Appendix G.2 Survey of WIC Participants

(English)

OMB Number: 0584-XXXX Expiration Date: XX/XX/XXXX

Survey of WIC Participants

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?
	YESCONTINUE NOGO TO EXIT 1
S2.	CODE WITHOUT ASKING IF KNOWN, OTHERWISE, ASK: Are you male or female?
	MALEFEMALE
VERIE	FY WIC PARTICIPATION
1a.	Were you receiving WIC benefits in (2 MONTHS AGO)?
	YESGO TO 1b NOGO 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
SKIP A	A2A IF R IS MALE Are you currently receiving WIC foods as a pregnant, postpartum, or breastfeeding woman?
	YES

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 <u>could</u> buy it with your [STATE NAME FOR WIC EBT CARD] in (MONTH). Say yes if you <u>could</u> 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
IF SU	M (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
IF SU	M (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

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
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
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

A4.	A4. How easy or difficult is it for you to shop for WIC foods? Is it				
	Very easy, Easy, Neither easy nor difficult, Difficult, or Very difficult. SOMETIMES EASY AND SOMETIMES DIF		.SKIP T AS AS AS	O A6 K A5 K A5 K A5	
A5.	I'm going to read a list of things that could ma each, tell me if it makes shopping for WIC for				C foods. For
		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 even back to get a different item once you got to the YES	e checkou	t lane?		been sent
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,				
A8.	Have you ever felt embarrassed when purchasing WIC foods because of confusion about what foods are allowed?				
	YES				

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)?
	YESGO TO SECTION C NOSET 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,
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
	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

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 <u>amount</u> 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 [FOOD CATEGORY] WIC provides?
	ALLSOMENONE
ASK (C2 FOR EACH FOOD CATEGORY WITH C1 = SOME OR NONE, THEN GO TO
C2.	Why didn't you buy (all/any) of the WIC [FOOD CATEGORY]? 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 ITDON'T NORMALLY EAT/DRINK ITDON'T LIKE THE BRANDS WIC ALLOWS
	DON'T LIKE THE BRANDS WIC ALLOWSDON'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 SIZEPACKAGE 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 FOODDON'T HAVE ROOM IN REFRIGERATOR
	DON'T HAVE A REFRIGERATOR NO TIME TO SHOP TRANSPORTATION PROBLEMS
	STORE DIDN'T HAVE IT

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.

		ONSISTENT WITH SPECIAL DIET	
C2a.	IF C2=NO REASON OF	R DON'T KNOW: Was it because	.(READ LIST AND CODE ONE)
	You couldn't fin You don't like it	uy it because you chose an alternatived it,	2 3
C2a_1	. IF C2a=2: Were you una	able to find it because(READ LIS	T AND CODE ONE)
	You couldn't fin	d the brand	1
		d the right package size, or	
		have it	
	. IF C2a_2=3: Why don't S FOR ANSWERS. CHE	you like it?(OPEN-END RESPC CK ALL THAT APPLY)	ONSE WITH PRESPECIFIED
	DON'T NORMA	ALLY EAT/DRINK IT	1
		HE BRANDS WIC ALLOWS	
		HE TYPE/FLAVOR (E.G., CHEDD	
	APPLE JUIC	E)	3
	DON'T LIKE T	HE FORM (E.G., STRING CHEESI	E, SLICED
	CHEESE, FR	ROZEN JUICE)	4
	PREFER ORGA	ANIC FOODS	5
		Γ IN STORE	
	MY BODY CAN	N'T TOLERATE THE FOOD	7
	FOOD ISN'T C	ONSISTENT WITH SPECIAL DIE	Γ8
	OTHER (SPECI	FY)	9
C2a_3	. IF C2a=4: Is it too much	food because(READ LIST AND	CODE ONE)
	You can't use it	all	1
		re you can use it, or	
		room in the refrigerator	

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 [FOOD CATEGORY] 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.
	ALLSOMENONE
	C4 FOR EACH FOOD CATEGORY WITH C3 = SOME OR NONE AND C2 = LD 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 [FOOD CATEGORY]? (OPEN-END RESPONSE WITH PRESPECIFIED CODES FOR ANSWERS CHECK ALL THAT APPLY.)
	NO REASON
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

C5a.	IF A1_1 = 1 OR 2, AND IF C2/C2a \neq DON'T LIKE IT: When you shop for WIC milk, which of the following is <u>most</u> important to you? (CHECK ONE)			
	[IF ST. Being a	and of milk,		
	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?		
	UNTII	FILL MILK2 AND REPEAT "Anything else?" FOR MILK3-MILK10 OR L RESPONDENT SAYS NO		
		MILK2 MILK3		
		MILK4 MILK5		
		MILK6		
		MILK7 MILK8		
		MILK9		
		MILK10		
C5d.		d = 1, AND C2/C2a ≠ DON'T LIKE IT: When you shop for WIC cheese, which of lowing is most important to you? (CHECK ONE)		
		and of cheese,		
	The type or flavor of cheese,			
	Being	able to find WIC cheese quickly in the store,		
	C5d1.			
		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. II	F A1e = 1 AND C1 ≠ NONE: In (MONTH), did you buy hot or cold breakfast cereals with [STATE NAME OF WIC EBT CARD]?
	[STATE NAME OF WICEDI CARD]:
	HOT1 ASK C5e2
	COLD
	BOTH
	DO111
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.)
	GINGLE OIVE.)
	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)
	or sometiming else; (or light 1)
	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
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
	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 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)

Wheth Being	and of peanut butterer peanut butter is creamy or crunchyable to find WIC peanut butter quickly in the storenething 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?
BUTT	FILL PEANUT BUTTER2 AND REPEAT "Anything else?" FOR PEANUT ER3-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
specifi pasta/o	M (A1l,A1m,A1n,A1o,A1p) > 0, AND C2/C2a ≠ DON'T LIKE IT: Are there any c types or brands of [whole-grain bread/tortillas/brown rice/whole-wheat bats] that you would like to buy with WIC but can't? LE GRAIN1
a. Any	thing else?
	WHOLE GRAIN2 AND REPEAT "Anything else?" FOR WHOLE GRAIN3- UNTIL RESPONDENT SAYS NO
	WHOLE GRAIN2
	WHOLE GRAIN3
	WHOLE GRAIN4
	WHOLE GRAIN5
	WHOLE GRAIN6
	WHOLE GRAIN7
	WHOLE GRAIN8
	WHOLE GRAIN9

D. Mobile Shopping App

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

rne n	ext questio	ns are about where you shop and using mobile apps	s while you s	nop for wic.	toous.
D1.	First, is foods?	the store where you shop for WIC foods the same so	tore where b	uy most of yo	ur other
		YESNO			
D2.	Do you	use a shopping app on a mobile phone when you are	e shopping fo	or WIC foods	?
		YESNO			
D3.	What is tl	ne name of the shopping app you use when you are sh	opping for W	/IC foods?	
D4.		GO TO D5 u ever tried a shopping app to help you shop for W	IC foods?		
D4.	Have yo				
		YESGC			
D5.	Please te	ell me yes or no if you have done any of the followi	ng 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 FOOD CATEGORY LAST MONTH.]

E1.	While (you have/your family has) been in the WIC program, have you ever decided <u>not</u> to buy a WIC item or not to buy the full amount of a WIC item?
	YESASK E2
	NOSKIP 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
	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?
	YESSKIP TO SECTION F NOASK E4 NOT SURE YETASK 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
	FOODSOTHER (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

child) ever ha s, or swelling	
ergy or health	1
A kosher die	t is
halal diet is	5
diet is one	
REF	
	e vegetarian. r/you or your A kosher die A halal diet is NTIST DIET the Seventh-o AN DIET IS, a diet is one cow's milk,

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 NOGO 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 NO	T CORRECT, RESOLVE BY RE-ASKING QUESTIONS G1 AND G2		
IF (N	UMBER OF ADULTS IN G1 = 0), SKIP TO G5.		
G4.	Not counting yourself, are there any women in your household receiving WIC?		
	YES NO		

	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
Emple	oymen	t Status
		kt questions are about employment and we will use this for statistical purposes only. Your s 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 TIMEEMPLOYED PART TIMENOT 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 TIMEEMPLOYED PART TIMENOT EMPLOYED
Race/	Ethnic	ity
	G7.	Are you of Hispanic or Latino origin? (CHECK ONE)
		HISPANIC OR LATINONOT HISPANIC OR LATINO

(£8.	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			
Autom	obile	Ownership			
C		Do you or does anyone in your household own or lease a car, van, or truck? Do not include motorcycles or recreational vehicles.			
		YES			
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			

CLOSING

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