

**APPENDIX C.2:
SITE WEB SURVEY VERSION 2—ENGLISH**

ID: _____, date: __/__/__

OMB Control Number: 0584-XXXX
Expiration date: XX/XX/XXXX

WIC Nutrition Education Study Site Survey (Version 2)

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 45 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.

Thank you for completing the Site Survey for the WIC Nutrition Education Study (NEST). This survey is being conducted for the USDA, Food and Nutrition Service (FNS) to collect information that will provide a description of how WIC sites provide nutrition education to participants. This site was randomly selected as part of a group of about 2,000 sites that represent all WIC sites in the nation. Your responses to the survey will be combined with responses from the other sites to develop a comprehensive picture of the methods, staffing, resources, and space used to deliver nutrition education in local WIC sites. Your input is critical in achieving the study's goal of providing a comprehensive description of WIC nutrition education. The information you provide will help strengthen and enhance WIC nutrition education efforts and highlight the efforts across the country to promote healthy eating and physical activity practices among WIC participants.

Local agencies/programs, sites, and individual respondent names will not be identified in any study reports or publications. Although survey responses will be identifiable to FNS, the responses will not be used for compliance or monitoring activities.

Please complete the survey by MM/DD/YYYY.

Most questions include a "button" [show icon] or a box [show box] for you to select the response. Some questions include a "pick list" for you to select an answer and a few require that you enter numbers or text responses. The survey will take about 45 minutes to complete. We recommend that you review the questions before beginning the survey so that you can obtain any information needed to respond or ask other staff at the site to assist with answering some of the questions. [Click here] to download and print a copy of the survey.

Nutrition Education Survey Help Desk

If you have any problems completing the survey, please contact:

[Toll-free phone number]

[Email address]

Site Survey for *[Insert Name of Site]*

Nutrition Education Contacts and Methods

For all questions, nutrition education includes breastfeeding education.

1. How many days per month does the site provide WIC nutrition education services? *(Count days when any form of nutrition education is provided. If it varies from month to month, enter the number of days WIC nutrition education services were provided last month.)*

Number of days: _____

2. Are participants at the site classified into nutrition risk levels (e.g., high risk, not high risk)?

Yes

No

3. What, if any, modifications to nutrition education does the site make based on participant's risk levels or nutrition risks? For this question, "high risk" includes participants identified as high risk and/or participants with nutrition risks requiring special attention. *(Select all that apply.)*

There are no modifications to nutrition education for high-risk participants.

High-risk participants receive more nutrition education contacts.

High-risk participants receive nutrition education from a dietitian, nutritionist, or other health professional.

High-risk participants are given longer appointment times.

High-risk participants receive one-on-one counseling instead of group sessions or other types of education.

High-risk participants receive more detailed and individualized care plans.

There is more follow-up on referrals for high risk participants.

Other (describe): _____

Site Survey for [Insert Name of Site]

4. In the first column, enter the number of nutrition education contacts the site **offers** (i.e., makes available) during a certification period for each participant category and time period. While the number of contacts varies based on individual needs, enter the number that is offered to the **majority of participants** in the category. *(Count all contacts beginning with the certification visit; for example, if prenatal women who enroll in the 1st trimester are offered nutrition education at their initial visit and two more contacts during their prenatal certification period, enter "3." Enter NA for any category/time period that is not applicable at the site.)*

In the second column, enter the **estimated** percentage of participants who **receive** that number of nutrition education contacts during their certification period. *(Please estimate based on your experience. You do not need to run a report or review participant records to answer this question.)*

Participant Category and Time Periods	Number of Nutrition Education Contacts Site Offers during Certification Period	Estimated Percentage of Participants who Receive this Number of Contacts
Participants who are NOT high risk		
Prenatal woman, enrolling in 1 st trimester	—	— %
Prenatal woman, enrolling in 2 nd trimester	—	— %
Prenatal woman, enrolling in 3 rd trimester	—	— %
Breastfeeding woman, 6-month certification period	—	— %
Breastfeeding woman, 12-month certification period	—	— %
Postpartum woman, not breastfeeding	—	— %
Infant, 6-month certification period	—	— %
Infant, 12-month certification period	—	— %
Child, 6-month certification	—	— %
Child, 12-month certification	—	— %
Participants who are high risk and/or have nutritional risks requiring special attention		
Prenatal woman, enrolling in 1 st trimester	—	— %
Prenatal woman, enrolling in 2 nd trimester	—	— %
Prenatal woman, enrolling in 3 rd trimester	—	— %
Breastfeeding woman, 6-month certification period	—	— %
Breastfeeding woman, 12-month certification period	—	— %
Postpartum woman, not breastfeeding	—	— %
Infant, 6-month certification period	—	— %
Infant, 12-month certification period	—	— %
Child, 6-month certification period	—	— %
Child, 12-month certification period	—	— %

Site Survey for *[Insert Name of Site]*

5. During what types of visits does the site provide nutrition education contacts? *(Select all that apply.)*
- Certification visit (e.g., enrollment, recertification)
 - Mid-certification visit (e.g., prenatal trimester visit, infant/child mid-certification, breastfeeding mid-certification)
 - Secondary education follow-up visit (e.g., group classes, food issuance/pick-up, breastfeeding follow-up, low risk follow-up)
 - High-risk follow-up visit (e.g. nutritionist visit, nutrition counseling visit, high-risk group classes)
 - Other visits (describe): _____

Programming Note: For Question 6, display only the types of visits selected for Question 5. If “certification visit” was selected, display both “enrollment certification” and “recertification.”

6. What methods are used to provide nutrition education? *(Select all methods that are used for each type of visit.)*

Method	Enrollment Certification	Recertification	Mid-certification	Secondary Education	High-Risk	Other
One-on-one counseling: Face to face (in WIC site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Video conferencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group education sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants at site (e.g., computer, kiosk, tablet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants offsite via Internet (e.g., web-based nutrition education modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nutrition education activities (e.g., monthly topic, worksheets, videos, self-study modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site Survey for *[Insert Name of Site]*

Programming Note: For Question 7, display only the types of visits selected for Question 5. If “certification visit” was selected, display both “enrollment certification” and all three types of “recertification.”

7. On average, how much time do staff members who provide nutrition education at the site spend providing nutrition education during each of the following types of WIC visits? Do **not** include time spent on eligibility (e.g., income and residency) or assessment (e.g., weighing/measuring, blood work, reviewing nutrition questionnaires).

Type of Visit	Less than 5 Min	5-10 Min	11-20 Min	21-30 Min	31-45 Min	46-60 Min	More than 60 Min	Don't Know
Enrollment Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recertification — Not high risk, 1 person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recertification — High risk, 1 person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recertification — 2 or more family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid-certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary education follow-up (individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary education follow-up (group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-risk follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nutrition Education Staff

The next questions ask about the staff members at the site who provide nutrition education. If the number of these staff varies on different days, respond about staffing for a “typical” day or use the most common/frequent staffing pattern for the site. Count staff who provide nutrition education using any method. Do **not** include translators or interpreters who assist nutrition educators.

Site Survey for *[Insert Name of Site]*

8. Which **best** describes the staff members who provide nutrition education at the site? (Select one response.)

- All of them work **only** for WIC.
- All of them work for WIC **and** for other programs or services (e.g., immunizations, family planning) offered at the site.
- Some of them work only for WIC and some work for WIC and other programs or services offered at the site.

9. For each job classification/type of staff, enter the number of staff who currently provide nutrition education at the site who work full time and the number who work part time. (If a staff member works 32 or more hours/week on WIC, count them in the Full-Time Staff column and if less than 32 hours/week on WIC, count them in the Part-Time Staff column appropriate for the number of hours they work per week. If a staff member **performs more than one role**, count them only once in the job classification/type for their **primary** role.)

Job Classification/Type of Staff	Number of Full-Time Staff (work on WIC activities 32 or more hours per week)	Number of Part-Time Staff (work on WIC activities 21-31 hours per week)	Number of Part-Time Staff (work on WIC activities 20 or fewer hours per week)
WIC director/coordinator	—	—	—
Site/clinic supervisor	—	—	—
Registered dietitian (RD)	—	—	—
Degreed nutritionist, not RD	—	—	—
Trained nutrition paraprofessional (e.g., nutrition assistant, nutrition aid, competent paraprofessional authority, diet technician, social services technician)	—	—	—
Nurse	—	—	—
Nutrition education coordinator	—	—	—
Administrative/clerical/support staff	—	—	—
Lactation consultant/WIC-designated breastfeeding expert	—	—	—
Breastfeeding coordinator	—	—	—
Breastfeeding peer counselor	—	—	—
Other: _____	—	—	—
Total	—	—	—

For question 9 and all subsequent survey questions that include a response option of “other” in a table, display the following question when “other” is selected as a response: You selected “other” as a response to the question above. Please enter an explanation of “other” in this box. [Include a text entry box allowing for entry of 200 characters.]

Site Survey for [Insert Name of Site]

Nutrition Education Practices

The next questions ask about the nutrition education practices and approaches used at the site.

Programming Note: Display Questions 10 through 14 based on each type of visit selected in Question 5. Skip questions for visit types not selected in Question 5.

10. During **certification visits** (enrollment or recertification), how often does the site use the methods listed below to provide nutrition education? (*Select one response for each method.*)

Method	Never	Rarely (<10%)	Occasionally (11-39%)	Some- times (40-59%)	Often (60-89%)	Almost Always (≥90%)
One-on-one counseling: Face to face (in WIC site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Video conferencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group education sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants at site (e.g., computer, kiosk, tablet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants offsite via Internet (e.g., web-based nutrition education modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nutrition education activities (e.g., monthly topic, worksheets, videos, self-study modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site Survey for [Insert Name of Site]

11. During **mid-certification visits**, how often does the site use the methods listed below to provide nutrition education? (*Select one response for each method.*)

Method	Never	Rarely (<10%)	Occasionally (11-39%)	Some- times (40-59%)	Often (60-89%)	Almost Always (≥90%)
One-on-one counseling: Face to face (in WIC site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Video conferencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group education sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants at site (e.g., computer, kiosk, tablet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants offsite via Internet (e.g., web-based nutrition education modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nutrition education activities (e.g., monthly topic, worksheets, videos, self-study modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site Survey for [Insert Name of Site]

12. During **secondary education follow-up visits**, how often does the site use the methods listed below to provide nutrition education? (*Select one response for each method.*)

Method	Never	Rarely (<10%)	Occasionally (11-39%)	Some- times (40-59%)	Often (60-89%)	Almost Always (≥90%)
One-on-one counseling: Face to face (in WIC site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Video conferencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group education sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants at site (e.g., computer, kiosk, tablet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants offsite via Internet (e.g., web-based nutrition education modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nutrition education activities (e.g., monthly topic, worksheets, videos, self-study modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site Survey for [Insert Name of Site]

13. During **high-risk follow-up visits**, how often does the site use the methods listed below to provide nutrition education? (*Select one response for each method.*)

Method	Never	Rarely (<10%)	Occasionally (11-39%)	Some- times (40-59%)	Often (60-89%)	Almost Always (≥90%)
One-on-one counseling: Face to face (in WIC site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Video conferencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group education sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants at site (e.g., computer, kiosk, tablet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants offsite via Internet (e.g., web-based nutrition education modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nutrition education activities (e.g., monthly topic, worksheets, videos, self-study modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site Survey for *[Insert Name of Site]*

14. During **other types of visits** (not including certification, mid-certification, secondary education follow-up, and high-risk follow-up visits), how often does the site use the methods listed below to provide nutrition education? (*Select one response for each method.*)

Method	Never	Rarely (<10%)	Occasionally (11-39%)	Some- times (40-59%)	Often (60-89%)	Almost Always (≥90%)
One-on-one counseling: Face to face (in WIC site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one counseling: Video conferencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group education sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants at site (e.g., computer, kiosk, tablet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology-based nutrition education used by participants offsite via Internet (e.g., web-based nutrition education modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nutrition education activities (e.g., monthly topic, worksheets, videos, self-study modules)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How does the site follow up with participants about their goals or concerns discussed during nutrition contacts (e.g., breastfeeding issues, weight-related goals)? (*Select all that apply.*)

- Follow-up occurs at subsequent WIC visits
- Telephone calls
- Emails
- Text messages
- Video conferencing
- Other (describe): _____

Site Survey for *[Insert Name of Site]*

16. How does the site provide nutrition education to participants who do **not** speak English? (Select all that apply.)

- Not applicable—the site only has English-speaking participants.
- The site has bilingual WIC staff members who provide nutrition education.
- The site has interpreters or translators available.
- Site staff members use language line/phone interpreter service.
- Site staff members use translation program on the computer.
- Participants bring family member or friend to interpret.
- Participants use translated self-study or internet modules.
- Other (describe): _____

17. In the first column, select “Yes” or “No” to indicate if staff members who provide nutrition education at the site have received training on the topic during the past 12 months. In the second column, for each topic that you select “Yes,” **estimate** the number of hours of training on that topic **per staff member** during the past 12 months. Include all types of training (e.g., workshops, conferences, presentations at staff meetings).

Topic	Included in Training during Past 12 Months?	If Yes, Estimated Number of Training Hours per Staff Member in Past 12 Months
Breastfeeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Prenatal nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Infant nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Child nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Value Enhanced Nutrition Assessment [VENA] skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Participant or learner-centered education	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Motivational interviewing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Emotion-based counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Group facilitation skills (e.g., facilitated group discussion)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Weight and growth issues (prenatal weight gain, infant/child growth, and weight gain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other nutrition topics	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

18. How are discussion topics determined for most of the one-on-one counseling sessions at the site? (Choose **up to three** methods and rank them by entering “1” for the method used most often, “2” for the method used next most often, and “3” for the method used next most often.)

- ____ The staff member chooses the most appropriate topic(s).
- ____ The participant chooses the topic(s) she wants to talk about.
- ____ The participant and staff member choose the topic(s) together.
- ____ Other (describe): _____

Site Survey for [Insert Name of Site]

19. How often are circle charts or other visual aids used to help participants choose discussion topic(s)? Circle charts display pictures of possible topics relevant to the participant with each circle representing a topic. The nutrition educator asks the participant to choose one topic as the focus of their discussion.

- Circle charts or other visuals are **not** used
- Rarely
- Occasionally
- Sometimes
- Often
- Almost always

Site Survey for [Insert Name of Site]

20. For each category of **women** participants, which **seven** topics do nutrition educators at the site discuss most often? (Select **up to seven** topics for each category.)

Topic	Pregnant	Postpartum	Breastfeeding
Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety/foods to avoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having enough to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy snacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure/hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron/anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk (lower fat choices/consumption)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, vomiting, or constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pica (eating non-food items)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum depression/self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum weight loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal nutrition/diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing for a healthy pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protein intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping for and preparing healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar-sweetened beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin and mineral supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight gain during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site Survey for [Insert Name of Site]

21. Which **seven** topics do nutrition educators at the site discuss most often with **parents/caregivers of infants?** (Select **up to seven** topics.)

- Breastfeeding
- Colic
- Constipation, diarrhea, or vomiting
- Food intolerances/allergies
- Formula preparation/feeding
- Infant feeding practices
- Infant growth and development
- Introduction of cow's milk
- Introduction of solid foods
- Inappropriate foods (e.g., high-fat foods, fast foods, honey)
- Iron/anemia
- Overfeeding
- Parenting
- Physical activity
- Propping the bottle (leaving infant unattended with bottle)
- Sugar-sweetened beverages
- Water consumption
- Weaning from the bottle
- Other (describe): _____

Site Survey for [Insert Name of Site]

22. Which **seven** topics do nutrition educators at the site discuss most often with **parents/caregivers of children**? (Select **up to seven** topics.)

- Child growth and development
- Child feeding practices
- Constipation, diarrhea, or vomiting
- Cooking/meal preparation
- Dental health
- Family meals
- Fruit and vegetables
- Healthy snacks
- Healthy weight for child
- Inappropriate/sometimes foods (e.g., fast foods, high-fat foods)
- Iron/anemia
- Milk (lower fat choices/consumption)
- Parenting
- Physical activity
- Pica (eating non-food items)
- Picky eaters
- Portion sizes
- Screen time
- Shopping for and preparing healthy foods
- Sugar-sweetened beverages
- Water consumption
- Weaning from the bottle
- Whole grains
- Other (describe): _____

23. During one-on-one counseling sessions at the site, how often are participant behavioral goals (e.g., nutrition or physical activity) set?

- Goal setting is not part of one-on-one counseling sessions
- Rarely
- Occasionally
- Sometimes
- Often
- Almost always

Programming Note: If response choice to Question 23 is "Goal setting is not part of one-on-one counseling sessions," then skip Question 24.

Site Survey for [Insert Name of Site]

24. How are participant goals selected for most of the one-on-one counseling sessions? (Choose **up to three** methods and rank them by entering “1” for the method used most often, “2” for the method used next most often, and “3” for the method used next most often.)

- ___ The participant usually identifies the goal(s).
- ___ The staff member usually suggests the goal(s).
- ___ The participant and staff member usually select the goal(s) together.
- ___ Other (describe): _____

Programming Note: If response choices for Questions 10 through 14 do not include “Group education sessions” for at least one question, then skip Questions 25 through 27.

25. How often do nutrition educators at the site use the following activities or resources during group education sessions? (Select one response for each activity or resource.)

Activity or Resource	Never	Rarely (<10%)	Occasionally (11-39%)	Sometimes (40-59%)	Often (60-89%)	Almost Always (≥90%)
Icebreakers/warm-up activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussions between pairs of WIC participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational props (e.g., breastfeeding dolls, food containers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informational charts or displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food sampling/demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on activity or game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video/DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How are the topics for group education sessions at the site determined? (Select all that apply.)

- Each day, week, month, or quarter has a specific topic.
- There are specific topics for participant categories (e.g., breastfeeding, class, infant class).
- Participants select from a menu of topics when they schedule their appointments.
- Topics are determined based on participants’ interest during each group session.
- Other (describe): _____

Site Survey for [Insert Name of Site]

27. Thinking about the group education sessions at the site over the past 6 months, which **seven** topics were discussed most often? (Select **up to seven** topics.)

- Breastfeeding
- Child feeding practices
- Cooking/meal preparation
- Dental health
- Fruit and vegetables
- Healthy snacks
- Healthy weight for child
- Healthy weight for mother
- Infant feeding practices
- Infant/child growth and development
- Introduction of solid foods
- Inappropriate/sometimes foods (e.g., high-fat foods, fast foods)
- Iron/anemia
- Milk (lower fat choices/consumption)
- Parenting
- Physical activity
- Picky eaters
- Portion sizes
- Prenatal nutrition/diet
- Shopping for and preparing healthy foods
- Sugar-sweetened beverages
- Water consumption
- Whole grains
- Weaning from the bottle
- Other (describe): _____

Questions about You

28. Did you complete the Local Agency Survey for the local agency/program that oversees this site?

- Yes
- No

Programming Note: If "Yes" is selected for Question 28, then skip Questions 29 through 33.

Site Survey for *[Insert Name of Site]*

29. Which job titles or roles do you have? *(Select all that apply.)*

- WIC director/coordinator
- Site/clinic supervisor
- Registered dietitian (RD)
- Degreed nutritionist, not RD
- Trained nutrition paraprofessional (e.g., nutrition assistant, nutrition aid, competent paraprofessional authority, diet technician, social services technician)
- Nurse
- Nutrition education coordinator
- Administrative/clerical/support staff
- Lactation consultant/WIC-designated breastfeeding expert
- Breastfeeding coordinator
- Breastfeeding peer counselor
- Other (describe): _____

Programming Note: If only one option is selected for Question 29, then skip Question 30.

30. Which **best** describes your **primary** role in the WIC Program? *(Select one response.)*

- WIC director/coordinator
- Site/clinic supervisor
- Registered dietitian (RD)
- Degreed nutritionist, not RD
- Trained nutrition paraprofessional
- Nurse
- Nutrition education coordinator
- Administrative/clerical/support staff
- Lactation consultant/WIC-designated breastfeeding expert
- Breastfeeding coordinator
- Breastfeeding peer counselor
- Other (describe): _____

31. What is the highest degree you have completed?

- High school diploma or GED
- Associate's degree
- Bachelor's degree
- Graduate degree

Site Survey for *[Insert Name of Site]*

32. Which, if any, of the following credentials do you have? *(Select all that apply.)*

- Registered Dietitian (RD)
- Licensed Dietitian/Nutritionist (LD/LN)
- Dietetic Technician, Registered (DTR)
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- International Board Certified Lactation Consultant (IBCLC)
- Certified Lactation Consultant/Certified Lactation Educator/Certified Lactation Educator & Counselor (CLC/CLE/CLEC)
- Certified Medical Assistant (CMA)
- Other (describe): _____
- No credentials

33. How many years have you worked for the WIC Program? *(Include time at this site or local agency and other WIC experience.)*

- Less than 1 year
- 1-3 years
- 4-6 years
- 7-10 years
- 11-20 years
- More than 20 years

34. As part of your job, do you design and/or oversee nutrition education at the site?

- Yes
- No

35. As part of your job, about what percentage of your time each month is spent providing nutrition education to WIC participants?

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

36. Please use the space below to share a brief description of any special nutrition education activities or approaches used at the site.

Programming Note: Please provide a text field with sufficient space for an open-ended, 8-line response (800-character response) for Question 36.

Thank you for completing the Site Survey for the WIC Nutrition Education Study!