

**APPENDIX FF.1:  
PREGNANT WOMEN INTERIM PAPI SURVEY—ENGLISH**

**For Project Staff Use Only:**

ID: \_\_\_\_\_

## Interim Survey for Pregnant Women



**WIC** | **Nutrition  
Education  
Study**

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.

**Please fill out and return the survey in the enclosed envelope within the next week. Your identity and your answers on the survey will be kept private.** We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you. There are no right or wrong answers.

**Mark only one  for each question** unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

**If you have any questions about this study, please send an e-mail to [USDA-wic-nest@rti.org](mailto:USDA-wic-nest@rti.org) or call toll-free at 1-866-800-####.**

1. Please write in today's date:

|         |       |        |
|---------|-------|--------|
| _____   | _____ | _____  |
| (month) | (day) | (year) |

2. Different people like different foods. How much do you like ...?

|  | Never Tried              | Don't Like at All        | Like a Little            | Like a Lot               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <b>Vegetables</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <b>Fruit</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <b>Low-fat (1%) or fat-free/skim milk</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <b>Whole grains</b> such as whole grain bread, whole wheat or corn tortillas, or brown rice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**The next questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.**

3. In the past 30 days, how often did you eat hot or cold cereals?

- Never →→→ **GO TO Question 4**
- Once last month
- 2-3 times last month
- Once a week
- Twice a week
- 3-4 times per week
- 5-6 times per week
- Once a day
- More than once a day

**3a. In the past 30 days, what kind of cereal did you usually eat?** *(Print the name of the cereal.)*

**3b. If there was another kind of cereal that you usually ate in the past 30 days, what kind was it?** *(Print the name of the cereal, or if none, leave blank.)*

**4. In the past 30 days, how often did you have any milk (either to drink or on cereal)? Include regular milk, chocolate or flavored milk, lactose-free milk, and buttermilk.** Do not include soy milk, almond milk, rice milk, etc. or small amounts of milk added to coffee or tea.

- Never →→→ **GO TO Question 6**
- Once last month
- 2-3 times last month
- Once a week
- Twice a week
- 3-4 times per week
- 5-6 times per week
- Once a day
- More than once a day

**5. In the past 30 days, what kind of milk did you usually drink?** *(Mark one or more.)*

- Whole or vitamin D milk
- 2% or reduced-fat milk
- 1% or low-fat milk
- Fat-free or nonfat/skim milk
- Soy milk
- Chocolate or flavored milk
- Other: \_\_\_\_\_

**6. In the past 30 days, how often did you drink ...?**

|  | Never                    | Once Last Month          | 2-3 Times Last Month     | Once a Week              | Twice a Week             | 3-4 Times per Week       | 5-6 Times per Week       | Once a Day               | More than Once a Day     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <b>Regular soda or pop</b> that contains sugar (Do <b>not</b> include diet soda)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <b>100% pure fruit juices with no added sugar</b> , such as orange, mango, apple, grape, and pineapple juices   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <b>Coffee or tea that had sugar or honey</b> added to it such as coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino (Do <b>not</b> include coffee or diet tea with artificial sweeteners such as Equal, Sweet'N Low, or Splenda)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <b>Sweetened fruit drinks, sports drinks, or energy drinks</b> , such as Kool-Aid, lemonade, HiC, cranberry drink, Gatorade, Red Bull, Vitamin Water, or fruit juices you made at home and added sugar (Do <b>not</b> include diet drinks with artificial sweeteners, such as Equal, Sweet'N Low, or Splenda) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. In the past 30 days, how often did you eat ...?**

|  | Never                    | Once Last Month          | 2-3 Times Last Month     | Once a Week              | Twice a Week             | 3-4 Times per Week       | 5-6 Times per Week       | Once a Day               | More than Once a Day     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <b>Fruit</b> , including fresh, frozen, dried, or canned fruit (Do <b>not</b> include juices)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <b>Green leafy or lettuce salad</b> , with or without other vegetables  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <b>Any kind of fried potatoes</b> , including French fries, home fries, or hash brown potatoes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <b>Any other kind of potatoes</b> , such as baked, boiled, mashed potatoes; sweet potatoes; or potato salad                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <b>Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans</b> (Do <b>not</b> include green beans) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. In the past 30 days, how often did you eat ...? (continued)**

|   | Never                    | Once Last Month          | 2-3 Times Last Month     | Once a Week              | Twice a Week             | 3-4 Times per Week       | 5-6 Times per Week       | Once a Day               | More than Once a Day     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| f. <b>Brown rice or other cooked whole grains</b> , such as bulgur, cracked wheat, or millet (Do <b>not</b> include white rice)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. <b>Other vegetables</b> , including fresh, frozen, dried, or canned vegetables (Do <b>not</b> include green salads, potatoes, or cooked dried beans)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. <b>Mexican-type salsa made with tomatoes</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. <b>Pizza</b> , including frozen pizza, take-out pizza, pizza in restaurants, and homemade pizza  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. <b>Tomato sauce</b> served with spaghetti or noodles or mixed into other foods such as lasagna (Do <b>not</b> include tomato sauce on pizza)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Any kind of <b>cheese</b> , including cheese as a snack; cheese on burgers and sandwiches; and cheese in foods such as lasagna, quesadillas, or casseroles (Do <b>not</b> include cheese on pizza) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. <b>Corn or whole wheat tortillas</b> (Do <b>not</b> include white flour tortillas)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. <b>Whole grain bread</b> , including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches (Do <b>not</b> include white bread)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. <b>Chocolate or any other types of candy</b> (Do <b>not</b> include sugar-free candy)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. <b>Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts</b> (Do <b>not</b> include sugar-free kinds)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. <b>Cookies, cake, pie, or brownies</b> (Do <b>not</b> include sugar-free kinds)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. <b>Ice cream or other frozen desserts</b> (Do <b>not</b> include sugar-free kinds)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**8. Everyone is different and eats different foods. At this time, are you doing the following things? (Mark one box for each row.)**

|   | <b>NOT thinking about doing it</b> | <b>Thinking about doing it</b> | <b>Planning on doing it in next month</b> | <b>Have been doing it for LESS than 6 months</b> | <b>Have been doing it for 6 months or LONGER</b> |
|---|------------------------------------|--------------------------------|---|--|--|
| a. Eat <b>vegetables at dinner every day</b>  | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>                         |
| b. Eat <b>fruit for a snack</b> instead of cookies or chips <b>every day</b>  | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>                         |
| c. Drink <b>low-fat (1%) or fat-free/skim milk</b> instead of whole milk or 2% (reduced fat) milk <b>every day</b>    | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>                         |
| d. <b>Almost always</b> eat <b>whole grain bread</b> instead of white bread   | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>                         |
| e. <b>Almost always</b> eat <b>brown rice</b> instead of white rice   | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>                         |
| f. <b>Almost always</b> eat <b>whole wheat or corn tortillas</b> instead of white flour tortillas                     | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>                         |
| g. Drink <b>100% juice NO MORE than once a day</b>  | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>                         |
| h. Drink <b>regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month</b> | <input type="checkbox"/>           | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                         | <input type="checkbox"/>                         |

**9. How sure are you that you can...?**

|   | <b>Not Sure</b>          | <b>A Little Sure</b>     | <b>Very Sure</b>         |
|---|--------------------------|--------------------------|--------------------------|
| a. Only formula feed my baby (not breastfeed at all)                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Breastfeed my baby or at least try   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Breastfeed without using any formula or other milk when my baby is <b>30 days old</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Breastfeed without using any formula or other milk when my baby is <b>6 months old</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**10. How sure are you that you can ...?**

|   | <b>Not Sure</b>          | <b>A Little Sure</b>     | <b>Very Sure</b>         |
|---|--------------------------|--------------------------|--------------------------|
| a. Eat <b>vegetables at dinner every day</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Eat <b>fruit for a snack</b> instead of cookies or chips <b>every day</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Drink <b>low-fat (1%) or fat-free/skim milk</b> instead of whole milk or 2% (reduced fat) milk <b>every day</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Eat <b>whole grain bread</b> instead of white bread  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Eat <b>brown rice</b> instead of white rice  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Eat <b>whole wheat or corn tortillas</b> instead of white flour tortillas  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Drink <b>100% juice NO MORE than once a day</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Drink <b>regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**11. In the past 30 days, did you buy the WIC foods listed below?**

|  | Yes                      | No                       | Did Not Receive from WIC |
|--|--------------------------|--------------------------|--------------------------|
| a. <b>Juice</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <b>Fruit and vegetables</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <b>Milk</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <b>Cereal</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <b>Other whole grains</b> (like whole grain bread, whole wheat or corn tortillas, brown rice) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. <b>Baby food in jars</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. <b>Infant formula</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**12. How often do these things happen?**

|                                     | Rarely or Never          | Some Days                | Most Days                | Almost Every Day         | Every Day                |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I eat a meal while watching TV   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I cook a homemade dinner at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**13. All people do things differently. Think about what you do in a usual week or day. How many times do you do the following things? (Mark one box for each question.)**

|                                       | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8 or More                |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I eat breakfast ___ times a week   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I eat out ___ times a week         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I eat fast food ___ times a week   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I watch TV or DVDs ___ hours a day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**14. In the past 7 days, on how many days did you do moderate or vigorous physical activities like walking, jogging, dancing, or bicycling? Think only about physical activities that you did for at least 10 minutes at a time. (Circle one number.)**

0    1    2    3    4    5    6    7

**If you circled 0 →→→ GO TO Question 16**

**15. On the days that you did more than 10 minutes of moderate or vigorous physical activities, how many minutes in a day did you usually spend doing these physical activities?**

- 10-20 minutes
- 21-30 minutes
- 31-40 minutes
- 41-50 minutes
- 51-60 minutes
- More than 60 minutes



**16. In the past 30 days, how often did you ...?**

|   | Almost Never             | Once in a While          | Sometimes                | Often                    | Almost Always            |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Plan meals ahead of time                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use Nutrition Facts on food labels to choose foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**17. Who in your family currently gets WIC benefits? (Mark all that apply.)**

- Me, because I am pregnant
- Me, because I recently gave birth
- My baby who is less than 12 months old
- My child(ren) who are over 12 months of age
- None of my family →→→ **GO TO Question 19**

**18. Do your WIC benefits come from the \_\_\_\_\_ [INSERT BEFORE SURVEY GIVEN TO PARTICIPANT] WIC office?**

- Yes
- No, I am receiving WIC from another WIC office
- No, I have not received WIC since (fill in)

|         |  |        |
|---------|--|--------|
|         |  |        |
| (month) |  | (year) |

**19. In the past 6 months, how many times did you visit a WIC office and get information on health or healthy eating? Include the day you signed up for this study.** Do not include visits for other reasons such as picking up a food instrument or voucher or taking a friend to her appointment.

- None →→→ **GO TO Question 47**
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

**20. In the past 6 months, during WIC visit(s) how many times did you ...? Include your most recent visit.**

|  | None                     | 1                        | 2                        | 3                        | 4                        | 5                        | 6 or More                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <b>Talk one-on-one with a WIC staff person</b> about health or healthy eating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <b>Attend a group session</b> about health or healthy eating                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <b>Watch a video/DVD</b> about health or healthy eating                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <b>Use the WIC Web site</b> about health or healthy eating                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**21. In the past 6 months, in between WIC visits, what did you get from WIC with information that told you about health or healthy eating?** Do not include things you got during your WIC visit. (Mark all that apply.)

- Personal phone call
- Text message
- Email message
- Online education that I could log into from home or someplace else
- Invitation or link to Facebook, Twitter, or other social media site
- Brochure or handout in the mail
- None of the above

**The next questions are about your most recent visit to WIC in which you got information on health or healthy eating.**

**22. When was your most recent WIC visit?**

- Less than 2 weeks ago
- 2-4 weeks ago
- 1-2 months ago
- Over 2 months ago

**23. What did you do at your most recent WIC visit?** (Mark all that apply.)

- Talked one-on-one with a WIC staff person about health or healthy eating
- Spent time in a group session on health or healthy eating
- Used a WIC Web site on health or healthy eating
- Used a WIC video/DVD on health or healthy eating
- None of the above

**24. For your most recent WIC visit, how much do you agree or disagree with each statement ...?**

|   | Disagree<br>a Lot        | Disagree<br>a Little     | Agree<br>a Little        | Agree<br>a Lot           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I learned good <b>reasons</b> to eat healthy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I learned good <b>ways</b> to eat healthy    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I learned good <b>reasons</b> to breastfeed  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I learned good <b>ways</b> to breastfeed     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**25. Some people say that some WIC visits are more helpful than others. Which best describes the information you received at your most recent WIC visit?** (Mark one box only.)

- The information was **helpful** because it was new to me.
- The information was **helpful**. I knew the information, but it was good to hear it again.
- The information was **not that helpful** because I already knew it.
- The information was **not that helpful** because it did not apply to me.

26. Which **best** describes your most recent WIC visit? (Mark one box only.)

- I did not have any children with me
- I had a child with me so it made it **hard** to listen to the WIC information
- I had a child with me but it was **easy** to listen to the WIC information

27. At your most recent WIC visit, did the WIC staff show you any of the following or use any of these with you while they talked about health or healthy eating? (Mark all that apply.)

- Brochure, handout, or paper with information
- Bulletin board or poster
- Video/DVD
- Tasting or cooking demonstration
- Activity or game
- Other items that you could pass around like measuring cups, food containers, etc.
- None of the above
- Other: \_\_\_\_\_

28. When you enroll in WIC and then 6 to 12 months later, WIC asks you to bring proof of address or income to make sure you can be on WIC. Did you bring proof to your most recent WIC visit?

- Yes
- No

29. At your most recent WIC visit, how long did you talk one-on-one with a WIC staff person about health or healthy eating?

- I did **not** talk one-on-one about health or healthy eating →→→ **GO TO Question 35**
- Less than 5 minutes
- 5-15 minutes
- 16-30 minutes
- More than 30 minutes

**Answer Questions 30 to 34 only if you had one-on-one time with WIC staff at your most recent WIC visit. (If you did not have one-on-one time, go to Question 35.)**

30. Which **best** describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- The WIC staff person chose what we talked about
- I chose what we talked about
- The WIC staff person and I together chose what we talked about

31. A health goal means trying to become healthier by changing something you do. Which **best** describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set **health goals** for me or my child
- S/he talked about **health goals**, but I did **not** set any
- S/he did **not** talk about setting **health goals**

**32. For each statement, how much do you agree or disagree about your most recent one-on-one time with a WIC staff person?**

|  | Disagree a Lot           | Disagree a Little        | Agree a Little           | Agree a Lot              |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The WIC staff person talked most of the time  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The WIC staff person listened to me and understood my concerns                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The WIC staff person followed up on issues or questions from my last one-on-one visit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**33. Did you talk about this topic in your one-on-one time?** (Mark one box for each topic below.)

|   | We talked about this     | We did NOT talk about this |
|---|--------------------------|----------------------------|
| a. Eating more <b>fruit and vegetables</b>  | <input type="checkbox"/> | <input type="checkbox"/>   |
| b. Eating more <b>whole grains</b> like whole grain bread, whole wheat or corn tortillas, or brown rice | <input type="checkbox"/> | <input type="checkbox"/>   |
| c. Drinking <b>lower fat milk (1% or fat-free/skim milk)</b>  | <input type="checkbox"/> | <input type="checkbox"/>   |
| d. Getting more <b>physical activity</b>  | <input type="checkbox"/> | <input type="checkbox"/>   |
| e. <b>Shopping for and preparing healthier foods</b>  | <input type="checkbox"/> | <input type="checkbox"/>   |
| f. Drinking <b>water</b> instead of soda and sugary drinks  | <input type="checkbox"/> | <input type="checkbox"/>   |
| g. <b>Breastfeeding</b>   | <input type="checkbox"/> | <input type="checkbox"/>   |

**34. Have you made or do you think you will make a change to your eating or activities since discussing this topic?** (Mark one box for each topic discussed.)

|   | I am NOT thinking about doing it | I am thinking about doing it | I am planning on doing it | I am already doing it    |
|---|----------------------------------|------------------------------|---------------------------|--------------------------|
| a. Eating more <b>fruit and vegetables</b>  | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| b. Eating more <b>whole grains</b> like whole grain bread, whole wheat or corn tortillas, or brown rice | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| c. Drinking <b>lower fat milk (1% or fat-free/skim milk)</b>  | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| d. Getting more <b>physical activity</b>  | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| e. <b>Shopping for and preparing healthier foods</b>  | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| f. Drinking <b>water</b> instead of soda and sugary drinks  | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| g. <b>Breastfeeding</b>   | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |

**35. At your most recent WIC visit, how long did you spend in a group session talking about health or healthy eating?**

- I was not in a group session →→→ **GO TO Question 41**
- Less than 5 minutes
- 5-15 minutes
- 16-30 minutes
- More than 30 minutes

**Answer Questions 36 to 40 only if you spent time in a group session at your most recent WIC visit. (If you were not in a group session, go to Question 41.)**

**36. Which best describes your most recent WIC group session?** (Mark the one that happened most.)

- S/he mostly talked and would stop to ask if we had questions
- We watched a video/DVD and at the end s/he asked if we had questions
- S/he shared information, and we had a discussion. S/he asked me and the other people in the group about our thoughts and opinions.

**37. A health goal means trying to become healthier by changing something you do. Which best describes your most recent group session with a WIC staff person?** (Mark the one that happened most.)

- S/he worked with me to set health goals for me or my child
- S/he talked about health goals, but I didn't set any
- S/he did not talk about setting health goals

**38. For each statement, how much do you agree or disagree about your most recent WIC group session?**

|   | Disagree a Lot           | Disagree a Little        | Agree a Little           | Agree a Lot              |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The WIC staff person listened to the group and understood our concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I had a chance to bring up topics that were important to me            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**39. Did you talk about this topic in your group session?** (Mark one box for each topic below.)

|   | We talked about this     | We did NOT talk about this |
|---|--------------------------|----------------------------|
| a. Eating more <b>fruit and vegetables</b>  | <input type="checkbox"/> | <input type="checkbox"/>   |
| b. Eating more <b>whole grains</b> like whole grain bread, whole wheat or corn tortillas, or brown rice | <input type="checkbox"/> | <input type="checkbox"/>   |
| c. Drinking <b>lower fat milk (1% or fat-free/skim milk)</b>  | <input type="checkbox"/> | <input type="checkbox"/>   |
| d. Getting more <b>physical activity</b>  | <input type="checkbox"/> | <input type="checkbox"/>   |
| e. <b>Shopping for and preparing healthier foods</b>  | <input type="checkbox"/> | <input type="checkbox"/>   |
| f. Drinking <b>water</b> instead of soda and sugary drinks  | <input type="checkbox"/> | <input type="checkbox"/>   |
| g. <b>Breastfeeding</b>   | <input type="checkbox"/> | <input type="checkbox"/>   |

**40. Have you made or do you think you will make a change to your eating or activities since discussing this topic?** (Mark one box for each topic discussed.)

|   | I am NOT thinking about doing it | I am thinking about doing it | I am planning on doing it | I am already doing it    |
|---|----------------------------------|------------------------------|---------------------------|--------------------------|
| a. Eating more <b>fruit and vegetables</b>  | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| b. Eating more <b>whole grains</b> like whole grain bread, whole wheat or corn tortillas, or brown rice | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| c. Drinking <b>lower fat milk (1% or fat-free/skim milk)</b>  | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| d. Getting more <b>physical activity</b>  | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| e. <b>Shopping for and preparing healthier foods</b>  | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| f. Drinking <b>water</b> instead of soda and sugary drinks  | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |
| g. <b>Breastfeeding</b>   | <input type="checkbox"/>         | <input type="checkbox"/>     | <input type="checkbox"/>  | <input type="checkbox"/> |

41. Which describes how you used a **WIC Web site** on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC Web site on health or healthy eating **in the WIC office** by myself
- Used a WIC Web site on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC Web site on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC Web site on health or healthy eating in the past 6 months →→→ **GO TO Question 46**

**Answer Questions 42 to 45 only if you used a WIC Web site on health or healthy eating in the past 6 months.** (If you did not use a WIC Web site, go to Question 46.)

42. How long did you spend using the WIC Web site? Include time in and outside of WIC office.

- Less than 5 minutes
- 5-15 minutes
- 15-30 minutes
- More than 30 minutes

43. Which **best** describes how the topic for the WIC Web site was chosen? (Mark one.)

- There was a list of topics, and I chose one of them myself
- There was a list of topics, and a WIC staff person helped me choose one
- There was only one topic available
- Other: \_\_\_\_\_

44. Did you read or view this topic on the WIC Web site? (Mark one box for each topic below.)

45. Have you made or do you think you will make a change to your eating or activities since reading/viewing this topic? (Mark one box for each topic read/viewed.)

|   | I read/<br>viewed<br>this | I did NOT<br>read/<br>view this |
|---|---------------------------|---------------------------------|
| a. Eating more <b>fruit and vegetables</b>  | <input type="checkbox"/>  | <input type="checkbox"/>        |
| b. Eating more <b>whole grains</b> like whole grain bread, whole wheat or corn tortillas, or brown rice | <input type="checkbox"/>  | <input type="checkbox"/>        |
| c. Drinking <b>lower fat milk (1% or fat-free/skim milk)</b>  | <input type="checkbox"/>  | <input type="checkbox"/>        |
| d. Getting more <b>physical activity</b>  | <input type="checkbox"/>  | <input type="checkbox"/>        |
| e. <b>Shopping for and preparing healthier foods</b>  | <input type="checkbox"/>  | <input type="checkbox"/>        |
| f. Drinking <b>water</b> instead of soda and sugary drinks  | <input type="checkbox"/>  | <input type="checkbox"/>        |
| g. <b>Breastfeeding</b>   | <input type="checkbox"/>  | <input type="checkbox"/>        |

| I am NOT<br>thinking<br>about<br>doing it | I am<br>thinking<br>about<br>doing it | I am<br>planning<br>on doing it | I am<br>already<br>doing it |
|---|---------------------------------------|---------------------------------|-----------------------------|
| <input type="checkbox"/>                  | <input type="checkbox"/>              | <input type="checkbox"/>        | <input type="checkbox"/>    |
| <input type="checkbox"/>                  | <input type="checkbox"/>              | <input type="checkbox"/>        | <input type="checkbox"/>    |
| <input type="checkbox"/>                  | <input type="checkbox"/>              | <input type="checkbox"/>        | <input type="checkbox"/>    |
| <input type="checkbox"/>                  | <input type="checkbox"/>              | <input type="checkbox"/>        | <input type="checkbox"/>    |
| <input type="checkbox"/>                  | <input type="checkbox"/>              | <input type="checkbox"/>        | <input type="checkbox"/>    |
| <input type="checkbox"/>                  | <input type="checkbox"/>              | <input type="checkbox"/>        | <input type="checkbox"/>    |
| <input type="checkbox"/>                  | <input type="checkbox"/>              | <input type="checkbox"/>        | <input type="checkbox"/>    |

**46. Which describes how you used a WIC video/DVD on health or healthy eating in the past 6 months? (Mark all that apply.)**

- Used a WIC video/DVD on health or healthy eating **in the WIC office** by myself
- Used a WIC video/DVD on health or healthy eating **in the WIC office** in a group
- Used a WIC video/DVD on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC video/DVD on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC video/DVD on health or healthy eating in the past 6 months

**47. Are you currently pregnant?**

Yes, my due date is (fill in)

|         |       |        |
|---------|-------|--------|
|         |       |        |
| (month) | (day) | (year) |

No, I had my baby on (fill in)

|         |        |
|---------|--------|
|         |        |
| (month) | (year) |

No, I lost the baby or ended the pregnancy

**48. How many people live in your household right now?**

|  | Number<br>(If none, write zero) |
|--|---------------------------------|
| a. Infants under 12 months of age              |                                 |
| b. Children 1-4 years of age                   |                                 |
| c. Children 5-17 years of age                  |                                 |
| d. Adults 18 years or older (include yourself) |                                 |

**49. How many people in your household are on WIC right now? Please include yourself.** \_\_\_\_\_

**50. Do you have regular childcare for your youngest child where someone other than you or your child's other parent takes care of him/her on a regular basis?**

- Child has not been born yet
- Yes →→→ How many **hours per week** is your child usually in childcare? \_\_\_\_\_
- No

51. **In the past 6 months, which topics did you discuss in WIC one-on-one or group sessions or watch in videos/DVDs or Web sites?** (Mark all that apply.)

|   |                          |
|---|--------------------------|
| Does <b>not</b> apply. I have <b>not</b> been in WIC in the past 6 months →→→ <b>STOP. YOU ARE DONE WITH SURVEY</b> | <input type="checkbox"/> |
| a. Breastfeeding  | <input type="checkbox"/> |
| b. Weaning from a bottle  | <input type="checkbox"/> |
| c. Drinking milk/choosing lower fat milk  | <input type="checkbox"/> |
| d. Drinking water   | <input type="checkbox"/> |
| e. Fruit and vegetables   | <input type="checkbox"/> |
| f. Healthy snacking   | <input type="checkbox"/> |
| g. Healthy weight for myself  | <input type="checkbox"/> |
| h. Introducing solid foods to my baby   | <input type="checkbox"/> |
| i. Medical conditions such as low iron or high blood sugar  | <input type="checkbox"/> |
| j. Physical activity  | <input type="checkbox"/> |
| k. Picky eaters   | <input type="checkbox"/> |
| l. Shopping for and preparing healthy foods   | <input type="checkbox"/> |
| m. Sodas and sugary drinks  | <input type="checkbox"/> |
| n. Whole grains   | <input type="checkbox"/> |
| o. None of the above  | <input type="checkbox"/> |

52. Put a check mark ✓ for the topic you discussed or watched that was **MOST helpful**. (Put just ONE check mark.)

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
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**Thank you for filling out the survey!**

**You will get another survey in several months.**

**Thank you for taking part in the WIC Nutrition Education Study (NEST)!**