

Attachment 1a: English Questions to be cognitively tested

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Form Approved OMB #0920-0222; Expiration Date: 07/31/2018

EARLY CHILDHOOD – ECQ

ECQ.010 First I have some questions about {SP NAME's} birth.
How old was {SP NAME's} biological mother when {s/he} was born?

ENTER AGE IN YEARS

INTERVIEWER NOTE:
Biological Mother: The person who gave birth to the child.

ECQ.020 Did {SP NAME's} biological mother smoke at any time while she was pregnant with {him/her}?

YES..... 1
NO..... 2

INTERVIEWER NOTE:
Biological Mother: The person who gave birth to the child.

ECQ.New1/ L/K How much did {SP}'s biological mother weigh before she was pregnant with {him/her}?

ENTER WEIGHT IN POUNDS..... 1

ENTER NUMBER OF POUNDS

ECQ.New2/ How tall is {SP}'s biological mother without shoes?
G/F/I/M/C

|_|
ENTER HEIGHT IN FEET AND INCHES..... 1

|_|_|
ENTER NUMBER OF FEET

AND

|_|_|
ENTER NUMBER OF INCHES

ECQ.071/ How much did {SP NAME} weigh at birth?
L/O/K/M

IF ANSWER GIVEN IN POUNDS ONLY, PROBE FOR OUNCES.
IF ANSWER GIVEN IN EXACT POUNDS, ENTER NUMBER OF POUNDS AND 0 OUNCES.

|_|
ENTER NUMBER OF POUNDS
AND OUNCES..... 1

|_|_|
ENTER NUMBER OF POUNDS

AND

|_|_|
ENTER NUMBER OF OUNCES

ECQ.080 Did {SP NAME} weigh . . .

more than 5-1/2 lbs. (2500 g), or.....1 (ECQ.090)
less than 5-1/2 lbs. (2500 g)?..... 2

ECQ.090 Did {SP NAME} weigh . . .

more than 9 lbs. (4100 g), or..... 1
less than 9 lbs. (4100 g)?..... 2

DIET BEHAVIOR AND NUTRITION - DBQ

DBQ.010 Now I'm going to ask you some general questions about {SP's} eating habits.

Was {SP} ever breastfed or fed breastmilk?

- YES..... 1
- NO..... 2 (DBQ.041)

DBQ.030 How old was {SP} when {he/she} **completely stopped** breastfeeding or being fed breastmilk?
G/Q/U

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

- ENTER NUMBER..... 1 (DBQ.041)
- STILL BREASTFEEDING..... 2 (DBQ.New1)

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3
- YEARS..... 4

DBQ.New1 Some children might drink breast milk from a bottle, cup (including sippy cup), or spoon as well as at the breast.
How was {SP} drinking breast milk in the past 2 weeks?

- Only at the breast..... 1
- At the breast and also from a bottle, cup,
or spoon, or..... 2
- Only from a bottle, cup, or spoon..... 3

DBQ.041 How old was {SP} when {he/she} was **first** fed formula?
G/Q/U

ENTER NUMBER..... 1
NEVER 2 (Box 1a)

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.050 How old was {SP} when {he/she} **completely stopped** drinking formula?
G/Q/U

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

ENTER NUMBER..... 1
STILL DRINKING FORMULA..... 2 (Box 1a)

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

BOX 1a

IF BABY IS NOT STILL BREAST FEEDING **AND** IS NOT STILL DRINKING FORMULA, GO TO DBQ.055

ELSE, IF BABY IS STILL DRINKING FORMULA, CONTINUE

ELSE, GO TO BOX1b.

DBQ.New2 Are you {SP's} mother?

INTERVIEWER INSTRUCTION:

Only ask the question if the respondent is female. Select "NO" if the respondent is male.

- YES..... 1
- NO..... 2

DBQ.New3 Which of the following best describes the content of the bottles or cups (including sippy cups) that {you/SP's mother} fed to {SP} in the past 2 weeks?

MARK ALL THAT APPLY

- Breast milk,..... 1
- formula, or..... 2
- Other (e.g. water, juice, fruit-flavored drinks, soft drinks, soda, tea)... 3
- SP'S MOTHER DOES NOT FEED THE SP PERSONALLY..... 4

DBQ.New4 Which of the following best describes the content of the bottles or cups (including sippy cups) that his/her other caregivers other than {his/her} mother fed to {SP} in the past 2 weeks?

MARK ALL THAT APPLY

- Breast milk,..... 1
- formula, or..... 2
- Other (e.g. water, juice, fruit-flavored drinks, soft drinks, soda, tea)... 3
- Don't know how other caregivers fed..... 4
- DO NOT HAVE OTHER CAREGIVERS..... 5

BOX 1b

IF {SP} ONLY DRANK BREAST MILK FROM THE BREAST IN PAST 2 WEEKS, GO TO DBQ.055

IF BABY IS NOT STILL BREAST FEEDING **AND** IS NOT STILL DRINKING FORMULA, GO TO DBQ.055

ELSE, IF STILL DRINKING BREAST MILK **AND** STILL DRINKING FORMULA, CONTINUE

ELSE, GO TO DBQ.New7.

DBQ.New5 In the past 2 weeks, was {SP} fed formula mixed with breast milk in the same bottle?

- YES..... 1
- NO..... 2 (DBQ.New7)

DBQ.New6 How were the formula and breast milk usually mixed?

- Added formula powder to breast milk,..... 1
- Added prepared (mixed up) formula or
ready-to-feed formula to breast milk, or.... 2
- Added liquid formula concentrate
to breast milk..... 3

DBQ.New7 In the past 2 weeks, how often was water added to formula, more than suggested in the instructions, or to breast milk before feeding it to {SP}?

HAND CARD DBQ1

- NEVER,..... 1
- RARELY,..... 2
- EVERY FEW DAYS,..... 3
- ABOUT ONCE A DAY,..... 4
- AT MOST FEEDINGS, OR..... 5
- EVERY FEEDING?..... 6

DBQ.New8 In the past 2 weeks, how often was baby cereal added to {SP}'s bottle of formula or breast milk?

HAND CARD DBQ1

- NEVER,..... 1
- RARELY,..... 2
- EVERY FEW DAYS,..... 3
- ABOUT ONCE A DAY,..... 4
- AT MOST FEEDINGS, OR..... 5
- EVERY FEEDING?..... 6

DBQ.New9 In the past 2 weeks, how often was a sweetener, such as juice, honey, sugar, or flavored beverage, added to {SP}'s bottle of formula or breast milk?

HAND CARD DBQ1

- NEVER,..... 1
- RARELY,..... 2
- EVERY FEW DAYS,..... 3
- ABOUT ONCE A DAY,..... 4
- AT MOST FEEDINGS, OR..... 5
- EVERY FEEDING?..... 6

DBQ.New10 In the past 2 weeks, how often were vitamins or minerals added to {SP}'s bottle of formula or breast milk?

HAND CARD DBQ2

- NEVER,..... 1
- RARELY,..... 2
- EVERY FEW DAYS,..... 3
- ABOUT ONCE A DAY,..... 4

DBQ.New11 In the past 30 days, was medicine such as acetaminophen, ibuprofen, gas drops, colic drops, or antibiotics added to {SP}'s bottle of formula or breast milk?

YES..... 1
NO..... 2

DBQ.055 G/Q/U This next question is about the first thing that {SP} was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that {SP} might have been given, even water.

How old was {SP} when {he/she} was first fed anything other than breast milk or formula?

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

INTERVIEWER INSTRUCTION:
DO NOT COUNT MEDICATIONS, VITAMIN DROPS, OR SMALL AMOUNT OF WATER THAT WAS USED FOR ORAL HYGIENE PURPOSES.

|_|
ENTER NUMBER..... 1
NEVER..... 2 (BOX 2)

|_|_|_|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

|_|
DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.061 How old was {SP} when {he/she} was first fed **milk**?
G/Q/U

DO NOT INCLUDE BREASTMILK OR FORMULA.
INCLUDE LACTAID, SOY MILK, AND ALL OTHER TYPES OF MILK.

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

ENTER NUMBER..... 1
NEVER..... 2 (BOX 1c)

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

INTERVIEWER NOTE:

Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

Soy milk: Soy milk are the common name for soy beverages. When fortified with calcium, vitamin A, and vitamin D, they are included as part of the dairy food group because they are similar to milk based on nutrient composition and in their use in meals. Other products sold as "milks" but made from plants (e.g., almond, rice, coconut, and hemp "milks") may contain calcium and be consumed as a source of calcium, but they are not included as part of the dairy group because their overall nutritional content is not similar to dairy milk and fortified soy beverages (soymilk).

Formula: A milk mixture or milk substitute that is fed to babies.

DBQ.073 What type of milk was {SP} **first** fed? Was it . . .

MARK ALL THAT APPLY

whole or regular,..... 10
2% fat or reduced-fat milk,..... 11
1% fat or low-fat milk (includes 0.5% fat
milk or "low-fat milk" not further specified),.. 12
fat-free, skim or nonfat milk,..... 13
soy milk, or..... 14
another type?..... 30

INTERVIEWER NOTE:

Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

DBQ.New12 How old was {SP} when {he/she} was first fed dairy products other than milk, such as yogurt, cottage cheese, or cheese?

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

ENTER NUMBER..... 1
NEVER..... 2 (DBQ.New13)

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.New13 How old was {SP} when {he/she} was first fed a grain, such as cereal, puffs, teething biscuits, crackers, bread, pasta, or rice?

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

ENTER NUMBER..... 1
NEVER..... 2 (DBQ.New14)

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.New14 How old was {SP} when {he/she} was first fed a meat, poultry, seafood, or egg (for example, beef, pork, chicken, turkey, sausage, fish, eggs)?

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

ENTER NUMBER..... 1
NEVER..... 2 (DBQ.New15)

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.New15 How old was {SP} when {he/she} was first fed a vegetable, including cooked, pureed, cut up or mashed vegetables, or vegetable juice?

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

ENTER NUMBER..... 1
NEVER..... 2 (DBQ.New16)

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.New16 How old was {SP} when {he/she} was first fed legumes, such as black beans, kidney beans, split peas, chickpeas, or lentils?

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

ENTER NUMBER..... 1
NEVER..... 2 (DBQ.New17)

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ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

|_|

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3
- YEARS..... 4

DBQ.New17 How old was {SP} when {he/she} was first fed soy products such as tofu, soy beans, meat substitutes made with soy, or other foods prepared with soy ingredients?

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|_|

- ENTER NUMBER..... 1
- NEVER..... 2 (DBQ.New18)

|_|_|_|_|

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

|_|

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3
- YEARS..... 4

DBQ.New18 How old was {SP} when {he/she} was first fed nuts or seeds such as peanuts or peanut butter, almonds, mixed nuts, sesame seeds, cashews, walnuts, pecans, or nut butters, such as Almond Butter or Sun Butter, or other nut or seed products?

HAND CARD DBQ3

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

ENTER NUMBER..... 1
NEVER..... 2 (DBQ.New19)

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

DBQ.New19 How old was {SP} when {he/she} was first fed a fruit including cooked, pureed, cut up, or mashed fruits or fruit juice?

INTERVIEWER NOTE: NUMBER CANNOT BE MORE THAN SP'S AGE.
AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

ENTER NUMBER..... 1
NEVER..... 2 (BOX 2)

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

ENTER UNIT

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS..... 4

BOX 2

IF SP IS 12 MONTHS OLD OR OLDER, GO TO DBQ.197
OTHERWISE, END QUESTIONNAIRE.

DBQ.197 {Next I have some questions about {SP's} eating habits.}

{First/Next}, I'm going to ask a few questions about **milk products**. Do not include their use in cooking.

In the **past 30 days**, how often did {you/SP} have milk to drink or on {your/his/her} cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to coffee or tea. Would you say . .

HAND CARD DBQ4

- never,..... 0 (BOX 6)
- rarely – less than once a week,..... 1
- sometimes – once a week or more, but
less than once a day, or..... 2
- often – once a day or more?..... 3
- VARIED..... 4

DBQ.223 What type of milk was it? Was it usually . . .

IF RESPONDENT CANNOT PROVIDE USUAL TYPE, MARK ALL THAT APPLY.

- whole or regular,..... 10
- 2% fat or reduced-fat milk,..... 11
- 1% fat or low-fat milk (includes 0.5% fat
milk or "low-fat milk" not further specified),.. 12
- fat-free, skim or nonfat milk,..... 13
- soy milk, or..... 14
- another type?..... 30

INTERVIEWER NOTE:

Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

FSQ.653 Next are a few questions about the WIC program.

Has {SP} **ever** received benefits from WIC, that is, the Women, Infants, and Children program?

- YES..... 1 (FSQ.673)
- NO..... 2

INTERVIEWER NOTE:

WIC: WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

HAND CARD DBQ5

CODE ALL THAT APPLY

SP DOES NOT QUALIFY FOR WIC.....	1
SP DOESN'T NEED WIC.....	2
PARENT OR CAREGIVER/GUARDIAN HAS NEVER HEARD OF WIC.....	3
THE WIC APPLICATION WAS DIFFICULT... PARENT OR CAREGIVER/GUARDIAN CANNOT FIND TRANSPORTATION TO GET TO THE WIC CLINIC.....	4 5
PARENT OR CAREGIVER/GUARDIAN CANNOT FIND TIME TO GET TO THE WIC CLINIC.....	6
WIC WOULD INTERFERE WITH PARENT OR CAREGIVER/GUARDIAN'S WORK SCHEDULE.....	7
WIC WOULD INTERFERE WITH PARENT OR CAREGIVER/GUARDIAN'S SCHOOL SCHEDULE.....	8
THE STORES THAT ACCEPT WIC ARE NOT CLOSE TO FAMILY'S HOME.....	9
WIC FOODS ARE DIFFICULT TO FIND IN THE GROCERY STORE.....	10
USING WIC AT THE GROCERY STORE IS EMBARRASSING/UNCOMFORTABLE.....	11
CHECKING OUT AT THE STORE WITH WIC FOODS CAN TAKE A LONG TIME.....	12
FAMILY ALREADY RECEIVED FOOD FROM SNAP, A FOODBANK, OR OTHER SOURCE.....	13
SP WOULD NOT LIKE THE FOODS PROVIDED BY WIC.....	14
PARENT OR CAREGIVER/GUARDIAN DOES NOT LIKE THE FOODS PROVIDED BY WIC	15
PARENT OR CAREGIVER/GUARDIAN BELIEVED CLINIC WAIT TIMES WOULD BE LONG.....	16
FAMILY DOES NOT WANT TO PARTICIPATE IN A FEDERAL GOVERNMENT PROGRAM, ETC.....	17
FAMILY FREQUENTLY MOVES SO IT IS TOO DIFFICULT TO ENROLL IN WIC.....	18
OTHER, SPECIFY.....	19

FSQ.673

Is {SP} now receiving benefits from the WIC program?

- YES..... 1 (END OF SECTION)
- NO..... 2

FSQ.New21

Why did (SP) stop receiving WIC benefits?

HAND CARD DBQ6

CODE ALL THAT APPLY

- SP NO LONGER QUALIFIES FOR WIC.... 1
- SP NO LONGER NEEDS WIC..... 2
- PARENT OR CAREGIVER/GUARDIAN
COULD NO LONGER FIND
TRANSPORTATION TO GET TO THE
WIC CLINIC..... 3
- PARENT OR CAREGIVER/GUARDIAN
COULD NO LONGER FIND TIME TO GET
TO THE WIC CLINIC..... 4
- WIC INTERFERED WITH PARENT OR
CAREGIVER/GUARDIAN'S
WORK SCHEDULE..... 5
- WIC INTERFERED WITH PARENT OR
CARETAKER/GUARDIAN'S
SCHOOL SCHEDULE..... 6
- THE STORES THAT ACCEPT WIC ARE NOT
CLOSE TO FAMILY'S HOME..... 7
- WIC FOODS WERE DIFFICULT TO FIND IN
THE GROCERY STORE..... 8
- USING WIC AT THE GROCERY STORE WAS
EMBARASSING/UNCOMFORTABLE..... 9
- CHECKING OUT AT THE STORE WITH WIC
FOODS TOOK A LONG TIME..... 10
- FAMILY WAS ALREADY GETTING FOOD
FROM SNAP, A FOODBANK, OR
OTHER SOURCE..... 11
- SP DID NOT LIKE THE FOODS PROVIDED
BY WIC..... 12
- PARENT OR CAREGIVER/GUARDIAN
DID NOT LIKE THE FOODS
PROVIDED BY WIC/ WIC 13
- CLINIC WAIT TIMES WERE LONG..... 14
- FAMILY DIDN'T WANT TO CONTINUE
PARTICIPATING IN A FEDERAL
GOVERNMENT PROGRAM, ETC..... 15
- FAMILY FREQUENTLY MOVED SO IT WAS
TOO DIFFICULT TO RE-ENROLL IN WIC. 16
- OTHER, SPECIFY..... 17



Never

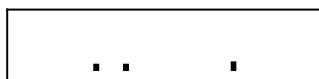
Rarely

Every few days

About once a day

At most feedings

Every feeding

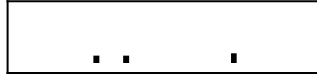


Never

Rarely

Every few days

About once a day



[Note to reviewers: "Nuts & Seeds" options and "Nut Butters" options will be randomly assigned.]

Examples of nuts, seeds, Nut butters, nut or seed products

OPTION 1 (nuts & seeds)



OPTION 2 (nuts & seeds)



OPTION 3 (nuts & seeds)



OPTION 1 (nut butters)



OPTION 2 (nut butters)





Never

Rarely – less than once a week

Sometimes – once a week or more, but
less than once a day

Often – once a day or more



- My child does not qualify for WIC
- My child doesn't need WIC
- Parent or caregiver/guardian has never heard of WIC
- The WIC application was difficult
- Parent or caregiver/guardian cannot find transportation to get to the WIC clinic
- Parent or caregiver/guardian cannot find time to get to the WIC clinic
- WIC would interfere with parent or caregiver/guardian's work schedule
- WIC would interfere with parent or caregiver/guardian's school schedule
- The stores that accept WIC are not close to family's home
- WIC foods are difficult to find in the grocery store
- Using WIC at the grocery store is embarrassing/uncomfortable
- Checking out at the store with WIC foods can take a long time
- Family already received food from SNAP, a foodbank, or other source
- My child would not like the foods provided by WIC
- Parent or caregiver/guardian does not like the foods provided by WIC
- Parent or caregiver/guardian believed clinic wait times would be long
- Family does not want to participate in a federal government program, etc.
- Family frequently moves so it is too difficult to enroll in WIC
- Another reason



- My child no longer qualifies for WIC
- My child no longer needs WIC
- Parent or caregiver/guardian could no longer find transportation to get to the WIC clinic
- Parent or caregiver/guardian could no longer find time to get to the WIC clinic
- WIC interfered with parent or caregiver/guardian's work schedule
- WIC interfered with parent or caregiver/guardian's school schedule
- The stores that accept WIC are not close to family's home
- WIC foods were difficult to find in the grocery store
- Using WIC at the grocery store was embarrassing/uncomfortable
- Checking out at the store with WIC foods took a long time
- Family already getting food from SNAP, a foodbank, or other source
- My child did not like the foods provided by WIC
- Parent or caregiver/guardian did not like the foods provided by WIC
- Clinic wait times were too long
- Family did not want to continue participating in a federal government program, etc.
- Family frequently moved so it is too difficult to enroll in WIC
- Another reason