

VISION – Nutrition Interviews

A. Infant Interview

1. Nutrition Practices (Breastfeeding)

Starters/Prompts:

Tell me about how you are feeding your baby.

How often does your baby eat and how long do the feedings last?

What concerns do you have about your baby's eating habits?

Tell me how you know when your baby is hungry. And, how you know your baby is full?

Tell me about your baby's wet and messy diapers.

Tell me about the foods your baby eats and where she eats them.

Other Questions:

1a. Tell me how it is feeding [infant].

1b. What challenges are you having?

1c. If bottle feeding, listen, ask, and assess for

- Amount of breastmilk/formula
- Ounce/bottle and bottles/day
- (Other potential discussion points are listed here)

1d. Has your baby received anything besides breast milk?

1e. How old was [infant] when he/she was first fed something other than breast milk?

1f. How old was [infant] when he/she was first fed formula?

1g. What else do you feed [infant]?

1h. What led to [infant] getting other food/drink?

1i. Breastfeeding Description (drop down list of Excl BF, etc.)

1j. Does your baby take any vitamins or minerals?

1k. Does your baby take any herbs or dietary supplements?

1l. What questions or concerns do you have about breastfeeding [infant]?

1m. What other questions or concerns do you have about feeding [infant]? Or, is there anything you would like to change?

2. Nutrition Practices (Not Breastfeeding)

Starters/Prompts:

Tell me about how you are feeding your baby.

How often does your baby eat and how long do the feedings last?

What concerns do you have about your baby's eating habits?

Tell me how you know when your baby is hungry. And, how you know your baby is full?

Tell me about your baby's wet and messy diapers.

Tell me about the foods your baby eats and where she eats them.

Other Questions:

- 2a. Breastfeeding Description (drop down list No Longer BF, etc.)
- 2b. How old was [infant] when he/she completely stopped breastfeeding or being fed breast milk?
- 2c. What was your main reason for stopping breastfeeding? (drop down list of reasons)
- 2d. How old was [infant] when he/she was first fed something other than breast milk?
- 2e. How old was [infant] when he/she was first fed formula?
- 2f. Tell me how it is feeding [infant].
- 2g. Describe how you prepare the formula.
- 2h. Besides formula, what else do you feed [infant]?
- 2i. Does your baby take any vitamins or minerals?
- 2j. Does your baby take any herbs or dietary supplements?
- 2k. What other questions or concerns do you have about feeding [infant]? Or is there anything you would like to change?

3. Health/Medical

Starters/Prompts:

When was the last time your baby went to the doctor?

Tell me about any health problems your baby has.

How do you feel about the way your baby is growing?

Other Questions:

- 3a. What concerns do you have about [infant's] health?
- 3b. Does [infant] have any medical problems diagnosed by a doctor?
- 3c. Is [infant] currently on any medication?
- 3d. Biological Mother
 - Pre-Pregnancy Weight_____
 - Current Weight_____
 - Current Height_____
 - Pre-pregnancy BMI_____
 - Current BMI_____
- 3e. Biological Father
 - Current Weight_____
 - Current Height_____
 - Current BMI_____

4. Immunizations

Starters/Prompts:

Do you have any concerns about your baby getting routine shots?

When was the last time your baby got shots?

Other Questions:

4a. Can we look over [infant's] shot record today?

4b. DTaP immunization record viewed today and shots have been given?

4c. ____# of DTaP immunizations

5. Oral Health

Starters/Prompts:

What concerns do you have about your baby's teeth and gums?

How do you take care of your baby's teeth and gums?

Other Questions:

5a. What questions do you have regarding caring for [infant's] gums and teeth?

6. Life Style

Starters/Prompts:

What concerns do you have about your baby's safety?

Tell me about your baby's sleeping habit.

Tell me about your baby's floor time (tummy time, rolling, crawling vs. car seat or carrier).

Other Questions:

6a. How active is [infant] every day?

6b. Does anyone living in your household smoke inside the home?

7. Mom's WIC Participation

Starters/Prompts:

Assess if mom was on WIC or not on WIC during her pregnancy. If she wasn't on WIC find out if there were any complications (risks) during pregnancy.

Other Questions:

7a. Was mother on WIC during her pregnancy?

7b. If no, would she have been eligible?

B. Child Interview

1. Health/Medical

Starters/Prompts:

When was the last time your child went to the doctor?

Tell me about any health problems your child has.

How do you feel about the way your child is growing?

Other Questions:

1a. What concerns do you have about [child's] health?

1b. Does [child] have any medical problems diagnosed by a doctor?

1c. Is [child] currently on any medication?

1d. Biological Mother

Current Weight_____

Current Height_____

Current BMI_____

1e. Biological Father

Current Weight_____

Current Height_____

Current BMI_____

2. Immunizations

Starters/Prompts:

Do you have any concerns about your child getting routine shots?

When was the last time your child got shots?

Other Questions:

2a. Can we look over [child's] shot record today?

2b. DTaP immunization record viewed today?

2c. ____# of DTaP immunizations

3. Oral Health

Starters/Prompts:

When was the last time your child went to the dentist?

What is your child's flossing and brushing routine?

What concerns do you have about your child's teeth?

Other Questions:

3a. How do you take care of [child's] teeth?

3b. Has [child] seen a dentist?

4. Life Style

Starters/Prompts:

How does your child spend her play time?

What concerns do you have about your child's safety?

Other Questions:

4a. What types of activities does [child] enjoy?

4b. ____# of hours of TV watching/video playing per day

4c. Does anyone living in your household smoke inside the home?

5. Nutrition Practices

Starters/Prompts:

Tell me about your child's eating habits.

What concerns do you have about your child's eating habits?

What foods does your child usually eat?

Other Questions:

5a. Breastfeeding Description (drop down list of No Longer BF, Never BF, etc.)

5b. How old was [child] when he/she completely stopped breastfeeding or being fed breast milk?

5c. What was your reason for stopping breastfeeding (drop down list of options)

5d. Tell me about [child] eating and what he/she likes to drink.

5e. What is mealtime like?

5f. Is there anything you would like to see different about [child's] eating?

5g. Are there any foods you would like to see [child] eat more/less of?

5h. Does [child] take any vitamins or minerals?

5i. Does [child] take any herbs or dietary supplements?

6. Social Environment

Starters/Prompts:

How do you care for your child when you're at work or school?

What concerns do you have about the care your child receives?

How do you spend time together as a family?

What do you know about other nutritional programs such as early head start, summer feeding program, food stamps (SNAP) or EFNEP?

Other Questions:

6a. What else can I help you with?

C. Pregnant Woman Interview

1. Health/Medical

Starters/Prompts:

Tell me about the prenatal care you are receiving.

Tell me about any health problems you have.

Tell me how you feel about the weight changes you have experienced with pregnancy.

Other Questions:

1a. How is your pregnancy going?

1b. ___# of babies this pregnancy

1c. Is this your first pregnancy?

___# of previous pregnancies (not including current pregnancy)

___# of live births

___# of pregnancies past 20 weeks/5 months

Date of last birth, abortion, miscarriage _____

1d. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? I'm going to read list of options. Please choose the one that best describes how you felt.

1e. With any past pregnancy did you have any complications?

1f. How are you feeling this week?

How do you feel about your weight gain?

1g. Have you been to the doctor yet?

Care began after 13th week? (yes/no)

1h. Tell me about any medical problems or illnesses you have. Has your doctor diagnosed any medical problems?

1i. Are you currently taking any medications?

1j. Do you ever have a hard time chewing or eating certain foods?

2. Nutrition Practices

Starters/Prompts:

What concerns do you have about your eating habits?

What concerns do you have with meal planning and preparation for your family?

Tell me about any changes you have made with your eating habits.

Other Questions:

2a. Tell me what you like to eat and drink.

2b. What would you like to change about your eating?

2c. Is there anything you would like to eat more or less of?

2d. In the month before you got pregnant with this baby, how many times a week did you take a multivitamin?

- 2e. Have you taken any vitamins/minerals in the past month?
- 2f. Do you take any herbs or dietary supplements now?

3. Life Style

Starters/Prompts:

Tell me about how you plan to deliver your baby.
Tell me how you think your life will change with your new baby.
It's important to avoid tobacco, alcohol, and other drugs. What do you think about this?
Tell me about your physical activity.

Other Questions:

Past Smoking

- 3a. In the 3 months before you were pregnant, how many cigarettes did you smoke on an average day?

Current Smoking

- 3b. How many cigarettes do you smoke on an average day now?
- 3c. Does anyone living in your household smoke inside the home?

Past Alcohol Use

- 3d. In the 3 months before you were pregnant, how many alcoholic drinks (beer, wine, liquor) did you have in an average week?
- 3e. Have you consumed alcohol during this pregnancy?

Current Alcohol Use

- 3f. How many alcoholic drinks (beer, wine or liquor) do you have in an average week now?

Past and Current Drug Use

- 3g. In the 3 months before you were pregnant, did you use street drugs? How about now?
- 3h. What do you do for physical activity?

4. BF Preparation

Starters/Prompts:

What do you think about breastfeeding?
How are you planning for breastfeeding? (talk to health care provider, birth plan, maternity leave, etc.)
What do you know about breastfeeding in the hospital?
How does your family and spouse/partner feel about breastfeeding?
What do you know about how to position and latch your baby?
What do you know about building your milk supply?

Other Questions:

- 4a. What have you heard about breastfeeding?
- 4b. Previous experience (yes/no)

- 4c. If previously breastfed, how did it go?
____Length of time (weeks)
Reason for stopping (drop down list of reasons)
- 4d. What does your family, friends, or partner say about breastfeeding?
- 4e. Tell me about the changes you have noticed or concerns you have about your breasts.

5. Social Environment

Starters/Prompts:

Tell me about what support you have to care for your new baby.

How do you take time for yourself?

What do you know about other nutritional programs such as early head start, summer feeding program, food stamps (SNAP) or EFNEP?

How often do you feel down, depressed, or hopeless? (If response indicates sometimes or often refer to health care provider.)

Other Questions:

5a. What else can I help you with?

D. Breastfeeding Woman Interview

1. Breastfeeding Support

Starters/Prompts:

What concerns do you have about breastfeeding support since you have left the hospital?

How does your family and spouse/partner feel about breastfeeding?

What additional support will you need when you return to work or school?

Other Questions:

1a. How is it being a new mom?

1b. How is breastfeeding going for you?

1c. How long are you planning to breastfeed your infant?

1d. Are you currently employed or attending school >10 hours/week?

1e. What type of support do you have for breastfeeding?

1f. Do you need any help or assistance from the WIC program?

2. Health/Medical

Starters/Prompts:

What are your concerns about breastfeeding (not enough milk, sore nipples, engorgement, returning to work/school). Assess latch and transfer of milk.

Tell me about any health problems you or your baby have.

When was the last time you went to the doctor?

What are your plans for returning to your pre-pregnancy weight?

What questions do you have about health care, supplements and/or medications?

Other Questions:

2a. No script

2b. What concerns do you or your doctor have about your health?

2c. Any medical conditions, illness, or special needs?

2d. Are you currently taking any medications?

2e. Is this your first pregnancy?

(Not including most recent pregnancy)

___# of previous pregnancies

___# of live births

___# pregnancies past 20 weeks (5 months)

2f. Did you have any complications or special conditions with this pregnancy?

___# babies this pregnancy

2g. Do you ever have a hard time chewing or eating certain foods?

3. Nutrition Practices

Starters/Prompts:

Now that you're home with a new baby how are you eating?

How is it going with meal preparations?

What concerns do you have with meal planning and preparation for your family?

Tell me about supplements including multivitamins you are currently taking.

Other Questions:

3a. Tell me what you like to eat and drink.

3b. What would you like to change about your eating?

3c. Is there anything you would like to eat more or less of?

3d. Do you take any vitamins, minerals, herbs or dietary supplements?

3e. Do you have problems with food preparation and/or storage?

4. Life Style

Starters/Prompts:

Tell me how breastfeeding is going for you?

Tell me how you think your life will change with your new baby.

What are your goals for breastfeeding?

It's best to avoid tobacco, alcohol, and other drugs while breastfeeding. What do you think about this?

Other Questions:

Past Smoking

4a. In the 3 months before you were pregnant, how many cigarettes did you smoke on an average day?

4b. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?

Current Smoking

4c. How many cigarettes do you smoke on an average day now?

4d. Does anyone else in your household smoke inside the home?

Past Alcohol Use

4e. In the 3 months before you were pregnant, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?

4f. In the last 3 months of your pregnancy, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?

Current Alcohol Use

4g. Do you currently drink alcohol?

If yes, how much and how often?

Past and Current Drug Use

4h. In the 3 months before you were pregnant, did you use street drugs? How about now?

4i. What are your plans for returning to your pre-pregnancy shape?

5. Social Environment

Starters/Prompts:

What does your family, friends and spouse/partner say about breastfeeding?

How do you feel about breastfeeding outside the home? How do you feel about breastfeeding around your friends?

How do you take time for yourself?

What do you know about other nutritional programs such as early head start, summer feeding program, food stamps (SNAP) or EFNEP?

Since your baby was born how often have you felt down, depressed or hopeless? (If response indicates sometimes or often refer to health care provider)

Other Questions:

5a. What else can I help you with?

E. Not Breastfeeding Woman Interview

1. No script

2. Health/Medical

Starters/Prompts:

When was the last time you went to the doctor?

Tell me about any health problems you have.

What are your plans for returning to your pre-pregnancy weight?

Tell me about any medications and supplements including multivitamins you are taking.

Other Questions:

2a. How is it being a new mom?

2b. What concerns do you or your doctor have about your health?

2c. Any medical conditions, illness, or special needs?

2d. Are you currently taking any medications?

2e. Is this your first pregnancy?

(Not including most recent pregnancy)

___# of previous pregnancies

___# of live births

___# of pregnancies past 20 weeks/5 months

2f. Did you have any complications or special conditions with this pregnancy?

___# babies this pregnancy

2g. Do you ever have a hard time chewing or eating certain foods?

3. Nutrition Practices

Starters/Prompts:

How are you eating now that you're home with a new baby?

What concerns do you have about your eating habits?

What concerns do you have with meal planning and preparation for your family?

Other Questions:

3a. Tell me what you like to eat and drink.

3b. What would you like to change about your eating?

3c. Is there anything you would like to eat more or less of?

3d. Do you take any vitamins, minerals, herbs or dietary supplements?

3e. Do you have problems with food preparation and/or storage?

4. Life Style

Starters/Prompts:

Tell me how you think your life will change with your new baby.

It's best to avoid tobacco, alcohol, and other drugs. What do you think about this?

Other Questions:

Past Smoking

4a. In the 3 months before you were pregnant, how many cigarettes did you smoke on an average day?

4b. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?

Current Smoking

4c. How many cigarettes do you smoke on an average day now?

4d. Does anyone else in your household smoke inside the home?

Past Alcohol Use

4e. In the 3 months before you were pregnant, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?

4f. In the last 3 months of your pregnancy, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?

Current Alcohol Use

4g. Do you currently drink alcohol?

If yes, how much and how often?

Past and Current Drug Use

4h. In the 3 months before you were pregnant, did you use street drugs? How about now?

4i. What are your plans for returning to your pre-pregnancy shape?

5. Social Environment

Starters/Prompts:

Tell me about what support you have to care for your new baby.

How do you take time for yourself?

What do you know about other nutritional programs such as early head start, summer feeding program, food stamps (SNAP) or EFNEP?

Since your baby was born how often have you felt down, depressed or hopeless? (If response indicates sometimes or often refer to health care provider)

Other Questions:

5a. What else can I help you with?