

**APPENDIX B6.a**

**FORMER WIC PARTICIPANT CASE STUDY INTERVIEW GUIDE - ENGLISH**

**Instructions to Reviewers:** The qualitative interviewers will use this instrument when interviewing former 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. The questions I am going to ask are about your previous experiences with WIC. 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.



## Experience with WIC Program

First, I would like to ask you some questions about your recent experiences and satisfaction with the WIC program. Certification records show that **[YOU OR YOUR CHILD]** last participated in the WIC program from [certification month and year] to [certification end month and year]. You last picked up food instruments in [month, year] and officially stopped receiving WIC benefits in [month, year]. Are these dates approximately correct? **[IF NO, PROBE FOR APPROXIMATE DATES]**. Let's get started.

1. How did you first hear about the WIC program?
  
2. Why did **[YOU AND/OR YOUR CHILD]** decide to participate in the WIC program?
  
3. When **[YOU AND/OR YOUR CHILD]** last participated in WIC, was this time spent at one WIC clinic or office? **PROBE:** How many offices?
  
4. Do you have children and/or infants who participated in the WIC program during that time? If yes, how many?
  
5. Was it easy or difficult to enroll in the WIC program? **PROBE:** Why was it easy/difficult? Can you tell me more about that?  
  
5A. Please tell me about your experience with the WIC staff who helped you with **[YOUR AND/OR YOUR CHILD'S]** certification paperwork? **PROBE:** Can you tell me more about that?

6. Was it easy or difficult to maintain [YOUR AND/OR YOUR CHILD'S] participation in the WIC program? **PROBE:** What made it easy to stay enrolled in the WIC program? OR What made it difficult to stay enrolled in the WIC program?
  
7. Please tell me how you feel about [YOUR AND/OR YOUR CHILD'S] overall experience in the WIC program? **PROBE:** Can you tell me more about that?

## Services Used While in WIC Program

Next, I would like to ask you about the services [YOU AND/OR YOUR CHILD] used while you were in the WIC program.

8. What services did [YOU AND/OR YOUR CHILD] use while in the WIC program? **PROBE:** [FOOD VOUCHER CHECK OR EBT CARD], breastfeeding peer counseling, referrals to other programs/health services, nutrition education and counseling, vaccinations, etc.
  
9. What was [YOUR AND/OR YOUR CHILD'S] experience with those services? **PROBE:** What could the WIC program do to make those services better?
  - 9A. How would you rate [INSERT SERVICES USED IN Q8 ONE AT A TIME] service [YOU AND/OR YOUR CHILD] received from the WIC program?
    - Excellent
    - Good
    - Fair
    - Poor

9B. Can you tell me more about why you rated it that way? **PROBE:** What could the WIC program do to make those services better?

10. Can you tell me something you learned from the WIC program that you did not know before? **PROBE:** How did you use that information?

## Experiences with WIC Offices or Clinics

Now I have a few questions about **[YOUR OR YOUR CHILD'S]** experience with WIC offices or clinics.

11. How was **[YOUR OR YOUR CHILD'S]** overall experience at the office or clinic? **PROBE:** Can you tell me more about that?

11A. How satisfied were you with the amount of time you had to wait before **[YOUR OR YOUR CHILD'S]** appointment? **PROBE:** Can you tell me more about that?

11B. How satisfied were you with the waiting area in the offices **[YOU AND/OR YOUR CHILD]** used? **PROBE:** Can you tell me more about that?

12. Were the locations of the offices **[YOU AND/OR YOUR CHILD]** used convenient to get to from where you live? **PROBE:** Why were the offices convenient/not convenient? Can you tell me more about that?

13. How was your experience with the staff at the offices **[YOU AND/OR YOUR CHILD]** used? **PROBE:** Can you tell me more about that?

14. What was your experience with scheduling appointments at the WIC offices or clinics **[YOU AND/OR YOUR CHILD]** used?

14A. How was your experience finding appointment times that fit **[YOUR AND/OR YOUR CHILD'S]** schedule?

**PROBE:**

(1) What made it easy to find an appointment time that fit **[YOUR AND/OR YOUR CHILD'S]** schedule? **[EXAMPLES:** hours of WIC office, your work schedule, number of appointments available during your preferred time frame, etc. ]

(2) What made it difficult to find an appointment time that fit **[YOUR AND/OR YOUR CHILD'S]** schedule? **[EXAMPLES:** hours of WIC office, your work schedule, number of appointments available during your preferred time frame, etc. ]

14B. What did you do with your child(ren) while you were at [YOUR AND/OR YOUR CHILD'S] appointment? **PROBE:** Did that make it easier or more difficult for you to follow through with [YOUR AND/OR YOUR CHILD'S] appointment?

14C. How did you usually get to [YOUR AND/OR YOUR CHILD'S] WIC office? **PROBE:** Was that easy or difficult? Can you tell me more about that?

15. Overall, how was [YOUR AND/OR YOUR CHILD'S] experience with the WIC staff? **PROBE:** Can you tell me more about that?

## Shopping

Now I would like to ask you some questions about the stores where [YOU AND/OR YOUR CHILD] used your WIC vouchers or EBT card.

16. What types of stores did you shop at when using [YOUR AND/OR YOUR CHILD'S] WIC [FOOD VOUCHER CHECK OR EBT CARD]? **PROBE:** What kinds of stores are those? [EXAMPLES: grocery stores, farmers' markets, convenience stores, commissaries, etc.]

17. How did you usually get to the store where you used [YOUR AND/OR YOUR CHILD'S] WIC benefits? Was that easy or difficult?

**PROBE:**

- (1) Can you tell me more about that? What made it easy? OR
- (2) Can you tell me more about that? What made it difficult?

17A. How was your experience finding transportation to these stores?

**PROBE:**

- (1) Can you tell me more about that?
- (2) Did you have your own transportation or did you rely on someone else?

18. How was your experience finding WIC-approved foods in the stores where you usually used [YOUR OR YOUR CHILD'S] WIC [FOOD VOUCHER CHECK OR EBT CARD]? **PROBE:** Can you tell me more about that?

19. How comfortable did you feel using [YOUR AND/OR YOUR CHILD'S] WIC [FOOD VOUCHER CHECK OR EBT CARD] at these stores? **PROBE:** Can you tell me more about that?



20. What did you think of the choices or variety of foods you were able to purchase with **[YOUR AND/OR YOUR CHILD'S]** WIC benefits? **PROBE:** Can you tell me more about that?

20A. **ASK ONLY IF PARTICIPANT HAD CHILDREN ENROLLED IN WIC.**

Were you able to purchase the foods that your infant and/or child usually eats?

**PROBE:** Can you tell me more about that?

21. Next, I would like to ask you about your experience with the staff at the store(s) where you usually used **[YOUR AND/OR YOUR CHILD'S]** WIC **[FOOD VOUCHER CHECK OR EBT CARD]**. **PROBE:** How would you describe the way the staff treated you?

22. Now, I would like to ask you about the other customers at the store(s) where you usually used **[YOUR AND/OR YOUR CHILD'S]** WIC **[FOOD VOUCHER CHECK OR EBT CARD]**. **PROBE:** How would you describe the way the other customers treated you?

23. What could be done to improve the shopping experience and using WIC **[FOOD VOUCHER CHECK OR EBT CARD]** at stores for other WIC participants? **PROBE:** Can you tell me more about that?

## Reasons for Leaving

Next, I'm going to ask you some questions about why you stopped participating in the WIC program.

24. For what reasons did **[YOU AND/OR YOUR CHILD]** leave the WIC program? **PROBE:** Can you explain why you think that **[YOU AND/OR YOUR CHILD]** is **[ELIGIBLE OR NOT ELIGIBLE]**?

25. Did **[YOU AND/OR YOUR CHILD]** have any needs that the WIC program did not meet? **[EXAMPLES:** related to breastfeeding counseling, gaining health services or information you needed, receiving nutrition education and counseling, etc.]

25A. Was this because the services were not offered at all or because the services offered did not do enough to meet **[YOUR AND/OR YOUR CHILD'S]** needs? **PROBE:** Can you tell me more about that?

26. Were there things that made it difficult for **[YOU AND/OR YOUR CHILD]** to continue participating in the WIC program? **PROBE:** Can you tell me more about that?

27. Do you think **[YOU AND/OR YOUR CHILD]** are still eligible for the WIC program? **PROBE:** Why do you think that **[YOU AND/OR YOUR CHILD]** are eligible/not eligible?

28. What could be done to encourage **[YOU AND/OR YOUR CHILD]** to participate in the WIC program again if **[YOU AND/OR YOUR CHILD]** are eligible? **PROBE:** Can you tell me more about that?

29. Is there anything that would stop **[YOU AND/OR YOUR CHILD]** from participating in the WIC program again? **PROBE:** Can you tell me more about that?

30. Were **[YOU AND/OR WAS YOUR CHILD]** enrolled in any of the following programs between **[CERT DATE]** and **[CERT END DATE]**?

**[CHECK ALL THAT APPLY]:**

- SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps)
- NSLP (National School Lunch Program) and SBP (School Breakfast Program), also known as free and reduced-price meals at school
- FDPIR (Food Distribution Program on Indian Reservations)
- SFSP (Summer Food Service Program)
- CACFP (Child and Adult Care Food Program)
- Medicaid
- TANF (Temporary Assistance for Needy Families)

30A. **IF YES TO ANY:** Did **[YOUR AND/OR YOUR CHILD'S]** participation in these programs

influence your decision to leave the WIC program? **PROBE:** Can you tell me more about that?

## Recommendations

31. Is there anything else that you would like to share with us about **[YOUR AND/OR YOUR CHILD'S]** experience with the WIC program? Are there any suggestions you have about how to improve the WIC program?

## Demographics

Before we end the survey, I'd like to ask a few questions about you. Remember, everything you tell me will be kept private.

32. What is your age? **[CHECK ONE]**

- 18–29
- 30\_39
- 40\_49
- 50+
- Refused to answer

33. What is your current relationship status? **[CHECK ONE]**

- Single, never married
- Married or living with a partner
- Divorced or separated
- Widowed
- Refused to answer

34. How many children do you have? **[CHECK ONE]**

- 0 **[GO TO 34B]**
- 1
- 2
- 3
- 4
- 5
- 6+
- Refused to answer

34A. What are the ages of your children?

**PLEASE INDICATE AGE OF EACH CHILD. USE "0" FOR CHILDREN UNDER AGE 1.**

\_\_\_\_\_

- Refused to answer

34B. Are you currently pregnant? **[CHECK ONE]**

- Yes
- No
- Refused to answer

35. What is the highest level of education you have completed? **[CHECK ONE]**

- Less than high school
- Some high school
- High school graduate/GED
- Some college/technical school
- Associate's degree/certificate
- Bachelor's degree
- Some graduate school or more
- Refused to answer

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

- Hispanic or Latino
- Not Hispanic or Latino

39. 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

37. What language(s) do you speak at home? **PROBE:** primary language spoken.

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- Refused to answer

**End of Survey**