

## **APPENDIX E**

### **DATA COLLECTION INSTRUMENT FOR WIC PARTICIPANTS**

#### **VERSION A: PREGNANT, BREASTFEEDING AND POST-PARTUM**

#### **VERSION B: INFANTS AND CHILDREN**

*Public reporting burden for this collection of information is estimated to average 24 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0484).*

# WIC Participants Survey

## PART 1: PRE-CODED FROM AGENCY DATA

**NOTE: TO MAINTAIN CONSISTENCY OF NUMBERING FOR THE SAME ITEMS ACROSS VERSIONS, SOME NUMBERS MAY BE EXCLUDED.**

P1. Sampled participant

- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_  
\_\_\_\_\_
- c. Phone number(s): \_\_\_\_\_  
\_\_\_\_\_

P2. Information on sampled participant from state/local records

- a. Category
  - Pregnant
  - Breastfeeding [SKIP TO P2d]
  - Postpartum [SKIP TO P2d]
- b. *THIS QUESTION NUMBER DELIBERATELY SKIPPED*
- c. Start date of current certification for this pregnancy (MM/DD/YYYY).  
[SHOULD BE PRIOR TO JULY 31, 2008]  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_
- d. Start date of original certification for this pregnancy. [MAY BE SAME AS  
P2c OR EARLIER.] (MM/DD/YYYY)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_
- e. [IF R.=PREGNANT, SKIP TO P2f. FOR BREASTFEEDING &  
POSTPARTUM ONLY, NOTE THE FOLLOWING FROM RECORDS:]  
Did R. receive benefits while pregnant?
  - Yes
  - No
- f. Birthdate of participant (MM/DD/YYYY)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- g. Gender of participant
  - Male
  - Female

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h. Is participant..? [IF IN RECORDS. OTHERWISE ASK IN Q49 AT END OF SURVEY]

- Hispanic or Latino?
- Not Hispanic or Latino?
- Not indicated in records (COMPLETE Q49)

i. Race/ethnicity of participant [IF IN RECORDS. OTHERWISE ASK IN Q50 AT END OF SURVEY]

- American Indian or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multiracial (Two or more of the above)
- Not indicated in records (COMPLETE Q50)

j. Primary language of participant [IF NOTED IN RECORDS]

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> English          | <input type="checkbox"/> Hmong      | <input type="checkbox"/> Spanish        |
| <input type="checkbox"/> Arabic           | <input type="checkbox"/> Khmer      | <input type="checkbox"/> Swahili        |
| <input type="checkbox"/> Cambodian        | <input type="checkbox"/> Korean     | <input type="checkbox"/> Tamil          |
| <input type="checkbox"/> Cantonese/Mandar | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Tagalog        |
| <input type="checkbox"/> Farsi            | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu           |
| <input type="checkbox"/> French/Creole    | <input type="checkbox"/> Punjabi    | <input type="checkbox"/> Vietnamese     |
| <input type="checkbox"/> Fulani           | <input type="checkbox"/> Russian    | <input type="checkbox"/> Other: SPECIFY |
| <input type="checkbox"/> Hindi            | <input type="checkbox"/> Somali     | _____                                   |

P3. Do records indicate proof of...?

	YES	NO
a. Identification	<input type="checkbox"/>	<input type="checkbox"/>
b. Categorical eligibility	<input type="checkbox"/>	<input type="checkbox"/>
c. Adjunctive income eligibility	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-adjunctive income eligibility	<input type="checkbox"/>	<input type="checkbox"/>
e. Residential eligibility	<input type="checkbox"/>	<input type="checkbox"/>
f. Nutritional eligibility	<input type="checkbox"/>	<input type="checkbox"/>

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P4. What justification or documents were used to establish...? (NOTE FOR ALL THAT APPLY)

	Adjunctive or other State-defined automatic income eligibility	Non-Adjunctive income eligibility	Residential eligibility	Nutritional eligibility [TYPE IN UP TO 8 CODES]
NOTE "1" IF DOC IS NOTED IN FILE; NOTE "2" IF ACTUAL COPY IS IN FILE	<u>Adjunctive</u> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> TANF <input type="checkbox"/> Children's Medicaid <u>Other State-defined</u> <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) <input type="checkbox"/> Free/Reduced-Meal School Lunch/Breakfast Program <input type="checkbox"/> Low-Income Energy Assistance <input type="checkbox"/> Document Unspecified <input type="checkbox"/> Other: SPECIFY _____ <input type="checkbox"/> None	<input type="checkbox"/> Most recent tax return <input type="checkbox"/> W-2 form <input type="checkbox"/> Statement from bank or other financial institution <input type="checkbox"/> Check or pay stub <input type="checkbox"/> Signed statement by employer <input type="checkbox"/> Eligibility letter signed by official state/local agency <input type="checkbox"/> Statement of benefits by public agency or court <input type="checkbox"/> Current utility bill, rent, mortgage receipt or tax bill <input type="checkbox"/> Written statement from reliable third party <input type="checkbox"/> Document Unspecified <input type="checkbox"/> Other: SPECIFY _____ <input type="checkbox"/> None	<input type="checkbox"/> Drivers license <input type="checkbox"/> Current utility/tax bill with address on it <input type="checkbox"/> Written statement from reliable third party <input type="checkbox"/> Checkbook <input type="checkbox"/> Rent receipt, mortgage receipt or lease <input type="checkbox"/> Document Unspecified <input type="checkbox"/> Other: SPECIFY _____ <input type="checkbox"/> None	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> None

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P5. Number in WIC family/economic unit

a. IF DISCERNIBLE FROM AGENCY RECORDS: Relationships relative to sampled participant [DO NOT INCLUDE PARTICIPANT]

Relationship to WIC participant ↓	Adults counted in WIC family/economic unit who are...  (WRITE #)	Infants & children (<15 yrs) counted in WIC family/economic unit who are...  (WRITE #)	How many of total - from columns one and two -- receive WIC?  (WRITE #)
1. Spouse	<input type="checkbox"/>	N/A	<input type="checkbox"/>
2. Partner	<input type="checkbox"/>	N/A	<input type="checkbox"/>
3. Son/daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Step-son/daughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Foster child	N/A	<input type="checkbox"/>	<input type="checkbox"/>
6. Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Step-parent	<input type="checkbox"/>	N/A	<input type="checkbox"/>
8. Foster parent	<input type="checkbox"/>	N/A	<input type="checkbox"/>
9. Brother/Sister or Step-Brother/Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Grandparent	<input type="checkbox"/>	N/A	<input type="checkbox"/>
11. Uncle/aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cousin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Nephew/niece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Father-in-law/Mother-in-law	<input type="checkbox"/>	N/A	<input type="checkbox"/>
15. Brother-in-law/sister-in-law	<input type="checkbox"/>	N/A	<input type="checkbox"/>
16. Other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Other non-relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. COMPUTER WILL TOTAL COLUMNS FROM ABOVE

Total	Total	Total
These two totals --plus 1 for the sampled WIC participant --equal total number of people that LA considers to be part of family/economic unit		This total --plus 1 for the sampled WIC participant -- equals number of WIC participants in family/ economic unit

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P6. PRE-CODED ITEMS ABOUT THE LOCAL AGENCY

- a) Administration of local agency: \_\_\_\_\_
- 1) By State directly
  - 2) By local government
  - 3) By public or private third party organization
- b) How does local agency refer to food instruments with its WIC clients? [USE DATA FROM STATE AGENCY LETTER #1]
- 1) Food coupons
  - 2) Food checks
  - 3) Food instruments
  - 4) Other: SPECIFY \_\_\_\_\_
- c) What is the name of Food Stamp program in this State? [USE DATA FROM STATE AGENCY LETTER #1]

[OPEN END]

## PART 2: WIC PARTICIPANT TELEPHONE SURVEY

### SCREENER

SA. NAME OF WIC PARTICIPANT SAMPLED... \_\_\_\_\_

SB. NAME OF RESPONDENT TO BE INTERVIEWED. THIS WILL BE A PARENT, GUARDIAN OR FOSTER PARENT IF WIC PARTICIPANT IS AN INFANT OR CHILD \_\_\_\_\_

**•USE VERSION A IF Q-SA (SAMPLED PARTICIPANT) AND Q-SB (PERSON INTERVIEWED) ARE *THE SAME*. THIS WILL BE ALL PREGNANT, BREASTFEEDING OR POSTPARTUM PARTICIPANTS**

- Contact made by Phone
- Non- Contact Reasons:
  - \_\_\_ No Answer
  - \_\_\_ Normal Busy
  - \_\_\_ Answering Machine
  - \_\_\_ Wrong Number

S1. Hello, may I speak to [WIC PARTICIPANT]\_\_\_\_\_?

A. Yes [WHEN R. IS REACHED, CONTINUE]

No [GET TIME AND DATE WHEN R. CAN BE REACHED. TERMINATE.]

B. Time \_\_\_\_\_ Date\_\_\_\_\_

This is \_\_\_\_\_ of Macro International calling on behalf of USDA'S WIC program from which you are currently receiving food benefits. We are conducting a confidential survey about what people like about WIC and how WIC can be improved. You are under no obligation to answer any question, and you can end the interview at any time. The interview takes approximately 25 minutes, and again, any information you give us will be confidential.

ADD INFORMED CONSENT LANGUAGE FROM IRB.

S2. May we continue?

\_\_\_ Accept

\_\_\_ Refuse

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S3. IF POSSIBLE LANGUAGE DIFFICULTIES, ASK: May we continue in English?

Yes [CONTINUE]

No [ASK "What language do you speak?" AND RECORD ANSWER. IF QUESTION NOT UNDERSTOOD, ASK "Español?" OR OTHER LIKELY LANGUAGE (AS PRECODED IN P2j) AND RECORD ANSWER. TELL R. YOU WILL CALL BACK LATER.]

IF REFUSAL, SAY: This research is really important to the WIC program because they need to hear feedback from people who use the program. We're interviewing 2400 WIC participants, including yourself, all around the country. Your name was randomly chosen and your answers will be kept confidential and grouped with other people's answers, so neither the Food and Nutrition Service nor your local agency will ever know your specific answers. Nothing you say will change your benefits. The survey shouldn't take all that long. You are not required to answer any question, and you can end the interview at any time. I'd really like to do the survey now. However, if now is inconvenient, we could schedule a different time.

- SEE IF R. WILL DO INTERVIEW NOW.
- IF YES, GO BACK TO Q2; CHANGE TO ACCEPT, THEN CONTINUE
- IF NOT, SEE IF R. SUGGEST TIME/DATE AND NEGOTIATE AS INTERVIEWER'S SCHEDULE PERMITS.

TIME \_\_\_\_\_ DATE \_\_\_\_\_ (ENTER "0" IF R. REFUSES)

- IF R. STILL REFUSES, THANK & TERMINATE.



## TELEPHONE SURVEY

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The questions I am going to ask are about your satisfaction and experiences with WIC. This takes about 20 minutes and your feedback will be grouped together with answers from other people. Since your answers are confidential, nothing you say will change your benefits.

### WIC PROGRAM PARTICIPATION

1. Let's begin by talking about your experience with WIC. Is this the first time you've received WIC benefits **for yourself** or have you participated before this with another pregnancy/child? [IF PREGNANT, SAY: pregnancy. IF BREASTFEEDING/ POSTPARTUM, SAY: child]
  - NEW TO WIC [SKIP TO Q3]
  - PARTICIPATED BEFORE [CONTINUE]
  
2. How many times have you participated before? [ASK, THEN SKIP TO Q4]
  - 1
  - 2
  - 3 or more
  
3. Why didn't you participate before this? [DO NOT READ; CHECK ALL THAT APPLY]
  - THIS IS MY FIRST CHILD/PREGNANCY
  - DIDN'T LIVE IN USA
  - DIDN'T KNOW ABOUT WIC
  - DIDN'T THINK QUALIFIED FOR WIC (FOR CATEGORY REASON)
  - DIDN'T THINK QUALIFIED FOR WIC (FOR INCOME REASON)
  - DIDN'T TRUST WIC
  - DIDN'T QUALIFY FOR WIC
  - LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES
  - SCHEDULE DIFFICULTIES
  - SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME
  - WAITING SPACE AT CLINIC IS LIMITED
  - LACK OF CHILD CARE
  - LANGUAGE BARRIERS
  - PROBLEMS QUALIFYING FOR BENEFITS

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- DIDN'T HAVE PAPERS TO PROVE ELIGIBILITY
- DIFFICULTIES KEEPING APPOINTMENT TIMES
- WIC FOOD SELECTION NOT DESIRABLE
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION)
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES)
- IMMIGRATION CONCERNS
- DIDN'T NEED FOOD BENEFIT
- DON'T KNOW
- OTHER: PLEASE SPECIFY \_\_\_\_\_

[IF Q3= THIS IS MY FIRST CHILD/PREGNANCY, AUTOMATICALLY CODE Q4 AS THIS IS FIRST, ONLY CHILD AND SKIP TO Q5.]

4. [IF R.=PREGNANT, ASK:]

How many other children do you have?

[IF R.=BREASTFEEDING OR POSTPARTUM, ASK:]

How many other children do you have, or is this your first baby?

- 0. THIS IS FIRST, ONLY CHILD
- 1. 1 OTHER CHILD
- 2. 2 OTHER CHILDREN
- 3. 3 OTHER CHILDREN
- 4. 4 OTHER CHILDREN
- 5. 5 OTHER CHILDREN
- 6. 6 OTHER CHILDREN
- 7. 7 OTHER CHILDREN
- 8. 8 OTHER CHILDREN
- 9. 9 OR MORE OTHER CHILDREN

[CLARIFY: And were these children all born to you? IF ANSWER IS NO, RE-ASK QUESTION, How many other children have been born to you, or is this your first baby?]

SKIP TO Q7 IF ANY OF FOLLOWING ARE TRUE:

- R.=PREGNANT
- R.=BREASTFEEDING AND P2e=YES (i.e. Rec'd benefits when pregnant)
- R.=POSTPARTUM IF P2e=YES (i.e. Rec'd benefits when pregnant)

5. According to the records, you did not receive benefits while you were pregnant, that is, before the baby was born. Is that correct?

- YES [CONTINUE]
- NO [SKIP TO Q7]

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6. Why didn't you participate in WIC while you were pregnant? [DO NOT READ; CHECK AS MANY AS APPLY]

- DIDN'T LIVE IN USA
- DIDN'T KNOW ABOUT WIC
- DIDN'T TRUST WIC
- DIDN'T QUALIFY FOR WIC
- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES
- SCHEDULE DIFFICULTIES
- SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME
- WAITING SPACE AT CLINIC IS LIMITED
- LACK OF CHILD CARE
- LANGUAGE BARRIERS
- PROBLEMS QUALIFYING FOR BENEFITS
- DIFFICULTIES KEEPING APPOINTMENT TIMES
- WIC FOOD SELECTION NOT DESIRABLE
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION)
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES)
- IMMIGRATION CONCERNS
- DIDN'T NEED FOOD BENEFIT
- DON'T KNOW
- OTHER: PLEASE SPECIFY \_\_\_\_\_

**SATISFACTION WITH LOCAL CLINIC, SERVICES, FOOD STORES**

7. Thinking about the WIC clinic that you are familiar with, how satisfied are you with the people that work there and the services they provide? Would you say you are [READ]...?

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied, or
- Very Dissatisfied

7a. Thinking about the WIC clinic's location and building facility, would you say you are [READ]...?

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied, or
- Very Dissatisfied

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Looking at specific qualities or characteristics of the clinic...

8. How would you rate the [INSERT FROM BELOW]? Would you say it is Excellent, Very Good, Good, Fair or Poor? [REPEAT SCALE UNTIL R. LEARNS IT]

Excellent-----Very Good-----Good-----Fair-----Poor

[ROTATE START POINT]

- a) Customer friendliness of the WIC staff
- b) Quality of service you get
- c) Helpfulness of the staff
- d) Staff's ability to speak your language
- e) Safety of the clinic's location
- f) Convenience of the clinic's location for you
- g) Convenience of its operating hours
- h) Amount of time you must wait until you are seen by WIC staff
- i) Size and space of the waiting area
- j) Activities provided to occupy children while you wait
- k) Way they handle paperwork for certification
- l) How they deliver your food -[INSERT WORD USED IN P6b]

9. Now, think about the food benefits that you receive **for yourself**. How would you rate them in the following areas? Use the same scale: Excellent, Very Good, Good, Fair or Poor. How would you rate the food benefits for...

Excellent-----Very Good-----Good-----Fair -----Poor

- a) Providing the right quantity of food?
- b) Offering foods that you like to eat?
- c) Offering food choices in sizes and brands that you can find on the shelf? For example, if the coupon says a 46 oz container of juice in one of these 3 brands, you can find them in the store where you shop.

10. Are there certain WIC foods that, on a regular basis, you do not purchase for some reason?

- YES [CONTINUE]
- NO [SKIP TO Q12]

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11. Which ones do you not purchase? [DO NOT READ LIST. JUST CHECK OFF ALL THAT APPLY. FOR EACH ONE CHECKED, ASK:] Why not)? AFTER R. ANSWERS, ASK, Anything else?

ITEMS NOT REDEEMED	Why don't you redeem them? [CODE OR WRITE IN MAIN REASON]	PRECODES
<input type="checkbox"/> CARROTS		1 – Dislike, don't like 2 – Not accustomed to eating it (including cultural differences) 3 – Food allergies 4 – Don't know how to prepare 5 – Too much trouble to prepare 6 – Problems getting food to home 7– Couldn't find/ Lost the food coupons 8 – Store did not have item in stock 9 – Did not need at that time 10 – Other: SPECIFY  *
<input type="checkbox"/> CEREAL		
<input type="checkbox"/> CHEESE		
<input type="checkbox"/> DRY BEANS, PEAS		
<input type="checkbox"/> EGGS		
<input type="checkbox"/> FORMULA		
<input type="checkbox"/> JUICE		
<input type="checkbox"/> MILK		
<input type="checkbox"/> PEANUT BUTTER		
<input type="checkbox"/> TUNA		

12A. For food items you did redeem, was there **too much** of any food?

- YES (Which Foods?.....)
- NO (SKIP TO 12b)

[DO NOT READ. JUST CHECK OFF ALL THAT APPLY]

TOO MUCH
<input type="checkbox"/> CARROTS
<input type="checkbox"/> CEREAL
<input type="checkbox"/> CHEESE
<input type="checkbox"/> DRY BEANS, PEAS
<input type="checkbox"/> EGGS
<input type="checkbox"/> FORMULA
<input type="checkbox"/> JUICE
<input type="checkbox"/> MILK
<input type="checkbox"/> PEANUT BUTTER
<input type="checkbox"/> TUNA
<input type="checkbox"/> OTHER _____

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12B. For food items you did redeem, was there **too little** of any food?

- YES (Which Foods?.....)
- NO (SKIP TO 13)

[DO NOT READ. JUST CHECK OFF ALL THAT APPLY]

<b>TOO LITTLE</b>
<input type="checkbox"/> CARROTS
<input type="checkbox"/> CEREAL
<input type="checkbox"/> CHEESE
<input type="checkbox"/> DRY BEANS, PEAS
<input type="checkbox"/> EGGS
<input type="checkbox"/> FORMULA
<input type="checkbox"/> JUICE
<input type="checkbox"/> MILK
<input type="checkbox"/> PEANUT BUTTER
<input type="checkbox"/> TUNA
<input type="checkbox"/> OTHER _____

13. Which description best fits the store where you most often redeem your WIC food [INSERT WORD USED IN P6d]? [READ FULL LIST]

- Large grocery store or supermarket
- Small grocery store
- Convenience store
- Specialty food store, such as one that specializes in ethnic foods
- Store that carries only WIC-approved items
- Large combination food store-retailer such as a Walmart or a Target
- Military commissary
- [IF ILLINOIS, READ]: WIC Food Centers
- [DON'T READ] OTHER [ASK: Can you describe it for me? AND TYPE BRIEF DESCRIPTION \_\_\_\_\_]

14. Using the scale of Excellent, Very Good, Good, Fair or Poor that we used earlier, what overall rating would you give the store where you do most of your WIC shopping.”

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR



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**IMPACT OF TRAINING AND COUNSELING ON BEHAVIOR**

18. Let's talk about some of the services at the WIC agency. In addition to your scheduled appointments, have you attended any group education sessions that were recommended to you by the WIC staff?

- YES [CONTINUE]  
 No [SKIP TO Q23]

19. Were any of these seminars about...? [READ]		20. IF YES IN Q19, ASK: Did the seminar influence you to make any lifestyle changes?	21. IF YES IN Q20, ASK: Specifically, what changes did you make?	22. IF NO IN Q20, ASK: Why not? What about the program or session didn't work for you?
YES NO		YES NO		
Nutrition or preparing nutritious meals?	YES →  NO ↓	YES →  NOT → (To Q22)	<input type="checkbox"/> Eating more healthy <input type="checkbox"/> How to cook healthy meals <input type="checkbox"/> Avoiding bad foods <input type="checkbox"/> OTHER [SPECIFY]	<input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Not practical, useful <input type="checkbox"/> Foods I don't eat <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]
Breastfeeding your baby?	YES →  NO ↓	YES →  NOT → (To Q22)	<input type="checkbox"/> How to do it <input type="checkbox"/> Dealing with problems <input type="checkbox"/> Helping my baby to do it <input type="checkbox"/> Getting my family to accept it/cooperate <input type="checkbox"/> OTHER [SPECIFY]	<input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Not "hands-on" <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]
Disciplining your child?	YES →  NO ↓	YES →  NOT → (To Q22)	<input type="checkbox"/> Better parenting <input type="checkbox"/> Being more patient <input type="checkbox"/> Learning what works <input type="checkbox"/> OTHER [SPECIFY]	<input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Not realistic <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]



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<p>Educating your child?</p>	<p>YES →  NO ↓</p>	<p>YES →  NOT → (To Q22)</p>	<p><input type="checkbox"/> Better parenting  <input type="checkbox"/> Being more patient  <input type="checkbox"/> Learning what works  <input type="checkbox"/> Learning new techniques  <input type="checkbox"/> OTHER [SPECIFY]</p>	<p><input type="checkbox"/> Boring, not interesting  <input type="checkbox"/> Too long  <input type="checkbox"/> Too complicated  <input type="checkbox"/> Poor teacher  <input type="checkbox"/> Too general  <input type="checkbox"/> I already knew it  <input type="checkbox"/> OTHER [SPECIFY]</p>
<p>Living a healthy lifestyle?</p>	<p>YES →  NO ↓</p>	<p>YES →  NOT → (To Q22)</p>	<p><input type="checkbox"/> Making changes (general)  <input type="checkbox"/> Stopping smoking  <input type="checkbox"/> Eating healthy  <input type="checkbox"/> OTHER [SPECIFY]</p>	<p><input type="checkbox"/> Boring, not interesting  <input type="checkbox"/> Too long  <input type="checkbox"/> Too complicated  <input type="checkbox"/> Poor teacher  <input type="checkbox"/> I already knew it  <input type="checkbox"/> OTHER [SPECIFY]</p>
<p>Smoking cessation?</p>	<p>YES →  NO ↓</p>	<p>YES →  NOT → (To Q22)</p>	<p><input type="checkbox"/> Stopped smoking  <input type="checkbox"/> Cut back smoking  <input type="checkbox"/> Trying to stop smok'g  <input type="checkbox"/> Reducing 2<sup>nd</sup> hand smoke for family  <input type="checkbox"/> OTHER [SPECIFY]</p>	<p><input type="checkbox"/> Boring, not interesting  <input type="checkbox"/> Too long  <input type="checkbox"/> Too complicated  <input type="checkbox"/> Poor teacher  <input type="checkbox"/> I already knew it  <input type="checkbox"/> OTHER [SPECIFY]</p>
<p>Accessing, or making use of, other social services?</p>	<p>YES →  NO ↓</p>	<p>YES →  NOT → (To Q22)</p>	<p><input type="checkbox"/> Learning what they are, what I/we qualify for  <input type="checkbox"/> Getting referrals  <input type="checkbox"/> Finding out where they're located  <input type="checkbox"/> Getting Food Stamps  <input type="checkbox"/> Getting Medicaid  <input type="checkbox"/> Getting TANF (housing assistance)  <input type="checkbox"/> OTHER [SPECIFY]</p>	<p><input type="checkbox"/> Boring, not interesting  <input type="checkbox"/> Too long  <input type="checkbox"/> Too complicated  <input type="checkbox"/> Poor teacher  <input type="checkbox"/> I already knew it  <input type="checkbox"/> OTHER [SPECIFY]</p>



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26. What topics do you remember talking about with the nutrition counselor?  
 [DO NOT READ AT FIRST--PROBE AND CHECK **UNAIDED** RECALL]  
 [THEN READ LIST TO CHECK **AIDED** RECALL]

	UNAIDED	AIDED	
	YES	YES	NO
a) Healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Getting enough iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Calcium for bone health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Vitamin C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other vitamins and food supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Food safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Eating/preparing healthy meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Picky eaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Was the nutrition counseling useful to you?

- YES [CONTINUE]
- No [SKIP TO Q29]

28. Why? [DON'T READ LIST. CHECK ALL THAT APPLY.] [PROBE: ANYTHING ELSE?] [SKIP TO Q30 AFTER QUESTION.]

- LEARNED NEW THINGS
- COUNSELOR SEEMED TO UNDERSTAND ME/CARE ABOUT ME
- IT MOTIVATED ME TO MAKE CHANGES/HELPED ME SET GOALS
- HELPED ME EAT/BE HEALTHIER
- OTHER: SPECIFY \_\_\_\_\_

29. Why not? [DON'T READ LIST. CHECK ALL THAT APPLY.] [PROBE: ANYTHING ELSE?]

- BORING/NOTHING NEW LEARNED
- REPETITIVE
- LANGUAGE PROBLEMS
- TOO FAST. FELT RUSHED
- DISTRACTIONS (NOISE, PEOPLE, CONFUSION)
- COUNSELOR DIDN'T UNDERSTAND/TAILORED TO INDIVIDUAL CONCERNS
- OTHER: SPECIFY \_\_\_\_\_

## CURRENT SITUATION & BEHAVIORS

SKIP TO Q32 IF R.=PREGNANT AND Q4= FIRST, ONLY CHILD

30. At the current time, what, if any, health insurance do you have for your child/ren?

[IF R. SAYS SOMETHING LIKE “ AETNA, BLUE CROSS/BLUE SHIELD, KAISER, OR UNITED HEALTHCARE”, CLARIFY WHETHER IT IS PRIVATE INSURANCE THROUGH AN EMPLOYER OR NOT. IF MORE THAN ONE GIVEN, ASK FOR MAIN ONE.]

- NONE
- MEDICAID
- STATE CHIP – CHILDREN’S HEALTH INSURANCE PROGRAM
- OTHER STATE PROGRAM
- MILITARY/TRICARE
- PRIVATE INSURANCE THROUGH AN EMPLOYER
- PRIVATE INSURANCE NOT THROUGH AN EMPLOYER (I.E. THEIR OWN INSURANCE)
- OTHER: PLEASE SPECIFY: \_\_\_\_\_

31. What, if any health insurance, do you have for yourself? [IF MORE THAN ONE GIVEN, ASK FOR MAIN ONE.]

- NONE
- MEDICAID
- OTHER STATE PROGRAM
- MILITARY/TRICARE
- PRIVATE INSURANCE THROUGH MOTHER/SPOUSE’S EMPLOYER (E.G. MILITARY)
- PRIVATE INSURANCE NOT THROUGH MOTHER/SPOUSE’S EMPLOYER
- OTHER: PLEASE SPECIFY: \_\_\_\_\_

VERSION A: PREGNANT, BREASTFEEDING OR POSTPARTUM 2-20-09

32. Are you, or members of your family, getting food through the... [READ LIST]?

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| a) Food Stamp program, also known as [INSERT FROM P6c]?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Free or reduced price School Lunch or Breakfast program?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Summer Food Service program, for kids when not in school?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Food Distribution Program on Indian Reservations (FDPIR)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Temporary Emergency Food Assistance program?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Child and Adult Care Food program, which provides free lunches for children at day care centers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Local/community food bank or pantry?   |                          |                          |
| h) Commodity Supplemental Food Program, which provides food packets that are distributed through State and local agencies? [IF Q32h=YES, SKIP TO Q33] | <input type="checkbox"/> | <input type="checkbox"/> |

i) Have you ever participated in Commodity Supplemental Food Program in the past?

- YES  
 No [SKIP TO Q33]

j) How long ago did your participation in that program stop?

\_\_\_\_\_ YEARS AGO  
\_\_\_\_\_ MONTHS AGO

VERSION A: PREGNANT, BREASTFEEDING OR POSTPARTUM 2-20-09

33. Now thinking about how your family eats generally, which of the following statements best describes the food you had to eat in your household during the last 12 months? Did your household... [READ LIST]? [CHECK ONE ONLY]

- Have enough to eat [SKIP TO Q35]
- Sometimes do not have enough to eat, or
- Often not have enough to eat

34A. Now I am going to read a series of statements that people sometimes make about food and meals. For each statement, tell me if the statement was often, sometimes or never true for you in the last 12 months. [REPEAT SCALE AS NECESSARY]	
1) We worried whether our food would run out before we got money to buy more.	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
2) The food that we bought just didn't last and we didn't have money to get more.	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
3) We couldn't afford to eat balanced meals.	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
IF R.=PREGNANT AND Q4=FIRST, ONLY CHILD, SKIP TO Q34b.	
4) We relied on only a few kinds of low-cost food to feed our children because we were running out of money to buy food.	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
5) We couldn't feed our children a balanced meal, because we couldn't afford that.	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
6) The children were not eating enough because we just couldn't afford enough food.	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
34B. In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food?	<input type="checkbox"/> YES <input type="checkbox"/> NO [SKIP TO Q34C]
1) How often did this happen— almost every month, some months but not every month, or in only 1 or 2 months?	<input type="checkbox"/> ALMOST EVERY MONTH <input type="checkbox"/> SOME MONTHS BUT NOT EVERY MONTH <input type="checkbox"/> ONLY 1 OR 2 MONTHS
34C. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34D. In the last 12 months, were you ever hungry, but didn't eat, because there wasn't enough money for food?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VERSION A: PREGNANT, BREASTFEEDING OR POSTPARTUM 2-20-09

34E. In the last 12 months, did you lose weight because there wasn't enough money for food?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34F. In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?	<input type="checkbox"/> YES <input type="checkbox"/> NO [SKIP TO Q34H.]
34G. How often did this happen— almost every month, some months but not every month, or in only 1 or 2 months?	<input type="checkbox"/> ALMOST EVERY MONTH <input type="checkbox"/> SOME MONTHS BUT NOT EVERY MONTH <input type="checkbox"/> ONLY 1 OR 2 MONTHS

SKIP TO Q42 IF R.=PREGNANT <u>AND</u> Q4=THIS IS FIRST, ONLY CHILD] [USE "child" INSTEAD OF CHILDREN IN Q35H-L IF R.=BREASTFEEDING/ POSTPARTUM <u>AND</u> Q4=FIRST, ONLY CHILD]	
34H. In the last 12 months, did you ever cut the size of any of the children's meals because there wasn't enough money for food?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34I. In the last 12 months, were the children ever hungry but you just couldn't afford more food?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34J. In the last 12 months, did any of the children ever skip a meal because there wasn't enough money for food?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34K. How often did this happen— almost every month, some months but not every month, or in only 1 or 2 months?	<input type="checkbox"/> ALMOST EVERY MONTH <input type="checkbox"/> SOME MONTHS BUT NOT EVERY MONTH <input type="checkbox"/> ONLY 1 OR 2 MONTHS
34L. In the last 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF R.=BREASTFEEDING/POSTPARTUM AND Q4=THIS IS FIRST, ONLY CHILD, THEN SKIP TO Q38.

35. You said you have [READ NUMBER FROM Q4] other children in addition to the baby [FOR PREGNANT ADD: that is coming]. Of these other children, how many were breastfed, even if only for a short time?

[RECORD NUMBER. NUMBER CAN NOT EXCEED NUMBER FROM Q4. IF Q35= 0, SKIP TO Q36d]

VERSION A: PREGNANT, BREASTFEEDING OR POSTPARTUM 2-20-09

36. Did you breastfeed after the last baby before this one, even if only for a short time?

- YES [GO TO Q36a ]  
 NO [GO TO Q36d ]

a) For how long did you breast-feed that baby? (Probe if needed)	b) Of that time, how much of that time was the baby exclusively breastfed, with no other food?	c) Why did you stop breastfeeding? [AFTER THIS QUESTION, SKIP TO Q42 IF R.=PREGNANT; OR TO Q38 IF R.=BREASTFEEDING OR POSTPARTUM]	d) Why did you not breastfeed? [AFTER THIS QUESTION, SKIP TO Q42 IF R.=PREGNANT]
<p>____ &lt;2 wks [SKIP TO Q36d]</p> <p>____ NUMBER OF WEEKS OR MONTHS ("99" IF DON'T KNOW)</p> <p>____ [1] WEEKS [2] MONTHS [9] DOESN'T KNOW</p>	<p>____ NUMBER OF WEEKS OR MONTHS ("99" IF DON'T KNOW)</p> <p>____ [1] WEEKS [2] MONTHS [9] DOESN'T KNOW</p>	<p>[DO NOT READ. CHECK ALL THAT APPLY]</p> <p>HEALTH ITEMS</p> <ol style="list-style-type: none"> <li>1. Baby had difficulty nursing</li> <li>2. Not producing enough breast milk</li> <li>3. Baby not gaining enough weight</li> <li>4. Nipples sore, cracked or bleeding</li> <li>5. Mother or baby became sick</li> </ol> <p>TIME/DUTY ITEMS</p> <ol style="list-style-type: none"> <li>6. Other children to take care of</li> <li>7. Went back to work or school</li> <li>8. Wanted my body back to myself</li> <li>9. Wanted/needed someone else to feed the baby</li> <li>10. Too many household duties</li> </ol> <p>PREFERENCE ITEMS</p> <ol style="list-style-type: none"> <li>11. Did not like breastfeeding</li> <li>12. Did not want to be tied down</li> <li>13. Embarrassment</li> <li>14. Husband/partner did not want me to breastfeed</li> <li>15. Felt it was the right time to stop</li> </ol>	<p>[DO NOT READ. CHECK ALL THAT APPLY]</p> <p>HEALTH ITEMS</p> <ol style="list-style-type: none"> <li>1. Baby had difficulty nursing</li> <li>2. Not producing enough breast milk</li> <li>3. Baby not gaining enough weight</li> <li>4. Nipples sore, cracked or bleeding</li> <li>5. Mother or baby became sick</li> </ol> <p>TIME/DUTY ITEMS</p> <ol style="list-style-type: none"> <li>6. Other children to take care of</li> <li>7. Went back to work or school</li> <li>8. Wanted my body back to myself</li> <li>9. Wanted/needed someone else to feed the baby</li> <li>10. Too many household duties</li> </ol> <p>PREFERENCE ITEMS</p> <ol style="list-style-type: none"> <li>11. Did not like breastfeeding</li> <li>12. Did not want to be tied down</li> <li>13. Embarrassment</li> <li>14. Husband/partner did not want me to breastfeed</li> <li>15. Felt it was the right time to stop</li> </ol>



VERSION A: PREGNANT, BREASTFEEDING OR POSTPARTUM 2-20-09

FOR BREASTFEEDING AND POSTPARTUM ONLY:

38. Now, do you or did you breastfeed your most recent baby, even if only for a short time?

- YES
- NO [GO TO Q39d ]

39. **Is it still ongoing** or did you stop breastfeeding? [DO NOT READ ANSWERS]

- ONGOING [SKIP TO 44]
- STOPPED

a) For how long did the breast-feeding last in total? (Probe if needed)	b) Of that time, how much of that time was the baby exclusively breastfed, with no other food?	c) Why did you stop breastfeeding? [AFTER THIS QUESTION, SKIP TO Q40]	d) Why did you not breastfeed?
<p>____ &lt;2 wks [SKIP TO Q39c]</p> <p>____ NUMBER OF WEEKS OR MONTHS ("99" IF DON'T KNOW)</p> <p>____ [1] WEEKS [2] MONTHS [9] DOESN'T KNOW</p>	<p>____ NUMBER OF WEEKS OR MONTHS ("99" IF DON'T KNOW)</p> <p>____ [1] WEEKS [2] MONTHS [9] DOESN'T KNOW</p>	<p>DO NOT READ. CHECK ALL THAT APPLY</p> <p>HEALTH ITEMS</p> <ol style="list-style-type: none"> <li>1. Baby had difficulty nursing</li> <li>2. Not producing enough breast milk</li> <li>3. Baby not gaining enough weight</li> <li>4. Nipples sore, cracked or bleeding</li> <li>5. Mother or baby became sick</li> </ol> <p>TIME/DUTY ITEMS</p> <ol style="list-style-type: none"> <li>6. Other children to take care of</li> <li>7. Went back to work or school</li> <li>8. Wanted my body back to myself</li> <li>9. Wanted/needed someone else to feed the baby</li> <li>10. Too many household duties</li> </ol> <p>PREFERENCE ITEMS</p> <ol style="list-style-type: none"> <li>11. Did not like breastfeeding</li> <li>12. Did not want to be tied down</li> <li>13. Embarrassment</li> <li>14. Husband/partner did not want me to breastfeed</li> <li>15. Felt it was the right time to stop</li> </ol>	<p>DO NOT READ. CHECK ALL THAT APPLY</p> <p>HEALTH ITEMS</p> <ol style="list-style-type: none"> <li>1. Baby had difficulty nursing</li> <li>2. Not producing enough breast milk</li> <li>3. Baby not gaining enough weight</li> <li>4. Nipples sore, cracked or bleeding</li> <li>5. Mother or baby became sick</li> </ol> <p>TIME/DUTY ITEMS</p> <ol style="list-style-type: none"> <li>6. Other children to take care of</li> <li>7. Went back to work or school</li> <li>8. Wanted my body back to myself</li> <li>9. Wanted/needed someone else to feed the baby</li> <li>10. Too many household duties</li> </ol> <p>PREFERENCE ITEMS</p> <ol style="list-style-type: none"> <li>11. Did not like breastfeeding</li> <li>12. Did not want to be tied down</li> <li>13. Embarrassment</li> <li>14. Husband/partner did not want me to breastfeed</li> <li>15. Felt it was the right time to stop</li> </ol>

VERSION A: PREGNANT, BREASTFEEDING OR POSTPARTUM 2-20-09

40. What, if anything, might have helped you to breastfeed? [AFTER QUESTION, SKIP TO Q44]

1. HELP BABY THAT HAD TROUBLE NURSING
2. SHOW ME WAYS TO MAKE IT HURT LESS
3. SHOW ME WAYS TO MAKE IT EASIER
4. SHOW ME HOW TO PUMP MILK
5. TALK TO UNSUPPORTIVE HUSBAND/PARTNER
6. TALK TO UNSUPPORTIVE MOTHER/GRANDMOTHER
7. TELL ME HOW TO WORK IT INTO MY SCHEDULE
8. NOTHING
9. OTHER [SPECIFY] \_\_\_\_\_

41. What one thing might have helped you breastfeed for a longer period of time? [AFTER QUESTION, SKIP TO Q44]

1. HELP BABY THAT HAD TROUBLE NURSING
2. SHOW ME WAYS TO MAKE IT HURT LESS
3. SHOW ME WAYS TO MAKE IT EASIER
4. SHOW ME HOW TO PUMP MILK
5. TALK TO UNSUPPORTIVE HUSBAND/PARTNER
6. TALK TO UNSUPPORTIVE MOTHER/GRANDMOTHER
7. TELL ME HOW TO WORK IT INTO MY SCHEDULE
8. NOTHING
9. OTHER [SPECIFY] \_\_\_\_\_

FOR PREGNANT ONLY:

42. With your upcoming baby, are you planning to breastfeed?

- YES [CONTINUE]  
 No [SKIP TO Q44]

43. For how many months in total from the baby's birth, are you planning to breastfeed?  
\_\_\_\_\_ MONTHS ("99" IF DOESN'T KNOW)

VERSION A: PREGNANT, BREASTFEEDING OR POSTPARTUM 2-20-09

FOR EVERYONE:

44. What, if any, **advantages** do you see of breastfeeding? [UNAIDED AWARENESS. DO NOT READ. CHECK ALL THAT APPLY] [PROBE: ANYTHING ELSE?]

- BETTER/HEALTHIER BABY
- MOTHER-BABY BONDING, CLOSENESS
- BREASTFEEDING ENJOYABLE
- EASIER, MORE CONVENIENT
- CHEAPER/PROVIDED FOR FREE
- FRIENDS/FAMILY ARE FAMILIAR WITH IT AND CAN HELP ME
- OTHER: SPECIFY \_\_\_\_\_

45. What, if any, **disadvantages** do you see of breastfeeding? [UNAIDED AWARENESS. DO NOT READ. CHECK ALL THAT APPLY] [PROBE: ANYTHING ELSE?]

- NOT ENOUGH BREAST MILK TO SATISFY BABY
- HARD TO DO WHEN ONE IS GOING BACK TO WORK OR SCHOOL
- PAIN OR DISCOMFORT
- NO ONE ELSE CAN FEED THE BABY
- TOO TIME-CONSUMING
- TOO MUCH WORK COMPARED TO FORMULA
- MORE EXPENSIVE COMPARED TO FORMULA
- FRIENDS/FAMILY ARE NOT FAMILIAR WITH IT CANNOT HELP ME
- OTHER: SPECIFY \_\_\_\_\_

**FRIENDS**

46. Do you have friends who you think are eligible for WIC but who haven't applied for WIC benefits?

- YES
- NO

47. Do you know anyone who was in WIC but dropped out before their certification period was over?

- YES
- NO

VERSION A: PREGNANT, BREASTFEEDING OR POSTPARTUM 2-20-09

48. What, do you think, are the main reasons that people don't participate in WIC?  
PROBE: Anything else? [DO NOT READ. CODE UP TO THREE REPLIES.]
- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES
  - THEY DON'T KNOW THAT WIC EXISTS
  - INCONVENIENT HOURS/DAYS CLINIC OPEN
  - SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME
  - WAITING SPACE AT CLINIC IS LIMITED
  - LACK OF CHILD CARE
  - LANGUAGE BARRIERS
  - PROBLEMS QUALIFYING FOR BENEFITS
  - DIFFICULTIES KEEPING APPOINTMENT TIMES
  - WIC FOOD SELECTION NOT DESIRABLE
  - WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION)
  - WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES)
  - IMMIGRATION CONCERNS
  - DIDN'T NEED FOOD BENEFIT
  - OTHER: PLEASE SPECIFY \_\_\_\_\_

**DEMOGRAPHICS**

We're almost done with this survey. I'd like to ask a few questions for classification purposes only.

SKIP IF RECORDED IN PART 1: P2h

49. Are you ... [READ]

- Hispanic or Latino?
- Not Hispanic or Latino?
- REFUSED

SKIP IF RECORDED IN PART 1: P2i

50. How would you characterize yourself in terms of race? [READ ALL. CHECK AS MANY AS APPLY]

- American Indian or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multiracial (Two or more of the above)
- REFUSED

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51. What is the highest level of education you have attained? [READ UNTIL R. INDICATES ANSWER]

- Refused
- Elementary school (6 years or less of education)
- Some high school (7 – 11 years of education)
- High school diploma or GED
- Some college
- Associate's degree
- Bachelor's degree
- Advanced degree

52. What is your first language, that is, the language you speak at home?

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> English             | <input type="checkbox"/> Hmong   | <input type="checkbox"/> Spanish        |
| <input type="checkbox"/> Arabic              | <input type="checkbox"/> Khmer   | <input type="checkbox"/> Swahili        |
| <input type="checkbox"/> Cambodian           | <input type="checkbox"/> Korean  | <input type="checkbox"/> Tamil          |
| <input type="checkbox"/> Cantonese/ Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog        |
| <input type="checkbox"/> Farsi               | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Urdu           |
| <input type="checkbox"/> French/Creole       | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese     |
| <input type="checkbox"/> Fulani              | <input type="checkbox"/> Somali  | <input type="checkbox"/> Other: SPECIFY |
| <input type="checkbox"/> Hindi               |                                  | _____                                   |

IF R. HAS NOT BEEN CHOSEN FOR IN-HOME AUDIT, READ:

Thank you so much for your help in answering this survey. Your feedback, combined with other anonymous responses, will help improve the WIC program. Thanks again. Have a great day/evening.

**PART 3: TELEPHONE SCREENER FOR IN-HOME AUDIT (Version A)**

IF R. HAS BEEN CHOSEN FOR IN-HOME AUDIT, READ:

Thank you so much for your help in answering this survey. Your feedback, combined with other confidential responses, will really help improve the WIC program.

**SCREENER**

SA. Our contract with USDA's WIC asks us to randomly select **half** of the people who complete the telephone survey to see if we can ask you some additional questions at your home. This would take 30 minutes or less and you would receive \$20 for your time. Again, your answers will be confidential and not have any effect on benefits, either good or bad. The purpose of the in-home interview would be to ask about who makes up your family group and to understand more about your family's income and expenses -- as a way of better understanding people's needs...

Is there a time you would be available? For example, would you be free at...  
[INTERVIEWER SET TIME/DATE]?

TIME: \_\_\_\_\_AM/PM  
DATE: \_\_\_\_\_

- YES [SKIP TO SD]
- NO, NOT FREE AT THAT TIME [SKIP TO SC]
- NO, REFUSAL [CONTINUE]

SB. Can I ask why you don't want to participate? While the in-home interview is voluntary, it only takes a bit of your time and is a great way to make \$20, paid in cash, Again, your responses will be anonymous and will not affect your WIC benefits in any way. We can set a time that works with your schedule.

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SC. When would be a good time for you?

TIME: \_\_\_\_\_AM/PM

DATE: \_\_\_\_\_

[IF REFUSAL, ENTER "0" FOR TIME AND DATE]

- LET R. SUGGEST TIME/DATE AND NEGOTIATE AS INTERVIEWER'S SCHEDULE PERMITS. THEN SKIP TO SD
- IF R. STILL REFUSES, ASK THE FOLLOWING QUESTION: I'm sorry you don't wish to participate in the study. For statistical purposes only, I need to know if you still live at [READ ADDRESS FROM P1], or if you have moved?
  - NOT MOVED [THANK & TERMINATE]
  - MOVED [ASK: Do you now live in another state?]
    - a. YES [THANK & TERMINATE]
    - b. NO [CONTINUE]
- When you changed addresses, did you also have to use a new WIC agency or could you use the same one as before?
  - a. NEW AGENCY [THANK & TERMINATE]
  - b. SAME AGENCY AS BEFORE [THANK & TERMINATE]

SD. Great. Let me just confirm your address and telephone number(s).

- READ ADDRESS & TELEPHONE NUMBER ON FILE. IF ADDRESS IS CORRECT MOVE TO SE. IF DIFFERENT SAY:

IS THIS INFORMATION CORRECT?

- YES [IF YES, SKIP TO SE]
- NO

1) I see that you've moved. When you moved, did you [READ]:

- Move within the same area so that you could use the same WIC agency or
- Move to a different area with a new WIC agency?

SE. ASK: Is there a second telephone number where you can also be reached?

- YES [PHONE NUMBER: \_\_\_\_\_]
- NO

IF YES, RECORD IT.

SF. TELL RESPONDENT YOU WILL CONFIRM THE APPOINTMENT A DAY OR TWO AHEAD OF TIME AND MAKE SURE THEY ARE IN ACCORD.

**VERSION A: PREGNANT, BREASTFEEDING OR POSTPARTUM 2-20-09**

**IN-HOME AUDIT [INTERVIEWER WILL CARRY MACRO IDENTIFICATION]**

*Public reporting burden for this collection of information is estimated to average 24 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0484).*

1. Hi. Thanks for agreeing to do the second part of our survey. Your answers are completely confidential and, as I mentioned when we set this up, nothing you say will have any bearing on your benefits. The WIC program is just trying to get a better idea of who participates in the program and their circumstances. At the end, I will be giving you \$20 in appreciation of your time.

**IDENTITY AND RESIDENCY**

2. The first thing we need is some identification—silly as it may seem—and proof that you live here. [IF R. HAS TROUBLE WITH THIS REQUEST, READ OFF SOME OF THE ACCEPTABLE TYPES OF ID AND RESIDENCY PROOF FROM LIST.]

Identification proofs [CHECK AT LEAST ONE]	Residency proofs [CHECK AT LEAST ONE]
<input type="checkbox"/> State-issued license or ID	<input type="checkbox"/> State-issued license or ID w/address
<input type="checkbox"/> U.S. passport w/photo	<input type="checkbox"/> State/federal correspondence w/address
<input type="checkbox"/> Foreign passport w/photo	<input type="checkbox"/> WIC folder
<input type="checkbox"/> WIC folder	<input type="checkbox"/> Checkbook w/address
<input type="checkbox"/> W-2 form or Tax bill w/name	<input type="checkbox"/> Rent or mortgage receipt, lease w/address
<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Utility or tax bill w/address
<input type="checkbox"/> Social Services letter w/ name	<input type="checkbox"/> Documents from public school w/address
<input type="checkbox"/> Social Security or Green card	<input type="checkbox"/> Written statement from reliable third party (e.g. non-profit aid organization)
<input type="checkbox"/> Hospital or immunization record	
<input type="checkbox"/> Other: SPECIFY _____	<input type="checkbox"/> Other: SPECIFY _____

**PRIMARY FAMILY/ECONOMIC UNIT**

3. Let's begin by having you tell me the names of all the persons who live or stay with you whether they are related to you or not. I will type in the names so I can follow up with some questions. [PROBE: ANYONE ELSE?]

RECORD ALL NAMES IN LIST FORM.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) ETC.



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AFTER ALL PERSONS ARE LISTED, ASK FOLLOWING QUESTIONS FOR EACH PERSON:		
4. What is their relationship to [SAY You OR NAME OF SAMPLED PARTICIPANT IF DIFFERENT]?	1. Spouse 2. Partner 3. Child 4. Step-child 5. Foster child 6. Parent/ Guardian 7. Step-parent 8. Foster parent 9. Brother/Sister 10. Grandparent	11. Uncle/aunt 12. Cousin 13. Nephew/niece 14. Parent-in-law 15. Brother-in-law/sister-in-law 16. Other relative 17. Other non-relative 18. Child in Temporary Care of Friends/Relatives
5. Is this individual male or female?	<input type="checkbox"/> 1-Male <input type="checkbox"/> 2-Female	
6. How old is this person?	____ YEARS	
7. FOR ANY CHILD LESS THAN 5 YEARS OR ANY WOMAN GREATER THAN 14 YEARS ASK: Is this person receiving WIC now?	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	
8. OTHERWISE, IF Q6≥15, ASK: Do you consider [READ NAME] to be part of your family group -- that is, you are sharing income and expenses as if you were a family -- OR do you feel that you each keep your income and expenses and food separately?  IF Q6<15, ASK: Do you consider [READ NAME] to be part of your family group -- that is, you are responsible for taking care of them as if you were all in the same family?	<input type="checkbox"/> 1-Share like family <input type="checkbox"/> 2-Separate finances	
9. PROGRAM WILL CALCULATE NUMBER OF PEOPLE IN PRIMARY ECONOMIC UNIT [Q4=1,2,3, 4 OR 5] or [Q8=1] and [Q6≥15]	<input type="checkbox"/> NUMBER OF PEOPLE IN PRIMARY ECONOMIC UNIT	
10. COMPUTER WILL COMPARE THE NUMBER OF PEOPLE IN PRIMARY ECONOMIC UNIT (Q9) WITH # OF HOUSEHOLD MEMBERS IN WIC RECORDS (P5-TOTAL IN PRIMARY ECONOMIC UNIT). IF Q9=P5, SKIP TO Q11 IF Q9<P5, SAY: The WIC records show that back in [INSERT MONTH/DATE OF CERTIFICATION] you had [INSERT #] adults and [INSERT #] children in this household, which is more than we listed today. Have we left someone off the list? Or perhaps there is someone on our list today who <u>should</u> be counted as part of your main family unit but was not? [PROBE & ADD NEW NAMES OR INFORMATION IN Q2-9 AS APPROPRIATE] IF Q9>P5, SAY: The WIC records show that back in [INSERT MONTH/DATE OF CERTIFICATION] you had [INSERT #] adults and [INSERT #] children in this household, which is fewer than we have listed here. Can I verify that everyone on our list here IS part of your main family unit? [PROBE & DELETE NAMES OR INFORMATION IN Q2-9 AS APPROPRIATE] NOTE: IF RESPONDENT HAS DIFFICULTY RECALLING TIME PERIOD USE NARRATIVE APPROACH IN WHICH A TIME IS LINKED TO A SALIENT EVENT]		
FROM PRIMARY ECONOMIC UNIT LIST, COMPUTER WILL GENERATE A LIST OF "POTENTIAL WAGE EARNERS" – DEFINED AS ALL THE ADULTS AND ALL CHILDREN ≥ 15 YEARS		

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**ADJUNCTIVE OR AUTOMATIC ELIGIBILITY**

11. [SKIP TO Q12 IF P3c=NO (i.e., no adjunctive eligibility)] The WIC records show that you qualified for WIC because you, or a member of your family, participate in the [FILL IN FROM P4] program. Can you quickly show me a document that demonstrates your or their participation in that program such as the certification card, the award letter you got, or an active program voucher? [IF NO, PROBE: Do you have anything at all? AND EVALUATE WHAT THEY COME UP WITH. MARK YES OR NO BOX BELOW AND CONTINUE]

YES, PROOF SHOWN – ENTER :

a) NAME OF PROGRAM RECIPIENT ON PROOF SHOWN. [MAKE SURE IT MATCHES SOMEONE IN THE PRIMARY ECONOMIC UNIT; OTHERWISE ASK FOR ANOTHER DOCUMENT/CARD AS PROOF]	_____
b) DATE OF DOCUMENT/CARD ISSUANCE (MM/DD/YYYY)	[TYPE IN] _____ 99 NO DATE [PROBE: Do you have anything that shows the dates for your participation in the program? IF NO ASK FOR DATE OF FIRST ELIGIBILITY.]
c) DATE OF DOCUMENT/CARD OR ELIGIBILITY EXPIRATION (MM/DD/YYYY)	[TYPE IN] _____ 99 NO DATE [PROBE: Do you have anything that shows the expiration date?]
d) NAME OF ISSUING AGENCY	[TYPE IN] _____ 99 NOT EVIDENT [PROBE: Do you have anything that shows the agency name?]
e) NUMBER ON DOCUMENT/CARD	[TYPE IN] _____ 99 NO NUMBER
f) DOCUMENT/CARD SHOWN	<input type="checkbox"/> Certification card [SKIP TO Q13] <input type="checkbox"/> Award letter [SKIP TO Q13] <input type="checkbox"/> Active program voucher [SKIP TO Q13] <input type="checkbox"/> Food Stamp EBT card [SKIP TO Q13] <input type="checkbox"/> Other [IF ANY DOUBTS ABOUT VALIDITY, HAND R. MACRO DISCLOSURE FORM TO FILL OUT AND SIGN. REFER TO PRECODED QUESTION P4 AND USE R-7 FOR TANF; R-1 FOR FOOD STAMPS/ MEDICARE]

NO, PROOF NOT SHOWN OR WRONG PROOF SHOWN. HAND R. MACRO DISCLOSURE FORM AND HAVE THEM FILL IT OUT AND SIGN IT. FORMS TO USE ARE LISTED. [CONTINUE TO Q12]

- R-7 TANF [NOTE: R- # FORMS ARE MACRO'S INFO RELEASE FORMS]
- R-1 FOOD STAMPS, MEDICAID, CHILDREN'S MEDICAID OR CHIP

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**INCOME ELIGIBILITY**

12. Now I am going to ask you about the income earned by you and other primary members of this household. WIC is interested in the accuracy of their data records in this area. The information you share with me will be confidential and will be combined with that from other people, so WIC won't know your or anybody else's personal information.

So let's start with [READ NAME OFF LIST OF PRIMARY ECONOMIC UNIT. RESPONDENT SHOULD BE FIRST ON LIST.]

[NOTE: IF RESPONDENT HAS DIFFICULTY RECALLING TIME PERIOD USE NARRATIVE APPROACH IN WHICH A TIME IS LINKED TO A SALIENT EVENT]

a) Thinking back to [INSERT MOST RECENT CERTIFICATION MONTH/YEAR], did [INSERT you/NAME] receive any income from... [READ FROM BELOW]?	b) FOR EACH ITEM CHECKED IN a), ASK: How much did [INSERT you/NAME] earn?		c) Can you show me some evidence of that income such as [READ FROM LIST ACCOMPANYING EACH ITEM]
<p>CHECK ONLY IF YES</p> <p><input type="checkbox"/> Wages, salary, fees (excluding military pay)</p> <p>YES →</p> <p>NO ↓</p>	<p>\$_____</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per 2 weeks</p> <p><input type="checkbox"/> 2 Times a month</p> <p><input type="checkbox"/> Month</p> <p><input type="checkbox"/> Quarter</p> <p><input type="checkbox"/> Year</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Pay stub/earnings statement</p> <p><input type="checkbox"/> W-2 form</p> <p><input type="checkbox"/> 2007 IRS tax return</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> None: GIVE FORM R-3, WHICH WILL COLLECT INFO ON:</p> <ul style="list-style-type: none"> <li>- POSITION HELD</li> <li>- FIELD OF WORK</li> <li>- HOURS/WEEK</li> <li>- ZIP CODE</li> </ul> <p>FOR USE IN DETERMINING AVERAGE WAGE IN AREA</p>
<p><input type="checkbox"/> Military pay</p> <p>YES →</p> <p>NO ↓</p>		<p>\$_____</p>	<p><input type="checkbox"/> Per week</p> <p><input type="checkbox"/> Per 2 weeks</p> <p><input type="checkbox"/> 2 Times a month</p> <p><input type="checkbox"/> Month</p> <p><input type="checkbox"/> Quarter</p> <p><input type="checkbox"/> Year</p> <p><input type="checkbox"/> Other: _____</p>

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<input type="checkbox"/> Tips and bonuses YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> W-2 form <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> Net income from self employment (from farm and non-farm business) YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> Unemployment compensation YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Letter of determination <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> Workers compensation YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Award statement <input type="checkbox"/> Statement from insurance company <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> Child Support YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Copy of check <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE FORM R-6
<input type="checkbox"/> Alimony YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Copy of check <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE FORM R-6

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<input type="checkbox"/> Social Security YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> SSA Award letter <input type="checkbox"/> Statement of benefits <input type="checkbox"/> 2007 IRS tax return (line 14a on 1040A) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> SSI – Fed government YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> SSI—State issued YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> Any private or public pension, annuity or survivor's benefits YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE FORM R-1
<input type="checkbox"/> Medical assistance (any) YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE FORM R-1
<input type="checkbox"/> Veteran's payments YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE FORM R-1

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<input type="checkbox"/> Other cash income YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Benefits statement <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE FORM R-1
<input type="checkbox"/> Energy assistance YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Notice of benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE FORM R-1
<input type="checkbox"/> Net rental income YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> Income from trusts YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> Commissions YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> Income from estates YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None

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<input type="checkbox"/> Net royalties YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> Interest or dividends YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Earnings statement <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
<input type="checkbox"/> Regular contributions from persons not in household YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Letter of intent <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE FORM R-15
<input type="checkbox"/> Other: SPECIFY _____ YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Benefits statement <input type="checkbox"/> Other: _____ <input type="checkbox"/> None

REPEAT INCOME QUESTIONS (Q12) FOR EVERY ADULT MEMBER OF PRIMARY ECONOMIC UNIT.

**CLOSING**

13. READ: This completes our survey. It was great talking to you. Thank you so much for helping us out. Here is \$20 in appreciation for your time. [FILL OUT RECEIPT FOR INCENTIVE AND GET SIGNATURE.]

Do you have any questions before I leave?

Have a great day/evening.