

Feeding Infants and Toddlers Study (FITS 2008) DIETARY INTAKE INTERVIEW
Use for 24 months and older

Q. A1. Hello, my name is (*state your first name*). May I please speak with (*insert name of respondent*)? I'm calling for the Feeding Infants and Toddlers Study to learn more about (*insert name of child*). Is this a good time for you? The interview will take about 20 to 30 minutes. *As needed, refer to the cover letter to refresh their memory about FITS and what they agreed to do.*

01 RESPONDENT AVAILABLE, CONTINUE

00 RESPONDENT NOT AVAILABLE – SCHEDULE TIME TO CALL BACK,
RECORD ON TCL.

Q. A2. Did you receive the packet we sent that contained a booklet with drawings of cups, bowls, and spoons? It would be helpful to have it during this part of the interview.

01 HAS BOOKLET/GETTING BOOKLET, CONTINUE

00 CAN'T FIND/DIDN'T RECEIVE IT

It's okay if you don't have it in front of you. We can proceed without it. – **GO TO Q. A5**

Q. A3. Did you get a chance to measure the cup(s) used most often by your child?

IF YES: Thanks for doing that. How many ounces did the cup hold?

FIRST CUP: _____ FLUID OUNCES TO THE TOP

And looking at the measurement booklet on pages 1-4, tell me which picture of a cup comes the closest to your child's cup?

FIRST CUP: _____ CUP NUMBER (C1 – C8)

SECOND CUP: _____ FLUID OUNCES TO THE TOP (RECORD IF APPLICABLE)

SECOND CUP: _____ RECORD SECOND CUP NUMBER (C1 – C8)

IF NO: Could you measure the cup(s) now? I can explain the steps while you do this.

FIRST CUP: _____ FLUID OUNCES TO THE TOP

And looking at the measurement booklet on pages 1-4, tell me which drawing of a cup comes the closest to your child's cup?

FIRST CUP: _____ CUP NUMBER (C1 – C8)

SECOND CUP: _____ FLUID OUNCES (AS APPLICABLE)

SECOND CUP: _____ RECORD SECOND CUP NUMBER (C1 – C8)

IF UNABLE/UNWILLING TO MEASURE THE CUP, SAY: That's OK, we'll continue and just use the pictures in the booklet. _____ (CHECK)

IF NO CUP/GLASS USED AT THIS TIME _____ (CHECK)

Q. A4. On the back cover of the booklet there is a list of six different stages of child development. Which one of these best describes what your child is able to do now? Just read me the letter listed with the description. *Record only the highest response if multiple responses are given. As needed, refer to the Stages of Child Development Chart to aid respondent.*

- | | | | |
|----|-----------------------------|----|--------------|
| 01 | A - (Newborn/head up stage) | 05 | E - (Walker) |
| 02 | B - (Supported sitter) | 06 | F - (Runner) |
| 03 | C - (Independent sitter) | DK | DON'T KNOW |
| 04 | D - (Crawler) | NR | NO RESPONSE |

Q. A5. When was (*insert name of child*) last weighed and had his/her height measured – either by you, your doctor or someone else? Your best guess of the date is fine. If it is easier, you can tell me how long ago your child had these measurements taken. **RECORD EITHER ACTUAL DATE OR LENGTH OF TIME SINCE MEASUREMENT TAKEN. IF DAY UNKNOWN ENTER 99.**

Weight Measured	Height Measured
_____ / _____ / _____ (Month Day Year) OR	_____ / _____ / _____ Month Day Year OR
Length of time since last weighed: _____ Week(s) ago _____ Month(s) ago _____ Year(s) ago	Length of time since height last measured: _____ Week(s) ago _____ Month(s) ago _____ Year(s) ago

Q. A6. Where were these measurements taken, a doctor’s office, a health or WIC clinic, school, preschool or day care center, home, or somewhere else?

Location Weighed <i>Circle One</i>	Location Measured <i>Circle One</i>
01 Doctor’s office	01 Doctor’s office
02 Health or WIC clinic	02 Health or WIC clinic
03 School, preschool or daycare center	03 School, preschool or daycare center
04 Home	04 Home
05 Somewhere else (<i>specify</i>):	05 Somewhere else (<i>specify</i>):

Q. A7 What was his/her weight?
 _____ pounds _____ ounces _____ kilograms Don’t Know

Q. A8 What was his/her height or length?
 _____ feet _____ inches _____ centimeters Don’t Know

Now I have a few questions about the first foods you gave (*insert name of child*).

Q. B1. Was (*insert name of child*) ever breastfed or fed breast milk?

01 YES

00 NO – **PROCEED TO NDSR QUICK LIST**

DK DON'T KNOW – **PROCEED TO NDSR QUICK LIST**

Q. B2. Are you currently breast feeding (*insert name of child*)?

01 YES - **PROCEED TO NDSR QUICK LIST**

00 NO – **SKIP TO B5**

DK DON'T KNOW - **SKIP TO B5**

NOTE Q. B3 & Q. B4 WILL BE SKIPPED IF 24 MONTHS AND OLDER

ASK Q. B5 IF THE RESPONSE TO B1 IS YES (CHILD WAS BREAST FED) and B2 IS NO or DK (CHILD IS NOT CURRENTLY BREAST FED)

Q. B5. How old was (*insert name of child*) when you stopped breast feeding?

_____AGE IN WEEKS OR _____AGE IN MONTHS OR DK/CAN'T RECALL

Proceed to the NDSR Quick List.

Now I'm going to ask you to tell me about the foods and drinks that (*insert name of child*) had yesterday. This is from midnight of the night before last night, that is midnight [INSERT DAY] to midnight last night, [INSERT DAY]. First we will make a brief list of all meals, snacks, and drinks, including water, as well as small tastes or samplings of foods. Next, I'll ask you for more detail about each item. You can use the booklet to help describe how much of each item (*insert name of child*) actually ate. Finally, we'll go through the list one last time to make sure we have everything.

Young children can be messy eaters and often spill foods or drinks on the table or on themselves, and they often leave food on their plate or in their bottle or cup. We're only interested in the amount of food your child actually ate yesterday, so it's important to think about foods and drinks that may have been spilled or leftover when you tell me how much of each item was eaten.

Q.C1. Was (*insert name of child*) in child care or with a baby sitter or someone else part of the day yesterday?

01 YES

00 NO

DK DON'T KNOW

NR REFUSED

Now, take a moment to think about the rest of your child's day yesterday, what he/she did, where he/she went and so forth. This can help you to remember what and when (*insert name of child*) ate. When you are ready, you can start to list the foods and drinks. Also, tell me the approximate time he/she ate the foods. For example, "at 6 am he/she had milk, at 8:30 he/she had cereal and juice".

After midnight, on [DAY] when was the first time that (*insert name of child*) had something to eat or drink?

Continue to follow NDSR prompts.

Special considerations for the FITS recall:

Recording the source of food when the child is in child care

On the final review of the recall, as you review each food, ask about and record the source of each food the child receives when in child care.

ASK: Who provided the food for this meal?

Record the provider information code number in the Food Note field followed by a comma for each food as follows. Record the number followed by a comma and then the note:

- 1, Parent provided
- 2, Child care provided
- 3, Don't know/Not sure

Recording breast feeding:

If respondent said she breastfed child at the breast, you will select a user recipe. If breast milk given from a bottle, then select breastmilk from NDSR database and record amount consumed.

Final Pass

During the final pass be sure to confirm that the recorded amount reflects the amount of food actually consumed. That is, prompt for leftover or spilled foods by asking if the child ate all of the food/beverage or if any food or beverage remained.

Collecting Dietary Supplement information

Four supplement questions will be asked. On the first screening question, ask the following four supplement questions and record responses in first dialog box. Disregard the remaining screening questions (2-9) by selecting the Continue button on each dialog box.

Q S1a. Did (*insert name of child*) take any multivitamin, vitamins, or minerals yesterday like vitamin A, vitamin C, vitamin D, iron, or calcium? (Include chewable, tablets, and drops.)

Q S1b. Yesterday, did (*insert name of child*) take any prescription vitamins or mineral that you haven't already told me about like fluoride?

Q S1c. Yesterday, did (*insert name of child*) take any fiber supplements?

Q S1d. Yesterday, did (*insert name of child*) take any over-the-counter antacids, like Tums, Rolaids, or Mylanta?

Closing and Child Care Callback Questions

Q. D1 During the recall you mentioned that (*insert name of child*) had meals/snacks provided by someone else. Because we need more information, I'd like you to contact them to find out what they fed (*insert name of child*) yesterday.

- 01 YES - CONTINUE
- 00 NO – NOT ABLE/WILLING TO CONTACT

Could we call that person directly to learn more about what they fed (*insert name of child*)?

AS NEEDED/APPROPRIATE GATHER AND RECORD CHILD CARE CONTACT INFORMATION:

Child care contact information: Phone number: _____ or Email.

In the materials we sent there is a pink child care form that you can use to get the information we still need. I'll have you start with recording a number in the upper right hand corner of the form. **READ THE PID TO THEM. NEXT, REVIEW THE FORM WITH THEM USING INFORMATION FROM THE DIETARY RECALL TO IDENTIFY THE MEAL(S) AND/OR FOODS WHERE MORE INFORMATION IS NEEDED.**

Do you have any questions about using this form to collect this information from your child care provider? (AS NEEDED, RESPOND TO QUESTIONS.)

Q. D2 When can we call you back to gather this information?

Day/Time for call: _____

OR

Would you prefer to email us the completed form?

EMAIL: _____ CONFIRM EMAIL ADDRESS AND TELL
RESPONDENT WE WILL SEND THEM A FOLLOWUP EMAIL WITH OUR INFORMATION

After child care call back completed, NCC will record whether the child care form was used, who provided information and how and when additional information received.

IF THIS PARTICIPANT WILL RECEIVE A SECOND RECALL READ Q. D.3

Q. D3 We may call you again in another week or two to ask a few more similar questions about what (*insert name of child*) eats. You'll receive an additional \$10 for completing this second recall interview. Please keep the booklet with pictures of cups, bowls, and spoons for the next time we talk.

- 01 CONTINUE
- 00 REFUSES NEXT INTERVIEW

Q. D4 Thank you very much for your help in this important study. Have a great day/evening.

RECORD IF RESPONDENT USED MEASUREMENT BOOKLET DURING RECALL

- 01 YES
- 00 NO
- DK Don't know/not sure

RECORD DATE OF INTERVIEW: _____