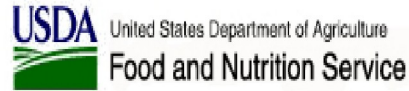


**APPENDIX B**  
**EXAMPLE SCREENSHOTS OF WEB SURVEY**

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## ***Special Supplemental Nutrition Program for Women, Infants, and Children Breastfeeding Policy Inventory***

User Name

Password

Log In

### **Welcome to the WIC BPI!**

- To access the survey, please enter your user name and password in the boxes above.
- You may complete the survey all at once or save your responses and return at a later time. We encourage you to take breaks.
- You will be able to complete some modules in whatever order you choose. Some modules must be completed first before you may select others.
- Please use the buttons and links on each page to move through the survey. Using "Enter" or your browser's "Back" function may cause errors.
- If you are returning to finish your saved survey, you will return to the point where you left off. **You will not be able to go backward to questions you answered before logging out.**
- When you have finished the survey, please keep a copy of your responses for your records. You will be able to review and print your responses at the end of the survey.
- If you have trouble accessing the survey, or if you have questions, please contact the help desk at <<email address>> or [telephone number].

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB 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 [State: 2.1/Local: 1.7] hours 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.



You have completed 3% of the questionnaire!

## A. Agency and Staff Overview

This section provides an overview of your agency and agency staff. Your answers are important to determine some of the questions you will be asked later in the survey. Please answer these questions about your State agency only, not for the local agencies within your State.

### A.1 Does your State WIC agency provide direct services to participants?

Yes

No

Quit for now

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You have completed 7% of the questionnaire!

### A. Agency and Staff Overview

**A.8** For each paid staff position listed below, please indicate the number of full-time equivalents (FTEs) currently serving in each position within your local agency. If a person divides her time across more than one title, please allocate her FTEs to each category according to how she divides her time. If a position is currently unfilled, please enter “0.”

	Number of FTEs
a. Breastfeeding Coordinator	<input type="text"/>
b. Peer Counseling Program Coordinator	<input type="text"/>
c. Peer Counselor	<input type="text"/>
d. WIC Designated Breastfeeding Expert	<input type="text"/>

Quit for now

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You have completed 11% of the questionnaire!

## B. Staff Training

### B.2 Who developed the breastfeeding-related training your agency uses for new hires?

- Our own or another local WIC agency
- Our own or another State WIC agency
- USDA, Food and Nutrition Service (for example, *Using Loving Support to Grow and Glow*)
- A breastfeeding support organization
- An educational or public health institution (for example, a university)
- A vendor

Quit for now

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