

Participant ID

First Demographic Survey

1. What is your birth day (month, day, year)? _____
2. What is your child's birthday (month, day, year)? _____
 - a. What is the birthday of your youngest child (month, day, year)?

3. Where were you born? _____
 - a. If not in US, year moved to US? _____
 - b. What town do you live in now? _____
 - c. When did you move to (current town)? _____ (year)
4. How long have you lived at your current address? _____
5. How would you describe your ethnicity? (If questioned, list categories below. (Check all that apply))
 - a. African American/Black _____
 - b. Latino _____
 - c. West Indian _____
 - d. White _____
 - e. Other _____
6. Are you pregnant? Yes No
7. Are you currently breastfeeding? Yes No
8. How would you describe your living situation?
 - a. Single _____
 - b. Partnered _____
 - c. Married _____
 - d. Divorced _____
 - e. Separated _____
 - f. Widowed _____
9. How many people live in your household, including yourself? _____
adults (> 18 years old) _____

10. How many children over 5 years old live in your house? _____

11. What is the highest grade of school you completed? _____

12. Do you currently have health insurance? _____yes _____no

If yes, what type?

a. Medicaid _____

b. Medicare _____

c. Other? _____

13. Are you currently employed? _____yes _____no

If yes,

a. full-time _____

b. part-time _____

14. Are you currently receiving WIC? Yes – go to #16 No

15. Have you ever received WIC? Yes No

16. Are you currently receiving food stamps? Yes –go to #18 No

17. Have you ever received food stamps? Yes No

18. Who else give your child something to drink at least once a day?

19. Does anyone else buy drinks for your household? Yes_____ No_____

If yes, who else buys drink for your household? _____

20. Interviewer: please mark based on observation:

Gender: Male _____ Female_____

21. What is your child's gender?

Gender: Male _____ Female_____

Participant ID

Second Demographic Survey-3 months

1. Are you still living in the same place as when we last interviewed you?

_____ yes _____ no

If not, what town do you live in now? _____

When did you move to (current town)? _____ (year)

2. Are you pregnant? _____ yes _____ no

3. Are you currently breastfeeding? _____ yes _____ no

4. What is the birthday of your youngest child (month, day, year)?

5. How would you describe your living situation?

- a. Single _____
- b. Partnered _____
- c. Married _____
- d. Divorced _____
- e. Separated _____
- f. Widowed _____

6. How many people live in your household, including yourself? _____
adults (> 18 years old) _____

7. How many children over 5 y live in your household _____

8. Do you currently have health insurance? _____yes _____no
If yes, what type?

- a. Medicaid _____
- b. Medicare _____
- c. Other? _____

9. Are you currently employed? Yes No

If yes,

- a. full-time _____
- b. part-time _____

10. Are you currently receiving WIC? Yes No

11. Are you currently receiving food stamps? Yes No

12. Who else gives your child something to drink at least once a day?

13. Does anyone else buy drinks for your household? Yes_____ No_____

If yes, who else buys drinks for your household? _____