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______
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?  ___________________________