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

## **APPENDIX QQQ: NUTRITION EDUCATOR SURVEY INFORMATION SHEET**



Thank you for participating in the **WIC Nutrition Education Study (NEST)**. This study is being conducted by the USDA, Food and Nutrition Service to identify ways

to evaluate the impact of nutrition education on the nutrition, physical activity, and health behaviors of participants. Your site is one of six sites selected for the study. As part of the study, we will examine different models of nutrition education. For sites in the study, we are gathering information to describe how nutrition education is provided in each site. One way that we are gathering the information is through a survey of staff members who provide nutrition education.

## We want to hear from you!

The survey will collect information about how you implement nutrition education (e.g., educational methods used, primary topics addressed in education, training received on nutrition education skills). The survey will also seek your opinions about what you feel are effective strategies for supporting participants to make behavioral changes and the barriers that prevent you from using skills learned in training on the job. We are asking that all staff members in the site who provide nutrition education in any form (e.g., one-on-one counseling, group classes, technology based) complete the survey. Breastfeeding peer counselors should **not** complete the survey unless they have a role in nutrition education in addition to breastfeeding support. The survey should take about 20 minutes to complete, and your managers have agreed to give you time to complete it while you are at work. Your answers to the survey will be kept private and will not be shared with your manager or anyone else at your site.

[For Web Survey Sites] To complete the survey online, the link is [Insert Survey Web Address]. [For Paper Survey Sites] A copy of the survey is attached to this information sheet along with a prepaid return envelope.

When you complete the survey, you will be asked to provide a Survey Response Number. The number for you to enter is [insert number]. This number is for your response only; other staff in your site will have a unique number for their responses.

## We request that all surveys be completed by [MM/DD/YY].

Assistance with completing the survey is available by contacting:

[Name] at [Insert Toll Free Number] or [Insert Email Address].

So that we can contact you to follow-up on the survey, we will request your name; email address, if you have one at work; and work phone number.

Thank you for responding to the survey! The information you provide will help create a descriptive picture of how nutrition education is delivered in your site.

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.