**Appendix G.2**

**Survey of WIC Participants**

**(English)**

**Survey of WIC Participants**

**OMB Number: 0584-XXXX**

**Expiration Date: XX/XX/XXXX**

Introduction

NOTE: WORDS AND PHRASES IN ALL CAPITAL LETTERS ARE INSTRUCTIONS TO THE INTERVIEWERS AND WILL NOT BE READ TO RESPONDENTS.

May I speak with (WIC WOMAN OR MOTHER/GUARDIAN OF WIC INFANT/CHILD)?

WHEN CONNECTED:

Hello, my name is . I’m working with Mathematica Policy Research, a firm located in Princeton, New Jersey. My company is doing a study for the United States Department of Agriculture, Food and Nutrition Service. We want to talk to WIC participants about your experiences when shopping for WIC foods.

You have been selected for this study. The interview takes about 30 minutes and you will receive a $30 prepaid Visa gift card after completing the interview.

Taking part in this study is completely voluntary. We are required by law to use your information for statistical research only and to keep it private. The law prohibits us from giving anyone any information that may identify you or members of your household. You do not have to answer any questions that make you feel uncomfortable. There are no risks for participating. Your answers will not be shared with WIC staff and will not affect the benefits or services that you receive from WIC or any other government agency. Answers to this survey will be used by researchers to help them understand WIC participants’ satisfaction with WIC foods.

Do you have any questions before we begin? (ANSWER R’s QUESTIONS, IF ANY.) We really appreciate your time and help with this study.

IF RESPONDENT CHOOSES NOT TO PARTICIPATE, GO TO EXIT

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control 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 30 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.*

**EXIT:** Thank you for your time.

S1. First, are you 18 years of age or older?

YES CONTINUE

NO GO TO EXIT 1

S2. CODE WITHOUT ASKING IF KNOWN, OTHERWISE, ASK: Are you male or female?

MALE

FEMALE

**VERIFY WIC PARTICIPATION**

1a. Were you receiving WIC benefits in (2 MONTHS AGO)?

YES GO TO 1b

NO GO TO EXIT 1

1b. According to our records,

IF FAMSIZE = 1 AND WOMAN = 1: You are the only member of your household receiving WIC benefits.

IF FAMSIZE > 1 AND WOMAN = 1: You and/or NAME(s) are currently receiving WIC benefits.

IF WOMAN = 0: NAME(s) (IS/ARE) currently receiving WIC benefits.

Is that correct?

YES GO TO A1

NO ASK 2

SKIP A2A IF R IS MALE

2. Are **you** currently receiving WIC foods as a pregnant, postpartum, or breastfeeding woman?

YES

NO

IF FAMSIZE = 1 AND (WOMAN = 1 OR Q2 = YES), SKIP TO A1.

2a. Please tell me the ages of your children who currently receive WIC foods. (IF AGE < 1 YEAR, ENTER 0 FOR AGE AND ASK FOR MONTHS.)

|  |  |
| --- | --- |
| AGE | IF AGE = 0, ENTER # MONTHS |
|  |  |
|  |  |
|  |  |

NO CHILDREN CURRENTLY RECEIVING WIC

[PROGRAMMER: HOUSEHOLD HAS PRECODED FLAGS FOR TYPES OF WIC PARTICIPANTS. IF Q1 = NO THEN UPDATE FLAGS:

IF Q2 = 1 THEN WOMAN = 1.

IF ANY AGE IN Q2a = 0 AND MONTHS=0-5, THEN INFANT = 1.

IF ANY AGE IN Q2a = 0 AND MONTHS=6-12, THEN INFANT = 2.

IF ANY AGE IN Q2a = 1–4 THEN CHILD=1

PROGRAMMER CHECK: IF 2 = NO AND ONLY ONE AGE IS ENTERED IN 2a AND AGE = 0 & MONTHS < 6, THEN STOP INTERVIEW WITH QUESTION 3.

3. According to what you have told me, the only person in your household who receives WIC foods is your infant. Is that correct?

NO GO BACK TO 2

YES GO TO EXIT 2

**Exit 1**

Those are all the questions I have. Thank you for your time.

**Exit 2**

This study is collecting information about WIC foods other than formula, so we do not need to continue with the survey. Thank you for your time.

A. WIC Food Items

My next questions are about the **last calendar month**; that is, the month of (MONTH).

A1. I’d like to know the types of foods that you could buy with (your/your family’s) [STATE NAME FOR WIC EBT CARD] card. For each type of food, tell me if you could buy it with your [STATE NAME FOR WIC EBT CARD] in (MONTH). Say yes if you could buy it, even if you did not buy it.

In (MONTH), could you buy [FOOD CATEGORY] with [STATE NAME FOR WIC EBT CARD]?

REPEAT FOR EACH FOOD CATEGORY. READ ENTIRE QUESTION FOR FIRST TWO CATEGORIES THEN, JUST READ “…could you buy [FOOD CATEGORY]?

PROGRAMMER: IF SUM (WOMAN, CHILDREN) > 0 THEN WC = 1, ELSE WC = 0.

|  | FOOD CATEGORY | YES  (1) | NO  (0) | Not applicable | DON’T KNOW | REFUSED |
| --- | --- | --- | --- | --- | --- | --- |
| A1a | Milk (IF WC = 1) |  |  |  |  |  |
| A1b | Eggs (IF WC = 1) |  |  |  |  |  |
| A1c | Soy milk or soy beverage (IF WC = 1) |  |  |  |  |  |
| A1d | Cheese (IF WC = 1) |  |  |  |  |  |
| A1e | Breakfast cereal (IF WC = 1) |  |  |  |  |  |
| A1f | Juice (IF WC = 1) |  |  |  |  |  |
| A1g | Tofu (IF STATE = x AND WC = 1) |  |  |  |  |  |
| A1h | Yogurt (IF STATE = X AND WC = 1) |  |  |  |  |  |
| A1i | Peanut butter (IF WC = 1) |  |  |  |  |  |
| A1j | Dry beans (IF WC = 1) |  |  |  |  |  |
| A1k | Canned beans (IF WC = 1) |  |  |  |  |  |
| A1l | Whole-grain bread (IF WC = 1) |  |  |  |  |  |
| A1m | Tortillas (IF WC = 1) |  |  |  |  |  |
| A1n | Whole-wheat pasta (IF STATE = X & WC = 1) |  |  |  |  |  |
| A1o | Brown rice (IF STATE = X AND WC = 1) |  |  |  |  |  |
| A1p | Oats (IF STATE = X AND WC = 1) |  |  |  |  |  |
| A1q | Infant cereal (IF INFANT = 2) |  |  |  |  |  |
| A1r | Jars of baby food fruits and vegetables (IF INFANT = 2) |  |  |  |  |  |

**IF SUM (A1a, A1c) > 0**

A1\_1. Which of the following did you buy with WIC last month? Milk, lactose-free or lactose-reduced milk, or soy milk or beverage? (SELECT ALL THAT APPLY)

PROBE: You can name more than one food if you bought it last month.

MILK 1

LACTOSE-FREE OR LACTOSE-REDUCED MILK 2

SOY MILK OR BEVERAGE 3

NONE/DID NOT BUY ANY MILK BEVERAGE LAST MONTH 0

**IF SUM (A1l, A1m, A1n, A1o, A1p) > 1 ASK A1\_2:**

A1\_2. Which of the following did you buy with WIC last month? Bread, tortillas, pasta, brown rice, or oats? (SELECT ALL THAT APPLY)

PROBE: You can name more than one food if you bought it last month.

BREAD 1

TORTILLAS 2

PASTA 3

BROWN RICE 4

OATS 5

NONE/DID NOT BUY ANY BREAD/GRAINS LAST MONTH 0

**IF SUM (A1i, A1j, A1k) > 1**

A1\_3. Which of the following did you buy with WIC last month? Dry beans, canned beans, or peanut butter? (SELECT ALL THAT APPLY)

PROBE: You can name more than one food if you bought it last month.

DRY BEANS 1

CANNED BEANS 2

PEANUT BUTTER…………………………………………………..3

NONE/DID NOT BUY ANY BEANS OR PB LAST MONTH 0

A1\_4 In general, how satisfied are you with the foods you purchase through WIC? Are you **very satisfied, satisfied, dissatisfied,** or **very dissatisfied?**

VERY SATISFIED

SATISFIED

DISSATISFIED

VERY DISSATISFIED

A2. WIC provides particular **brands of foods.** For example, Cheerios, Chex, and Wheaties are national brand cereals. Great Value is the Walmart store brand.

**REPEAT QUESTION FOR EACH FOOD CATEGORY WITH A1a, b, d, e, f, i, l, m, n, o, p, q =YES**

Are you **very satisfied, satisfied, dissatisfied,** or **very dissatisfied** with the **brands of [FOOD CATEGORY]** that you can buy with WIC?

VERY SATISFIED

SATISFIED

DISSATISFIED

VERY DISSATISFIED

A3. **Now, please think only about package sizes.** WIC provides particular **package sizes** for some foods. For example, you might have to buy milk in gallon sizes or juice in 48-ounce bottles.

**REPEAT QUESTION FOR EACH FOOD CATEGORY WITH A1a, d, e, f, h=YES;**

Are you **very satisfied, satisfied, dissatisfied,** or **very dissatisfied** with the **package sizes** of [**FOOD CATEGORY**] that you can buy with WIC?

VERY SATISFIED

SATISFIED

DISSATISFIED

VERY DISSATISFIED

A4. How easy or difficult is it for you to shop for WIC foods? Is it …

Very easy, SKIP TO A6

Easy, SKIP TO A6

Neither easy nor difficult, ASK A5

Difficult, or ASK A5

Very difficult ASK A5

SOMETIMES EASY AND SOMETIMES DIFFICULT ASK A5

A5. I’m going to read a list of things that could make it difficult to shop for WIC foods. For each, tell me if it makes shopping for WIC foods difficult for you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | DON’T KNOW | REFUSED |
| Knowing the remaining balance on your card |  |  |  |  |
| Finding foods when you are in the store |  |  |  |  |
| Finding the allowed brand |  |  |  |  |
| Finding package sizes you can buy |  |  |  |  |
| Finding the allowed type or flavor of food |  |  |  |  |
| Remembering your PIN |  |  |  |  |
| Some other issue? (SPECIFY) |  |  |  |  |

A6. When shopping for WIC foods, have you ever selected the wrong item and been sent back to get a different item once you got to the checkout lane?

YES

NO

A7. When shopping for WIC foods, how often have you wanted a WIC item that was out of stock or not available in the correct size? Was it …

Never,

At least one time, or

Five or more times,

DON’T KNOW………………………………………………………

A8. Have you ever felt embarrassed when purchasing WIC foods because of confusion about what foods are allowed?

YES

NO

B. Benefit Use

IF A1\_1, A1\_2, or A1\_3 > 0 THEN SKIP TO C1

B1. Did you purchase any WIC foods in (MONTH)?

YES GO TO SECTION C

NO SET NOFOOD = 1 AND ASK B2

B2. Why didn’t you purchase any WIC foods in (MONTH)? Was it because …

You didn’t want or need the food, ASK B2B

Or it’s too much trouble to shop for WIC foods GO TO B2C

BOTH ASK B2b & B2c

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GO TO D1

B2b. Why you didn’t want or need the food? Was it because … (CHECK ONE)

INTERVIEWER: PROBE FOR MOST IMPORTANT REASON.

(You/child) don’t/doesn’t usually eat the WIC foods

(You/child) don’t/doesn’t like the brands of WIC foods

It’s hard to find the WIC foods in the store

Other people need WIC more than you do

Have WIC foods at home from prior months

Or something else (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GO TO SECTION C**

B2c. Why is it too much trouble to shop for WIC foods? Is it because (CHECK ONE)

INTERVIEWER: PROBE FOR MOST IMPORTANT REASON.

Your grocery store does not take WIC

Stores that take WIC are too far away

The WIC shopping list is confusing

It’s hard to find the WIC foods in the store

It’s hard to pay using WIC

It takes too long to pay using WIC, or

Something else (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SKIP TO D1**

C. Item Purchase and Consumption

**ASK C1 FOR EACH FOOD CATEGORY WITH A1 = YES (SKIP APPROPRIATE CATEGORIES IF A1\_1, A1\_2, OR A1\_3=0). THEN GO TO C2**

C1. WIC allows you to buy a specific amount of each food. For example, you may be able to buy 36 ounces of breakfast cereal with [STATE NAME OF WIC EBT CARD].

During (MONTH), did you buy all, some, or none of the amount of [FOODCATEGORY] WIC provides?

ALL

SOME

NONE

**ASK C2 FOR EACH FOOD CATEGORY WITH C1 = SOME OR NONE, THEN GO TO C3**

C2. Why didn’t you buy (all/any) of the WIC [FOODCATEGORY]?[[1]](#footnote-1) (OPEN-END RESPONSE WITH PRESPECIFIED CODES FOR ANSWERS. CHECK ALL THAT APPLY.)

NO REASON GIVEN

COULD NOT BUY BECAUSE CHOSE ALTERNATIVE ITEM

TOO MUCH—CAN’T USE IT ALL/GOES BAD BEFORE I CAN

USE IT

CAN’T FIND LEAST EXPENSIVE BRANDS

CONFUSION ABOUT WHICH BRANDS OR WHAT FOODS

ARE ALLOWED

DON’T LIKE IT

DON’T NORMALLY EAT/DRINK IT

DON’T LIKE THE BRANDS WIC ALLOWS

DON’T LIKE THE TYPE/FLAVOR (E.G., CHEDDAR CHEESE,   
 APPLE JUICE)

DON’T LIKE THE FORM (E.G., STRING CHEESE, SLICED   
 CHEESE, FROZEN JUICE)

DON’T LIKE THE PACKAGE SIZE (E.G., GALLONS OF MILK)

CAN’T FIND THE RIGHT PACKAGE SIZE

PACKAGE SIZES DON’T ADD UP

[IF YOGURT] BOUGHT 1 QUART OF MILK INSTEAD

PREFER ORGANIC FOODS

CAN’T FIND IT IN STORE

BODY CAN’T TOLERATE THE FOOD

DON’T HAVE ROOM IN REFRIGERATOR

DON’T HAVE A REFRIGERATOR

NO TIME TO SHOP

TRANSPORTATION PROBLEMS

STORE DIDN’T HAVE IT

FOOD ISN’T CONSISTENT WITH SPECIAL DIET

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C2a. IF C2=NO REASON OR DON’T KNOW: Was it because….(READ LIST AND CODE ONE)

You could not buy it because you chose an alternative item, 1

You couldn’t find it, 2

You don’t like it, or 3

It’s too much food? 4

C2a\_1. IF C2a=2: Were you unable to find it because….(READ LIST AND CODE ONE)

You couldn’t find the brand 1

You couldn’t find the right package size, or 2

The store didn’t have it 3

C2a\_2. IF C2a\_2=3: Why don’t you like it?….( OPEN-END RESPONSE WITH PRESPECIFIED CODES FOR ANSWERS. CHECK ALL THAT APPLY)

DON’T NORMALLY EAT/DRINK IT 1

DON’T LIKE THE BRANDS WIC ALLOWS 2

DON’T LIKE THE TYPE/FLAVOR (E.G., CHEDDAR CHEESE,

APPLE JUICE) 3

DON’T LIKE THE FORM (E.G., STRING CHEESE, SLICED

CHEESE, FROZEN JUICE)……………………………………..4

PREFER ORGANIC FOODS 5

CAN’T FIND IT IN STORE 6

MY BODY CAN’T TOLERATE THE FOOD 7

FOOD ISN’T CONSISTENT WITH SPECIAL DIET………………..8

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_9

C2a\_3. IF C2a=4: Is it too much food because….(READ LIST AND CODE ONE)

You can’t use it all 1

It goes bad before you can use it, or 2

You don’t have room in the refrigerator 3

Earlier you told me that (you/you and X children/your X child(ren)) (are/is) (a) WIC participant(s).

[PROGRAMMER: USE FLAG FOR WOMAN AND X = INFANT + CHILDREN FROM QUESTION 2a]

**ASK C3 FOR EACH FOOD CATEGORY WITH C1 = SOME OR ALL, THEN GO TO C4.**

C3. Did [you/the WIC participant(s) in your family] (eat/drink) some, all, or none of the WIC [FOODCATEGORY] that you bought? Don’t be afraid to say some or none. Your answers will not affect your participation in WIC or the types of food you get from WIC.

ALL

SOME

NONE

**ASK C4 FOR EACH FOOD CATEGORY WITH C3 = SOME OR NONE AND C2 = COULD NOT BUY BECAUSE CHOSE ALTERNATIVE ITEM, THEN GO TO C5.**

C4. Why didn’t [you/the WIC participant(s)] (eat/drink) (all/any) of the WIC [FOODCATEGORY]? (OPEN-END RESPONSE WITH PRESPECIFIED CODES FOR ANSWERS CHECK ALL THAT APPLY.)

NO REASON

DON’T NORMALLY EAT/DRINK IT

DIDN’T LIKE IT

DON’T LIKE THE TYPE/FLAVOR

FOOD WENT BAD

DON’T HAVE REFRIGERATOR

OTHER (NON-WIC) FAMILY MEMBERS ATE/DRANK IT

CAN’T EAT/DRINK THAT MUCH

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C4A. IF C4=NO REASON OR DON’T KNOW: Was it because….(READ LIST AND CODE ALL THAT APPLY)

Don’t normally eat/drink it

Didn’t like it

Don’t like the type/flavor

Food went bad

Don’t have refrigerator

Other (non-WIC) family members ate/drank it, or

Can’t eat/drink that much

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5a. IF A1\_1 = 1 OR 2, AND IF C2/C2a ≠ DON’T LIKE IT: When you shop for WIC milk, which of the following is most important to you? (CHECK ONE)

The brand of milk,

[IF STATE = X] Being able to buy half-gallons or quarts,

Being able to find WIC milk quickly in the store,

Or something else (SPECIFY)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5a1. Are there any specific types or brands of milk that you would like to buy with WIC but can’t?

MILK1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Anything else?

**FILL MILK2 AND REPEAT “Anything else?” FOR MILK3-MILK10 OR UNTIL RESPONDENT SAYS NO**

MILK2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILK3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILK4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILK5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILK6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILK7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILK8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILK9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILK10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5d. IF A1d = 1, AND C2/C2a ≠ DON’T LIKE IT: When you shop for WIC cheese, which of the following is most important to you? (CHECK ONE)

The brand of cheese,

The type or flavor of cheese,

[IF STATE = X] whether the cheese is a block or sliced,

Being able to find WIC cheese quickly in the store,

Or something else? (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5d1. Are there any specific types or brands of cheeses that you would like to buy with WIC but can’t?

CHEESE1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Anything else?

**FILL CHEESE2 AND REPEAT “Anything else?” FOR CHEESE3-CHEESE10 UNTIL RESPONDENT**

**SAYS NO.**

CHEESE2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHEESE3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHEESE4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHEESE5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHEESE6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHEESE7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHEESE8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHEESE9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHEESE10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5e. IF A1e = 1 AND C1 ≠ NONE: In (MONTH), did you buy hot or cold breakfast cereals with [STATE NAME OF WIC EBT CARD]?

HOT 1 ASK C5e2

COLD 2

BOTH 3

C5e1. IF C5e = 2 or 3: When you are shopping for cold breakfast cereal with [STATE NAME OF WIC EBT CARD], which of the following is most important to you?

(CHECK ONE)

The brand of breakfast cereal

The type of breakfast cereal such as wheat, corn, rice, or oats

The size of the cereal box

Being able to find WIC breakfast cereal quickly in the store

Or something else? (SPECIFY)

C5e2. IF C5e=1 or 3: When you are shopping for hot breakfast cereal with [STATE NAME OF WIC EBT CARD], which of the following is most important to you? (READ AND CIRCLE ONE.)

The brand of breakfast cereal

The type of breakfast cereal such as wheat, corn, rice, or oats.

The size of the cereal box.

Being able to buy individual packets for hot cereal

Being able to find WIC breakfast cereal quickly in the store

Or something else? (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5e3. Are there any specific types or brands of hot or cold breakfast cereals that you would like to buy with WIC but can’t?

CEREAL1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Anything else?

**FILL CEREAL2 AND REPEAT “Anything else?” FOR CEREAL3-CEREAL10 OR UNTIL RESPONDENT SAYS NO**

CEREAL2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEREAL3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEREAL4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEREAL5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEREAL6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEREAL7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEREAL8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEREAL9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEREAL10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5f. IF A1f = 1, AND C2/C2a ≠ DON’T LIKE IT: When you shop for WIC juice, which of the following is most important to you? (CHECK ONE)

The brand of juice

The flavor of juice

Whether juice is frozen, refrigerated, canned, or bottled

Being able to find WIC juice quickly in the store

Or something else? (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5f1. Are there any specific types or brands of juices that you would like to buy with WIC but can’t?

JUICE1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Anything else?

**FILL JUICE2 AND REPEAT “Anything else?” FOR JUICE3-JUICE 10 OR UNTIL RESPONDENT SAYS NO**

JUICE2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUICE3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUICE4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUICE5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUICE6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUICE7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUICE8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUICE9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUICE10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5i. IF A1\_3 = PB, AND C2/C2a ≠ DON’T LIKE IT: When you shop for WIC peanut butter, which of the following is most important to you? (CHECK ONE)

The brand of peanut butter

Whether peanut butter is creamy or crunchy

Being able to find WIC peanut butter quickly in the store

Or something else? (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5i1. Are there any specific types or brands of peanut butters that you would like to buy with WIC but can’t?

PEANUT BUTTER1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Anything else?

**FILL PEANUT BUTTER2 AND REPEAT “Anything else?” FOR PEANUT BUTTER3-PEANUT BUTTER10 OR UNTIL RESPONDENT SAYS NO**

PEANUT BUTTER2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEANUT BUTTER3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEANUT BUTTER4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEANUT BUTTER5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEANUT BUTTER6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEANUT BUTTER7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEANUT BUTTER8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEANUT BUTTER9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEANUT BUTTER10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C6l. IF SUM (A1l,A1m,A1n,A1o,A1p) > 0, AND C2/C2a ≠ DON’T LIKE IT: Are there any specific types or brands of [whole-grain bread/tortillas/brown rice/whole-wheat pasta/oats] that you would like to buy with WIC but can’t?

WHOLE GRAIN1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Anything else?

**FILL WHOLE GRAIN2 AND REPEAT “Anything else?” FOR WHOLE GRAIN3-10 OR UNTIL RESPONDENT SAYS NO**

WHOLE GRAIN2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHOLE GRAIN3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHOLE GRAIN4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHOLE GRAIN5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHOLE GRAIN6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHOLE GRAIN7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHOLE GRAIN8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHOLE GRAIN9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHOLE GRAIN10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Mobile Shopping App**

The next questions are about where you shop and using mobile apps while you shop for WIC foods.

D1. First, is the store where you shop for WIC foods the same store where buy most of your other foods?

YES

NO

D2. Do you use a shopping app on a mobile phone when you are shopping for WIC foods?

YES

NO ASK D4

D3. What is the name of the shopping app you use when you are shopping for WIC foods?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GO TO D5

D4. Have you ever tried a shopping app to help you shop for WIC foods?

YES ASK D5

NO GO TO SECTION E

D5. Please tell me yes or no if you have done any of the following with your WIC mobile app.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Viewed the WIC food list on your phone |  |  |
| Checked your WIC EBT balance |  |  |
| Searched for a WIC store |  |  |
| Scanned a UPC code in a store to see if you  could buy it with WIC |  |  |
| Searched for recipes that use WIC foods |  |  |

D6. Overall, how helpful is the app when you shop for WIC foods? Would you say….

Very helpful

Somewhat helpful

Not very helpful, Or

Not at all helpful?

E. Participation

IF C1 = SOME OR NONE FOR ANY FOOD CATEGORY, GO TO E3. [NOTE: THIS IS A FOLLOW-UP ABOUT “EVER” NOT REDEEMING BENEFITS FOR THOSE WHO SAID THEY BOUGHT ALL FOOD IN EVERY FOODCATEGORY LAST MONTH.]

E1. While (you have/your family has) been in the WIC program, have you ever decided not to buy a WIC item or not to buy the full amount of a WIC item?

YES ASK E2

NO SKIP TO E4

DON’T KNOW

REFUSED

E2. Which of the following statements best describes why you did not buy the WIC item or the full amount of the WIC item? Was it because …

(READ LIST AND CHECK ALL THAT APPLY)

Store doesn’t usually have item

Store ran out of item

Couldn’t find the item

Had plenty of item left over from last month

Had to carry groceries and item is too big or too heavy

Store doesn’t carry a convenient size of that item, or

Some other reason? (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E3. Would you apply to WIC again when (your/SAMPLE CHILD’s) current eligibility ends?

PROBE: IF R SAYS CHILD IS NO LONGER ELIGIBLE SAY: If your child were still eligible, would you apply again?

YES SKIP TO SECTION F

NO ASK E4

NOT SURE YET ASK E4

E4. What are the reasons why you would not apply to WIC again? (OPEN-END RESPONSE WITH PRESPECIFIED CODES FOR ANSWERS. CHECK ALL THAT APPLY.)

INCOME OR OTHER RESOURCES WILL BE TOO HIGH

(YOU/SAMPLE CHILD) WILL NOT MEET THE HEALTH OR NUTRITIONAL REQUIREMENTS

WIC APPOINTMENTS TAKE TOO LONG

IT’S HARD TO GET WIC APPOINTMENTS

OTHER PEOPLE NEED IT MORE

YOUR CHILD GOES TO DAY CARE AND EATS THERE

YOU CAN BUY THE FOOD WIC GIVES WITH SNAP (FOOD STAMPS)

THE WIC CLINIC IS TOO FAR AWAY

WIC STORES ARE TOO FAR AWAY

YOU HAVE TO MAKE EXTRA SHOPPING TRIPS TO BUY WIC FOODS

YOU DON’T LIKE TO SHOP IN WIC STORES

IT’S TOO DIFFICULT TO FIND WIC FOODS

THE STORE RUNS OUT OF WIC FOODS

(YOU DON’T/YOUR FAMILY DOESN’T) LIKE WIC FOODS

(YOU DON’T/YOUR FAMILY DOESN’T) NEED WIC FOODS

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Special Diets or Food Allergies

Now I have some questions about special diets or food allergies that (you/you or your child/your child) may have. These questions will help us understand the types of foods required by WIC participants.

F1. Has a doctor ever told you that (you have/you or your child have/your child has) . . .?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | DK | REF |
| Diabetes |  |  |  |  |
| High blood pressure |  |  |  |  |
| Heart disease |  |  |  |  |
| High blood cholesterol |  |  |  |  |
| Asthma |  |  |  |  |
| A food allergy |  |  |  |  |
| Celiac disease or sprue |  |  |  |  |
| Lactose intolerance or milk intolerance |  |  |  |  |
| Sulfite sensitivity |  |  |  |  |

**IF “YES” TO “food allergy,” ASK F2. OTHERWISE, SKIP TO F3.**

F2. What food(s) are (you/you or your child/your child) allergic to? (OPEN-END RESPONSE WITH PRESPECIFIED CODES FOR ANSWERS. DO NOT READ LIST TO RESPONDENT. CHECK ALL THAT APPLY.)

COW’S MILK

EGGS

WHEAT

PEANUTS .

SOY

CORN

OTHER NUTS, INCLUDING ALMONDS, WALNUTS,

PECANS

FISH

SHELLFISH .

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW

F3. Within an hour after eating something, have (you/you or your child/your child) ever had a severe reaction, such as itching all over, trouble breathing, flushing, hives, or swelling of the face or hands or feet?

YES

NO

IF F1> 0 OR F3 = YES, ASK F4; OTHERWISE, SKIP TO F5.

F4. Do you modify (your/your or your child’s/your child’s) diet due to an allergy or health condition?

YES

NO

F5. Some people are on special diets for religious reasons or because they are vegetarian. I’m going to read a list of diets. Please tell me yes or no if they describe (your/you or your child’s/your child’s) diet.

PROBE: IF RESPONDENT ASKS WHAT A KOSHER DIET IS, SAY: A kosher diet is one that people of Jewish faith maintain.

PROBE: IF RESPONDENT ASKS WHAT A HALAL DIET IS, SAY: A halal diet is one that people of Muslim faith maintain.

PROBE: IF RESPONDENT ASKS WHAT A SEVENTH - DAY ADVENTIST DIET IS, SAY: A Seventh-day Adventist diet is one that people who belong to the Seventh-day Adventist church maintain.

PROBE: IF RESPONDENT ASKS WHAT A VEGETARIAN OR VEGAN DIET IS, SAY: A vegetarian diet is one where a person does not eat meat. A vegan diet is one where a person does not eat any food that comes from animals, including cow’s milk, eggs, and honey.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | DK | REF |
| Kosher, Halal, or Seventh-Day Adventist diet |  |  |  |  |
| Vegetarian or vegan diet |  |  |  |  |
| Other (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

F6. IF F4 OR F5 (ANY DIET) = YES, ASK: Do you have problems finding appropriate WIC foods because of your special diet?

PROBE: Your “special diet” refers to a special diet for any of the reasons stated, including: (a health condition or allergy: IF **F4= YES),** (a religious reason: **IF F5= YES** FOR KOSHER/HALAL/SEVENTH-DAY = YES), or (being vegetarian or vegan: **IF F5 = YES** FOR VEGETARIAN OR VEGAN = YES).

YES ASK F7

NO GO TO G1

F7. In what way(s)? (OPEN-END RESPONSE WITH PRESPECIFIED CODES FOR ANSWERS. DO NOT READ LIST TO RESPONDENT. CHECK ALL THAT APPLY.)

I DON’T KNOW WHETHER ALLOWED BRANDS ARE SAFE FOR (ME/MY CHILD) TO EAT

I DON’T KNOW HOW TO FIND OUT ABOUT INGREDIENTS IN STORE BRAND FOOD ITEMS

I CANNOT FIND CEREALS HIGH ENOUGH IN IRON OR FOLIC ACID/FOLATE

I CANNOT BUY CALCIUM-FORTIFIED JUICE

I CANNOT FIND LACTOSE-FREE OR LACTOSE-REDUCED MILK

I CANNOT FIND THE SPECIAL KOSHER OR HALAL FOODS I AM REQUIRED TO EAT

VEGETARIAN/VEGAN OPTIONS ARE NOT AVAILABLE

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. Demographics

We are almost done. The final questions are for statistical purposes to ensure all groups are represented in the study.

Household Composition

G1. Not counting yourself, how many adults aged 18 or older currently live in your household? By household, I mean the people who live and share food with you.

NUMBER OF ADULTS \_\_\_\_\_\_\_\_\_\_

G2. Earlier you told me the ages of the (NUMBER OF CHILDREN IN 2A) (child/children) in your household receiving WIC. What are the ages of the children in your household who do not receive WIC? Start with the youngest. IF AGE = < 1 YEAR, RECORD ZERO. IF PREGNANT, DO NOT INCLUDE UNBORN CHILD.

|  |
| --- |
| AGE (YRS) |
|  |
|  |
|  |
|  |

NO CHILDREN IN HOUSEHOLD NOT RECEIVING WIC

G3 So, the total number of people in your household is (1 + ANSWER TO 2A PLUS ANSWER TO G1 PLUS ANSWER TO G2). Is that correct? (By household, I mean the people who live and share food with you.)

YES

NO

**IF NOT CORRECT, RESOLVE BY RE-ASKING QUESTIONS G1 AND G2**

**IF (NUMBER OF ADULTS IN G1 = 0), SKIP TO G5.**

G4. Not counting yourself, are there any women in your household receiving WIC?

YES

NO .

Education

G5. What is the last grade of school or college that you completed? (OPEN-END RESPONSE WITH PRESPECIFIED CODES FOR ANSWERS. CHECK ONE. PROBE TO DETERMINE THE HIGHEST LEVEL ATTAINED.)

NO FORMAL SCHOOLING

LESS THAN 8TH GRADE

COMPLETED 8TH GRADE

SOME HIGH SCHOOL

COMPLETED HIGH SCHOOL OR GED

SOME COLLEGE OR SCHOOL AFTER HIGH SCHOOL

COMPLETED ASSOCIATE DEGREE, JUNIOR COLLEGE, OR VOCATIONAL/TECHNICAL PROGRAM

COMPLETED BACHELOR’S DEGREE ADVANCED DEGREE

(M.A., M.B.A., J.D., PH.D., M.D.)

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status

The next questions are about employment and we will use this for statistical purposes only. Your answers will not be shared with the WIC agency.

G6. What is your employment status right now—are you currently employed full time, part time, or not employed? (CHECK ONE.)

EMPLOYED FULL TIME

EMPLOYED PART TIME

NOT EMPLOYED

**IF G1 = 1, SKIP TO G7.**

G6b. Are any other adults in your household employed full time or part time? (CHECK ALL THAT APPLY)

EMPLOYED FULL TIME

EMPLOYED PART TIME

NOT EMPLOYED

Race/Ethnicity

G7. Are you of Hispanic or Latino origin? (CHECK ONE)

HISPANIC OR LATINO

NOT HISPANIC OR LATINO

G8. What is your race? I am going to read you a list of five race categories. Please choose one or more races. Are you: White; Black or African American; American Indian or Alaska Native; Asian; or Native Hawaiian or Other Pacific Islander? (CHECK ALL THAT APPLY)

WHITE

BLACK OR AFRICAN AMERICAN

AMERICAN INDIAN OR ALASKA NATIVE

ASIAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

Automobile Ownership

G9. Do you or does anyone in your household own or lease a car, van, or truck? Do not include motorcycles or recreational vehicles.

YES

NO .

SNAP Participation

G10. Do you or does anyone in your household receive benefits from the [FILL FOR STATE SNAP PROGRAM] program? This program used to be called food stamps. It puts money on an [NAME OF STATE SNAP EBT CARD] card that you can use to buy food.

YES

NO

CLOSING

Those are all the questions I have. We want to thank you for participating in this interview.

Please provide the address where we should send the $30 VISA gift card.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APT/BLDG/UNIT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

You have been a big help in our study. Thank you very much. Goodbye.

RECORD WHETHER INTERVIEW WAS CONDUCTED IN ENGLISH OR SPANISH:

ENGLISH

SPANISH

1. All occurrences of (all/any) are filled based on response to prior question. If prior response is SOME, fill ALL; if prior response is NONE, fill ANY. [↑](#footnote-ref-1)