

**APPENDIX PPP.1:  
NUTRITION EDUCATOR WEB SURVEY**

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

## **WIC Nutrition Education Study**

### **Phase II Survey of Nutrition Educators**

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 20 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 this survey for the WIC Nutrition Education Study (NEST). This survey is being conducted for the USDA, Food and Nutrition Service (FNS) to collect information for a study to evaluate the impact of nutrition education on the eating and physical activity behaviors of participants. Your responses will provide important information about how you conduct nutrition education and about your experience working with WIC participants.

Responses for individual sites or respondents 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.

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.

#### **Please complete the survey by MM/DD/YYYY.**

Most questions include a “button” [*show icon for selection button*] or a box [*show checkbox*] for you to select the response. Some questions require you to enter numbers or text responses. We recommend that you review the questions before beginning the survey so that you can obtain any information needed to respond. [*Click here*] to download and print a copy of survey. The survey will take about 20 minutes to complete.

#### **Nutrition Education Survey Help Desk**

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

[Toll-free phone number]

[Email address]

## Nutrition Education Contacts

For all questions, nutrition education includes breastfeeding education.

1. How often do you use the following methods to provide nutrition education? (Select one response for each method.)

Method	Never	Rarely (<10%)	Occasionally (11-39%)	Sometimes (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"/>
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"/>

2. How often do you assist participants with technology-based nutrition education methods? Assistance could take the form of explaining the process, helping participants complete the education, or following up on their experience using these methods. (Select one response for each method.)

Method	Never	Rarely (<10%)	Occasionally (11-39%)	Sometimes (40-59%)	Often (60-89%)	Almost Always (≥90%)
Technology-based nutrition education used by participants <b>at site</b> (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 <b>offsite</b> 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"/>

3. How do you provide nutrition education to participants who do **not** speak English? (Select all that apply.)
- Not applicable—all participants that I work with speak English.
  - I speak the same language as most of our non-English speaking participants.
  - I ask a bilingual WIC staff member to interpret or translate.
  - I use an interpreter or translator available at the site.
  - I use a language line/phone interpreter service.
  - I use a translation program on the computer.
  - Participants bring family member or friend to interpret.
  - Other (describe): \_\_\_\_\_

Programming Note: If response to Question 3 is “Not Applicable or “I speak the same language as most of our non-English speaking participants,” then skip Question 4.

4. How confident are you in your ability to provide nutrition education to participants whose primary language is different from yours?
- Very confident
  - Somewhat confident
  - Not at all confident

### **Training**

The next three questions ask about training you have received from the WIC Program during the past 12 months.

5. During the past 12 months, how did you receive training on nutrition topics and nutrition education skills? (Select all that apply.)
- I did not receive any training
  - National/State/regional conferences or workshops
  - Training sessions/courses at a State training center
  - In-person training sessions (e.g., conferences, workshops) provided by your local agency
  - In-person training sessions (e.g., conferences, workshops) provided by other local agencies or programs
  - State or local agency webinars
  - Online training modules or courses
  - Training provided during local agency or site staff meetings
  - Individual staff mentoring/coaching
  - Other (describe): \_\_\_\_\_

Programming Note: If response to Question 5 is “I did not receive any training,” then skip Questions 6 and 7.

6. In the first column, select “Yes” or “No” to indicate if you 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 you received during the past 12 months.

Topic	Included in Training in Past 12 Months?	If Yes, Estimated Number of Hours
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	___

7. Which, if any, of the topic(s) you’ve received training on over the past 12 months have been most useful to you in providing nutrition education?

Programming Note: Please provide a text field with sufficient space for an open-ended, 5-line response (500-character response) for Question 7.

### **One-on-One Counseling**

Programming Note: If “Never” selected for all three types of one-on-one counseling in Question 1, then skip Questions 8 through 20.

8. How are discussion topics determined for most of your one-on-one counseling sessions? (Select **up to three** responses by entering “1” for the process used most often, “2” for the process used next most often, and “3” for the process used next most often.)

\_\_\_ I choose the most appropriate topic(s).

\_\_\_ The participant chooses the topic(s) she wants to talk about.

\_\_\_ The participant and I choose the topic(s) together.

\_\_\_ Other (describe): \_\_\_\_\_

9. For each category of **women** participants, which topics do you 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"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<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"/>

10. Which topics do you 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): \_\_\_\_\_

11. Which topics do you 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): \_\_\_\_\_

12. During your one-on-one counseling sessions, 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 to Question 12 is "Goal setting is not part of one-on-one counseling sessions" or "Rarely," then skip Questions 13 through 20.



13. How are participant goals selected for most of your one-on-one counseling sessions? (Select **up to three** responses by entering "1" for the process used most often, "2" for the process used the next most often, and "3" for the process used next most often.)

- \_\_\_ The participant usually identifies the goal(s).  
 \_\_\_ I usually suggest the goal(s).  
 \_\_\_ The participant and I usually select the goal(s) together.  
 \_\_\_ Other (describe): \_\_\_\_\_

Programming Note: If response to Question 13 is "The participant usually identifies the goal," then skip Question 14.

14. How much input do participants have in setting their goal(s)?

- A little  
 Some  
 A lot

15. In your one-on-one counseling sessions with **women** participants, what **three** goals are set most often? (Select three goals by entering "1" for the goal set most often, "2" for the goal set next most often, and "3" for the goal set next most often.)

- \_\_\_ Achieving or maintaining healthy weight  
 \_\_\_ Breastfeeding initiation or duration  
 \_\_\_ Changing beverage intake (e.g., more water, less sugar-sweetened beverages)  
 \_\_\_ Eating less fast food  
 \_\_\_ Having family meals  
 \_\_\_ Increasing fruit and vegetable intake  
 \_\_\_ Increasing physical activity  
 \_\_\_ Increasing whole grain intake  
 \_\_\_ Switching from whole milk to lower fat milk  
 \_\_\_ Other (describe): \_\_\_\_\_

16. In your one-on-one counseling sessions with **parents/caregivers of infants**, what **three** goals are set most often? (Select three goals by entering "1" for the goal set most often, "2" for the goal set next most often, and "3" for the goal set next most often.)

- \_\_\_ Achieving or maintaining healthy growth/weight  
 \_\_\_ Breastfeeding duration  
 \_\_\_ Feeding appropriate amount of formula  
 \_\_\_ Introducing solid foods  
 \_\_\_ Increasing physical activity  
 \_\_\_ Transitioning to table foods  
 \_\_\_ Weaning from the bottle  
 \_\_\_ Other (describe): \_\_\_\_\_

17. In your one-on-one counseling sessions with **parents/caregivers of children**, what **three** goals are set most often? (Select *three* goals by entering "1" for the goal set most often, "2" for the goal set next most often, and "3" for the goal set next most often.)

- Achieving or maintaining healthy growth/weight
- Changing beverage intake (e.g., more water, less sugar-sweetened beverages)
- Choosing healthy snacks
- Having family meals
- Increasing fruit and vegetable intake
- Increasing physical activity
- Increasing whole grain intake
- Switching from whole milk to lower fat milk
- Other (describe): \_\_\_\_\_

18. In your opinion, which WIC-related factors present the greatest challenge to helping participants achieve their goals? (Select **up to three** factors by entering "1" for the most significant factor, "2" for the next most significant factor, and "3" for the next most significant factor.)

- Participants do not usually meet with the same WIC staff member at each visit for consistent follow-up on goals.
- Goals are usually not discussed or reinforced at subsequent WIC visits.
- Time limits on WIC appointments make effective goal-setting or follow-up difficult.
- WIC staff members lack the knowledge or resources to help participants achieve their goals.
- The time between WIC appointments is too long for effective follow-up on goals.
- Other (describe): \_\_\_\_\_
- There are no WIC-related factors that make it difficult to help participants achieve their goals.

19. In your opinion, what societal or environmental factors make it difficult for participants to achieve their goals? (Select **up to three** factors by entering "1" for the most significant factor, "2" for the next most significant factor, and "3" for the next most significant factor.)

- Financial constraints make it difficult for participants to achieve goals (e.g., cannot afford to buy healthy foods).
- Participants do not have access to nonfinancial resources needed to achieve goals (e.g., stores that sell healthy foods or safe place for physical activity).
- Participants do not have support from their family/friends/community for achieving their goals.
- Lack of services or programs to support goals make it difficult for participants to achieve behavior changes.
- Participants are not motivated to make nutrition- or health-related behavioral changes.
- Participants receive conflicting or mixed messages about nutrition from several sources (e.g., media, health care provider).
- Advertising for unhealthy foods makes it difficult for participants to follow through on goals.
- Other (describe): \_\_\_\_\_

20. In your opinion, what are the **three** most important factors in helping participants set and achieve their goals? (Select **three** factors by entering "1" for the most important factor, "2" for the next most important factor, and "3" for the next most important factor.)

- Allowing participants to identify their own goals
- Asking participants to verbalize their motivations for making the change
- Breaking larger goals into small achievable steps
- Expressing confidence in participants' ability to make the change
- Planning for challenges and obstacles that may arise
- Planning rewards for achieving goals
- Setting measurable goals with defined time frames
- Follow-up on progress or challenges in achieving goals
- Other (describe): \_\_\_\_\_

Programming Note: If "Never" selected for Group Education Sessions in Question 1, then skip Questions 21 through 23.

**Group Education Sessions**

21. How often do you use the following activities or resources during your group education sessions? (Select one response for each activity or resource.)

<b>Activity or Resource</b>	<b>Never</b>	<b>Rarely (&lt;10%)</b>	<b>Occasionally (11-39%)</b>	<b>Some-times (40-59%)</b>	<b>Often (60-89%)</b>	<b>Almost Always (≥90%)</b>
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"/>

22. How are the topics for your group education sessions 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, prenatal 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): \_\_\_\_\_

23. Thinking about the group sessions you have facilitated over the past 6 months, which topics were discussed most often? *(Select all that apply.)*

- 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/choosing lower fat milk
- 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): \_\_\_\_\_

**Nutrition Education Resources**

24. How much do you agree or disagree with each statement?

Statement	Agree Strongly	Agree	Disagree	Disagree Strongly
I have the educational materials necessary to assist participants with their nutrition, breastfeeding, physical activity, and other goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the necessary referral information for other programs and resources that are available to assist participants in their nutrition, breastfeeding, physical activity, and other behavioral goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. How often do you refer participants to other programs or resources for assistance with their nutrition, breastfeeding, physical activity, and other behavioral goals?

- Never
- Rarely
- Sometimes
- Often

**About You**

26. How much do you agree or disagree with each statement?

Statement	Agree Strongly	Agree	Disagree	Disagree Strongly
I serve as a role model for healthy eating and physical activity behaviors for the WIC participants at my site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My own eating and physical activity habits influence the way I talk to WIC participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Which job titles or roles do you have in the WIC Program? *(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 educator 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 27, then skip Question 28.

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

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

29. How many years have you worked for the WIC Program? *(Include your time at this WIC site and other WIC experience.)*

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

30. During your time working for WIC, how many years have you provided nutrition education as part of your job?

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

31. What is the highest degree you have completed?

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

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)
- Certified Medical Assistant (CMA)
- 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)
- Other (describe): \_\_\_\_\_
- No credentials

33. What is your age?

- 24 or younger
- 25-34
- 35-44
- 45-54
- 55 or older



**A Final Question**

34. Please use the space below to share a brief description of any special nutrition education activities or approaches that you use with WIC participants.

Programming Note: Please provide a text field with sufficient space for an open-ended, 8-line response (800-character response) for Question 34.

**You have completed all of the survey questions!**

**Thank you for contributing to the WIC Nutrition Education Study.**