

Third National Survey of WIC Participants (NSWP-III)

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**Deliverable 3.2.4 Revised Data Collection Instruments
and Protocols**

**Deliverable 3.3.1 Revised Instructions to Respondents
and Reviewers**

Appendix A5

**a) Revised Program Experiences Survey (Version A: Adults) -
English**

**b) Revised Program Experiences Survey (Version B:
Infant/Child) - English**

Program Experiences Survey

Overview

The Program Experiences Survey will collect data on WIC participants' program experiences, participation in other programs, food security, and other characteristics not available from administrative data. To provide a nationally representative sample of 2,000 WIC participants for this survey, the research team will combine two samples: 800 participants from the Certification Survey sample (completing both interviews in person at the same time), and an additional group of 1,200 WIC participants served by the same local agencies (LAs) who have been certified at least 6 weeks prior to the start of data collection. All participant sampling will use State certification records. The latter group will be interviewed by telephone with field follow-up for non-respondents. The Program Experiences Survey was created by incorporating and modifying questions from NSWP-II. Some questions are new to the NSWP-III survey. Research questions and corresponding survey questions are detailed in Appendix E and F.

Protocol

The Program Experiences Survey will be administered to eligible WIC participants. Two versions of the survey have been created, tailored to the two respondent types—adults and children. The Program Experiences Survey will be administered in person to a sample of respondents who participate in the Certification Survey. The survey will also be administered by telephone. Field Interviewers (FIs) will adhere to the recruitment protocols to successfully meet necessary response rates. FIs will call WIC participants to describe the survey and schedule an in-home interview to conduct the Certification Survey and Program Experiences Survey. The telephone recruitment script begins with standard screening questions to ensure that the field interviewer (FI) is speaking to the individual WIC participant (or for infant and child participants, the adult who applied for WIC on the infant's or child's behalf) and that the respondent is at least 18 years of age. The rest of the script includes a description of the study, confirmation that the individual is currently receiving WIC benefits, and questions to schedule the interview. Also included is language to reassure potential survey respondents that taking part in the survey will not affect their WIC eligibility or benefits, as well as language to describe how the research team will protect respondents' privacy. To further reassure potential respondents, the research team will ask each State agency to provide a letter affirming that the agency is aware of and cooperating with the study and encourages the respondent to take part in the survey.

The survey will take approximately 30 minutes to complete. Permission will be sought to record the session—otherwise the FI's assistant will take detailed notes.

To maximize response rates, the research team has proposed an incentive of \$25 in the form of a gift card for completing the Program Experience survey.

Pretest Protocol

The pretest survey will be administered by telephone interviewers using the paper copy.

Revised Program Experiences Survey for WIC Participants: Version A (Women)

The NSW-III Program Experiences Survey has two versions. Version A is used when the sampled participant is a woman who is pregnant, breastfeeding or postpartum, or non-breastfeeding. Version B (included separately) is used when the participant is an infant or child. The survey respondent for Version B is the adult applicant who is the caregiver of the infant or child.

Instructions for Reviewers

The Program Experiences Survey will be administered by trained Field Interviewers (FIs) using a Computer Assisted Telephone Interview (CATI) version for the telephone surveys and Computer Assisted Personal Interview (CAPI) version for the in-person surveys. This paper version approximates the layout of the survey and includes notes indicating how the CATI and CAPI system will automatically route the interviewer to the appropriate questions or data entry forms, or will perform specified calculations. (These notes appear in the paper version in **RED, CAPITALIZED** text, but will not appear in the CATI and CAPI version).

The NSW-III version of the Program Experiences Survey is adapted from the version used in NSW-II. The survey is organized into the following modules:

| Name | Page |
|--|-------------|
| 1. WIC Program Participation | 4 |
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Text that FIs will read aloud (questions, and response options where indicated) appear in regular text, while on-screen instructions to FIs appear in **CAPITALIZED TEXT**.

INTRO: Hi. Thanks for agreeing to do this survey. Your answers are private. None of the information you share with me will cause your WIC benefits to change. The questions I am going to ask are about your satisfaction and experiences with WIC. Please answer as honestly as possible. This takes about 30 minutes. After we finish I will have some brief questions to get your opinion on what you thought about the survey. We will also mail you a \$25 gift card to thank you for your participation. Do I have your permission to continue with this survey?

READ INFORMED CONSENT STATEMENT AND GET SIGNED CONSENT BEFORE PROCEEDING

WIC PROGRAM PARTICIPATION

Program Participation

Q1. Let's begin by talking about your experience with WIC. Is this the first time you've received WIC benefits **for yourself**, or did you previously receive benefits with another pregnancy? **[IF PREGNANT, SAY: pregnancy. IF BREASTFEEDING/POSTPARTUM, SAY: child]**

- NEW TO WIC
- PARTICIPATED BEFORE
- NOT SURE
- REFUSED

Q2. **[IF R.=PREGNANT, ASK:]** How many other children do you have?

[IF R.=BREASTFEEDING OR POSTPARTUM, ASK:] How many other children do you have?

- THIS IS FIRST, ONLY CHILD **[GO TO Q5]**
- 1 OTHER CHILD
- 2 OTHER CHILDREN
- 3 OTHER CHILDREN
- 4 OTHER CHILDREN
- 5 OTHER CHILDREN
- 6 OTHER CHILDREN
- 7 OTHER CHILDREN
- 8 OTHER CHILDREN
- 9 OR MORE OTHER CHILDREN
- NOT SURE
- REFUSED

[CLARIFY: And were these children all born to you? IF ANSWER IS NO, RE-ASK QUESTION, How many other children have been born to you?]

Q3. Have any of your other children previously received WIC benefits?

- YES: PLEASE SPECIFY HOW MANY _____
- NO
- NOT SURE
- REFUSED

Q4. Were you in WIC while you were pregnant with any of your other children?

- YES **[CONTINUE]**
- NO **[GO TO Q6]**
- NOT SURE
- REFUSED

Q5. For how many previous pregnancies did you receive WIC benefits?

- 1
- 2
- 3 OR MORE
- NOT SURE
- REFUSED

[ONLY ASK Q6 IF R. INDICATES NO IN Q4]

Q6. Why didn't you participate in WIC while you were pregnant with your other child/ren? **[CHECK ALL THAT APPLY]**

- DIDN'T LIVE IN USA
- DIDN'T KNOW ABOUT WIC
- DIDN'T TRUST WIC
- DIDN'T THINK I WAS QUALIFIED FOR WIC
- INQUIRED BUT WAS TOLD DIDN'T QUALIFY
- APPLIED AND DID NOT QUALIFY
- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES
- SCHEDULE DIFFICULTIES
- SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME
- WAITING SPACE AT CLINIC IS LIMITED
- LACK OF CHILD CARE
- LANGUAGE BARRIERS
- PROBLEMS QUALIFYING FOR BENEFITS
- DIFFICULTIES KEEPING APPOINTMENT TIMES
- NEGATIVE SHOPPING EXPERIENCES WHILE USING WIC BENEFITS
- WIC FOOD SELECTION NOT DESIRABLE
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION)
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES)
- DIDN'T WANT TO PARTICIPATE IN A FOOD ASSISTANCE PROGRAM BECAUSE OF THE STIGMA
- CONCERNS WITH CITIZENSHIP
- DIDN'T THINK I NEEDED IT
- GAVE BIRTH PRETERM
- HAD MANY OTHER DOCTOR/PREGNANCY APPOINTMENTS
- OTHER: PLEASE SPECIFY _____
- NOT SURE
- REFUSED

Q7. Is there information or assistance that might have helped you join the program earlier?

- YES
- NO **[GO TO Q8]**
- NOT SURE **[GO TO Q8]**
- NOT APPLICABLE **[GO TO Q8]**
- REFUSED

Q7A. Can you tell me what kind of information or assistance would have helped?

[GO TO Q12 IF R. INDICATED “NEW TO WIC” OR “NOT SURE” IN Q1]

Q8. **[IF Q1=2]** Thinking about the last time you participated in WIC, when did you last receive WIC benefits? Can you tell me the year? Can you tell me the month?

- _____ YEAR
 _____ MONTH
 NOT SURE
 REFUSED

Q8A. Why did you leave the WIC program? **PROBE:** Anything else?

Q9. Were you still eligible for WIC when you left the program?

- YES **[CONTINUE]**
- YES, BUT PARTICIPANT INDICATED THEY LEFT PROGRAM INVOLUNTARILY **[GO TO Q11]**
- NO **[GO TO Q11]**
- NOT SURE
- REFUSED

Q10. What could WIC have done to encourage you to stay in WIC? **[DO NOT READ. CHECK ALL THAT APPLY]**

PROBE: Anything else?

PROGRAM

- HELP UNDERSTANDING PROGRAM RULES
- BETTER INFORMATION ON WIC BENEFITS OR SERVICES AVAILABLE
- BETTER INFORMATION ON HOW TO RECEIVE BENEFITS IF YOU MOVE TO A NEW CITY OR STATE
- LESS PAPERWORK

CLINIC

- LESS TIME IN WAITING ROOM
- MORE CHILD PLAY AREAS OR TOYS IN THE WAITING ROOM
- LESS CROWDED OFFICE
- MORE LOCATIONS
- CLOSER TO PUBLIC TRANSPORTATION

APPOINTMENTS

- BETTER SCHEDULING OPTIONS (EXAMPLE: LUNCHTIME OR EVENING/WEEKEND APPOINTMENTS)
- FEWER APPOINTMENTS
- SHORTER APPOINTMENTS
- FEWER DAYS SPENT WAITING BEFORE A SCHEDULED APPOINTMENT

STAFF

- APPOINTMENTS WITH THE SAME WIC NUTRITION PROVIDER OR WIC STAFF
- BETTER STAFF (EXAMPLE: FRIENDLIER STAFF)

- MORE STAFF THAT SPEAK MY LANGUAGE
- MORE STAFF UNDERSTAND MY CULTURE

SHOPPING

- MORE POLITE/SENSITIVE CASHIER IN STORES
- MAKE IT EASIER TO FIND WIC-APPROVED FOODS IN GROCERY STORES
- MAKE IT FASTER TO USE WIC BENEFITS IN GROCERY STORES
- MAKE IT MORE PRIVATE TO USE WIC BENEFITS IN GROCERY STORES
- OTHER: _____

Q10A. Could WIC have done anything differently with the program itself, clinic, appointments, staff, or shopping that would have helped to keep you in the program?

Q11. **[IF Q1=2]** Why did you come back to the WIC program this time?

Participant Satisfaction

Q12. Thinking about specific qualities or characteristics of your clinic, how would you rate the **[INSERT FROM BELOW]**? Would you say are Very Satisfied, Somewhat Satisfied, Neither Satisfied nor Dissatisfied, Somewhat Dissatisfied, or Very Dissatisfied? **[REPEAT SCALE UNTIL R. LEARNS IT]**
PROBE: Please explain why you chose **[RESPONDENT'S RESPONSE CHOICE]**?

Very Satisfied----Somewhat Satisfied----Neither Satisfied nor Dissatisfied -----Somewhat Dissatisfied -----Very Dissatisfied

[ROTATE START POINT]

- a) Customer service or friendliness of the WIC staff
- b) Quality of service you get
- c) Helpfulness of the staff
- d) Staff's ability to speak your language
- e) Safety of the clinic's location
- f) Convenience of the clinic's location for you
- g) Amount of time you have to wait until you are seen by WIC staff
- h) The way WIC staff handles certification
- i) The total amount of time you spend at the clinic
- j) The amount of time it takes to get certified

Q13. Thinking about the WIC services offered by your clinic, how would you rate the **[INSERT FROM BELOW]**? Would you say it is Excellent, Very Good, Good, Fair, or Poor? **[REPEAT SCALE UNTIL R. LEARNS IT]**. If your clinic does not offer a service, you have not used a service, or you are unsure of whether your clinic offers a service, please let me know.

Excellent----Very Good-----Good-----Fair-----Poor-----N/A **[ROTATE START POINT]**

- a) Nutrition education
- b) Breastfeeding promotion and support
- c) Breastfeeding peer counseling

- d) Referrals to other services
- e) Monitoring weight, height, blood, and other body and health measures

Q14. Were you provided with a list of nearby places you could go to get information on health-related and public assistance programs other than WIC, or made aware that such lists were available?

- YES
- NO
- NOT SURE
- REFUSED

Q15. Thinking about your experience in the WIC program, what have you gained by being in WIC? **[DO NOT READ. CHECK ALL THAT APPLY.] PROBE: Anything else?**

- Meeting and talking with other mothers
- Saving money on grocery bills
- Receiving links to health services
- Getting nutrition information
- Getting height and weight checks to know how my child is growing
- Receiving advice from WIC staff
- Receiving WIC benefits for foods I know are nutritious
- Staying on time with shots for my child
- Learning the foods my baby needs to be healthy
- Learning about the foods my children need to be healthy
- Learning about the foods I need to be healthy
- Having breastfeeding support and education
- Other: PLEASE SPECIFY: _____
- NOT SURE
- REFUSED

[FI WILL PREDETERMINE IF WIC PARTICIPANT LIVES IN A STATE WHERE WIC FARMERS' MARKET NUTRITION PROGRAM IS OFFERED.]

Q16. Do you participate in the WIC Farmers' Market Nutrition Program?

- YES **[CONTINUE]**
- NO **[GO TO Q16C]**
- NOT SURE
- REFUSED
- [NOT OFFERED IN PARTICIPANT'S STATE; [GO TO Q17]**

Q16A. How would you rate the Farmers' Market Nutrition Program? Would you say it is . . .

- Excellent
- Very Good
- Good
- Fair
- Poor
- NOT SURE
- REFUSED

Q16B. Please explain why you rated the Farmers' Market Nutrition Program as **[INSERT RESPONSE FROM Q16A]**. _____

Q16C. Why don't you participate in the WIC Farmers' Market Nutrition Program?

- Don't know about the program.
- Don't like the foods the FMNP offers.
- Don't have the transportation to get there.
- OTHER: PLEASE SPECIFY _____
- NOT SURE
- REFUSED

Q17. How do you usually get to the WIC clinic when you need to go there? **[DO NOT READ. CHECK ALL THAT APPLY]**

- PERSONAL CAR
- TAXI
- UBER/LYFT
- BUS
- LIGHT RAIL/SUBWAY/COMMUTER TRAIN
- WALK
- BIKE
- GET A RIDE FROM SOMEONE
- OTHER: PLEASE SPECIFY _____
- NOT SURE
- REFUSED

Q17A. How long does it take you to get to the WIC clinic using **[SHOW Q17 ANSWER(S)]**?

- HOURS ____ MINUTES ____
- NOT SURE
 - REFUSED

Q18. Now, think about the food benefits that you receive **for yourself**. Using the scale of: Excellent, Very Good, Good, Fair, or Poor, how would you rate the food benefits for...

Excellent-----Very Good-----Good-----Fair -----Poor **[ROTATE START POINT]**

- a) Providing the right amount of food for yourself?
- b) Offering foods that you like to eat?
- c) Offering nutritious foods?
- d) Offering food choices in sizes and brands that you can find on the shelf? For example, if the benefit says you can purchase a 46oz container of juice in one of these three brands, you can find them in the store where you shop.

Q19. Are there certain WIC foods that, on a regular basis, you do not purchase for some reason?

- YES **[CONTINUE]**
- NO **[GO TO Q20A]**
- NOT SURE
- REFUSED

Q20. Which WIC foods do you not purchase? **[DO NOT READ LIST. CHECK ALL THAT APPLY. FOR EACH ONE CHECKED, ASK:]** Why not? **AFTER R. ANSWERS, ASK:** Anything else?

| ITEMS NOT PURCHASED | Why don't you purchase them? [CODE OR WRITE IN MAIN REASON] | PRECODES |
|--|---|--|
| <input type="checkbox"/> FRUITS AND VEGETABLES | | 1-Dislike, don't like 2-Not accustomed to eating it (including cultural differences) 3-Food allergies 4-Don't know how to prepare 5-Too much trouble to prepare 6-Problems getting food to home 7-Couldn't find/ Lost the food coupons 8-Store did not have item in stock 9-Did not need at that time 10 Don't think it's a healthy food 11 Options for this are low quality 10-Other: PLEASE SPECIFY |
| <input type="checkbox"/> BREAKFAST CEREAL | | |
| <input type="checkbox"/> CHEESE | | |
| <input type="checkbox"/> WHOLE WHEAT BREAD | | |
| <input type="checkbox"/> DRY BEANS, PEAS, LENTILS | | |
| <input type="checkbox"/> PEANUT BUTTER | | |
| <input type="checkbox"/> EGGS | | |
| <input type="checkbox"/> TOFU | | |
| <input type="checkbox"/> CANNED FISH | | |
| <input type="checkbox"/> JUICE | | |
| <input type="checkbox"/> MILK | | |
| <input type="checkbox"/> YOGURT | | |
| <input type="checkbox"/> OTHER: PLEASE SPECIFY _____ | | |

Q20A. What reasons affect the food items that you do purchase with your WIC benefits? **[DO NOT READ. CHECK ALL THAT APPLY.]**

- TASTE
- PRICE
- NUTRITIONAL CONTENT
- BRAND NAME IN STORE
- AVAILABILITY IN STORE
- COUPON FOR WIC FOOD ITEM
- SIZE OF FOOD PACKAGE
- OTHER: PLEASE SPECIFY _____
- NOT SURE
- REFUSED

Q21. For the food items you did purchase, was there **too much** of any food for yourself?

- YES **[ASK: WHICH FOODS?]**
- NO **[GO TO Q22]**
- NOT SURE
- REFUSED

[DO NOT READ. CHECK ALL THAT APPLY]

| Q21A. TOO MUCH OF WHICH FOODS? |
|--|
| <input type="checkbox"/> FRUITS AND VEGETABLES |
| <input type="checkbox"/> BREAKFAST CEREAL |
| <input type="checkbox"/> CHEESE |
| <input type="checkbox"/> WHOLE WHEAT BREAD |
| <input type="checkbox"/> DRY BEANS, PEAS, LENTILS |
| <input type="checkbox"/> PEANUT BUTTER |
| <input type="checkbox"/> EGGS |
| <input type="checkbox"/> TOFU |
| <input type="checkbox"/> CANNED FISH |
| <input type="checkbox"/> JUICE |
| <input type="checkbox"/> MILK |
| <input type="checkbox"/> YOGURT |
| <input type="checkbox"/> OTHER: PLEASE SPECIFY _____ |

Q22. For the food items you did purchase, was there **too little** of any food for yourself?

- YES [ASK: WHICH FOODS?]
- NO [GO TO Q23]
- NOT SURE
- REFUSED

[DO NOT READ. CHECK ALL THAT APPLY]

| Q22A. TOO LITTLE OF WHICH FOODS? |
|--|
| <input type="checkbox"/> FRUITS AND VEGETABLES |
| <input type="checkbox"/> BREAKFAST CEREAL |
| <input type="checkbox"/> CHEESE |
| <input type="checkbox"/> WHOLE WHEAT BREAD |
| <input type="checkbox"/> DRY BEANS, PEAS, LENTILS |
| <input type="checkbox"/> PEANUT BUTTER |
| <input type="checkbox"/> EGGS |
| <input type="checkbox"/> TOFU |
| <input type="checkbox"/> CANNED FIS |
| <input type="checkbox"/> JUICE |
| <input type="checkbox"/> MILK |
| <input type="checkbox"/> YOGURT |
| <input type="checkbox"/> OTHER: PLEASE SPECIFY _____ |

Q23. Which one of the following types of stores best describes where you most often use your WIC benefits? [READ FULL LIST. SELECT ONLY ONE.]

- Large grocery store or supermarket

- Small individually owned grocery store
 - Convenience store
 - Tribal store or trading post
 - Specialty food store, such as one that specializes in ethnic foods
 - Store that carries only WIC-approved items
 - Large combination food store-retailer such as a Walmart or a Target
 - Military commissary
 - Milk man delivers
 - [DO NOT READ] OTHER [ASK: Can you describe it for me? AND TYPE BRIEF DESCRIPTION]**
-
- NOT SURE
 - REFUSED

Q24. Using the scale of Excellent, Very Good, Good, Fair, or Poor that we used earlier, what overall rating would you give the store where you do most of your WIC shopping?

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- NOT SURE
- REFUSED

Q25. Do you buy your WIC food items at the same store where you do most of your other food shopping?

- YES **[GO TO Q27]**
- NO **[CONTINUE]**
- NOT SURE
- REFUSED

Q26. Why not? **[DO NOT READ. CHECK ALL THAT APPLY]**

- EXPENSE: WIC STORE MORE EXPENSIVE, REGULAR STORE LESS EXPENSIVE
- EXPENSE: REGULAR STORE MORE EXPENSIVE, WIC STORE LESS EXPENSIVE
- TRANSPORTATION: WIC STORE LESS CONVENIENT TO GET TO, REGULAR STORE MORE CONVENIENT
- TRANSPORTATION: REGULAR STORE LESS CONVENIENT TO GET TO, WIC STORE MORE CONVENIENT
- COURTESY: WIC STORE NOT CUSTOMER-FRIENDLY, REGULAR STORE FRIENDLIER
- COURTESY: REGULAR STORE NOT CUSTOMER-FRIENDLY, WIC STORE FRIENDLIER
- REGULAR STORE DOES NOT PARTICIPATE IN WIC PROGRAM
- REGULAR STORE DOESN'T CARRY RIGHT SIZES/SELECTIONS OF WIC FOODS
- OTHER: PLEASE SPECIFY _____
- NOT SURE
- REFUSED

Q27. I am going to give you a list of reasons why some people go to the store that they do for WIC purchases. For each one, please tell me how important it is to you by giving a number

____ HOURS ____ MINUTES

- NOT SURE
- REFUSED

Q30B. How many times in a typical month do you usually go to the store to purchase food?

_____ TIMES

- NOT SURE
- REFUSED

Q31. On average, how much of your WIC benefits do you use each month?

- All of it
- Most of it
- Half of it
- A little of it
- None of it
- NOT SURE
- REFUSED

[ASK Q32 AND Q32A-E IF STATE AUTHORIZES USE OF WIC BENEFITS AT FARMERS' MARKET]

Q32. Is there a farmers' market located near where you live?

- YES
- NO **[GO TO Q32B]**
- NOT SURE **[GO TO Q32B]**
- REFUSED **[GO TO Q32B]**

Q32A. How far away, in miles, is the farmers' market located from where you live?

_____ MILES

- NOT SURE
- REFUSED

Q32B. Are you aware that you can use your WIC benefits at farmers' markets?

- YES
- NO **[GO TO Q33]**
- NOT SURE **[GO TO Q33]**
- REFUSED **[GO TO Q33]**

Q32C. How often do you use your WIC benefits at farmers' markets?

- All of the time
- Often
- Occasionally
- Seldom
- Never

Q32D. Do you prefer to use your WIC benefits to purchase fruits and vegetables at the grocery store or the farmers' market?

- GROCERY STORE **[GO TO Q32E]**
- FARMERS' MARKET **[GO TO Q32E]**
- NOT SURE **[GO TO Q33]**

REFUSED [GO TO Q33]

Q32E. Please explain why you prefer to use your WIC benefits to purchase fruits and vegetables at the [INSERT RESPONSE FROM Q33D]. _____

Q33. Now thinking about how your family eats generally, which of the following statements best describes the food you had to eat in your household during the last 12 months? Did your household . . . [READ LIST]? [CHECK ONE ONLY]

- Have enough to eat [GO TO Q35]
- Sometimes not have enough to eat
- Often not have enough to eat
- NOT SURE
- REFUSED

| | |
|---|---|
| Q33A. Now I am going to read a series of statements that people sometimes make about food and meals. For each statement, tell me if the statement was often, sometimes or never true for you in the last 12 months. [REPEAT SCALE AS NECESSARY] | |
| 1) We worried whether our food would run out before we got money to buy more. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| 2) The food that we bought just didn't last and we didn't have money to get more. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| 3) We couldn't afford to eat balanced meals. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| GO TO Q33B. THROUGH Q33G. IF R.=PREGNANT AND Q2=THIS IS FIRST, ONLY CHILD] [USE "CHILD" INSTEAD OF CHILDREN IN Q33A.4 - Q33A.6 IF R.=BREASTFEEDING/ POSTPARTUM AND Q2=FIRST, ONLY CHILD] | |
| 4) We relied on only a few kinds of low-cost food to feed our children because we were running out of money to buy food. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| 5) We couldn't feed our children a balanced meal, because we couldn't afford that. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| 6) The children were not eating enough because we just couldn't afford enough food. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| Q33B. In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO [GO TO Q33C] |
| 1) How often did this happen— almost every month, some months but not every month, or in only 1 or 2 months? | <input type="radio"/> ALMOST EVERY MONTH <input type="radio"/> SOME MONTHS BUT NOT EVERY MONTH <input type="radio"/> ONLY 1 OR 2 MONTHS |
| Q33C. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO |

| | |
|--|---|
| Q33D. In the last 12 months, were you ever hungry, but didn't eat, because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO |
| Q33E. In the last 12 months, did you lose weight because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO |
| Q33F. In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO [GO TO Q34A] |
| Q33G. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months? | <input type="radio"/> ALMOST EVERY MONTH <input type="radio"/> SOME MONTHS BUT NOT EVERY MONTH <input type="radio"/> ONLY 1 OR 2 MONTHS |
| GO TO Q35. IF R.=PREGNANT AND Q2=THIS IS FIRST, ONLY CHILD] [USE "CHILD" INSTEAD OF CHILDREN IN Q34A. THROUGH Q34E. IF R.=BREASTFEEDING/ POSTPARTUM AND Q2=FIRST, ONLY CHILD] | |
| Q34A. In the last 12 months, did you ever cut the size of any of the children's meals because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO |
| Q34B. In the last 12 months, were the children ever hungry but you just couldn't afford more food? | <input type="radio"/> YES <input type="radio"/> NO |
| Q34C. In the last 12 months, did any of the children ever skip a meal because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO [GO TO Q34E] |
| Q34D. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months? | <input type="radio"/> ALMOST EVERY MONTH <input type="radio"/> SOME MONTHS BUT NOT EVERY MONTH <input type="radio"/> ONLY 1 OR 2 MONTHS |
| Q34E. In the last 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO |

Current Situation and Behaviors

Q35. At the current time, what, if any, health insurance do you have for your child/ren? **[IF R. SAYS SOMETHING LIKE "AETNA, BLUE CROSS/BLUE SHIELD, KAISER, OR UNITED HEALTHCARE," CLARIFY WHETHER IT IS PRIVATE INSURANCE THROUGH AN EMPLOYER, OR NOT. IF MORE THAN ONE GIVEN, ASK FOR MAIN ONE.]**

- NONE

- MEDICAID
- STATE CHIP – CHILDREN’S HEALTH INSURANCE PROGRAM
- OTHER STATE PROGRAM
- MILITARY/TRICARE
- PRIVATE INSURANCE THROUGH AN EMPLOYER
- PRIVATE INSURANCE NOT THROUGH AN EMPLOYER (I.E., THEIR OWN INSURANCE)
- OTHER: PLEASE SPECIFY:_____
- NOT SURE
- REFUSED

Q36. What, if any health insurance, do you have for yourself? **[IF MORE THAN ONE GIVEN, ASK FOR MAIN ONE]**

- NONE
- MEDICAID
- OTHER STATE PROGRAM
- MILITARY/TRICARE
- PRIVATE INSURANCE THROUGH SPOUSE’S EMPLOYER (E.G., MILITARY)
- PRIVATE INSURANCE NOT THROUGH SPOUSE’S EMPLOYER
- PRIVATE INSURANCE THROUGH PARENTS
- OTHER: PLEASE SPECIFY:_____
- NOT SURE
- REFUSED

Q37. Were you given information about the Medicaid Program during the WIC Program certification process?

- YES
- NO
- NOT SURE
- REFUSED

Q37A. Were you referred to the Medicaid Program during your WIC visit?

- YES
- NO
- NOT SURE
- REFUSED

Q38. Are you, or members of your family, currently getting food through the . . . **[READ LIST]**?

| TAILOR TO STATE PROGRAM NAMES WHERE APPLICABLE | Q38A Currently | Q38B Ever | Q38C. How long did you participate |
|--|---|---|------------------------------------|
| a. Supplemental Nutrition Assistance Program (SNAP) | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| b. Head Start/Early Head Start | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| c. Free or Reduced Price School Lunch or Breakfast Program | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| d. Summer Food Service Program (SFSP), for kids when not in school | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| e. Food Distribution Program on Indian Reservations (FDPIR)? | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| f. The Emergency Food Assistance program | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| g. Free meals for children at daycare centers (Child and Adult Care Food program) (CACFP) | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| h. Local/community food bank or pantry | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| i. Commodity Supplemental Food Program, which provides food packages that are distributed through State and local agencies | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |

Q39. **[IF CURRENT OR FORMER SNAP PARTICIPANT IN Q38A, ASK]** Which program did you (or your child) enroll in first, SNAP or WIC? **[DON'T READ]**

- SNAP: SELF
- SNAP: CHILD
- WIC: SELF
- WIC: CHILD
- THE SAME DAY: SELF
- THE SAME DAY: CHILD
- NOT SURE
- REFUSED

Q40. Has participating in WIC changed how you use these other programs?

- YES: PLEASE EXPLAIN: _____
- NO
- NOT SURE
- REFUSED

Q40A. **[ASK IF YES TO Q40]** Did you learn through WIC that you were eligible for one of the previously mentioned programs?

- YES
- NO
- NOT SURE
- REFUSED

Q40B. **[ASK IF YES TO Q40A]** Did you apply for one of these previously mentioned programs after learning through WIC that you were eligible for them?

- YES
- NO
- NOT SURE
- REFUSED

Q40C. **[ASK IF YES TO Q40. IF NO, GO TO Q41]** With WIC, are you able to use your **[STATE TANF NAME]** benefits for other expenses?

- YES
- NO
- NOT SURE
- REFUSED

Friends

Q41. Do you have friends who you think are eligible for WIC but who haven't applied?

- YES
- NO
- NOT SURE
- REFUSED

Q41A. What, do you think, are the main reasons that people who could participate in WIC do not?

PROBE: Anything else? **[DO NOT READ. CODE UP TO THREE REPLIES.]**

- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES
- THEY DON'T KNOW THAT WIC EXISTS
- ASSUME THEY ARE NOT ELIGIBLE
- ASSUME BENEFITS ARE NOT WORTH THE EFFORT TO APPLY
- INCONVENIENT HOURS/DAYS CLINIC OPEN
- SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME
- WAITING SPACE AT CLINIC IS LIMITED
- LACK OF CHILD CARE
- LANGUAGE BARRIERS
- PROBLEMS QUALIFYING FOR BENEFITS
- DIFFICULTIES KEEPING APPOINTMENT TIMES
- WIC FOOD SELECTION NOT DESIRABLE
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION)
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES)
- DO NOT WANT TO PARTICIPATE IN A FOOD ASSISTANCE PROGRAM BECAUSE OF THE STIGMA
- CONCERNS WITH CITIZENSHIP

- DIDN'T NEED FOOD BENEFIT
- OTHER: PLEASE SPECIFY _____

Demographics

We're almost done with this survey. I'd like to ask these last few questions for classification purposes only.

Q42. Are you . . . **[READ]**

- Hispanic or Latina?
- Not Hispanic or Latina?
- REFUSED

Q43. How would you characterize your race? **[READ ALL. CHECK ALL THAT APPLY]**

- American Indian or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- REFUSED

Q44. What is the highest level of education you have attained? **[READ UNTIL R. INDICATES ANSWER]**

- Elementary school (6 years or less of education)
- Some high school (7–11 years of education)
- High school diploma or GED
- Some college
- Associate's degree
- Bachelor's degree
- Advanced degree
- REFUSED

Q45. What is your primary language, that is, the language you speak at home? **[DO NOT READ. MARK ONE.]**

- | | | |
|--|-------------------------------|--|
| <input type="radio"/> English | <input type="radio"/> Hmong | <input type="radio"/> Spanish |
| <input type="radio"/> Arabic | <input type="radio"/> Khmer | <input type="radio"/> Swahili |
| <input type="radio"/> Cambodian | <input type="radio"/> Korean | <input type="radio"/> Tamil |
| <input type="radio"/> Cantonese/ Mandarin | <input type="radio"/> Laotian | <input type="radio"/> Tagalog |
| <input type="radio"/> Farsi | <input type="radio"/> Punjabi | <input type="radio"/> Urdu |
| <input type="radio"/> French/Creole | <input type="radio"/> Russian | <input type="radio"/> Vietnamese |
| <input type="radio"/> Fulani | <input type="radio"/> Somali | <input type="radio"/> Other: SPECIFY _____ |
| <input type="radio"/> Hindi | | <input type="radio"/> REFUSED |

Q46. What is your age? _____ [IF REFUSED, ENTER -9]

Q47. How tall are you? _____ [IF REFUSED, ENTER -9]

Q48. How much do you weigh? _____ [IF REFUSED, ENTER -9]

End Survey

Thank you so much for your help in answering this survey. Your feedback, combined with other confidential responses, will help improve the WIC program. Thanks again. Have a great day/evening.

A5b. Revised Program Experiences Survey for WIC Participants: Version B (Infant/Child)

The NSWP-III Program Experiences Survey has two versions. Version B is used when the participant is an infant or child. The survey respondent for Version B is the adult applicant who is the caregiver of the infant or child. Version A (included separately) is used when the sampled participant is a woman who is pregnant, breastfeeding or postpartum, or non-breastfeeding. Do I have your permission to continue with this survey?

Instructions for Reviewers

The Program Experiences Survey will be administered by trained Field Interviewers (FIs) using a Computer Assisted Telephone Interview (CATI) version for the telephone surveys and Computer Assisted Personal Interview (CAPI) for the in-person surveys. This paper version approximates the layout of the survey and includes notes indicating how the CATI system will automatically route the interviewer to the appropriate questions or data entry forms, or will perform specified calculations. (These notes appear in the paper version in **RED, CAPITALIZED** text, but will not appear in the CATI and CAPI version).

The NSWP-III version of the Program Experiences Survey is adapted from the version used in NSWP-II. The survey is organized into the following modules:

| Name | Page |
|------------------------------------|-------------|
| 1. WIC Program Participation | 23 |
| 2. Participant Satisfaction | 25 |
| 3. Current Situation and Behaviors | 34 |
| 4. Friends | 37 |
| 5. Demographics | 37 |
| 6. End survey | 38 |

Text that FIs will read aloud (questions, and response options where indicated) appear in regular text, while on-screen instructions to FIs appear in **CAPITALIZED TEXT**.

The question numbers in Version B (Infant/Child) correspond to the question numbers in Version A (Women).

INTRO: Hi. Thanks for agreeing to do this survey. Your answers are private. None of the information you share with me will cause your WIC benefits to change. The questions I am going to ask are about your satisfaction and experiences with WIC. Please answer as honestly as possible. This takes about 30 minutes. After we finish I will have some brief questions to get your opinion on what you thought about the survey. We will also mail you a \$25 gift card to thank you for your participation. Do I have your permission to continue with this survey?

READ INFORMED CONSENT STATEMENT AND GET SIGNED CONSENT BEFORE PROCEEDING

WIC PROGRAM PARTICIPATION

Program Participation

Q1. Let's begin by talking about your child's experience with WIC. Is this the first time you've received WIC benefits **for your child**, or has your child participated before?

- NEW TO WIC **[GO TO Q6]**
- PARTICIPATED BEFORE **[CONTINUE]**

Q1A. How old was your child when he/she first started getting WIC **[ASK, THEN GO TO Q7]**

- At birth
- _(# of) Months (0 to 23 months)
- _(# of) Years (24 months or more)

Q6. Why didn't your child participate before this? **[DO NOT READ; CHECK ALL THAT APPLY]**

- THIS IS MY FIRST CHILD/PREGNANCY
- DIDN'T LIVE IN USA
- DIDN'T KNOW ABOUT WIC
- DIDN'T TRUST WIC
- DIDN'T THINK MY CHILD WAS QUALIFIED FOR WIC
- INQUIRED BUT WAS TOLD DIDN'T QUALIFY
- APPLIED AND DID NOT QUALIFY
- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES
- SCHEDULE DIFFICULTIES
- SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME
- WAITING SPACE AT CLINIC IS LIMITED
- LACK OF CHILD CARE
- LANGUAGE BARRIERS
- PROBLEMS QUALIFYING FOR BENEFITS
- DIFFICULTIES KEEPING APPOINTMENT TIMES
- NEGATIVE SHOPPING EXPERIENCES WHILE USING WIC BENEFITS
- WIC FOOD SELECTION NOT DESIRABLE
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION)
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES)
- DIDN'T WANT TO PARTICIPATE IN A FOOD ASSISTANCE PROGRAM BECAUSE OF THE STIGMA
- CONCERNS WITH CITIZENSHIP

- DIDN'T THINK MY CHILD NEEDED IT
- OTHER: PLEASE SPECIFY _____
- NOT SURE
- REFUSED

Q7. Is there information or assistance that might have helped your child join the program earlier?

- YES
- NO **[GO TO Q8]**
- NOT SURE **[GO TO Q8]**
- NOT APPLICABLE **[GO TO Q8]**
- REFUSED

Q7A. Can you tell me what kind of information or assistance would have helped?

Q8. **[IF Q1=2]** Thinking about the last time your child participated in WIC, when did he/she last receive WIC benefits? Can you tell me the year? Can you tell me the month?

- _____ YEAR
 _____ MONTH
- NOT SURE
 - REFUSED

Q8A. Why did your child leave the WIC program? PROBE: Anything else?

Q9. Was your child still eligible for WIC when he/she left the program?

- YES **[CONTINUE]**
- YES, BUT RESPONDENT INDICATED THEIR CHILD LEFT PROGRAM INVOLUNTARILY **[GO TO Q11]**
- NO **[GO TO Q11]**
- NOT SURE
- REFUSED

Q10. What could WIC have done to encourage you to keep your child in WIC? **[CHECK ALL THAT APPLY]**

PROBE: Anything else?

PROGRAM

- HELP UNDERSTANDING PROGRAM RULES
- BETTER INFORMATION ON WIC BENEFITS OR SERVICES AVAILABLE
- BETTER INFORMATION ON HOW TO RECEIVE BENEFITS IF YOU MOVE TO A NEW CITY OR STATE
- LESS PAPERWORK

CLINIC

- LESS TIME IN WAITING ROOM
- MORE CHILD PLAY AREAS OR TOYS IN THE WAITING ROOM
- LESS CROWDED OFFICE
- MORE LOCATIONS

CLOSER TO PUBLIC TRANSPORTATION

APPOINTMENTS

- BETTER SCHEDULING OPTIONS (EXAMPLE: LUNCHTIME OR EVENING/WEEKEND APPOINTMENTS)
- FEWER APPOINTMENTS
- SHORTER APPOINTMENTS
- FEWER DAYS SPENT WAITING BEFORE A SCHEDULED APPOINTMENT

STAFF

- APPOINTMENTS WITH THE SAME WIC NUTRITION PROVIDER OR WIC STAFF
- BETTER STAFF (EXAMPLE: FRIENDLIER STAFF)
- MORE STAFF THAT SPEAK MY LANGUAGE
- MORE STAFF UNDERSTAND MY CULTURE

SHOPPING

- MORE POLITE/SENSITIVE CASHIER IN STORES
- MAKE IT EASIER TO FIND WIC-APPROVED FOODS IN GROCERY STORES
- MAKE IT FASTER TO USE WIC BENEFITS IN GROCERY STORES
- MAKE IT MORE PRIVATE TO USE WIC BENEFITS IN GROCERY STORES
- OTHER: _____

Q10A. Could WIC have done anything differently with the program itself, clinic, appointments, staff, or shopping that would have helped to keep your child in the program?

Q11. **[IF Q1=2]** Why did you re-enroll your child in the WIC program at this time?

Participant Satisfaction

Q12. Thinking about specific qualities or characteristics of your clinic, how would you rate the **[INSERT FROM BELOW]**? Would you say are Very Satisfied, Somewhat Satisfied, Neither Satisfied nor Dissatisfied, Somewhat Dissatisfied, or Very Dissatisfied? **[REPEAT SCALE UNTIL R. LEARNS IT]**
PROBE: Please explain why you chose **[RESPONDENT’S RESPONSE CHOICE]**?

Very Satisfied----Somewhat Satisfied----Neither Satisfied nor Dissatisfied -----Somewhat Dissatisfied -----Very Dissatisfied

[ROTATE START POINT]

- a) Customer service or friendliness of the WIC staff
- b) Quality of service you get
- c) Helpfulness of the staff
- d) Staff’s ability to speak your language
- e) Safety of the clinic’s location
- f) Convenience of the clinic’s location for you
- g) Amount of time you wait until you are seen by WIC staff
- h) The way WIC staff handles certification
- i) The total amount of time you spend at the clinic
- j) The amount of time it takes to be certified

Q13. Thinking about the WIC services offered by your clinic, how would you rate the **[INSERT FROM BELOW]**? Would you say it is Excellent, Very Good, Good, Fair or Poor? **[REPEAT SCALE UNTIL R. LEARNS IT]**. If your clinic does not offer a service, you have not used the service, or you are unsure of whether your clinic offers a service, please let me know.

Excellent-----Very Good-----Good-----Fair-----Poor -----NA **[ROTATE START POINT]**

- a) Nutrition education
- b) Breastfeeding promotion and support
- c) Breastfeeding peer counseling
- d) Referrals to other services
- e) Monitoring weight, height, blood, and other body and health measures

Q14. Were you provided with a list of nearby places you could go to get information on health-related and public assistance programs besides WIC, or made aware that such lists were available?

- YES
- NO
- NOT SURE
- REFUSED

Q15. Thinking about your experience in the program, what have you gained by being in WIC? **[DO NOT READ. CHECK ALL THAT APPLY.] PROBE:** Anything else?

- Meeting and talking with other mothers
- Saving money on grocery bills
- Receiving links to health services
- Getting nutrition information
- Getting height and weight checks to know how my child is growing
- Receiving advice from WIC staff
- Receiving WIC benefits for foods I know are nutritious
- Staying on time with shots for my child
- Learning the foods my baby needs to be healthy
- Learning about the foods my children need to be healthy
- Learning about the foods I need to be healthy
- Having breastfeeding support and education
- Other: PLEASE SPECIFY: _____
- NOT SURE
- REFUSED

[FI WILL PREDETERMINE IF WIC PARTICIPANT LIVES IN A STATE WHERE WIC FARMERS' MARKET NUTRITION PROGRAM IS OFFERED.]

Q16. Do you participate in the WIC Farmers' Market Nutrition Program?

- YES **[CONTINUE]**
- NO **[GO TO Q16C]**
- NOT SURE
- REFUSED
- [NOT OFFERED IN PARTICIPANT'S STATE; [GO TO Q17]**

Q16A. How would you rate the Farmers' Market Nutrition Program? Would you say it is . . .

- Excellent
- Very Good
- Good
- Fair
- Poor
- NOT SURE
- REFUSED

Q16B. Please explain why you rated the Farmers’ Market Nutrition Program as **[INSERT RESPONSE FROM Q16A]**. _____

Q16C. Why don’t you participate in the WIC Farmers’ Market Nutrition Program?

- Don’t know about the program.
- Don’t like the foods the FMNP offers.
- Don’t have the transportation to get there.
- OTHER: PLEASE SPECIFY _____
- NOT SURE
- REFUSED

Q17. How do you usually get to the WIC clinic when you need to go there? **[DO NOT READ. CHECK ALL THAT APPLY.]**

- PERSONAL CAR
- TAXI
- UBER/LYFT
- BUS
- LIGHT RAIL/SUBWAY/COMMUTER TRAIN
- WALK
- BIKE
- GET A RIDE FROM SOMEONE
- OTHER: PLEASE SPECIFY _____
- NOT SURE
- REFUSED

Q17A. How long does it take you to get to the WIC clinic using **[SHOW Q17 ANSWER(S)]**?

- HOURS ____ MINUTES ____
- NOT SURE
 - REFUSED

Q18. Now, think about the food benefits that you receive **for your child**. Using the scale: Excellent, Very Good, Good, Fair or Poor. How would you rate the food benefits for . . .

Excellent-----Very Good-----Good-----Fair -----Poor **[ROTATE START POINT]**

- a) Providing the right amount of food for your child/ren?
- b) Offering foods that your child likes to eat?
- c) Offering nutritious foods?
- d) Offering food choices in sizes and brands that you can find on the shelf? For example, if the benefit says you can purchase a 46-oz container of juice in one of these three brands, you can find them in the store where you shop.

Q19. Are there certain WIC foods that, on a regular basis, you do not purchase **for your child** for some reason?

- YES [CONTINUE]
- NO [GO TO Q20A]

Q20. Which ones do you not purchase? [DO NOT READ LIST. CHECK ALL THAT APPLY. FOR EACH ONE CHECKED, ASK:] Why not? [AFTER R. ANSWERS, ASK] Anything else?

| ITEMS NOT PURCHASED | Why don't you purchase them? [CODE OR WRITE IN MAIN REASON] | PRECODES |
|---|---|--|
| <input type="checkbox"/> FRUITS AND VEGETABLES | | 1-Dislike, don't like 2-Not accustomed to eating it (including cultural differences) 3-Food allergies 4-Don't know how to prepare 5-Too much trouble to prepare 6-Problems getting food to home 7-Couldn't find/ Lost the food coupons 8-Store did not have item in stock 9-Did not need at that time 10 Don't think it's a healthy food 11 Options for this are low quality 10-Other: PLEASE SPECIFY |
| <input type="checkbox"/> BREAKFAST CEREAL | | |
| <input type="checkbox"/> WHOLE WHEAT BREAD | | |
| <input type="checkbox"/> DRY BEANS, PEAS, LENTILS | | |
| <input type="checkbox"/> PEANUT BUTTER | | |
| <input type="checkbox"/> EGGS | | |
| <input type="checkbox"/> INFANT CEREAL | | |
| <input type="checkbox"/> INFANT FRUITS AND VEGETABLES | | |
| <input type="checkbox"/> INFANT MEATS | | |
| <input type="checkbox"/> INFANT FORMULA | | |
| <input type="checkbox"/> JUICE | | |
| <input type="checkbox"/> MILK | | |
| <input type="checkbox"/> YOGURT | | |
| <input type="checkbox"/> OTHER: PLEASE SPECIFY _____ | | |

Q20A. What reasons affect your purchase of items **for your child** with your WIC benefits? [DO NOT READ. CHECK ALL THAT APPLY.]

- TASTE
- PRICE
- NUTRITIONAL CONTENT
- BRAND NAME IN STORE
- AVAILABILITY IN STORE
- COUPON FOR WIC FOOD ITEM
- SIZE OF FOOD PACKAGE
- OTHER: PLEASE SPECIFY _____
- NOT SURE

REFUSED

Q21. For food items you did purchase, was there **too much** of any food **for your child**?

- YES [ASK: WHICH FOODS?]
- NO [GO TO Q22]
- NOT SURE
- REFUSED

[DO NOT READ. CHECK ALL THAT APPLY]

| Q21A. TOO MUCH OF WHICH FOODS? |
|---|
| <input type="checkbox"/> FRUITS AND VEGETABLES |
| <input type="checkbox"/> INFANT FOOD FRUITS AND VEGETABLES |
| <input type="checkbox"/> BREAKFAST CEREAL |
| <input type="checkbox"/> INFANT CEREAL |
| <input type="checkbox"/> INFANT FOOD MEATS |
| <input type="checkbox"/> EGGS |
| <input type="checkbox"/> INFANT FORMULA |
| <input type="checkbox"/> JUICE |
| <input type="checkbox"/> MILK |
| <input type="checkbox"/> YOGURT |
| <input type="checkbox"/> PEANUT BUTTER |
| <input type="checkbox"/> DRY BEANS, PEAS, LENTILS |
| <input type="checkbox"/> WHOLE WHEAT BREAD AND OTHER GRAINS |
| <input type="checkbox"/> OTHER: PLEASE SPECIFY _____ |

Q22. For food items you did purchase, was there **too little** of any food **for your child**?

- YES [ASK: WHICH FOODS?]
- NO [GO TO Q23]
- NOT SURE
- REFUSED

[DO NOT READ. CHECK ALL THAT APPLY]

| Q22A. TOO LITTLE OF WHICH FOODS? |
|--|
| <input type="checkbox"/> FRUITS AND VEGETABLES |
| <input type="checkbox"/> INFANT FOOD FRUITS AND VEGETABLES |

| |
|---|
| <input type="checkbox"/> BREAKFAST CEREAL |
| <input type="checkbox"/> INFANT CEREAL |
| <input type="checkbox"/> INFANT FOOD MEATS |
| <input type="checkbox"/> EGGS |
| <input type="checkbox"/> INFANT FORMULA |
| <input type="checkbox"/> JUICE |
| <input type="checkbox"/> MILK |
| <input type="checkbox"/> YOGURT |
| <input type="checkbox"/> PEANUT BUTTER |
| <input type="checkbox"/> DRY BEANS, PEAS, LENTILS |
| <input type="checkbox"/> WHOLE WHEAT BREAD & OTHER GRAINS |
| <input type="checkbox"/> OTHER: PLEASE SPECIFY _____ |

Q23. Which one of the following types of stores best describes where you most often use **your child's** WIC benefits? **[READ FULL LIST. SELECT ONLY ONE]**

- Large chain grocery store or supermarket
- Small individually owned grocery store
- Convenience store
- Tribal store or trading post
- Specialty food store, such as one that specializes in ethnic foods
- Store that carries only WIC-approved items
- Large combination food-store retailer such as a Walmart or Target
- Military commissary
- Milk man delivers
- [DON'T READ] OTHER [ASK: Can you describe it for me? AND TYPE BRIEF DESCRIPTION]**
_____]
- NOT SURE
- REFUSED

Q24. Using the scale of Excellent, Very Good, Good, Fair, or Poor that we used earlier, what overall rating would you give the store where you do most of your child's WIC shopping?

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR
- NOT SURE
- REFUSED

- Almost every time
- Every time
- NOT SURE
- REFUSED

Q29. How do you usually get to the store when you need to go there? **[DO NOT READ. CHECK ALL THAT APPLY]**

- PERSONAL CAR
- TAXI
- UBER/LYFT
- BUS
- LIGHT RAIL/SUBWAY/COMMUTER TRAIN
- WALK
- BIKE
- GET A RIDE FROM SOMEONE
- OTHER: PLEASE SPECIFY _____
- NOT SURE
- REFUSED

Q30. How far from home (in miles) is the store where you usually purchase food with your child’s WIC benefits?

- _____ MILES
- NOT SURE
 - REFUSED

Q30A. How long does it usually take you to get to the store where you usually purchase food items using **[SHOW Q29 ANSWER]**?

- _____ HOURS _____ MINUTES
- NOT SURE
 - REFUSED

Q30B. How many times in a typical month do you usually go to the store to purchase food?

- _____ TIMES
- NOT SURE
 - REFUSED

Q31. On average, how much of the WIC benefits do you use **for your child** each month?

- All of it
- Most of it
- Half of it
- A little of it
- None of it
- NOT SURE
- REFUSED

[ASK Q32 AND Q32A-E IF STATE AUTHORIZES USE OF WIC BENEFITS AT FARMERS’ MARKET]

Q32. Is there a farmers’ market located near where you live?

- YES
- NO **[GO TO Q32B]**

- NOT SURE [GO TO Q32B]
- REFUSED [GO TO Q32B]

Q32A. How far away, in miles, is the farmers’ market located from where you live?

_____ MILES

- NOT SURE
- REFUSED

Q32B. Are you aware that you can use **your child’s** WIC benefits at farmers’ markets?

- YES
- NO [GO TO Q33]
- NOT SURE [GO TO Q33]
- REFUSED [GO TO Q33]

Q32C. How often do you use **your child’s** WIC benefits at farmers’ markets?

- All of the time
- Often
- Occasionally
- Seldom
- Never
- NOT SURE
- REFUSED

Q32D. Do you prefer to use **your child’s** WIC benefits to purchase fruits and vegetables at the grocery store or the farmers’ market?

- GROCERY STORE [GO TO Q32E]
- FARMERS’ MARKET [GO TO Q32E]
- NOT SURE [GO TO Q33]
- REFUSED [GO TO Q33]

Q32E. Please explain why you prefer to use your WIC benefits to purchase fruits and vegetables at the [INSERT RESPONSE FROM Q33D].

Q33. Now thinking about how your family eats generally, which of the following statements best describes the food you had to eat in your household during the last 12 months? Did your household . . . [READ LIST]? [CHECK ONE ONLY]

- Have enough to eat [GO TO Q35]
- Sometimes not have enough to eat, or
- Often not have enough to eat

| | |
|--|--|
| Q33A. Now I am going to read a series of statements that people sometimes make about food and meals. For each statement, tell me if the statement was often, sometimes, or never true for you in the last 12 months. [REPEAT SCALE AS NECESSARY] | |
| 1) We worried whether our food would run out before we got money to buy more. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| 2) The food that we bought just didn’t last and we didn’t have money to get more. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |

| | |
|---|---|
| 3) We couldn't afford to eat balanced meals. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| 4) We relied on only a few kinds of low-cost food to feed our children because we were running out of money to buy food. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| 5) We couldn't feed our children a balanced meal, because we couldn't afford that. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| 6) The children were not eating enough because we just couldn't afford enough food. | <input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE |
| Q33B. In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO [GO TO Q33C] |
| 1) How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months? | <input type="radio"/> ALMOST EVERY MONTH <input type="radio"/> SOME MONTHS BUT NOT EVERY MONTH <input type="radio"/> ONLY 1 OR 2 MONTHS |
| Q33C. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO |
| Q33D. In the last 12 months, were you ever hungry, but didn't eat, because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO |
| Q33E. In the last 12 months, did you lose weight because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO |
| Q33F. In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO [GO TO Q34A] |
| Q33G. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months? | <input type="radio"/> ALMOST EVERY MONTH <input type="radio"/> SOME MONTHS BUT NOT EVERY MONTH <input type="radio"/> ONLY 1 OR 2 MONTHS |
| Q34A. In the last 12 months, did you ever cut the size of any of the children's meals because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO |
| Q34B. In the last 12 months, were the children ever hungry but you just couldn't afford more food? | <input type="radio"/> YES <input type="radio"/> NO |

| | |
|---|---|
| Q34C. In the last 12 months, did any of the children ever skip a meal because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO [GO TO Q34E] |
| Q34D. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months? | <input type="radio"/> ALMOST EVERY MONTH <input type="radio"/> SOME MONTHS BUT NOT EVERY MONTH <input type="radio"/> ONLY 1 OR 2 MONTHS |
| Q34E. In the last 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food? | <input type="radio"/> YES <input type="radio"/> NO |

Current Situation and Behaviors

Q35. At the current time, what, if any, health insurance do you have **for your child/ren**? **[IF R. SAYS SOMETHING LIKE "AETNA, BLUE CROSS/BLUE SHIELD, KAISER, OR UNITED HEALTHCARE," CLARIFY WHETHER IT IS PRIVATE INSURANCE THROUGH AN EMPLOYER OR NOT. IF MORE THAN ONE GIVEN, ASK FOR MAIN ONE.]**

- NONE
- MEDICAID
- STATE CHIP – CHILDREN'S HEALTH INSURANCE PROGRAM
- OTHER STATE PROGRAM
- MILITARY/TRICARE
- PRIVATE INSURANCE THROUGH AN EMPLOYER
- PRIVATE INSURANCE NOT THROUGH AN EMPLOYER (I.E., THEIR OWN INSURANCE)
- OTHER: PLEASE SPECIFY: _____
- NOT SURE
- REFUSED

Q37. Were you given information about the Medicaid Program during **your child's** WIC Program certification process?

- YES
- NO
- NOT SURE
- REFUSED

Q37A. Were you referred to the Medicaid Program during **your child's** visit?

- YES
- NO
- NOT SURE
- REFUSED

Q38. Are you, or members of your family, currently getting food through the . . . **[READ LIST]**?

| TAILOR TO STATE PROGRAM NAMES WHERE APPLICABLE | Q38A Currently | Q38B Ever | Q38C. How long did you participate |
|--|---|---|------------------------------------|
| a. Supplemental Nutrition Assistance Program (SNAP) | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| b. Head Start/Early Head Start | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| c. Free or Reduced Price School Lunch or Breakfast Program | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| d. Summer Food Service Program (SFSP), for kids when not in school | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| e. Food Distribution Program on Indian Reservations (FDPIR)? | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| f. The Emergency Food Assistance program | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| g. Free meals for children at daycare centers (Child and Adult Care Food program) (CACFP) | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| h. Local/community food bank or pantry | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |
| i. Commodity Supplemental Food Program, which provides food packages that are distributed through State and local agencies | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA | <input type="radio"/> YES <input type="radio"/> NO | YEARS ____ MONTHS ____ |

Q39. **[IF CURRENT OR FORMER SNAP PARTICIPANT IN Q38A, ASK]** Which program did you (or your child) enroll in first, SNAP or WIC? **[DON'T READ]**

- SNAP: SELF
- SNAP: CHILD
- WIC: SELF
- WIC: CHILD
- THE SAME DAY: SELF
- THE SAME DAY: CHILD
- NOT SURE
- REFUSED

Q40. Has participating in WIC changed how you use these other programs?

- YES: PLEASE EXPLAIN: _____
- NO
- NOT SURE
- REFUSED

Q40A. **[ASK IF YES TO Q40]** Did you learn through WIC that you or **your child/ren** were eligible for one of the previously mentioned programs?

- YES
- NO
- NOT SURE
- REFUSED

Q40B. **[ASK IF YES TO Q40A]** Did you apply for one of these previously mentioned programs after learning through WIC that you or **your child/ren** were eligible for them?

- YES
- NO
- NOT SURE
- REFUSED

Q40C. **[ASK IF YES TO Q40. IF RESPONDED NO, GO TO Q41]** With WIC, are you able to use **your child's [STATE TANF NAME]** benefits for other expenses?

- YES
- NO
- NOT SURE
- REFUSED

Friends

Q41. Do you have friends who have **children** that you think are eligible for WIC but who haven't applied?

- YES
- NO
- NOT SURE
- REFUSED

Q41A. What, do you think, are the main reasons that people who could participate in WIC do not?

PROBE: Anything else? **[DO NOT READ. CODE UP TO THREE REPLIES.]**

- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES
- THEY DON'T KNOW THAT WIC EXISTS
- ASSUME THEY ARE NOT ELIGIBLE
- ASSUME BENEFITS ARE NOT WORTH THE EFFORT TO APPLY
- INCONVENIENT HOURS/DAYS CLINIC OPEN
- SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME
- WAITING SPACE AT CLINIC IS LIMITED
- LACK OF CHILD CARE
- LANGUAGE BARRIERS
- PROBLEMS QUALIFYING FOR BENEFITS
- DIFFICULTIES KEEPING APPOINTMENT TIMES
- WIC FOOD SELECTION NOT DESIRABLE
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION)
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES)
- DO NOT WANT TO PARTICIPATE IN A FOOD ASSISTANCE PROGRAM BECAUSE OF THE STIGMA

- CONCERNS WITH CITIZENSHIP
- DIDN'T NEED FOOD BENEFIT
- OTHER: PLEASE SPECIFY _____

Demographics

We're almost done with this survey. I'd like to ask these last few questions for classification purposes only.

Q42. Is **your child** . . . **[READ]**

- Hispanic or Latino/a?
- Not Hispanic or Latino/a?
- REFUSED

Q43. How would you characterize **your child's** race? **[READ ALL. CHECK ALL THAT APPLY]**

- American Indian or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- REFUSED

Q45. What is **your child's** primary language, that is, the language they speak at home? **[DO NOT READ. MARK ONE.]**

- | | | |
|---|-------------------------------|--|
| <input type="radio"/> English | <input type="radio"/> Hmong | <input type="radio"/> Spanish |
| <input type="radio"/> Arabic | <input type="radio"/> Khmer | <input type="radio"/> Swahili |
| <input type="radio"/> Cambodian | <input type="radio"/> Korean | <input type="radio"/> Tamil |
| <input type="radio"/> Cantonese/ Mandarin | <input type="radio"/> Laotian | <input type="radio"/> Tagalog |
| <input type="radio"/> Farsi | <input type="radio"/> Punjabi | <input type="radio"/> Urdu |
| <input type="radio"/> French/Creole | <input type="radio"/> Russian | <input type="radio"/> Vietnamese |
| <input type="radio"/> Fulani | <input type="radio"/> Somali | <input type="radio"/> Other: SPECIFY _____ |
| <input type="radio"/> Hindi | | <input type="radio"/> REFUSED |

Q47. How tall is **your child**? _____ **[IF REFUSED, ENTER -9]**

Q48. How much does **your child** weigh? _____ **[IF REFUSED, ENTER -9]**

End Survey

Thank you so much for your help in answering this survey. Your feedback, combined with other confidential responses, will help improve the WIC program. Thanks again. Have a great day/evening.