appendix PP.1:
Postpartum Women Final CATI Survey—English

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

WIC Nutrition Education Study

Final Survey for Postpartum Women

Telephone Questionnaire for Nonrespondents to Mail Survey

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

1. RECORD TODAY’S DATE:
2. Different people like different foods. How much do you like…? [READ ITEMS.] Would you say you...? SELECT ONE FOR EACH FOOD.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. Vegetables | Have Never Tried It | Don’t Like It at All | Like It a Little | Like It a Lot | -4 DON’T KNOW | -7 REFUSAL |
| b. Fruit | Have Never Tried It | Don’t Like It at All | Like It a Little | Like It a Lot | -4 DON’T KNOW | -7 REFUSAL |
| c. Low-fat, 1%, fat-free, or skim milk | Have Never Tried It | Don’t Like It at All | Like It a Little | Like It a Lot | -4 DON’T KNOW | -7 REFUSAL |
| d. Whole grains, such as whole grain bread, whole wheat or corn tortillas, or brown rice | Have Never Tried It | Don’t Like It at All | Like It a Little | Like It a Lot | -4 DON’T KNOW | -7 REFUSAL |

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.

1. In the past 30 days, how often did you eat hot or cold cereals? Would you say…? SELECT ONE.
* Never **[Go to Question 4]**
* Once last month
* 2 to 3 times last month
* Once a week
* Twice a week
* 3 to 4 times per week
* 5 to 6 times per week
* Once a day
* More than once a day
* -4 DON’T KNOW
* -7 REFUSAL

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.

3a. In the past 30 days, what kind of cereal did you usually eat? ENTER NAME OF CEREAL.

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|  |

3b. If there was another kind of cereal that you ate in the past 30 days, what kind was it? ENTER NAME OF CEREAL, OR IF NONE, ENTER 1.

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|  |

1. In the past 30 days, how often did you have any milk either to drink or on cereal? Please include regular milk, chocolate or flavored milk, lactose-free milk, and buttermilk. Do not include soy milk, almond milk, rice milk, or small amounts of milk added to coffee or tea. Would you say…? SELECT ONE.
* Never **[Go to Question 6]**
* Once last month
* 2 to 3 times last month
* Once a week
* Twice a week
* 3 to 4 times per week
* 5 to 6 times per week
* Once a day
* More than once a day
* -4 DON’T KNOW
* -7 REFUSAL
1. In the past 30 days, what kind of milk did you usually drink? Would you say…? SELECT ALL THAT APPLY.
* Whole or vitamin D milk
* 2% milk, which is also called reduced-fat milk
* 1% milk, which is also called low-fat milk
* Skim milk, which is also called fat-free or nonfat milk
* Soy milk
* Chocolate or flavored milk
* Another kind of milk. **[If selected]** What kind of milk did you drink? ENTER RESPONSE. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* -4 DON’T KNOW
* -7 REFUSAL
1. In the past 30 days, how often did you drink…? [READ ITEMS.] Would you say…? SELECT ONE FOR EACH ITEM.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. Regular soda or pop that contains sugar. Do not include diet soda. | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| b. 100% pure fruit juices with no added sugar, such as orange, mango, apple, grape, and pineapple juices  | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| c. Coffee or tea that had sugar or honey added to it, such as coffee and tea you sweetened yourself, or 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. | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| 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 that you made at home and added sugar. Do not include diet drinks with artificial sweeteners, such as Equal, Sweet’N Low, or Splenda. | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |

1. In the past 30 days, how often did you eat…? [READ ITEMS.] Would you say…? REPEAT AFTER EVERY THREE FOODS. SELECT ONE FOR EACH ITEM.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. Fruit, including fresh, frozen, dried, or canned fruit. Do not include juices. | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| b. Green leafy or lettuce salad, with or without other vegetables | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| c. Any kind of fried potatoes, including French fries, home fries, or hash brown potatoes | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| d. Any other kind of potatoes, such as baked, boiled, mashed potatoes; sweet potatoes; or potato salad | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| e. Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans. Do not include green beans. | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| f. Brown rice or other cooked whole grains, such as bulgur, cracked wheat, or millet. Do not include white rice. | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| g. Other vegetables, including fresh, frozen, dried, or canned vegetables. Do not include green salads, potatoes, or cooked dried beans. | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| h. Mexican-type salsa made with tomatoes | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| i. Pizza, including frozen pizza, take-out pizza, pizza in restaurants, and homemade pizza | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| j. Tomato sauce served with spaghetti or noodles or mixed into other foods such as lasagna. Do not include tomato sauce on pizza. | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| 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.  | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| l. Corn or whole wheat tortillas. Do not include white flour tortillas.  | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| m. Whole grain bread, including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches. Do not include white bread.  | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| n. Chocolate or any other types of candy. Do not include sugar-free candy.  | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| o. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts. Do not include sugar-free kinds.  | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| p. Cookies, cake, pie, or brownies. Do not include sugar-free kinds. | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |
| q. Ice cream or other frozen desserts. Do not include sugar-free kinds. | Never | Once Last Month | 2 to 3 Times Last Month | Once a Week | Twice a Week | 3 to 4 Times per Week | 5 to 6 Times per Week | Once a Day | More than Once a Day | -4 DON’T KNOW | -7 REFUSAL |

1. Everyone is different and eats different foods. For the next question, I’m going to list several activities. For each activity, please tell me if at this time you are not thinking about doing it; thinking about doing it; planning to do it next month; have been doing it for less than 6 months; or have been doing it for 6 months or longer. The first/next activity is… [READ ITEMS.] Would you say you…? REPEAT AFTER EVERY THREE STATEMENTS. SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Eat vegetables at dinner every day | Are Not Thinking about Doing It | Are Thinking about Doing It | Are Planning to Do It Next Month | Have Been Doing It for Less Than 6 Months | Have Been Doing It for 6 Months or Longer | -4 DON’T KNOW | -7 REFUSAL |
| b. Eat fruit for a snack instead of cookies or chips every day | Are Not Thinking about Doing It | Are Thinking about Doing It | Are Planning to Do It Next Month | Have Been Doing It for Less Than 6 Months | Have Been Doing It for 6 Months or Longer | -4 DON’T KNOW | -7 REFUSAL |
| c. Drink low-fat, 1%, fat-free, or skim milk instead of whole milk, 2%, or reduced fat milk every day | Are Not Thinking about Doing It | Are Thinking about Doing It | Are Planning to Do It Next Month | Have Been Doing It for Less Than 6 Months | Have Been Doing It for 6 Months or Longer | -4 DON’T KNOW | -7 REFUSAL |
| d. Almost always eat whole grain bread instead of white bread  | Are Not Thinking about Doing It | Are Thinking about Doing It | Are Planning to Do It Next Month | Have Been Doing It for Less Than 6 Months | Have Been Doing It for 6 Months or Longer | -4 DON’T KNOW | -7 REFUSAL |
| e. Almost always eat brown rice instead of white rice | Are Not Thinking about Doing It | Are Thinking about Doing It | Are Planning to Do It Next Month | Have Been Doing It for Less Than 6 Months | Have Been Doing It for 6 Months or Longer | -4 DON’T KNOW | -7 REFUSAL |
| f. Almost always eat whole wheat or corn tortillas instead of white flour tortillas | Are Not Thinking about Doing It | Are Thinking about Doing It | Are Planning to Do It Next Month | Have Been Doing It for Less Than 6 Months | Have Been Doing It for 6 Months or Longer | -4 DON’T KNOW | -7 REFUSAL |
| g. Drink 100% juice no more than once a day | Are Not Thinking about Doing It | Are Thinking about Doing It | Are Planning to Do It Next Month | Have Been Doing It for Less Than 6 Months | Have Been Doing It for 6 Months or Longer | -4 DON’T KNOW | -7 REFUSAL |
| h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks no more than once a month.  | Are Not Thinking about Doing It | Are Thinking about Doing It | Are Planning to Do It Next Month | Have Been Doing It for Less Than 6 Months | Have Been Doing It for 6 Months or Longer | -4 DON’T KNOW | -7 REFUSAL |

1. For this next question, I’m going to list three activities. For each activity, please tell me if you are not thinking about doing it; thinking about doing it; planning to do it; or already doing it. Are you trying to…? [READ ITEMS.] Would you say…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. Breastfeed your baby until she or he is at least 6 months old  | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| b. Breastfeed your baby until she or he is at least 1 year old  | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| c. Only breastfeed your baby and never give any formula for the first year of his or her life | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Very Sure | -4 DON’T KNOW | -7 REFUSAL |

1. I’m going to read you a list of activities. For each activity, please tell me how sure you are you could do the activity. How sure are you that you can…? [READ ITEMS.] Would you say you are…? REPEAT AFTER EVERY 3 STATEMENTS. SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. Eat vegetables at dinner every day | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| b. Eat fruit for a snack instead of cookies or chips every day | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| c. Drink low-fat, 1%, fat-free, or skim milk instead of whole milk, 2%, or reduced fat milk every day | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| d. Eat whole grain bread instead of white bread  | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| e. Eat brown rice instead of white rice  | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| f. Eat whole wheat or corn tortillas instead of white flour tortillas  | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| g. Drink 100% juice no more than once a day | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks no more than once a month. | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |

1. Again, I’m going to read you a list of activities. For each activity, please tell me how sure you are you could do the activity. How sure are you that you can…? [READ ITEMS.] Would you say you are…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. Breastfeed your baby until she or he is at least 6 months old | I AM NOT BREASTFEEDING | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| b. Breastfeed your baby until she or he is at least 1 year old | I AM NOT BREASTFEEDING | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |
| c. Only breastfeed your baby and never give any formula for the first year of his or her life | I AM NOT BREASTFEEDING | Not Sure | A Little Sure | Very Sure | -4 DON’T KNOW | -7 REFUSAL |

1. For the next question, I’m going to read you four statements. Please tell me how much you agree or disagree with the statement? [READ ITEMS.] Would you say you…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. It is easy to buy fresh fruit and vegetables where I live | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| b. It is expensive to buy fresh fruit and vegetables where I live | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| c. There is a large selection of fresh fruit and vegetables where I live | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| d. The fresh fruit and vegetables where I live are of high quality | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |

1. For the next question, I’m going to list some WIC foods. Please tell me whether you bought the WIC food in the past 30 days. If you did not receive the food from WIC, please let me know. In the past 30 days, did you buy…? [READ ITEMS.] SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. Juice  | YES | NO | DID NOT RECEIVE FROM WIC | -4 DON’T KNOW | -7 REFUSAL |
| b. Fruit and vegetables | YES | NO | DID NOT RECEIVE FROM WIC | -4 DON’T KNOW | -7 REFUSAL |
| c. Milk  | YES | NO | DID NOT RECEIVE FROM WIC | -4 DON’T KNOW | -7 REFUSAL |
| d. Cereal  | YES | NO | DID NOT RECEIVE FROM WIC | -4 DON’T KNOW | -7 REFUSAL |
| e. Other whole grains, like whole grain bread, whole wheat or corn tortillas, or brown rice | YES | NO | DID NOT RECEIVE FROM WIC | -4 DON’T KNOW | -7 REFUSAL |
| f. Baby food in jars  | YES | NO | DID NOT RECEIVE FROM WIC | -4 DON’T KNOW | -7 REFUSAL |
| g. Infant formula  | YES | NO | DID NOT RECEIVE FROM WIC | -4 DON’T KNOW | -7 REFUSAL |

1. For the next question, I’m going to read you two statements. Please tell me if this statement was true for your household in the past 12 months. [READ ITEMS.] Would you say this was…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. We worried whether our food would run out before we got money to buy more | Never True | Sometimes True | Often True | -4 DON’T KNOW | -7 REFUSAL |
| b. The food that we bought just didn’t last, and we didn’t have money to get more | Never True | Sometimes True | Often True | -4 DON’T KNOW | -7 REFUSAL |

1. I’m going to list two activities. For each activity, please tell me how often you do the activity. How often do you…? [READ ITEMS.] Would you say…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Eat a meal while watching TV | Rarely or Never | Some Days | Most Days | Almost Every Day | Every Day | -4 DON’T KNOW | -7 REFUSAL |
| b. Cook a homemade dinner at home | Rarely or Never | Some Days | Most Days | Almost Every Day | Every Day | -4 DON’T KNOW | -7 REFUSAL |

The next questions ask about how you feed your baby.

1. Are you currently feeding your baby…? SELECT ONE.
* Only breast milk
* Only formula
* Both breast milk and formula
* Neither breast milk nor formula
* -4 DON’T KNOW
* -7 REFUSAL
1. When do you feed your baby breast milk or formula? Would you say…? SELECT ONE.
* On a regular schedule
* When the baby cries or seems hungry
* Both of the above
* I AM NOT FEEDING MY BABY BREAST MILK OR FORMULA
* -4 DON’T KNOW
* -7 REFUSAL
1. How old was your baby when she or he drank formula every day? Would you say…? SELECT ONE.
* At birth or in the hospital
* Less than 1 month old
* 1 to 2 months old
* 3 to 5 months old
* 6 or more months old
* MY BABY HAS NEVER HAD FORMULA EVERY DAY
* -4 DON’T KNOW
* -7 REFUSAL
1. How old was your baby when you completely stopped breastfeeding or feeding breast milk from a bottle? Would you say…? SELECT ONE.
* Less than 1 month old
* 1 to 2 months old
* 3 to 5 months old
* 6 or more months old
* I never fed my baby breast milk
* I am still feeding my baby breast milk
* -4 DON’T KNOW
* -7 REFUSAL
1. How old was your child when you first introduced solid foods by spoon or in a bottle, like infant cereal or baby food from a jar or homemade? Would you say…? SELECT ONE.
* Less than 3 months old
* 4 months old
* 5 months old
* 6 months or older
* MY BABY HAS NOT EATEN SOLID FOODS **[Go to Question 22]**
* -4 DON’T KNOW
* -7 REFUSAL
1. What was the first solid food that you fed your baby? Was it…? SELECT ONE.
* Baby cereal
* Vegetables
* Fruit
* Meat
* Something else. **[If selected]** What was the first solid food you fed your baby? ENTER RESPONSE.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* -4 DON’T KNOW
* -7 REFUSAL
1. All people do things differently. For each activity, please tell me how many times you do the activity in a usual week or day. SELECT ONE FOR EACH ACTIVITY.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. How many times a week do you eat breakfast? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |  | -4 DON’T KNOW | -7 REFUSAL |
| b. How many times a week do you eat out? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 OR MORE | -4 DON’T KNOW | -7 REFUSAL |
| c. How many times a week do you eat fast food? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 OR MORE | -4 DON’T KNOW | -7 REFUSAL |
| d. How many hours a day do you watch TV or DVDs? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 OR MORE | -4 DON’T KNOW | -7 REFUSAL |

1. 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. SELECT ONE.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | -4 DON’T KNOW | -7 REFUSAL |
|  |  |  |  |  |  |  |  |
| **[If 0, go to Question 25]** |  |  |

1. 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? Would you say…? SELECT ONE.
* 10 to 20 minutes
* 21 to 30 minutes
* 31 to 40 minutes
* 41 to 50 minutes
* 51 to 60 minutes
* More than 60 minutes
* -4 DON’T KNOW
* -7 REFUSAL
1. In the past 30 days, how often did your family or friends…? [READ ITEMS.] Would you say they did it…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Encourage you to eat healthy foods | Almost Never | Once in a While | Sometimes | Often | Almost Always | -4 DON’T KNOW | -7 REFUSAL |
| b. Complain about eating healthy foods | Almost Never | Once in a While | Sometimes | Often | Almost Always | -4 DON’T KNOW | -7 REFUSAL |
| c. Encourage you to do physical activity | Almost Never | Once in a While | Sometimes | Often | Almost Always | -4 DON’T KNOW | -7 REFUSAL |
| d. Do physical activity with you | Almost Never | Once in a While | Sometimes | Often | Almost Always | -4 DON’T KNOW | -7 REFUSAL |

1. In the past 30 days, how often did you…? [READ ITEMS.] Would you say…? SELECT ONE.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Plan meals ahead of time | Almost Never | Once in a While | Sometimes | Often | Almost Always | -4 DON’T KNOW | -7 REFUSAL |
| b. Use Nutrition Facts on food labels to choose foods | Almost Never | Once in a While | Sometimes | Often | Almost Always | -4 DON’T KNOW | -7 REFUSAL |

1. Who in your family currently gets WIC benefits? Would you say…? SELECT ONE FOR EACH STATEMENT.
* You, because you are pregnant
* You, because you recently gave birth
* Your baby who is less than 12 months old
* Your child or children who are over 12 months of age
* No one in your family **[Go to Question 29]**
* -4 DON’T KNOW
* -7 REFUSAL
1. Do your WIC benefits come from the **[Insert name]** WIC office? Would you say…?
* Yes **[Go to Question 29]**
* No, you are receiving WIC from another WIC office **[Go to Question 29]**
* No, you are not currently receiving WIC
* -4 DON’T KNOW
* -7 REFUSAL

|  |  |
| --- | --- |
|  |  |
| **Month** | **Year** |

28a. What month and year did you stop receiving WIC? ENTER MONTH AND YEAR.

1. In the past 6 months, how many times did you visit a WIC office and get information on health or healthy eating? Do not include visits for other reasons, such as picking up a food instrument or voucher or taking a friend to her appointment. SELECT ONE.
* NONE **[Go to Question 57]**
* ONCE
* 2 TIMES
* 3 TIMES
* 4 TIMES
* 5 TIMES
* 6 OR MORE TIMES
* -4 DON’T KNOW
* -7 REFUSAL
1. For the next question, please include your most recent visit to WIC. In the past 6 months, during WIC visits, how many times did you…?[READ ITEMS.] SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. Talk one-on-one with a WIC staff person about health or healthy eating | NONE | 1 | 2 | 3 | 4 | 5 | 6 OR MORE | -4 DON’T KNOW | -7 REFUSAL |
| b. Attend a group session about health or healthy eating | NONE | 1 | 2 | 3 | 4 | 5 | 6 OR MORE | -4 DON’T KNOW | -7 REFUSAL |
| c. Watch a video or DVD about health or healthy eating | NONE | 1 | 2 | 3 | 4 | 5 | 6 OR MORE | -4 DON’T KNOW | -7 REFUSAL |
| d. Use the WIC Web site about health or healthy eating | NONE | 1 | 2 | 3 | 4 | 5 | 6 OR MORE | -4 DON’T KNOW | -7 REFUSAL |

1. In the past 6 months, in between WIC visits, did you get any of the following from WIC with information about health or healthy eating? Do not include things you got during your WIC visit. SELECT 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
* -4 DON’T KNOW
* -7 REFUSAL

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

1. When was your most recent WIC visit? SELECT ONE.
* Less than 2 weeks ago
* 2 to 4 weeks ago
* 1 to 2 months ago
* Over 2 months ago
* -4 DON’T KNOW
* -7 REFUSAL
1. What did you do at your most recent WIC visit? Did you…? SELECT ALL THAT APPLY.
* Talk one-on-one with a WIC staff person about health or healthy eating
* Spend time in a group session on health or healthy eating
* Use a WIC web site on health or healthy eating
* Use a WIC video or DVD on health or healthy eating
* NONE OF THE ABOVE
* -4 DON’T KNOW
* -7 REFUSAL
1. For the next question, I’m going to read you several statements. For your most recent WIC visit, how much do you agree or disagree with the statement? [READ STATEMENTS.] Would you say you…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. I learned good reasons to eat healthy | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| b. I learned good ways to eat healthy | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| c. I learned good reasons to breastfeed | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| d. I learned good ways to breastfeed | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| e. I learned good reasons to introduce solid foods to my baby  | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| f. I learned good ways to introduce solid foods to my baby | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |

1. Some people say that some WIC visits are more helpful than others. Which of the following statements best describes the information you received at your most recent WIC visit? SELECT ONE.
* 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.
* -4 DON’T KNOW
* -7 REFUSAL
1. Which of the following statements best describes your most recent WIC visit? SELECT ONE.
* 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
* -4 DON’T KNOW
* -7 REFUSAL
1. 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? SELECT ALL THAT APPLY.
* Brochure, handout, or paper with information
* Bulletin board or poster
* Video or DVD
* Tasting or cooking demonstration
* Activity or game
* Other items that you could pass around like measuring cups or food containers
* NONE OF THE ABOVE
* Something else. **[If selected]** What did she or he show you? ENTER RESPONSE. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* -4 DON’T KNOW
* -7 REFUSAL
1. 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? SELECT ONE.
* YES
* NO
* -4 DON’T KNOW
* -7 REFUSAL
1. At your most recent WIC visit, how long did you talk one-on-one with a WIC staff person about health or healthy eating? Would you say…? SELECT ONE.
* I did not talk one-on-one about health or healthy eating **[Go to Question 45]**
* Less than 5 minutes
* 5 to 15 minutes
* 16 to 30 minutes
* More than 30 minutes
* -4 DON’T KNOW
* -7 REFUSAL

For the next set of questions, please think about your most recent one-on-one time with WIC staff.

1. Which of the following statements best describes your most recent one-on-one time with a WIC staff person? SELECT ONE.
* 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
* -4 DON’T KNOW
* -7 REFUSAL
1. A health goal means trying to become healthier by changing something you do. Which of the following statements best describes your most recent one-on-one time with a WIC staff person? SELECT ONE.
* She worked with me to set health goals for me or my child
* She talked about health goals, but I did not set any
* She did not talk about setting health goals
* -4 DON’T KNOW
* -7 REFUSAL
1. For the next question, I’m going to read you three statements. For your most recent one-on-one time with a WIC staff person, how much do you agree or disagree with the statement? [READ STATEMENTS.] Would you say you…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. The WIC staff person talked most of the time  | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| b. The WIC staff person listened to me and understood my concerns  | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| c. The WIC staff person followed up on issues or questions from my last one-on-one visit | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |

1. Please tell me if you talked about any of the following topics in your most recent one-on-one time with a WIC staff person. Did you talk about…? [READ STATEMENTS.] SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Eating more fruit and vegetables | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| b. Eating more whole grains, like whole grain bread, whole wheat or corn tortillas, or brown rice | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| c. Drinking lower fat milk; that is, 1%, fat-free, or skim milk | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| d. Getting more physical activity | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| e. Shopping for and preparing healthier foods  | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| f. Drinking water instead of soda and sugary drinks | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| g. Breastfeeding | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| h. Introducing solid foods to my baby | YES | NO | -4 DON’T KNOW | -7 REFUSAL |

1. **[If yes to any topics]** Now I would like to know if you have made or think you will make a change to your eating or activities since discussing the topic, [READ TOPIC]. Would you say you are…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. Eating more fruit and vegetables | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Are Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| b. Eating more whole grains, like whole grain bread, whole wheat or corn tortillas, or brown rice | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Are Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| c. Drinking lower fat milk; that is, 1%, fat-free, or skim milk | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Are Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| d. Getting more physical activity | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Are Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| e. Shopping for and preparing healthier foods  | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Are Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| f. Drinking water instead of soda and sugary drinks | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Are Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| g. Breastfeeding | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Are Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| h. Introducing solid foods to my baby | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Are Already Doing It | -4 DON’T KNOW | -7 REFUSAL |

1. At your most recent WIC visit, how long did you spend in a group session talking about health or healthy eating? Would you say…? SELECT ONE.
* I was not in a group session **[Go to Question 51]**
* Less than 5 minutes
* 5 to 15 minutes
* 16 to 30 minutes
* More than 30 minutes
* -4 DON’T KNOW
* -7 REFUSAL

For the next set of questions, please think about your most recent WIC group session*.*

1. Which of the following statements best describes your most recent WIC group session? SELECT ONE.
* She mostly talked and would stop to ask if we had questions
* We watched a video or DVD, and at the end, she asked if we had questions
* She shared information, and we had a discussion. She asked me and the other people in the group about our thoughts and opinions.
* -4 DON’T KNOW
* -7 REFUSAL
1. A health goal means trying to become healthier by changing something you do. Which of the following statements best describes your group session with a WIC staff person? SELECT ONE.
* She worked with me to set health goals for me or my child
* She talked about health goals, but I didn’t set any
* She did not talk about setting health goals
* -4 DON’T KNOW
* -7 REFUSAL
1. For the next question, I’m going to read you two statements. For your most recent WIC group session, how much do you agree or disagree with the statement? [READ STATEMENTS.] Would you say…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. The WIC staff person listened to the group and understood our concerns  | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |
| b. I had a chance to bring up topics that were important to me | Disagree a Lot | Disagree a Little | Agree a Little | Agree a Lot | -4 DON’T KNOW | -7 REFUSAL |

1. Please tell me if you talked about any of the following topics in your most recent WIC group session. Did you talk about…? [READ ITEMS.] SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Eating more fruit and vegetables | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| b. Eating more whole grains, like whole grain bread, whole wheat or corn tortillas, or brown rice | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| c. Drinking lower fat milk; that is, 1%, fat-free, or skim milk | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| d. Getting more physical activity | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| e. Shopping for and preparing healthier foods  | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| f. Drinking water instead of soda and sugary drinks | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| g. Breastfeeding | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| h. Introducing solid foods to my baby | YES | NO | -4 DON’T KNOW | -7 REFUSAL |

1. **[If yes to any topics]** Now I would like to know if you have made or think you will make a change to your eating or activities since discussing the topic, [READ TOPIC]. Would you say you are…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. Eating more fruit and vegetables | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| b. Eating more whole grains, like whole grain bread, whole wheat or corn tortillas, or brown rice | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| c. Drinking lower fat milk; that is, 1%, fat-free, or skim milk | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| d. Getting more physical activity | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| e. Shopping for and preparing healthier foods  | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| f. Drinking water instead of soda and sugary drinks | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| g. Breastfeeding | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| h. Introducing solid foods to my baby | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |

1. Which statements describe how you used a WIC Web site on health or healthy eating in the past 6 months? SELECTALL THAT APPLY*.*
* I used a WIC Web site on health or healthy eating in the WIC office by myself
* I used a WIC Web site on health or healthy eating instead of going to a WIC appointment
* I used a WIC Web site on health or healthy eating before or after going to a WIC appointment
* I have not used a WIC Web site on health or healthy eating in the past 6 months **[Go to Question 56]**
* -4 DON’T KNOW
* -7 REFUSAL

For the next set of questions, please think about the last time you used a WIC Web site on health or healthy eating in the past 6 months

1. How long did you spend using the WIC Web site? Please include time in and outside of WIC office. SELECT ONE.
* Less than 5 minutes
* 5 to 15 minutes
* 15 to 30 minutes
* More than 30 minutes
* -4 DON’T KNOW
* -7 REFUSAL
1. Which of the following statements best describes how the topic for the WIC Web site was chosen? SELECT 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
* The topic was chosen another way. **[If selected]** How was the topic for the WIC Web site chosen? ENTER RESPONSE. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* -4 DON’T KNOW
* -7 REFUSAL
1. Please tell me if you read or viewed any of the following topics on the WIC Web site. Did you read or view anything about…? [READ ITEMS.] SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Eating more fruit and vegetables | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| b. Eating more whole grains, like whole grain bread, whole wheat or corn tortillas, or brown rice | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| c. Drinking lower fat milk; that is, 1%, fat-free, or skim milk | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| d. Getting more physical activity | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| e. Shopping for and preparing healthier foods  | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| f. Drinking water instead of soda and sugary drinks | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| g. Breastfeeding | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| h. Introducing solid foods to my baby | YES | NO | -4 DON’T KNOW | -7 REFUSAL |

1. **[If yes to any topics]** Now I would like to know if you have made or think you will make a change to your eating or activities since reading or viewing the topic, [READ TOPIC]. Would you say you are…? SELECT ONE FOR EACH STATEMENT.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. Eating more fruit and vegetables | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| b. Eating more whole grains, like whole grain bread, whole wheat or corn tortillas, or brown rice | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| c. Drinking lower fat milk, that is, 1%, fat-free, or skim milk | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| d. Getting more physical activity | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| e. Shopping for and preparing healthier foods  | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| f. Drinking water instead of soda and sugary drinks | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| g. Breastfeeding | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |
| h. Introducing solid foods to my baby | Not Thinking about Doing It | Thinking about Doing It | Planning on Doing It | Already Doing It | -4 DON’T KNOW | -7 REFUSAL |

1. Which statement describe how you used a WIC video or DVD on health or healthy eating in the past 6 months? SELECT ALL THAT APPLY.
* I used a WIC video or DVD on health or healthy eating in the WIC office by myself
* I used a WIC video or DVD on health or healthy eating in the WIC office in a group
* I used a WIC video or DVD on health or healthy eating instead of going to a WIC appointment
* I used a WIC video or DVD on health or healthy eating before or after going to a WIC appointment
* I have not used a WIC video or DVD on health or healthy eating in the past 6 months
* -4 DON’T KNOW
* -7 REFUSAL
1. Which best describes your current status? Are you…? SELECT ONE.
* Married
* Widowed
* Divorced
* Separated
* Single or never married
* Living with partner
* -4 DON’T KNOW
* -7 REFUSAL
1. Are you currently pregnant?
* (1) NO. [CONFIRM RESPONDENT HAS NOT BEEN PREGNANT SINCE ENROLLING IN THIS STUDY; OTHERWISE GO TO (3).]

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

* (2) YES. **[If selected]** When is your due date? ENTER

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

* (3) NO, I HAD MY BABY. **[If selected]** When did you have your baby? ENTER
* (4) NO, I LOST THE BABY OR ENDED THE PREGNANCY
* -4 DON’T KNOW
* -7 REFUSAL
1. In the past 6 months, have you been told by a doctor or other health care professional that you have…? SELECT ONE FOR EACH ITEM.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Anemia or low iron | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| b. Excessive weight gain | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| c. Diabetes, gestational diabetes, or high blood sugar | YES | NO | -4 DON’T KNOW | -7 REFUSAL |
| d. High blood pressure | YES | NO | -4 DON’T KNOW | -7 REFUSAL |

1. Are you currently working for pay either full time or part time? SELECT ONE.
* YES, FULL TIME
* YES, PART TIME
* NO
* -4 DON’T KNOW
* -7 REFUSAL
1. Think about the number of people who live in your household right now. How many people are there in each of the following age groups?

|  |  |
| --- | --- |
|  | ENTER NUMBER. IF NONE, ENTER ZERO |
| a. Infants under 12 months of age |  |
| b. Children 1 to 4 years of age |  |
| c. Children 5 to 17 years of age |  |
| d. Adults 18 years or older (include yourself) |  |

1. How many people in your household are on WIC right now? Please include yourself. ENTER NUMBER. \_\_\_\_\_
2. Do you have regular childcare for your youngest child where someone other than you or your child’s other parent takes care of him or her on a regular basis? SELECT ONE.
* YES
* NO **[Go to Question 64]**
* -4 DON’T KNOW
* -7 REFUSAL

63a. How many hours per week is your child usually in childcare? ENTER NUMBER. \_\_\_\_\_

1. Which of the following do you receive now? SELECT ALL THAT APPLY.
* Supplemental Nutrition Assistance Program benefits, sometimes called SNAP or Food Stamps
* Temporary Assistance to Needy Families, sometimes called TANF or welfare
* Medicaid or **[insert state-specific name for Medicaid]**
* Head Start
* Food from food bank, food pantry or soup kitchen
* Other food assistance program; Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I DO NOT RECEIVE ANY ASSISTANCE BESIDES WIC
* -4 DON’T KNOW
* -7 REFUSAL

|  |  |  |
| --- | --- | --- |
| 1. In the past 6 months, which of the following topics did you discuss in WIC one-on-one or group sessions or watch in videos, DVDs, or Web sites? SELECT ALL THAT APPLY.
 |  | 1. You selected [READ LIST OF YES RESPONSES]. Of these, which one was most helpful? SELECT ONE.
 |
| DOES NOT APPLY. HAS NOT BEEN IN WIC IN THE PAST 6 MONTHS **[Go to Question 67]** | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  |  |
| a. Breastfeeding | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| b. Weaning from a bottle | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| c. Drinking milk or choosing lower fat milk | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| d. Drinking water | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| e. Fruit and vegetables | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| f. Healthy snacking | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| g. Healthy weight for myself | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| h. Introducing solid foods to my baby  | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| i. Medical conditions such as low iron or high blood sugar | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| j. Physical activity | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| k. Picky eaters | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| l. Shopping for and preparing healthy foods | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| m. Sodas and sugary drinks | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| n. Whole grains | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  | 🞏 |
| o. NONE OF THE ABOVE | YES | NO | -4 DON’T KNOW | -7 REFUSAL |  |  |

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

You have completed the last survey.

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