

**APPENDIX C19.a**

**PROGRAM EXPERIENCES SURVEY INVITATION TELEPHONE SCRIPT –  
ENGLISH**

**Instructions to reviewers:** FIs will use this script to recruit current WIC participants to participate in the NSW-III Program Experiences Survey.

In the text below, ALL CAPS signifies a potential response or instructions to the FI. Unless noted otherwise, FIs do not read aloud text that appears in ALL CAPS.

- If the sampled participant's category is pregnant, breastfeeding, or postpartum woman: RESPONDENT = the sampled WIC participant.
- If the sampled participant's category is infant or child: RESPONDENT = the applicant (i.e., parent or guardian, or person who applied for WIC on infant/child's behalf).

**Screening**

Q1. Hello, my name is **[INTERVIEWER NAME]** and I work with Capital Consulting Corporation, a company that conducts research in health and human services. I am trying to reach **[RESPONDENT'S NAME]**. Would that be you?

- 1 SPEAKING TO RESPONDENT.....**[GO TO Q2]**
- 2 NOT A GOOD TIME ..... **[SCHEDULE CALLBACK]**
- 3 RESPONDENT UNAVAILABLE..... **[GO TO Q5]**
- 4 NO SUCH PERSON..... **[GO TO Q4]**
- 5 NOT SPEAKING TO RESPONDENT, BUT QUESTION ABOUT PURPOSE OF CALL  
..... **[GO TO Q1a]**
- 6 NO LONGER AT THIS PHONE NUMBER .....**[UPDATE PHONE NUMBER]**
- 8 (VOL) DON'T KNOW..... **[THANK AND END. DISPO AS SOFT REFUSAL]**
- 9 (VOL) REFUSED..... **[THANK AND END. DISPO AS HARD REFUSAL]**

Q1a. For privacy reasons, we are not allowed to discuss this with anyone other than **[RESPONDENT'S NAME]**.

**[IF SAMPLE FLAGGED AS CELL PHONE]**

Q2. Is now a good time to talk and are you in a place where you feel comfortable talking?

**[IF DRIVING VOLUNTEERED, CODE AS 2]**

- 1 YES, SAFE PLACE TO TALK
- 2 NO, CALL ME LATER..... **[SCHEDULE CALLBACK]**
- 3 NO, CB ON LAND-LINE..... **[RECORD NUMBER, SCHEDULE CALLBACK]**
- 4 (VOL) ON LAND-LINE..... **[SKIP TO Q6]**
- 8 (VOL) DON'T KNOW
- 9 (VOL) REFUSED

**[IF SAMPLE FLAGGED AS CELL PHONE]**

Q3. Are you driving?

- 1 YES, CALL ME LATER..... **[SCHEDULE CALLBACK]**
- 2 NO .....**[SKIP TO Q6]**
- 8 (VOL) DON'T KNOW
- 9 (VOL) REFUSED

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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 7 minutes (0.12 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.

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Q4. It is important that I speak directly to **[RESPONDENT'S NAME]**. Do you know how I can reach her?

- 1 YES .....[RECORD NEW PHONE AND SCHEDULE CALLBACK]
- 2 NO .....[S/O WRONG NUMBER]
- 8 DON'T KNOW.....[S/O WRONG NUMBER]
- 9 REFUSED.....[S/O WRONG NUMBER]

Q5. It is important that I speak directly to **[RESPONDENT'S NAME]**. Do you know when she will be home?

- 1 YES .....[SCHEDULE CALLBACK]
- 2 NO .....[GO TO Q10. DISPO AS CALLBACK]
- 8 DON'T KNOW.....[GO TO Q10. DISPO AS CALLBACK]
- 9 REFUSED.....[GO TO Q10. DISPO AS CALLBACK]

**Introduction**

Q6. The Food and Nutrition Service at the USDA has asked Capital Consulting to conduct a research study about the Special Supplemental Nutrition Assistance Program for Women, Infants and Children, or WIC food program. They would like to learn more about your experiences and satisfaction with the Women, Infants, Children (WIC) program. If you complete this 30 minute survey, you will receive a \$25 Visa debit card.

Let me start by reassuring you that:

- Nothing you tell me will change your WIC benefits or eligibility.
- The research team will protect your privacy. We won't tell your local WIC agency who participates or not in the study. The answers you provide to study questions will not be linked to your name, address, or other personal information about you. Your responses only will be used for summary tabulations and statements of best practices.
- Participation is voluntary. If you choose not to participate, you will continue getting the WIC benefits you're eligible for.

You have been randomly selected for this study because you **[OR YOUR CHILD]** recently qualified or re-qualified to receive WIC. The WIC agency in **[STATE]** gave us permission to contact families for this research study. Your local WIC agency does not know who was randomly selected for the study.

The survey will have you answer questions over the phone. After that you will receive a \$25 gift card. Again, all of the information you share with me will be kept private. Would you be interested in participating?

- 1 YES .....[GO TO Q7]
- 2 NO .....[GO TO Q8]

- 8 DON'T KNOW.....[GO TO Q8. DISPO AS CALLBACK]
- 9 REFUSED.....[THANK AND END. DISPO AS HARD REFUSAL]

Q7. Great! Would you like to do the survey now?

- 1 YES .....[GO TO Q8]
- 2 NO .....[SCHEDULE CALLBACK]
- 8 DON'T KNOW.....[GO TO Q8. DISPO AS CALLBACK]
- 9 REFUSED.....[THANK AND END. DISPO AS HARD REFUSAL]

Q8. Do you have any questions about the study?

- 1 YES .....[ANSWER QUESTIONS]
- 2 NO ; PROCEED.....[GO TO Q11]
- 3 NO; STILL DOESN'T WANT TO PARTICIPATE.....[GO TO Q9. DISPO AS HARD REFUSAL]
- 8 DON'T KNOW.....[GO TO Q10. DISPO AS CALLBACK]
- 9 REFUSED.....[THANK AND END. DISPO AS HARD REFUSAL]

Q9. I understand that you are not willing to participate in this survey. Thanks so much for taking the time to speak with me today. [END. DISPO AS HARD REFUSAL]

Q10. Thank you for your time. I will try calling back at another time. [DISPO AS CALLBACK]

Q11. To take part in this survey, we will need your mailing address so that we can send you the gift card. The mailing address we have for you is [ADDRESS ON RECORD]. Is that correct?

- 1 YES .....[GO TO SURVEY MODULE]
- 2 NO .....[UPDATE ADDRESS. GO TO SURVEY MODULE]
- 8 DON'T KNOW.....[VERIFY AT THE END OF SURVEY]
- 9 REFUSED.....[THANK AND END. DISPO AS HARD REFUSAL]

**SPECIAL CIRCUMSTANCES**

[IF ANY ADVERSE EVENTS COME UP DURING PHONE CALL, FIS WILL BE TRAINED TO SKIP TO THIS TEXT IMMEDIATELY.]

**EMERGENCY**

I am sorry to catch you at a bad time. I'll try again later. Thank you.  
[END PHONE CALL. INTERVIEWER: FILL OUT ADVERSE EVENT FORM.]

**Telephone Script for Leaving Messages**

**[ON AN ANSWERING DEVICE]**

LM1. Hello, I'm **[INTERVIEWER NAME]** and I work with Capital Consulting Corporation, a company that conducts research in health and human services. I am calling to speak to **[RESPONDENT'S NAME]** about a survey we are conducting. Please call me back at 1-866-465-7738 (toll free) or by email at **[SUPPORT EMAIL]**. Thank you.