO ONE TOLD ME 17

How is formula feeding schedule determined (set, on demand, mixed)
1, 3, 5, 7, 9, 11, 13

CF27. Do you feed {CHILD} formula on a regular schedule or when [HE/SHE] cries or seems hungry? [Source: IFPS-1]

[I13_CF27]

SCHEDULE 01
CRIES OR SEEMS HUNGRY 02
BOTH 03

Move to Partial Breastfeeding

Timing of move to partial breastfeeding
(any time 1-13)

ASK OF ALL WOMEN WHO INDICATED FULLY BF IN CF1. ONCE ANSWERED AFFIRMATIVELY, DROP FROM SUBSEQUENT INTERVIEWS.

CF52. Has {CHILD} ever been fed infant formula, even just one time? Do not count while {CHILD} was in the hospital after birth.

[I13_CF52]

YES..... 01 (GO TO CF53)
NO ..... 02 (GO TO CF32)

RF & DK GO TO CF32.

ASK OF FULLY BF WOMEN WHO ANSWERED YES TO CF52, PARTIALLY BF WOMEN (BASED ON CF1), AND FULLY FORMULA FEEDING WOMEN (BASED IN CF1) WHO INDICATED THAT THEY EVER BREASTFED IN CF29 OR HF10. ASK ONCE, FIRST TIME FORMULA FEEDING INDICATED IN CF1 OR CF52, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF53. How old was {CHILD} the first time [HE/SHE] was fed infant formula? Do not count while {CHILD} was in the hospital after birth.

[I13_CF53Num]
[I13_CF53Unit]

AGE.....[DAYS/WEEKS/MONTHS]

ASKED OF ALL PARTIALLY BF WOMEN AND ALL FULLY FORMULA FEEDING WOMEN WHO EVER BREASTFED BASED ON CF29 OR HF10. ASK UNTIL AN AGE, DON'T KNOW, OR REFUSED IS GIVEN IN RESPONSE, THEN DROP FROM SUBSEQUENT INTERVIEWS.

CF28. How old was {CHILD} when [HE/SHE] was first fed formula every day? [Source: FITS 2002, modified]

[I13_CF28Num]
[I13_CF28Unit]

AGE .....[DAYS/WEEKS/MONTHS]
CHILD IS NOT FED FORMULA EVERY DAY 999

Breastfeeding Cessation Module: (asked once first time mother indicates not currently feeding breastmilk in CF1)
Questions CF30 – CF31

Timing of cessation of breastfeeding
(any time 1-13)

ASK AT FIRST INTERVIEW WHEN MOTHER SAYS SHE IS NOT FEEDING BREASTMILK, IF SHE INDICATED BREASTFEEDING ON PREVIOUS INTERVIEWS OR IF SHE ANSWERED 'YES' TO EVER BREASTFED OR TRIED TO BREASTFEED

CF30. How old was {CHILD} when you completely stopped breastfeeding or feeding [HIM/HER] breastmilk from a bottle? [Source: IFPS-1, modified]

[I13_CF30Num]
[I13_CF30Unit]

AGE .....[DAYS/WEEKS/MONTHS]

Reasons for cessation of breastfeeding
(any time 1-13)

IF MOTHER IS NOT CAREGIVER, SKIP TO CF34.

CF31. There are many reasons mothers stop breastfeeding. Please tell me if any of the following reasons helped you to decide to stop breastfeeding {CHILD}? [Source: FDA IFPS-2, modified]

DO NOT ASK (A) IF INTERVIEW IS 5 MONTHS OR LATER

a. My baby had trouble sucking or latching on

YES 01
NO 02

b. My baby began to bite.

[I13_CF31b]

YES 01
NO 02

c. My baby lost interest in nursing or began to stop nursing by him or herself.

[I13_CF31c]

YES 01
NO 02

d. Breastmilk alone did not satisfy my baby.

[I13_CF31d]

YES 01
NO 02

e. I thought that my baby was not gaining enough weight.

[I13_CF31e]

YES 01
NO 02

f. I didn't have enough milk.

[I13_CF31f]

YES 01
NO 02

g. Breastfeeding was too painful.

[I13_CF31g]

YES 01
NO 02

h. I was sick or had to take medicine.

[I13_CF31h]

YES 01
NO 02

i. Breastfeeding was too inconvenient.

[I13_CF31i]

YES 01
NO 02

j. I wanted or needed someone else to feed my baby.

[I13_CF31j]

YES 01
NO 02

k. I did not want to breastfeed in public.

[I13_CF31k]

YES 01
NO 02

l. Another reason?

[I13_CF31l]

YES.....01
NO 02

(IF YES): **[SPECIFY:]**

[I13_CF31lOS]
SPECIFY _____

Time to cessation of bottle feeding
7, 9, 11, 13, 15, 18, 24 (ASK UNTIL AFFIRMATIVE, THEN STOP ASKING)

CF34. Is {CHILD} still drinking anything from a bottle? [Source: New Development]

[I13_CF34]

YES.....01
NO 02

CF35. (*IF NO, ASK*:) How old was {CHILD} when he/she stopped using a bottle? [Source: New Development]

[I13_CF35Num]
[I13_CF35Unit]

AGE ..... [WEEKS/MONTHS/YEARS]

Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)

Fed other than breastmilk or formula
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ASK CF32 AT EVERY INTERVIEW UNTIL MOTHER ANSWERS YES, THEN DROP FROM LATER INTERVIEWS.

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk? [Source: WIC IFPS-1, modified]

[I13_CF32]

YES 01
NO 02

Time to introduction of supplemental foods
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

IF YES TO ALL FOODS IN CF33 IN PREVIOUS EVENTS, SKIP TO CF37

IF CF32=NO, DON'T KNOW OR REFUSED, SKIP NEXT APPLICABLE MODULE

ONLY ASK CF33 IF CF32=YES NOW OR IN A PREVIOUS INTERVIEW

Next I'm going to ask you some questions about when you first started feeding {CHILD} different types of foods.

ASK EACH FOOD UNTIL ANSWER IS AFFIRMATIVE, THEN STOP ASKING THAT FOOD IN SUBSEQUENT INTERVIEWS

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. Has [HE/SHE] been given plain bottled or tap water?

[I13_CF33a]

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

b. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?**

[I13_CF35bNum]
[I13_CF35bUnit]

AGE ..... [WEEKS/MONTHS]

c. **Has [HE/SHE] been given soda or soft drinks?**

[I13_CF33c]

YES 01
NO 02

d. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?**

[I13_CF33dNum]
[I13_CF33dUnit]

AGE ..... [WEEKS/MONTHS]

e. **Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?**

[I13_CF33e]

[IF NEEDED: Do not include soda or soft drinks.]

YES 01
NO 02

f. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?**

[I13_CF33fNum]
[I13_CF33fUnit]

AGE ..... [WEEKS/MONTHS]

g. **Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.**

[I13_CF33g]

YES 01
NO 02

h. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?**

[I13_CF33hNum]
[I13_CF33hUnit]

AGE ..... [WEEKS/MONTHS]

i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?

[I13_CF33i]

[IF NEEDED: Do not include water, soda, fruit juice, sweetened beverages such as Kool-Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea.]

YES 01
NO 02

j. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other drinks and liquids, including teas and broths?

[I13_CF33jNum]
[I13_CF33jUnit]

AGE .....[WEEKS/MONTHS]

k. Has [HE/SHE] been given cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.

[I13_CF33k]

YES 01
NO 02

l. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed cow's milk?

[I13_CF33Num]
[I13_CF33lUnit]

AGE .....[WEEKS/MONTHS]

m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.

[I13_CF33M]

YES 01
NO 02

n. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?

[I13_CF33nNum]
[I13_CF33nUnit]

AGE .....[WEEKS/MONTHS]

o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?

[I13_CF33o]

YES 01
NO 02

p. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?

[I13_CF33pNum]
[I13_CF33pUnit]

AGE ..... [WEEKS/MONTHS]

q. Has [HE/SHE] been given other cereal besides baby cereal?

[I13_CF33q]

YES 01
NO 02

r. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?

[I13_CF33rNum]
[I13_CF33rUnit]

AGE ..... [WEEKS/MONTHS]

s. Has [HE/SHE] been given eggs?

[I13_CF33s]

YES 01
NO 02

t. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed eggs?

[I13_CF33tNum]
[I13_CF33tUnit]

AGE ..... [WEEKS/MONTHS]

u. Has [HE/SHE] been given fruit, including baby food or regular fruit?

[I13_CF33u]

YES 01
NO 02

v. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed fruit?

[I13_CF33vNum]
[I13_CF33vUnit]

AGE ..... [WEEKS/MONTHS]

w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?

[I13_CF33w]

YES 01
NO 02

x. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed vegetables?

[I13_CF33xNum]
[I13_CF33xUnit]

AGE ..... [WEEKS/MONTHS]

y. Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?

[I13_CF33y]

YES 01
NO 02

z. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed beans?

[I13_CF33zNum]
[I13_CF33zUnit]

AGE ..... [WEEKS/MONTHS]

aa. Has [HE/SHE] been given peanut butter?

[I13_CF33aa]

YES 01
NO 02

bb. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?**

[I13_CF33bbNum]
[I13_CF33bbUn]

AGE.....[WEEKS/MONTHS]

cc. **Has [HE/SHE] been given meats, chicken, or fish, including baby food and baby food combination dinners containing these foods?**

[I13_CF33cc]

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

dd. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?**

[I13_CF33ddNum]
[I13_CF33ddUn]

AGE..... [WEEKS/MONTHS]

ee. **Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?**

[I13_CF33ee]

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

ff. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed salty snacks?**

[I13_CF33ffNum]
[I13_CF33ffUni]

AGE..... [WEEKS/MONTHS]

gg. **Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam?**

[I13_CF33gg]

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

hh. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed sweets?**

[I13_CF33hhNum]
[I13_CF33hhUn]

AGE.....WEEKS/MONTHS]

Next I'm going to ask you some questions about the types of food you buy or make for {CHILD}, how you prepare those foods and feed them to {CHILD}, and what foods you get through WIC.

Source of baby food (homemade or purchased; if purchased, was it all with WIC vouchers or some purchased without WIC vouchers)
7, 9, 11, 13

CF37. For each food category I read to you, please tell me about how much of the food fed to your baby over the past 7 days was store-bought baby food in a jar or container. Baby foods in a jar or container are those sold especially for babies. Foods that are not baby foods in a jar or container include fresh fruit, fruit juices other than those especially sold for babies, foods you prepare especially for the baby, and table food. [Source: FDA IFPS-2, modified]

a. Fruit and vegetable juice. Was it…

[I13_CF37a]

all store-bought baby food, ...01
mostly store-bought baby food,.....02
some store-bought baby food, or 03
no store-bought baby food? 04
NOT FED THIS FOOD IN PAST 7 DAYS.....05

b. Fruit. Was it…

[I13_CF37b]

all store-bought baby food, ...01
mostly store-bought baby food,.....02
some store-bought baby food, or 03
no store-bought baby food? 04
NOT FED THIS FOOD IN PAST 7 DAYS.....05

c. Vegetables?

[I13_CF37c]

ALL STORE-BOUGHT BABY FOOD 01
MOSTLY STORE-BOUGHT BABY FOOD 02
SOME STORE-BOUGHT BABY FOOD.....03
NO STORE-BOUGHT BABY FOOD 04
NOT FED THIS FOOD IN PAST 7 DAYS.....05

d. Meat, such as beef and chicken?

[I13_CF37d]

ALL STORE-BOUGHT BABY FOOD 01
MOSTLY STORE-BOUGHT BABY FOOD 02
SOME STORE-BOUGHT BABY FOOD.....03
NO STORE-BOUGHT BABY FOOD 04
NOT FED THIS FOOD IN PAST 7 DAYS.....05

e. Combination dinners?

[I13_CF37e]

ALL STORE-BOUGHT BABY FOOD.....01
MOSTLY STORE-BOUGHT BABY FOOD.....02
SOME STORE-BOUGHT BABY FOOD 03
NO STORE-BOUGHT BABY FOOD.....04
NOT FED THIS FOOD IN PAST 7 DAYS 05

CF38. [*IF ALL, MOSTLY OR SOME STORE-BOUGHT BABY FOOD INDICATED ABOVE, THEN ASK:***] Was all of the store-bought baby food in jars or containers bought with WIC checks, only some with WIC checks, or none with WIC checks? [Source: New Development]**

[I13_CF38]

ALL WITH WIC CHECKS.....01
SOME WITH WIC CHECKS.....02
NONE WITH WIC CHECKS.....03

Methods and frequency of methods used to prepare child foods
7, 9, 11, 13

CF39. [*IF MOSTLY, SOME, OR NO STORE-BOUGHT BABY FOOD FED IN PAST 7 DAYS FROM ABOVE, ASK:***] I'm going to read you some ways people prepare homemade food for babies. For each one, please tell me if you do this to make food for {CHILD}. [Source: New Development]**

a. Puree, such as in a blender or food processor?

[I13_CF39a]

YES.....01
NO 02

b. Mash, such as with a fork or spoon?

[I13_CF39b]

YES.....01
NO 02

c. Chop or dice?

[I13_CF39c]

YES 01
NO 02

d. Chew foods yourself before giving to [HIM/HER]?

[I13_CF39d]

YES 01
NO 02

e. Is there any other way you make food for {CHILD}?

[I13_CF39e]

YES 01
NO 02

(IF YES): **[SPECIFY:]**
[I13_CF39eOS]
SPECIFY _____

Method of feeding child (spoon, infant feeder, bottle/modified bottle, etc.)
3, 5, 7, 9, 11, 13, 15ONLY ASK IF INDICATED THAT CHILD IS EATING SOLID FOODS (SOMETHING OTHER THAN FORMULA OR BM)

CF40. In the past 7 days, have you given {CHILD} any foods with a spoon? [Source: IFPS-1, modified]

[I13_CF40]

YES 01
NO 02

CF41. In the past 7 days, have you given {CHILD} any foods with an infant feeder or with a bottle that has an extra large nipple hole? [Source: IFPS-1, modified]

[I13_CF41]

YES 01
NO 02

FOR 13, 15, 18, 24 MO:
ASK ONLY IF CURRENTLY ON WIC, IF SD31≠YES SKIP TO CF44.

CF43. Which of the following WIC foods does {CHILD} eat? Does [HE/SHE] eat… [Source: FITS 2008, modified]

a. Breakfast cereal, either hot or cold from WIC?

[I13_CF43a]

YES 01
NO 02

b. Cheese from WIC?

[I13_CF43b]

YES 01
NO 02

c. Eggs from WIC?

[I13_CF34c]

YES 01
NO 02

d Does {CHILD} eat fruits from WIC?

[I13_CF43d]

YES 01
NO 02

e. 100% juice from WIC?

[I13_CF43e]

YES 01
NO 02

f. Milk from WIC, including cow's milk, soy milk, or other milk?

[I13_CF43f]

YES 01
NO 02

g. Peanut butter from WIC?

[I13_CF43g]

YES 01
NO 02

h. Does {CHILD} eat vegetables from WIC?

[I13_CF43h]

YES 01
NO 02

i. Whole grain bread or other whole grains, such as brown rice, bulgur, barley, or tortillas from WIC?

[I13_CF43i]

YES 01
NO 02

j. Does {CHILD} eat other food from WIC?

[I13_CF43j]

YES 01
NO 02

(IF YES): **[SPECIFY:]**

[I13_CF43jOS]
SPECIFY _____

Child use of cup (with/without assistance), spoon, sippy cup
9, 13, 18

CF44. During the past 7 days, did {CHILD} ever drink from a cup that was held by someone else? [Source: WIC IFPS-1]

[I13_CF44]

YES 01
NO 02

CF45. Does {CHILD} feed [HIM/HERSELF] with a spoon without spilling much? [Source: FITS 2002]

[I13_CF45]

YES 01
NO 02

CF46. Does {CHILD} drink from a sippy cup without help?

[IF NEEDED: A sippy cup is a cup with a plastic cover that has a spout.] [Source: FITS 2002]

[I13_CF46]

YES 01
NO 02

CF47. Does [HE/SHE] drink from a regular cup without help, that is a cup without a lid? [Source: FITS 2002]

[I13_CF47]

YES 01
NO 02

Self-feeding during mealtimes
9, 11, 13 – DISCONTINUE AFTER ANSWER IS AFFIRMATIVE

CF48. Does {CHILD} feed [HIM/HERSELF] any foods? That is, does {CHILD} pick up these foods and put them in [his/her] mouth without any help? [Source: IFPS-1, modified]

[I13_CF48]

YES 01
NO 02

MATERNAL HEALTH AND LIFESTYLE

Next I'm going to ask you some questions about your health and about work, school and child care.

Maternal weight
1, 3, 13, 24

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

[I13_MH13]

POUNDS .....[NUMBER]

Educational status
3, 7, 13, 18, 24

SD27. As of today, are you in school or college? [Source: WIC IFPS-1]

[I13_SD27]

YES 01
NO 02

Current employment status
3, 7, 13, 18, 24

SD29. Are you currently working for pay… [Source: LA WIC Survey]

[I13_SD29]

full time [35 hours or more], ...01
part time, or.....02
not at all? 03

ASK SD30 FIRST TIME ANSWER TO SD 27 OR SD29 IS 'YES' THEN DISCONTINUE

SD30. How old was {CHILD} when you started going to school or working? [Source: New Development]

[I13_SD30Num]
[I13_SD30Unit]

AGE .....WEEKS, MONTHS]

Ever used regular non-maternal child care?
3, 7, 13, 24 (ONCE ANSWERED AFFIRMATIVE, STOP ASKING FOR SUBSEQUENT INTERVIEWS)

The next few questions are about 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, while you go to work or school.

Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a child care center or family daycare home. Do not include care provided by you or {CHILD'S} other parent. [Source: PHFE WIC Survey 2010 modified]

MH18. Have you ever used a regular child care arrangement for {CHILD}?

[I13_MH18]

YES 01
NO 02

IF NO, DK, OR RF SKIP TO KA9

When did child first start non-maternal child care?
3, 7, 13, 24 (asked only if ever used is yes, then stop asking once answered)

MH19. At what age did {CHILD} first start a regular childcare arrangement? [Source: New Development]

[I13_MH19Num]
[I13_MH19Unit]

AGE ..... [MONTHS]

Current use of non-maternal child care (and what kind)
3, 7, 13, 24

MH20. Which type of regular childcare arrangement are you currently using the <u>most</u> for {CHILD}? Are you using…[Source: PHFE WIC Survey 2011, modified]

[I13_MH20]

a child care center,..... 01
a family daycare home, ... 02
Early Head Start, ... 03
someone cares for {child} in their home,..... 04
someone cares for {child} in your home,..... 05
some other kind of child care, or 06
you are not currently using child care?..... 07

Contact info for child care (for CACFP status)
3, 7, 13, 24

MH21. (*IF CENTER OR FAMILY DAYCARE FROM MH20***) Can we get the official name and address of the child care? We won't contact them without your permission, we just need it for our records. [Source: New Development]**

Who provides food to child care location (provided by mother, or by facility)
3, 7, 13, 24

ASK ONLY IF INDICATED CURRENT CHILD CARE USE IN MH20

MH23. Who provides most of the food {CHILD} eats at child care – the child care provider, you, or is the food divided about equally between you and the childcare provider? [Source: PHFE WIC Survey 2011]

[I13_MH23]

CHILD CARE PROVIDER 01
RESPONDENT 02
EQUALLY DIVIDED 03

If child care provides food, program timing for transition to supplemental foods
7, 13

ASK ONLY IF MH23 INDICATES CHILD CARE PROVIDES FOOD (MH23=1 OR 3)
13 MO:

MH25. (*IF THE CHILD CARE PROVIDER SUPPLIES FOOD***) At what age does the child care provider start giving table foods? [Source: New Development]**

[I13_MH25Num]
[I13_MH25Unit]

AGE ..... [WEEKS/MONTHS]

MH26. (*IF THE CHILD CARE PROVIDER SUPPLIES FOOD***) At what age does the child care provider start giving cow's milk? [Source: New Development]**

[I13_MH26Num]
[I13_MH26Unit]

AGE.....[WEEKS/MONTHS]

EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS

Next I'm going to ask you some questions about your beliefs about feeding babies and toddlers.

Maternal knowledge, attitudes, and beliefs about nutrition (religious or ethical/lifestyle such as Kashrut, Halal, Vegetarian/Vegan
13

KA9. Do you have any religious or lifestyle beliefs, such as Halal, keeping Kosher or being Vegetarian or Vegan, that influence how you feed {CHILD}? [Source: New Development]

[I13_KA9]

YES 01
NO 02

KA10. (*IF YES*) What are those beliefs? [Source: New Development]

[CODE ALL THAT APPLY.]

[I13_KA10]

HALAL.....11
KOSHER.....12
VEGETARIAN.....13
VEGAN.....14
OTHER.....91

(IF OTHER): **[SPECIFY:]**

[I13_KA10OS]

SPECIFY _____

Caregiver understanding of infant nonverbal satiety cues and crying; toddler satiety cues.
3, 13, 24

13 AND 24 MONTHS:

KA27. I'm going to read you some statements about when {CHILD} is hungry or full. Please tell me how much you agree or disagree with these statements. [Source: First Steps Survey, modified]

a. My child knows when he or she is full. Would you say that you… [*INTERVIEWER READ OPTIONS*]:

[I13_KA27a]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
strongly disagree?.....05

b. I let my child decide how much to eat. Would you say that you… [*INTERVIEWER READ OPTIONS*]:

[I13_KA27b]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
strongly disagree?.....05

Perceptions of infant/toddler size and role in feeding decisions
3, 13, 24

AT 3, 13, 24:

KA29. Does your child's weight influence your decisions about how and what to feed {HIM/HER}? [Source: New Development]

[I13_KA29]

YES 01
NO 02

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

Finally, I'm going to ask you some questions about your child's health and behavior.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

CH2. Has the doctor told you that {CHILD} has any long-term medical problems or conditions that may affect what or how [HE/SHE] eats? [Source: FITS 2008, modified]

[*IF NEEDED*: These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]

[I13_CH2]

YES 01
NO ..... 02 *(NO, GO TO CH6)*

DK & RF GO TO CH6

[I13_CH2a]
(*IF YES*) **What medical problem or condition does {CHILD} have? [CODE ALL THAT APPLY.]**

FOOD ALLERGIES 11
DIABETES 12
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA 13
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX 14
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS 15
OTHER 91

(IF OTHER): **[SPECIFY:]**

[I13_CH2aOS]

CH3. (*IF YES TO HEALTH STATUS/CONDITIONS IN CH2*): What are you currently doing to treat this medical problem? [Source: New Development]

[I13_CH3]

[CODE ALL THAT APPLY.]

TAKING HER/HIM TO THE DOCTOR FOR TREATMENT 11
TREATING HIM/HER AT HOME WITH MEDICINE 12
TREATING HIM/HER AT HOME WITH SOMETHING OTHER THAN MEDICINE (SUCH AS HERBAL REMEDIES, SPECIAL TEAS, OR OTHER FORMS OF TREATMENT) 13
CHANGING HIS/HER DIET 14
OTHER 15

Child physical activity indoors
5, 13, 15, 24

AT 13, 15, 24 ONLY:

CH6. I am going to read you a list of activities you or someone in your home may have done with {CHILD} in the past week. How often did you or someone in your home do… [Source: MacDonald & Parke, 1986, modified]

a. Wrestling. This is when someone gently and playfully pushes the child around on the ground or a bed, and the child playfully pushes back. In the past week, how often did you or someone in your home wrestle with {CHILD}?

[I13_CH6a]

every day, ... 01
several times a week, ... 02
once a week, or 03
not at all? 04

b. Tumbling. This is when a child rolls around, does somersaults, or climbs over things. In the past week, how often did you or someone in your home play tumbling with {CHILD}?

[I13_CH6b]

every day, ...01
several times a week, ... 02
once a week, or 03
not at all? 04

c. Playing chase. This is when someone playfully runs or crawls after a child. In the past week, how often did you or someone in your home play chase with {CHILD}?

[I13_CH6c]

EVERY DAY..... 01
SEVERAL TIMES A WEEK.....02
ONCE A WEEK.....03
NOT AT ALL.....04

d. Playing ball. This includes placing a ball in front of a child so he has to go after it by crawling, walking, or grabbing. In the past week, how often have you or someone in your home played ball with {CHILD}?

[I13_CH6d]

EVERY DAY.....01
SEVERAL TIMES A WEEK.....02
ONCE A WEEK.....03
NOT AT ALL 04

WIC ITFPS-2 PARTICIPANT INTERVIEW
15 MONTH - ENGLISH

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

Nutrition intake
Number of breastmilk/formula feedings per day
Type of formula used
Adherence to formula dilution instructions
Use/timing of supplemental formula for breastfeeding mothers
Addition of anything other than human milk/formula to child's bottle
Specific food item intake
Use of jarred baby foods
Meal and snack pattern
Eating locations (eating on the go)
Use of dietary supplements for infants (direct administration)

SOCIODEMOGRAPHICS AND BACKGROUND

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

I'd like to ask you some questions about WIC.

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I15_SD31]

YES.....01
NO.....02
(IF NO FOR THE FIRST TIME GO TO SD34, IF NO PREVIOUSLY, OR DK OR RF, GO TO NEXT APPLICABLE MODULE)

SD32. {*IF THE RESPONDENT HAS NOT CHANGED FROM PREVIOUS EVENT:* **The last time we talked with you, you were going to [*FILL IN LOCATION*]. Do you still go there, or do you go to a new location?/** *IF NEW RESPONDENT:* **Do you go to WIC at {FILL LOCATION} or do you go to another location? [Source: FDA IFPS-2 modified]**

[I15_SD32]

YES, STILL THAT LOCATION ..... (GO TO CF1) 01
NO, NEW LOCATION 02

SD33. *(IF SD32 IS NO)* **Please tell me where you go now.**

RECORD LOCATION _____

GO TO NEXT MODULE
ASK SD34 AND SD35 ONLY IF SD31 IS 'NO'

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[I15_SD34Num]
[I15_SD34Unit]

AGE .....[WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

a. You no longer qualify for WIC?

[I15_SD35a]

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

b. It was inconvenient for you?

[I15_SD35b]

YES 01
NO 02

c. You no longer need WIC?

[I15_SD35c]

YES 01
NO 02

d. Is there any other reason?

[I15_SD35d]

YES 01
NO 02

(*IF YES*): [**What is the other reason you stopped going to WIC?]**

[I15_SD35dOS]

SPECIFY _____

CURRENT FEEDING PRACTICES

Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)

IF YES TO ALL ITEM IN CF33 IN PREVIOUS INTERVIEWS, SKIP TO CF34 INTRO

Now I'm going to ask you some questions about things you might be doing to feed your baby.

Fed other than breastmilk or formula
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ASK CF32 AT EVERY INTERVIEW UNTIL MOTHER ANSWERS YES, THEN DROP FROM LATER INTERVIEWS.

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk? [Source: WIC IFPS-1, modified]

[I15_CF32]

YES 01
NO 02

IF CF32=NO, DK, OR RF, SKIP TO CF34 INTRO.

Time to introduction of supplemental foods
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

Next I'm going to ask you some questions about <u>when</u> you first started feeding {CHILD} different types of foods.

ASK EACH FOOD UNTIL ANSWER IS AFFIRMATIVE, THEN STOP ASKING THAT FOOD IN SUBSEQUENT INTERVIEWS.

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. Has [HE/SHE] been given plain bottled or tap water?

[I15_CF33a]

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

b. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?

[I15_CF33bNum]
[I15_CF33bUnit]

AGE .....[WEEKS/MONTHS]

c. Has [HE/SHE] been given soda or soft drinks?

[I15_CF33c]

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

d. (*IF YES*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?

[I15_CF33dNum]
[I15_CF33dUnit]

AGE .....[WEEKS/MONTHS]

e. **Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?**

[IF NEEDED: Do not include soda or soft drinks.]

[I15_CF33e]

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

f. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?**

[I15_CF33fNum]
[I15_CF33fUnit]

AGE .....[WEEKS/MONTHS]

g. **Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.**

[I15_CF33g]

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

h. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?**

[I15_CF33hNum]
[I15_CF33hUnit]

AGE .....[WEEKS/MONTHS]

i. **Has [HE/SHE] been given other drinks and liquids, including teas and broths?**

[IF NEEDED: Do not include water, soda, fruit juice, sweetened beverages such as Kool-Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea.]

[I15_CF33i]

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

j. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other drinks and liquids, including teas and broths?**

[I15_CF33jNum]
[I15_CF33jUnit]

AGE .....[WEEKS/MONTHS]

k. **Has [HE/SHE] been given cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.**

[I15_CF33k]

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

l. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed cow's milk?**

[I15_CF33lNum]
[I15_CF33lUnit]

AGE .....[WEEKS/MONTHS]

m. **Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.**

[I15_CF33m]

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

n. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?**

[I15_CF33nNum]
[I15_CF33nUnit]

AGE .....[WEEKS/MONTHS]

o. **Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?**

[I15_CF33o]

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

p. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?**

[I15_CF33pNum]
[I15_CF33pUnit]

AGE .....[WEEKS/MONTHS]

q. **Has [HE/SHE] been given other cereal besides baby cereal?**

[I15_CF33q]

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

r. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?**

[I15_CF33rNum]
[I15_CF33rUnit]

AGE .....[WEEKS/MONTHS]

s. **Has [HE/SHE] been given eggs?**

[I15_CF33S]

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

t. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed eggs?**

[I15_CF33tNum]
[I15_CF33tUnit]

AGE .....[WEEKS/MONTHS]

u. **Has [HE/SHE] been given fruit, including baby food or regular fruit?**

[I15_CF33u]

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

v. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed fruit?**

[I15_CF33vNum]
[I15_CF33vUnit]

AGE .....[WEEKS/MONTHS]

w. **Has [HE/SHE] been given vegetables, including baby food or regular vegetables?**

[I15_CF33w]

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

x. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed vegetables?**

[I15_CF33xNum]
[I15_CF33xUnit]

AGE .....[WEEKS/MONTHS]

y. **Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?**

[I15_CF33y]

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

z. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed beans?**

[I15_CF33zNum]
[I15_CF33zUnit]

AGE .....[WEEKS/MONTHS]

aa. **Has [HE/SHE] been given peanut butter?**

[I15_CF33aa]

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

bb. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?**

[I15_CF33bbNum]
[I15_CF33bbUnit]

AGE .....[WEEKS/MONTHS]

cc. **Has [HE/SHE] been given meats,, chicken, or fish, including baby food and baby food combination dinners containing these foods?**

[I15_CF33cc]

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

dd. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?**

[I15_CF33ccNum]
[I15_CF33ccUnit]

AGE .....[WEEKS/MONTHS]

ee. **Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?**

[I15_CF33ee]

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

ff. **(*IF YES*) How old was {CHILD} when [HE/SHE] was first fed salty snacks?**

[I15_CF33ffNum]
[I15_CF33ffUnit]

AGE .....[WEEKS/MONTHS]

gg. **Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam**

[I15_CF33gg]

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

hh. (*IF YES*) **How old was {CHILD} when [HE/SHE] was first fed sweets?**

[I15_CF33hhNum]
[I15_CF33hhUnit]

AGE .....[WEEKS/MONTHS]

Next I'm going to ask you some questions about the types of food you buy or make for {CHILD}, how you prepare those foods and feed them to {CHILD}, and what foods you get through WIC.

Time to cessation of bottle feeding
7, 9, 11, 13, 15, 18, 24 (until affirmative)

CF34. Is {CHILD} still drinking anything from a bottle? [Source: New Development]

[I15_CF34]

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

CF35. (*IF NO, ASK*:) **How old was {CHILD} when [HE/SHE] stopped using a bottle? [Source: New Development]**

[I15_CF35Num]
[I15_CF35Unit]

AGE .....[WEEKS/MONTHS/YEARS]

IF CF32=NO, DK, OR RF, SKIP TO NEXT MODULE.

Method of feeding child (spoon, infant feeder, bottle/modified bottle, etc.)
3, 5, 7, 9, 11, 13, 15
only ask if indicated that child is eating solid foods (something other than formula or BM)

CF40. In the past 7 days, have you given {CHILD} any foods with a spoon? [Source: IFPS-1, modified]

[I15_CF40]

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

CF41. In the past 7 days, have you given {CHILD} any foods with an infant feeder or with a bottle that has an extra large nipple hole? [Source: IFPS-1, modified]

[I15_CF41]

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

Infant/child food package – does child eat foods from WIC food package?
7, 13, 15, 18, 24

IF NOT ON WIC (SD31=NO, DK, OR RF), SKIP TO CF49.

FOR 13, 15, 18, 24 MO:

CF43. Which of the following WIC foods does {CHILD} eat? Does [HE/SHE] eat… [Source: FITS 2008, modified]

a. Breakfast cereal, either hot or cold from WIC?

[I15_CF43a]

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

b. Cheese from WIC?

[I15_CF43b]

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

c. Eggs from WIC?

[I15_CF43c]

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

d. Does {CHILD} eat fruits from WIC?

[I15_CF43d]

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

e. 100% juice from WIC?

[I15_CF43e]

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

f. Milk from WIC, including cow's milk, soy milk, or other milk?

[I15_CF43f]

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

g. Peanut butter from WIC?

[I15_CF43g]

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

h. Does {CHILD} eat vegetables from WIC?

[I15_CF43h]

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

i. Whole grain bread or other whole grains, such as brown rice, bulgur, barley, or tortillas from WIC?

[I15_CF43i]

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

j. Does {CHILD} eat other food from WIC?

[I15_CF43j]

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

(*IF YES*)**: [SPECIFY:]**

[I15_CF43jOS]

SPECIFY _____

Perceptions of impact of WIC food package choices on food child receives
7, 15

KA28. Are the foods you can buy with WIC checks the kinds of foods that you would typically feed {CHILD}? [Source: New Development]

[I15_ KA28]

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

Practices for introducing new foods to toddlers
15, 18, 24

CF49. How many times do you offer a new food before you decide {CHILD} does not like it? Would you say… [Source: FITS 2002, 2008, modified]

[I15_CF49]

once, ...01
twice, ...02
three to five times, ...03
six to ten times, or 04
more than ten times? 05
LIKES EVERYTHING 06

CF51. I am going to read some things that parents may do. Please tell me how often each statement is true for you and {CHILD}. [Source: Thompson et al., 2009]

a. I keep track of <u>what</u> food {CHILD} eats. Would you say…

[I15_CF51a]

always, ... 01
usually, ... 02
about half of the time, ... 03
occasionally, or 04
never? 05

b. I try to get {CHILD} to finish his/her food. Would you say…

[I15_CF51b]

always, ... 01
usually, ... 02
about half of the time, ... 03
occasionally, or 04
never? 05

c. I try to get {CHILD} to eat even if she/he seems not hungry.

[I15_CF51c]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

d. I carefully control how much {CHILD} eats.

[I15_CF51d]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

e. I am very careful not to feed {CHILD} too much.

[I15_CF51e]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS

Now I'm going to ask you about your beliefs about feeding toddlers, and where you get information about how to feed {CHILD}.

Toddler period knowledge, attitudes, beliefs about nutrition
15, 24

KA11. It's ok for a toddler to walk around while eating as long as s/he eats. [Source: Thompson, 2009, modified]. Would you say that you…

[I15_KA11]

strongly agree, ... 01
agree, ... 02
neither agree nor disagree, ... 03
disagree, or 04
strongly disagree? 05

KA12. It's important for a toddler to finish all the food on his/her plate. [Source: Thompson, 2009, modified]. Would you say that you…

[I15_KA12]

strongly agree, ... 01
agree, ... 02
neither agree nor disagree, ... 03
disagree, or 04
strongly disagree? 05

KA13. The best way to make a toddler stop crying is to feed him or her. [Source: Thompson, 2009, modified].

[I15_KA13]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

KA14. It's important that the parent decides how much a toddler should eat. [Source: Thompson, 2009, modified].

[I15_KA14]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

KA15. People feel differently about what their toddlers eat. Which of the following best describes your opinion about toddlers eating fast food? [Source: Thompson, 2009, modified]

[I15_KA15]

Toddlers should be allowed to eat fast food whenever they want to, ... 01
toddlers should be allowed to eat fast food occasionally, or 02
toddlers should never eat fast food? 03

KA16. There are many kinds of sugary foods like candy, ice cream, cakes or cookies. Which of the following best describes your opinion about toddlers eating sugary foods? [Source: Thompson, 2009, modified]

[I15_KA16]

Toddlers should be allowed to eat sugary foods whenever they want to,01
toddlers should be allowed to eat sugary foods occasionally, or 02
toddlers should never eat sugary foods? 03

KA17. There are many kinds of snack foods like potato chips, regular or flavored tortilla chips, and cheese puffs. Which of the following best describes your opinion about toddlers eating snack foods? [Source: Thompson, 2009, modified]

[I15_KA17]

Toddlers should be allowed to eat snack foods whenever they want to, 01
toddlers should be allowed to eat snack foods occasionally, or..... 02
toddlers should never eat snack foods?..... 03

Sources of information about infant/toddler feeding
5, 15

KA36. There are many people and places mothers turn to for information on how to feed children. I am going to read you a list and I would like you to tell me if you have turned to any of these people or places to get information about how to feed {CHILD}. [Questions have been randomized; they appear below in their random order.] [Source: New Development]

d. Your child's doctor or another health professional?

[I15_KA36d]

YES..... 01
NO..... 02
Not Applicable..... 99

a. Your mother, mother-in-law, or another family member?

[I15_KA36a]

YES..... 01
NO..... 02
Not Applicable..... 99

h. Your WIC office or clinic?

[I15_KA36h]

YES..... 01
NO..... 02
Not Applicable..... 99

e. A mom's group or class?

[I15_KA36e]

YES.....01
NO.....02
Not Applicable.....99

f. Books or magazines?

[I15_KA36f]

YES.....01
NO.....02
Not Applicable.....99

b. Your husband or boyfriend?

[I15_KA36b]

YES.....01
NO.....02
Not Applicable.....99

g. The internet or parenting websites?

[I15_KA36g]

YES.....01
NO.....02
Not Applicable.....99

c. A friend?

[I15_KA36c]

YES.....01
NO.....02
Not Applicable.....99

Most helpful source of information about infant/toddler feeding
5, 15

ASK IF ANSWERED 'YES' TO TWO OR MORE SOURCES OF INFORMATION IN KA36

KA40. You just told me about the people or places you turn to in order to get information about how to feed {CHILD}. I'm going to read that list back to you, and I'd like you to tell me which person or place you think gives you the most helpful information about feeding {CHILD}. [*CATI INCLUDES ONLY OPTIONS ENDORSED AS 'YES' IN KA36, AND RANDOMIZES THE INCLUDED OPTIONS*]**. So would you say that the person or place that gives you the most helpful information is… (*INTERVIEWER READ RESPONSES WITH "OR" BETWEEN EACH):* [Source: New Development]**

[I15_KA40]

your mother, mother-in-law, or another family member 01
your husband or boyfriend 02
a friend 03
your child's doctor or another health professional 04
a mom's group or class 05
books or magazines 06
the internet or parenting websites 07
your WIC office or clinic 08

Why did mother seek information about infant/toddler feeding
5, 15

KA37. (*IF YES TO SEEKING INFORMATION FROM ANY SOURCE IN KA36***) I'm going to read you a short list of reasons why some mothers look for information about how to feed their children. For each one, please tell me if it is a reason why you looked for information. [Source: New Development]**

a. I had questions about what to feed my child?

[I15_KA37a]

YES 01
NO 02

b. I was worried about my child's weight?

[I15_KA37b]

YES 01
NO 02

c. I wanted help with a problem I was having with feeding my child?

[I15_KA37c]

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

d. I wanted to learn more about feeding new or different things to my child?

[I15_KA37d]

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

Did the mother have problems getting information about infant/toddler feeding? If so, what were the problems/barriers?
5, 15

KA38. Have you had any problems finding information about how to feed {CHILD}? [Source: New Development]

[I15_KA38]

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

KA39. (*IF YES TO HAVING PROBLEMS FINDING INFORMATION*) I'm going to read you some problems mothers have getting information. For each one, please tell me if this was a problem for you.

a. I didn't know where to look for information?

[I15_KA39a]

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

b. I couldn't find information on what I wanted to know?

[I15_KA39b]

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

c. I found information about what I wanted to know, but none of it seemed to apply to my situation?

[I15_KA39c]

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

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

Finally, I'm going to ask you some questions about {CHILD'S} health and behavior, and your family's routines and habits.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

CH2. Has the doctor told you that {CHILD} has any long-term medical problems or conditions that may affect what or how [HE/SHE] eats? [Source: FITS 2008, modified]

[IF NEEDED: These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]

[I15_CH2]

YES.....01
NO.....02 SKIP TO CH6

DK & RF SKIP TO CH6

CH2a. What medical problem or condition does {CHILD} have?

[CODE ALL THAT APPLY.]

[I15_CH2a]

FOOD ALLERGIES.....11
DIABETES.....12
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA.....13
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX.....14
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS.....15
OTHER.....91

(*IF OTHER*): [**SPECIFY]**

[I15_CH2aOS]

SPECIFY _____

CH3. (*IF YES TO HEALTH STATUS/CONDITIONS IN CH2*): What are you currently doing to treat this medical problem? [Source: New Development]

[CODE ALL THAT APPLY.]

[I15_CH3]

TAKING HER/HIM TO THE DOCTOR FOR TREATMENT 11
TREATING HIM/HER AT HOME WITH MEDICINE.....12
TREATING HIM/HER AT HOME WITH SOMETHING OTHER THAN MEDICINE (SUCH AS HERBAL REMEDIES, SPECIAL TEAS, OR OTHER FORMS OF TREATMENT) 13
CHANGING HIS/HER DIET.....14
OTHER 15

Child physical activity indoors
5, 13, 15, 24

AT 13, 15, 24 ONLY:

CH6. I am going to read you a list of activities you or someone in your home may have done with {CHILD} in the past week. How often did you or someone in your home do… [Source: MacDonald & Parke, 1986, modified]

a. Wrestling. This is when someone gently and playfully pushes the child around on the ground or a bed, and the child playfully pushes back. In the past week, how often did you or someone in your home wrestle with {CHILD}? Would you say…

[I15_CH6a]

every day,.....01
several times a week, ...02
once a week, or 03
not at all?.....04

b. Tumbling. This is when a child rolls around, does somersaults, or climbs over things. In the past week, how often did you or someone in your home play tumbling with {CHILD}? Would you say…

[I15_CH6b]

every day,.....01
several times a week, ...02
once a week, or 03
not at all?.....04

c. Playing chase. This is when someone playfully runs or crawls after a child. In the past week, how often did you or someone in your home play chase with {CHILD}?

[I15_CH6c]

EVERY DAY 01
SEVERAL TIMES A WEEK.....02
ONCE A WEEK 03
NOT AT ALL 04

d. Playing ball. This includes placing a ball in front of a child so he has to go after it by crawling, walking, or grabbing. In the past week, how often have you or someone in your home played ball with {CHILD}?

[I15_CH6d]

EVERY DAY 01
SEVERAL TIMES A WEEK.....02
ONCE A WEEK 03
NOT AT ALL 04

Child television/video exposure
15, 18, 24

AT 15 MONTHS ONLY:

CH17 . On an average day, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, and just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[I15_CH17Hr]
[I15_CH17Min]

Less than one hour 01
Number of hours (1 or more) [number 1-18]

TV on during meals
15, 18, 24

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]

[I15_CH19]

most of the time, ... 01
sometimes, ... 02
rarely, or..... 03
never?..... 04

Family eats together
15, 18, 24

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? Would you say… [Source: NHANES Flexible Consumer Behavior Survey (CBQ) 2009-2010, modified]

[I15_CH20]

7 or more times each week,..... 01
5 to 6 times during the week, ... 02
3 to 4 times during the week, ... 03
1 to 2 times during the week, or..... 04
never?..... 05

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

Nutrition intake
Number of breastmilk/formula feedings per day
Type of formula used
Adherence to formula dilution instructions
Use/timing of supplemental formula for breastfeeding mothers
Addition of anything other than human milk/formula to child's bottle
Specific food item intake
Use of jarred baby foods
Meal and snack pattern
Eating locations (eating on the go)
Use of dietary supplements for infants (direct administration)

SOCIODEMOGRAPHICS AND BACKGROUND

I'm going to ask you some questions about yourself and your household.

Currently pregnant/due date
7, 13, 18

SD16. Are you currently pregnant? [Source: New Development]

[IF RESPONDENT IS MALE, CODE NO.]

[I18_SD16]

YES 01
NO .....02 (GO TO SD27)

DK & RF GO TO SD 27

SD17. (*If yes*) When is your baby due? [Source: FDA IFPS-2]

[I18_SD17Mon]
[I18_SD17Day]
[I18_SD17Yr]

MONTH.....[JANUARY – DEC.]
DAY .....[1-31]
{YEAR – AUTOFILL FOR NEXT OCCURRENCE OF THE MONTH}

Educational status
3, 7, 13, 18, 24

SD27. As of today, are you in school or college? [Source: WIC IFPS-1]

[I18_SD27]

YES 01
NO 02

Current employment status
3, 7, 13, 18, 24

SD29. Are you currently working for pay. . .[Source: LA WIC Survey]

[I18_SD29]

full time [35 hours or more],.....01
part time, or.....02
not at all? 03

ASK SD30 FIRST TIME ANSWER TO SD27=YES OR SD29= FULL TIME OR PART TIME THEN DISCONTINUE

SD30. How old was {CHILD} when you started going to school or working? [Source: New Development]

[IF R TOOK NO TIME OFF, ENTER 0. IF LESS THAN ONE WEEK ENTER 1.]

[I18_SD30Num]
[I18_SD30Unit]

AGE.....[WEEKS, MONTHS]

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

SD36. 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 6-item]

The first statement is, The food that we bought just didn't last, and we didn't have money to get more. Was that. . .

[I18_SD36]

often true,.....01
sometimes true, or 02
never true for your household in the last 12 months?.....03

SD37. We couldn't afford to eat balanced meals. Was that. . .

[I18_SD37]

often true,.....01
sometimes true, or 02
never true for your household on the last 12 months?.....03

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?

[I18_SD38]

YES 01
NO ..... 02 (SKIP TO SD39)

a. [*If yes to SD38, ask*] How often did this happen. . .

[I18_SD38a]

almost every month, ...01
some months but not every month, or 02
only 1 or 2 months? 03

SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[I18_SD39]

YES 01
NO 02

SD40. In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

[I18_SD40]

YES 01
NO 02

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

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

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I18_SD31]

YES 01
NO 02
(IF NO FOR THE FIRST TIME GO TO SD34, IF NO PREVIOUSLY, OR DK, OR RF, GO TO NEXT APPLICABLE MODULE)

SD32. *{IF RESPONDENT HAS NOT CHANGED FROM PREVIOUS EVENT:* **The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location***?\IF NEW RESPONDENT*: **Do you go to WIC aft {fill in location}, or do you go to a new location?} [Source: FDA IFPS-2 modified]**

[I18_SD32]

YES, STILL THAT LOCATION 01
NO, NEW LOCATION 02

SD33. *(IF SD32 IS NO)* **Please tell me where you go now.**

RECORD LOCATION _____

GO TO NEXT MODULE

ASK SD34 AND SD35 ONLY IF SD31 IS 'NO'

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[I18_SD34Num]
[I18_SD34Unit]

AGE.....[WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

a. You no longer qualify for WIC?

[I18_SD35a]

YES 01
NO 02

b. It was inconvenient for you?

[I18_SD35b]

YES 01
NO 02

c. You no longer need WIC?

[I18_SD35c]

YES 01
NO 02

d. Is there any other reason?

[I18_SD35d]

YES 01
NO 02

[I18_SD35dOS]

SPECIFY_____

Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)

Next I'm going to ask you some questions about things you might be doing to feed your baby.

Fed other than breastmilk or formula
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ASK CF32 AT EVERY INTERVIEW UNTIL MOTHER ANSWERS YES, THEN DROP FROM LATER INTERVIEWS.

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk? [Source: WIC IFPS-1, modified]

[I18_CF32]

YES 01
NO 02

Time to introduction of supplemental foods
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

IF CF32=NO, DK, OR RF, SKIP TO NEXT APPLICABLE MODULE

IF YES TO ALL ITEMS IN CF33 IN PREVIOUS INTERVIEWS, SKIP TO CF34

Next I'm going to ask you some questions about <u>when</u> you first started feeding {CHILD} different types of foods.

ASK EACH FOOD UNTIL ANSWER IS AFFIRMATIVE, THEN STOP ASKING THAT FOOD IN SUBSEQUENT INTERVIEWS

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. Has [HE/SHE] been given plain bottled or tap water?

[I18_CF33a]

YES 01
NO 02

b. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?

[I18_CF33bNum]
[I18_CF33bUnit]

AGE.....[WEEKS/MONTHS]

c. Has [HE/SHE] been given soda or soft drinks?

[I18_CF33c]

YES 01
NO 02

d. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?

[I18_CF33dNum]
[I18_CF33dUnit]

AGE.....[WEEKS/MONTHS]

e. Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?

[IF NEEDED: Do not include soda or soft drinks.]

[I18_CF33e]

YES 01
NO 02

f. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?

[I18_CF33fNum]
[I18_CF33Unit]

AGE.....[WEEKS/MONTHS]

g. Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.

[I18_CF33g]

YES 01
NO 02

h. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?

[I18_CF33hNum)
[I18_CF33hUnit]

AGE.....[WEEKS/MONTHS]

i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?

[IF NEEDED: Do not include water, soda, fruit juice, sweetened beverages such as Kool-Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea.]

[I18_CF33i]

YES 01
NO 02

j. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed other drinks and liquids, including teas and broths?

[I18_CF33jNum]
[I18_CF33jUnit]

AGE.....[WEEKS/MONTHS]

k. Has [HE/SHE] been given cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.

[I18_CF33k]

YES 01
NO 02

l. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed cow's milk?

[I18_CF33lNum]
[I18_CF33lUnit]

AGE.....[WEEKS/MONTHS]

m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.

[I18_CF33m]

YES 01
NO 02

n. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?

[I18_CF33nNum]
[I18_CF33nUnit]

AGE.....[WEEKS/MONTHS]

o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?

[I18_CF33o]

YES 01
NO 02

p. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?

[I18_CF33pNum]
[I18_CF33pUnit]

AGE.....[WEEKS/MONTHS]

q. Has [HE/SHE] been given other cereal besides baby cereal?

[I18_CF33q]

YES 01
NO 02

r. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?

[I18_CF33rNum]
[I18_CF33rUnit]

AGE.....[WEEKS/MONTHS]

s. Has [HE/SHE] been given eggs?

[I18_CF33s]

YES 01
NO 02

t. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed eggs?

[I18_CF33tNum]
[I18_CF33tUnit]

AGE.....[WEEKS/MONTHS]

u. Has [HE/SHE] been given fruit, including baby food or regular fruit?

[I18_CF33u]

YES 01
NO 02

v. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed fruit?

[I18_CF33vNum]
[I18_CF33vUnit]

AGE.....[WEEKS/MONTHS]

w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?

[I18_CF33w]

YES 01
NO 02

x. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed vegetables?

[I18_CF33xNum]
[I18_CF33xUnit]

AGE.....[WEEKS/MONTHS]

y. Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?

[I18_CF33y]

YES 01
NO 02

z. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed beans?

[I18_CF33zNum]
[I18_CF33zUnit]

AGE.....[WEEKS/MONTHS]

aa. Has [HE/SHE] been given peanut butter?

[I18_CF33aa]

YES 01
NO 02

bb. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?

[I18_CF33bbNum]
[I18_CF33bbUnit]

AGE.....[WEEKS/MONTHS]

cc. Has [HE/SHE] been given meats, chicken, or fish, including baby food and baby food combination dinners containing these foods?

[I18_CF33cc]

YES 01
NO 02

dd. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?

[I18_CF33ddNum]
[I18_CF33ddUnit]

AGE.....[WEEKS/MONTHS]

ee. Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?

[I18_CF33ee]

YES 01
NO 02

ff. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed salty snacks?

[I18_CF33ffNum]
[I18_CF33ffUnit]

AGE.....[WEEKS/MONTHS]

gg. Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam

[I18_CF33gg]

YES 01
NO 02

hh. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed sweets?

[I18_CF33hhNum]
[I18_CF33hhUnit]

AGE.....[WEEKS/MONTHS]

Time to cessation of bottle feeding
7, 9, 11, 13, 15, 18, 24 (until affirmative)

CF34. Is {CHILD} still drinking anything from a bottle? [Source: New Development]

[I18_CF34]

YES 01
NO 02

CF35. (*If no, ask*:) How old was {CHILD} when he/she stopped using a bottle? [Source: New Development]

[I18_CF35Num]
[I18_CF35Unit]

AGE..... [WEEKS/MONTHS/YEARS]

Next I'm going to ask you some questions about the types of food you buy or make for {CHILD}, how you prepare those foods and feed them to {CHILD}, and what foods you get through WIC.

Infant/child food package – does child eat foods from WIC food package?
7, 13, 15, 18, 24

IF NOT ON WIC (SD31=NO, DK, RF), SKIP TO CF44.
FOR 13, 15, 18, 24 MO:

CF43. Which of the following WIC foods does {CHILD} eat? Does [HE/SHE] eat: [Source: FITS 2008, modified]

a. Breakfast cereal, either hot or cold from WIC?

[I18_CF43a]

YES 01
NO 02

b. Cheese from WIC?

[I18_CF43b]

YES 01
NO 02

c. Eggs from WIC?

[I18_CF43c]

YES 01
NO 02

d. Does {CHILD} eat fruits from WIC?

[I18_CF43d]

YES 01
NO 02

e. 100% juice from WIC?

[I18_CF43e]

YES 01
NO 02

f. Milk from WIC, including cow's milk, soy milk, or other milk?

[I18_CF43f]

YES 01
NO 02

g. Peanut butter from WIC?

[I18_CF43g]

YES 01
NO 02

h. Does {CHILD} eat vegetables from WIC?

[I18_CF43h]

YES 01
NO 02

i. Whole grain bread or other whole grains, such as brown rice, bulgur, barley, or tortillas from WIC?

[I18_CF43i]

YES 01
NO 02

j. Does {CHILD} eat other food from WIC?

[I18_CF43j]

YES 01
NO 02

IF YES: **[SPECIFY]**

[I18_CF43jOS]

Child use of cup (with/without assistance), spoon, sippy cup
9, 13, 18

CF44. During the past 7 days, did {CHILD} ever drink from a cup that was held by someone else? [Source: WIC IFPS-1]

[I18_CF44]

YES 01
NO 02

CF45. Does {CHILD} feed [HIM/HERSELF] with a spoon without spilling much? [Source: FITS 2002]

[I18_CF45]

YES 01
NO 02

CF46. Does {CHILD} drink from a sippy cup without help?

[*IF NEEDED*: A sippy cup is a cup with a plastic cover that has a spout.] [Source: FITS 2002]

[I18_CF46]

YES 01
NO 02

CF47. Does [HE/SHE] drink from a regular cup without help—that is a cup without a lid? [Source: FITS 2002]

[I18_CF47]

YES 01
NO 02

Practices for introducing new foods to toddlers
15, 18, 24

CF49. How many times do you offer a new food before you decide {CHILD} does not like it? Would you say. . .[Source: FITS 2002, 2008, modified]

[I18_CF49]

once, ...01
twice, ...02
three to five times, ...03
six to ten times, or 04
more than ten times? 05
LIKES EVERYTHING 06

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

Finally, I'm going to ask you some questions about {CHILD'S} health and behavior, and your family's routines and habits.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

CH2. Has the doctor told you that {CHILD} has any long-term medical problems or conditions that may affect what or how [HE/SHE] eats? [Source: FITS 2008, modified]

[*IF NEEDED:* **These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]**

[I18_CH2]

YES 01
NO 02

CH2a. (IF YES) What medical problem or condition does {CHILD} have?

[CODE ALL THAT APPLY.]

[I18_CH2a]

FOOD ALLERGIES……...11
DIABETES……..12
METABOLIC DISORDERS SUCH AS
PKU OR GALACTOSEMIA…….13
GASTROINTESTINAL PROBLEMS SUCH AS
GASTRIC REFLUX……..14
CLEFT PALATE OR OTHER MOUTH OR
FACIAL CONDITIONS……15
OTHER……..……..……...91

[I18_CH2aOS]

SPECIFY _____

CH3. (*If yes to health status/conditions in CH2*): What are you currently doing to treat this medical problem? [Source: New Development] *(Open-ended, Interviewer check all that apply)*

[CODE ALL THAT APPLY.]

[I18_CH3]

TAKING HER/HIM TO THE DOCTOR
FOR TREATMENT.....11
TREATING HIM/HER AT HOME WITH MEDICINE.....12
TREATING HIM/HER AT HOME WITH SOMETHING
OTHER THAN MEDICINE (SUCH AS HERBAL
REMEDIES, SPECIAL TEAS, OR OTHER
FORMS OF TREATMENT) 13
CHANGING HIS/HER DIET.....14
OTHER.....15

Child is a picky eater
18, 24

CH4. Do you consider {CHILD}. . .? [FITS 2008]

[I18_CH4]

a very picky eater, ...01
a somewhat picky eater, or.....02
not a picky eater? 03

Child physical activity outdoors
18, 24

CH7. Think for a moment about a typical weekday, that is Monday through Friday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekday? This can include playing in your yard or neighborhood, or playing in a park or other outdoor recreation area, such as a zoo or amusement park. This does not include time spent in a stroller outside. [Source: Parental report of outdoor playtime Burdette, 2004, modified]

[I18_CH7Hr]
[I18_CH7Min]

TIME ..... [HOURS/MINUTES]

CH8. Now, think about a typical weekend day, that is Saturday or Sunday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekend day? [Source: Parental report of outdoor playtime Burdette, 2004, modified]

[I18_CH8Hr]
[I18_CH8Min]

TIME ..... [HOURS/MINUTES]

Child television/video exposure
15, 18, 24

CH17 . On an average day, how many hours does {CHILD} watch television? Only include time when (he/she) is actually watching TV, and just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[IF CHILD DOES NOT WATCH TELEVISION, ENTER 0.]

[I18_CH17Hr]
[I18_CH17Min]

LESS THAN ONE HOUR.....01
NUMBER OF HOURS(1 OR MORE).....[NUMBER 1-18]

AT 18 AND 24 ONLY:

CH18. On an average day, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[IF CHILD DOES NOT PLAY VIDEO OR COMPUTER GAMES, ENTER 0.]

[I18_CH18Hr]
[I18_CH18Min]

LESS THAN ONE HOUR.....01
NUMBER OF HOURS (1 OR MORE).....[NUMBER 1-18]

TV on during meals
15, 18, 24

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]

[I18_CH19]

most of the time,.....01
sometimes, ...02
rarely, or.....03
never? 04

Family eats together
15, 18, 24

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? Would you say. . . [Source: NHANES Flexible Consumer Behavior Survey (CBQ) 2009-2010, modified]

[I18_CH20]

7 or more times each week,.....01
5-6 times during the week.....02
3-4 times during the week,.....03
1-2 times during the week, or.....04
never? 05

WIC ITFPS-2 PARTICIPANT INTERVIEW
24 MONTH - ENGLISH

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

Nutrition intake
Number of breastmilk/formula feedings per day
Type of formula used
Adherence to formula dilution instructions
Use/timing of supplemental formula for breastfeeding mothers
Addition of anything other than human milk/formula to child's bottle
Specific food item intake
Use of jarred baby foods
Meal and snack pattern
Eating locations (eating on the go)
Use of dietary supplements for infants (direct administration)

SOCIODEMOGRAPHICS AND BACKGROUND

I'm going to ask you some questions about yourself and your household.

Household size
Enrollment, 7, 13, 24

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, [Source: FITS 2002, modified]

[DO NOT READ IF R IS MALE: If you are pregnant right now, add 1 to the total for your pregnancy.]

[I24_SD18]

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

Household income
Enrollment, 7, 13, 24

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

[I24_SD19]

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 household income before taxes for [PREVIOUS MONTH]**

[I24_SD19r]

$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, or.....10
more than $5000?.....11

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

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I24_SD31]

Yes 01
No 02

(IF NO FOR THE FIRST TIME GO TO SD34, IF NO PREVIOUSLY, OR CURRENTLY DK OR RF, SKIP TO NEXT MODULE.)

SD32. {*IF THE CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:* The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location?/*IF NEW RESPONDENT:* Do you go to WIC at {FILL LOCATION} or do you go to another location? [Source: FDA IFPS-2 modified]

[I24_SD32]

YES, STILL THAT LOCATION 01
NO, NEW LOCATION 02

SD33. *(If SD32 is no)* **Please tell me where you go now**

RECORD LOCATION _____

Ask SD34 and SD35 only if SD31 is 'No'

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[IF LESS THAN ONE WEEK OLD, ENTER 0.]

[I24_SD34Num]
[I24_SD34Unit]

AGE ..... [WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

a. You no longer qualify for WIC?

[I24_SD35a]

YES 01
NO 02

b. It was inconvenient for you?

[I24_SD35b]

YES 01
NO 02

c. You no longer need WIC?

[I24_SD35c]

YES 01
NO 02

d. Is there any other reason?

[I24_SD35d]

YES 01
NO 02

(IF YES): **[What is the other reason you stopped going to WIC?]**

[I18_SD35dOS]
SPECIFY _____

WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION

Perceptions of Impact of Nutrition Education
3, 13, 24

Administer WC20 only if respondent indicated in SD31 that they are still on WIC. If not on WIC, skip to WC21Intr.

WC20. Your WIC benefits include both education and food. Which is more important to you...? [Source: New Development]

[I24_WC20]
the food from WIC,.....01
the education you get from WIC, or 02
are they equally important?.....03

If no longer on WIC, say: **I'd like to ask you about how you used WIC education.**

WC21. Have you changed how you feed yourself or your family because of something you learned at WIC? [Source: New Development]

[I24_WC21]
YES.....01
NO.....02

WC22. (*If YES to WC21***) What is the most important change you have made based on education you received from WIC?** ***(Open-ended; Interviewer record response)*** **[Source: New Development]**

[I24_WC22]
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
I AM BREASTFEEDING/BREASTFED 04
I KNOW HOW TO PREPARE FORMULA/FEED THE RIGHT AMOUNT OF FORMULA 05
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 OFFER THE RIGHT AMOUNT OF FOODS (PORTION) 09

I KNOW HOW TO CHOOSE MORE HEALTHY FOODS FOR MYSELF/MY FAMILY 10
OTHER 91

(IF OTHER): **[SPECIFY:]** **.....**

[I24_WC22OS]

CURRENT FEEDING PRACTICES

Supplemental Foods Initiation (asked all interviews 1-24 until all endorsed)

IF YES TO ALL ITEMS IN CF33 IN PREVIOUS INTERVIEWS, SKIP TO CF34Intro

Now I'm going to ask you some questions about things you might be doing to feed your baby.

Fed other than breastmilk or formula
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

ASK CF32 AT EVERY INTERVIEW UNTIL MOTHER ANSWERS YES, THEN DROP FROM LATER INTERVIEWS.

CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk? [Source: WIC IFPS-1, modified]

[I24_CF32]

YES 01
NO 02

Time to introduction of supplemental foods
1, 3, 5, 7, 9, 11, 13, 15, 18, 24
IF CF32=NO, DK, OR RF, SKIP TO CF34 INTRO.

ONLY ASK CF33 IF CF32 = YES NOW OR AT A PREVIOUS INTERVIEW. IF YES TO ALL FOODS IN CF33 IN PREVIOUS EVENTS, SKIP TO CF34.

Next I'm going to ask you some questions about <u>when</u> you first started feeding {CHILD} different types of foods.

ASK EACH FOOD UNTIL ANSWER IS AFFIRMATIVE, THEN STOP ASKING THAT FOOD IN SUBSEQUENT INTERVIEWS

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. Has [HE/SHE] been given plain bottled or tap water?

[I24_CF33a]

YES 01
NO 02

b. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?

[I24_CF33bNum]
[I24_CF33bUnit]

AGE ..... [WEEKS/MONTHS]

c. Has [HE/SHE] been given soda or soft drinks?

[I24_CF33c]

YES 01
NO 02

d. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?

[I24_CF33cNum]
[I24_CF33Unit]

AGE ..... [WEEKS/MONTHS]

e. Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?

[IF NEEDED: Do not include soda or soft drinks.]

[I24_CF33e]

YES 01
NO 02

f. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?

[I24_CF33fNum]
[I24_CF33fUnit]

AGE .....[WEEKS/MONTHS]

g. Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.

[I24_CF33g]

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

h. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?

[I24_CF33hNum]
[I24_CF33hUnit]

AGE .....[WEEKS/MONTHS]

i. Has [HE/SHE] been given other drinks and liquids, including teas and broths?

[IF NEEDED: Do not include water, soda, fruit juice, sweetened beverages such as Kool-Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea.]

[I24_CF33i]

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

j. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed other drinks and liquids, including teas and broths?

[I24_CF33jNum]
[I24_CF33jUnit]

AGE .....[WEEKS/MONTHS]

k. Has [HE/SHE] been given cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.

[I24_CF33k]

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

l. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed cow's milk?

[I24_CF33lNum]
[I24_CF33lUnit]

AGE .....[WEEKS/MONTHS]

m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.

[I24_CF33m]

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

n. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?

[I24_CF33nNum]
[I24_CF33nUnit]

AGE .....[WEEKS/MONTHS]

o. Has [HE/SHE] been given baby cereal, either with a spoon or by adding it to a bottle of breastmilk or formula?

[I24_CF33o]

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

p. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed baby cereal?

[I24_CF33pNum]
[I24_CF33pUnit]

AGE .....[WEEKS/MONTHS]

q. Has [HE/SHE] been given other cereal besides baby cereal?

[I24_CF33q]

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

r. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?

[I24_CF33rNum]
[I24_CF33rUnit]

AGE .....[WEEKS/MONTHS]

s. Has [HE/SHE] been given eggs?

[I24_CF33s]

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

t. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed eggs?

[I24_CF33tNum]
[I24_CG33tUnit]

AGE .....[WEEKS/MONTHS]

u. Has [HE/SHE] been given fruit, including baby food or regular fruit?

[I24_CF33u]

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

v. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed fruit?

[I24_CF33vNum]
[I24_CF33vUnit]

AGE .....[WEEKS/MONTHS]

w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?

[I24_CF33w]

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

x. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed vegetables?

[I24_CF33xNum]
[I24_CF33xUnit]

AGE .....[WEEKS/MONTHS]

y. Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?

[I24_CF33y]

YES 01
NO 02

z. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed beans?

[I24_CF33zNum]
[I24_CF33zUnit]

AGE ..... [WEEKS/MONTHS]

aa. Has [HE/SHE] been given peanut butter

[I24_CF33aa]

YES 01
NO 02

bb. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed peanut butter?

[I24_CF33bbNum]
[I24_CF33bbUnit]

AGE ..... [WEEKS/MONTHS]

cc. Has [HE/SHE] been given meats, chicken, or fish, including baby food and baby food combination dinners containing these foods?

[I24_CF33cc]

YES 01
NO 02

dd. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?

[I24_CF33ddNum]
[I24_CF33ddUnit]

AGE ..... [WEEKS/MONTHS]

ee. Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?

[I24_CF33ee]

YES 01
NO 02

ff. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed salty snacks?

[I24_CF33ffNum]
[I24_CF33ffUnit]

AGE .....[WEEKS/MONTHS]

gg. Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam

[I24_CF33gg]

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

hh. (*If yes*) How old was {CHILD} when [HE/SHE] was first fed sweets?

[I24_CF33hhNum]
[I24_CF33hhUnit]

AGE .....[WEEKS/MONTHS]

Next I'm going to ask you some questions about the types of food you buy or make for {CHILD}, how you prepare those foods and feed them to {CHILD}, and what foods you get through WIC.

Time to cessation of bottle feeding
7, 9, 11, 13, 15, 18, 24 (until affirmative)

CF34. Is {CHILD} still drinking anything from a bottle? [Source: New Development]

[I24_CF34]

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

CF35. (*If no, ask*:) How old was {CHILD} when he/she stopped using a bottle? [Source: New Development]

[I24_CF35Num]
[I24_CF35Unit]

AGE .....[WEEKS/MONTHS/YEARS]

IF CF32=NO, DK, OR RF, SKIP TO NEXT MODULE

Infant/child food package – does child eat foods from WIC food package?
7, 13, 15, 18, 24

IF NOT ON WIC (SD31=NO, DK, OR RF), SKIP TO CF49
For 13, 15, 18, 24 mo:

CF43. Which of the following WIC foods does {CHILD} eat? Does [HE/SHE] eat: [Source: FITS 2008, modified]

a. Breakfast cereal, either hot or cold from WIC?

[I24_CF43a]

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

b. Cheese from WIC?

[I24_CF43b]

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

c. Eggs from WIC?

[I24_CF43c]

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

d. Does {CHILD} eat fruits from WIC?

[I24_CF43d]

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

e. 100% juice from WIC?

[I24_CF43e]

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

f. Milk from WIC, including cow's milk, soy milk, or other milk?

[I24_CF43f]

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

g. Peanut butter from WIC?

[I24_CF43g]

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

h. Does {CHILD} eat vegetables from WIC?

[I24_CF43h]

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

i.Whole grain bread or other whole grains, such as brown rice, bulgur, barley, or tortillas from WIC?

[I24_CF43i]

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

j. Does {CHILD} eat other food from WIC?

[I24_CF43j]

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

(IF YES): [**SPECIFY:**]

[I24_CF43jOS]

SPECIFY_____

Practices for introducing new foods to toddlers
15, 18, 24

CF49. How many times do you offer a new food before you decide {CHILD} does not like it? Would you say...? [Source: FITS 2002, 2008, modified]

[I24_CF49]

once, ...01
twice, ...02
three to five times, ...03
six to ten times, or.....04
more than ten times? 05
LIKES EVERYTHING 06

CF51. I am going to read some things that parents may do. Please tell me how often each statement is true for you and {CHILD}. [Source: Thompson et al., 2009]

a. I keep track of *what* food {CHILD} eats. Would you say...?

[I24_CF51a]

always, ... 01
usually, ... 02
about half of the time, ... 03
occasionally, or 04
never? 05

b. I try to get {CHILD} to finish his/her food. Would you say...?

[I24_CF51b]

always, ... 01
usually, ... 02
about half of the time, ... 03
occasionally, or 04
never? 05

c. I try to get {CHILD} to eat even if she/he seems not hungry.

[I24_CF51c]

ALWAYS 01
USUALLY 02
ABOUT HALF THE TIME 03
OCCASIONALLY 04
NEVER 05

d. I carefully control how much {CHILD} eats.

[I24_CF51d]

ALWAYS 01
USUALLY 02
ABOUT HALF THE TIME 03
OCCASIONALLY 04
NEVER 05

e. I am very careful not to feed {CHILD} too much.

[I24_CF51e]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

MATERNAL HEALTH AND LIFESTYLE

Now I'd like to change topics and ask you some questions about your health, and about work, school, and child care.

Maternal weight
1, 3, 13, 24

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

[I24_MH13]

POUNDS ..... [NUMBER]

Educational attainment
Baseline, 24 months

SD26. What is the highest year or grade you finished in school? [Source: FITS 2002; modified]

[I24_SD26]

(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

Educational status
3, 7, 13, 18, 24

SD27. As of today, are you in school or college? [Source: WIC IFPS-1]

[I24_SD27]

YES 01
NO 02

Current employment status
3, 7, 13, 18, 24

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

[I24_SD29]

full time [35 hours or more],.....01
part time, or.....02
not at all? 03

Ask SD30 first time answer to SD 27 or SD29 is 'yes' then discontinue

SD30. How old was {CHILD} when you started going to school or working? [Source: New Development]

[IF R TOOK NO TIME OFF, ENTER 0. IF LESS THAN ONE WEEK, ENTER 1.]

[I24_SD30Num]
[I24_SD30Unit]

AGE .....[WEEKS, MONTHS]

Ever used regular non-maternal child care?
3, 7, 13, 24 (once answered affirmative, stop asking for subsequent interviews)

The next few questions are about 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, while you go to work or school.

Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a child care center or family daycare home. Do <u>not</u> include care provided by you or {CHILD'S} other parent. [Source: PHFE WIC Survey 2010 modified]

MH18. Have you ever used a regular child care arrangement for {CHILD}?

[I24_MH18]

YES.....01
NO.....02 *(SKIP TO KA11)*

DK & RF SKIP TO KA11

When did child first start non-maternal child care?
3, 7, 13, 24 (asked only if ever used is yes, then stop asking once answered)

MH19. At what age did {CHILD} first start a regular child care arrangement? [Source: New Development]

[I24_MH19Num]
[I24_MH19Unit]

AGE .....[MONTHS]

Current use of non-maternal child care (and what kind)
3, 7, 13, 24

MH20. Which type of regular child care arrangement are you currently using the <u>most</u> for {CHILD}? Are you using...?[Source: PHFE WIC Survey 2011, modified]

[I24_MH20]

a child care center, ...01
a family daycare home, ...02
Early Head Start, ...03
someone cares for {CHILD} in their home, ...04
someone cares for {CHILD} in your home, ...05
some other kind of childcare, or 06
not currently using childcare? .....07 *(SKIP TO KA11)*

DK & RF SKIP TO KA11

Contact info for child care (for CACFP status)
3, 7, 13, 24

MH21. (If center or family daycare from MH20) Can we get the official name and address of the child care? We won't contact them without your permission, we just need it for our records. [Source: New Development]

Who provides food to child care location (provided by mother, or by facility)
3, 7, 13, 24

ASK ONLY IF INDICATED CURRENT CHILD CARE USE IN MH20

MH23. Who provides most of the food {CHILD} eats at child care – the child care provider, you, or is the food divided about equally between you and the child care provider? [Source: PHFE WIC Survey 2011]

[I24_MH23]

CHILD CARE PROVIDER.....01
RESPONDENT 02
EQUALLY DIVIDED 03

EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS

Now I'm going to ask you about your beliefs about feeding toddlers.

Toddler period knowledge, attitudes, beliefs about nutrition
15, 24

KA11. It's ok for a toddler to walk around while eating as long as he or she eats. [Source: Thompson, 2009, modified]. Would you say that you...?

[I24_KA11]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
strongly disagree?.....05

KA12. It's important for a toddler to finish all the food on his or her plate. [Source: Thompson, 2009, modified]. Would you say that you...?

[I24_KA12]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
strongly disagree?.....05

KA13. The best way to make a toddler stop crying is to feed him or her. [Source: Thompson, 2009, modified].

[Would you say that you...?]

[I24_KA13]

STRONGLY AGREE.....01
AGREE.....02
NEITHER AGREE NOR DISAGREE.....03
DISAGREE.....04
STRONGLY DISAGREE.....05

KA14. It's important that the parent decides how much a toddler should eat. [Source: Thompson, 2009, modified].

[Would you say that you...?]

[I24_KA14]

STRONGLY AGREE.....01
AGREE.....02
NEITHER AGREE NOR DISAGREE.....03
DISAGREE.....04
STRONGLY DISAGREE.....05

KA15. People feel differently about what their toddlers eat. Which of the following best describes your opinion about toddlers eating fast food? [Source: Thompson, 2009, modified]

[I24_KA15]

Toddlers should be allowed to eat fast food whenever they want to, ... 01
toddlers should be allowed to eat fast food occasionally, or 02
toddlers should never eat fast food 03

KA16. There are many kinds of sugary foods like candy, ice cream, cakes or cookies. Which of the following best describes your opinion about toddlers eating sugary foods?[Source: Thompson, 2009, modified]

[I24_KA16]

Toddlers should be allowed to eat sugary foods whenever they want to,..... 01
toddlers should be allowed to eat sugary foods occasionally, or 02
toddlers should never eat sugary foods 03

KA17. There are many kinds of snack foods like potato chips, regular or flavored tortilla chips, and cheese puffs. Which of the following best describes your opinion about toddlers eating snack foods? [Source: Thompson, 2009, modified]

[I24_KA17]

Toddlers should be allowed to eat snack foods whenever they want to, ... 01
toddlers should be allowed to eat snack foods occasionally, or..... 02
toddlers should never eat snack foods. 03

Caregiver understanding of infant nonverbal satiety cues and crying; toddler satiety cues.
3, 13, 24

13 AND 24 MONTHS:

KA27. I'm going to read you some statements about when {CHILD} is hungry or full. Please tell me how much you agree or disagree with these statements. [Source: First Steps Survey, modified]

a. My child knows when he or she is full. Would you say that you...?

[I24_KA27a]

strongly agree,..... 01
agree,..... 02
neither agree nor disagree, ... 03
disagree, or..... 04
strongly disagree? 05

b. I let my child decide how much to eat. Would you say that you...?

[I24_KA27b]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
Strongly disagree 05

Perceptions of infant/toddler size and role in feeding decisions
3, 13, 24

AT 3, 13, 24:

KA29. Does your child's weight influence your decisions about how and what to feed [HIM/HER]? [Source: New Development]

[I24_KA29]

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

AT 24 MONTHS ONLY:

KA30. Currently, would you describe your child as...?[Source: UCLA/PHFE CHIRP Study]

[I24_KA30]

overweight, ...01
normal, or.....02
thin? 03

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

Finally, I'm going to ask you some questions about {CHILD'S} health and behavior, and your family's routines and habits.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

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

([F NEEDED: These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such

as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]

[I24_CH2]

YES 01
NO 02

(If yes) **What medical problem or condition does {CHILD} have?**

[CODE ALL THAT APPLY.]

[I24_CH2a]

FOOD ALLERGIES 11
DIABETES 12
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA 13
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX 14
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS 15
OTHER 91

(IF OTHER) **[SPECIFY:]**

[I24_CH2aOS]

SPECIFY _____

CH3. **(***If yes to health status/conditions in CH2***): What are you currently doing to treat this medical problem? [Source: New Development]** *(Open-ended, Interviewer check all that apply)*

[CODE ALL THAT APPLY.]

[I24_CH3]

TAKING HER/HIM TO THE DOCTOR FOR TREATMENT 11
TREATING HIM/HER AT HOME WITH MEDICINE 12
TREATING HIM/HER AT HOME WITH SOMETHING OTHER THAN MEDICINE (SUCH AS HERBAL REMEDIES, SPECIAL TEAS, OR OTHER FORMS OF TREATMENT) ... 13
CHANGING HIS/HER DIET 14
OTHER 15

Child is a picky eater
18, 24

CH4. Do you consider [CHILD]...[FITS 2008]

[I24_CH4]

a very picky eater, ... 01
a somewhat picky eater, or 02
not a picky eater? 03

Child physical activity indoors
5, 13, 15, 24

AT 13, 15, 24 ONLY:

CH6. I am going to read you a list of activities you or someone in your home may have done with {CHILD} in the <u>past week</u>. How often did you or someone in your home do: [Source: MacDonald & Parke, 1986, modified]

a. Wrestling. This is when someone gently and playfully pushes the child around on the ground or a bed, and the child playfully pushes back. In the past week, how often did you or someone in your home wrestle with {CHILD}? Would you say...?

[I24_CH6a]

every day, ... 01
several times a week, ... 02
once a week, or 03
not at all? 04

b. Tumbling. This is when a child rolls around, does somersaults, or climbs over things. In the past week, how often did you or someone in your home play tumbling with {CHILD}? Would you say...?

[I24_CH6b]

every day, ... 01
several times a week, ... 02
once a week, or 03
not at all? 04

c. Playing chase. This is when someone playfully runs or crawls after a child. In the past week, how often did you or someone in your home play chase with {CHILD}?

[I24_CH6c]

EVERY DAY 01
SEVERAL TIMES A WEEK 02
ONCE A WEEK 03
NOT AT ALL 04

d. Playing ball. This includes placing a ball in front of a child so he has to go after it by crawling, walking, or grabbing. In the past week, how often have you or someone in your home played ball with {CHILD}?

[I24_CH6d]

EVERY DAY 01
SEVERAL TIMES A WEEK 02
ONCE A WEEK 03
NOT AT ALL 04

Child physical activity outdoors
18, 24

CH7. Think for a moment about a typical weekday, that is Monday through Friday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekday? This can include playing in your yard or neighborhood, or playing in a park or other outdoor recreation area, such as a zoo or amusement park. This does not include time spent in a stroller outside. [Source: Parental report of outdoor playtime Burdette, 2004, modified]

[I24_CH7Hr]
[I24_CH7Min]

TIME..... [HOURS/MINUTES]

CH8. Now, think about a typical weekend day, that is Saturday or Sunday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekend day? [Source: Parental report of outdoor playtime Burdette, 2004, modified]

[I24_CH8Hr]
[I24_CH8Min]

TIME..... [HOURS/MINUTES]

Child sleep duration/patterns
5, 11, 24

CH9. On a typical day, how much time does your child spend sleeping during the NIGHT, between 7 in the evening and 7 in the morning? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

[I24_CH9Hr]
[I24_CH9Min]

AMOUNT OF TIME ..... [HOURS, MINUTES]

CH10. On a typical day, how much time does your child spend sleeping during the DAY, between 7 in the morning and 7 in the evening? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

[I24_CH10Hr]
[I24_CH10Min]

AMOUNT OF TIME ..... [HOURS, MINUTES]

CH11. How many times does your child usually wake up during the night, between 7 in the evening and 7 in the morning? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

[I24_CH11]

NUMBER OF WAKINGS ..... [NUMBER]

Child television/video exposure
15, 18, 24

CH17 . On an average day, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, and just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[IF CHILD DOES NOT WATCH TELEVISION ENTER 0.]

[I24_CH17Hr]
[I24_CH17Min]

LESS THAN ONE HOUR..... 01
NUMBER OF HOURS (1 OR MORE) ……..... [NUMBER 1-18]

At 18 and 24 only:

CH18. On an average day, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[IF CHILD DOES NOT PLAY VIDEO OR COMPUTER GAMES ENTER 0.]

[I24_CH18Hr]
[I24_CH18Min]

LESS THAN ONE HOUR..... 01
NUMBER OF HOURS (1 OR MORE) ..... [NUMBER 2-18]

TV on during meals
15, 18, 24

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]

[I24_CH19]

most of the time, ... 01
sometimes, ... 02
rarely, or 03
never? 04

Family eats together
15, 18, 24

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? Would you say...? [Source: NHANES Flexible Consumer Behavior Survey (CBQ) 2009-2010, modified]

[I24_CH20]

7 or more times each week, ... 01
5 to 6 times during the week, ... 02
3 to 4 times during the week, ... 03
1 to 2 times during the week, or 04
never? 05

24-MONTH BONUS MODULE

6-Item Food Security
24 bonus module

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

SD36. 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 6-item]

The first statement is, the food that we bought just didn't last, and we didn't have money to get more. Was that...?

[I24_SD36]

often true, ... 01
sometimes true, or 02
never true for your household in the last 12 months? 03

SD37. We couldn't afford to eat balanced meals. Was that...?

[I24_SD37]

often true,.....01
sometimes true, or.....02
never true for your household in the last 12 months?.....03

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?

[I24_SD38]

YES.....01
NO.....02 (*SKIP TO SD39*)

DK & RF SKIP TO SD39

a. [*if yes to SD38, ask*] How often did this happen...?

[I24_SD38a]

almost every month,.....01
some months but not every month, or.....02
only 1 or 2 months? 03

SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[I24_SD39]

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

SD40. In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

[I24_SD40]

YES.....01
NO.....0

Receipt of Public Assistance
Baseline, 13, 24

SD21. Are you or your family currently receiving any of the following: [Source: WIC IFPS-1; modified; HIP, modified]

a. Supplemental nutrition assistance benefits, sometimes called SNAP or Food Stamps?

[I24_SD21a]

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

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

[I24_SD21b]

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

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

[I24_SD21c]

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

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[I24_SD21d]

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

Maternal Dietary Intake Questions
24 month bonus module

MH28. These questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else. [Source: NHANES]

a. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda. You can tell me per day, per week or per month.

[IF NEEDED: Include manzanita and peñafiel sodas. Do not include juices or tea in cans, diet or sugar-free fruit drinks.]
[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28aNum]

QUANTITY..... [NUMBER]
NEVER.....00

Record Unit (per):

[I24_MH28aUnit]

DAY.....01
WEEK.....02
MONTH.....03

b. [During the past month] How often did you drink 100% pure fruit juice such as orange, mango, apple, grape and pineapple juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. (You can tell me per day, per week or per month.)

[IF NEEDED: Include only 100% pure juices. Do not include: fruit-flavored drinks with added sugar, like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight.]

[IF "every day", ASK: How many times a day?]
Record quantity:

[I24_MH28bNum]

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28cUnit]

DAY 01
WEEK 02
MONTH 03

c. [During the past month] ow often did you drink coffee or tea that had sugar or honey added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. Do not include artificially sweetened coffee or diet tea.

[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28cNum]

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28cUnit]

DAY 01
WEEK 02
MONTH 03

d. [During the past month] How often did you drink sweetened fruit drinks, sports or energy drinks, such as Kool-Aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull or Vitamin Water? Include fruit juices you made at home and added sugar to. Do not include diet drinks or artificially sweetened drinks.

[IF NEEDED: Include drinks with added sugar, Tampico, Sunny Delight, and Twister. Do not include: 100% fruit juices or soda, yogurt drinks, carbonated water or fruit-flavored teas.]

[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28dNum]

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28dUnit]

DAY 01
WEEK 02
MONTH 03

e. [During the past month] How often did you eat fruit? Include fresh, frozen or canned fruit. Do not include juices.

[IF NEEDED: Do not include dried fruits.]
[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28eNum]

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28eUnit]

DAY 01
WEEK 02
MONTH 03

f. [During the past month] How often did you eat a green leafy or lettuce salad, with or without other vegetables?

[IF NEEDED: Include spinach salads.]
[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28fNum]

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28fUnit]

DAY 01
WEEK 02
MONTH 03

g. [During the past month] how often did you eat any kind of potatoes other than fried potatoes, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad?

[IF NEEDED: Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes.]
[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28gNum]

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28gUnit]

DAY 01
WEEK 02
MONTH 03

h. [During the past month] how often did you eat refried beans, baked beans, beans in soup, pork and beans or any other type of cooked dried beans? Do not include green beans.

[IF NEEDED: Include soybeans, kidney, pinto, garbanzo, lentils, black, black-eyed peas, cow peas, and lima beans.]

[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28hNum]

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28hUnit]

DAY 01
WEEK 02
MONTH 03

i. [During the past month] Not including what you just told me about lettuce salads, potatoes, cooked dried beans, how often did you eat other vegetables?

[IF NEEDED: Include any form of the vegetable, raw, cooked, canned, or froze. Examples of other vegetables include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Do not include rice.]

[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28iNum]

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28iUnit]

DAY 01
WEEK 02
MONTH 03

j. [During the past month] How often did you have Mexican-type salsa made with tomato?

[IF NEEDED: Include all tomato-based salsas.]
[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28jNum]

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28jUnit]

DAY 01
WEEK 02
MONTH 03

k. During the past month, how often did you eat pizza? Include frozen pizza, fast food pizza, and homemade pizza. You can tell me per day, per week or per month.

[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28kNum)

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28Unit]

DAY 01
WEEK 02
MONTH 03

l. [During the past month] How often did you have tomato sauces such as with spaghetti or noodles or mixed into foods such as lasagna? {*If indicated eats pizza in l, add:* **Please do not count tomato sauce on pizza.}**

[IF "every day", ASK: How many times a day?]

Record quantity:

[I24_MH28lNum]

QUANTITY ..... [NUMBER]
NEVER 00

Record unit (per):

[I24_MH28lUnit]

DAY 01
WEEK 02
MONTH 03

WIC ITFPS-2 PARTICIPANT INTERVIEW
30 MONTHS – ENGLISH

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

SD14. Are you …? [Source: WIC IFPS-1]

[I30_SD14]

married, ... 01
separated, ... 02
divorced, ... 03
widowed, or 04
never married? 05

Currently pregnant/due date
7, 13, 18, 30, 36

SD16. Are you currently pregnant? [Source: New Development]

[I30_SD16]

YES ..... 01 → GOTO SD17
NO ..... 02 → GOTO SD31

SD17. (*If yes*) When is your baby due? [Source: FDA IFPS-2]

[I30_SD17Mon]
[I30_SD17Day]
[I30_SD14Yr]

MONTH ..... [JANUARY – DEC.]
DAY ..... [1-31]
{Year – autofill for next occurrence of the month}

Household size
Enrollment, 7, 13, 24, 30, 36

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 CURRENTLY PREGNANT SD16 = YES:* **If you are pregnant right now please add 1 to the total for your pregnancy). [Source: FITS 2002, modified]**

[I30_SD18]

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

Household income
Enrollment, 7, 13, 24, 30, 36

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

[I30_SD19]

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 household income before taxes for [PREVIOUS MONTH]**

[I30_SD19R]

$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, or 10
more than $5001? 11

Receipt of public assistance
Baseline, 13, 24, 30, 36

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?

[I30_SD21a]

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

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

[I30_SD21b]

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

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

[I30_SD21c]

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

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[I30_SD21d]

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

6-Item Food Security
Enrollment, 7, 13, 18, 24, 30, 36

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.

SD36. 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 6-item]

The first statement is, the food that we bought just didn't last, and we didn't have money to get more. Was that…

[I30_SD36]

often true,.....01
sometimes true, or.....02
never true for your household in the last 12 months?.....03

SD37. We couldn't afford to eat balanced meals. Was that…

[I30_SD37]

often true,.....01
sometimes true, or.....02
never true for your household in the last 12 months?.....03

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?

[I30_SD38]

YES.....01 → GOTO SD38a
NO.....02 → GOTO SD39

a. [*IF YES TO SD38, ASK*] How often did this happen…

[I30_SD38a]

almost every month,.....01
some months but not every month, or.....02
only 1 or 2 months? 03

SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[I30_SD39]

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

SD40. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

[I30_SD40]

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

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 36

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

[I30_SD31Intro]

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I30_SD31]

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

SD45. Are you currently getting WIC food or checks for any infants or children other than {CHILD}? [Source: New development]

[I30_SD45]

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

(IF SD31 = YES, GO TO SD32 AFTER SD45; IF SD31 = NO FOR THE FIRST TIME, GO TO SD34 AFTER SD45; IF SD31 = NO NOW AND NO PREVIOUSLY, OR DK OR RF GO TO NEXT APPLICABLE MODULE AFTER SD45.)

SD32. *(IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:* **The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location?**/ *IF NEW RESPONDENT:* **Do you go to WIC at [*fill location]* or do you go to another location?) [Source: FDA IFPS-2 modified]**

[I30_SD32]

YES, STILL THAT LOCATION.....01→ GOTO WC20
NO, NEW LOCATION.....02→ GOTO SD33

SD33. *(If SD32 is no)* **Please tell me where you go now**

RECORD LOCATION _____

Ask SD34 and SD35 only if SD31 is 'no' for the first time

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[IF LESS THAN ONE WEEK, ENTER 0.]

[I30_SD34Num]
[I30_SD34Unit]

Age.....[WEEKS/MONTHS]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

a. You no longer qualify for WIC?

[I30_SD35a]

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

b. It was inconvenient for you?

[I30_SD35b]

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

c. You no longer need WIC?

[I30_SD35c]

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

d. Is there any other reason?

[I30_SD35d]

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

(IF YES): **[What is the other reason you stopped going to WIC?]**

[I30_SD35dOS]

SPECIFY _____

WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION

Perceptions of Impact of Nutrition Education
3, 13, 24, 30

Administer WC20 only if respondent indicated in SD31 or SD45 that they are still on WIC. If not on WIC, skip to intro before WC21.

WC20. Your WIC benefits include both education and food. Which is more important to you…? [Source: New Development]

[I30_WC20]

the food you get from WIC,.....01
the education you get from WIC, or 02
are they equally important?.....03

If no longer on WIC, say: **I'd like to ask you about how you used WIC education.**

WC21. Have you changed how you feed yourself or your family because of something you learned at WIC? [Source: New Development]

[I30_WC21]

YES ..... 01→ GOTO WC22
NO ..... 02→ GOTO MH13

WC22. (*If YES to WC21*) What is the most important change you have made based on education you received from WIC? *(Open-ended; Interviewer record response)* [Source: New Development]

[I30_WC22]

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
I AM BREASTFEEDING/BREASTFED 04
I KNOW HOW TO PREPARE FORMULA/FEED THE
RIGHT AMOUNT OF FORMULA 05
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 OFFER THE RIGHT AMOUNT
OF FOODS (PORTION) 09
I KNOW HOW TO CHOOSE MORE HEALTHY FOODS
FOR MYSELF/MY FAMILY 10
OTHER (SPECIFY) 91

[I30_WC22OS]

(IF OTHER): **[SPECIFY:]**_____

MATERNAL HEALTH AND LIFESTYLE

Next I'm going to ask you some questions about your health and about work, school and child care.

Maternal weight
1, 3, 13, 24, 30

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

[I30_MH13]

POUNDS ..... [NUMBER]

Educational attainment
Baseline, 24, 30

SD26. What is the highest year or grade you finished in school? [Source: FITS 2002; modified]

[I30_SD26]

(do not read – endorse based on participant response, probe if needed)

NEVER ATTENDED SCHOOL 01
GRADES 1 TO 11 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

[I30_SD26OS]

(IF OTHER): **[SPECIFY:]**_____

Educational status
3, 7, 13, 18, 24, 30

SD27. As of today, are you in school or college? [Source: WIC IFPS-1]

[I30_SD27]

YES 01
NO 02

Current employment status
3, 7, 13, 18, 24, 30

SD29. Are you currently working for pay…[Source: LA WIC Survey]

[I30_SD29]

full time [35 hours or more], ... 01
part time, or 02
not at all? 03

Ask SD30 first time answer to SD 27 or SD29 is 'yes' then discontinue

SD30. How old was {CHILD} when you started going back to school or working? [Source: New Development]

[IF R TOOK NO TIME OFF, ENTER 0. IF LESS THAN ONE WEEK, ENTER 1.]

[I30_SD30Num]
[I30_SD30Unit]

AGE ..... [WEEKS, MONTHS]

Ever used regular non-maternal child care?
3, 7, 13, 24, 30 (once answered affirmative, stop asking for subsequent interviews)

The next few questions are about childcare. By childcare, we mean any kind of arrangement where someone other than you or {CHILD'S} other parent takes care of {CHILD} on a regular basis, while you go to work or school.

Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a childcare center or family daycare home. Do <u>not</u> include care provided by you or {CHILD'S} other parent. [Source: PHFE WIC Survey 2010 modified]

MH18. Have you ever used a regular childcare arrangement for {CHILD}?
[I30_MH18]

YES ..... 01→ GOTO MH19
NO ..... 02→ GOTO CF43 Intro

If MH18 = Yes, stop asking for subsequent interviews.

When did child first start non-maternal child care?
3, 7, 13, 24, 30 (asked only if ever used is yes, then stop asking once answered)

MH19. At what age did {CHILD} first start a regular childcare arrangement? [Source: New Development]
[I30_NH19Num]
[I30_MH19Unit]

AGE .....[MONTHS]

Stop asking MH19 after the first time it is answered.

Current use of non-maternal child care (and what kind)
3, 7, 13, 24, 30

MH20. Which type of regular childcare arrangement are you currently using the <u>most</u> for {CHILD}? Are you using… [Source: PHFE WIC Survey 2011, modified]
[I30_MH20]

a child care center, ... 01→ GOTO MH21
a family daycare home, ... 02→ GOTO MH21
Early Head Start, ... 03→ GOTO MH23
someone cares for {CHILD} in their home, ... 04→ GOTO MH23
someone cares for {CHILD} in your home, ... 05→ GOTO MH23
some other kind of childcare, or ..... 06→ GOTO MH23
you are not currently using childcare? ..... 07→ GOTO CF43 Intro

Contact info for child care (for CACFP status)
3, 7, 13, 24, 30

MH21. (If center or family daycare from MH20) Can we get the official name and address of the child care? We won't contact them without your permission, we just need it to for our records. [Source: New Development]

Who provides food to child care location (provided by mother, or by facility)
3, 7, 13, 24, 30

Ask only if indicated current child care use in MH20

MH23. Who provides most of the food {CHILD} eats at childcare – the child care provider, you, or is the food divided about equally between you and the childcare provider? [Source: PHFE WIC Survey 2011]

[I30_MH23]

CHILD CARE PROVIDER.....01
RESPONDENT 02
EQUALLY DIVIDED.....03

CURRENT FEEDING PRACTICES/FEEDING BELIEFS

Now I'm going to ask some questions about {CHILD's} eating habits and some things you may do in feeding [him/her].

Infant/child food package – does child eat foods from WIC food package?
7, 13, 15, 18, 24, 30

For 13, 15, 18, 24, 30 mo, only if SD31 = Yes. Else skip to CF49.

CF43. Which of the following WIC foods does {CHILD} eat? Does [HE/SHE] eat: [Source: FITS 2008, modified]

a. Breakfast cereal, either hot or cold from WIC?

[I30_CF43a]

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

b. Cheese from WIC?

[I30_CF43b]

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

c. Eggs from WIC?

[I30_CF43c]

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

d Does {CHILD} eat fruits from WIC?

[I30_CF43d]

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

e. 100% juice from WIC?

[I30_CF43e]

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

f. Milk from WIC, including cow's milk, soy milk, or other milk?

[I30_CF43f]

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

g. Peanut butter from WIC?

[I30_CF43g]

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

h. Does {CHILD} eat vegetables from WIC?

[I30_CF43h]

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

i. Whole grain bread or other whole grains, such as brown rice, bulgur, barley, or tortillas from WIC?

[I30_CF43i]

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

j. Does {CHILD} eat other food from WIC?

[I30_CF43j]

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

[I30_CF43jOS]

(SPECIFY: _____)

Practices for introducing new foods
15, 18, 24, 30

CF49. How many times do you offer a new food before you decide {CHILD} does not like it? Would you say… [Source: FITS 2002, 2008, modified]

[I30_CF39]

once, ... 01
twice ,..... 02
three to five times , ... 03
six to ten times, or 04
more than ten times? 05
LIKES EVERYTHING 06

Toddler/Child feeding rules
15, 24, 30

CF51. I am going to read some things that parents may do. Please tell me how often each statement is true for you and {CHILD}. [Source: Thompson et al., 2009]

a. I keep track of *what* food {CHILD} eats. Would you say…

[I30_CF51a]

always, ... 01
usually,..... 02
about half of the time,..... 03
occasionally, or 04
never?..... 05

b. I try to get {CHILD} to finish his/her food. Would you say…

[I30_CF51b]

always, ... 01
usually,..... 02
about half of the time,..... 03
occasionally, or 04
never?..... 05

c. I try to get {CHILD} to eat even if she/he seems not hungry.

[I30_CF51c]

ALWAYS 01
USUALLY..... 02
ABOUT HALF OF THE TIME..... 03
OCCASIONALLY 04
NEVER..... 05

d. I carefully control how much {CHILD} eats.

[I30_CF51d]

ALWAYS 01
USUALLY 02
ABOUT HALF THE TIME 03
OCCASIONALLY 04
NEVER 05

e. I am very careful not to feed {CHILD} too much.

[I30_CF51e]

ALWAYS 01
USUALLY 02
ABOUT HALF THE TIME 03
OCCASIONALLY 04
NEVER 05

Now I'm going to ask you about your beliefs about feeding children.

Toddler/Child period knowledge, attitudes, beliefs about nutrition
15, 24, 30

KA11a.It's ok for a child to walk around while eating as long as he or she eats. [Source: Thompson, 2009, modified]. Would you say that you…

[I30_KA11]

strongly agree, ... 01
agree, ... 02
neither agree or disagree, ... 03
disagree, or 04
strongly disagree? 05

KA12a.It's important for a child to finish all the food on his or her plate. [Source: Thompson, 2009, modified]. Would you say that you…

[I30_KA12]

strongly agree, ... 01
agree, ... 02
neither agree nor disagree, ... 03
disagree, or 04
strongly disagree? 05

KA13a.The best way to make a child stop crying is to feed him or her. [Source: Thompson, 2009, modified].

[Would you say…]

[I30_KA13]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

KA14a.It's important that the parent decides how much a child should eat. [Source: Thompson, 2009, modified].

[I30_KA14]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

KA15a.People feel differently about what their children eat. Which of the following best describes your opinion about children eating fast food: [Source: Thompson, 2009, modified]

[I30_KA15]

Children should be allowed to eat fast food whenever they want to, ... 01
children should be allowed to eat fast food occasionally, or 02
children should never eat fast food 03

KA16a.There are many kinds of sugary foods like candy, ice cream, cakes or cookies. Which of the following best describes your opinion about children eating sugary foods: [Source: Thompson, 2009, modified]

[I30_KA16]

Children should be allowed to eat sugary foods whenever they want to,01
children should be allowed to eat sugary foods occasionally, or 02
children should never eat sugary foods. 03

KA17a.There are many kinds of snack foods like potato chips, regular or flavored tortilla chips, and cheese puffs. Which of the following best describes your opinion about children eating snack foods: [Source: Thompson, 2009, modified]

[I30_KA17]

Children should be allowed to eat snack foods whenever they want to,. 01
children should be allowed to eat snack foods occasionally, or 02
children should never eat snack foods. 03

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

The next questions are about {CHILD'S} health and behavior, and your family's routines and habits.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30

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

[I30_CH2]

[IF NEEDED: These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]

YES..... 01 → GOTO CH2a
NO..... 02 → GOTO CH21

DK AND RF, GO TO CH21.

CH2a.(If yes) **What medical problem or condition does {CHILD} have?**

[CODE ALL THAT APPY]

[I30_CH2]

FOOD ALERGIES…….11
DIABETES…….12
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA…….13
GASTROINTESTIONAL PROBLEMS SUCH AS GASTRIC REFLUX…14
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS…….15
OTHER……91

[I30_CH2aOS]

(IF OTHER) Specify _____

CH3. (*If yes to health status/conditions in CH2*): What are you currently doing to treat this medical problem? [Source: New Development] (Open-ended, Interviewer check all that apply)

[CODE ALL THAT APPY]

[I30_CH3]

TAKING HER/HIM TO THE DOCTOR FOR TREATMENT 11
TREATING HIM/HER AT HOME WITH MEDICINE..... 12
TREATING HIM/HER AT HOME WITH SOMETHING OTHER THAN MEDICINE (SUCH AS HERBAL REMEDIES, SPECIAL TEAS, OR OTHER FORMS OF TREATMENT) 13
CHANGING HIS/HER DIET..... 14
OTHER 15

Caregiver report of child weight and height
30,36

CH21. The last time {CHILD} was weighed, how much did [he/she] weigh? [Source: New development]

[I30_CH21Num]
[I30_CH21Unit]

POUNDS OR KILOGRAMS ..... [number]

DK AND RF GO TO CH24

CH22. When was that weight taken? Please give me the month and year. [Source: New development]

[I30_CH22Mon[
[I30_CH22Year]

MONTH..... [Jan-Dec]
YEAR ..... [2012-2017]

CH23. Where was {CHILD}'s weight taken? Was it… [Source: NC CHAMPS, modified]

[I30_CH23]

at home,..... 01
in a doctor's office, ... 02
at the WIC site or clinic, or..... 03
some other place?..... 04

CH24. The last time {CHILD}'s height was measured, how tall was [he/she]? [Source: New development]

[I30_CH24Num]
[I30_CH24Unit]

INCHES OR CENTIMETERS ..... [number]

DK AND RF, GO TO CH27

CH25. When was that height measurement taken? Please give me the month and year. [Source: New development]

[I30_CH25Mon]
[I30_CH25Year]

MONTH..... [Jan-Dec]
YEAR ..... [2012-2017]

CH26. Where was {CHILD}'s height measured? Was it… [Source:NC CHAMPS, modified]

[I30_CH26Mon]

at home,..... 01
in a doctor's office, ... 02
at the WIC site or clinic, or..... 03
some other place?..... 04

Medical Home
30

CH27. Is there a place such as a doctor's office, health clinic, or other medical facility that {CHILD} USUALLY goes to when [he/she] needs a routine physical examination or a well-child check-up? Would you say…[Source: NHIS 2013 Child Survey, modified]

[I30_CH27]

there is <u>one</u> place,..... 01
there is <u>more than one</u> place, or 02
or there is <u>no</u> usual place ?..... 03

Recent Routine Health Visit
30

CH28. Did {CHILD} have a physical exam or well-child check-up around [his/her] second birthday? [Source: New development]

[I30_CH28]

YES.....01
NO.....02
NOT YET 03

Child physical activity outdoors
18, 24, 30

CH7a. Think for a moment about a typical weekday, that is Monday through Friday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekday? This can include playing in your yard or neighborhood, or playing in a park or other outdoor recreation area, such as a zoo or amusement park. [Source: Parental report of outdoor playtime Burdette, 2004, modified]

[I30_CH7Hr]
[I30_CH7Min]

TIME..... [HOURS/MINUTES]

CH8. Now, think about a typical weekend day, that is Saturday or Sunday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekend day? [Source: Parental report of outdoor playtime Burdette, 2004, modified]

[I30_CH8Hr]
[I30_CH8Min]
(PlayOutdoorsWeekendMin_30M)
[Hard Range 0-12 Hours]
[Soft Range 0-4 Hours]

TIME..... [HOURS/MINUTES]

Child television/video exposure
15, 18, 24, 30

CH17 . On an average day, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, and just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[I30_CH17Hr]
[I30_CH17Min]

LESS THAN ONE HOUR.....01
NUMBER OF HOURS(1 OR MORE).....[NUMBER 1-18]

At 18, 24, and 30 only:

CH18a.On an average day, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Do not include time spent playing video or computer games that involve physical activity such as Wii. Just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[I30_CH18Hr]
[I30_CH18Min]

LESS THAN ONE HOUR.....01
NUMBER OF HOURS (1 OR MORE).....[NUMBER 2-18]

Child is a picky eater
18, 24, 30

CH4. Do you consider [CHILD] a very picky eater, a somewhat picky eater, or not a picky eater? [FITS 2008]

[I30_CH4]

A VERY PICKY EATER.....01
A SOMEWHAT PICKY EATER.....02
NOT A PICKY EATER? 03

TV on during meals
15, 18, 24, 30

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]

[I30_CH19]

most of the time, ...01
sometimes, ...02
rarely, or.....03
never?.....04

Family eats together
15, 18, 24, 30

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? Would you say… [Source: NHANES Flexible Consumer Behavior Survey (CBQ) 2009-2010, modified]

[I30_CH20]

7 or more times each week,.....01
5 to 6 times during the week,.....02
3 to 4 times during the week,.....03
1 to 2 times during the week, or.....04
never?.....05

HEALTHY FOOD AVAILABILITY, ACCESS, AND PURCHASING

Availability and purchasing of fresh fruits and vegetables
30

In this next set of questions, I am going to ask you about the availability, cost and quality of fresh fruits and vegetables in your community. Community is defined as the place where you live, and other neighborhoods that you are easily able to get to. Please tell me how much you agree or disagree with the following statements. [Source: Boehmer/ Brownson et al. 2006]

AP1. It is easy to buy fresh fruits and vegetables in my community. Would you say that you…[Source: Boehmer/ Brownson et al. 2006, modified]

[I30_AP1]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
strongly disagree?.....05

AP2. There are a lot of fresh fruits and vegetables available in my community. Would you say that…[Source: Boehmer/ Brownson et al. 2006, modified]

[I30_AP2]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
strongly disagree?.....05

AP3. The fresh fruits and vegetables in my community are of high quality. [Source: Boehmer/ Brownson et al. 2006, modified]

[Would you say that you…]

[I30_AP3]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

I'm going to read you a few statements about things some people say make it hard for them to eat fruits and vegetables. For each one, please tell me how much you agree or disagree.

AP4. Eating fruits and vegetables is difficult because they cost too much. Would you say that you… [Source: CA Nut Ed and Food Package Impact Study]

[I30_AP4]

strongly agree, ... 01
agree, ... 02
neither agree nor disagree, ... 03
disagree, or 04
strongly disagree? 05

AP5. Eating fruits and vegetables is difficult because they take too much time to prepare. [Source: New development]

[Would you say that you…]

[I30_AP5]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

AP6. Eating fruits and vegetables is difficult because I don't like them. [Source: CA Nut Ed and Food Package Impact Study]

[Would you say that you…]

[I30_AP6]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

WIC ITFPS-2 PARTICIPANT INTERVIEW
36 MONTH - ENGLISH

CURRENT FEEDING PRACTICES

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

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. **You're 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 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 her {TIME, MEAL} and her {NEXT TIME, MEAL}?**

14. **Did {CHILD} eat or drink anything between her {LAST TIME, MEAL} and midnight last night?**

15. **Do you remember anything else {CHILD} drank, including water, or that 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 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 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'm going to ask you some questions about yourself and your household.

Marital status
Baseline, 13, 30, 36

SD14. Are you …? [Source: WIC IFPS-1]

[I36_SD14]

Married.....01
Separated.....02
Divorced.....03
Widowed.....04
Or Never Married.....05
Don't know.....98
Refused.....99

Currently pregnant/due date
7, 13, 18, 30, 36

SD16. Are you currently pregnant? [Source: New Development]

[I36_SD16]

YES.....01 → GOTO SD17
NO.....02→ GOTO SD18

SD17. (*If yes*) When is your baby due? [Source: FDA IFPS-2]

[I36_SD17Mon]
[I36_SD17Day]
[I36_SD17YR]

MONTH.....[JANUARY – DEC.]
DAY.....[1-31]
{Year – autofill for next occurrence of the month}

Household size
Enrollment, 7, 13, 24, 30, 36

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, and (*If PN enrollment or if currently pregnant SD16 = Yes:* please add 1 to the total for your pregnancy, too. [Source: FITS 2002, modified]

[I36_SD18]

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

Household income
Enrollment, 7, 13, 24, 30, 36

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

[I36_SD19]

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 household income before taxes for [PREVIOUS MONTH]**

[I36_SD19R]

$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, or..... 10
$5001 or more? 11

Receipt of public assistance
Baseline, 13, 24, 30, 36

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?

[I36_SD21a]

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

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

[I36_SD21b]

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

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

[I36_SD21c]

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

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[I36_SD21d]

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

6-Item Food Security

Enrollment, 7, 13, 18, 24, 30, 36

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.

SD36. 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 6-item]

The first statement is, The food that we bought just didn't last, and we didn't have money to get more. Was that…

[I36_SD36]

often true,.....01
sometimes true, or.....02
never true?.....03

SD37. We couldn't afford to eat balanced meals. Was that…

[I36_SD37]

often true,.....01
sometimes true, or.....02
never true?.....03

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?

[I36_SD38]

YES.....01 → GOTO SD38a
NO.....02 → GOTO SD39

a. [*If yes to SD38, ask*] How often did this happen…

[I36_SD38a]

almost every month,.....01
some months but every month, or.....02
only 1 or 2 months? 03

SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[I36_SD39]

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

SD40. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

[I36_SD40]

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

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 36

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

SD31. *{IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:* **Are you currently getting WIC food or checks for yourself or {CHILD}?** */IF NEW RESPONDENT:* **Do you go to WIC at [FILL LOCATION] ordo you go to another location? [Source: FDA IFPS-2; modified]**

[I36_SD31]

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

SD45. Are you currently getting WIC food or checks for any infants or children other than {CHILD}? [Source: New development]

[I36_SD45]

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

(IF SD31 = YES, GO TO SD32 AFTER SD45; IF SD31 = NO FOR THE FIRST TIME, GO TO SD34 AFTER SD45; IF SD31 = NO NOW AND PREVIOUSLY, OR DK, OR RF GO TO NEXT APPLICABLE MODULE AFTER SD45.)

SD32. The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location? [Source: FDA IFPS-2 modified]

[I36_SD32]

YES, STILL THAT LOCATION ..... 01→ GOTO SD21
NO, NEW LOCATION ..... 02→ GOTO SD33

SD33. *(If SD32 is no)* **Please tell me where you go now**

[I36_SD33Office]

RECORD LOCATION _____

Ask SD34 and SD35 only if SD31 is 'no' for the first time

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[IF LESS THAN ONE WEEK, ENTER 0.]

[I36_SD34Num]
[I36_SD34Unit]

Age.....[weeks/months]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

a. You no longer qualify for WIC?

[I36_SD35a]

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

b. It was inconvenient for you?

[I36_SD35b]

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

c. You no longer need WIC?

[I36_SD35c]

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

d. Is there any other reason?

[I36_SD35d]

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

(IF YES): **[What is the other reason you stopped going to WIC?]**

[I36_SD35dOS]

SPECIFY _____

Caregiver report of child weight and height
30, 36

CH21. The last time {CHILD} was weighed, how much did [he/she] weigh? [Source: New development]

[I36_CH21Num]
[I36_CH21Unit]

POUNDS or KILOGRAMS ..... [number]

DK & RF go to CH24

CH22. When was that weight taken? Please give me the month and year. [Source: New development]

[I36_CH22Mon]
[I36_CH22Yr]

MONTH..... [Jan-Dec]
YEAR ..... [number]

CH23. Where was {CHILD}'s weight taken? Was it… [Source: NC CHAMPS, modified]

[I36_CH23]

at home,..... 01
in a doctor's office,..... 02
at the WIC site or clinic, or..... 03
some other place 04

CH24. The last time {CHILD}'s height was measured, how tall was [he/she]? [Source: New development]

[I36_CH24Num]
[I36_CH24Unit]

INCHES or CENTIMETERS ..... [number]

CH25. When was that height measurement taken? Please give me the month and year. [Source: New development]

[I36_CH25Mon]
[I36_CH25Year]

MONTH..... [Jan-Dec]
YEAR ..... [number]

CH26. Where was {CHILD}'s height measured? Was it… [Source:NC CHAMPS, modified]

[I36_CH26]

at home,..... 01
in a doctor's office,..... 02
at the WIC site or clinic, or..... 03
some other place?..... 04

WIC ITFPS-2 PARTICIPANT INTERVIEW
42 MONTH – ENGLISH

SOCIODEMOGRAPHICS AND BACKGROUND

I'd like to start today by asking you some background questions about yourself and your family.

6-Item Food Security
Enrollment, 7, 13, 18, 24, 30, 36, 42, 48, 54, 60

These first 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.

SD36. 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 6-item]

The first statement is, "The food that we bought just didn't last, and we didn't have money to get more." Was that…

[I42_SD36]

often true, ... 01
sometimes true, or 02
never true for your household in the last 12 months? 03

SD37. "We couldn't afford to eat balanced meals." Was that…

[I42_SD37]

often true, ... 01
sometimes true, or 02
never true for your household in the last 12 months? 03

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?

[I42_SD38]

YES ..... 01 ➔ GOTO SD38a
NO ..... 02 ➔ GOTO SD39

a. [*if yes to SD38, ask*] How often did this happen…

[I42_SD38a]

almost every month,.....01
some months but not every month, or.....02
only 1 or 2 months?.....03

SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[I42_SD39]

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

SD40. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

[I42_SD40]

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

Receipt of public assistance
Baseline, 13, 24, 30, 36, 42, 48, 54, 60

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?

[I42_SD21a]

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

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

[I42_SD21b]

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

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

[I42_SD21c]

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

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[I42_SD21d]

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

Currently pregnant/due date
7, 13, 18, 30, 36, 42, 48, 54, 60

SD16. Are you currently pregnant? [Source: New Development]

[I42_SD16]

YES.....01 ➔ GOTO SD17
NO.....02 ➔ GOTO SD31

SD17. (If yes) When is your baby due? [Source: FDA IFPS-2]

[I42_SD17Mon]
[I42_SD17Day]
[I42_SD14Yr]

MONTH.....[JANUARY – DEC.]
DAY..... [1-31]
{Year – autofill for next occurrence of the month}

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 36, 42, 48, 54, 60

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

[I42_SD31Intro]

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I42_SD31]

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

SD45. Are you currently getting WIC food or checks for any infants or children other than {CHILD}? [Source: New development]

[I42_SD45]

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

(If SD31 = Yes, go to SD32 after SD45; If SD31 = No for the first time, go to SD34 after SD45; if SD31 = No now and no previously go to WC20 after SD45.)

SD32. *(IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:* **The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location?**/ *IF NEW RESPONDENT:* **Do you go to WIC at [*fill location]* or do you go to another location?) [Source: FDA IFPS-2 modified]**

[I42_SD32]

YES, STILL THAT LOCATION .....01 ➔ GOTO SD46
NO, NEW LOCATION .....02 ➔ GOTO SD33

SD33. *(If SD32 is no)* **Please tell me where you go now**

*RECORD LOCATION*_____ ➔ GOTO SD46

Ask SD34 and SD35 only if SD31 is 'no' for the first time

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[IF LESS THAN ONE WEEK, ENTER 0.]

[I42_SD34Num]
[I42_SD34Unit]

Age.....[weeks/months]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

a. You no longer qualify for WIC?

[I42_SD35a]

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

b. It was inconvenient for you?

[I42_SD35b]

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

c. You no longer need WIC?

[I42_SD35c]

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

d. Is there any other reason?

[I42_SD35d]

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

(IF YES): **[What is the other reason you stopped going to WIC?]**

[I42_SD35dOS]

SPECIFY _____

WIC renewal after leaving for those currently enrolled (length of time/reasons)
42

SD46. *(If SD31 is yes)* Has there been a period of time since {CHILD}'s birth when neither of you were getting WIC food or checks? [Source: New Development]

[I42_SD46]

YES.....01 ➔ GOTO SD47
NO.....02 ➔ GOTO WC20

SD47. (*If SD46 is yes*) How long was the period of time when neither of you were getting WIC food or checks? Would you say it was…

[I42_SD47]

less than one month, ...01 ➔ GOTO WC20
1 to 6 months, ...02 ➔ GOTO SD48
7 to 12 months, or.....03 ➔ GOTO SD48
more than 12 months? .....04 ➔ GOTO SD48

SD48. I'm going to read some reasons why you might have returned to WIC after not getting food or checks for a while. Please tell me if each one is a reason you returned to WIC. [Source: New Development]

a. You became pregnant again?

[I42_SD48a]

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

b. Your income changed and you qualified again?

[I42_SD48b]

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

c. You missed recertification, but eventually returned to WIC?

[I42_SD48c]

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

d. You worked out a transportation problem that was making it hard to get to WIC appointments?

[I42_SD48d]

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

e. You worked out a schedule problem, such as work conflicts or WIC hours, that was making it hard to get to WIC appointments?

[I42_SD48e]

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

f. You needed WIC food or education again?

[I42_SD48f]

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

g. You re-enrolled after a move?

[I42_SD48g]

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

h. Is there any other reason?

[I42_SD48h]

YES..... 01 ➔ GOTO SPECIFY
NO..... 02 ➔ GOTO WC20

(IF YES): **[What is the other reason you returned to WIC?]**

[I42_SD48hos]

SPECIFY_____ ➔ GOTO WC20

Perceptions of Impact of Nutrition Education
3, 13, 24, 30, 42, 54

Administer WC20 only if respondent indicated in SD31 or SD45 that they are still on WIC. If not on WIC, skip to intro before WC21.

WC20. Your WIC benefits include both education and food. Which is more important to you… [Source: New Development]

[I42_WC20]

the food you get from WIC 01
the education you get from WIC, or 02
they are equally important? 03

If no longer on WIC, say: **I'd like to ask you about how you used WIC education.**

[I42_WC21Intro]

WC21. Have you changed how you feed yourself or your family because of something you learned at WIC? [Source: New Development]

[I42_WC21]

YES ..... 01 ➔ GOTO WC22
NO ..... 02 ➔ GOTO MH13

WC22. (*If YES to WC21***) What is the most important change you have made based on education you received from WIC? (***Open-ended; Interviewer record response***) [Source: New Development]**

[I42_WC22]

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
I AM BREASTFEEDING/BREASTFED 04
I KNOW HOW TO PREPARE FORMULA/FEED THE RIGHT AMOUNT OF FORMULA 05
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 OFFER THE RIGHT AMOUNT OF FOODS (PORTION) 09
I KNOW HOW TO CHOOSE MORE HEALTHY FOODS FOR MYSELF/MY FAMILY 10

[I42_WC22OS]

OTHER (SPECIFY_____) 11

Reasons for staying on WIC
42, 54

SD49. I am going to read you a few statements about why some parents keep coming to WIC. Please tell me if each one is a reason why you keep coming to WIC. [Source: New Development]

a. You keep coming to WIC because of the foods you get?

[I42_SD49a]

YES 01
NO 02

b. You keep coming to WIC because of the education, information, and advice you get?

[I42_SD49b]

YES 01
NO 02

c. You keep coming to WIC because it is a place you can talk with other parents about parenting and feeding your child?

[I42_SD49c]

YES 01
NO 02

d. You keep coming to WIC because the WIC staff listen to your thoughts about your child's health and what {HE/SHE} is eating?

[I42_SD49d]

YES 01
NO 02

MATERNAL HEALTH AND LIFESTYLE

Next I'm going to ask you some questions about health, and about work, school, and child care.

Maternal weight
1, 3, 13, 24, 30, 42, 54

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

[I42_MH13]

POUNDS ..... [NUMBER]

Educational status
3, 7, 13, 18, 24, 30, 42, 54

SD27. As of today, are you in school or college? [Source: WIC IFPS-1]

[I42_SD27]

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

Current employment status
3, 7, 13, 18, 24, 30, 42, 54

SD29. Are you currently working for pay…[Source: LA WIC Survey]

[I42_SD29]

full time [35 hours or more],.....01
part time, or.....02
not at all?.....03

Ask SD30 first time answer to SD 27 or SD29 is 'yes' then discontinue

SD30. How old was {CHILD} when you started going back to school or working? [Source: New Development]

[IF R TOOK NO TIME OFF, ENTER 0. IF LESS THAN ONE WEEK, ENTER 1.]

[I42_SD30Num]
[I42_SD30Unit]

AGE ..... [WEEKS, MONTHS]

Ever used regular non-maternal child care?
3, 7, 13, 24, 30, 42, 54 (once answered affirmative, stop asking for subsequent interviews)

The next few questions are about child care or preschool. By childcare, we mean any kind of arrangement where someone other than you or {CHILD'S} other parent takes care of {CHILD} on a regular basis, while you go to work or school.

Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a child care center, family daycare home, or preschool. Do <u>not</u> include care provided by you or {CHILD'S} other parent. [Source: PHFE WIC Survey 2010 modified]

MH18a. Have you ever used a regular child care or preschool arrangement for {CHILD}?

[I42_MH18]

YES.....01 ➔ GOTO MH19
NO.....02 ➔ GOTO CF43 Intro

If MH18a = Yes, stop asking for subsequent interviews.

When did child first start non-maternal child care?
3, 7, 13, 24, 30, 42, 54 (asked only if ever used is yes, then stop asking once answered)

MH19a. At what age did {CHILD} first start a regular child care or preschool arrangement? [Source: New Development]

[I42_MH19Num]
[I42_MH19Unit]
AGE ..... [MONTHS]

Stop asking MH19/MH19a after the first time it is answered.

Current use of non-maternal child care (and what kind)
3, 7, 13, 24, 30, 42, 54

MH20a. Which type of regular child care arrangement are you currently using the <u>most</u> for {CHILD}? Are you using…[Source: PHFE WIC Survey 2011, modified]

[I42_MH20]
a child care center, ... 01 ➔ GOTO MH21
a family daycare home, ... 02 ➔ GOTO MH21
Head Start,..... 03 ➔ GOTO MH23
a preschool other than Head Start, ... 04 ➔ GOTO MH21
someone cares for {CHILD} in their home, ... 05 ➔ GOTO MH23
someone cares for {CHILD} in your home, ... 06 ➔ GOTO MH23
some other kind of childcare, or..... 07 ➔ GOTO MH23
you are not currently using child care? ..... 08 ➔ GOTO CF43 Intro

Contact info for child care (for CACFP status)
3, 7, 13, 24, 30, 42, 54

MH21a. (If center, preschool, or family daycare from MH20a) Can we get the official name and address of the child care? We won't contact them without your permission, we just need it to for our records. [Source: New Development]

Who provides food to child care location (provided by caregiver, or by facility)
3, 7, 13, 24, 30, 42, 54

Ask only if indicated current child care use in MH20a

MH23a. Who provides most of the food {CHILD} eats at child care or preschool – the child care provider or preschool, you, or is the food divided about equally between you and the childcare provider or preschool? [Source: PHFE WIC Survey 2011, modified]

[I42_MH23]
CHILD CARE PROVIDER OR PRESCHOOL 01
RESPONDENT 02
EQUALLY DIVIDED 03

CURRENT FEEDING PRACTICES/FEEDING BELIEFS

Now I'm going to ask some questions about {CHILD's} eating habits and some things you may do in feeding [him/her].

Infant/child food package – does child eat foods from WIC food package?
7, 13, 15, 18, 24, 30, 42, 54

For 13, 15, 18, 24, 30, 42, 54 mo, only if SD31 = Yes. Else skip to CF49.

CF43. Which of the following WIC foods does {CHILD} eat? Does [HE/SHE] eat: [Source: FITS 2008, modified]

a. Breakfast cereal, either hot or cold from WIC?

[I42_CF43a]
YES 01
NO 02

b. Cheese from WIC?

[I42_CF43b]
YES 01
NO 02

c. Eggs from WIC?

[I42_CF43c]
YES 01
NO 02

d. Does {CHILD} eat fruits from WIC?

[I42_CF43d]
YES 01
NO 02

e. 100% juice from WIC?

[I42_CF43e]
YES 01
NO 02

f. Milk from WIC, including cow's milk, soy milk, or other milk?

[I42_CF43f]
YES 01
NO 02

g. Peanut butter from WIC?

[I42_CF43g]

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

h. Does {CHILD} eat vegetables from WIC?

[I42_CF43h]

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

i. Whole grain bread or other whole grains, such as brown rice, bulgur, barley, or tortillas from WIC?

[I42_CF43i]

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

j. Does {CHILD} eat other food from WIC?

[I42_CF43j]

(specify_____)

[I42_CF43jOS]

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

Practices for introducing new foods
15, 18, 24, 30, 42, 54

CF49. How many times do you offer a new food before you decide {CHILD} does not like it? Would you say…[Source: FITS 2002, 2008, modified]

[I42_CF49]

once,.....01
twice,.....02
three to five times,.....03
six to ten times, or.....04
more than ten times?.....05
LIKES EVERYTHING.....06

CF51. I am going to read some things that parents may do. Please tell me how often each statement is true for you and {CHILD}. [Source: Thompson et al., 2009; O'Connor et al., 2010]

a. I keep track of what food {CHILD} eats. Would you say…

[I42_CF51a]

always, ... 01
usually, ... 02
about half of the time, ... 03
occasionally, or 04
never? 05

b. I try to get {CHILD} to finish his/her food. Would you say…

[I42_CF51b]

always, ... 01
usually, ... 02
about half of the time, ... 03
occasionally, or 04
never? 05

c. I try to get {CHILD} to eat even if she/he seems not hungry.

[I42_CF51c]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

d. I carefully control how much {CHILD} eats.

[I42_CF51d]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

e. I am very careful not to feed {CHILD} too much.

[I42_CF51e]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

f. I use mealtimes to teach {CHILD} about healthy eating.

[I42_CF51f]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

g. I ask {CHILD} to help me prepare food.

[I42_CF51g]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

h. I tell {CHILD} he/she has to try at least a couple of bites of new foods, but doesn't have to eat it all.

[I42_CF51h]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

Now I'm going to ask you about your beliefs about feeding children.

Toddler/Child period knowledge, attitudes, beliefs about nutrition
15, 24, 30, 42, 54

KA12a. It's important for a child to finish all the food on his or her plate. [Source: Thompson, 2009, modified]. Would you say that you…

[I42_KA12]

strongly agree 01
agree 02
neither agree nor disagree 03
disagree, or 04
strongly disagree? 05

KA13b. The best way to get a child to behave is to offer {his/her} favorite foods as a reward for good behavior [Source: New Development]. Would you say that you…

[I42_KA13b]

strongly agree 01
agree 02
neither agree nor disagree 03
disagree, or 04
strongly disagree? 05

KA14a. It's important that the parent decides how much a child should eat. [Source: Thompson, 2009, modified]. [Would you say that you…]

[I42_KA14]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

KA15a. People feel differently about what their children eat. Which of the following best describes your opinion about children eating fast food: [Source: Thompson, 2009, modified]

[I42_KA15]

Children should be allowed to eat fast food whenever they want to, ... 01
children should be allowed to eat fast food occasionally, or 02
children should never eat fast food 03

KA16a. There are many kinds of sugary foods like candy, ice cream, cakes or cookies. Which of the following best describes your opinion about children eating sugary foods: [Source: Thompson, 2009, modified]

[I42_KA16]

Children should be allowed to eat sugary foods whenever they want to, .. 01
children should be allowed to eat sugary foods occasionally, or 02
children should never eat sugary foods 03

KA17a. There are many kinds of snack foods like potato chips, regular or flavored tortilla chips, and cheese puffs. Which of the following best describes your opinion about children eating snack foods: [Source: Thompson, 2009, modified]

[I42_KA17]

Children should be allowed to eat snack foods whenever they want to, ... 01
children should be allowed to eat snack foods occasionally, or 02
children should never eat snack foods 03

KA41. There are many kinds of sugary drinks like fruit punch, lemonade, soda, aguas frescas, and sweet tea. Which of the following best describes your opinion about children drinking sugary drinks: [Source: Thompson, 2009, modified]

[I42_KA41]

Children should be allowed to drink sugary drinks whenever they want to, ... 01
children should be allowed to drink sugary drinks occasionally, or 02
children should never drink sugary drinks 03

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

The next questions are about {CHILD'S} health and behavior, and your family's routines and habits.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 42, 54

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

[IF NEEDED: These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.]

[I42_CH2]

YES .....01 ➔ GOTO CH2a
NO .....02 ➔ GOTO CH27

DK AND RF, GO TO CH27.

CH2a. (If yes) **What medical problem or condition does {CHILD} have? [CODE ALL THAT APPLY]**

[I42_CH2a]

FOOD ALLERGIES 01
DIABETES 02
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA ... 03
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX ..04
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS ... 05
OTHER (Specify) _____

[I42_CH2aOS]

CH3. (*If yes to health status/conditions in CH2*): What are you currently doing to treat this medical problem? [Source: New Development] *(Open-ended, Interviewer check all that apply)*

[CODE ALL THAT APPLY]

[I42_CH3]

TAKING HER/HIM TO THE DOCTOR FOR TREATMENT 01
TREATING HIM/HER AT HOME WITH MEDICINE 02
TREATING HIM/HER AT HOME WITH SOMETHING OTHER THAN MEDICINE (SUCH AS HERBAL REMEDIES, SPECIAL TEAS, OR OTHER FORMS OF TREATMENT).....03
CHANGING HIS/HER DIET.....04
OTHER 05

Medical Home
30, 42, 54

CH27. Is there a place such as a doctor's office, health clinic, or other medical facility that {CHILD} usually goes to when [he/she] needs a routine physical examination or a well-child check-up? Would you say…[Source: NHIS 2013 Child Survey, modified]

[I42_CH27]

there is one place.....01
there is more than one place, or 02
there is no usual place? 03

Recent Routine Health Visit
30, 42

CH28a. Did {CHILD} have a physical exam or well-child check-up around [his/her] third birthday? [Source: New development]

[I42_CH28]

YES.....01
NO.....02
NOT YET 03

Child physical activity outdoors
18, 24, 30, 42, 54

CH7a. Think for a moment about a typical weekday, that is Monday through Friday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekday? This can include playing in your yard or neighborhood, or playing in a park or other outdoor recreation area, such as a zoo or amusement park. [Source: Parental report of outdoor playtime Burdette, 2004, modified]

[I42_CH7Hr]
[I42_CH7Min]
TIME..... [HOURS/MINUTES]

CH8. Now, think about a typical weekend day, that is Saturday or Sunday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekend day? [Source: Parental report of outdoor playtime Burdette, 2004, modified]

[I42_CH8Hr]
[I42_CH8Min]
TIME..... [HOURS/MINUTES]

Child television/video exposure
15, 18, 24, 30, 42, 54

CH17a. On an average weekday, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, not playing video games, and just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[IF CHILD DOES NOT WATCH TELEVISION ENTER 0.]

[I42_CH17aHr]
[I42_CH17aMin]
LESS THAN ONE HOUR..... 01
NUMBER OF HOURS (1 OR MORE) ..... [NUMBER 1-18]

CH17b. On an average weekend day, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, not playing video games, and just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[IF CHILD DOES NOT WATCH TELEVISION ENTER 0.]

[I42_CH17bHr]
[I42_CH17bMin]
LESS THAN ONE HOUR..... 01
NUMBER OF HOURS (1 OR MORE) ..... [NUMBER 1-18]

CH18b. On an average weekday, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Do not include time spent playing video or computer games that involve physical activity such as Wii. Just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[IF CHILD DOES NOT PLAY VIDEO OR COMPUTER GAMES, ENTER 0.]

[I42_CH18Hr]
[I42_CH18Min]

LESS THAN ONE HOUR..... 01
NUMBER OF HOURS (1 OR MORE) ..... [NUMBER 1-18]

CH18c. On an average weekend day, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Do not include time spent playing video or computer games that involve physical activity such as Wii. Just give your best estimate. [Source: PHFE WIC survey 2011, modified]

[IF CHILD DOES NOT PLAY VIDEO OR COMPUTER GAMES, ENTER 0.]

[I42_CH18cHr]
[I42_CH18cMin]

LESS THAN ONE HOUR..... 01
NUMBER OF HOURS (1 OR MORE) ..... [NUMBER 1-18]

Child sleep duration/patterns
5, 11, 24, 42, 54

CH29. What time does {CHILD} usually go to sleep at night? [Source: Blair, 2012]

[I42_CH29]

HOUR ..... [NUMBER 1-12] [AM/PM]
MINUTE ..... [NUMBER 1-59]

CH30. What time does {CHILD} usually wake up in the morning? [Source: Blair, 2012]

[I42_CH30]

HOUR ..... [NUMBER 1-12] [AM/PM]
MINUTE ..... [NUMBER 1-59]

CH11a. How many times does {CHILD} usually wake up during the night? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]

[I42_CH11a]

NUMBER OF WAKINGS..... [number]

The following questions are about activities children may do. {CHILD} may have already done some of the activities described here, and there may be some {CHILD} has not begun doing yet. For each item, I will ask you if {CHILD} is doing the activity regularly, sometimes, or not yet.

DM1. When [HE/SHE] is looking in a mirror and you ask, "Who is in the mirror?" does {CHILD} say either "me" or his own name? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009]

[I42_DM1]

yes, regularly,.....01
yes, sometimes, or.....02
no, not yet?.....03

DM2. Does {CHILD} put on a coat, jacket, or shirt by [HIMSELF/HERSELF]? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009]

[I42_DM2]

yes, regularly,.....01
yes, sometimes, or.....02
no, not yet?.....03

DM3. When you ask {CHILD}, "Are you a girl or a boy?" Does {CHILD} answer correctly? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009, modified]

[I42_DM3]

YES, REGULARLY.....01
YES, SOMETIMES.....02
NO, NOT YET.....03

DM4. Does {CHILD} take turns by waiting while another child or adult takes a turn? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009]

[I42_DM4]

YES, REGULARLY.....01
YES, SOMETIMES.....02
NO, NOT YET.....03

DM5. Does {CHILD} serve [HIMSELF/HERSELF], taking food from one container to another using utensils? For example, does {CHILD} use a large spoon to scoop applesauce from a jar into a bowl? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009]

[I42_DM5]

YES, REGULARLY.....01
YES, SOMETIMES.....02
NO, NOT YET.....03

DM6. Does {CHILD} wash his hands using soap and water and dry off with a towel without help? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009]

[I42_DM6]

YES, REGULARLY	01
YES, SOMETIMES	02
NO, NOT YET	03

Child is a picky eater
18, 24, 30, 42, 54

CH4. Do you consider [CHILD]… [FITS 2008]

[I42_CH4]

a very picky eater,	01
a somewhat picky eater, or	02
not a picky eater?	03

TV on during meals
15, 18, 24, 30, 42, 54

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]

[I42_CH19]

most of the time,	01
sometimes,	02
rarely, or	03
never?	04

Family eats together
15, 18, 24, 30, 42, 54

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? Would you say…[Source: NHANES Flexible Consumer Behavior Survey (CBQ) 2009-2010, modified]

[I42_CH20]

7 or more times each week,	01
5 to 6 times during the week,	02
3 to 4 times during the week,	03
1 to 2 times during the week, or	04
never?	05

Availability and purchasing of fresh fruits and vegetables
30, 42, 54

In this next set of questions, I am going to ask you about the availability, cost and quality of fresh fruits and vegetables in your community. Community is defined as the place where you live, and other neighborhoods that you are easily able to get to. Please tell me how much you agree or disagree with the following statements. [Source: Boehmer/ Brownson et al. 2006]

AP1. It is easy to buy fresh fruits and vegetables in my community. Would you say that you … [Source: Boehmer/ Brownson et al. 2006, modified]

[I42_AP1]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
strongly disagree?.....05

AP2. There are a lot of fresh fruits and vegetables available in my community. Would you say that you … [Source: Boehmer/ Brownson et al. 2006, modified]

[I42_AP2]

strongly agree,.....01
agree,.....02
neither agree nor disagree,.....03
disagree, or.....04
strongly disagree?.....05

AP3. The fresh fruits and vegetables in my community are of high quality. [Would you say that you…] [Source: Boehmer/ Brownson et al. 2006, modified]

[I42_AP3]

STRONGLY AGREE.....01
AGREE.....02
NEITHER AGREE NOR DISAGREE.....03
DISAGREE.....04
STRONGLY DISAGREE.....05

I'm going to read you a few statements about things some people say make it hard for them to eat fruits and vegetables. For each one, please tell me how much you agree or disagree.

AP4. Eating fruits and vegetables is difficult because they cost too much. Would you say that you …[Source: CA Nut Ed and Food Package Impact Study]

[I42_AP4]

strongly agree, ... 01
agree, ... 02
neither agree nor disagree, ... 03
disagree, or 04
strongly disagree 05

AP5. Eating fruits and vegetables is difficult because they take too much time to prepare. [Would you say that you…] [Source: New development]

[I42_AP5]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

AP6. Eating fruits and vegetables is difficult because I don't like them. [Would you say that you …] [Source: CA Nut Ed and Food Package Impact Study]

[I42_AP6]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

WIC ITFPS-2 PARTICIPANT INTERVIEW
48 MONTH - ENGLISH

CURRENT FEEDING PRACTICES

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

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 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 her {TIME, MEAL} and her {NEXT TIME, MEAL}?**

14. **Did {CHILD} eat or drink anything between her {LAST TIME, MEAL} and midnight last night?**

15. **Do you remember anything else {CHILD} drank, including water, or that 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 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 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 ask you some background questions about yourself and your family.

Marital status
Baseline, 13, 30, 36, 48, 60

SD14. Are you …? [Source: WIC IFPS-1]

[I48_SD14]

married, ... 01
separated, ... 02
divorced, ... 03
widowed, or 04
never married? 05

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 36, 42, 48, 54, 60

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

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I48_SD31]

YES 01
NO 02

SD45. Are you currently getting WIC food or checks for any infants or children other than {CHILD}? [Source: New development]

[I48_SD45]

YES 01
NO 02

(If SD31 = Yes, go to SD32 after SD45; If SD31 = No for the first time, go to SD34 after SD45; if SD31 = No now and no previously go to SD21 after SD45.)

SD32. *(IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT:* **The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location?** / *IF NEW RESPONDENT:* **Do you go to WIC at [*fill location]* or do you go to another location?) [Source: FDA IFPS-2 modified]**

[I48_SD32]

YES, STILL THAT LOCATION .....01 ➔ GOTO SD21
NO, NEW LOCATION .....02 ➔ GOTO SD33

SD33. *(If SD32 is no)* **Please tell me where you go now.**

*RECORD LOCATION*_____***Go to SD21***

Ask SD34 and SD35 only if SD31 is 'no' for the first time

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[IF LESS THAN ONE WEEK, ENTER 0.]

[I48_SD34Num]
[I48_SD34Unit]

Age.....[weeks/months]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

a. You no longer qualify for WIC?

[I48_SD35a]

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

b. It was inconvenient for you?

[I48_SD35b]

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

c. You no longer need WIC?

[I48_SD35c]

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

d. Is there any other reason?

[I48_SD35d]

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

(IF YES): **[What is the other reason you stopped going to WIC?]**

[I48_SD35dOS]

SPECIFY _____

Receipt of public assistance
Baseline, 13, 24, 30, 36, 42, 48, 54, 60

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?

[I48_SD21a]

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

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

[I48_SD21b]

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

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

[I48_SD21c]

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

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[I48_SD21d]

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

Household size
Enrollment, 7, 13, 24, 30, 36, 48, 60

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, and (*If PN enrollment:* **please add 1 to the total for your pregnancy, too/***If postnatal enrollment or 7, 13, 24, 30 or 36 months:* **If you are pregnant right now please add 1 to the total for your pregnancy. [Source: FITS 2002, modified]**

[DO NOT READ IF R IS MALE: If you are pregnant right now. Add 1 to the total for your pregnancy.]

[I48_SD18]

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

Household income
Enrollment, 7, 13, 24, 30, 36, 48, 60

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

[I48_SD19]

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 household income before taxes for [PREVIOUS MONTH]**

[I48_SD19R]

$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, or.....10
more than $5000?.....11

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.

SD36. 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 6-item]

The first statement is, "The food that we bought just didn't last, and we didn't have money to get more." Was that…

[I48_SD36]

often true, ... 01
sometimes true, or 02
never true for your household in the last 12 months? 03

SD37. "We couldn't afford to eat balanced meals." Was that…

[I48_SD37]

often true, ... 01
sometimes true, or 02
never true for your household in the last 12 months? 03

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?

[I48_SD38]

YES ..... 01 ➔ GOTO SD38a
NO ..... 02 ➔ GOTO SD39

a. [*if yes to SD38, ask*] How often did this happen…

[I48_SD38a]

almost every month, ... 01
some months but not every month, or 02
only 1 or 2 months? 03

SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[I48_SD39]

YES 01
NO 02

SD40. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

[I48_SD40]

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

Currently pregnant/due date

7, 13, 18, 30, 36, 42, 48, 54, 60

SD16. Are you currently pregnant? [Source: New Development]

[I48_SD16]

YES.....01 ➔ GOTO SD17
NO.....02 ➔ GOTO CH21

DK & RF GO TO CH21

SD17. (*If yes*) When is your baby due? [Source: FDA IFPS-2]

[I48_SD17Mon]
[I48_SD17Day]
[I48_SD17YR]

MONTH.....[JANUARY – DEC.]
DAY.....[1-31]

{Year – autofill for next occurrence of the month}

Caregiver report of child weight and height

30, 36, 48, 60

CH21. The last time {CHILD} was weighed, how much did [he/she] weigh? [Source: New development]

[I48_CH21Num]
[I48_CH21Unit]

POUNDS or KILOGRAMS..... [number]

DK & RF go to CH24

CH22. When was that weight taken? Please give me the month and year. [Source: New development]

[I48_CH22Mon]
[I48_CH22Yr]

MONTH..... [Jan-Dec]
YEAR..... [number]

CH23. Where was {CHILD}'s weight taken? Was it… [Source: NC CHAMPS, modified]

[I48_CH23]

at home,.....01
in a doctor's office, ...02
at the WIC site or clinic, or 03
some other place?.....04

CH24. The last time {CHILD}'s height was measured, how tall was [he/she]? [Source: New development]

[I48_CH24Num]
[I48_CH24Unit]

INCHES or CENTIMETERS ..... [number]

DK & RF go to KA30

CH25. When was that height measurement taken? Please give me the month and year. [Source: New development]

[I48_CH25Mon]
[I48_CH25Year]

MONTH..... [Jan-Dec]
YEAR..... [number]

CH26. Where was {CHILD}'s height measured? Was it… [Source: NC CHAMPS, modified]

[I48_CH26]

at home,.....01
in a doctor's office, ...02
at the WIC site or clinic, or 03
some other place?.....04

Perceptions of child size and role in feeding decisions
24, 48, 60

KA30. Currently, would you describe your child as... [Source: UCLA/PHFE CHIRP Study]

[I48_KA30]

overweight, ...01
normal, or.....02
thin? 03

KA40. How concerned are you about your child becoming over weight? Would you say…[Source: Birch, 1998]

[I48_KA40New]

Unconcerned, ... 01
slightly unconcerned, ... 02
neutral, ... 03
slightly concerned, or 04
concerned? 05

WIC ITFPS-2 PARTICIPANT INTERVIEW
54 MONTH - ENGLISH

SOCIODEMOGRAPHICS AND BACKGROUND

I'd like to start today by asking you some background questions about yourself and your family.

[I54_SD14Intro]

6-Item Food Security
Enrollment, 7, 13, 18, 24, 30, 36, 42, 48, 54, 60

These first 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.

[I54_SD36Intro]

SD36. 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 6-item]

The first statement is, "The food that we bought just didn't last, and we didn't have money to get more." Was that…

[I54_SD36]

often true, ... 01
sometimes true, or 02
never true for your household in the last 12 months? 03

SD37. "We couldn't afford to eat balanced meals." Was that…

[I54_SD37]

often true, ... 01
sometimes true, or 02
never true for your household in the last 12 months? 03

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?

[I54_SD38]

YES ..... 01 ➔ GOTO SD38a
NO ..... 02 ➔ GOTO SD39

a. [*if yes to SD38, ask*] How often did this happen…

[I54_SD38a]

almost every month, ... 01
some months but not every month, or 02
only 1 or 2 months? 03

SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[I54_SD39]

YES 01
NO 02

SD40. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

[I54_SD40]

YES 01
NO 02

Receipt of public assistance
Baseline, 13, 24, 30, 36, 42, 48, 54, 60

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?

[I54_SD21a]

YES 01
NO 02

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

[I54_SD21b]

YES 01
NO 02

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

[I54_SD21c]

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

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[I54_SD21d]

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

Currently pregnant/due date
7, 13, 18, 30, 36, 42, 48, 54, 60

SD16. Are you currently pregnant? [Source: New Development]

[I54_SD16]

YES, STILL THAT LOCATION.....01 ➔ GOTO WC20
NO, NEW LOCATION.....02 ➔ GOTO SD33

SD17. (If yes) When is your baby due? [Source: FDA IFPS-2]

[I54_SD17Mon]

[I54_SD17Day]

[I54_SD14Yr]

MONTH.....[JANUARY – DEC.]
DAY..... [1-31]
{Year – autofill for next occurrence of the month}

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 36, 42, 48, 54, 60

Next, I'd like to ask you some questions about WIC.

[I54_SD31Intro]

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I54_SD31]

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

SD45. Are you currently getting WIC food or checks for any infants or children other than {CHILD}? [Source: New development]

[I30_SD45]

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

(If SD31 = Yes, go to SD32 after SD45; If SD31 = No for the first time, go to SD34 after SD45; if SD31 = No now and no previously go to WC20 after SD45.)

SD32. *(IF CAREGIVER HAS NOT CHANGED FROM PREVIOUS EVENT* **The last time we talked with you, you were going to WIC at [*fill in location*]. Do you still go there, or do you go to a new location?** / *IF NEW RESPONDENT:* **Do you go to WIC at [*fill location]* or do you go to another location?) [Source: FDA IFPS-2 modified]**

[I54_SD32]

YES, STILL THAT LOCATION.....01 ➔ GOTO WC20
NO, NEW LOCATION.....02 ➔ GOTO SD33

SD33. *(If SD32 is no)* **Please tell me where you go now**

*RECORD LOCATION*_____ ➔ GOTO WC20

Ask SD34 and SD35 only if SD31 is 'no' for the first time

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[IF LESS THAN ONE WEEK, ENTER 0.]

[I54_SD34Num]

[I54_SD34Unit]
[Hard Range 0-52 Weeks, 0-61 Months, 0-5 Years]
[Soft Range 0-52 Weeks, 0-55 Months, 0-4 Years]

Age.....[weeks/months]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

a. You no longer qualify for WIC?

[I54_SD35a]

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

b. It was inconvenient for you?

[I54_SD35b]

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

c. You no longer need WIC?

[I54_SD35c]

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

d. Is there any other reason?

[I54_SD35d]

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

(IF YES): **[What is the other reason you stopped going to WIC?]**

[I54_SD35dOS]
[50 Characters]

SPECIFY_____

WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION

Perceptions of Impact of Nutrition Education
3, 13, 24, 30, 42, 54

Administer WC20 only if respondent indicated in SD31 or SD45 that they are still on WIC. If not on WIC, skip to intro before WC21.

WC20. Your WIC benefits include both education and food. Which is more important to you… [Source: New Development]

[I54_WC20]

the food you get from WIC.....01
the education you get from WIC, or.....02
they are equally important?.....03

If no longer on WIC, say: **I'd like to ask you about how you used WIC education.**

[I54_WC21Intr]

WC21. Have you changed how you feed yourself or your family because of something you learned at WIC? [Source: New Development]

[I54_WC21]

YES ..... 01 ➔ GOTO WC22
NO ..... 02 ➔ GOTOMH13

WC22. (*If YES to WC21*) What is the most important change you have made based on education you received from WIC? *(Open-ended; Interviewer record response)* [Source: New Development]

[I54_WC22]

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
I AM BREASTFEEDING/BREASTFED 04
I KNOW HOW TO PREPARE FORMULA/FEED THE RIGHT AMOUNT OF FORMULA 05
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 OFFER THE RIGHT AMOUNT OF FOODS (PORTION) 09
I KNOW HOW TO CHOOSE MORE HEALTHY FOODS FOR MYSELF/MY FAMILY 10

[I54_WC22OS]
[50 Characters]

OTHER (SPECIFY_____ 11

If SD31 = yes (01), GOTO SD49. If SD31 = no (02) GOTO MH13.

Reasons for staying on WIC
42, 54

New! **SD49. I am going to read you a few statements about why some parents keep coming to WIC. Please tell me if each one is a reason why you keep coming to WIC.**

a. You keep coming to WIC because of the foods you get?

[I54_SD49a]

YES 01
NO 02

b. You keep coming to WIC because of the education, information, and advice you get?

[I54_SD49b]

YES 01
NO 02

c. You keep coming to WIC because it is a place you can talk with other parents about parenting and feeding your child?

[I54_SD49c]

YES 01
NO 02

d. You keep coming to WIC because the WIC staff listen to your thoughts about your child's health and what {HE/SHE} is eating?

[I54_SD49d]

YES 01
NO 02

MATERNAL HEALTH AND LIFESTYLE

Next, I'm going to ask you some questions about health, and about work, school, and child care.

[I54_MH13Intro]

Maternal weight
1, 3, 13, 24, 30, 42, 54

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

[ENTER POUNDS.]

[I54_MH13]
[Hard Range 60-600 lbs] [Soft Range 80-400 lbs]

POUNDS ..... [NUMBER]

Educational attainment
Baseline, 24, 30, 54

SD26. What is the highest year or grade you finished in school? [Source: FITS 2002; modified]

[I54_SD26]

(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

[I54_SD26OS]

Educational status
3, 7, 13, 18, 24, 30, 42, 54

SD27. As of today, are you in school or college? [Source: WIC IFPS-1]

[I54_SD27]

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

Current employment status
3, 7, 13, 18, 24, 30, 42, 54

SD29. Are you currently working for pay…[Source: LA WIC Survey]

[I54_SD29]

full time [35 hours or more],..... 01
part time, or..... 02
not at all?..... 03

Ask SD30 first time answer to SD27 or SD29 is 'yes' then discontinue

SD30. How old was {CHILD} when you started going back to school or working? [Source: New Development]

[IF R TOOK NO TIME OFF, ENTER 0. IF LESS THAN ONE WEEK, ENTER 1.]

[I54_SD30Num]

[I54_SD30Unit]
[Hard Range 0-52 Weeks, 0-61 Months, 0-5 Years]
[Soft Range 0-52 Weeks, 0-55 Months, 0-4 Years]

AGE ..... [WEEKS, MONTHS]

Ever used regular non-maternal child care?
3, 7, 13, 24, 30, 42, 54 (once answered affirmative, stop asking for subsequent interviews)

Modified for age! **The next few questions are about childcare or preschool. By childcare, we mean any kind of arrangement where someone other than you or {CHILD'S} other parent takes care of {CHILD} on a regular basis, while you go to work or school.**

Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a childcare center, family daycare home, or preschool. Do not include care provided by you or {CHILD'S} other parent. [Source:PHFE WIC Survey 2010 modified]

MH18a. Have you ever used a regular childcare or preschool arrangement for {CHILD}?

[I54_MH18]

YES.....01 ➔ GOTO MH19
NO.....02 ➔ GOTO CF43 Intro

If MH18a = Yes, stop asking for subsequent interviews.

When did child first start non-maternal child care?
3, 7, 13, 24, 30, 42, 54 (asked only if ever used is yes, then stop asking once answered)

Modified for age! **MH19a. At what age did {CHILD} first start a regular childcare or preschool arrangement? [Source: New Development]**

[I54_MH19Num]

[I54_MH19Unit]
[Hard Range 0-52 Weeks, 0-61 Months, 0-5 Years]
[Soft Range 0-52 Weeks, 0-55 Months, 0-4 Years]

AGE .....[MONTHS]

Stop asking MH19/MH19a after the first time it is answered.

Current use of non-maternal child care (and what kind)
3, 7, 13, 24, 30, 42, 54

Modified for age! **Which type of regular childcare arrangement are you currently using the <u>most</u> for {CHILD}? Are you using…[Source: PHFE WIC Survey 2011, modified]**

[I54_MH20]

a child care center, ...01 ➔ GOTO MH21
a family daycare home, ...02 ➔ GOTO MH21
Head Start,.....03 ➔ GOTO MH23
a preschool other than Head Start, ...04 ➔ GOTO MH21
someone cares for {CHILD} in their home, ...05 ➔ GOTO MH23
someone cares for {CHILD} in your home, ...06 ➔ GOTO MH23
some other kind of childcare, or.....07 ➔ GOTO MH23
you are not currently using childcare? .....08 ➔ GOTO CF43 Intro

Contact info for child care (for CACFP status)
3, 7, 13, 24, 30, 42, 54

Modified for age! **MH21a. (If center, preschool, or family daycare from MH20a) Can we get the official name and address of the child care? We won't contact them without your permission, we just need it to for our records. [Source: New Development]**

[RECORD NAME OF CHILD CARE FACILITY. VERIFY SPELLING.]

Who provides food to child care location (provided by caregiver, or by facility)
3, 7, 13, 24, 30, 42, 54

Ask only if indicated current child care use in MH20a

Modified for age! **MH23a. Who provides most of the food {CHILD} eats at child care or preschool – the child care provider or preschool, you, or is the food divided about equally between you and the childcare provider or preschool? [Source: PHFE WIC Survey 2011, modified]**

[I42_MH23]

CHILD CARE PROVIDER OR PRESCHOOL 01
RESPONDENT 02
EQUALLY DIVIDED 03

CURRENT FEEDING PRACTICES/FEEDING BELIEFS

Now, I'm going to ask some questions about {CHILD's} eating habits and some things you may do in feeding [him/her].

[I54_CF43Intro]

Infant/child food package – does child eat foods from WIC food package?
7, 13, 15, 18, 24, 30, 42, 54

For 13, 15, 18, 24, 30, 42, 54 mo, only if SD31 = Yes. Else skip to CF49.

CF43. Which of the following WIC foods does {CHILD} eat? Does [HE/SHE] eat: [Source: FITS 2008, modified]

a. Breakfast cereal, either hot or cold from WIC?

[I54_CF43a]

YES 01
NO 02

b. Cheese from WIC?

[I54_CF43b]

YES 01
NO 02

c. Eggs from WIC?

[I54_CF43c]

YES 01
NO 02

d. Does {CHILD} eat fruits from WIC?

[I54_CF43d]

YES 01
NO 02

e. 100% juice from WIC?

[I54_CF43e]

YES 01
NO 02

f. Milk from WIC, including cow's milk, soy milk, or other milk?

[I54_CF43f]

YES 01
NO 02

g. Peanut butter from WIC?

[I54_CF43g]

YES 01
NO 02

h. Does {CHILD} eat vegetables from WIC?

[I54_CF43h]

YES 01
NO 02
DON'T KNOW 98

i. Whole grain bread or other whole grains, such as brown rice, bulgur, barley, or tortillas from WIC?

[I54_CF43i]

YES 01
NO 02

j. Does {CHILD} eat other food from WIC?

[I54_CF43j]

YES 01
NO 02

(IF YES, SPECIFY)

[I54_CF43jOS]

(SPECIFY: _____)

Practices for introducing new foods
15, 18, 24, 30, 42, 54

CF49. How many times do you offer a new food before you decide {CHILD} does not like it? Would you say…[Source: FITS 2002, 2008, modified]

[I54_CF49]

once, ... 01
twice, ... 02
three to five times, ... 03
six to ten times, or 04
more than ten times? 05
LIKES EVERYTHING 06

CF51. I am going to read some things that parents may do. Please tell me how often each statement is true for you and {CHILD}. [Source: Thompson et al., 2009; O'Connor et al., 2010]

a. I keep track of *what* food {CHILD} eats. Would you say…

[I54_CF51a]

always, ... 01
usually, ... 02
about half of the time, ... 03
occasionally, or 04
never? 05

b. I try to get {CHILD} to finish his/her food. Would you say…

[I54_CF51b]

always, ... 01
usually, ... 02
about half of the time, ... 03
occasionally, or 04
never? 05

c. I try to get {CHILD} to eat even if she/he seems not hungry.

[I54_CF51c]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

d. I carefully control how much {CHILD} eats.

[I54_CF51d]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

e. I am very careful not to feed {CHILD} too much.

[I54_CF51e]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

New! **f. I use mealtimes to teach {CHILD} about healthy eating.**

[I54_CF51f]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

New! **g. I ask {CHILD} to help me prepare food.**

[I54_CF51g]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

New! **h. I tell {CHILD} he/she has to try at least a couple of bites of new foods, but doesn't have to eat it all.**

[I54_CF51h]

ALWAYS 01
USUALLY 02
ABOUT HALF OF THE TIME 03
OCCASIONALLY 04
NEVER 05

Now, I'm going to ask you about your beliefs about feeding children.

Toddler/Child period knowledge, attitudes, beliefs about nutrition
15, 24, 30, 42, 54

KA12a. It's important for a child to finish all the food on his or her plate. [Source: Thompson, 2009, modified]. Would you say that you…

[I54_KA12]

strongly agree, ... 01
agree, ... 02
neither agree nor disagree, ... 03
disagree, or 04
strongly disagree? 05

New! **KA13b. The best way to get a child to behave is to offer {his/her} favorite foods as a reward for good behavior [Source: New Development]. Would you say that you…**

[I54_KA13b]

strongly agree,.....01
agree,.....02
neither agree nor disagree, ...03
disagree, or.....04
strongly disagree? 05

KA14a. It's important that the parent decides how much a child should eat. [Source: Thompson, 2009, modified]. [Would you say that you…]

[I54_KA14]

STRONGLY AGREE.....01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE.....04
STRONGLY DISAGREE 05

KA15a. People feel differently about what their children eat. Which of the following best describes your opinion about children eating fast food: [Source: Thompson, 2009, modified]

[I54_KA15]

Children should be allowed to eat fast food whenever they want to, ...01
children should be allowed to eat fast food occasionally, or.....02
children should never eat fast food 03

KA16a. There are many kinds of sugary foods like candy, ice cream, cakes or cookies. Which of the following best describes your opinion about children eating sugary foods: [Source: Thompson, 2009, modified]

[I54_KA16]

Children should be allowed to eat sugary foods whenever they want to,.....01
children should be allowed to eat sugary foods occasionally, or 02
children should never eat sugary foods 03

KA17a. There are many kinds of snack foods like potato chips, regular or flavored tortilla chips, and cheese puffs. Which of the following best describes your opinion about children eating snack foods: [Source: Thompson, 2009, modified]

[I54_KA17]

Children should be allowed to eat snack foods whenever they want to,..... 01
children should be allowed to eat snack foods occasionally, or.....02
children should never eat snack foods 03

New! **KA41. There are many kinds of sugary drinks like fruit punch, lemonade, soda, aguas frescas, and sweet tea. Which of the following best describes your opinion about children drinking sugary drinks: [Source: Thompson, 2009, modified]**

[I54_KA41]

Children should be allowed to drink sugary drinks whenever they want to,..... 01
children should be allowed to drink sugary drinks occasionally, or 02
children should never drink sugary drinks 03

CHILD HEALTH, BEHAVIOR, AND CHILD REARING

The next questions are about {CHILD'S} health and behavior, and your family's routines and habits.

Health status/conditions
Actions to rectify health conditions
1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 42, 54

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

[I54_CH2]

[IF NEEDED: These medical problems or conditions may be things like food allergies, diabetes, metabolic disorders such as PKU or galactosemia, gastrointestinal problems such as gastric reflux, other problems like cleft palate or other mouth or facial conditions – any long-term problems that affect the baby's ability to eat and swallow.

YES ..... 01 ➔ GOTO CH2a
NO ..... 02 ➔ GOTO CH21

DK AND RF, GO TO CH27.

CH2a. (If yes) **What medical problem or condition does {CHILD} have? [CODE ALL THAT APPY]**

[I54_CH2a]

FOOD ALLERGIES 01
DIABETES 02
METABOLIC DISORDERS SUCH AS PKU OR GALACTOSEMIA 03
GASTROINTESTINAL PROBLEMS SUCH AS GASTRIC REFLUX 04
CLEFT PALATE OR OTHER MOUTH OR FACIAL CONDITIONS 05
OTHER 91

[I54_CH2aOS]

OTHER (Specify) _____

CH3. (*If yes to health status/conditions in CH2*): What are you currently doing to treat this medical problem? [Source: New Development] *(Open-ended, Interviewer check all that apply)*

[CODE ALL THAT APPLY]

[PROBE: Anything else?]

[I54_CH3]

TAKING HER/HIM TO THE DOCTOR FOR TREATMENT 01
TREATING HIM/HER AT HOME WITH MEDICINE 02
TREATING HIM/HER AT HOME WITH SOMETHING OTHER THAN MEDICINE (SUCH AS HERBAL REMEDIES, SPECIAL TEAS, OR OTHER FORMS OF TREATMENT) 03
CHANGING HIS/HER DIET 04
OTHER 05

Medical Home
30, 42, 54

CH27. Is there a place such as a doctor's office, health clinic, or other medical facility that {CHILD} usually goes to when [he/she] needs a routine physical examination or a well-child check-up? Would you say…[Source: NHIS 2013 Child Survey, modified]

[I54_CH27]

there is one place, ... 01
there is more than one place, or 02
there is no usual place? 03

Child physical activity outdoors
18, 24, 30, 42, 54

CH7a. Think for a moment about a typical weekday, that is Monday through Friday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekday? This can include playing in your yard or neighborhood, or playing in a park or other outdoor recreation area, such as a zoo or amusement park. [Source: Parental report of outdoor playtime Burdette, 2004, modified]

[I54_CH7Hr]

[I54_CH7Min]
[Hard Range 0-12 Hours] [Soft Range 0-4 Hours]

TIME ..... [HOURS/MINUTES]

CH8. Now, think about a typical weekend day, that is Saturday or Sunday, for your child. In the past month, how much time would you say your child spent playing outdoors on a typical weekend day? [Source: Parental report of outdoor playtime Burdette, 2004, modified]

[I54_CH8Hr]

[I54_CH8Min]
[Hard Range 0-12 Hours] [Soft Range 0-4 Hours]

TIME..... [HOURS/MINUTES]

Child television/video exposure
15, 18, 24, 30, 42, 54

Modified! **CH17a. On an average weekday, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, not playing video games, and just give your best estimate. [Source: PHFE WIC survey 2011, modified]**

[IF CHILD DOES NOT WATCH TELEVISION ENTER 0.]

[I54_CH17aHr]

[I54_CH17aMin]
[Hard Range 0-18 Hours]

LESS THAN ONE HOUR..... 01
NUMBER OF HOURS (1 OR MORE) ..... [NUMBER 1-18]

Modified! **CH17b. On an average weekend day, how many hours does {CHILD} watch television? Only include time when [HE/SHE] is actually watching TV, not playing video games, and just give your best estimate. [Source: PHFE WIC survey 2011, modified]**

[IF CHILD DOES NOT WATCH TELEVISION ENTER 0.]

[I54_CH17bHr]

[I54_CH17bMin]
[Hard Range 0-18 Hours]

LESS THAN ONE HOUR..... 01
NUMBER OF HOURS (1 OR MORE) ..... [NUMBER 1-18]

Modified! **CH18b. On an average weekday, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Do not include time spent playing video or computer games that involve physical activity such as Wii. Just give your best estimate. [Source: PHFE WIC survey 2011, modified]**

[IF CHILD DOES NOT PLAY VIDEO OR COMPUTER GAMES, ENTER 0.]

[I54_CH18Hr]

[I54_CH18Min]
[Hard Range 0-18 Hours]

LESS THAN ONE HOUR..... 01
NUMBER OF HOURS (1 OR MORE) ..... [NUMBER 1-18]

Modified! **CH18c. On an average weekend day, how many hours does {CHILD} play video or computer games, including games on handheld devices like a cell phone? Do not include time spent playing video or computer games that involve physical activity such as Wii. Just give your best estimate. [Source: PHFE WIC survey 2011, modified]**

[IF CHILD DOES NOT PLAY VIDEO OR COMPUTER GAMES, ENTER 0.]

[I54_CH18cHr]

[I54_CH18cMin]
[Hard Range 0-18 Hours]

LESS THAN ONE HOUR..... 01
NUMBER OF HOURS (1 OR MORE) ..... [NUMBER 1-18]

Child sleep duration/patterns
5, 11, 24, 42, 54

New! **CH29. What time does {CHILD} usually go to sleep at night? [Source: Blair, 2012]**

[I54_CH29]

HOUR ..... [NUMBER 1-12] [AM/PM]
MINUTE..... [NUMBER 1-59]

New! **CH30. What time does {CHILD} usually wake up in the morning? [Source: Blair, 2012]**

[I54_CH30]

HOUR .....[NUMBER 1-12] [AM/PM]
MINUTE.....[NUMBER 1-59]

Modified! **CH11a. How many times does {CHILD} usually wake up during the night? [Source: Brief Infant Sleep Questionnaire (BISQ), Sadeh, 2004, modified]**

[I54_CH11a]
[Hard Range: 0-30]
[Soft Range: 0-12]

NUMBER OF WAKINGS ..... [number]

The following questions are about activities children may do. {CHILD} may have already done some of the activities described here, and there may be some {CHILD} has not begun doing yet. For each item, I will ask you if {CHILD} is doing the activity regularly, sometimes, or not yet.

New! **DM7. When shown objects and asked "What color is this?" does {CHILD} name five different colors, like red, blue, yellow, orange, black, white, or pink? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009]**

[IF NEEDED: For example if {CHILD} was shown an object that had many colors on it, could [HE/SHE] name five of them? Would you say. . .]

[I54_DM7]

yes, regularly,.....01
yes, sometimes, or.....02
no, not yet?.....03

New! **DM8. Does {CHILD} dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, sister, or an imaginary animal or figure. Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009]**

[IF NEEDED: We are interested in knowing if {CHILD} tries to change [HIS/HER] appearance in some way and pretend to be someone or something else. Would you say.....]

[I54_DM8]

yes, regularly,.....01
yes, sometimes, or.....02
no, not yet?.....03

New! **DM9. If you place five objects in front of {CHILD}, can [HE/SHE] count them by saying "One, two, three, four, five" in order? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009, modified]**

[I54_DM9]

YES, REGULARLY.....01
YES, SOMETIMES.....02
NO, NOT YET.....03

New! **DM10. When shown circles of different sizes and asked "Which circle is the smallest?" does {CHILD} point to the smallest circle? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009]**

[I54_DM10]

YES, REGULARLY.....01
YES, SOMETIMES.....02
NO, NOT YET.....03

New! **DM11. Does {CHILD} count up to 15 without making mistakes? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009]**

[I54_DM11]

yes, regularly up to 15,.....01
yes, sometimes to 15, or regularly to 12, or.....02
no, not yet?.....03

New ! **DM12. Does {CHILD} know the names of numbers? For example, if you show [HIM/HER] the numbers one, two, and three can [HE/SHE] name all of them? Would you say…[Source: Ages and Stages Questionnaires, Third Edition, 2009]**

[I54_DM12]

yes, regularly all three numbers,.....01
yes, sometimes all three, or regularly two of them, or.....02
no, not yet?.....03

Child is a picky eater
18, 24, 30, 42, 54

CH4. Do you consider [CHILD]…[FITS 2008]

[I54_CH4]

a very picky eater,.....01
a somewhat picky eater, or.....02
not a picky eater?.....03

TV on during meals
15, 18, 24, 30, 42, 54

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]

[I54_CH19]

most of the time,.....01
sometimes,.....02
rarely, or.....03
never?.....04

Family eats together
15, 18, 24, 30, 42, 54

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? Would you say…[Source: NHANES Flexible Consumer Behavior Survey (CBQ) 2009-2010, modified]

[I54_CH20]

7 or more times each week,.....01
5 to 6 times during the week, ...02
3 to 4 times during the week, ...03
1 to 2 times during the week, or.....04
never?.....05

HEALTHY FOOD AVAILABILITY, ACCESS, AND PURCHASING

Availability and purchasing of fresh fruits and vegetables
30, 42, 54

In this next set of questions, I am going to ask you about the availability, cost and quality of fresh fruits and vegetables in your community. Community is defined as the place where you live, and other neighborhoods that you are easily able to get to. Please tell me how much you agree or disagree with the following statements. [Source: Boehmer/Brownson et al. 2006]

AP1. It is easy to buy fresh fruits and vegetables in my community. Would you say that you … [Source: Boehmer/Brownson et al. 2006, modified]

[I54_AP1]

strongly agree,.....01
agree,.....02
neither agree nor disagree, ...03
disagree, or.....04
strongly disagree? 05

AP2. There are a lot of fresh fruits and vegetables available in my community. Would you say that you … [Source: Boehmer/Brownson et al. 2006, modified]

[I54_AP2]

strongly agree,.....01
agree,.....02
neither agree nor disagree, ...03
disagree, or.....04
strongly disagree? 05

AP3. The fresh fruits and vegetables in my community are of high quality. [Would you say that you…] [Source: Boehmer/Brownson et al. 2006, modified]

[I54_AP3]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

I'm going to read you a few statements about things some people say make it hard or them to eat fruits and vegetables. For each one, please tell me how much you agree or disagree.

AP4. Eating fruits and vegetables is difficult because they cost too much. Would you say that you …[Source: CA Nut Ed and Food Package Impact Study]

[I54_AP4]

strongly agree, ... 01
agree, ... 02
neither agree nor disagree, ... 03
disagree, or 04
strongly disagree? 05

AP5. Eating fruits and vegetables is difficult because they take too much time to prepare. [Would you say that you…] [Source: New development]

[I54_AP5]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

AP6. Eating fruits and vegetables is difficult because I don't like them. [Would you say that you …] [Source: CA Nut Ed and Food Package Impact Study]

[I54_AP6]

STRONGLY AGREE 01
AGREE 02
NEITHER AGREE NOR DISAGREE 03
DISAGREE 04
STRONGLY DISAGREE 05

CURRENT FEEDING PRACTICES

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

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. **You're 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 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 her {TIME, MEAL} and her {NEXT TIME, MEAL}?**

14. **Did {CHILD} eat or drink anything between her {LAST TIME, MEAL} and midnight last night?**

15. **Do you remember anything else {CHILD} drank, including water, or that 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 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 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 ask you some background questions about yourself and your family.

Marital status
Baseline, 13, 30, 36, 48, 60

SD14. Are you …? [Source: WIC IFPS-1]

[I60_SD14]

married, ... 01
separated, ... 02
divorced, ... 03
widowed, or..... 04
never married? 05

Continuation/discontinuation of WIC participation (timing, reasons, location)
1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 30, 36, 42, 48, 54, 60

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

SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]

[I60_SD31]

YES 01
NO..... 02

SD45. Are you currently getting WIC food or checks for any infants or children other than {CHILD}? [Source: New development]

[I60_SD45]

YES 01
NO..... 02

(If SD31 = Yes, go to SD21 after SD45; If SD31 = No for the first time, go to SD34 after SD45; if SD31 = No now and no previously go to SD21 after SD45.)

Ask SD34 and SD35 only if SD31 is 'no' for the first time

SD34. How old was {CHILD} when you stopped going to WIC? [Source: LA WIC Survey; modified]

[IF LESS THAN ONE WEEK, ENTER 0.]

[I60_SD34Num]

[I60_SD34Unit]
[Hard Range 0-52 Weeks, 0-61 Months, 0-5 Years]

Age.....[weeks/months]

SD35. I'm going to read some reasons why you might have stopped going to WIC. Please tell me if each one is a reason you stopped going to WIC: [Source: LA WIC Survey; modified]

a. You no longer qualify for WIC?

[I60_SD35a]
YES.....01
NO.....02

b. It was inconvenient for you?

[I60_SD35b]
YES.....01
NO.....02

c. You no longer need WIC?

[I60_SD35c]

[I60_SD35d]
YES.....01
NO.....02

Is there any other reason?

[I60_SD35d]
YES.....01
NO.....02

(IF YES): **[What is the other reason you stopped going to WIC?]**

[I60_SD35dOS]
[50 Characters]

SPECIFY_____

Receipt of public assistance
Baseline, 13, 24, 30, 36, 42, 48, 54, 60

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?

[I60_SD21a]

YES 01
NO 02

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

[I60_SD21b]

YES 01
NO 02

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

[I60_SD21c]

YES 01
NO 02

d. Are any children in your household receiving free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?

[I60_SD21d]

YES 01
NO 02

Household size
Enrollment, 7, 13, 24, 30, 36

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, and (*If PN enrollment:* **please add 1 to the total for your pregnancy, too/***If postnatal enrollment or 7, 13, 24, 30 or 36 months:* **If you are pregnant right now please add 1 to the total for your pregnancy. [Source: FITS 2002, modified]**

[DO NOT READ IF R IS MALE: If you are pregnant right now. Add 1 to the total for your pregnancy.]

[I60_SD18]
[Hard Range 2-25]

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

Household income
Enrollment, 7, 13, 24, 30, 36, 48, 60

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

[I60_SD19]
[Hard Range 0-99999]
[Soft Range 0-10000]

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 household income before taxes for [PREVIOUS MONTH]**

[I60_SD19R]

$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, or 10
more than $5000? 11

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.

[I60_SD36Intro]

SD36. 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 6-item]

The first statement is, "The food that we bought just didn't last, and we didn't have money to get more." Was that…

[I60_SD36]

often true,.....01
sometimes true, or.....02
never true for your household in the last 12 months?.....03

SD37. "We couldn't afford to eat balanced meals." Was that…

[I60_SD37]

often true,.....01
sometimes true, or.....02
never true for your household in the last 12 months?.....03

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?

[I60_SD38]

YES.....01 ➔ GOTO SD38a
NO.....02 ➔ GOTO SD39

a. [*if yes to SD38, ask*] How often did this happen…

[I60_SD38a]

almost every month,.....01
some months but not every month, or.....02
only 1 or 2 months?.....03

SD39. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

[I60_SD39]

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

SD40. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

[I60_SD40]

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

Currently pregnant/due date
7, 13, 18, 30, 36, 42, 48, 54, 60

SD16. Are you currently pregnant? [Source: New Development] [I60_SD16]

YES.....01 ➔ GOTO SD17
NO.....02 ➔ GOTO CM9

DK & RF GO TO CH21

SD17. (*If yes*) When is your baby due? [Source: FDA IFPS-2]

[I60_SD17Mon]
[I60_SD17Day]
[I60_SD17YR]

MONTH.....[JANUARY – DEC.]
DAY.....[1-31]
{Year – autofill for next occurrence of the month}

Caregiver report of child weight and height
30, 36, 48, 60

CH21. The last time {CHILD} was weighed, how much did [he/she] weigh? [Source: New development]

[I60_CH21Num]
[I60_CH21Unit]
[Hard Range 0-100lbs or 45kg]

POUNDS or KILOGRAMS ..... [number]

CH22. When was that weight taken? Please give me the month and year. [Source: New development]

[I60_CH22Mon]
[I60_CH22Yr]
[Range 2012-2020]

MONTH..... [Jan-Dec]
YEAR..... [number]

CH23. Where was {CHILD}'s weight taken? Was it… [Source: NC CHAMPS, modified]

[I60_CH23]

at home,.....01
in a doctor's office, ...02
at the WIC site or clinic, or.....03
some other place?.....04

CH24. The last time {CHILD}'s height was measured, how tall was [he/she]? [Source: New development]

[I60_CH24Num]
[I60_CH24Unit]
[Range 0-100 Inches or 0-255 Centimeters]

INCHES or CENTIMETERS ..... [number]

DK & RF go to KA30

CH25. When was that height measurement taken? Please give me the month and year. [Source: New development]

[I60_CH25Mon]
[I60_CH25Year]
[Range 2012-2020]

MONTH..... [Jan-Dec]
YEAR..... [number]

CH26. Where was {CHILD}'s height measured? Was it… [Source:NC CHAMPS, modified]

[I60_CH26]

at home,.....01
in a doctor's office, ...02
at the WIC site or clinic, or.....03
some other place?.....04

Perceptions of child size and role in feeding decisions
24, 48, 60

KA30. Currently, would you describe your child as...[Source: UCLA/PHFE CHIRP Study]

[I60_KA30]

overweight, ...01
normal, or.....02
thin? 03

New! **KA40. How concerned are you about your child becoming over weight? Would you say…[Source: Birch, 1998]**

[I60_KA40]

unconcerned, ... 01
slightly unconcerned, ... 02
neutral, ... 03
slightly concerned, or 04
concerned? 05