

-

[RELEASEID]

Release Participant ID

Visit **[VISIT]**

Your answers to the following questions will provide useful and valuable information. Please fill in the box(es) that correspond to your answer. All information is confidential. Thank you for your time.

Days between delivery to study visit:

[LM09DAYS]

days

1. What is your **current** marital status? **[NMARRY]**

₁

Married

₂

Not married and living with significant other

₃

Separated/ Divorced/ Widowed

₄

Not married

2. With how many people do you share your income?
(Please include yourself, spouse, children, dependents, and any other adult sharing your income) **[PPINCSHAR]**

people ₅ ≥ 5 people

3. What is your approximate total family income for the past year? **[PPINCOME]**

₁

Less than \$25,000

₂

\$25,000 - \$74,999

₃

≥ \$75,000

4. Which of the following describes your current living situation? **[NLIVE]**

₁

Own single family house or townhouse or condo

₂

Rent

₃

Live in the home of your parents or other adults

5. College degree or higher: **[PPCOLLEGE]**

₁

Yes

₀

No

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6. How many televisions are in your home? **[NTVNUM]**

7. Do you own a telephone? (land line or cell phone) **[NPHONE]**

₁
Yes

₀
No

8. Do you own a computer? (desktop, laptop, tablet or smart phone) **[NCOMPUTER]**

₁
Yes

₀
No

9. Do you have internet access at home? **[NINTERNET]**

₁
Yes

₀
No

10. Do you currently smoke tobacco? **[NSMOKE]**

₁
Yes

₀
No

If Yes,

a. What is the average number of cigarettes/day in the last week?
(Enter 0 if less than 1 cigarette per day) **[NCIGNUM]**

11. Do you currently drink alcohol? **[NDRINK]**

₁
Yes

₀
No

If Yes,

a. How many drinks in the last week?
(Enter 0 if less than 1 drink) **[NDRKNUM]**

Questions 12-13: Here are several statements that people have made about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for your household in the last 12 months.

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12. We worried whether our food would run out before we got money to buy more. Was that often true, sometimes true, or never true for your household in the last 12 months? **[NFOODWOR]**

₁ ₂ ₃ ₄ ₅
 Often true Sometimes true Never true Refused Don't know

13. The food that we bought just didn't last, and we didn't have money to get more. Was that often true, sometimes true, or never true for your household in the last 12 months? **[NFOODOUT]**

₁ ₂ ₃ ₄ ₅
 Often true Sometimes true Never true Refused Don't know

14. Did you ever put your baby to the breast, even for a single feed? **[NBRST1]**

₁ ₀
 Yes No

If Yes,

- a. Are you still breastfeeding or feeding breast milk to your baby? **[NBRSTCONT]**

₁ ₀
 Yes No

If No,

- i. How old was your baby when you completely stopped breastfeeding or pumping milk? **[NBRSTSTOP]**

wks

15. Has your baby ever had any water in a bottle or cup? Please include even small amounts of water given in the hospital or later. **[NH20]**

₁ ₀
 Yes No

If Yes,

- a. How old was your baby the very first time he/she ever had water? **[NH20STRT]**

wks

- b. How old was your baby when he/she started regularly having water? **[NH20REG]**

wks

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16. Except for breast milk and water, has he/she ever had any other milk, formula, juice, tea or other fluid in a bottle or cup or mixed with solid foods (e.g., rice cereal)? Please include even small amounts if given in the hospital or later. **[NDRKOT]**

₁

Yes

₀

No

If Yes,

- a. How old was your baby the very first time he/she ever had other milk, formula, juice, tea or other fluid from a bottle or cup or mixed with solid foods? **[NDRKSTRT]** wks
- b. How old was your baby when he/she started regularly having other milk, formula, juice, tea or other fluid from a bottle or cup or mixed with solid foods? **[NDRKSTRT0]** wks

17. Any pregnancy since LIFE-Moms delivery? **[NNEWPREG]**

₁

Yes

₀

No

₉

Don't know

If Yes,

- a. Are you currently pregnant? **[NPREGNOW]**

₁

Yes

₀

No

If Yes,

- i. How many weeks pregnant are you? **[NPREGWK]** wks

If No,

- ii. Days from LIFE-Moms delivery to next delivery **[NEWPREGDAYS]** days
- iii. What was your gestational age at delivery? **[NDELGA]** wks

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OP1. Do you use supplemental food sources? **[NSUPFOOD]**

₁

Yes

₀

No

If Yes,
Specify: **(Check all that apply)**

₁

Women, Infants, and
Children (WIC)

[NSUPWIC]

₁

Food stamps

[NSUPFS]

₁

Emergency food
boxes

[NSUPERB]

₁

Other charitable sources

[NSUPOT]

OP2. Who purchases your food and controls your food budget? **(Check all that apply)**

₁

Yourself

[NBUDMOM]

₁

Other household member

[NBUDOTHM]

₁

Other non-household member

[NBUDOT]

OP3 To what extent are you following routines in your family?

	Almost every day	3-5 times per week	1-2 times per week	Almost never	Don't know
a. Children go to bed at the same time at night [NBEDTM]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Children do the same things each morning as soon as they wake up [NWAKE]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. The family eats at the same time in the evening [NEATTM]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

OP4 How often do you eat at fast food type restaurants? **[NFFOOD]**

₁

Less than once a week

₂

About once a week

₃

2 or more times a week

OP5. How often do you currently eat a meal together at home as a family? **[NEATALL]**

₁

Multiple times
a day

₂

Almost
every day

₃

3-5 times
per week

₄

1-2 times
per week

₅

Almost never