

**APPENDIX K.1**  
**WIC ITFPS-2 PARTICIPANT INTERVIEW**  
**3 MONTH - ENGLISH**

**SOCIODEMOGRAPHICS AND BACKGROUND**

**Respondent still Caregiver?**

1, 3, 5, 7, 9, 11, 13, 15, 18, 24

**SD12. (1 mo.: Before we go any further/ All other: Before we begin today), I need to ask whether you are still {CHILD's} caregiver. [Source: New Development]**

Yes..... 01  
No..... 02  
(If no, go to a)

**a. Does {CHILD} still live with you?**

Yes..... 01  
No..... 02

**b. (If a is Yes): Can you please tell me who in your household is now {CHILD's} caregiver? Can I speak with that person?**

Name of New Caregiver \_\_\_\_\_

**c. (If a is No): Can you please tell me who is caring for {CHILD} now, and how I could reach that person?**

Name of New Caregiver \_\_\_\_\_  
Phone of New Caregiver \_\_\_\_\_  
Address of New Caregiver \_\_\_\_\_  
Relation of New Caregiver to Child \_\_\_\_\_

**Continuation/discontinuation of WIC participation (timing, reasons, location)**

1, 3, 5, 7, 9, 11, 13, 15, 18, 24

**I'd like to begin by asking you some questions about WIC.**

**SD31. Are you currently getting WIC food or checks for yourself or {CHILD}? [Source: FDA IFPS-2; modified]**

Yes..... 01  
No..... 02  
(if no for the first time go to SD34, if no previously go to next applicable module)

**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]**

- 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]**

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]**

- You no longer qualify for WIC.....01
- It was inconvenient for you.....02
- You no longer need WIC.....03
- Other reason (record response).....04

|   |
|---|
| <b>WIC PROGRAM AWARENESS, SATISFACTION, UTILIZATION</b> |
|---|

Administer full WIC module only if respondent indicated in SD31 that they are still on WIC. If not on WIC, skip to WC21.

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

|                                     |
|-------------------------------------|
| <b>Awareness: WIC Food Packages</b> |
| <i>Prenatal, 3</i>                  |

**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? [Source: IFPS-1, modified]**

- Yes.....01
- No.....02
- Don't Know.....98

|  |
|--|
| <b>Perceptions of impact of WIC food package on breastfeeding behavior</b> |
| <i>3, 7</i>  |

If WC1 was yes, ask KA25

**KA25. (If yes) How important was the special food package for breastfeeding mothers in your decision to breastfeed {CHILD}? [Source: New Development]**

Very important.....01  
Somewhat important.....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? [Source: New Development]**

Yes.....01  
No.....02  
Don't Know.....98

**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? [Source: New Development]**

Yes.....01  
No.....02  
Don't Know.....98

**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 breastfeeding only, formula feeding only, or that both are equally ok? [Source: IFPS-1, modified]**

Breastfeeding only.....01  
Formula feeding only.....02  
Both are equally ok.....03  
Don't Know.....98

**Utilization: Breastfeeding counseling and education**  
*Prenatal, 3*

**WC5. Have you received any information from WIC about breastfeeding (during this pregnancy/{CHILD})? [Source: IFPS-1, modified]**

Yes.....01  
No.....02  
Don't Know.....98

**Utilization: Nutrition education and counseling**

**WC6. Have you received information from WIC about what you should be eating? [Source: New Development]**

Yes..... 01  
No..... 02  
Don't Know..... 98

3 only:

**WC7. Have you received information from WIC about how to feed formula to your child? [Source: WIC IFPS-1 modified]**

Yes..... 01  
No..... 02  
Don't Know..... 98

**WC8. Have you received information from WIC about how to prepare formula? [Source: WIC IFPS-1 modified]**

Yes..... 01  
No..... 02  
Don't Know..... 98

**WC9. Have you received information from WIC about when to begin giving cereal and other foods to {CHILD}? [Source: New Development]**

Yes..... 01  
No..... 02  
Don't Know..... 98

**Utilization: Peer counseling for breastfeeding**

3

**WC10. Did someone who works for your WIC office or clinic visit you in the hospital when you had {CHILD}, to provide breastfeeding support? [Source: New Development]**

Yes..... 01  
No..... 02  
Didn't need it..... 03  
Don't Know..... 98

**WC11. Did someone who works for your WIC office or clinic call you after {CHILD} was born to provide breastfeeding support? [Source: New Development]**

Yes..... 01  
No..... 02  
Didn't need it..... 03  
Don't Know..... 98

**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? [Source: New Development]**

|                          |    |
|--------------------------|----|
| Yes.....                 | 01 |
| No.....                  | 02 |
| Haven't shopped yet..... | 03 |
| Don't Know.....          | 98 |

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

|                          |    |
|--------------------------|----|
| Yes.....                 | 01 |
| No.....                  | 02 |
| Haven't shopped yet..... | 03 |
| Don't Know.....          | 98 |

**Perceptions of Impact of Nutrition Education**

3, 13, 24

**WC20. Your WIC benefits include both education and food. Which is more important to you—the food you get from WIC, the education you get from WIC, or are they equally important? [Source: New Development]**

|                                  |    |
|----------------------------------|----|
| Food is more important.....      | 01 |
| Education is more important..... | 02 |
| They are equally important.....  | 03 |
| Don't know.....                  | 98 |
| Refused.....                     | 99 |

*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]**

|                 |    |
|-----------------|----|
| Yes.....        | 01 |
| No.....         | 02 |
| Don't Know..... | 98 |

**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]**

|   |    |
|---|----|
| 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 family10  
 Other (specify \_\_\_\_\_)....11  
 Don't know.....98  
 Refused.....99

**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) 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?**

Age.....[weeks]

**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

- 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)**

**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**

**CF1. Are you currently feeding {CHILD} breastmilk either from your breast or from a bottle, formula, (1-5 months: or both) (7-13 months: both, or neither)? [Source: New Development]**

- 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, ask:*

**CF29. Did you ever feed your baby breastmilk, either from your breast or from a bottle? [Source: FDA IFPS-2, modified]**

- Yes..... 01
- No..... 02

*IF CF1 = 02, SKIP TO CF19*

**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*

**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:**

*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.....01
- Bottle fed baby with formula.....02
- Pumped breastmilk to be fed to baby with bottle.....03
- Nothing, just continued breastfeeding.....04
- Other (specify \_\_\_\_\_)...05

Ask at 1, 3, 5

- c. In the past month did your baby have problems with choking?**
- Yes..... 01  
No..... 02
- d. (If yes) What did you do about this problem? (Interviewer allow open-ended and check all responses offered)**
- Turned to someone for advice.....01  
Bottle fed baby with formula.....02  
Pumped breastmilk to be fed to baby with bottle.....03  
Nothing, just continued breastfeeding.....04  
Other (specify \_\_\_\_\_)...05
- e. In the past month did you have sore or cracked nipples?**
- Yes..... 01  
No..... 02
- f. (If yes) What did you do about this problem? (Interviewer allow open-ended and check all responses offered)**
- Turned to someone for advice.....01  
Took medications or used creams..... 02  
Bottle fed baby with formula.....03  
Pumped breastmilk to be fed to baby with bottle.....04  
Nothing, just continued breastfeeding.....05  
Other (specify \_\_\_\_\_)...06
- g. In the past month did you have a breast infection?**
- Yes..... 01  
No..... 02
- h. (If yes) What did you do about this problem? (Interviewer allow open-ended and check all responses offered)**
- Turned to someone for advice.....01  
Took medications or used creams.....02  
Bottle fed baby with formula.....03  
Pumped breastmilk to be fed to baby with bottle.....04  
Nothing, just continued breastfeeding.....05  
Other (specify \_\_\_\_\_)...06
- i. In the past month were your breasts too full?**
- Yes..... 01  
No..... 02
- j. (If yes) What did you do about this problem? (Interviewer allow open-ended and check all responses offered)**

- Turned to someone for advice.....01
- Bottle fed baby with formula.....02
- Pumped breastmilk to be fed to baby with bottle.....03
- Pumped or expressed breastmilk to relieve fullness.....04
- Nothing, just continued breastfeeding.....05
- Other (specify \_\_\_\_\_).....06

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

- Yes..... 01
- No..... 02

**l. (If yes) What did you do about this problem? (Interviewer allow open-ended and check all responses offered)**

- Turned to someone for advice.....01
- Changed what I ate.....02
- Bottle fed baby with formula.....03
- Pumped breastmilk to be fed to baby with bottle.....04
- Nothing.....05
- Other (specify \_\_\_\_\_).....06

**m. In the past month did you have any other problems breastfeeding? (specify \_\_\_\_\_)**

- Yes..... 01
- No..... 02

**n. (If yes) What did you do about this problem? (Interviewer allow open-ended and check all responses offered)**

- Turned to someone for advice.....01
- Took antibiotics/medications.....02
- Bottle fed baby with formula.....03
- Pumped breastmilk to be fed to baby with bottle.....04
- Nothing, just continued breastfeeding.....05
- Other (specify \_\_\_\_\_).....06

**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**

- Yes..... 01
- No..... 02

**b. Doctors or nurses**

- Yes..... 01

- No..... 02
- c. Friends or relatives**
- Yes..... 01
- No..... 02
- d. Breastfeeding support people outside of WIC such as La Leche League or a lactation counselor**
- Yes..... 01
- No..... 02
- e. Anyone else?**
- 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?**
- Yes..... 01
- No..... 02
- b. Breastfeeding took too much out of me. Did this happen to you in the past month?**
- Yes..... 01
- No..... 02
- c. I did not have time to breastfeed. Did this happen to you in the past month?**
- Yes..... 01
- No..... 02
- d. I felt tied down by breastfeeding. Did this happen to you in the past month?**
- Yes..... 01
- No..... 02
- e. My husband or boyfriend was against it. Did this happen to you in the past month?**
- 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]**

- Seek support from a friend or relative to help you to continue breastfeeding..... 01
- Seek support from a health professional to help you to continue breastfeeding..... 02
- Make arrangements with work or school to continue breastfeeding or pumping during the day..... 03
- Stop breastfeeding and switch to formula feeding..... 04
- Mix breastfeeding with formula feeding..... 05
- Nothing, just continue breastfeeding..... 06
- Other (specify \_\_\_\_\_)..... 07

**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.*

- Yes..... 01
- No..... 02
- Refused..... 99

If CF6 is NO, 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 an electric pump, a manual pump, pumping by hand, or something else? [Source: New Development]**

- An electric pump..... 01
- A manual pump..... 02
- Pumping by hand..... 03
- Other..... 04

**CF10. (Do not ask if CF7 pumping by hand) How did you get the breast pump that you use most often? (Interviewer read options)[Source: FDA IFPS-2, modified]**

- 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..... 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. [Source: New Development]**

**a. When you pump, how often do you pump in the morning, before noon? Would you say usually, sometimes, or never?**

- Usually.....01
- Sometimes.....02
- Never.....03
- Don't know.....98
- Refused.....99

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

- Usually.....01
- Sometimes.....02
- Never.....03
- Don't know.....98
- Refused.....99

**c. When you pump, how often to you pump in the evening or night time, after 5pm? Would you say usually, sometimes, or never?**

- Usually.....01
- Sometimes.....02
- Never.....03
- Don't know.....98
- Refused.....99

**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]**

Times pumped.....[times]

**Reasons for pumping**

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. (CATI to randomize order of sub-items) [Source: FDA IFPS-2, modified]**

- a. To relieve engorgement or swelling**  
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)**  
Yes..... 01  
No..... 02
  
- c. To mix with cereal or other food**  
Yes..... 01  
No..... 02
  
- d. To increase your milk supply**  
Yes..... 01  
No..... 02
  
- e. To have an emergency supply of milk**  
Yes..... 01  
No..... 02
  
- f. To get milk so that someone else can feed your baby**  
Yes..... 01  
No..... 02
  
- g. Any other reason you have pumped breastmilk in the past month?**  
Yes (specify \_\_\_\_\_)..... 01  
No..... 02

**Storage practices for pumped/expressed human milk**

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]

- 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]**

*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]**

- Schedule.....01
- Cries or seems hungry.....02
- Both on a schedule and when baby cries or seems hungry.....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 from WIC, from somewhere else, or both WIC and somewhere else? [Source: New Development]**

- WIC.....01
- Somewhere else.....02
- Both WIC and somewhere else.....03

*If CF19 = 02, 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} more than you usually need, less than you usually need, or about right? [Source: PHFE WIC Survey 2010, modified]**

|                  |    |
|------------------|----|
| More .....       | 01 |
| Less .....       | 02 |
| About right..... | 03 |
| Don't know.....  | 98 |
| Refused.....     | 99 |

**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)*

**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**

|          |    |
|----------|----|
| Yes..... | 01 |
| No.....  | 02 |

**c. Breastmilk alone did not satisfy my baby**

|          |    |
|----------|----|
| Yes..... | 01 |
| No.....  | 02 |

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

|          |    |
|----------|----|
| Yes..... | 01 |
| No.....  | 02 |

**e. I didn't have enough breastmilk**

|          |    |
|----------|----|
| Yes..... | 01 |
| No.....  | 02 |

**f. Breastfeeding was too painful**

|          |    |
|----------|----|
| Yes..... | 01 |
| No.....  | 02 |

- g. I wanted my baby to have both formula and breastmilk.**  
 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**  
 Yes..... 01  
 No..... 02

- i. My baby was sick and could not breastfeed**  
 Yes..... 01  
 No..... 02

- j. I was sick or had to take medicine**  
 Yes..... 01  
 No..... 02

- k. Breastfeeding seemed too inconvenient**  
 Yes..... 01  
 No..... 02

- l. I could not or did not want to pump**  
 Yes..... 01  
 No..... 02

- m. I wanted or needed someone else to feed my baby**  
 Yes..... 01  
 No..... 02

- n. For another reason**  
 Yes (specify \_\_\_\_\_)...01  
 No..... 02

**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 did that always, sometimes, never, or did you use ready-to-feed formula instead?**

|                                       |    |
|---------------------------------------|----|
| Always.....                           | 01 |
| Sometimes.....                        | 02 |
| Never.....                            | 03 |
| Use ready-to-feed [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 always mixed it more than 24 hours before you fed it to {CHILD}, sometimes did that, never did that, or did you use ready-to-feed formula instead?**

|                        |    |
|------------------------|----|
| Always.....            | 01 |
| Sometimes.....         | 02 |
| Never.....             | 03 |
| Use ready-to-feed..... | 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]**

|          |    |
|----------|----|
| 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]**

|  |    |
|--|----|
| Doctor.....  | 01 |
| Someone who works at the WIC office or clinic..... | 02 |
| Another health care provider.....                  | 03 |
| Friend.....  | 04 |
| Family member.....                                 | 05 |
| Other.....   | 06 |
| No one told me.....                                | 07 |

**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]**

|   |    |
|---|----|
| Yes.....                                | 01 |
| No.....                                 | 02 |
| Not applicable – use ready-to-feed..... | 03 |

If CF24 = NO, skip to CF27.

**CF25. (If yes to CF24) Who told you to prepare the formula this way? [Source: New Development]**

|  |    |
|--|----|
| Doctor.....  | 01 |
| Someone who works at the WIC office or clinic..... | 02 |
| Another health care provider.....                  | 03 |
| Friend.....  | 04 |

|                     |    |
|---------------------|----|
| Family member.....  | 05 |
| Other.....          | 06 |
| No one told me..... | 07 |

**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]**

|   |    |
|---|----|
| Schedule.....   | 01 |
| Cries or seems hungry.....                                  | 02 |
| Both on a schedule and when baby cries or seems hungry..... | 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 you were in the hospital after {CHILD's} birth.**

|                 |                 |
|-----------------|-----------------|
| Yes.....        | 01 (go to CF53) |
| No.....         | 02 (go to CF32) |
| Don't know..... | 03              |
| Refused.....    | 04              |

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 you were in the hospital after {CHILD'S} birth.**

|                 |                     |
|-----------------|---------------------|
| Age.....        | [days/weeks/months] |
| Don't know..... | 98                  |
| Refused.....    | 99                  |

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]**

|   |                     |
|---|---------------------|
| Age.....                                | [days/weeks/months] |
| Child is not fed formula every day..... | 97                  |

|                 |    |
|-----------------|----|
| Don't Know..... | 98 |
| Refused.....    | 99 |

**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]**

Age.....[days/weeks/months]

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

**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**

Yes..... 01  
No..... 02

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

Yes..... 01  
No..... 02

**d. Breastmilk alone did not satisfy my baby**

Yes..... 01  
No..... 02

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

Yes..... 01  
No..... 02

|           |  |    |
|-----------|--|----|
| <b>f.</b> | <b>I didn't have enough milk</b>                       |    |
|           | Yes.....   | 01 |
|           | No.....  | 02 |
| <b>g.</b> | <b>Breastfeeding was too painful</b>                   |    |
|           | Yes.....   | 01 |
|           | No.....  | 02 |
| <b>h.</b> | <b>I was sick or had to take medicine</b>              |    |
|           | Yes.....   | 01 |
|           | No.....  | 02 |
| <b>i.</b> | <b>Breastfeeding was too inconvenient</b>              |    |
|           | Yes.....   | 01 |
|           | No.....  | 02 |
| <b>j.</b> | <b>I wanted or needed someone else to feed my baby</b> |    |
|           | Yes.....   | 01 |
|           | No.....  | 02 |
| <b>k.</b> | <b>I did not want to breastfeed in public</b>          |    |
|           | Yes.....   | 01 |
|           | No.....  | 02 |
| <b>l.</b> | <b>Another reason (specify _____)</b>                  |    |
|           | Yes.....   | 01 |
|           | No.....  | 02 |

**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 and go straight to CF33.*

**CF32. Has {CHILD} been given anything to eat or drink besides formula or breastmilk? [Source: WIC IFPS-1, modified]**

|          |    |
|----------|----|
| 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?**

- Every feeding.....01
- At most feedings.....02
- About once a day.....03
- Every few days.....04
- Rarely.....05
- Never.....06

**b. (If anything other than never) Why did you add baby cereal to your baby's bottle?**

- 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?**

- Every feeding.....01
- At most feedings.....02
- About once a day.....03
- Every few days.....04
- Rarely.....05
- Never.....06

**d. (If anything other than never) Why did you add sweetener to your baby's bottle?**

- 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?(Specify OTHER \_\_\_\_\_) In the past two weeks, how often have you added [OTHER] to your baby's bottle?**

- Every feeding.....01
- At most feedings.....02
- About once a day.....03
- Every few days.....04
- Rarely.....05
- Never.....06

f. (If anything other than never) Why did you add [OTHER] to your baby's bottle?

|   |    |
|---|----|
| 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 |

If CF32 = NO, skip to CF50.

**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

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?

|          |    |
|----------|----|
| Yes..... | 01 |
| No.....  | 02 |

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

|                        |    |
|------------------------|----|
| Age.....[weeks/months] |    |
| Don't know.....        | 98 |
| Refused.....           | 99 |

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

|          |    |
|----------|----|
| Yes..... | 01 |
| No.....  | 02 |

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

|                        |    |
|------------------------|----|
| Age.....[weeks/months] |    |
| Don't know.....        | 98 |
| Refused.....           | 99 |

- 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)?**
- Yes..... 01  
No..... 02
- f. **(If yes) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- 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?**
- Yes..... 01  
No..... 02
- h. **(If yes) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- g. **Has [HE/SHE] been given other drinks and liquids, including teas and broths?**
- Yes..... 01  
No..... 02
- h. **(If yes) How old was {CHILD} when [HE/SHE] was first fed other drinks and liquids, including teas and broths?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- i. **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.**
- Yes..... 01  
No..... 02
- j. **(If yes) How old was {CHILD} when [HE/SHE] was first fed cow's milk?**
- Age.....[weeks/months]  
Don't know.....98  
Refused.....99
- k. **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.**

Yes..... 01  
No..... 02

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

Age.....[weeks/months]  
Don't know.....98  
Refused.....99

**m. Has [HE/SHE] been given baby cereal**

Yes..... 01  
No..... 02

**n. (If yes) How old was {CHILD} when [HE/SHE] was first fed baby cereal?**

Age.....[weeks/months]  
Don't know.....98  
Refused.....99

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

Yes..... 01  
No..... 02

**p (If yes) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?**

Age.....[weeks/months]  
Don't know.....98  
Refused.....99

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

Yes..... 01  
No..... 02

**r. (If yes) How old was {CHILD} when [HE/SHE] was first fed eggs?**

Age.....[weeks/months]  
Don't know.....98  
Refused.....99

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

Yes..... 01  
No..... 02

**t. (If yes) How old was {CHILD} when [HE/SHE] was first fed fruit?**

Age.....[weeks/months]

|            |   |    |
|------------|---|----|
|            | Don't know.....   | 98 |
|            | Refused.....  | 99 |
| <b>u.</b>  | <b>Has [HE/SHE] been given vegetables, including baby food or regular vegetables?</b>   |    |
|            | Yes.....  | 01 |
|            | No.....   | 02 |
| <b>v.</b>  | <b>(If yes) How old was {CHILD} when [HE/SHE] was first fed vegetables?</b>   |    |
|            | Age.....[weeks/months]  |    |
|            | Don't know.....   | 98 |
|            | Refused.....  | 99 |
| <b>w.</b>  | <b>Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?</b>  |    |
|            | Yes.....  | 01 |
|            | No.....   | 02 |
| <b>x.</b>  | <b>(If yes) How old was {CHILD} when [HE/SHE] was first fed beans?</b>  |    |
|            | Age.....[weeks/months]  |    |
|            | Don't know.....   | 98 |
|            | Refused.....  | 99 |
| <b>y.</b>  | <b>Has [HE/SHE] been given peanut butter</b>  |    |
|            | Yes.....  | 01 |
|            | No.....   | 02 |
| <b>z.</b>  | <b>(If yes) How old was {CHILD} when [HE/SHE] was first fed peanut butter?</b>  |    |
|            | Age.....[weeks/months]  |    |
|            | Don't know.....   | 98 |
|            | Refused.....  | 99 |
| <b>aa.</b> | <b>Has [HE/SHE] been given meats, chicken, or fish, including baby food and baby food combination dinners containing these foods?</b> |    |
|            | Yes.....  | 01 |
|            | No.....   | 02 |
| <b>bb.</b> | <b>(If yes) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?</b>   |    |
|            | Age.....[weeks/months]  |    |
|            | Don't know.....   | 98 |
|            | Refused.....  | 99 |
| <b>cc.</b> | <b>Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?</b>           |    |
|            | Yes.....  | 01 |
|            | No.....   | 02 |

dd. (If yes) How old was {CHILD} when [HE/SHE] was first fed salty snacks?

Age..... [weeks/months]  
Don't know.....98  
Refused.....99

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

Yes.....01  
No.....02

ff. (If yes) How old was {CHILD} when [HE/SHE] was first fed sweets?

Age..... [weeks/months]  
Don't know.....98  
Refused.....99

[End supplemental foods module]

**Method of feeding child (spoon, infant feeder, bottle/modified bottle, etc.)**

\*3, 5, 7, 9, 11, 13, 15

\*only ask at 3 months 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]

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]

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

Always.....01  
Usually.....02  
About half of the time.....03  
Occasionally.....04  
Never.....05

**b. I try to get {CHILD} to finish (his/her) bottle of breastmilk or formula**

- Always..... 01
- Usually..... 02
- About half of the time..... 03
- Occasionally..... 04
- Never..... 05

**MATERNAL HEALTH AND LIFESTYLE**

Next I'm going to ask you some questions about your health and how you have been feeling.

**Maternal weight**

1, 3, 13, 24

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

Pounds.....[number]

**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]: [Source: FDA IFPS-2 version Edinburgh]**

**a. I have been able to laugh and see the funny side of things**

- As much as I always could..... 01
- Not quite so much now..... 02
- Definitely not so much now..... 03
- Not at all..... 04

**b. In the past week I have looked forward with enjoyment to things**

- As much as I ever did..... 01
- Rather less than I used to..... 02
- Definitely less than I used to..... 03
- Hardly at all..... 04

**c. In the past week I have blamed myself unnecessarily when things went wrong**

- Yes, most of the time..... 01
- Yes, some of the time..... 02

Not very often.....03  
No, never.....04

**d. In the past week I have been anxious or worried for no good reason**

No, not at all.....01  
Hardly ever.....02  
Yes, sometimes.....03  
Yes, very often.....04

**e. In the past week I have felt scared or panicky for no good reason -**

Yes, quite a lot.....01  
Yes, sometimes.....02  
No, not much.....03  
No, not at all.....04

**f. In the past week things have been getting on top of me**

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.....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**

Yes, most of the time.....01  
Yes, some of the time.....02  
Not very often.....03  
No, not at all.....04

**h. In the past week I have felt sad or miserable**

Yes, most of the time.....01  
Yes, some of the time.....02  
Not very often.....03  
No, not at all.....04

**i. In the past week I have been so unhappy that I have been crying**

Yes, most of the time.....01  
Yes, quite often.....02  
Only occasionally.....03  
No, never.....04

**j. In the past week the thought of harming myself has occurred to me**

|                       |    |
|-----------------------|----|
| Yes, quite often..... | 01 |
| Sometimes.....        | 02 |
| Hardly ever.....      | 03 |
| Never.....            | 04 |

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]**

|          |    |
|----------|----|
| Yes..... | 01 |
| No.....  | 02 |

**Current employment status**

3, 7, 13, 18, 24

**SD29. Are you currently working for pay full time, part time, or not at all? [Source: LA WIC Survey]**

|                                   |    |
|-----------------------------------|----|
| Full time (35 hours or more)..... | 01 |
| Part time.....                    | 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]**

Age..... [weeks, months]

**Workplace accommodations for pumping/expressing milk (if employed and breastfeeding)**

3

Ask only if working (SD29 = 01 or 02), and feeding breastmilk (CF1)

**MH17. Does your workplace do any of the following things to help you while you breastfeed? [Source: New Development]**

**a. Allow reasonable breaks for pumping?**

|                 |    |
|-----------------|----|
| Yes.....        | 01 |
| No.....         | 02 |
| Don't Know..... | 98 |

**b. Provide a reasonable place to store pumped milk?**

|          |    |
|----------|----|
| Yes..... | 01 |
| No.....  | 02 |

Don't Know.....98

**c. Provide a private space that isn't a bathroom where you can pump milk**

Yes.....01

No.....02

Don't Know.....98

**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 not 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}?**

Yes.....01

No.....02

**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]**

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 most for {CHILD}? [Source: PHFE WIC Survey 2011, modified]**

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.....06

Not currently using childcare.....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 childcare? We won't contact them without your permission, we just need it to for our records. [Source: New Development]**

Name \_\_\_\_\_  
Address \_\_\_\_\_

**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]**

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**

Yes..... 01  
No..... 02

**b. Lack of privacy at child care site**

Yes..... 01  
No..... 02

**c. Too difficult to transport pumped milk to child care**

Yes..... 01  
No..... 02

**d. Child care provider doesn't encourage it**

Yes..... 01  
No..... 02

**e. Any other problem (describe \_\_\_\_\_)**

Yes..... 01  
No..... 02

**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]**

- Pumped milk.....01
- Go there to feed.....02
- Both.....03

**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]**

- Child care provider.....01
- Parent.....02
- Equally divided.....03

**EXPERIENCE, KNOWLEDGE, ADVICE, BELIEFS**

**Now I'm going to ask you about your thoughts on feeding babies.**

**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. [Source: First Steps Survey, modified]**

**a. If a baby is crying, then he or she has to be hungry. Would you say that you:**

- Strongly agree.....01
- Agree.....02
- Neither agree nor disagree.....03
- Disagree.....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:**

- Strongly agree.....01
- Agree.....02
- Neither agree nor disagree.....03
- Disagree.....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. Would you say that you:**

|                                 |    |
|---------------------------------|----|
| 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. Would you say that you:**

|                                 |    |
|---------------------------------|----|
| 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. Would you say that you:**

|                                 |    |
|---------------------------------|----|
| 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]? [Source: New Development]**

|                 |    |
|-----------------|----|
| Yes.....        | 01 |
| No.....         | 02 |
| Don’t know..... | 98 |

**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.**

|                 |    |
|-----------------|----|
| Yes.....        | 01 |
| No.....         | 02 |
| Don’t Know..... | 98 |

*(If yes)* **What medical problem or condition does {CHILD} have?**

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)**

|   |    |
|---|----|
| 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 |
| Don’t Know.....   | 98 |
| Refused.....  | 99 |

***Pacifier use/timing/reasons***

3

**CH12. When was {CHILD} given a pacifier for the first time? Would you say the first time was in the hospital after [HE/SHE] was born, in the first month after coming home from the hospital, sometime after that first month, or has {CHILD} never used a pacifier? [Source: New Development]**

|   |    |
|---|----|
| In hospital.....                                    | 01 |
| In first month after coming home from hospital..... | 02 |
| After first month.....                              | 03 |
| Child has never used a pacifier.....                | 04 |
| Don’t Know.....                                     | 98 |

**CH13. (If child has used a pacifier, CH12 = 04) Why was {CHILD} given a pacifier? Was [HE/SHE] given one: [Source: New Development]**

**a. To stop him/her from crying**

|                 |    |
|-----------------|----|
| Yes.....        | 01 |
| No.....         | 02 |
| Don’t Know..... | 98 |

**b. To keep him/her calm**

|                 |    |
|-----------------|----|
| Yes.....        | 01 |
| No.....         | 02 |
| Don’t Know..... | 98 |

- c. **To help him/her get to sleep**
  - Yes..... 01
  - No..... 02
  - Don't Know..... 98
  
- d. **Was there another reason? (specify \_\_\_\_\_)**
  - Yes..... 01
  - No..... 02
  - Don't Know..... 98

|   |
|---|
| <b>PARTICIPANT CONTACT INFORMATION UPDATE</b> |
|---|

**Thank you for taking the time to speak with me today. Because we'll be calling you again for your next interview (EN: in a couple of weeks / all other times: when your child is {AGE – next interview}), I'd like to be sure we have all the right ways to contact you.**

**CM1. Is your full name still {NAME}?**

- Yes..... 01
- No..... 02
- (If no, go to a)

**a. Can you please tell me what your full legal name is now?**

\_\_\_\_\_

*Ask only if still on WIC:*

**CM2. {If have WIC ID on file: We have your WIC ID as {FILL}, is that correct?/If don't have WIC ID on file: Do you know what your current WIC ID is?}**

- WIC ID is the same (fill below)..... 01
- New WIC ID (specify below) ..... 02
- Don't know WIC ID..... 98
- Refused WIC ID..... 99

**WIC ID** \_\_\_\_\_

**CM3. I reached you today at {FILL #}. Will that still be the best number to call you at for your next interview?**

- Yes (if yes, go to b)..... 01
- No (if no, go to a)..... 02

**a. What is the best number to call you at for your next interview?**

- Number (specify ---/---/---).....
- NO PHONE (go to CM4)..... 97
- Is that number home, work, cell, or something else?**

|                            |    |
|----------------------------|----|
| Home.....                  | 01 |
| Work.....                  | 02 |
| Cell.....                  | 03 |
| Other (specify _____)..... | 04 |

**b. Is there another number we could try in case we have trouble reaching you?**

Number (specify ---/---/---)

**Is that number home, work, cell, or something else?**

|                            |    |
|----------------------------|----|
| Home.....                  | 01 |
| Work.....                  | 02 |
| Cell.....                  | 03 |
| Other (specify _____)..... | 04 |

**We'd like to keep in touch with you even if we can't get you by phone or your phone number changes, so I'm going to ask you about a few additional ways we might be able to contact you.**

**CM4. *If have email on file: We have your email address as {FILL}, is that correct?/If no email: Do you have an email address we could use to contact you if necessary?***

|                                     |    |
|-------------------------------------|----|
| Email is the same (fill below)..... | 01 |
| New Email (specify below) .....     | 02 |
| Don't know Email.....               | 98 |
| Refused Email.....                  | 99 |

**Email** \_\_\_\_\_

**CM5. *If mailing address on file: We have your current mailing address as {FILL}. Is that correct?/If no mailing address on file: Can I get a mailing address we could use to contact you if necessary?***

|                                       |    |
|---------------------------------------|----|
| Address is the same (fill below)..... | 01 |
| New address (specify below) .....     | 02 |
| Don't know/don't have address.....    | 98 |
| Refused address.....                  | 99 |

**a. Can you please tell me what your current mailing address is?**

**Street/Apt#** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**ZIP** \_\_\_\_\_

**b. *(If CM3a is 97 – no phone): Earlier you indicated that you do not have a phone. Since we need to speak with you by phone we will mail you a study phone. You will receive the phone before your next interview. The package will contain instructions on how to use the phone. Should we mail the phone to the mailing address you just provided?***

|                                       |    |
|---------------------------------------|----|
| Address is the same (fill below)..... | 01 |
| New address (specify below) .....     | 02 |
| Don't know/don't have address.....    | 98 |
| Refused address.....                  | 99 |

**Can you please provide the address where the phone should be mailed?**

**Street/Apt#** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**ZIP** \_\_\_\_\_

**CM6. [Social Media – will develop question when procedure is finalized]**

**CM7. (If contacts on file: Earlier you provided the names and contact information for two people who would always know how to find you. Can I read that information back to you and check that it's still up to date?/If no contacts on file: Just in case we can't get in touch with you using the information you just gave me, I'd like to ask you for the names and contact information for two people who would always know how to find you.**

**Person #1** *(If contacts on file, read fill info and correct as needed)*

Name.....  
 Who is this person to you?.....  
 Phone.....  
 Address.....  
 Email.....

**Person #2** *(If contacts on file, read fill info and correct as needed)*

Name.....  
 Who is this person to you?.....  
 Phone.....  
 Address.....  
 Email.....

*Ask only if core sample, at the 1<sup>st</sup> interview after the child is born:*

**CM8. As we mentioned when you first joined the study, we'd like to get information from the hospital where {CHILD} was born, and you gave us permission to do that. Can I please have the name of the hospital, the phone number if you have it, and the city and state where you gave birth to {CHILD}?**

Hospital name.....  
 Location.....  
 Phone.....  
 Child not born in a hospital.....97  
 Don't know.....98  
 Refused.....99

