

**APPENDIX PPP.2:
NUTRITION EDUCATOR PAPER SURVEY**

ID: _____, date: __/__/__

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 box for you to check response(s). Some questions require you to enter numbers or text responses. Please use blue or black ink to complete the survey. We recommend that you review the questions before beginning the survey so that you can obtain any information needed to respond. 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]

ID: _____, date: __/__/__

Nutrition Education Contacts

For all questions, nutrition education includes breastfeeding education.

1. How often do you use the following methods to provide nutrition education? *(Check 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"/>
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. *(Check one response for each method.)*

Method	Never	Rarely (<10%)	Occasionally (11-39%)	Some- times (40-59%)	Often (60-89%)	Almost Always (≥90%)
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"/>

3. How do you provide nutrition education to participants who do **not** speak English? (Check all that apply.)

- Not applicable—all participants that I work with speak English. → **GO TO QUESTION 5**
- I speak the same language as most of our non-English speaking participants. → **GO TO QUESTION 5**
- 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): _____

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? (Check all that apply.)

- I did not receive any training. → **GO TO QUESTION 8**
- 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): _____

6. In the first column, check “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 check “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	

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

If you do not provide one-on-one counseling, **GO TO QUESTION 21.**

8. How are discussion topics determined for most of your one-on-one counseling sessions? (Choose up to three responses. Write "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**?
 (Check **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**? (Check **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**?
(Check **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. → **GO TO QUESTION 21.**
- Rarely
- Occasionally
- Sometimes
- Often
- Almost always

13. How are participant goals selected for most of your one-on-one counseling sessions?
(Choose up to three responses. Write "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). → **GO TO QUESTION 15.**
- ___ I usually suggest the goal(s).
- ___ The participant and I usually select the goal(s) together.
- ___ Other (describe): _____

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? (Write "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? (Write "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? (Write "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? (Choose **up to three** factors. Write "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? (Choose **up to three** factors. Write "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? (*Write "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): _____

If you do not provide group education sessions, **GO TO QUESTION 24.**

Group Education Sessions

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

Activity or Resource	Never	Rarely (<10%)	Occasionally (11-39%)	Some-times (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"/>

22. How are the topics for your group education sessions determined? (Check 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? *(Check 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? (Check 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): _____

If you checked only one option for Question 27, **GO TO QUESTION 29.**

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

- 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? (*Check all that apply.*)

- Registered Dietitian (RD)
- Licensed Dietitian/Nutritionist (LD/LN)
- Dietetic Technician, Registered (DTR)
- Certified Medical Assistant (MA/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.

You have completed all of the survey questions!

Thank you for contributing to the WIC Nutrition Education Study.