

**ATTACHMENT B-1: USDA WIC Brand Health and Campaign Strategy Survey (English)  
2023 Baseline**

1. You can take this survey in English or Spanish. Which would you prefer?  
Ud. puede completar esta encuesta en Ingles o en Español, cual prefiere?
  - 1 English/Ingles
  - 2 Español/Spanish
  - 3 Neither/Ninguno [TERMINATE]

**SCREEN 1: PRIVACY ACT STATEMENT**

**Legal Authority:** USDA is authorized to collect this information under 42 USC 12651d (b)(13), (14), and (c)(11).

**Purpose:** This information will be used to inform an awareness and recruitment campaign to increase familiarity with and eventual interest in participation in USDA programs.

**Routine Use:** Information may be disclosed for any use permitted under law. Information will only be used in aggregate without personally identifiable information, and is thus not subject to the Privacy Act.

**Disclosure:** All information collected will be collected privately and only reported anonymously, without any association with your information or personal information. Any information which would permit identification of the individual will be safeguarded and will be used only by persons engaged in and for the purpose of the survey, except as otherwise required by law.

Participation in this research is voluntary and there are no penalties for refusing to answer any question. However, your cooperation in obtaining this much needed information is extremely important in order to ensure the completeness of the results.

To continue, click **NEXT**.

**SCREEN 2: CONSENT FORM**

You are being invited to participate in a research study on behalf of the United States Department of Agriculture (USDA) Food and Nutrition Service to inform a National Outreach Campaign. If you agree to take part in this study, you will be asked to complete an online survey. This survey will take you approximately 20 minutes to complete.

You may not directly benefit from this research; however, we hope that your participation in the study may help the Food and Nutrition Service determine how to best communicate with the general public about specific programs.

You agree to ask questions about the study if you don't understand something. If you have questions once the study is over, you can contact Mariel Molina at 703-842-0200.

By clicking "I agree" below, you are indicating that you are at least 18 years old, have read and understood this consent form and agree to participate in this research study. Please print a copy of this page for your records.

<input type="button" value="I Agree"/>	<input type="button" value="I Do Not Agree"/>
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**IF CLICKS 'I DO NOT AGREE', TERMINATE. MUST CLICK 'I AGREE' TO CONTINUE.**

**SCREEN 3: OMB BURDEN STATEMENT**

**OMB BURDEN STATEMENT:** This information is being collected to assist the Food and Nutrition Service in developing a National Outreach Campaign to increase awareness of the health and nutrition benefits associated with specific programs. This is a voluntary collection and FNS will use the information to meet the needs and understand the mindsets of current program participants, as well as those individuals who are eligible but do not participate. This collection does not request any personally identifiable information under the Privacy Act of 1974. 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 0584-0524. The time required to complete this information collection is estimated to average 29 minutes per response, including the time for reviewing instructions, the Privacy Act Statement, Consent Form, 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 Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0524). Do not return the completed form to this address.

To continue, click **NEXT**.

**SCREENING**

**The first few questions are to learn a little bit about you.**

2. Are you: *Mark all that apply.*
1. Female
  2. Male

3. Transgender, non-binary, or another gender

3. In what year were you born? [SCREENING FOR AGES 18-34; ALL OTHER TERM]

**PROGRAMMER CREATE VARIABLE FOR EACH BUCKET**

- 1 Under 18 **TERMINATE**
- 2 18-23
- 3 24-29
- 4 30-34
- 5 35-39 **TERMINATE**
- 6 40-44 **TERMINATE**
- 7 45-49 **TERMINATE**
- 8 50-54 **TERMINATE**
- 9 55-59 **TERMINATE**
- 10 60-64 **TERMINATE**
- 11 65-75 **TERMINATE**
- 12 76 or older **TERMINATE**
- 13 Prefer not to say **TERMINATE**

4. In which state do you live?

[PULL DOWN MENU; SET QUOTAS BY 4-WAY REGION OVERALL]

5. In what type of community do you live?

- 1 Urban, which is inside a city
- 2 Suburban, which is just outside of a city
- 3 Small town or Rural, which is farther outside of a city, like in the country

**SHOW Q6 & Q7 ON SAME SCREEN**

6. Are you Hispanic or Latino?

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino
- 3 Prefer not to say

7. To be sure we have a representative sample, which of the following categories describes your ethnic background/race? Please select all that apply if you are more than one.

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black/African American
- 4 Native Hawaiian or other Pacific Islander
- 5 White/Caucasian
- 6 Other
- 7 Prefer not to disclose

**OVERSAMPLES:**

**N=400 BLACK ADULTS (Q7=2)**

**N=400 HISPANIC ADULTS (Q6=1)**

**N=400 RURAL WHITE ADULTS (Q5=3, Q6=2, Q7=1 ONLY)**

**[ASK HISPANIC AUDIENCE ONLY, Q6=1]**

**[ACCULTURATION WILL BE DETERMINED USING Q8+q9+q10]**

**[Q8-10 USES A POINTS SYSTEM; POINTS ARE LISTED NEXT TO RESPONSES BELOW IN BRACKETS]**

**[ACCULTURATION LEVELS ARE AS FOLLOWS:**

	<b>Q8-10 POINTS TOTAL</b>
<b>UNACCULTURATED</b>	<b>11-15</b>
<b>BI-CULTURAL</b>	<b>6-10</b>
<b>ACCULTURATED</b>	<b>1-5</b>

8. **[ASK HISPANIC AUDIENCE ONLY, Q6=1]** What language do you usually speak at home?

**[ALTERNATE 1 TO 5 AND 5 TO 1, ANCHOR OTHER]**

- 1 Only Spanish [5 POINTS]
- 2 Mostly Spanish [4 POINTS]
- 3 Spanish and English equally [3 POINTS]
- 4 Mostly English [2 POINTS]
- 5 Only English [1 POINT]
- 6 Other [0 POINTS]

9. **[ASK HISPANIC AUDIENCE ONLY, Q6=1]** Thinking of your media habits, including television, the internet, social media, radio, and print newspapers and magazines, would you say you use ...

**[ALTERNATE 1 TO 5 AND 5 TO 1, ANCHOR OTHER]**

- 1 Only Spanish language media [5 POINTS]
- 2 Mostly Spanish language media [4 POINTS]
- 3 Spanish and English language media equally [3 POINTS]
- 4 Mostly English language media [2 POINTS]
- 5 Only English language media [1 POINT]
- 6 Other [0 POINTS]

10. **[ASK HISPANIC AUDIENCE ONLY, Q6=1]** Thinking about your overall cultural identification, would you say you feel...?

**ALTERNATE SHOWING 1 TO 5, 5 TO 1**

- 1 Much closer to the Hispanic/Latino culture [5 POINTS]
- 2 Somewhat closer to the Hispanic/Latino culture [4 POINTS]
- 3 Equally close to both Hispanic and U.S. cultures [3 POINTS]
- 4 Somewhat closer to the U.S. culture [2 POINTS]

5 Much closer to the U.S. culture [1 POINT]

**[ASK HISPANIC AUDIENCE ONLY, Q6=1]**

11. Which of the following locations are you, your family, and/or your ancestors from? Please select all that apply.

1. Antigua and Barbuda
2. Argentina
3. Bahamas
4. Barbados
5. Belize
6. Bolivia
7. Chile
8. Colombia
9. Costa Rica
10. Cuba
11. Dominica
12. Dominican Republic
13. Ecuador
14. El Salvador
15. Grenada
16. Guatemala
17. Guyana
18. Haiti
19. Honduras
20. Jamaica
21. Mexico
22. Nicaragua
23. Panama
24. Paraguay
25. Peru
26. Puerto Rico
27. Saint Lucia
28. Saint Vincent and the Grenadines
29. Spain
30. Suriname
31. Trinidad and Tobago
32. Uruguay
33. United States
34. Venezuela
35. Other, specify [ANCHOR]

**[RESUME ASKING EVERYONE]**

12. Are you the parent or legal guardian of a child who lives with you, even part-time?

- 1 Yes
- 2 No
- 3 Prefer not to disclose

**[IF Q12=1, YES]**

13. How old is/are the child(ren) who live(s) with you? Select all that apply

- 1 0 to less than 3 months
- 2 3 to less than 6 months
- 3 6 months to less than 9 months
- 4 9 months to less than 1 year
- 5 1 year to less than 2 years
- 6 2 years to less than 3 years
- 7 3 years to less than 4 years
- 8 4 years to less than 5 years
- 9 5 years to less than 10 years
- 10 10 years to 18 years
- 11 No children live with me

14. Are you or your partner currently pregnant or trying to become pregnant within the next year?

- 1 Currently trying to become pregnant
- 2 Considering trying to become pregnant in the next year (but not yet trying)
- 3 Currently pregnant
- 4 No, none of these

**PROGRAMMING: MUST BE CURRENTLY PREGNANT OR INTEND TO BE PREGNANT IN NEXT YEAR (Q14=1, 3) OR HAVE CHILD <5 YEARS (Q13=1-8), ALL OTHERS TERMINATE**

**CODE AUDIENCES:**

- Currently Pregnant (Q14=3) → Quota n=100 for WIC Participants and n=100 for WIC Eligibles
- Currently trying to become pregnant (Q14=1) → SOFT QUOTA TO NUMBERS IN TABLE, BELOW
- Child <1 year (Q13=1-4) → QUOTA TO NUMBERS IN TABLE, BELOW
- Child 1-<5 years (Q13=5-8) → QUOTA TO NUMBERS IN TABLE, BELOW
  
- First child (only 1 item from 1-8 selected in q13 and q14=2,4; OR no children in household (q12=2,3 or q13=11) and q14=1, 3)

**[PROGRAMMING: AFTER Q24, CATEGORIZE RESPONDENTS AS PARTICIPANT OR ELIGIBLE. IF RESPONDENT SELECTS MULTIPLE OF: PREGNANT, INFANT <1 YEAR, OR CHILD 1-<5 YEARS, CODE TO LEAST FULL BUCKET. ONLY CODE TO TRYING TO BECOME PREGNANT IF RESPONDENT DOES NOT QUALIFY FOR ONE OF THE OTHER THREE AUDIENCES]**

Audience	WIC Participants* (n≈1,400-1,500)	WIC Eligibles* (n≈1,500-1,600)
Trying to become pregnant	--	n≈100
Pregnant	n≈100	n≈100
Has infant 0-1 year of age	n≈580	n≈380
Has child 1-4 yrs. 11 mos. of age	n≈790	n≈980

**[ASK IF “first child”=yes per logic above]**

14A. [IF Q13=1-8: Is your child age {insert from Q13}/IF Q14=1,3: Will this be] your first child?

- 1 Yes
- 2 No [PROGRAMMER NOTE: FLAG AS POTENTIAL CHEATER FOR REVIEW]

**[ASK IF Q13<6]**

15. How do you or your partner currently feed your child who is 2 years of age or younger? Select all that apply.
- 1 Breastfeeding (including pumping)
  - 2 Formula/Breastmilk substitutes
  - 3 Pureed food (may include jar or pouch baby food, homemade pureed or mashed food, etc.)
  - 4 Solid food that is not mashed or pureed
  - 5 Other, please describe:

**[ASK IF Q15 NE 1]**

16. Have you or your partner ever breastfed your child who is 2 years of age or younger?
- 1 Yes
  - 2 No

**CODE AUDIENCES:**

- **Currently Breastfeed or Have Breastfed (Q15=1 OR Q16=1) → Quota n=100 for WIC Participants and n=100 for WIC Eligibles**

17. How many people live with you regularly and make up your “household” including yourself? Your household is everyone who lives in your home (including children) and shares income and household expenses (bills, food, etc.). Your household may include people who are related to you and people who are not.

**[NUMERIC 1-99; REQUIRED]**

Please see the rules below about who you should include in your household. You can mouse over or tap on the item for more information.

**NOTE: THE BOLDED CATEGORIES BELOW WILL BE SHOWN ON THE SAME PAGE. RESPONDENTS WILL BE ABLE TO CLICK OR HOVER TO VIEW THE BULLETED INFORMATION ABOUT EACH GROUP**

**Non-Married Adults Living Together:**

- If you live with your boyfriend, girlfriend, fiancée, domestic partner, etc., include him or her in your household. If you live with others who provide financial support, such as bills, food, etc., include them in your household.

**Divorced or separated parents:**

- If your child lives with you most of the time, include him or her in your household. If your child's other parent lives with you, include him or her in your household.

**Step parents:**

- If your child's step parent lives with you, include him or her in your household.

**Students Away At School:**

- If you provide financial support such as food, bills, etc., for a student who does not live with you, include him or her in your household.

**Adult Children Living with Parents:**

- If you live with your parents or other family members and they provide financial support, include them in your household.

**Foster children:**

- Include foster children if they are under age 5.

**Service Members:**

- If the household includes a service member who is away from the household, include the service member in the household.

**Homeless Applicants:**

- If you consider yourself homeless, but live temporarily with other people, do not include them in your household. Include only yourself and other members of your family.

**Household Members Living in Institutions:**

- If you provide financial assistance for a person who usually lives with you who is now living in an institution (ex. treatment facilities, jails, prisons, domestic violence shelters, group homes, residential hospitals, etc.) include them in your household.

18. What was your approximate annual household income for 2022, before taxes, from all sources? This includes salaries, Social Security, pension, interest, and investment earnings. If you don't know the exact number, your best guess is fine. \_\_\_\_\_[NUMERIC 0-99999999; REQUIRED]

**PROGRAMMING: HHI MUST BE LESS THAN THE ANNUAL INCOME LISTED FOR THEIR HOUSEHOLD SIZE BELOW. IF NOT, TERMINATE**

**HOUSEHOLD SIZE: FROM Q17. IF PREGNANT (Q14=2) ADD 1 TO Q17 RESPONSE FOR HOUSEHOLD SIZE**

**THIS TABLE IS FOR PROGRAMMING PURPOSES ONLY AND WILL NOT BE SHOW TO THE RESPONDENTS**

Household size	Annual Income
1	\$25,142
2	\$33,874
3	\$42,606
4	\$51,338
5	\$60,070



6	\$68,802
7	\$77,534
8	\$86,266
9	\$94,998
10	\$103,730
11	\$112,462
12	\$121,194
13	\$129,926
14	\$138,658

<https://aspe.hhs.gov/sites/default/files/documents/4b515876c4674466423975826ac57583/Guidelines-2022.pdf>

**BRAND FUNNEL**

19. What programs or organizations can you think of that help pregnant women and/or families with young children? **PROGRAM 5 OPEN END BOXES. REQUIRED. INCLUDE “Not sure”**
20. Thinking specifically about government programs, what government programs can you think of that help pregnant women and/or families with young children? If any of your responses to the previous question are government programs, please provide them again here. **PROGRAM 5 OPEN END BOXES. REQUIRED. INCLUDE “Not sure”**
21. Now, please indicate if you have ever heard of any of the following.  
***Please select all that you have heard of.***  
**RANDOMIZE**
- 1 “WIC” or the Special Supplemental Nutrition Program for Women, Infants, and Children
  - 2 “SNAP” or the Supplemental Nutritional Assistance Program. It is sometimes referred to and formerly known as “Food Stamps”
  - 3 “TANF” or Temporary Assistance for Needy Families
  - 4 Medicaid
  - 5 “CHIP” or the Children’s Health Insurance Program
  - 6 The United Way
  - 7 American Red Cross
  - 8 March of Dimes
  - 9 Head Start
  - 10 None of these **[EXCLUSIVE]**

22. How familiar are you with each of the following organizations?

**SHOW ORGANIZATIONS SELECTED IN Q21**

- 1 Very familiar
- 2 Somewhat familiar
- 3 Not too familiar
- 4 Not familiar at all/I only know the name
- 5 Never heard of [PROGRAMMER NOTE: IF BRAND SELECTED IN Q21 FLAG AS CHEATER FOR REVIEW]

23. How favorable is your opinion of each of the following organizations?

**SHOW ORGANIZATIONS SELECTED 1-3 IN Q22**

- 1 Very favorable
- 2 Somewhat favorable
- 3 Neutral/no opinion
- 4 Somewhat unfavorable
- 5 Very unfavorable
- 6 Not sure

24. Do you currently participate in or get services from any of the following programs? Select all that apply.

**SHOW ORGANIZATIONS SELECTED 1-3 IN Q22**

**INCLUDE** "None of these"

**PROGRAMMING: CODE AUDIENCES**

- **PARTICIPANT: WIC SELECTED IN Q24**
- **ELIGIBLE: WIC NOT SELECTED IN Q24 OR WIC NOT SHOWN IN Q24 BECAUSE NOT AWARE IN Q22**

**IF NO IN Q24 FOR WIC**

25. Have you previously participated in WIC or the Special Supplemental Nutrition Program for Women, Infants, and Children?

- 1 Yes
- 2 No
- 3 Not sure

**IF NO IN Q24 FOR WIC**

25a. Have you applied for WIC in the past 12 months?

- 1 Yes
- 2 No
- 3 Not sure

**IF Q25a = 1**

25b. When you applied for WIC in the past 12 months, did you/your family meet the qualifications to participate in the program?

- 1 Yes **IF NEVER PARTICIPATED (Q25=2) FLAG AS CHEATER**
- 2 No
- 3 Not sure

**IF Q25b = 1**

25c. Approximately what month and year did you start participating in WIC? [DROP DOWN]

**Month**                      **Year**

**IF YES IN Q24 OR Q25 FOR WIC**

26. What is your overall satisfaction with the WIC program?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neutral/no opinion
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- 6 Not sure

**IF YES IN Q24 OR Q25 FOR WIC**

27. Overall, how likely are you to recommend the WIC program to a friend, family member or colleague?

0      1      2      3      4      5      6      7      8      9      10

NOT LIKELY AT ALL

EXTREMELY LIKELY

**IF FAMILIAR WITH WIC (1-3 IN Q22)**

28. How did you learn about WIC? Please select all information sources that gave you information about WIC.

**RANDOMIZE**

- 1 A friend or family member who participated in WIC
- 2 A friend or family member who did not participate in WIC
- 3 Television
- 4 Radio
- 5 Online/Social media
- 6 Newspaper
- 7 Magazines
- 8 Billboards/Ads on public transportation or outdoors
- 9 Email
- 10 Text message
- 11 Community events
- 12 Health care professional (Pediatrician, Ob/Gyn, Primary Care Doctor, Health Clinic)
- 13 Other (please specify \_\_\_\_\_)
- 14 None of the above [EXCLUSIVE]

**IF FRIEND OR FAMILY MEMBER WHO PARTICIPATED (Q28=1)**

29. You said you learned about WIC from a friend or family member. Is that friend or family member currently participating, or did they previously participate in WIC?

- 1 Currently participating in WIC
- 2 Previously participated in WIC
- 3 Not sure

**[ASK ALL]**

29A. Did your mother participate in WIC when she was pregnant, or when you were an infant or child?

- 1 Yes
- 2 No
- 3 Not sure

<b>WIC BRAND ATTRIBUTES</b>
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**30. AWARE OF WIC 1-3 IN Q23**

You mentioned you have heard of WIC. How well do each of the descriptions below describe WIC?

- 1 Describes very well
- 2 Describes somewhat/to some extent
- 3 Neutral/Not sure
- 4 Does not describe well
- 5 Does not describe at all

**RANDOMIZE**

- a. Well-respected
- b. Easy to enroll in
- c. For someone like me
- d. Educational
- e. A good value
- f. Easy to use
- g. Provides benefits relevant to me
- h. Innovative
- i. Trustworthy
- j. Helpful
- k. Compassionate
- l. Convenient
- m. Encouraging
- n. Modern
- o. Friendly
- p. Accessible
- q. Inclusive
- r. Reliable

**WIC MAX-DIFF**

31. Below, you will see a description of the WIC program. Please read the description and answer the following questions.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded program of the Food and Nutrition Service of the United States Department of Agriculture. To qualify for WIC, you must live in [PULL IN STATE FROM Q4] and be one or more of the following:

- Pregnant.
- Breastfeeding a baby under 1 year of age.
- New parent who had a baby or was pregnant in the past 6 months.
- An infant younger than 1 year.
- A child younger than 5 years.

WIC is open to many incomes including working and non-working families.

**SHOW FOR ELIGIBLES ONLY**

After reading this description, how likely are you to visit the WIC website to learn more?

- 1 Very likely
- 2 Somewhat likely
- 3 Neither likely nor unlikely
- 4 Not too likely
- 5 Not at all likely
- 6 Not sure

**SHOW ON SAME SCREEN**

32. How likely are you to consider [ELIGIBLES: enrolling, PARTICIPANTS: remaining] in WIC?

- 1 Very likely
- 2 Somewhat likely
- 3 Neither likely nor unlikely
- 4 Not too likely
- 5 Not at all likely
- 6 Not sure

33. Next, you will see a few screens that will show you some information about WIC. Regardless of your interest in participating in WIC, tell us the statement that makes you the MOST likely to consider WIC (on the left) and the statement that makes you the LEAST likely to consider WIC (on the right).

**ON EACH DESIGN SCREEN:**

Please indicate the statement that makes you the MOST likely to consider WIC (on the left), and the statement that makes you the LEAST likely to consider WIC (on the right).

**CATEGORIES AND STATEMENTS RANDOMIZED. ONLY SHOW STATEMENT, NOT CATEGORY NAME**

MOST likely to consider		LEAST likely to consider
○	<ol style="list-style-type: none"> <li>1. [Food Quality:] WIC provides high-quality food options</li> <li>2. [Nutritional Value:] WIC provides nutritious and healthy food options</li> <li>3. [Ease of Use:] WIC is easy to access and use</li> <li>4. [Affordability:] WIC saves money at the grocery store</li> <li>5. [Food Variety:] WIC offers a wide variety of food options</li> <li>6. [Convenience:] WIC is convenient to use</li> <li>7. [Responsiveness:] WIC responds to the needs of its participants</li> <li>8. [Trustworthiness:] WIC is a trustworthy source of nutritional information and support</li> <li>9. [Caring:] WIC and its staff care and show concern for its participants</li> <li>10. [Community Building:] WIC connects families to others in their community</li> <li>11. [Breastfeeding:] WIC provides personalized breastfeeding counseling and may include access to breastfeeding equipment</li> <li>12. [Personalized:] WIC provides one-on-one support for pregnant women and families</li> <li>13. [Education:] WIC provides the educational resources needed to make healthy, nutritious decisions</li> <li>14. [Referrals:] WIC provides helpful referrals for health care and other community services</li> <li>15. [Formula:] WIC provides baby formula to families who</li> </ol>	○

	need it	
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**AFTER ALL MAX DIFF EXERCISE COMPLETED**

34. Of all the information you saw about WIC, what is the MOST important to you?

**OPEN-END/REQUIRED**

35. **SPLIT SAMPLE A** – WIC is made up of four key components, below. For each, how important of a reason would they be for you to [ELIGIBLES: enroll, PARTICIPANTS: remain] in the program?

- 1 Very important
- 2 Somewhat important
- 3 Neither/Neutral
- 4 Not too important
- 5 Not important at all
- 6 Not sure

**RANDOMIZE**

- a. The program provides healthy foods to its participants.
- b. The program provides breastfeeding support to its participants.
- c. The program offers nutrition education and support for participants.
- d. The program can help its participants access healthcare and community service resources.

35a. **SPLIT SAMPLE B** – WIC is made up of four key components, below. For each, how important of a reason would they be for you to [ELIGIBLES: enroll, PARTICIPANTS: remain] in the program?

- 1 Very important
- 2 Somewhat important
- 3 Neither/Neutral
- 4 Not too important
- 5 Not important at all
- 6 Not sure

**RANDOMIZE**

- a. The program provides healthy foods to its participants at no cost.
- b. The program provides free breastfeeding support to its participants.
- c. The program offers nutrition education and support for participants at no cost.
- d. The program can help its participants access healthcare and community service resources.

36. Here are some more statements about WIC. For each, please indicate how convincing it is as a reason to consider [ELIGIBLES: enrolling, PARTICIPANTS: remaining] in WIC.

- 1 Very convincing
- 2 Somewhat convincing
- 3 Neither/Neutral
- 4 Not too convincing

- 5 Not convincing at all
- 6 Not sure

**RANDOMIZE**

- a. The healthy foods WIC provides at no cost to WIC participants are based on the latest nutrition guidelines to support your and your family's health and well-being.
- b. WIC members have one-on-one meetings with WIC staff who are experts in nutrition for moms during pregnancy and breastfeeding and for infants, toddlers, and preschoolers. These experts provide personalized advice and resources based on each member's—and their child's—needs.
- c. WIC provides benefits electronically. Your family will receive a debit-like card that covers the cost of WIC-approved foods for your family. The WIC card makes shopping more convenient and more efficient.
- d. WIC is listening and improving in many ways to meet participants' needs. In addition to shopping with the WIC card, many meetings with WIC staff can take place online.
- e. WIC helps families save even more money than before. WIC has increased the amount of money WIC families can use at the grocery store (online or in-store) for fruits and vegetables and still at no cost to them.
- f. WIC's breastfeeding services include one-on-one coaching with breastfeeding experts and may include breastfeeding classes and access to breastfeeding equipment.
- g. WIC helps give children a strong start at school: children who receive WIC benefits demonstrate improved intellectual development.

37. Now that you have seen more information, how likely are you to consider [ELIGIBLES: enrolling, PARTICIPANTS: remaining] in WIC?

- 1 Very likely
- 2 Somewhat likely
- 3 Neither likely nor unlikely
- 4 Not too likely
- 5 Not at all likely
- 6 Not sure

<b>MESSAGES AND BARRIERS</b>
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38. Below are some reasons people have given for not enrolling in WIC. For each, how convincing is the reason to **not** [ELIGIBLES: enroll, PARTICIPANTS: remain] in WIC?

- 1 Very convincing
- 2 Somewhat convincing
- 3 Neither/Neutral
- 4 Not too convincing
- 5 Not convincing at all
- 6 Not sure



**RANDOMIZE**

- a. The program is not for families like mine.
  - b. The program is complicated and difficult to enroll in.
  - c. It is too difficult to go to the required, in-person meetings with WIC staff.
  - d. The program is only worth it for families with babies.
  - e. The program doesn't provide enough support for breastfeeding mothers.
  - f. It is too difficult to shop for the specific foods approved by WIC.
  - g. My children/family won't eat the foods WIC provides.
  - h. I don't need help from the government.
  - i. The income requirements are too low for families like mine to qualify.
  - j. The WIC foods I like aren't available at my grocery store.
  - k. Other people need benefits more than I do.
39. Here are some more statements about WIC. Please read all three statements and rank them in terms of how convincing each is as a reason to [ELIGIBLES: enroll, PARTICIPANTS: remain] in WIC. The statement you place at the top of your list should be the MOST convincing. The statement at the bottom of your list should be the LEAST convincing.  
**PROGRAMMING: RANK-ORDER; ROTATE ORDER OF STATEMENTS. ALWAYS SHOW NOT SURE.**

- 1) WIC is a free service that's all about food and nutrition. It helps pregnant women, new parents, and families with children up to five years old. WIC participants get healthy foods, advice about eating healthier, and personal breastfeeding help, all at no cost. They also get referrals to health and social services they might need.
- 2) WIC helps about half of the babies born in the United States. Millions of new moms take part in WIC every year. They get one-on-one breastfeeding help, free healthy foods, and nutrition tips for their family. Plus, they get referrals to health care and community resources.
- 3) With WIC, you get a team to support you when you need it. Pregnant and postpartum women and kids younger than five get healthy foods, one-on-one breastfeeding support, and tips about nutritious meals for your family, even if your family has special food or diet needs. You even get referrals to health care and other services. WIC is here to help you give your kids a healthy start to life.
- 4) Not Sure [**ANCHOR. ALWAYS SHOW**]

40. Of the statements you just saw about WIC, please explain why you selected the following statement as the MOST convincing? [SHOW Q39 TOP CHOICE ON SCREEN] **OPEN-END/REQUIRED**

<b>DEMOGRAPHICS</b>
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Now just a few final questions for statistical purposes...

44. What is the highest level of education you completed?
- 1 Less than high school
  - 2 High school
  - 3 Associate's degree

- 4 Bachelor's degree
- 5 Advanced degree (Masters, PhD, MD, JD, etc.)
- 6 Not sure/Prefer not to say

45. What is your marital status? Are you...

1. Married
2. Unmarried but living with partner
3. Single
4. Separated
5. Divorced
6. Widowed
7. Other
8. Prefer not to say

46. What is your current employment status?

1. Employed full-time
2. Employed part-time
3. Self-employed
4. Student
5. Homemaker
6. Retired
7. Unemployed, looking for work
8. Other
9. Not sure

47. Are you the parent/guardian or grandparent of any children under age 18?

- 1 Yes, children
- 2 Yes, grandchildren
- 3 No [PROGRAMMER NOTE: FLAG AS CHEATER FOR REVIEW]
- 4 Prefer not to say

**IF YES ABOVE IN Q47 (Q47=1,2)**

48. How old are the children/grandchildren? *Select all that apply.*

- 1 Infant (Ages 0-2)
- 2 Preschool (Ages 2-5)
- 3 Grade school grades K to 5<sup>th</sup> (Ages 6-10)
- 4 Middle school grades 6<sup>th</sup> to 8<sup>th</sup> (Ages 11-13)
- 5 High school grades 9<sup>th</sup> to 12<sup>th</sup> (Ages 14-17)
- 6 Prefer not to say

49. How often do you attend religious/faith services (aside from weddings and funerals)?

- 1 More than once a week
- 2 Once a week
- 3 A few times a month
- 4 A few times a year
- 5 Only on special occasions or holidays
- 6 Rarely/never

7 Not sure

50. In the last year, how many times did you go to a doctor, nurse, or other health professional to get care for **yourself**, including annual exams and routine care? Your best guess is fine.

\_\_\_\_\_ # of times [NUMERIC 0-365]  
**INCLUDE OPTION FOR "Not sure"**

**IF Q50>0**

51. In the last year, where did you go to see a doctor, nurse, or other health professional to get care for **yourself**, including annual exams and routine care? Please select all that apply.

- a. Hospital
- b. Clinic
- c. Medical office
- d. Urgent Care
- e. Emergency room
- f. Other (Please specify: \_\_\_\_\_)

**ASK OF AUDIENCES: CHILD <1 YEAR, CHILD 1-5 YEARS**

52. In the last year, how many times did you go to a doctor, nurse, or other health professional to get care for **your child younger than 5 years**, including annual exams and routine care? Your best guess is fine.

\_\_\_\_\_ # of times [NUMERIC 0-365]  
**INCLUDE OPTION FOR "Not sure"**

**IF Q52>0**

53. In the last year, where did you go to see a doctor, nurse, or other health professional to get care for **your child younger than 5 years**, including annual exams and routine care? Please select all that apply.

- a. Hospital
- b. Clinic
- c. Medical office
- d. Urgent Care
- e. Emergency room
- f. Other (Please specify: \_\_\_\_\_)

Thank you. That completes our survey. Thank you for your time and responses!