

**APPENDIX KK.1:
CAREGIVER OF CHILD FINAL PAPI SURVEY—ENGLISH**

For Project Staff Use Only:

ID: _____ Child's First Name _____

Final Survey for Participant with Eligible Child



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 and your child. 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 or call toll-free at 1-866-800-####.

1. Please write in:

(month)	(day)	(year)

Today's date:

Name of child from label on front of survey: _____

Please answer all survey questions about THIS child.

2. Different children like different foods. How much does your child like ...?

	Never Tried	Doesn't Like at All	Likes a Little	Likes a Lot
a. Vegetables (including baby food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit (including baby food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Whole milk or 2% (reduced fat) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Low-fat (1%) or fat-free/skim milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Whole grains 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 your child ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at school, in restaurants, and anyplace else.

3. In the past 30 days, how often did your child eat hot or cold cereals, including baby cereal?

- 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 your child usually eat? (Print the name of the cereal.)

3b. If there was another kind of cereal that your child 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 your child have any cow's 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 your child 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 your child 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. Regular soda or pop that contains sugar (Do not 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. 100% pure fruit juices with no added sugar , 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. Coffee or tea that had sugar or honey 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 not 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. Sweetened fruit drinks, sports drinks, or energy drinks , such as Kool-Aid, lemonade, HiC, cranberry drink, Gatorade, Red Bull, Vitamin Water, or fruit juices you made at home and added sugar (Do not 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 your child 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. Fruit , include fresh, frozen, dried, or canned fruit (Do not 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. Green leafy or lettuce salad , 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. Any kind of fried potatoes , 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. Any other kind of potatoes , 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. Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans (Do not 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 your child 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. Brown rice or other cooked whole grains , such as bulgur, cracked wheat, or millet (Do not 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. Other vegetables , include fresh, frozen, dried, or canned vegetables (Do not 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. Mexican-type salsa made with tomatoes	<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. Pizza , 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. Tomato sauce served with spaghetti or noodles or mixed into other foods such as lasagna (Do not 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 cheese , including cheese as a snack; cheese on burgers and sandwiches; and cheese in foods such as lasagna, quesadillas, or casseroles (Do not 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. Corn or whole wheat tortillas (Do not 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. Whole grain bread , including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches (Do not 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. Chocolate or any other types of candy (Do not 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. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts (Do not 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. Cookies, cake, pie, or brownies (Do not 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. Ice cream or other frozen desserts (Do not 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. All families are different and eat different foods. At this time, are you doing the following things? (Mark one box for each row.)

	NOT thinking about doing it	Thinking about doing it	Planning to do it next month	Have been doing it for LESS than 6 months	Have been doing it for 6 months or LONGER
a. Serve your child vegetables (include baby food) at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serve your child fruit (include baby food) for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serve your child low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Almost always serve your child whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Almost always serve your child brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Almost always serve your child whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Serve your child 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Serve your child regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

10. How much do you agree or disagree ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. It is easy to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is expensive to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is a large selection of fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The fresh fruit and vegetables where I live are of high quality	<input type="checkbox"/>	<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. Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other whole grains (like whole grain bread, whole wheat or corn tortillas, brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Baby food in jars (if child is less than 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Infant formula (if child is less than 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Was this true for your household in the past 12 months?

	Never True	Sometimes True	Often True
a. We worried whether our food would run out before we got money to buy more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The food that we bought just didn't last, and we didn't have money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often do these things happen?

	Rarely or Never	Some Days	Most Days	Almost Every Day	Every Day
a. My child eats a meal while watching TV/DVDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I sit and eat a meal with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child is picky about the foods s/he eats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I cook a homemade dinner for my child at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How many times do you usually offer a new food before you decide your child does not like it?

- Once
- Twice
- 3-5 times
- 6-10 times
- More than 10 times
- My child likes everything
- My child hasn't tried new foods

15. Below are some things that parents may do. In the past 30 days, how often did you do the following things?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Kept track of what my child eats and drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tried to get my child to finish his/her food and drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Tried to get my child to eat even if s/he does not seem hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Carefully controlled how much my child eats or drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Talked to my child to encourage him/her to eat or drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Let my child eat desserts/sweets to keep him/her happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Put cereal in my child's bottle (<i>Answer only if child is younger than 12 months.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. All families do things differently. Think about what you and your child 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. My child eats 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. We 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. My child eats 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. My child plays outside ___ days 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"/>
e. My child plays outside ___ 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"/>
f. I play outside with my child ___ days 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"/>
g. My child watches 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"/>
h. 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"/>
i. My child plays video or computer games ___ hours a day (including games played on phones and other handheld devices)	<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"/>

17. 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 19

18. 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

19. In the past 30 days, how often did your family or friends do the following?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Encourage you to eat healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Complain about eating healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Encourage you to do physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do physical activity with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. 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"/>

21. 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 old
- None of my family →→→ **GO TO Question 23**

22. Do your family's WIC benefits come from the _____ [INSERT BEFORE SURVEY GIVEN TO PARTICIPANT] WIC office?

- Yes
- No, we are receiving WIC from another WIC office
- No, we have not received WIC since *(fill in)*

_____ | _____
(month) (year)

23. 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 51**
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

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

	None	1	2	3	4	5	6 or More
a. Talk one-on-one with a WIC staff person 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. Attend a group session 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. Watch a video/DVD 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. Use the WIC Web site 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"/>

25. In the past 6 months, in between WIC visits, what did you get from WIC with information on 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** WIC visit in which you got information on health or healthy eating.

26. When was your most recent WIC visit?

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

27. 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

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

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I learned good reasons to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned good ways to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. 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.

30. 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

31. 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: _____

32. 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

33. 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 39**
- Less than 5 minutes
- 5-15 minutes
- 16-30 minutes
- More than 30 minutes

Answer Questions 34 to 38 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 39.)

34. 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

35. 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**

36. 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"/>

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

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

	We talked about this	We did NOT talk about this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already 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"/>

39. 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 45**
- Less than 5 minutes
- 5-15 minutes
- 16-30 minutes
- More than 30 minutes

Answer Questions 40 to 44 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 45.)

40. 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.

41. 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

42. 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"/>

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

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

	We talked about this	We did NOT talk about this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already 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"/>

45. 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 50**

Answer Questions 46 to 49 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 50.)

46. 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

47. 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: _____

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

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

	I read/ viewed this	I did NOT read/ view this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already 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"/>

50. 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

51. Which best describes your current status? Are you ...? (Mark the best answer.)

- Married
- Widowed
- Divorced
- Separated
- Single or never married
- Living with partner

52. In the past 6 months, have you been told by a doctor or other health care professional that your child ...?

	Yes	No
a. Was a preemie or premature as a baby	<input type="checkbox"/>	<input type="checkbox"/>
b. Needs special infant formula	<input type="checkbox"/>	<input type="checkbox"/>
c. Is low weight	<input type="checkbox"/>	<input type="checkbox"/>
d. Is overweight	<input type="checkbox"/>	<input type="checkbox"/>
e. Has high blood lead	<input type="checkbox"/>	<input type="checkbox"/>

53. Are you currently working for pay either full time or part time?

- Yes, full time
- Yes, part time
- No

54. How many people live in your household right now?

	Number (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)	

55. How many people in your household are on WIC right now? Please include yourself. _____

60. What activities or changes would make WIC nutrition education more useful and helpful to you?

Thank you for filling out the survey!

You have completed the last survey.

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