

APPENDIX B5.a

PROGRAM EXPERIENCES SURVEY VERSION A (ADULT) - ENGLISH

Instructions to Reviewers: The qualitative interviewers will use this instrument when interviewing current WIC participants. In the text below, ALL CAPS signifies a potential response or instructions to the qualitative researchers. Unless noted otherwise, qualitative researchers do not read aloud, verbatim, the text that appears in ALL CAPS.

INTRO: Hi. Thanks for agreeing to do this survey. Your answers are private. None of the information you share with me will cause your WIC benefits to change. The questions I am going to ask are about your satisfaction and experiences with WIC. Please answer as honestly as possible. This takes about 30 minutes. After we finish, I will confirm your address so I can send a \$25 Visa debit card to thank you for your participation.

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 (0.50 hours) 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx*). Do not return the completed form to this address.

Program Participation

Q1. Let's begin by talking about your experience with WIC. Is this the first time you have received WIC benefits **for yourself**, or did you previously receive benefits with another pregnancy?

[IF R.=PREGNANT (CERTTYPE=1), SAY: pregnancy.]

[IF R.=BREASTFEEDING/POSTPARTUM (CERTTYPE = 2 OR 3), SAY: child] [CHECK ONE]

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

Q2. [IF R.=PREGNANT (CERTTYPE=1), ASK:] How many other children do you have? [CHECK ONE]

[IF R.=BREASTFEEDING OR POSTPARTUM (CERTTYPE = 2 OR 3), ASK:] How many other children do you have? [CHECK ONE]

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

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

Q3. Have any of your other children previously received WIC benefits? [CHECK ONE]

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

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

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

Q5. For how many previous pregnancies did you receive WIC benefits? **[CHECK ONE]**

- 0
- 1
- 2
- 3 OR MORE
- NOT SURE
- REFUSED

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

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

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

Q7. Would you have joined the program earlier if you had more information available? **[CHECK ONE]**

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

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

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

Q8. **[IF Q1=2]** When did you most recently participate in WIC and last receive benefits? Can you tell me the year? Can you tell me the month?

- _____ YEAR
_____ MONTH
- NOT SURE
 - REFUSED

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

Q9. Were you still eligible for WIC when you left the program? **[CHECK ONE]**

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

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

PROBE: Anything else?

PROGRAM

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

CLINIC

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

APPOINTMENTS

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

STAFF

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

SHOPPING

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

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

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

Participant Satisfaction

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

Very Satisfied---Somewhat Satisfied---Neither Satisfied nor Dissatisfied---Somewhat Dissatisfied---
Very Dissatisfied **[ROTATE START POINT]**

- (1) Customer service or friendliness of the WIC staff
- (2) Quality of service you get
- (3) Helpfulness of the staff
- (4) Staff's ability to speak your language
- (5) Safety of the clinic's location
- (6) Convenience of the clinic's location for you
- (7) Amount of time you have to wait until you are seen by WIC staff
- (8) The way WIC staff handles certification
- (9) The total amount of time you spend at the clinic
- (10) The amount of time it takes to get certified

Q12A. Which services offered through WIC do you currently use, or have ever used?

- (1) Nutrition education
- (2) Breastfeeding promotion and support
- (3) Breastfeeding peer counseling
- (4) Referrals to other services
- (5) Monitoring weight, height, blood, and other body and health measures

Q13. How would you rate the **[INSERT FROM RESPONSE ABOVE—ONLY DISPLAY SERVICES USED]**?
Would you say it is Excellent, Very Good, Good, Fair, or Poor? **[REPEAT SCALE UNTIL R. LEARNS IT]**. If your clinic does not offer a service, you have not used a service, or you are unsure of whether your clinic offers a service, please let me know.

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

- (1) Nutrition education
- (2) Breastfeeding promotion and support
- (3) Breastfeeding peer counseling
- (4) Referrals to other services
- (5) Monitoring weight, height, blood, and other body and health measures

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

[CHECK ONE]

- YES
 NO
 NOT SURE
 REFUSED

Q15. Thinking about your experience in the WIC program, what have you gained by being in WIC? **[DO NOT READ LIST. CHECK ALL THAT APPLY.] PROBE:** Anything else? (meeting other people like me; learning ways to save money; learning more about health and nutrition)

- MEETING AND TALKING WITH OTHER MOTHERS
- SAVING MONEY ON GROCERY BILLS
- RECEIVING LINKS TO HEALTH SERVICES
- GETTING NUTRITION INFORMATION
- GETTING HEIGHT AND WEIGHT CHECKS TO KNOW HOW MY CHILD IS GROWING
- RECEIVING ADVICE FROM WIC STAFF
- RECEIVING WIC BENEFITS FOR FOODS I KNOW ARE NUTRITIOUS
- STAYING ON TIME WITH SHOTS FOR MY CHILD
- LEARNING THE FOODS MY BABY NEEDS TO BE HEALTHY
- LEARNING ABOUT THE FOODS MY CHILDREN NEED TO BE HEALTHY
- LEARNING ABOUT THE FOODS I NEED TO BE HEALTHY
- HAVING BREASTFEEDING SUPPORT AND EDUCATION
- OTHER: PLEASE SPECIFY: _____
- NOT SURE
- REFUSED

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

Q16. Do you participate in the WIC Farmers' Market Nutrition Program (FMNP)? **[CHECK ONE]**

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

Q16A. How would you rate the Farmers' Market Nutrition Program? Would you say it is . . . **[CHECK ONE]**

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

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

Q16C. Is there any reason that you don't participate in the WIC Farmers' Market Nutrition Program?

[CHECK ONE]

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

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

ALL THAT APPLY.]

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

Q17B. On average, how long does it take you to get to the WIC clinic using **[SHOW Q17 ANSWER(S)]**?

HOURS ____ MINUTES ____

- NOT SURE
- REFUSED

Q18. Now, think about your benefits that relate to food. Using the scale of Good, Fair, or Poor, how would you rate the benefits for...

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

- (1) Providing the right amount of food for yourself?
- (2) Offering foods that you like to eat?
- (3) Offering nutritious foods?

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

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

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

ITEMS NOT PURCHASED	Why don't you purchase them? [CODE OR WRITE IN MAIN REASON]	PRECODES
<input type="checkbox"/> FRUITS AND VEGETABLES		1. Dislike, do not like 2. Not accustomed to eating it (including cultural differences) 3. Food allergies 4. Do not know how to prepare 5. Too much trouble to prepare 6. Problems getting food to home 7. Could not find/lost the food coupons 8. Store did not have item in stock 9. Did not need at that time 10. Do not think it is a healthy food 11. Options for this are low quality 12. Other: PLEASE SPECIFY
<input type="checkbox"/> BREAKFAST CEREAL		
<input type="checkbox"/> CHEESE		
<input type="checkbox"/> WHOLE WHEAT BREAD		
<input type="checkbox"/> DRY BEANS, PEAS, LENTILS		
<input type="checkbox"/> PEANUT BUTTER		
<input type="checkbox"/> EGGS		
<input type="checkbox"/> TOFU		
<input type="checkbox"/> CANNED FISH		
<input type="checkbox"/> JUICE		
<input type="checkbox"/> MILK		
<input type="checkbox"/> YOGURT		
<input type="checkbox"/> OTHER: PLEASE SPECIFY _____		

Q20A. When making a decision to buy a certain food with your WIC benefits, how important are the following:

Very Important ----- Slightly Important-----Not At All Important

[ROTATE START POINT]

- a. Taste
- b. Price
- c. Nutritional content
- d. Brand name in store
- e. Availability in store
- f. Coupon for WIC food item
- g. Size of food package

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

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

[DO NOT READ. CHECK ALL THAT APPLY. AFTER R. ANSWERS, ASK: Anything else?]

Q21A. Too much of which foods?

<input type="checkbox"/> FRUITS AND VEGETABLES
<input type="checkbox"/> BREAKFAST CEREAL
<input type="checkbox"/> CHEESE
<input type="checkbox"/> WHOLE WHEAT BREAD AND OTHER GRAINS
<input type="checkbox"/> DRY BEANS, PEAS, LENTILS
<input type="checkbox"/> PEANUT BUTTER
<input type="checkbox"/> EGGS
<input type="checkbox"/> TOFU
<input type="checkbox"/> CANNED FISH
<input type="checkbox"/> JUICE
<input type="checkbox"/> MILK
<input type="checkbox"/> YOGURT
<input type="checkbox"/> OTHER: PLEASE SPECIFY

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

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

[DO NOT READ. CHECK ALL THAT APPLY. AFTER R. ANSWERS, ASK: Anything else?]

Q22A. Too little of which foods?

<input type="checkbox"/> FRUITS AND VEGETABLES
<input type="checkbox"/> BREAKFAST CEREAL
<input type="checkbox"/> CHEESE
<input type="checkbox"/> WHOLE WHEAT BREAD AND OTHER GRAINS
<input type="checkbox"/> DRY BEANS, PEAS, LENTILS
<input type="checkbox"/> PEANUT BUTTER
<input type="checkbox"/> EGGS
<input type="checkbox"/> TOFU
<input type="checkbox"/> CANNED FIS
<input type="checkbox"/> JUICE
<input type="checkbox"/> MILK
<input type="checkbox"/> YOGURT
<input type="checkbox"/> OTHER: PLEASE SPECIFY_

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

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

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

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

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

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

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

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

Q30A. How many times in a typical month do you usually go to the store to purchase food?

- _____ TIMES
- NOT SURE
 - REFUSED

Q31. On average, how much of your WIC benefits do you use each month? **[CHECK ONE]**

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

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

Q32. Is there a farmers' market located near where you live? **[CHECK ONE]**

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

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

- _____ MILES
- NOT SURE
 - REFUSED

Q32B. Are you aware that you can use your WIC benefits at farmers' markets? **[CHECK ONE]**

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

Q32C. How often do you use your WIC benefits at farmers' markets? **[READ ALL. CHECK ONE]**

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

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

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

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

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

- have enough to eat? **[GO TO Q35]**
- sometimes not have enough to eat?
- often not have enough to eat?
- NOT SURE
- REFUSED

Q33A. Now I am going to ask a series of questions about food and meals. For each question, tell me if this applies to you often, sometimes, or never in the last 12 months. [REPEAT SCALE AS NECESSARY]	
(1) How often did you worry whether your food would run out before you got money to buy more?	<input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
(2) How often did the food that you buy not last and you didn't have money to get more?	<input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
(3) How often could you not afford to eat balanced meals?	<input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
[GO TO Q33B. THROUGH Q33G. IF R.=PREGNANT (CERTTYPE=1) AND Q2=THIS IS FIRST, ONLY CHILD] [USE "CHILD" INSTEAD OF CHILDREN IN Q33A.4 - Q33A.6 IF R.=BREASTFEEDING/ POSTPARTUM (CERTTYPE=2 OR 3) AND Q2=FIRST, ONLY CHILD]	
(4) How often did you rely on only a few kinds of low-cost food to feed your children because you were running out of money to buy food?	<input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
(5) How often could you not feed your children a balanced meal, because you couldn't afford to?	<input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
(6) How often did the children not eat enough because you just couldn't afford enough food?	<input type="radio"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
Q33B. In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food?	<input type="radio"/> YES <input type="radio"/> NO [GO TO Q33C]

(1) How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?	<input type="radio"/> ALMOST EVERY MONTH <input type="radio"/> SOME MONTHS BUT NOT EVERY MONTH <input type="radio"/> ONLY 1 OR 2 MONTHS
Q33C. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="radio"/> YES <input type="radio"/> NO
Q33D. In the last 12 months, were you ever hungry, but didn't eat, because there wasn't enough money for food?	<input type="radio"/> YES <input type="radio"/> NO
Q33E. In the last 12 months, did you lose weight because there wasn't enough money for food?	<input type="radio"/> YES <input type="radio"/> NO
Q33F. In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?	<input type="radio"/> YES <input type="radio"/> NO [GO TO Q34A]
Q33G. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?	<input type="radio"/> ALMOST EVERY MONTH <input type="radio"/> SOME MONTHS BUT NOT EVERY MONTH <input type="radio"/> ONLY 1 OR 2 MONTHS
[GO TO Q35. IF R.=PREGNANT (CERTTYPE=1) AND Q2=THIS IS FIRST, ONLY CHILD] [USE "CHILD" INSTEAD OF CHILDREN IN Q34A. THROUGH Q34E. IF R.=BREASTFEEDING/ POSTPARTUM (CERTTYPE=2 OR 3) AND Q2=FIRST, ONLY CHILD]	
Q34A. In the last 12 months, did you ever cut the size of any of the children's meals because there wasn't enough money for food?	<input type="radio"/> YES <input type="radio"/> NO
Q34B. In the last 12 months, were the children ever hungry but you just couldn't afford more food?	<input type="radio"/> YES <input type="radio"/> NO
Q34C. In the last 12 months, did any of the children ever skip a meal because there wasn't enough money for food?	<input type="radio"/> YES <input type="radio"/> NO [GO TO Q34E]
Q34D. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?	<input type="radio"/> ALMOST EVERY MONTH <input type="radio"/> SOME MONTHS BUT NOT EVERY MONTH <input type="radio"/> ONLY 1 OR 2 MONTHS
Q34E. In the last 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food?	<input type="radio"/> YES <input type="radio"/> NO

Current Situation and Behaviors

Q35. At the current time, what, if any, health insurance do you have for your child/ren? **[CHECK ONE]**

[IF R. SAYS SOMETHING LIKE "AETNA, BLUE CROSS/BLUE SHIELD, KAISER, OR UNITED HEALTHCARE," CLARIFY WHETHER IT IS PRIVATE INSURANCE THROUGH AN EMPLOYER, OR NOT. IF MORE THAN ONE GIVEN, ASK FOR MAIN ONE.]

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

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

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

Q37. Were you given information about the Medicaid Program during the WIC Program certification process? **[CHECK ONE]**

- YES
- NO
- NOT SURE
- REFUSED

Q37A. Were you referred to the Medicaid Program during your WIC visit? **[CHECK ONE]**

- YES
- NO
- NOT SURE
- REFUSED

Q38. Have you, or members of your family, ever received food through the . . . **[READ LIST]?**

[IF RESPONDENT SAYS 'NO' TO 'EVER' THEN SKIP 'CURRENTLY' OPTION]

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

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

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

Q40. Has participating in WIC changed how you use these other programs? **[CHECK ONE]**

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

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

- YES
- NO
- NOT SURE
- REFUSED

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

- YES
- NO
- NOT SURE
- REFUSED

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

- YES
- NO
- NOT SURE
- REFUSED

Friends

Q41. Do you have friends who you think are eligible for WIC but who haven't applied? **[CHECK ONE]**

- YES
- NO
- NOT SURE
- REFUSED

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

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

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

Demographics

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

Q42. Are you . . . **[READ ALL. CHECK ONE.]**

- Hispanic or Latino
- Not Hispanic or Latino

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

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

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

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

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

- | | | |
|--|-------------------------------|--|
| <input type="radio"/> ENGLISH | <input type="radio"/> HMONG | <input type="radio"/> SPANISH |
| <input type="radio"/> ARABIC | <input type="radio"/> KHMER | <input type="radio"/> SWAHILI |
| <input type="radio"/> CAMBODIAN | <input type="radio"/> KOREAN | <input type="radio"/> TAMIL |
| <input type="radio"/> CANTONESE/
MANDARIN | <input type="radio"/> LAOTIAN | <input type="radio"/> TAGALOG |
| <input type="radio"/> FARSI | <input type="radio"/> PUNJABI | <input type="radio"/> URDU |
| <input type="radio"/> FRENCH/CREOLE | <input type="radio"/> RUSSIAN | <input type="radio"/> VIETNAMESE |
| <input type="radio"/> FULANI | <input type="radio"/> SOMALI | <input type="radio"/> OTHER: SPECIFY _____ |
| <input type="radio"/> HINDI | | <input type="radio"/> REFUSED |

Q46. What is your age? _____ **[IF DON'T KNOW, ENTER -8. IF REFUSED, ENTER -9]**

End Survey