

Feeding Infants and Toddlers Study (FITS) 2008 RECRUITMENT INTERVIEW

SECTION A: INTRODUCTION/SCREENING

A1. Hello, my name is _____.

May I please speak to **(FILL PARENT'S NAME)?**

CONTACT IS ON THE PHONE..... 01 → GO TO A3

CONTACT COMING TO THE PHONE 02

CONTACT UNAVAILABLE 03 → GO TO CALLBACK

A2. Hello, my name is _____. Is this **(FILL PARENT'S NAME)?**

CONTACT IS ON THE PHONE..... 01

CONTACT COMING TO THE PHONE 02 → REPEAT A2 ONCE

CONTACT UNAVAILABLE 03 → GO TO CALLBACK

A3. Your household has been selected to participate in a nationwide study about what children eat. The Feeding Infants and Toddlers Study is designed to better understand what and when infants and children from birth to age 4 are eating to help make children as healthy as possible. We would like your help with this important study and want to hear how your child is doing. We are not trying to sell you anything and you can refuse to answer any questions.

CONTINUE 01

NOT AVAILABLE NOW 02 → GO TO CALLBACK

A4. Is there a child in the household who was born between **(FILL BIRTH MONTH - 1)** and **(FILL BIRTH MONTH + 1)** of **(FILL BIRTH YEAR)?** **INTERVIEWER: THIS CHILD WAS BORN IN (FILL MONTH).**

NO 00 → GO TO TERMINATE 1

YES (EXACTLY CORRECT OR RIGHT RANGE).... 01

CHILD HAS DIED 02 GO TO TERMINATE 2

DON'T KNOW..... d

REFUSED..... r

→ GO TO TERMINATE 1

A5. What is the child's birth date?

|_|_|/|_|_|/|_|_|_|_|

MONTH DAY YEAR

DON'T KNOW..... d

REFUSED..... r

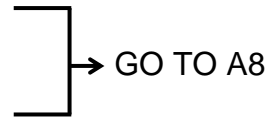
A6. Is there more than one child in the household born on **[FILL MONTH FROM A5, DAY, AND YEAR]**?

YES 01

NO 00

DON'T KNOW..... d

REFUSED..... r



A7. How many children are there?

|_|_| NUMBER OF CHILDREN IN HOUSEHOLD

DON'T KNOW..... d

REFUSED..... r

(PROGRAMMER: SET UP RANDOMIZATION AND SELECT CHILD)

A8. What is the child's first name? **[IF NEEDED – The child born on (FILL CHILD'S BIRTH DATE FROM A5)?]** We would like to have the child's name since we will refer to (him/her) throughout our interview.

PROBE IF UNCOMFORTABLE GIVING NAME: If you do not want to tell me the child's name I can just use initials.

ENTER FIRST NAME/INITIAL _____

DON'T KNOW..... d

REFUSED..... r

[INTERVIEWER: ASK IF THEY HAVE NOT ALREADY MENTIONED CHILD'S SEX.]

A9. Is **[CHILD]** a boy or girl?

- BOY 01
- GIRL 02
- DON'T KNOW..... d
- REFUSED..... r

A10. Are you the parent, guardian, or primary caregiver of **[CHILD]**?

- YES 01 → GO TO A11
- NO 00
- DON'T KNOW..... d
- REFUSED..... r

A10a. Does the parent, guardian or primary caregiver of **[CHILD]** live in this household?

- YES..... 01 → GO TO CALLBACK
- NO 00
- DON'T KNOW..... d
- REFUSED..... r

BOX A10a
IF A10a=00, d, OR r, GATHER CONTACT INFORMATION FOR
NEW RESPONDENT

A11. **[INTERVIEWER: ASK IF YOU ARE UNSURE]** Are you male or female?

- MALE 01 → GO TO A13
- FEMALE 02
- DON'T KNOW..... d
- REFUSED..... r

A12. Are you **[CHILD]**'s biological or birth mother?

- | | | |
|-----------------|----|--|
| YES..... | 01 | |
| NO | 00 | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |
| | | |

A13. Is this your first child?

- | | |
|-----------------|----|
| YES..... | 01 |
| NO | 00 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

A14. **[INTERVIEWER: IF RESPONDENT SAID THEY ARE BIOLOGICAL MOTHER, DO NOT ASK THIS QUESTION AND JUST CODE BIOLOGICAL MOTHER]**
 What is your relationship to **[CHILD]**?

READ ONLY IF NECESSARY: Are you **[CHILD]**'s . . .

- | | |
|---|----|
| BIOLOGICAL/ADOPTIVE MOTHER..... | 01 |
| BIOLOGICAL/ADOPTIVE FATHER..... | 02 |
| STEPMOTHER..... | 03 |
| STEPFATHER..... | 04 |
| GRANDMOTHER | 05 |
| GRANDFATHER | 06 |
| GREAT GRANDMOTHER..... | 07 |
| GREAT GRANDFATHER | 08 |
| SISTER/STEPSISTER | 09 |
| BROTHER/STEPBROTHER | 10 |
| OTHER RELATIVE OR IN-LAW (FEMALE) | 11 |
| OTHER RELATIVE OR IN-LAW (MALE)..... | 12 |
| FOSTER PARENT (FEMALE)..... | 13 |
| FOSTER PARENT (MALE)..... | 14 |
| OTHER NON-RELATIVE (FEMALE)..... | 15 |
| OTHER NON-RELATIVE (MALE)..... | 16 |
| PARENT'S PARTNER (FEMALE) | 17 |
| PARENT'S PARTNER (MALE)..... | 18 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

A15. Besides yourself, how many adults 18 years or older live in your household?

SPECIFY NUMBER _____

DON'T KNOW..... d

REFUSED..... r

A16. Can you please tell me each person's first name or initials and their relationship to **[CHILD]**?

FILL IN GRID

DON'T KNOW..... d

REFUSED..... r

A17. Not including **[CHILD]**, how many children under 18 years of age live in your household?

SPECIFY NUMBER _____

DON'T KNOW..... d

REFUSED..... r

A18. And what are their names (or initials) and ages, starting with the oldest? Again, not counting **[CHILD]**. **FILL IN GRID**

DON'T KNOW..... d

REFUSED..... r

RELATIONSHIP CODES:	
01=BIO/ADOPTIVE MOTHER	12=OTHER RELATIVE OR IN-LAW (MALE)
02=BIO/ADOPTIVE FATHER	13=FOSTER PARENT (FEMALE)
03=STEPMOTHER	14=FOSTER PARENT (MALE)
04=STEPFATHER	15=OTHER NON-RELATIVE (FEMALE)
05=GRANDMOTHER	16=OTHER NON-RELATIVE (MALE)
06=GRANDFATHER	17=PARENT'S PARTNER (FEMALE)
07=GREAT GRANDMOTHER	18=PARENT'S PARTNER (MALE)
08=GREAT GRANDFATHER	d=DON'T KNOW/DIDN'T RESPOND
09=SISTER/STEPSISTER	r=REFUSED
10=BROTHER/STEPBROTHER	
11=OTHER RELATIVE OR IN-LAW (FEMALE)	

NAME/INITIAL	AGE	RELATIONSHIP
a. _____	_ _	_ _
b. _____	_ _	_ _
c. _____	_ _	_ _
d. _____	_ _	_ _
e. _____	_ _	_ _
f. _____	_ _	_ _
g. _____	_ _	_ _
h. _____	_ _	_ _
i. _____	_ _	_ _
j. _____	_ _	_ _
k. _____	_ _	_ _

A19. So just to confirm, you have a total of **[INSERT NUMBER BASED ON NUMBER LISTED IN GRID PLUS ONE FOR RESPONDENT AND ONE FOR TARGET CHILD]** people living in this household?

- YES 01
 NO 00
 DON'T KNOW..... d
 REFUSED..... r

BOX A19
 IF A19=00, d, OR r, GO BACK AND ADJUST GRID AS
 NECESSARY

SECTION B: CHILD BACKGROUND AND CHARACTERISTICS

Now, I would like to ask a few more questions about **[CHILD]**.

B1. How much did **[CHILD]** weigh at birth?

[INTERVIEWER: RECORD POUNDS HERE AND OUNCES ON NEXT SCREEN. PROGRAMMING CHECK FOR OVERLY LARGE OR SMALL REPORTS]

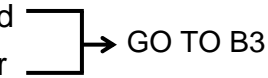
[EDIT CHECK FOR UNDER 4 POUNDS AND OVER 11 POUNDS]

|__|__| POUNDS

OR

|__|__| KILOGRAMS

DON'T KNOW..... d
REFUSED..... r



GO TO B3

ASK ONLY IF RESPONDENT ONLY GIVES NUMBER OF POUNDS

B2. And how many ounces [or grams]?

|__|__| OUNCES

OR

|__|__| GRAMS

DON'T KNOW..... d
REFUSED..... r



ASK ONLY IF B1 and B2 ARE DON'T KNOW OR REFUSED

B3. Your best estimate is fine. Was **[CHILD]** . . .

More than 5.5 pounds or..... 01
5.5 pounds or less at birth? 02
DON'T KNOW..... d
REFUSED..... r

B4. Has **[CHILD]** been diagnosed by a doctor as having food allergies? **(IF ASKED: Cow's milk, soy, wheat, fish, shellfish, peanuts, tree nuts such as almonds, walnuts, hazelnuts, or eggs.)**

- | | | |
|-----------------|----|--------------|
| YES | 01 | } → GO TO B5 |
| NO | 00 | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

B4a. **IF YES:** What type of food allergy(ies) does **[CHILD]** have?

PRECODED OPEN END. DO NOT READ LIST.

MARK ALL THAT APPLY

- | | |
|---|----|
| CITRUS FRUIT (ORANGE, GRAPEFRUIT,
TANGERINE)..... | 01 |
| COW'S MILK | 02 |
| EGGS | 03 |
| FISH | 04 |
| GLUTEN | 05 |
| NUTS OTHER THAN PEANUTS
(ALMONDS, WALNUTS, HAZELNUTS)..... | 06 |
| PEANUTS..... | 07 |
| SHELLFISH | 08 |
| SOY..... | 09 |
| STRAWBERRIES | 10 |
| WHEAT..... | 11 |
| OTHER (SPECIFY) | 99 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

B4b. SPECIFY OTHER FOOD ALLERGY OR ALLERGIES.

(40 characters)

B5. Does **[CHILD]** have any other current special needs or long-term medical problems that affect what (he/she) eats?

INTERVIEWER: SPECIAL NEEDS INCLUDE DIETARY MODIFICATIONS FOR DIABETES, METABOLIC DISORDERS, GASTROINTESTINAL PROBLEMS – PROBLEMS THAT AFFECT THE CHILD’S ABILITY TO EAT AND SWALLOW.

YES	01	} → GO TO C1
NO	00	
DON'T KNOW.....	d	
REFUSED.....	r	

B5a. What is the special need or long-term medical problem that affects what your child eats?

(40 characters)

DON'T KNOW.....	d
REFUSED.....	r

SECTION C: FEEDING QUESTIONS

Now I'd like to focus on your child's eating habits. First...

ASK C1 IF CHILD IS 11 MONTHS OR OLDER. YOUNGER CHILDREN GO TO C2

C1. For each of the following foods, please tell me when you first introduced this food to [CHILD]. If this is something you have not given [CHILD] to eat, just tell me that as well.

WRITE IN AGE IN MONTHS WHEN INTRODUCED. ROUND TO WHOLE NUMBERS. IF RANGE GIVEN, RECORD LOWER NUMBER

	MONTHS OLD	FOOD NOT GIVEN TO CHILD	DON'T REMEMBER	DON'T KNOW	REFUSED
a. Yogurt	_ _	98	99	d	r
b. Fresh fruit, other than bananas	_ _	98	99	d	r
c. Raw vegetables	_ _	98	99	d	r
d. Meat or chicken other than pureed baby food meat	_ _	98	99	d	r
e. Chocolate including chocolate milk, or other chocolate flavored items as well as chocolate candy	_ _	98	99	d	r
f. Peanut butter	_ _	98	99	d	r

C2. Do you consider [CHILD] . .

- A very picky eater, 01
- A somewhat picky eater, or 02
- Not a picky eater? 03
- DON'T KNOW d
- REFUSED r

C3. How many times do you offer a new food before you decide **[CHILD]** does not like it?

- ONCE 01
- TWICE 02
- THREE TO FIVE TIMES..... 03
- SIX TO TEN TIMES..... 04
- MORE THAN TEN TIMES 05
- CHILD LIKES EVERYTHING..... 06
- DON'T KNOW..... d
- REFUSED..... r

C4. How does **[CHILD]** react to new foods? Does **[CHILD]** . . .

- Willingly tries new foods, 01
- Have to be convinced to try new foods,
but generally accepts them, or..... 02
- Does **[CHILD]** generally resist new foods?..... 03
- IT DEPENDS ON THE FOOD – VOLUNTEERED... 04
- DON'T KNOW..... d
- REFUSED..... r

C5. Which best describes **[CHILD]**'s acceptance of different food textures?

- Willingly eats a number of different
food textures 01
- Resists eating certain food textures..... 02
- Refuses to eat certain food textures 03
- IT DEPENDS ON THE FOOD – VOLUNTEERED... 04
- DON'T KNOW..... d
- REFUSED..... r

C6. Within the last month, has **[CHILD]** gone through periods where (he/she) will only eat favorite foods?

- YES..... 01
- NO 00
- DON'T KNOW..... d
- REFUSED..... r

ASK IF CHILD IS BETWEEN 4 TO 24 MONTHS OLD

C7. Which best describes who usually feeds [CHILD]?

- [CHILD] feeds (him/her)self without help from you,.. 01
- You and [CHILD] share in feeding (him/her), or 02
- You feed [CHILD]? 03
- DON'T KNOW..... d
- REFUSED..... r

ASK IF CHILD IS BETWEEN 4 TO 14 MONTHS OLD

C8. Does [CHILD] feed (him/her)self any food with (his/her) fingers?

- YES..... 01
- NO 00
- DON'T KNOW..... d
- REFUSED..... r

ASK IF 12 MONTHS OR OLDER

C9. Does [CHILD] drink from a regular cup without help, that is, a cup without a lid?

- YES..... 01
- NO 00
- DON'T KNOW..... d
- REFUSED..... r

C10. What type of water does [CHILD] usually drink?

MARK ALL THAT APPLY

- Tap water straight from the faucet 01
- Tap water that you filter in some way, 02
- Regular bottled water, or 03
- Bottled water made specially for babies? 04
- OTHER 05
- CHILD DOESN'T DRINK WATER
(VOLUNTEERED) 06
- DON'T KNOW..... d
- REFUSED..... r

C11. And what type of water do you usually use when you mix in water with your child's food or drinks, such as infant cereals, formula, or juice? Is it . . .

MARK ALL THAT APPLY

- Tap water straight from the faucet, 01
- Tap water that you filter in some way, 02
- Regular bottled water, or 03
- Bottled water made specially for babies? 04
- OTHER 05
- DON'T MIX WATER IN WITH CHILD'S FOODS
(VOLUNTEERED) 06
- DON'T KNOW..... d
- REFUSED..... r

PHYSICAL ACTIVITY AND TELEVISION WATCHING (SECTION D)

SECTION D LIMITED TO CHILDREN 12 MONTHS AND OLDER.

D1. We are interested in how much time **[CHILD]** spends doing some activities.

In the past week, about how much time did **[CHILD]** spend **[INSERT ITEM]**?

	HOURS/MINUTES	DOESN'T DO THIS ACTIVITY	DON'T KNOW	REFUSED
a. Playing outside?	_ _ HRS _ _ MIN	99	d	r
b. Playing video or computer games?	_ _ HRS _ _ MIN	99	d	r
c. Watching TV, videos, or DVDs?	_ _ HRS _ _ MIN	99	d	r

IF RESPONDENT SAY CHILD NEVER WATCHES TV – SKIP D2 AND GO TO D3

D2. Does **[CHILD]** watch TV or videos in the room where (he/she) sleeps?

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

D3. Is **[CHILD]** involved in gymnastics, dance, swimming, some other type of athletic activity, or an organized sport?

- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r
-

D3a. How many times per week does **[CHILD]** participate in these activities?
IF RESPONDENT SAYS THEIR CHILD DOES MULTIPLE ACTIVITIES ADD TOGETHER

|_|_| NUMBER OF TIMES PER WEEK

LESS THAN ONCE A WEEK – VOLUNTEERED..... 00

DON'T KNOW..... d

REFUSED..... r

SECTION E: CAREGIVER AND HOUSEHOLD INFORMATION

These next questions are about you and your household.

E1. Do you think **[CHILD]** gets enough fruits and vegetables in (his/her) diet?

- YES..... 01
- NO 00
- DON'T KNOW..... d
- REFUSED..... r

E2. And do you consider **[CHILD]**'s diet to be . . .

- Very healthy,..... 01
- Somewhat healthy, 02
- Not too healthy, or 03
- Not at all healthy? 04
- DON'T KNOW..... d
- REFUSED..... r

E3. Do you consider **[CHILD]** now to be . .

- Overweight,..... 01
- Underweight, or 02
- About the right weight? 03
- DON'T KNOW..... d
- REFUSED..... r

E4. How many nights a week does your family typically sit down together to have dinner as a family?

- EVERY NIGHT 01
- 5 OR 6 NIGHTS..... 02
- 3 OR 4 NIGHTS..... 03
- 1 OR 2 NIGHTS..... 04
- NEVER 05
- DON'T KNOW..... d
- REFUSED..... r

E5. About how often does **[CHILD]** eat food from a fast food restaurant?

|_|_| TIMES PER WEEK

OR

|_|_| TIMES PER MONTH

NEVER EATS FAST FOOD..... 00

DON'T KNOW..... d

REFUSED..... r

Now I'd like to ask a few more questions about you. First,

E6. What is your date of birth?

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

DON'T KNOW..... d

REFUSED..... r

E7. What is your current height?

|_|_| FEET

AND

|_|_| INCHES

DON'T KNOW..... d

REFUSED..... r

E8. What is your current weight? **(IF FEMALE ADD)** If you are pregnant, please tell me your pre-pregnancy weight.

|_|_|_| POUNDS

DON'T KNOW..... d

REFUSED..... r

E9. Are you Spanish, Hispanic, or Latino?

- YES..... 01
- NO 00
- DON'T KNOW..... d
- REFUSED..... r

E10. What is your race?

READ IF NECESSARY

MARK ALL THAT APPLY

- WHITE 01
 - BLACK OR AFRICAN AMERICAN 02
 - AMERICAN INDIAN OR ALASKA NATIVE..... 03
 - ASIAN, NATIVE HAWAIIAN OR OTHER
PACIFIC ISLANDER..... 04
 - SOME OTHER RACE..... 05
 - DON'T KNOW..... d
 - REFUSED..... r
- GO TO E11
- GO TO E11

E10a. RECORD OTHER RACE:

(40 characters)

E11. What is your current marital status? Are you now married, divorced, separated, widowed, never married, or living with a partner?

- MARRIED 01
- SEPARATED OR DIVORCED..... 02
- WIDOWED..... 03
- NEVER MARRIED..... 04
- LIVING WITH PARTNER..... 05
- DON'T KNOW..... d
- REFUSED..... r

E12. What is the highest year or grade you finished in school?

READ LIST IF NECESSARY

NEVER ATTENDED SCHOOL.....	00
GRADES 1 TO 11, CODE 1 TO 11	01 - 11
HIGH SCHOOL DIPLOMA OR GED	12
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES.....	13
2-YEAR OR 3-YEAR COLLEGE DEGREE (AA DEGREE) OR VOCATIONAL SCHOOL DIPLOMA.....	14
4-YEAR COLLEGE DEGREE (BA, BS DEGREE)....	15
SOME GRADUATE WORK/NO GRADUATE DEGREE	16
DOCTORAL OR GRADUATE DEGREE (MA, MBA, Ph.D., JD, MD)	17
SPECIAL EDUCATION	18
DON'T KNOW.....	d
REFUSED.....	r

E13. The next questions are about your current job or business. Were you working in the last 30 days?

YES.....	01	→ GO TO E14
NO	00	
DON'T KNOW.....	d	
REFUSED.....	r	

E13a. Were you . . .

With a job or business but not at work such as vacation, maternity or family leave,	01	} → GO TO E15
Looking for work,	02	
Attending school full-time, or,.....	03	
A full-time stay at home mom or dad?	04	
OTHER	05	
DON'T KNOW.....	d	} → GO TO E15
REFUSED.....	r	

E13b. **OTHER SPECIFY. IF NECESSARY READ** - What were you doing?

(40 characters)

DON'T KNOW..... d

REFUSED..... r

ASK ONLY IF E13 = 01

E14. On average, how many hours per week do you usually work?

|_|_| HOURS

PROGRAMMER: SOFT EDIT TO 70 H; SET HARD EDIT TO 120

DON'T KNOW..... d

REFUSED..... r

IF E11 = 01 OR 05 ASK E15, OTHERS GO TO E17

E15. Was your spouse/partner working in the last 30 days?

YES 01 → GO TO E16

NO 00

DON'T KNOW..... d

REFUSED..... r

E15a. Was (he/she) . . .

With a job or business but not at work

such as vacation, maternity or family leave, 01

Looking for work, 02

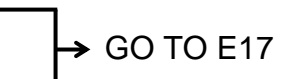
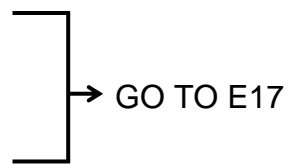
Attending school full-time, or..... 03

A full-time stay at home mom or dad? 04

OTHER 05

DON'T KNOW..... d

REFUSED..... r



E15b. **OTHER SPECIFY: IF NECESSARY READ:** What was (he/she) doing?

(40 characters)

DON'T KNOW..... d

REFUSED..... r

E16. (ASK ONLY IF E15= 01)

On average, how many hours per week does (he/she) usually work?

|_|_| HOURS

PROGRAMMER: SOFT EDIT TO 70 H; SET HARD EDIT TO 120

- DON'T KNOW..... d
- REFUSED..... r

E17. Does [CHILD] currently spend part of the day at preschool, child care, or with a baby sitter or someone else who is not a parent?

- YES..... 01
 - NO 00
 - DON'T KNOW..... d
 - REFUSED..... r
- } → GO TO E20

ASK ONLY IF E17 = 01

E18. Who takes care of [CHILD] most often while you aren't with (him/her)?

MARK ALL THAT APPLY

- A SCHOOL OR PRESCHOOL 01
 - A CHILD CARE OR DAY CARE CENTER 02
 - AN UNRELATED BABYSITTER OR
IN-HOME PROVIDER 03
 - YOUR RELATIVES OR IN-LAWS 04
 - OTHER 05
 - DON'T KNOW..... d
 - REFUSED..... r
- } → GO TO E19
- } → GO TO E19

E18a. SPECIFY OTHER CAREGIVER

(40 characters)

- DON'T KNOW..... d
- REFUSED..... r

ASK ONLY IF E17= 01

E19. In an average week, about how many hours does **[CHILD]** spend in preschool, child care, or being cared for by someone else?

PROGRAMMER: ACCEPT TO ONE DECIMAL PLACE FOR HALF HOURS

|_|_| . |_| HOURS

- DON'T KNOW..... d
- REFUSED..... r

E20. What language do you use most often when talking to **[CHILD]**?

- ENGLISH..... 01
- SPANISH..... 02
- ENGLISH AND SPANISH EQUALLY 03
- OTHER..... 04
- DON'T KNOW..... d
- REFUSED..... r

E21. Is **[CHILD]** Spanish, Hispanic, or Latino?

- YES..... 01
- NO 00
- DON'T KNOW..... d
- REFUSED..... r

E22. What is **[CHILD]** 's race?

READ IF NECESSARY

MARK ALL THAT APPLY

- WHITE 01
 - BLACK OR AFRICAN AMERICAN 02
 - AMERICAN INDIAN OR ALASKA NATIVE..... 03
 - ASIAN, NATIVE HAWAIIAN OR OTHER
PACIFIC ISLANDER..... 04
 - SOME OTHER RACE..... 05
 - DON'T KNOW..... d
 - REFUSED..... r
- } → GO TO E23
} → GO TO E23

E22a. RECORD OTHER RACE:

(40 characters)

E23. **(ASK ONLY IF RESPONDENT IS NOT BIOLOGICAL OR BIRTH MOTHER – A12 DOES NOT = 01)**

What is **[CHILD]**'s biological or birth mother's race? [MARK ALL THAT APPLY; READ IF NECESSARY]

READ IF NECESSARY

MARK ALL THAT APPLY

- | | | |
|--|----|---------------|
| WHITE | 01 | } → GO TO E24 |
| BLACK OR AFRICAN AMERICAN | 02 | |
| AMERICAN INDIAN OR ALASKA NATIVE..... | 03 | |
| ASIAN, NATIVE HAWAIIAN OR OTHER
PACIFIC ISLANDER..... | 04 | |
| SOME OTHER RACE..... | 05 | } → GO TO E24 |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

E23a. RECORD OTHER RACE:

(40 characters)

E24. **(ASK ONLY IF RESPONDENT IS NOT BIOLOGICAL OR BIRTH MOTHER – A12 DOES NOT = 01)**

How old is **[CHILD]**'s biological or birth mother?

|_|_| YEARS OLD

- DON'T KNOW..... d
REFUSED..... r

E25. Is **[CHILD]** now receiving benefits from the Women, Infants, and Children Program? This is sometimes called WIC.

- | | | |
|-----------------|----|--|
| YES..... | 01 | |
| NO | 00 | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |
| | | |

IF E25 = 01 – RECEIVING WIC ASK:

E25a. What foods does **[CHILD]** eat from WIC?

IF LESS THAN 12 MONTHS OLD PROBE TO CLARIFY IF INFANT VERSIONS OF FOODS OR TODDLER VERSIONS

MARK ALL THAT APPLY

- | | |
|--|----|
| INFANT FORMULA | 01 |
| INFANT CEREAL | 02 |
| INFANT FRUITS..... | 03 |
| INFANT VEGETABLES | 04 |
| INFANT MEATS | 05 |
| BEANS, PEAS, OR LENTILS (LEGUMES) | 06 |
| BREAKFAST CEREAL (HOT OR COLD)..... | 07 |
| CHEESE..... | 08 |
| EGGS | 09 |
| FRUITS..... | 10 |
| JUICE | 11 |
| MILK (COW'S MILK, SOY MILK, OTHER MILK) | 12 |
| PEANUT BUTTER..... | 13 |
| VEGETABLES..... | 14 |
| WHOLE GRAIN BREAD OR OTHER
WHOLE GRAINS (BROWN RICE, BULGUR,
BARLEY, TORTILLAS)..... | 15 |
| OTHER | 16 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

E25b. SPECIFY OTHER WIC FOODS.

(40 characters)

DON'T KNOW..... d

REFUSED..... r

E26. I would like to know the total combined income of all members of this household during 2007. This includes money from jobs and farms, and money from other income such as rent, pensions, dividends, and social security payments. This is for any household members who are 15 years of age or older. Just stop me when I get to the correct range. Is it . . .

Less than \$10,000, 01

\$10,000 to \$19,999, 02

\$20,000 to \$34,999, 03

\$35,000 to \$49,999, 04

\$50,000 to \$74,999, 05

\$75,000 to \$99,999, 06

\$100,000 to \$149,999 or, 07

\$150,000 or more? 08

DON'T KNOW..... d

REFUSED..... r

SECTION F: CLOSING QUESTIONS

F1. We really appreciate your help with our study. We only have a few more questions. We would like to call again to talk more about what **[CHILD]** eats.

During that call we will be asking about all the foods and beverages **[CHILD]** ate and drank over a 24 hour period of time. In order to help complete that interview we will also be sending additional materials in the mail with a \$20 thank you check for participating in the study. This interview will take about 20-30 minutes. Are you willing to participate in this interview?

I just want to confirm that you are this person?

- YES 01 → GO TO F2
- NO 00
- DON'T KNOW..... d
- REFUSED..... r

F1a. Is there someone else in the household who is knowledgeable about what **[CHILD]** eats and would be willing to do this next interview?

- YES 01
 - NO 00
 - DON'T KNOW..... d
 - REFUSED..... r
- GO TO CLOSING

F2. Can you please verify your name and mailing address? I have . . .

INTERVIEWER: IF NEW RESPONDENT, READ “Can you please tell me their name and mailing address?”

INTERVIEWER: WHEN FILLING IN ADDRESS, REPEAT BACK TO RESPONDENT TO VERIFY SPELLING. CORRECT AS NEEDED.

NAME: _____

ADDRESS: _____

DON'T KNOW..... d

REFUSED..... r

F3. Can you please verify that I reached you today at **[FILL PHONE NUMBER]**?

PHONE NUMBER CORRECT 01

PHONE NUMBER INCORRECT 02

DON'T KNOW..... d

REFUSED..... r

F4. And is this the number I should call for the interview next week?

YES 01 → GO TO F4b

NO 00

DON'T KNOW..... d

REFUSED..... r

F4a. May I have the correct phone number?

PHONE: _____

DON'T KNOW..... d

REFUSED..... r

F4b. What type of phone number is this?

INTERVIEWER: READ ANSWER CATEGORIES IF NECESSARY

HOME LAND LINE 01

BUSINESS LAND LINE 02

HOME OFFICE LAND LINE 03

CELL PHONE 04

PAGER 05

COMPUTER/FAX 06

OTHER 07

DON'T KNOW..... d

REFUSED..... r

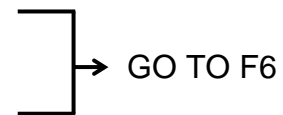
F5. In case I am unable to reach you at the phone number we just discussed, may I have an alternate phone number where I will be able to reach you?

YES 01

NO 00

DON'T KNOW..... d

REFUSED..... r



F5a RECORD ALTERNATIVE PHONE # _____

F5b. What type of phone number is this? (INTERVIEWER: READ ANSWER CATEGORIES IF NECESSARY)

- HOME LAND LINE 01
- BUSINESS LAND LINE 02
- HOME OFFICE LAND LINE 03
- CELL PHONE 04
- PAGER 05
- COMPUTER/FAX 06
- OTHER 07
- DON'T KNOW..... d
- REFUSED..... r

F6. And what are good days and times to call you for this interview?

INTERVIEWER: DO NOT SET SPECIFIC APPOINTMENTS – GET GENERAL INFORMATION. RECORD VERBATIM RESPONSE

-
-
- DON'T KNOW..... d
 - REFUSED..... r

F7. May I have your e-mail address? (to e-mail reminder about upcoming interview)

- ENTER E-MAIL ADDRESS _____
- DON'T KNOW..... d
 - REFUSED..... r

F8. Again, we will be calling in a week or so to talk about what **[CHILD]** eats. Please do not change (his/her) diet this week.

CLOSING

Thank you very much for your time. You have helped us greatly with this important study. This completes the survey!

TERMINATE SCREENS

Terminate #1

Thank you very much for your time. We are trying to reach the parent of a specific child that we have on our list.

IF RESPONDENT KNOWS CHILD OF INTEREST AND CAN PROVIDE CONTACT INFORMATION ON PARENT GATHER CONTACT INFO.

Terminate # 2

I am very sorry to hear this. Please accept our condolences. Thank you.