

APPENDIX C22.a

PROGRAM EXPERIENCES SURVEY INVITATION IN-PERSON SCRIPT - ENGLISH

Instructions to reviewers: This script will be programmed into a CAPI (computer assisted personal interviewing) system for Field Interviewers (FIs) to use on a study laptop. FIs will use this script to recruit WIC participants who could not be reached to complete the Program Experiences Survey by telephone.

For infant or child participants, the FI will have both the WIC participant's name and the APPLICANT's name (the adult who applied for WIC on the child's behalf), as well as the date of the participant's most recent certification appointment (called CERT_DATE).

In the text below, ALL CAPS signifies a potential response, skip patterns that will be programmed into the CAPI system, or instructions to the FI. Unless noted otherwise, FIs do not read aloud text that appears in ALL CAPS. Also note that in the text below,

- 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

RING DOORBELL OR KNOCK ON DOOR

SC1. Hello, my name is **[INTERVIEWER]** and I work with Capital Consulting Corporation, a company that conducts research in health and human services. I'm here today about a study we're conducting with families in your area for the United States Department of Agriculture. The study is about a program designed to improve families' access to healthy food and nutrition. May I please speak to **[RESPONDENT]**?

- 1 SPEAKING TO RESPONDENT [GO TO SC4]
- 2 NOT A GOOD TIME.....[SCHEDULE CALLBACK]
- 3 RESPONDENT UNAVAILABLE...[GO TO SC3]
- 4 NO SUCH PERSON.....[GO TO SC2]
- 5 NOT SPEAKING TO RESPONDENT, BUT QUESTION ABOUT PURPOSE OF VISIT
.....[GO TO SC1a]
- 6 NO LONGER AT THIS ADDRESS [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]

SC1a. For privacy reasons, we are not allowed to discuss this with anyone other than **[RESPONDENT]**.”

SC2. It is important that I speak directly to **[RESPONDENT]**. Do you know how I can reach her?

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

SC3. It is important that I speak directly to **[RESPONDENT]**. Do you know when she will be home?

- 1 YES [SCHEDULE CALL]
- 2 NO [GO TO T1. DISPO AS CALL]
- 8 DON'T KNOW [GO TO T1. DISPO AS CALL]
- 9 REFUSED [GO TO T1. DISPO AS CALL]

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 5 minutes (0.08 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.

SC4. **[READ TO ALL:]** Are you at least 18 years old?

- 1 YES [GO TO Q1]
- 2 NO [GO TO SC5]
- 8 DON'T KNOW [GO TO T1]
- 9 REFUSED [THANK AND END. DISPO AS HARD REFUSAL]

SC5. [IF < 18 YEARS]: Thank you, we're looking for people who are at least 18 years old to participate in a survey. I appreciate your time, but you're not eligible. Thank you for taking the time to speak with me. Goodbye.

T1. Thank you for your time. **[DISPO AS REFUSAL]**

Survey Introduction

Q1.

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.

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 **[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 that I ask you. The survey will take about 30 minutes. After completing the survey, we will send you a \$25 Visa debit card. Again, all of the information you share with me will be kept private. Would you be interested in participating?

- 1 YES[GO TO Q2]
- 2 NO[GO TO Q3]
- 8 DON'T KNOW.....[GO TO Q3. DISPO SOFT REFUSAL]
- 9 REFUSED.....[THANK AND END. DISPO AS HARD REFUSAL]

Q2. Great! Would you like to do the survey now?

- 1 YES[GO TO Q3]
- 2 NO[SCHEDULE AN APPOINTMENT]
- 8 DON'T KNOW.....[GO TO Q3. DISPO AN APPOINTMENT]
- 9 REFUSED.....[THANK AND END. DISPO AS HARD REFUSAL]

Q3. Do you have any questions about the study?

- 1 YES[ANSWER QUESTIONS]
- 2 NO ; PROCEED.....[GO TO Q6]
- 3 NO; STILL DOESN'T WANT TO PARTICIPATE [GO TO Q4. DISPO AS HARD REFUSAL]
- 8 DON'T KNOW.....[GO TO Q6]
- 9 REFUSED.....[THANK AND END. DISPO AS HARD REFUSAL]

Q4. 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]

Q5. Thank you for your time. I will try coming back at another time. [DISPO AS RETURN VISIT]

Q6. To take part in this survey, we will need your mailing address so that we can send you the Visa debit 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 THIS IN PERSON VISIT, 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.

[EXIT FROM AREA. INTERVIEWER: FILL OUT ADVERSE EVENT FORM.]