**Screening Form**

**Feeding Patterns of Infants and Toddlers at WIC in San Marcos, Texas**

***To be completed by recruiter/interviewer in person at WIC or during a phone call***

What is your name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many children do you have? \_\_\_\_\_

How old is/are your child/children?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Complete Later:***

Child to be studied: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to receive a phone call from us asking about what your child ate in the past 24 hours? \_\_\_\_\_\_\_

Is your child cared for by someone else during the day? \_\_\_\_\_\_

Are you able to report what he/she eats throughout the day even if cared for by someone else? \_\_\_\_\_\_\_\_\_

Can we contact your child’s day care provider about their diet? \_\_\_\_\_\_\_\_\_\_\_\_\_

***To be completed after consent form is signed (if participant is eligible):***

Do you prefer to be called by someone who speaks Spanish? Y N

***You will be contacted in the next couple days by telephone.***

When is the best day and time of the day to reach you? days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What phone number can we reach you at? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your time and contribution to this research study!***