

FNS WIC phase 2: Ustertesting.com plan

Screener variations

We will launch two variations of the same screener on ustertesting.com. They will ask the same questions but accept slightly different answer options for household income and household size.

Screener, variation 1: Up to \$65K Household income, Household size of at least 5

Filters

1. Countries: United States
2. Age: 18-34
3. Device: Smartphone

Screening questions

1. How many people are in your household? (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.
 - a. 1 [REJECT]
 - b. 2 [REJECT]

- c. 3 [REJECT]
 - d. 4 [REJECT]
 - e. 5 [ACCEPT]
 - f. 6 [ACCEPT]
 - g. 7 or more [ACCEPT]
2. What is your household income?
- a. \$20K or less [ACCEPT]
 - b. \$21K-\$30K [ACCEPT]
 - c. \$31K-\$50K [ACCEPT]
 - d. \$51K-\$65K [ACCEPT]
 - e. \$66K-\$80K [REJECT]
 - f. More than \$80K [REJECT]
3. Please select all the following that apply to someone in your household:
- a. Is pregnant [ACCEPT]
 - b. Has had a baby within the last 12 months [ACCEPT]
 - c. Is breastfeeding or chestfeeding an infant up to 12 months old [ACCEPT]
 - d. Is a child or foster child under the age of 5 [ACCEPT]
 - e. None of the above [REJECT]
4. Are you or someone in your household currently enrolled in any of the following programs? **Select all that apply.**
- a. Medicaid [ACCEPT]
 - b. SNAP (Supplemental Nutrition Assistance Program sometimes referred to and formerly known as "Food Stamps") [ACCEPT]
 - c. TANF (Temporary Assistance for Needy Families) [ACCEPT]
 - d. "CHIP" or the Children's Health Insurance Program [ACCEPT]
 - e. WIC (Special Supplemental Program for Women, Infants, and Children) [REJECT]
 - f. None of the above [ACCEPT]
5. What is your race or ethnicity? We ask questions about your identity to ensure diverse representation in our studies. The content of the test is not dependent on, or related to, your response.
- a. American Indian or Alaska Native [ACCEPT]
 - b. I identify with two or more races or ethnicities [ACCEPT]
 - c. Asian, Black or African American [ACCEPT]
 - d. Hispanic [ACCEPT]
 - e. Middle Eastern or North African [ACCEPT]
 - f. Native Hawaiian and Pacific Islander [ACCEPT]
 - g. My race or ethnicity is not listed here [ACCEPT]

- h. White [ACCEPT]
 - i. Prefer not to answer [REJECT]
6. What is your gender? We ask questions about your identity to ensure diverse representation in our studies. The content of the test is not dependent on, or related to, your response.
- a. Man [REJECT]
 - b. Woman [ACCEPT]
 - c. Nonbinary [REJECT]
 - d. Describe in some other way [REJECT]
 - e. I prefer not to answer [REJECT]

Screener, variation 2: Up to \$51K household income, household size of at least 4

Filters

- 4. Countries: United States
- 5. Age: 18-34
- 6. Device: Smartphone

Screening questions

7. How many people are in your household? (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.
- a. 1 [REJECT]
 - b. 2 [REJECT]
 - c. 3 [REJECT]
 - d. 4 [ACCEPT]
 - e. 5 [ACCEPT]
 - f. 6 [ACCEPT]
 - g. 7 or more [ACCEPT]
8. What is your household income?
- a. May select: \$20K or less [ACCEPT]
 - b. \$21k-\$30K [ACCEPT]
 - c. \$31K-\$51K [ACCEPT]
 - d. \$52K-\$75K [REJECT]
 - e. \$76K-\$100K [REJECT]

- f. More than \$100K [REJECT]
9. Please select all the following that apply to someone in your household:
- Is pregnant [ACCEPT]
 - Has had a baby within the last 12 months [ACCEPT]
 - Is breastfeeding or chestfeeding an infant up to 12 months old [ACCEPT]
 - Is a child or foster child under the age of 5 [ACCEPT]
 - None of the above [REJECT]
10. Are you or someone in your household currently enrolled in any of the following programs? **Select all that apply.**
- Medicaid [ACCEPT]
 - SNAP (Supplemental Nutrition Assistance Program sometimes referred to and formerly known as "Food Stamps") [ACCEPT]
 - TANF (Temporary Assistance for Needy Families) [ACCEPT]
 - "CHIP" or the Children's Health Insurance Program [ACCEPT]
 - WIC (Special Supplemental Program for Women, Infants, and Children) [REJECT]
 - None of the above [ACCEPT]
11. What is your race or ethnicity? We ask questions about your identity to ensure diverse representation in our studies. The content of the test is not dependent on, or related to, your response.
- American Indian or Alaska Native [ACCEPT]
 - I identify with two or more races or ethnicities [ACCEPT]
 - Asian, Black or African American [ACCEPT]
 - Hispanic [ACCEPT]
 - Middle Eastern or North African [ACCEPT]
 - Native Hawaiian and Pacific Islander [ACCEPT]
 - My race or ethnicity is not listed here [ACCEPT]
 - White [ACCEPT]
 - Prefer not to answer [REJECT]
12. What is your gender? We ask questions about your identity to ensure diverse representation in our studies. The content of the test is not dependent on, or related to, your response.
- Man [REJECT]
 - Woman [ACCEPT]
 - Nonbinary [REJECT]
 - Describe in some other way [REJECT]
 - I prefer not to answer [REJECT]

#0584-0611

OMB Control

Expiration

Date: 11/30/2025

This information is being collected to assist the Food and Nutrition Service in improving WIC's customer experience (customer service) and reducing disparities in WIC program access and delivery. This is a voluntary collection and FNS will use the information to improve the customer experience of individuals applying for WIC. 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 0584-0611. The time required to complete this information collection is estimated to average 0.03 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 Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0611). Do not return the completed form to this address.