State WIC Agency Survey

Welcome to the State WIC Agency Survey!

Thank you for your participation in the WIC Breastfeeding Peer Counseling Study, which is being conducted by researchers at Abt Associates Inc. on behalf of the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS). The purpose of this survey is to better understand how the *Loving Support* Peer Counselor Program is being implemented in your State or Indian Tribal Organization. Many of the questions are focused on *Loving Support* peer counseling, while others address general breastfeeding promotion and support activities in your State agency, which are helpful in understanding the context in which the *Loving Support* peer counseling is implemented.

OMB Clearance Number: xxxx-xxxx   Expiration Date: xx/xx/xxxx

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-XXXX. The time required to complete this information collection is estimated to average 150 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, ORNA, Alexandria, VA 22302.

Use of Cookies

This survey makes use of session cookies and is consistent with OMB guidelines for use of cookies[1] in Federally sponsored Web sites. No persistent cookies are contained in the Web site. No end-user browser information will be tracked, nor will the cookies remain on the end-user's hard drive. After completion of the surveys by all parties, the Web site will be dismantled.

Confidentiality

Your agency's name and location will not be identified in reports prepared for this study or in data files provided to FNS. None of your responses will be released in a form that identifies you or any other staff member by name except as required by law. Please note that this study is not part of an audit or management review of WIC operations. Your participation in the survey is completely voluntary. Failure to complete the survey will not affect your employment or your agency in any way.

Technical Requirements for the Survey

In order for this survey to work properly for you, you will need the following:

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[1]   "Cookies" are pieces of data sent from user's Internet browser to a site to and used for <u>authenticating</u>, tracking, and maintaining specific information from users.

- Internet Explorer 5.0 or above, Netscape Navigator 7.0 or above, or Mozilla Firefox Version 1.0 or above.

- Your browser must be Java-enabled.

- You must have the "pop-up blocker" feature disabled in your browser (if applicable).

General Instructions

The survey is divided into the following topic areas:

- **Respondent Information**

- **General Breastfeeding Promotion Programs**

- **State-Level Staff for *Loving Support* Peer Counseling and Other Breastfeeding Promotion Activities**

- **Training for *Loving Support* Peer Counseling**

- **State Distribution of Funds for *Loving Support* Peer Counseling**

- **State Guidance for Local *Loving Support* Peer Counseling Programs**

- **State Data Collection About Breastfeeding and About the *Loving Support* Peer Counseling Program**

We expect that multiple people at the State level will need to respond to the survey, including the State WIC director, the State breastfeeding or peer counselor coordinator and the State WIC budget officer. Please be sure to share the survey information with anyone who is needed to answer information on any of the above topic areas. Anyone to whom you supply the survey access passcode you received by email can access the survey and respond to specific questions. However, we want the State WIC director to review the survey for completeness and accuracy and indicate when it is complete by clicking on the submit tab at the end.

There are generally two types of questions.

1. Close-ended questions present response choices on the screen. For these questions, please click the box or boxes (when more than one response is acceptable) next to the appropriate response. You do this by placing the cursor on that box and left-clicking the mouse.

2. Open-ended questions allow you to create your own response. For these questions, please type your response in the space provided.

Moving Through the Survey

You can move through the survey by using the navigation buttons at the top and bottom of each page (each button will save any work on your current page):

Additionally, you may move from any section of the survey to any other section of the survey by using the "Jump To" links at the bottom of each page. This will take you directly to the section you wish to complete. Please remember, if you "Jump To" a section of the survey using the links at the bottom of the page, any changes made on the current page of the survey will NOT be saved, so please save your work before "jumping" to any section of the survey.

**Do not use the "Back" and/or "Forward" buttons on the top of your browser while in the survey. The survey will not work properly, and your work will not be saved if you do.[2]

Taking a Break

The average total time to complete this survey is 150 minutes combined time for all State staff preparing information for or responding to the survey. It is designed so that you can respond at your convenience and over multiple visits to this Web site and that others in your agency can log in as well to fill in sections (as long as you are not logged in at the same time). If you do not have all the information on hand to answer a specific question, you may save the answers you've provided and quit until you obtain the data needed. If other staff members are more familiar with some topics, you may ask them to fill out those sections or questions. We ask that each respondent record his or her name and title in the space provided at the beginning of the survey.

If you need to take a break or have someone else work on the survey, make sure you save any changes made on your current page (by clicking any of the "Save" buttons at the top and/or bottom of each page) and close out of the survey. To re-enter the survey, you simply follow the same instructions you used to log into the survey.

Saving Your Responses

At any time you may save your work on the survey by clicking on any of the "Save" button at the top or bottom of each page.

CAUTION: If you are inactive for more than 30 minutes in this survey, you will be automatically logged out and any unsaved responses on the current page will be lost. You are considered "inactive" if you do not move from one page to another page in the survey, or if you do not click on the "Save" button on the existing page. Typing or selecting answers on a page DOES NOT constitute being active. To avoid losing your responses, please click on "Save" often and before you take a break of 30 minutes or longer.

Want to Print Your Survey?

If you would like to print a copy of your responses on this survey, simply print out each survey page once you have completed and saved it. To print a page, simply click on the print icon on your Web browser, or from the browser's top menu options, select "File," and then select "Print."

Note: You must print each page out PRIOR to finalizing your survey. Once you have finalized your survey, you will no longer be able to access it.

Getting Help

We have provided definitions of "key words" to assist you as you fill out the survey. Simply click on any key word link with your mouse, and the definition will pop up. In addition, you may access a dictionary of key words by clicking on the "All Key Term Definitions" link at the bottom of any page.

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[2]   Pictures of buttons will be provided to help users throughout these instructions for the web-based survey.

If at any time you have questions regarding the survey, you may contact the toll-free Abt help line at 1-8xx-xxx-xxxx. You can also reach us by email at Patty_Connor@abtassociates.com, and a member of our project staff will respond either by email or telephone.

Completing the Survey

When you have completed the entire survey, please indicate at the end (when prompted) that your survey is complete, and you wish to finalize it. This will let us know that no further answers will be forthcoming, and we will proceed to process your responses. Once you have indicated that your survey is complete, you will not be able to modify your responses. As mentioned earlier, we ask that the State WIC director be the one that designates the survey as complete.

Getting Started

You are now ready to begin the survey. Please click on the "Start Survey Now" button below. Thank you again for your participation in this important research study.

Respondent Information [formatting will allow for multiple respondents, each with their title]

1.   Name of Respondent(s): _____
        Title(s) _____

General Breastfeeding Promotion Programs

We would like to learn about the WIC breastfeeding promotion activities supported in your State that are in addition to *Loving Support* peer counseling.

2.   Does your State agency provide other breastfeeding promotion services or programs (e.g., media campaigns, educational materials) for WIC participants in addition to *Loving Support* peer counseling?

❑ Yes
❑ No *(Skip to Question 4)*

3.   Please indicate the breastfeeding promotion activities **undertaken at the State level** that your **State agency funds** for WIC participants. Please **do not** indicate local WIC agency activities. *(Select all that apply)*

❑ Media campaigns and educational materials (e.g., television ads, posters, brochures
❑ Breastfeeding promotion training to staff other then *Loving Support* peer counselors
❑ Make lactation consultants available to WIC participants
❑ Sponsor certified lactation counselor training (or similar certification training)
❑ Equipment (e.g., breast pumps)
❑ Peer counseling or other counseling by clinic staff to WIC participants that is different than *Loving Support* peer counseling
❑ Warmline or hotline

❑ Classes or support group meetings for WIC participants
❑ Other *(Specify:_____*)

4. Are you **able to track at the State level** the amount of Nutrition Services and Administration (NSA) funds spent for the breastfeeding promotion activities that you specified in Question 3?

❑ Yes
❑ No (*Skip to Question 7*)

5. Do you track just what the State spends on the above-indicated activities or do you also include what local WIC agencies spend on those activities using NSA funds?

❑ Just what the State spent
❑ What both the State spent and what local WIC agencies spent

6. How much NSA funding was spent on breastfeeding promotion activities described in Question 3 in FFY 2007: $_____.

❑ This amount *includes* NSA funding that augmented the *Loving Support* peer counseling grant.
❑ This amount *excludes* NSA funding that augmented the *Loving Support* peer counseling grant.

7. How has your State chosen to use the *Loving Support* grant funds? Check all that apply.

❑ Use some *Loving Support* grant funds at the state level (e.g., for staff training, planning, etc.).
❑ We chose to focus the grant funds on a small number of sites, rather than trying to make funding available to all sites.
❑ We chose to distribute the grant funds to as many sites as possible rather then concentrating funding on relatively few sites.
❑ We chose initially to focus the grant funds on sites that were enhancing existing peer counseling programs.
❑ We chose initially to focus the grant funds on sites that were beginning peer counseling programs.
❑ Other (*Specify:_____*)

8. At the State level, what other major initiatives are underway that you believe have an impact on breastfeeding rates in your State:

❑ Major public education campaigns, sponsored by either public or private funding
❑ Efforts to change hospital policies to limit the distribution of formula and make them more "Baby Friendly"
❑ Major training initiatives for health professionals to support breastfeeding
❑ Other (*Specify:_____)*

State-Level Staff for *Loving Support* Peer Counseling and Other Breastfeeding Promotion Activities

9. In your State, please list all WIC State employees who work on the *Loving Support* peer counseling program. Please include anyone who is involved in either policy guidance, resource allocation, financial monitoring, and/or management information systems as they relate to *Loving Support* peer counseling. Please include yourself. Please also indicate whether this person's salary is fully supported, partially supported, or not supported by the FNS *Loving Support* peer counseling grant.

Name	Approximately how long has this person been in this position?	Is this person the State designated *Loving Support* peer counseling coordinator?	Person is involved in….						Salary is supported by….		
			Resource Allocation	Policy Guidance	Financial Monitoring	Management Information Systems	Training	Other (*Specify*)	Fully Supported by FNS *Peer Counseling* grant	Partially Supported By FNS *Peer Counseling* Grant	Not Supported by FNS *Peer Counseling* Grant
	❑ < 1 year ❑ 1-3 years ❑ > 3 years	❑ yes ❑ no									
	❑ < 1 year ❑ 1-3 years ❑ 3 years	❑ yes ❑ no									
	❑ < 1 year ❑ 1-3 years ❑ > 3 years	❑ yes ❑ no									
	❑ < 1 year ❑ 1-3 years ❑ > 3 years	❑ yes ❑ no									
	❑ < 1 year ❑ 1-3 years ❑ > 3 years	❑ yes ❑ no									
	❑ < 1 year ❑ 1-3 years ❑ > 3 years	❑ yes ❑ no									

10.   Adding up all of the time of all of the State WIC staff involved in the *Loving Support* peer counseling program, what is the approximate *average* number of hours per month ***paid for*** by the *Loving Support* peer counseling program, as opposed to the supported by NSA or other funding?

        _____ hours per month

11.   When you think about *Loving Support* peer counseling in your State, is there one person you would consider its champion – whose efforts and enthusiasm really make it work?

❑   Yes
     If yes, who is this person? _____
❑   No

12.   Please indicate if anyone at the State level is involved in the *Loving Support* peer counseling program undertakes the following activities: *(Select all that apply)*

❑   Conduct needs assessment to identify the local program, population, geographic areas, and potential sites to target the WIC peer counseling services
❑   Provide technical assistance to local WIC programs to hire a breastfeeding/peer counseling coordinator
❑   Develop statewide program policies for *Loving Support* peer counseling
❑   Provide technical assistance to local WIC programs on basic policies and procedures for a peer counseling program
❑   Provide training to local WIC staff (other than peer counselors) about breastfeeding and peer counseling
❑   Provide training to peer counselors about peer counseling duties and responsibilities
❑   Develop informational materials about breastfeeding
❑   Monitor the implementation of local WIC peer counseling services
❑   Design and/or participate in evaluation or ongoing monitoring of local WIC peer counseling services including data collection
❑   Conduct *Loving Support* peer counseling program promotion with local organizations in the community
❑   Provide information to WIC clients about the peer counseling program
❑   Report on the program operations to WIC administrative staff
❑   Provide direct supervision to local peer counselors
❑   Other (S*pecify:* _____)

Training for *Loving Support* Peer Counseling

Training *Received By* WIC State Agency Staff

13.   Please indicate the training related to *Loving Support* peer counseling that **State-level WIC staff have received** since your State first accepted the *Loving Support* peer counseling funding.

	No training received	Training received 1 time	Training received more than 1 time
a. *Loving Support* peer counseling training	❏	❏	❏
b. Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	❏	❏	❏
c. Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPS)	❏	❏	❏
d. Other lactation courses that award certificates	❏	❏	❏
e. Other *(Specify:)* _____	❏	❏	❏

Training *Offered By* State Agency Staff or Sponsored by the State

14.   In the last question we asked you about training State staff received. Here we ask about training State staff **provided or sponsored**. Please indicate the training related to *Loving Support* peer counseling that State staff **provided to local WIC agency staff** since your State first accepted the *Loving Support* peer counseling funding. We would like to know about training that the State provided directly or paid for through contracts or other agreements.

	No training offered	Training offered 1 time	Training offered more than 1 time
a. *Loving Support* peer counseling training	❏	❏	❏
b. Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	❏	❏	❏
c. Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPS)	❏	❏	❏
d. Other lactation courses that award certificates	❏	❏	❏
e. Other *(Specify:)* _____	❏	❏	❏

State Distribution of Funds for *Loving Support* Peer Counseling

This section focuses on how the State distributes funding for the *Loving Support* peer counseling program, which may be funded by FNS *Loving Support* peer counseling grants exclusively or in combination with other funding sources.

15. Does the WIC State Agency currently fund any local WIC agencies or regional entities (i.e., that include more than one local WIC agency, such as a regional health district) to implement the *Loving Support* peer counseling program?

- ❑ Yes, funding goes directly to local WIC agencies *(Go to 16)*
- ❑ Yes, funding goes to regional agencies (i.e., that include more than one local WIC agency) who then distribute it to local WIC agencies *(Ask 15a-b)*
- ❑ No *(Skip to end)*

15a. How many regional entities are there?

_____

15b. How many receive FNS peer counseling grant funds?

_____

16. How many local WIC agencies are in your State?

_____ Number of local agencies

17. Of these local agencies, how many offer *Loving Support* peer counseling?

_____ Number of local agencies that offer *Loving Support* peer counseling

17a. Of these, how many had peer counseling programs in place the same as or similar to *Loving Support* peer counseling prior to the FNS peer counseling grants?

_____ Number of local agencies that had similar programs in place prior to the FNS peer counseling grant, **including voluntary programs.**

18. Of local agencies that offer *Loving Support* peer counseling, how many receive funding from FNS peer counseling grants?

_____ Number of local agencies with *Loving Support* peer counseling that receive FNS peer counseling grants

19. In addition to providing local sites with funding from the *Loving Support* peer counseling grant, did your State allocate additional funds from NSA or from other sources for the *Loving Support* peer counseling program? (*Check all that apply.)*

❑ Yes, we distribute to sites NSA and/or other funds to augment *Loving Support* peer counseling programs

❑ No, we do not distribute to sites any funding in addition to the *Loving Support* peer counseling grant to support the *Loving Support* peer counseling program (*skip to Question 21.)*

❑ Whether or not we explicitly allocate NSA and other funds, we allow sites to *choose to* spend some it their NSA funds to augment *Loving Support*

20. What are the sources of these additional funds for *Loving Support* peer counseling? Please check the box to next to the source and provide the amount of funding in FFY 07 that went to local *Loving Support* peer counseling programs.

Source of funds	Amount of funding
❑ Nutrition Services and Administration (NSA) funds	$_____ ❑ State does not collect this information
❑ State non-WIC funds (e.g., State public health dollars)	$_____ ❑ State does not collect this information
❑ Other funds (e.g., private philanthropic funding) *(Specify:* _____)	$_____ ❑ State does not collect this information.

21. Taking into account all sources of funding for *Loving Support* peer counseling, what percentage of funding to local agencies comes from the FNS *Loving Support* peer counseling grant? *(Select one)*

❑ 100%
❑ 75 - 99%
❑ 50 - 74%
❑ 25 - 49%
❑ Less than 25%

We have created a list of local WIC agencies for your State below. Please review the list and update it if agency contact information is incorrect. Next to each, please indicate the following:

- Whether the agency is operating a *Loving Support* peer counseling program,
- Whether, to your knowledge, it is implementing all 10 components of the FNS model for the *Loving Support* peer counseling program *(please press the **Glossary** button to review the 10 components of Loving Support peer counseling)*
- Whether it is receiving the *Loving Support* peer counseling grant and the amount of grant it received in FFY07;
- Whether it is receiving NSA funds to support *Loving Support* peer counseling; and
- Whether it is receiving other non-NSA funding for *Loving Support* peer counseling from the State.

[Note: Programming will create list all agencies, for each state and ITO in left hand column.]

Agency name and contact information	Operates *Loving Support* peer counseling program?	Implementing all 10 components of *Loving Support*?	Receiving the FNS peer counseling grant?	If yes in previous column, FNS peer counseling grant amount received	Receiving NSA funds to support *Loving Support* peer counseling?	Receiving other non-NSA funding for *Loving Support* peer counseling program from state?
	❑ Yes ❑ No ❑ Don't Know	❑ Yes ❑ No ❑ Don't Know	❑ Yes ❑ No		❑ Yes ❑ No	❑ Yes ❑ No
	❑ Yes ❑ No ❑ Don't Know	❑ Yes ❑ No ❑ Don't Know	❑ Yes ❑ No		❑ Yes ❑ No	❑ Yes ❑ No
	❑ Yes ❑ No ❑ Don't Know	❑ Yes ❑ No ❑ Don't Know	❑ Yes ❑ No		❑ Yes ❑ No	❑ Yes ❑ No
	❑ Yes ❑ No ❑ Don't Know	❑ Yes ❑ No ❑ Don't Know	❑ Yes ❑ No		❑ Yes ❑ No	❑ Yes ❑ No

State Written Guidance for Local *Loving Support* Peer Counseling Programs

This section is about written guidance the State WIC Agency provides to local WIC agencies about major aspects of the *Loving Support* peer counseling program. (If the specific guidance conforms *exactly* to that provided in the *Using Loving Support to Manage Peer Counseling Programs,*[3] please indicate below.)

22.   Does the State provide guidance to local WIC agencies about the following aspects of local *Loving Support* peer counseling programs? **_Guidance_ can include either State _recommendations_ or State _requirements_.** *(Select all that apply)*

❑ **Role, responsibilities, and qualifications of local WIC peer counseling coordinators.** [*If checked, then the two following boxes pop up for user to check]*

  ❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs

  ❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, questions 23-28 will be asked. Otherwise they will not appear.]

❑ **Qualifications of local WIC peer counselors**. [*If checked, then the two following boxes pop up for user to check]*

  ❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.

  ❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, questions 29-30 will be asked. Otherwise they will not appear.]

❑ **Timing of peer counselor's first contact with pregnant women or new mothers (e.g., during pregnancy, in hospital).** [*If checked, then the two following boxes pop up for user to check]*

  ❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.

  ❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, question 31 will be asked. Otherwise it will not appear.]

❑ **Frequency of peer counselor's contact with program participants.** [*If checked, then the two following boxes pop up for user to check]*

  ❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.

  ❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, questions 32-34 will be asked. Otherwise they will not appear.]

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[3]   This is the training curriculum designed for management staff of the special supplemental nutrition program for WIC. The URL is http://www.nal.usda.gov/wicworks/Learning_Center/support_peer_training04.html

❑ **Maximum length of time that WIC participants may receive peer counseling.** [*If checked, then the two following boxes pop up for user to check]*

❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, question 35 will be asked. Otherwise it will not appear.]

❑ **Settings where peer counseling services are provided to clients.** [*If checked, then the two following boxes pop up for user to check]*

❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, questions 36-38 will be asked. Otherwise they will not appear.]

❑ **The types of contact (i.e., in-person, telephone) that peer counselors have with WIC participants.** [*If checked, then the two following boxes pop up for user to check]*

❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
❑ Is different from Using Loving Support to Manage Peer Counseling [If checked, question 39 will be asked. Otherwise it will not appear.]

❑ **Accessibility of peer counselors to clients outside WIC clinic hours**. [*If checked, then the two following boxes pop up for user to check]*

❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, question 40 will be asked. Otherwise it will not appear.]

❑ **Caseload, number of clients for each peer counselor.** [*If checked, then the two following boxes pop up for user to check]*

❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, question 41 will be asked. Otherwise it will not appear.]

❑ **Wages or benefits and career paths for peer counselors.** [*If checked, then the two following boxes pop up for user to check]*

❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, questions 42-47 will be asked. Otherwise they will not appear.]

❑ **Nature and amount of initial and ongoing training and support that peer counselors receive**. [*If checked, then the two following boxes pop up for user to check]*

   ❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
   ❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, questions 48-52 will be asked. Otherwise they will not appear.]

❑ **Supervision and job monitoring of peer counselors.** [*If checked, then the two following boxes pop up for user to check]*

   ❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
   ❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, question 53 will be asked. Otherwise it will not appear.]

❑ **Community partnerships related to the *Loving Support* peer counseling program that local agencies must establish.** [*If checked, then the two following boxes pop up for user to check]*

   ❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
   ❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, questions 54-55 will be asked. Otherwise they will not appear.]

❑ **Peer counselors' job activities (e.g., duties related to staff training, making referrals, service documentation and program administrative tasks).** [*If checked, then the two following boxes pop up for user to check]*

   ❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
   ❑ Is different from Using Loving Support to Manage Peer Counseling Programs

❑ **Documentation of peer counselors' interactions with WIC participants.** [*If checked, then the two following boxes pop up for user to check]*

   ❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
   ❑ Is different from Using Loving Support to Manage Peer Counseling Programs

❑ **Content of peer counseling activities with clients (e.g., topics/issues to discuss with clients, educational activities) participants.** [*If checked, then the two following boxes pop up for user to check]*

   ❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.
   ❑ Is different from Using Loving Support to Manage Peer Counseling Programs

❑ **Procedures for referrals of *Loving Support* peer counseling participants to other related services.** [*If checked, then the two following boxes pop up for user to check]*

❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.

❑ Is different from Using Loving Support to Manage Peer Counseling

❑ **Documentation of peer counselors' interactions with WIC participants.** [*If checked, then the two following boxes pop up for user to check]*

❑ Conforms exactly to recommendations found in Using Loving Support to Manage Peer Counseling Programs.

❑ Is different from Using Loving Support to Manage Peer Counseling Programs [If checked, question 56 will be asked. Otherwise it will not appear.]

Local Peer Counseling Coordinators

23. Does the State recommend or require that local WIC agencies with a *Loving Support* peer counseling program designate a local peer counselor coordinator?

❑ Yes
❑ No *(Skip to 25)*

24. Does the State recommend or require that the local *Loving Support* peer counseling coordinator be a different person than the local breastfeeding promotion coordinator?

❑ Yes
❑ No

25. Does the State have guidelines about the educational level or experience of local peer counseling coordinators?

❑ Yes
❑ No *(Skip to 27)*

26. Please indicate whether the State has guidelines for the following education, experience, and other qualifications for local peer counseling coordinators. *(Select all that apply)*

❑ Associate's degree
❑ Bachelor's degree
❑ International Board Certified Lactation Consultant or IBCLC eligible
❑ Registered dietitian or nutritionist
❑ Registered nurse
❑ Experience in program management
❑ Experience in breastfeeding promotion
❑ Training in lactation management
❑ Experience as health-related program supervisor
❑ Personal experience in breastfeeding
❑ Computer skills
❑ Bilingual

❑ Experience in counseling
❑ Experience in peer counseling

27. Does your State have guidelines about the responsibilities of local peer counseling coordinators?

❑ Yes
❑ No *(Skip to 29)*

28. Please indicate whether the State has guidelines about the responsibilities of peer counseling coordinators in the following areas. *(Select all that apply)*

❑ Conduct needs assessments related to *Loving Support* peer counseling services
❑ Participate in local WIC program's establishing the basic policies and procedures for the *Loving Support* peer counseling program
❑ Supervise and monitor work performance of *Loving Support* peer counselors
❑ Participate in the training of local WIC agency staff about breastfeeding and peer counseling
❑ Provide training to local *Loving Support* breastfeeding peer counselors
❑ Monitor the implementation of local *Loving Support* peer counseling services
❑ Design and/or participate in evaluation of local *Loving Support* peer counseling services
❑ Conduct promotion activities for the *Loving Support* peer counseling program
❑ Provide information to WIC clients about the *Loving Support* peer counseling program
❑ Initiate or serve as point of contact for community organizations that collaborate on *Loving Support* activities
❑ Report on *Loving Support* program operations to State WIC administrative staff
❑ Other (*Specify:* _____)

Local Peer Counselor Qualifications

29. Does the State have guidelines about the educational level or experience of local peer counselors?

❑ Yes
❑ No *(Skip to 31)*

30. Please indicate whether the State has guidelines about the qualifications of local peer counselors in the following areas. *(Select all that apply)*

❑ Paraprofessional
❑ Professional certification, e.g., International Board Certified Lactation Consultant or IBCLC eligible, registered dietitian or nutritionist, lactation management
❑ GED or high school completion
❑ Associate's degree
❑ Bachelor's degree
❑ Master's degree
❑ Current or previous WIC recipient
❑ Current or previous breastfeeding experience
❑ Ethnic background similar to the target peer counseling program participants

❑ Age similar to the target peer counseling program participants
❑ Speak the same language as the target peer counseling program participants
❑ Live in the same community as the target peer counseling program participants
❑ Available to clients outside the usual clinic hours
❑ Available to clients outside the WIC clinic setting
❑ Willing to travel to remote parts of the WIC service area
❑ Available to conduct peer counseling services for a minimum number of required hours per week

   [If this is selected:] What is the required minimum hours/week?

   _____ hours/week

❑ Minimum length of commitment to serve as peer counselor
   ❑ [If this is selected:] What is the minimum length of commitment required?

      _____ months

❑ Good parenting model
❑ Project positive image of WIC, present information consistent with WIC philosophy
❑ Enthusiastic about breastfeeding
❑ Have good interpersonal communication skills
❑ Recognize when to make referrals to other services, specialists, and programs
❑ Have access to reliable transportation
❑ Must have telephone
❑ Other *(Specify:* _____)

Timing of First Contact

31.   When does the State recommend or require that peer counselors **first** contact WIC participants?

   31a.   During pregnancy?

      ❑ Yes
      ❑ No *(Skip to 32)*

   31b.   During a specific trimester?

      ❑ Yes
      ❑ No *(Skip to 31d)*

   31c.   During which trimester?

      ❑ First
      ❑ Second
      ❑ Third

31d. After delivery?

❑ Yes
❑ No *(Skip to 32)*

31e. When after delivery?

❑ While in hospital
❑ Within first week at home
❑ Other/It depends *(Specify or explain:* _____)

Frequency of Contact

32. Does the State have guidelines about how soon a response is required after a request for breastfeeding assistance from a WIC participant?

❑ Yes
❑ No *(Skip to 34)*

33. Please specify below—either in days or hours—the guideline for the maximum time that can elapse after a request.

_____ Number of days can elapse after a request
OR
_____ Number of hours can elapse after a request

34. What are the State guidelines about frequency of contact during the following time periods?

	No guidelines	At least 1 time every…					Other time period *(Specify # of contacts per time period))*
		1 week	2 weeks	1 month	2 months	3 months	
During pregnancy							
During 1st trimester	❑	❑	❑	❑	❑	❑	❑ ___ contacts per _____
During 2nd trimester	❑	❑	❑	❑	❑	❑	❑ ___ contacts per _____
During 3rd trimester	❑	❑	❑	❑	❑	❑	❑ ___ contacts per _____
During last month of pregnancy	❑	❑	❑	❑	■	■	❑ ___ contacts per _____
After Delivery							❑ ___ contacts per _____
Week 1 (after hospital stay)	❑	❑	■	■	■	■	❑ ___ contacts per _____
Weeks 2 – 4	❑	❑	❑	❑	■	■	❑ ___ contacts per _____
Months 2 – 4	❑	❑	❑	❑	❑	■	❑ ___ contacts per _____
Months 4 – 6	❑	❑	❑	❑	❑	■	❑ ___ contacts per _____
After 6 Months	❑	❑	❑	❑	❑	❑	❑ ___ contacts per _____

Maximum Length of Time

35.   Please indicate your State's guidelines about the maximum number of months after delivery that a WIC participant may receive *Loving Support* peer counseling.

_____ Number of months

Settings

36.   Please indicate the settings for which the State has guidelines regarding peer counselors' in-person contact with WIC participants. *(Select all that apply.)*

❑   In the hospital
❑   In WIC participants' homes
❑   In local WIC offices during office hours
❑   In local WIC office after hours
❑   Other *(Specify:)* _____

37.   Do your guidelines prohibit in-person contact between WIC participants and peer counselors in the any of the above settings? *(Select all that apply.)*

❑   In the hospital
❑   In WIC participants' homes
❑   In local WIC offices after hours
❑   Other *(Specify:* _____)

38.   Do your guidelines address liability issues related to in-person contact between WIC participants and peer counselors in the any of the above settings? *(Select all that apply.)*

❑   In the hospital
❑   In WIC participants' homes
❑   In local WIC offices during office hours
❑   In local WIC offices after hours
❑   Other *(Specify:* _____)

Type of Contact

39.   Does the State recommend or require that at least some of the contact between peer counselors and WIC participants be in-person?

❑   Yes
❑   No

Accessibility

40.   What are the State's guidelines about accessibility of *Loving Support* peer counselors outside of WIC program hours? *(Select all that apply)*

□ A peer counselor should be available **by telephone** for specific periods of time.
        [Ask Questions 40.a – 40.e]
□ A peer counselor should be available **in person** for some periods of time.
        [Ask Questions 40.f – 40.i]

40a.   What kind of equipment does the State recommend or require that local agencies provide to make WIC peer counselors accessible to WIC participants?

□ Cell phones
□ Answering machines
□ Beepers
□ Other *(Specify:_____)*
□ No equipment

40b.   What time periods does the State recommend or require that peer counselors be available **by phone** for *their own* clients (if they are assigned a caseload) at least some of the time?

□ Evenings
□ Weekends
□ Holidays
□ Other *(Specify:_____)*
□ The programs in our state do not operate this way.

40c.   Do the recommendations or requirements for peer counselor availability by phone depend on the status of the WIC participant (i.e., if she is pregnant, just after delivery, etc.)?

□ Yes
□ No

40c.1   If yes, please indicate which types of clients are high priority.

_____

40d.   Does your state have guidelines on time periods that *at least one* peer counselor must be available to WIC clients by phone, whether or not these clients are in that counselor's caseload?

□ Yes
□ No

40e.   Does your State recommend or require that *at least one* peer counselor be available by phone to *all* WIC clients, or only some types of WIC clients (e.g., when pregnant, just after delivery, etc.)?

❑   All WIC clients
❑   Only some WIC clients

40e.1   If only some WIC clients, please indicate which ones are high priority.

_____

40f.   What time periods does your State recommend or require that peer counselors be available in person *for their own clients* at least some of the time?

❑   Not applicable. Peer counselors in this State do not have specific caseloads.
❑   Evenings
❑   Weekends
❑   Holidays
❑   Other *(Specify:* _____)

40g.   What does your State recommend or require about a peer counselor's availability **in person** to *all of their own clients* or only some clients, depending upon their status (e.g., when pregnant, just after delivery)?

❑   All their caseload
❑   Only some of these caseload

40g.1   If only some of their caseload, please the priority groups

_____

40h.   Does your State recommend or require that *at least one* peer counselor be available **in person** at least some time periods for WIC participants *not* on their caseload?

❑   Yes
❑   No

40h.1   If yes, please indicate if guidelines pertain to the following time periods at least for peer counselor availability.

❑   Evenings
❑   Weekends
❑   Holidays
❑   Other *(Specify:* _____)

Caseload

41.   Please indicate the State's caseload guidelines for a full-time peer counselors. (We assume that part-time peer counselors will have lower maximum caseloads.) Fill in only the rows for which the State has guidelines (e.g., the State may have caseload guidelines for breastfeeding women, but does not break it down by "exclusive" or "partial" breastfeeding).

	No guidelines	**Maximum caseload**
Pregnant women	❑	_____
Breastfeeding women	❑	_____
Exclusive	❑	_____
Partial	❑	_____
All pregnant and breastfeeding women	❑	_____

Wages, Benefits and Career Paths

42.   Does your State require that all peer counselors be paid?

❑   Yes
❑   No *(Skip to 45)*

43.   Does your State set a minimum amount that peer counselors must be paid?
❑   Yes
❑   No *(Skip to 45)*

44.   What is that minimum amount

$_____ per hour

45.   Does your State have any guidelines about non-wage compensation (e.g., travel reimbursement, paid leave) for peer counselors?

❑   Yes
❑   No *(Skip to 47)*

46.   Please indicate below the non-wage compensation about which your State has guidelines. *(Select all that apply)*

❑   Paid leave (e.g., sick, holiday, vacation)
❑   Health insurance benefits
❑   Other benefits (e.g., life insurance, disability insurance)
❑   Compensation for job-related expenses (e.g., mileage, telephone)
❑   Other types of compensation *(Specify:_____)*

47. Does the State have guidelines about career paths for peer counselors?

  ❑ Yes
  ❑ No

Training and Support

48. Does the State have guidelines about the minimum types and levels of initial training that peer counselors must receive?

  ❑ Yes
  ❑ No *(Skip to 50)*

49. Does the State's minimum training guidelines exceed the *Loving Support* peer counseling model guidelines?

  ❑ Yes
  ❑ No

50. Does the State have guidelines about the amount of in-service training that peer counselors must receive?

  ❑ Yes
  ❑ No

51. Does the State have guidelines about other types of ongoing supervision and support that peer counselors receive?

  ❑ Yes
  ❑ No *(Skip to 53)*

52. Please specify the areas in which there are State guidelines about support to peer counselors. *(Select all that apply)*

  ❑ Access to breastfeeding consultants and other experts
  ❑ Regular contact with local peer counseling supervisor
  ❑ Participation in WIC agency or clinic staff meetings
  ❑ Opportunities to meet regularly with other peer counselors

Supervision and Job Monitoring

53.   Please indicate in which of the following areas the State provides guidance to local WIC programs. *(Select all that apply)*

❑ Frequency of contact with *Loving Support* peer counselor coordinator/supervisor
❑ Review of client contact logs/activity records by coordinator/supervisor
❑ Routine spot checks by coordinator/supervisor
❑ Attendance of *Loving Support* peer counselors in supervisory meetings and/or WIC staff meetings
❑ Observation of *Loving Support* peer counseling activities by coordinator/supervisor
❑ Formal performance evaluation/review of *Loving Support* peer counselors
❑ Submission of monthly work activity reports by peer counselors
❑ Monitoring client participation and retention rates for individual peer counselors
❑ Review of peer counselors' time sheets, travel vouchers, phone logs, paperwork
❑ Other *(Specify:)* _____

Community Partnerships

54.   Does the State provide guidance about the types of agencies that should participate in community partnerships?

❑ Yes
❑ No *(Skip to 56)*

55.   In the State guidance, what types of organizations should participate in community partnerships? *(Select all that apply)*

❑ Hospitals
❑ Clinics
❑ Schools
❑ Community agencies
❑ Other government agencies
❑ Other *(Specify:)* _____

56.   What is the State's guidance about the type of information peer counselors record/document about peer counseling activities? *(Select all that apply.)*

   ❑ Location of contact
   ❑ Method of contact (e.g., home visit, phone)
   ❑ Topics/issues discussed with client
   ❑ Referrals made
   ❑ Status of breastfeeding (e.g., initiation, exclusivity)
   ❑ Unsuccessful contacts
   ❑ Materials sent to participants
   ❑ Demographic data about participant and her baby
   ❑ Other *(Specify:)* _____

State Data Collection about Breastfeeding and the *Loving Support* Peer Counseling Program

The next section addresses information on breastfeeding collected at the State level, the method used to collect it, and the schedule for data collection. Some of the questions are designed to understand information on breastfeeding in general, not just *Loving Support* peer counseling.

57.   Does your State collect data on whether WIC participants have *ever breastfed?*
   ❑ Yes
   ❑ No (*Skip to Question 58.*)

   57.a. How does the State define *ever breastfed?*

   ❑ Breastfed or fed breast milk to infant at least once
   ❑ Other definition (Specify)_____

57.b. Please give us your average percentage of WIC participants who have *ever breastfed* for each April of the last three fiscal years:

   April 2007 _____

   April 2006 _____

   April 2005_____

58.   Does your State collect data on the *duration of breastfeeding* for WIC participants?
   ❑ Yes
   ❑ No (*Skip to Question 59.*)

58.a. How does the State define *breastfeeding duration?*

❑ Number of weeks an infant is at least partially breastfeeding
❑ Number of months an infant is at least partially breastfeeding
❑ Other definition (Specify)_____

58.b. Please give us your average percentage of WIC participants who have *breastfeeding duration* for each April of the last three fiscal years:

April 2007 _____

April 2006 _____

April 2005_____

59.   Does your State collect data on *breastfeeding exclusivity* for WIC participants?
❑ Yes
❑ No (*Skip to Question 60.)*

59.a. How does the State define *breastfeeding exclusivity?*

❑ No solids, water, or other liquids besides breastmilk
❑ Receives WIC food package exclusive breastfeeding
❑ Other definition (Specify)_____
❑

59b.   Do you characterize *breastfeeding exclusivity* by the age of the infant (e.g., number of infants exclusively breastfeeding at 1 month)?

❑ Yes
❑ No (*Skip to 59.d.*)

59c.   At what age(s) do you measure exclusivity? (*Specify)*_____

59.d Please give us your average percentage of WIC participants who were *breastfeeding exclusively* in each April of the last three fiscal years:

April 2007 _____

April 2006 _____

April 2005_____

60. On a scale of 1 to 5, 1 being the **least** accurate, please tell us a number that reflects how accurate you think the data are for each of these items. [*Each outcome measure will pop up if the user indicates that the State collects data about it.]*

Breastfeeding initiation *(circle one.)*   1   2   3   4   5

Breastfeeding duration *(circle one.)*   1   2   3   4   5

Breastfeeding exclusivity *(circle one.)*   1   2   3   4   5

61. How are data on *ever breastfed, breastfeeding duration, and breastfeeding exclusivity* collected? [*Each outcome measure will pop up if the user indicates that the State collects data about it.]*

	Indicator		
	Breastfeeding initiation	**Breastfeeding duration**	**Breastfeeding exclusivity**
Entered by local WIC agencies into centralized data base	❑	❑	❑
Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements	❑	❑	❑
Survey sent from State to local WIC agencies for completion	❑	❑	❑
Other *(Specify:)* _____	❑	❑	❑
Other *(Specify:)* _____	❑	❑	❑
Other *(Specify:)* _____	❑	❑	❑

62. How are these data available at the State level?

	Indicator		
	Breastfeeding initiation	**Breastfeeding duration**	**Breastfeeding exclusivity**
Stored in an electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)	❑	❑	❑
Available in electronic document formats	❑	❑	❑
Available in paper only	❑	❑	❑
Not all data are in one format	❑	❑	❑
Other *(Specify:)* _____	❑	❑	❑
Other *(Specify:)* _____	❑	❑	❑
Other *(Specify:)* _____	❑	❑	❑

63.   How often are these data collected?

	Indicator		
	Breastfeeding initiation	**Breastfeeding duration**	**Breastfeeding exclusivity**
On an ongoing basis	❑	❑	❑
More than once a year	❑	❑	❑
Annually	❑	❑	❑
Less often than annually	❑	❑	❑
Other *(Specify:)* _____	❑	❑	❑
Other *(Specify:)* _____	❑	❑	❑
Other *(Specify:)* _____	❑	❑	❑

64.   How are these indicators used? *(Select all that apply. Not all indicators may be used for all purposes.)*

   ❑ Needs assessment
   ❑ Federal reporting
   ❑ Monitoring *Loving Support* peer counseling program
   ❑ Evaluating *Loving Support* peer counseling program
   ❑ Monitoring other breastfeeding promotion initiatives
   ❑ Evaluating other breastfeeding promotion initiatives
   ❑ Other *(Specify:)* _____

Loving Support Peer Counseling Program Data

65.   Which of these data items does the State collect? *(Select all that apply)*

   ❑ Overall number of WIC participants in *Loving Support* peer counseling
   ❑ Number of pregnant WIC participants receiving *Loving Support* peer counseling
   ❑ Number of postpartum WIC participants receiving *Loving Support* peer counseling
   ❑ Type of ***prenatal*** *Loving Support* peer counseling received by individual participants
   ❑ Frequency of prenatal *Loving Support* peer counseling received by individual participants
   ❑ Type of *Loving Support* peer counseling received by individual participants ***after delivery***
   ❑ Frequency of *Loving Support* peer counseling received by individual participants after delivery
   ❑ Number of weeks or months over which postpartum *Loving Support* peer counseling services are received by individual participants
   ❑ Demographic information about *Loving Support* peer counseling participants (e.g., race, age, region)
   ❑ Feedback from WIC participants about the effects of *Loving Support* peer counseling
   ❑ Caseload, hours worked, breastfeeding rates, or other disposition information for individual peer counselors
   ❑ Other *(Specify:)* _____
   ❑ None of the above *(Skip to end)*

66.   How are these data used? *(Select all that apply)*

❑   Needs assessment
❑   Federal reporting
❑   Monitoring *Loving Support* peer counseling program
❑   Evaluating *Loving Support* peer counseling program
❑   Other *(Specify:)* _____

67.   Are the program data that you indicated the State collects gathered through one method or by more than one method?

❑   One method
❑   More than one method (*Skip to 69*)

68.   How are these data collected?

_____

69.   How are these data available?

❑   Entered by local WIC agencies into centralized data base
❑   Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements
❑   Survey sent from State to local WIC agencies for completion
❑   Other *(Specify:)* _____

70.   How often are these data collected?

❑   On an ongoing basis
❑   More than once a year
❑   Annually
❑   Less often than annually

[Questions 71-73 will be asked for each indicator SELECTED in Question 65 if respondent indicates more than one method in Question 63]

71.   How are these data collected?

	Entered by local WIC agencies into centralized data base	Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements	Survey sent from State to local WIC agencies for completion	Other (*Specify:*)
Overall number of WIC participants in *Loving Support* peer counseling	❑	❑	❑	_____
Number of pregnant WIC participants receiving *Loving Support* peer counseling	❑	❑	❑	_____
Number of postpartum WIC participants receiving *Loving Support* peer counseling	❑	❑	❑	_____
Type of ***prenatal*** *Loving Support* peer counseling received by individual participants	❑	❑	❑	_____
Frequency of ***prenatal*** *Loving Support* peer counseling received by individual participants	❑	❑	❑	_____
Type of *Loving Support* peer counseling received by individual participants ***after delivery***	❑	❑	❑	_____
Frequency of *Loving Support* peer counseling received by individual participants ***after delivery***	❑	❑	❑	_____
Number of weeks or months over which postpartum *Loving Support* peer counseling services are received by individual participants	❑	❑	❑	_____
Demographic information about *Loving Support* peer counseling participants (e.g., race, age)	❑	❑	❑	_____
Other. (*Specify:*) _____	❑	❑	❑	_____
Other. (*Specify:*) _____	❑	❑	❑	_____
Other. (*Specify:*) _____	❑	❑	❑	_____

72.	How are these data available at the State level?

	Stored in an electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)	Available in electronic document formats	Available in paper only	Not all data are in one format
Overall number of WIC participants in *Loving Support* peer counseling	❑	❑	❑	❑
Number of pregnant WIC participants receiving *Loving Support* peer counseling	❑	❑	❑	❑
Number of postpartum WIC participants receiving *Loving Support* peer counseling	❑	❑	❑	❑
Type of ***prenatal*** *Loving Support* peer counseling received by individual participants	❑	❑	❑	❑
Frequency of ***prenatal*** *Loving Support* peer counseling received by individual participants	❑	❑	❑	❑
Type of *Loving Support* peer counseling received by individual participants ***after delivery***	❑	❑	❑	❑
Frequency of *Loving Support* peer counseling received by individual participants ***after delivery***	❑	❑	❑	❑
Number of weeks or months over which postpartum *Loving Support* peer counseling services are received by individual participants	❑	❑	❑	❑
Demographic information about *Loving Support* peer counseling participants (e.g., race, age)	❑	❑	❑	❑
Other. *(Specify:)* _____	❑	❑	❑	❑
Other. *(Specify:)* _____	❑	❑	❑	❑
Other. *(Specify:)* _____	❑	❑	❑	❑

73.	How often are these data collected?

	On an ongoing basis	More than once a year	Annually	Less often then annually
Overall number of WIC participants in *Loving Support* peer counseling	❑	❑	❑	❑
Number of pregnant WIC participants receiving *Loving Support* peer counseling	❑	❑	❑	❑
Number of postpartum WIC participants receiving *Loving Support* peer counseling	❑	❑	❑	❑
Type of ***prenatal*** *Loving Support* peer counseling received by individual participants	❑	❑	❑	❑

	On an ongoing basis	More than once a year	Annually	Less often then annually
Frequency of **prenatal** *Loving Support* peer counseling received by individual participants	❑	❑	❑	❑
Type of *Loving Support* peer counseling received by individual participants **after delivery**	❑	❑	❑	❑
Frequency of *Loving Support* peer counseling received by individual participants **after delivery**	❑	❑	❑	❑
Number of weeks or months over which postpartum *Loving Support* peer counseling services are received by individual participants	❑	❑	❑	❑
Demographic information about *Loving Support* peer counseling participants (e.g., race, age)	❑	❑	❑	❑
Other. *(Specify:)* _____	❑	❑	❑	❑
Other. *(Specify:)* _____	❑	❑	❑	❑
Other. *(Specify:)* _____	❑	❑	❑	❑

Conclusion

Thank you very much for responding to this survey. We may be in contact with you if we have any further questions. If you have any question, please do not hesitate to call Patty Connor at <mark>(1-xxx-xxx-xxxx.)</mark>

Please certify that the survey is complete

      ❑   I certify that the survey is complete.
      Enter name_____
      ❑