

Appendix H.2
Survey of Former WIC Participants
(English)

**Study of WIC Food Package Costs and Cost Containment
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Survey of Former 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 conducting a study for the United States Department of Agriculture, Food and Nutrition Service. We are collecting information about the experiences of WIC participants who stopped using their EBT card.

You have been selected at random for this study. The interview takes about 20 minutes. You will receive a \$30 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.

EXIT: Thank you for your time.

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 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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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.....CONTINUE
FEMALE.....CONTINUE

A. VERIFY WIC PARTICIPATION

A1. Have you or your children ever participated in the WIC program?
(PROBE: WIC provides food to pregnant and postpartum women; infants; and children up to age 5.)

YES.....
NO..... GO TO EXIT1

A1b. In what month and year did you last buy food using a (STATE NAME OF WIC EBT CARD)?

ENTER MONTH/YEAR _____
DON'T KNOW.....
REFUSED.....
NEVER BOUGHT WIC FOODS/USED WIC BENEFITS..... GO TO EXIT1

IF YEAR = THIS YEAR AND (MONTH = THIS MONTH OR MONTH = LAST MONTH), THEN GO TO EXIT2

SKIP IF R IS MALE

A2a. In (MONTH YEAR), did you receive WIC for yourself as a pregnant, breastfeeding, or postpartum woman?

YES.....
NO.....

A2b. In (MONTH, YEAR), did you receive WIC for an infant less than 1 year old?

YES.....1
NO.....0

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A2c. How old was your infant in [MONTH YEAR]?

YOUNGER THAN 6 MONTHS OLD.....0
6 MONTHS OR OLDER.....1

A2d. In (MONTH YEAR), did you receive WIC for any children older than 1 year old?

YES.....1
NO..... 0

[PROGRAMMER: HOUSEHOLD HAS PRECODED FLAGS FOR TYPES OF WIC PARTICIPANTS.
UPDATE FLAGS: WOMAN = A2a. INFANT = A2c AND MONTHS = 0-5, THEN INFANT =1; IF
INFANT = A2c AND MONTHS = 6-12, THEN INFANT =2. CHILD = A2d.]

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IF A2b = 1 AND SUM (WOMAN, INFANT, CHILD) < 1:

A3. According to what you told me, the only person in your household who received WIC food was your infant. Is that correct?

YES..... GO TO EXIT3
NO..... GO BACK TO A2a

EXIT1

This study is collecting information about how people shop for WIC foods, so we will not need to continue with the survey. Thank you for your time.

EXIT2

This study is collecting information from former WIC participants about reasons why they no longer participate, so we will not need to continue with the survey. Thank you for your time.

EXIT3

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

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B. REASONS FOR NONPARTICIPATION

B1. People stop buying WIC foods for different reasons. Why did you stop buying WIC foods? You can give me more than one reason. CODE ALL THAT APPLY IN COLUMN 1. ASK QUESTION IN COLUMN 2 FOR ALL ITEMS NOT MENTIONED IN COLUMN A EXCEPT ITEM 13.

NOTE: B1 IS A CODE-ALL-THAT-APPLY QUESTION WITH VALUES FROM 02–14. B2–B13 ARE YES/NO QUESTIONS

	ITEM (A)	B1 RESPONSE (UNAIDED MENTION) (1)	B2–B13 WAS (ITEM) ALSO A REASON WHY YOU STOPPED PURCHASING WIC FOODS? (2)	
			YES	NO
1	You had problems getting to the WIC clinic	02	1	0
2	You received poor service at the WIC clinic, long waiting times, or crowded waiting areas	03	1	0
3	The Clinic staff did not speak your primary language	04	1	0
4	You felt like being in WIC labeled you as “poor”	05	1	0
5	You did not like the kinds of food you could get from WIC	06	1	0
6	You had trouble finding WIC foods in the store	07	1	0
7	You had trouble using the (state name of WIC EBT card)	08	1	0
8	You did not like the stores where you can use WIC	09	1	0
9	The stores where you can use WIC were not convenient	10	1	0
10	You were not able to get infant formula anymore (child turned 1 year of age)	11	1	0
11	Others needed the food more than your family	12	1	0
12	You didn’t need the food	13	1	0
13	Other (specify) _____	14		

B14. How easy or difficult was it for you to shop for WIC foods? Was it ...

- Very easy.....SKIP TO B16
- Easy.....SKIP TO B16
- Neither easy nor difficult.....ASK B15
- Difficult, orASK B15
- Very difficult.....ASK B15

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SOMETIMES EASY AND SOMETIMES DIFFICULTASK B15

B15. 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 made shopping for WIC foods difficult for you.

	YES	NO	DON'T KNOW	REFUSED
Knowing the remaining balance on your card				
Finding WIC foods when you are in the store				
Finding the allowed brand (SKIP IF STATE = X)				
Finding package sizes you can buy				
Finding the allowed type of food, like types of cheese or flavors of juice				
Remembering your PIN				
Some other issue? (SPECIFY)				

B16. When shopping for WIC foods, have you ever selected the wrong item and been sent back for a different item once you got to the checkout lane?

YES

NO

B17. When shopping for WIC foods, how often did you want 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.....

B18. Did you ever feel embarrassed when purchasing WIC foods because of confusion about what foods are allowed?

YES

NO

IF B1 = 9 OR B9 = 1 THEN ASK B19

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B19. Which of the following did you not like about stores that take WIC? (READ TO RESPONDENT AND CODE ALL THAT APPLY.)

- You have to make extra shopping trips to stores that take WIC.....
- Stores that take WIC are too far away.....
- WIC foods were hard to find in stores that take WIC, or.....
- Some other issue? (SPECIFY).....

IF (B1 = 10 OR B10 = 1) and B1 NOT 9 and B9 = 0 THEN ASK B20

B20. What made the stores that take WIC inconvenient? (READ TO RESPONDENT AND CODE ALL THAT APPLY.)

- You have to make extra shopping trips to stores that take WIC.....
- Stores that take WIC are too far away.....
- You don't like to shop in stores that take WIC.....
- WIC foods were hard to find in stores that take WIC, or.....
- Some other issue? (SPECIFY).....

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C. Item Satisfaction and Purchases

I'm going to ask some questions about your satisfaction with the foods you could get with WIC. If you received WIC in the past, please think only about your most recent enrollment.

C0 In general, how satisfied were you with the foods you purchased through WIC? Were you **very satisfied, satisfied, dissatisfied, or very dissatisfied?**

- VERY SATISFIED.....
- SATISFIED.....
- DISSATISFIED.....
- VERY DISSATISFIED.....

C1. 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

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

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

FOOD CATEGORY	VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED	NOT APPLICABLE
Milk (IF WC = 1)					
Cheese (IF WC = 1)					
Eggs (IF WC = 1)					
Peanut butter (IF WC = 1)					
Whole-grain bread (IF WC = 1)					
Tortillas (IF WC = 1)					
Whole-wheat pasta (IF STATE =X AND WC = 1)					
Brown rice (IF STATE=X AND WC=1)					
Oats (IF STATE = X AND WC = 1)					
Breakfast cereal (IF WC = 1)					
Juice (if WC = 1)					
Infant cereal (IF INFANT = 2)					

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- C2. **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 containers.

REPEAT QUESTION FOR EACH FOOD CATEGORY

Were you very satisfied, satisfied, dissatisfied, or very dissatisfied with the package sizes of [FOOD CATEGORY] that you could buy with WIC?

FOOD CATEGORY	VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED	NOT APPLICABLE
Milk (IF WC = 1)					
Yogurt (IF STATE = X AND WC = 1)					
Cheese (IF WC = 1)					
Breakfast cereal (IF WC = 1)					
Juice (IF WC = 1)					

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- C3. The next questions are about your food shopping during the **last calendar month**; that is, the month of (MONTH) (to clarify, when you were not receiving WIC). Please think about foods you purchased with your money and foods you got with (NAME OF STATE SNAP PROGRAM) if you participate in that program.

REPEAT FOR EACH FOOD CATEGORY

During (MONTH), did you or anyone in your household buy (FOOD CATEGORY)?

FOOD CATEGORY	YES	NO
Milk (IF WC = 1)		
Soy milk or soy beverage (IF WC = 1)		
Tofu (IF STATE = X AND WC = 1)		
Yogurt (IF STATE = X AND WC = 1)		
Cheese (IF WC = 1)		
Eggs (IF WC = 1)		
Dry beans (IF WC=1)		
Canned beans (IF WC = 1)		
Peanut butter (IF WC =1)		
Canned fish (IF WOMAN = 1)		
Whole-grain bread (IF WC = 1)		
Tortillas (IF WC=1)		
Brown rice (IF STATE=X AND WC=1)		
Oats (IF STATE = X AND WC = 1)		
Whole-wheat pasta (IF STATE = X AND WC = 1)		
Breakfast cereal (IF WC = 1)		
Juice (IF WC = 1)		
Infant cereal (IF INFANT = 2)		
Jars of baby food fruits and vegetables (IF INFANT = 2)		

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D. Demographics

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

Household Composition

- D1. 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 _____

- D2. What are the ages of the children in your household? Start with the youngest. IF AGE = < 1 YEAR, RECORD ZERO. IF PREGNANT, DO NOT INCLUDE UNBORN CHILD.

IF RESPONDENT MENTIONS JOINT CUSTODY, PROBE: If you share custody, please count them as living in your household if they live with you at least 50 percent of the time.

AGE (YRS)

- D3. So, the total number of people in your household is (1+ ANSWER TO D1 PLUS D2). Is that correct? (PROBE: By household, I mean the people who live and share food with you.)
YES
NO

IF NOT CORRECT, RESOLVE BY RE-ASKING QUESTIONS D1 AND D2

IF (NUMBER OF ADULTS IN D1 = 0), SKIP TO D4.

- D3.a. Not counting yourself, are there any women in your household receiving WIC?

YES.....
NO.....

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Education

D4. What is the last grade of school or college that you have completed? (CODE 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

D5. 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 D1 = 1, SKIP TO D6.

D5b. 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

D6. Are you of Hispanic or Latino origin? (CHECK ONE)

- Hispanic or Latino.....
- Not Hispanic or Latino.....

D7. 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.....

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NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

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Automobile Ownership

D8. 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/WIC Participation

D9. Do you or does anyone in your household receive benefits from the (NAME OF 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.....

D10. Will you apply to WIC again?

YES.....SKIP TO CLOSING
NOASK D11
NOT SURE YET.....ASK D11

D11. What are the reasons why you will not apply to WIC again? (OPEN-END RESPONSE WITH PRESPECIFIED CODES FOR ANSWERS. CHECK ALL THAT APPLY.)

PROBE: Anything else?

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) _____

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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 tremendous help in our study. Thank you very much. Good-bye.

RECORD WHETHER INTERVIEW WAS CONDUCTED IN ENGLISH OR SPANISH:

ENGLISH.....
SPANISH.....