

APPENDIX B5.b

**PROGRAM EXPERIENCES SURVEY VERSION B (INFANT/CHILD) -
ENGLISH**

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 your child's participation in 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.

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Program Participation

Q1. Let's begin by talking about your child's experience with WIC. Is this the first time you've received benefits **for your child**, or has your child participated before this time? **[CHECK ONE]**

- NEW TO WIC **[GO TO Q6]**
- PARTICIPATED BEFORE **[CONTINUE]**

Q1A. How old was your child when he/she first started getting WIC?

- At birth **[GO TO Q7]**
- ___ (# of) Months (0 to 23 months) **[GO TO Q7]**
- ___ (# of) Years (24 months or more) **[GO TO Q7]**

Q6. Why didn't your child participate before this? **[DO NOT READ; CHECK ALL THAT APPLY]**

- THIS IS MY FIRST CHILD/PREGNANCY
- DIDN'T LIVE IN USA
- DIDN'T KNOW ABOUT WIC
- DIDN'T TRUST WIC
- DIDN'T THINK MY CHILD WAS QUALIFIED FOR WIC
- INQUIRED BUT WAS TOLD DIDN'T 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)
- DIDN'T WANT TO PARTICIPATE IN A FOOD ASSISTANCE PROGRAM BECAUSE OF THE STIGMA
- CONCERNS WITH CITIZENSHIP
- DIDN'T THINK MY CHILD NEEDED IT
- OTHER: PLEASE SPECIFY _____
- NOT SURE
- REFUSED

Q7. Would your child have joined the program earlier if you and your child had more information available?

[CHECK ONE]

- YES **[CONTINUE]**
- 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?

Q8. **[IF Q1=2 (PARTICIPATED BEFORE)]** When did your child most recently participate in WIC and receive benefits? Can you tell me the year? Can you tell me the month?

_____ YEAR
_____ MONTH

- NOT SURE
- REFUSED

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

Q9. Was your child still eligible for WIC when he/she left the program? **[CHECK ONE]**

- YES **[CONTINUE]**
- YES, BUT RESPONDENT INDICATED THEIR CHILD LEFT PROGRAM INVOLUNTARILY **[GO TO Q11]**
- NO **[GO TO Q11]**
- NOT SURE
- REFUSED

Q10. What could WIC have done to encourage you to keep your child in WIC? **[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 your child in the program?

Q11. **[IF Q1=2]** Why did you re-enroll your child in the WIC program at 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 you 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]

- a) Customer service or friendliness of the WIC staff
- b) Quality of service you get
- c) Helpfulness of the staff
- d) Staff's ability to speak your language
- e) Safety of the clinic's location
- f) Convenience of the clinic's location for you
- g) Amount of time you wait until you are seen by WIC staff
- h) The way WIC staff handles certification
- i) The total amount of time you spend at the clinic
- j) The amount of time it takes to be certified

Q13. Which services offered through WIC do you currently use, or have ever used?

- a) Nutrition education
- b) Breastfeeding promotion and support
- c) Breastfeeding peer counseling
- d) Referrals to other services
- e) Monitoring weight, height, blood, and other body and health measures

Q13A. How would you rate the **[INSERT FROM BELOW THE SERVICES SELECTED FROM Q13]**? 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 the service, or you are unsure of whether your clinic offers a service, please let me know.

Excellent----Very Good-----Good-----Fair-----Poor -----NA **[ROTATE START POINT]**

- a) Nutrition education
- b) Breastfeeding promotion and support
- c) Breastfeeding peer counseling
- d) Referrals to other services
- e) 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 besides WIC, or made aware that such lists were available?

[CHECK ONE]

- YES
- NO
- NOT SURE
- REFUSED

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

- Don't know about the program
- Don't like the foods the FMNP offer
- 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. 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 benefits that you receive **for your child** that relate to food. Using the scale: Good, Fair or Poor. How would you rate the food benefits for . . .

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

- a) Providing the right amount of food for your child/ren?
- b) Offering foods that your child likes to eat?
- c) Offering nutritious foods?

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

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

Q20. Which ones 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, don't like
<input type="checkbox"/> BREAKFAST CEREAL		2-Not accustomed to eating it (including cultural differences)
<input type="checkbox"/> WHOLE WHEAT BREAD		3-Food allergies
<input type="checkbox"/> DRY BEANS, PEAS, LENTILS		4-Don't know how to prepare
<input type="checkbox"/> PEANUT BUTTER		5-Too much trouble to prepare
<input type="checkbox"/> EGGS		6-Problems getting food to home
<input type="checkbox"/> INFANT CEREAL		7-Couldn't find/ Lost the food coupons
<input type="checkbox"/> INFANT FRUITS AND VEGETABLES		8-Store did not have item in stock
<input type="checkbox"/> INFANT MEATS		9-Did not need at that time
<input type="checkbox"/> INFANT FORMULA		10 Don't think it's a healthy food
<input type="checkbox"/> JUICE		11 Options for this are low quality
<input type="checkbox"/> MILK		10-Other: PLEASE SPECIFY
<input type="checkbox"/> YOGURT		
<input type="checkbox"/> OTHER: PLEASE SPECIFY _____		

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

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

[ROTATE START POINT]

- Taste
- Price
- Nutritional content
- Brand name in store
- Availability in store
- Coupon for WIC food item
- Size of food package

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

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

[DO NOT READ. CHECK ALL THAT APPLY]

Q21A. TOO MUCH OF WHICH FOODS?
<input type="checkbox"/> FRUITS AND VEGETABLES
<input type="checkbox"/> INFANT FOOD FRUITS AND VEGETABLES
<input type="checkbox"/> BREAKFAST CEREAL
<input type="checkbox"/> INFANT CEREAL
<input type="checkbox"/> INFANT FOOD MEATS
<input type="checkbox"/> EGGS
<input type="checkbox"/> INFANT FORMULA
<input type="checkbox"/> JUICE
<input type="checkbox"/> MILK
<input type="checkbox"/> YOGURT
<input type="checkbox"/> PEANUT BUTTER
<input type="checkbox"/> DRY BEANS, PEAS, LENTILS
<input type="checkbox"/> WHOLE WHEAT BREAD AND OTHER GRAINS
<input type="checkbox"/> OTHER: PLEASE SPECIFY _____

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

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

[DO NOT READ. CHECK ALL THAT APPLY]

Q22A. TOO LITTLE OF WHICH FOODS?
<input type="checkbox"/> FRUITS AND VEGETABLES
<input type="checkbox"/> INFANT FOOD FRUITS AND VEGETABLES
<input type="checkbox"/> BREAKFAST CEREAL
<input type="checkbox"/> INFANT CEREAL
<input type="checkbox"/> INFANT FOOD MEATS
<input type="checkbox"/> EGGS
<input type="checkbox"/> INFANT FORMULA
<input type="checkbox"/> JUICE
<input type="checkbox"/> MILK
<input type="checkbox"/> YOGURT
<input type="checkbox"/> PEANUT BUTTER
<input type="checkbox"/> DRY BEANS, PEAS, LENTILS
<input type="checkbox"/> WHOLE WHEAT BREAD AND OTHER GRAINS
<input type="checkbox"/> OTHER: PLEASE SPECIFY _____

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

- Large chain 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 Target
- Military commissary
- Milk man delivers
- [DON'T 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 child's WIC shopping? **[CHECK ONE]**

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

Q25. Do you buy WIC 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

Q29. How do you usually get to the store when you need to go there? **[DO NOT READ. 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

Q30A. How long does it usually take you to get to the store where you usually purchase food items using **[SHOW Q29 ANSWER]? [ACCEPT ONE NUMBER]**

- ____ HOURS ____ MINUTES
- NOT SURE
 - REFUSED

Q30B. How many times in a typical month do you usually go to the store to purchase food? **[ACCEPT ONE NUMBER]**

- ____ TIMES
- NOT SURE
 - REFUSED

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

- ____ MILES
- NOT SURE
 - REFUSED

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

- All of the time
- Often
- Occasionally
- Seldom
- Never
- NOT SURE
- REFUSED

Q32D. Do you prefer to use **your child's** 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, or
- Often not have enough to eat

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] [CHECK ONE]	
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
4) How often did you rely on only a few kinds of low-cost food to feed our 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 that.	<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
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**? **[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.] [CHECK ONE]**

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

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

- YES
- NO
- NOT SURE
- REFUSED

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

- YES
- NO
- NOT SURE
- REFUSED

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

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"/> NA	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"/> NA	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"/> NA	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"/> NA	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"/> NA	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"/> NA	YEARS ____ MONTHS ____
h. 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"/> NA	YEARS ____ MONTHS ____
i. 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"/> NA	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 or **your child/ren** 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 or **your child/ren** were eligible for them? **[CHECK ONE]**

- YES
- NO
- NOT SURE
- REFUSED

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

- YES
- NO
- NOT SURE
- REFUSED

Friends

Q41. Do you have friends who have **children** that 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 DON'T 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
- DIDN'T 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. Is **your child** . . . **[READ ALL. CHECK ONE.]**

- Hispanic or Latino
- Not Hispanic or Latino

Q43. How would you characterize **your child's** race? **[READ ALL. CHECK ALL THAT APPLY]**

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

Q45. What is **your child's** primary language, that is, the language they 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 |

End Survey