

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: U. S. Department of Agriculture, Food and Nutrition Service, Office of Research, Nutrition and Analysis, Alexandria, VA 22302.

WIC Brochure “After You Deliver” Participant Screening Questionnaire

NOTE TO USDA

To observe participants’ privacy APR will use the Participant Screening Questionnaire only with those WIC participants who contact our firm directly in response to promotional information they receive about the focus groups through their local agency.

[Recruit 20 respondents to obtain 15 participants for each of the 5 focus groups.]

Hello, my name is _____. I am with Annapolis Professional Resources, Inc. and I am contacting you about the WIC Focus Group Study that you are interested in participating in. I am going to ask you some questions that will help to make a decision about your participation. If you are selected to participate, the focus group session will give you and other WIC Program participants an opportunity to share your opinions about the brochure “After You Deliver”.

1. Are you a current participant in the WIC Program or have you participated in the WIC Program in the last 6 months? **[Record each “YES” response.]**

Yes ()
 No () **Terminate if “NO”**

2. Are you currently breastfeeding or have you breastfed any of your children in the past? **[Record each “YES” response.]**

Yes ()
 No ()

[Collect breastfeeding data for information purposes only, not as a “rule in” or “rule out.”]



3. What is your current age? ____ [Specify]

[Collect age data for information purposes only, not as a “rule in” or “rule out.”]

4. Do you have reliable transportation to the place where the focus group will be conducted?
The focus group will be conducted at:

Address
Address
City, State and Zip

Yes ()
No ()
Maybe () **If “MAYBE” inquire about the following transportation options:**

Check each option for which respondent answers “yes”

- Ride from family member or friend** ()
- Public transportation** ()
- Voucher for transportation** ()
- Taxi** ()
- Walking** ()
- Other means of transportation**..... () **If “OTHER MEANS” state below**

5. Will you be available to stay for the entire 2-hour focus group session?

Yes ()
No () **Terminate if “NO”**

6. What is the highest level of education you have completed? **[DO NOT read list]**

- Elementary school ()
- Middle/junior high school..... ()
- Some high school ()
- High school graduate, some college,
vocational or technical school ()
- College graduate ()
- Post college ()



7. What is your race and ethnicity?

[Read list and record one answer for both categories.]

Race

- American Indian or Alaska Native ()
- Asian ()
- Black or African American ()
- Hispanic or Latino ()
- Native Hawaiian or Other Pacific Islander ... ()
- White..... ()

Ethnicity

- Hispanic/Latino ()
- Not Hispanic/Not Latino ()

8. What is the primary language you speak? [DO NOT read list]

- English ()
- Spanish..... ()
- Other () If "OTHER" is not Spanish, inquire and record the other language _____

No. 9 & 10 - FOR RESPONDENTS WHO INDICATED HISPANIC OR LATINA ONLY

9. Do you speak both English and Spanish equally well?

- Yes ()
 - No () If "NO" inquire about which language they speak the best and record below
- _____

10. Do you read both English and Spanish equally well?

- Yes ()
 - No () If "NO" inquire about which language they speak the best and record below
- _____



11. Why are you interested in participating in the WIC Program focus group?

12. Have you ever been employed by USDA, a state agency, or a local agency to work on the WIC Program?

- No () **Continue**
- Yes () **Terminate**
- Don't know/Refused () **Terminate**

[After recording respondent's answer, determine whether or not you feel this respondent would be useful in the group. Did she:

- Give a full and complete answer?**
- Speak clearly, and without long pauses?**
- Answer enthusiastically?**

It is most important that the respondent be understandable! If not, terminate.]

Note

If you feel this individual would be a good candidate for the focus group, is available to attend the full session, and has reliable transportation, continue with #13 below.

13. I would like to invite you to participate in a focus group discussion. The session will last approximately two hours. You will be required to arrive 15 minutes early for the session.

Annapolis Professional Resources will contact you with a confirmation message that contains all the details about your session.

During the focus group, you will have an opportunity to share your thoughts and opinions with other WIC Program participants from your area. You will not be asked to buy any products.

For participating in the focus group, you will receive \$75 in cash at the end of the session. Would you be willing to participate?

- Yes () **SCHEDULE**
- No () **THANK & END**



GROUP TYPE

DAY

TIME

We will call you to remind you of this appointment. However, if for some reason you are unable to attend, please call **(TELEPHONE NUMBER)** so that we can find a replacement for you.

Thank you.

