

**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 0584-0611. The time required to complete this information collection is estimated to average .25 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.

## Attachment A-1 Focus Group Screener (English) (WIC Participants, Currently Pregnant and WIC-Eligible)

- **GROUP 1:** WIC-Participant (Q11/Q11A), Mom of child 0 to <12 mos. (Q2a-q2b), Mix of ethnicities (Q4), English-speaking (Q13), Ages 18-44 (Q5), Mix of breastfeeding (Q15-Q16), Mix of locality (Q18)
- **GROUP 2:** WIC-Participant (Q11/Q11A), Mom of child 0 to <12 mos. (Q2a-Q2b), Hispanic (Q4), Spanish-speaking (Q13), Ages 18-44 (Q5), Mix of breastfeeding (Q15-Q16), Mix of locality (Q18)
- **GROUP 3:** WIC-Participant (Q11/Q11A), Mom of child 1 yr. to under 5 yrs. (Q2a-Q2b), Mix of ethnicities (Q4), English-speaking (Q13), Ages 18-44 (Q5), Mix of locality (Q18)
- **GROUP 4:** WIC-Participant (Q11/Q11A), Mom of child 1 yr. to under 5 yrs. (Q2a-Q2b), Hispanic (Q4), Spanish-speaking (Q13), Ages 18-44 (Q5), Mix of locality (Q18)
- **GROUP 5:** WIC-Participant (Q11/Q11A), Currently pregnant (Q2a-Q2b), Mix of ethnicities (Q4), English-speaking (Q13), Ages 18-44 (Q5), Mix of locality (Q18)
- **GROUP 6:** WIC-non-Participant who is either adjunctively eligible (Q11/Q11A), and/or Income eligible (Q9), Mom of child 0 to <60 mos. (Q2a-q2b), Mix of ethnicities (Q4), English-speaking (Q13), Ages 18-44 (Q5), Mix of locality (Q18)

**All groups recruit 8 to seat up to eight.**

Hello, My name is \_\_\_\_\_, and I am calling from MarketVision Research, a research company in Cincinnati, OH. We are calling on behalf of the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) to ask for your participation in a discussion about how USDA can best communicate nutrition information to people like you. Your participation is voluntary and as a token of our appreciation, we will provide \$75 as an incentive for your participation in a 90-minute discussion on this subject. There are no penalties if you choose not to participate. This feedback session will be private, which means that nothing that you say will be seen by anyone other than qualified researchers working on this project, except as otherwise required by law. Your responses will be combined with others and you will never be personally identified.

Are you interested in participating?

IF NO: Thank you and have a great day/evening.

IF YES: Great! First, I need to ask you a few questions to find out if your background meets the needs of this study.

Before the questions, I need to inform you about the process.

It will take approximately 15 minutes to complete the questions. In accordance with the Paperwork Reduction Act of 1995, the valid OMB control number for this information collection is 0584-0611. If you have comments on any aspect of this information collection, there is a mailing address to send comment to USDA. Would you like that address? [IF YES: U.S. Department of Agriculture, Food and Nutrition Services, Braddock Metro Center II, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0584-0611).]

1. Are you: *Mark all that apply.*

- 1) Female
- 2) Male **[THANK AND TERMINATE]**
- 3) Transgender, non-binary, or another gender

**HOLD IF SELECT OPTION 3**

2. Are you the parent or legal guardian of a child 4 years old or younger who lives with you, even part-time?

- 1) Yes, parent/legal guardian **[MUST SELECT TO CONTINUE FOR GROUPS 1, 2, 3, 4 and 6]**
- 2) No **[SKIP TO Q2B]**

2a. How old is the child (are the children) who lives (live) with you? *Select all that apply*

- 1) Newborn 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

\_\_\_\_\_ **RECORD NUMBER OF CHILDREN UNDER 5 YEARS OF AGE IN HOUSEHOLD.**

**FOR GROUP 1 & 2- MUST MENTION AT LEAST ONE OF RESPONSES 1 - 4; RECRUIT MIX WITHIN, TO EXTENT POSSIBLE**

**FOR GROUPS 3 & 4- MUST MENTION AT LEAST ONE OF RESPONSES 5 - 8; RECRUIT MIX WITHIN, TO EXTENT POSSIBLE**

**GROUP 5- MAY OR MAY NOT HAVE A CHILD**

**GROUP 6- MUST MENTION YES AT Q2 AND RECRUIT A MIX OF AGES AT Q2A**

**FOR ALL GROUPS - RECRUIT A MIX OF NUMBER OF CHILDREN IN HOUSEHOLD**

2b. **ASK ALL** Are you currently pregnant or trying to become pregnant within the next year?

- 1) Trying to become pregnant within the next year **THANK AND TERMINATE IF Q2=2**
- 2) Currently pregnant **MUST SELECT TO CONTINUE FOR GROUP 5**
- 3) No, none of these **THANK AND TERMINATE IF Q2=2**

**FOR GROUP 5 MUST BE CURRENTLY PREGNANT**

3. Are you Hispanic, Latino or of Spanish descent?
  - 1) Yes, Hispanic or Latino [**CONTINUE SCREEN FOR ALL GROUPS; MUST SELECT FOR GROUP 2 & 4**]
  - 2) No, not Hispanic or Latino
  - 3) Prefer not to answer

**GROUPS 2 & 4 MUST SELECT YES - HISPANIC OR LATINO**

4. Which of the following best describes your race? Select all that apply. [**ACCEPT MULTIPLE RESPONSES**]
  - 1) American Indian or Alaska Native
  - 2) Asian
  - 3) Black or African American
  - 4) Native Hawaiian or Other Pacific Islander
  - 5) White
  - 6) Other
  - 7) Prefer not to answer [EXCLUSIVE; **THANK AND TERMINATE: Based on the requirements of the study, it looks like we can't include you at this time. It is possible we will be calling you in the future for other studies.**

**GROUPS 1, 3, 5 AND 6 - MIX OF RACE/ETHNICITIES (Q3= 1 or 2 AND Q4=1 thru 5)**

**GROUPS 2 AND 4 - HISPANIC/LATINO ADULTS ONLY (Q3 =1)**

5. Please stop me when I come to the category that includes your age.
  - 1) Under 18 [**THANK AND TERMINATE: Based on the requirements of the study, it looks like we can't include you at this time. It is possible we will be calling you in the future for other studies.**]
  - 2) 18 - 24
  - 3) 25 - 29
  - 4) 30 - 34
  - 5) 35 - 44 [**SEE NOTE BELOW**]
  - 6) 50 - 64 [**THANK AND TERMINATE**]
  - 7) 65 - 74 [**THANK AND TERMINATE**]
  - 8) 75 or older [**THANK AND TERMINATE**]

**RECRUIT A MIX OF AGES PER GROUP**

**[NOTE] RECRUIT A MAX OF 1 RESPONDENT AGED 35-44 PER GROUP**

6. Please select the category that best represents your living situation:
- 1) Live in parent/guardian's home
  - 2) Live in dorm/group home
  - 3) Live with spouse/significant other
  - 4) Live with children/other family members [**CHECK AGAINST PARENT Q2**]
7. In your household, who is responsible for making choices regarding the food you and your household eats?
- 1) I am primarily responsible for making choices regarding the food I/my household eats
  - 2) I share responsibility for making choices regarding the food I/my household eats
  - 3) Someone else is primarily responsible for making choices regarding the food I/my household eats [**THANK AND TERMINATE**]
8. 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 & unborn 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. Here are some examples of people who you should include in your household in order to answer this question: **READ LIST:**
- Non-married adult such as a boyfriend, girlfriend, fiancé or domestic partner or former spouse
  - Your child who lives with you most of the time and their other parent some of the time
  - Student away at school if you provide financial support to them
  - Your parent if they live with you and provide financial support
  - Foster children under the age of 5
  - Active service member away from home
  - A person to whom you provide financial assistance and usually lives with you but is now living in an institution such as a treatment facility, prison, group home, domestic violence shelter, or residential hospital.
  - You or someone else in your household who is pregnant

NOTE TO RECRUITER: ASK IF THE PERSON OR SOMEONE IN THEIR HOUSEHOLD IS PREGNANT. IF YES, THE UNBORN CHILD ADDS ONE (1) TO THE HOUSEHOLD TOTAL.

**RECORD NUMBER OF PEOPLE IN HH, BASED ON THIS DEFINITION, INCLUDING THE RESPONDENT:  
WRITE IN \_\_\_\_\_**

9. 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]

Household size (FROM Q8)	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>

**ALL MUST BE <= 185% of poverty guidelines OR Q11=SNAP,TANF, AND/OR MEDICAID if not a WIC participant. IF RESPONDENT PARTICIPATES IN WIC BUT HHI IS ABOVE 185% OF POVERTY GUIDELINES, HOLD FOR REVIEW**

10. How familiar are you with each of the following programs? **RANDOMIZE**

	Very familiar	Somewhat familiar	Not too familiar	Never heard of/don't know
"SNAP" or the Supplemental Nutritional Assistance Program. It is sometimes referred to and formerly known as "Food Stamps"				
"WIC" or the Special Supplemental Nutrition Program for Women, Infants, and Children				
"TANF" or Temporary Assistance for Needy Families				
The National School Lunch Program				
Medicaid				
"CHIP" or the Children's Health Insurance Program				

**TERMINATE IF RESPONDENT HAS NOT HEARD OF ANY PROGRAM AT Q10. MUST MENTION VERY FAMILIAR, SOMEWHAT FAMILIAR OR NOT TOO FAMILIAR WITH AT LEAST ONE PROGRAM LISTED**

11. Do you currently participate in any of the following programs? *Select all that apply.*

**[RANDOMIZE]**

1	"SNAP" or the Supplemental Nutritional Assistance Program. It is sometimes referred to and formerly known as "Food Stamps"
2	"WIC" or the Special Supplemental Nutrition Program for Women, Infants, and Children
3	"TANF" or Temporary Assistance for Needy Families
4	The National School Lunch Program
5	Medicaid
6	"CHIP" or the Children's Health Insurance Program
99	None of these

**GROUPS 1, 2, 3, 4 AND 5 - MUST SELECT WIC TO QUALIFY**

**GROUPS 1, 2, 3, 4 AND 5 - MAX 4 PER GROUP WHO SELECT SNAP, TANF, AND/OR MEDICAID IN ADDITION TO WIC**

**GROUP 6 CANNOT SELECT WIC - RECRUIT 3-4 WHO SELECT SNAP, TANF, AND/OR MEDICAID IN**

**11a. ASK IF MENTIONS YES TO ANY AT Q11**

Do you currently receive text notifications such as balance updates, appointment reminders, breastfeeding information or tips and information from any of the following programs? **READ ONLY THOSE RESPONSES SELECTED IN Q11.**

- 1) "SNAP" or the Supplemental Nutritional Assistance Program. It is sometimes referred to and formerly known as "Food Stamps"
- 2) "WIC" or the Special Supplemental Nutrition Program for Women, Infants, and Children
- 3) "TANF" or Temporary Assistance for Needy Families
- 4) Medicaid
- 5) "CHIP" or the Children's Health Insurance Program
- 6) None of these

**RECRUIT A MIX IF POSSIBLE**

**11b. ASK ALL** On a scale of 1 to 5, with 1 being 'Not at all open' and 5 being 'Extremely open,' how comfortable are you with receiving communication or updates via text messages from the following, assuming you have opted-in to receive those communications?"

		Not at all open	Slightly open	Moderately open	Very open	Extremely open
1	A company that you have done business with before, such as Amazon, your cell phone service, a retailer, etc	1	2	3	4	5
2	An organization such as your child's daycare or school, your doctor's office, or an assistance program such as SNAP, Medicaid, etc	1	2	3	4	5

**11B\_1 INFO ONLY**

**11B\_2 ALL MUST MENTION 2 - 5 (SLIGHTLY OPEN/MODERATELY OPEN/ VERY OPEN/ EXTREMELY OPEN)**

**11B\_3 ALL MENTIONS OF 1 [THANK AND TERMINATE]**

**ASK GROUP 6 - WIC-ELIGIBLE**

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

- 1) Yes **TERMINATE**
- 2) No
- 3) Not sure **TERMINATE**

**GROUP 6 NO RESPONDENT CAN BE A CURRENT OR FORMER WIC PARTICIPANT**

**[ADDITIONAL SCREEN FOR HISPANIC PARTICIPANTS - SEE Q3 1]**

13. What language do you usually speak at home?
- 1) Only Spanish
  - 2) Mostly Spanish
  - 3) Spanish and English equally
  - 4) Mostly English
  - 5) Only English [SKIP TO RESUME ALL QUESTION]
14. Thinking of your media habits, including television, the internet, social media, radio, and print newspapers and magazines, would you say you use ...
- 1) Only Spanish language media
  - 2) Mostly Spanish language media
  - 3) Spanish and English language media equally
  - 4) Mostly English language media
  - 5) Only English language media

**IF EQUAL OR MOSTLY ENGLISH ON BOTH (Q13 and Q14=3-5), MAY QUALIFY FOR ENGLISH-SPEAKING HISPANIC GROUP 1, 3, 5 or 6**



**ADDITIONAL QUESTIONS MOTHERS OF CHILDREN AGED 0 - 2 YEARS (ASK IF Q2a = 1, 2, 3, 4, 5)**

15. How do you currently feed your child who is 2 years of age or younger? Select all that apply.

- 1) Breastfeeding (including pumping)
- 2) Formula/Breast-milk substitutes
- 3) Pureed food (for example foods with a smooth, soft texture such as apple sauce or squash)
- 4) Solid food or finger food (for example cheerios, peas, banana)
- 5) Other, please describe: \_\_\_\_\_ [HOLD FOR MARKETVISION REVIEW]

**RECRUIT A MIX OF BREASTFEEDING AND NOT BREASTFEEDING**

[ASK IF Q15 DOES NOT EQUAL 1]

16. Have you ever breastfed your child who is 24 months of age or younger?

- 1) Yes
- 2) No

**RECRUIT A MIX OF BREASTFEEDING AND NEVER BREASTFED**

**RESUME ASKING ALL**

17. For each statement, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement. **RANDOMIZE**

	Strongly Agree	Somewhat Agree	Somewhat disagree	Strongly disagree	Don't know/ Not sure
I am confident in my ability to make nutritious eating choices					
I know where to find/purchase nutritious foods near me					
I eat whatever I want, whenever I want					
I wish I knew more about healthy eating					

**RECRUIT FOR A MIX OF ATTITUDES/LIFESTYLE**

**TERMINATE IF Q17C = 1 AND Q17D = 4**

18. In what type of community do you live? [CONFIRM AGAINST ZIP CODE. RECRUIT A MIX]

- 1) Urban, which is inside a city
- 2) Suburban, which is just outside of a city [RECRUIT NO MORE THAN 2 PER GROUP]
- 3) Small town or Rural, which is farther outside of a city, like in the country

**RECRUIT A MIX FOR ALL GROUPS TO EXTENT POSSIBLE**

19. In what state do you live? [DROPDOWN LIST]  
RECRUIT MIX ACROSS STATES TO EXTENT POSSIBLE

20. What is your zip code? \_ \_ \_ \_ \_ [NUMERIC, RECORD]

The discussion we are recruiting for is virtual, meaning that you can participate from the comfort of your own home, but you would need to be in front of a device with internet access, in a quiet place. Please make sure and confirm that you can be in a quiet place and can commit to the full 90 minutes without many interruptions. To better simulate a discussion, you would also need to be visible to the interviewer via a web camera. **[IF BREASTFEEDING:** It is okay to breastfeed or pump, if needed, during this time and you can step away from the camera while doing so.] Someone will call you before the group to help you set up the webcam and make sure all the technology needed for the discussion is working properly.

This is for research purposes only, and all of your feedback during the group would be anonymous and confidential, and the remote connection is safe and secure. To thank you for participating in this study, we will compensate you \$75 for your time and opinions.

21. Is this something you are interested in and comfortable with?  
1) Yes  
2) No [ THANK AND TERMINATE]

Now, just a couple of questions about your technology usage.

22. How would you describe your comfort level with using the internet?  
1) Very comfortable  
2) Somewhat comfortable  
3) Neutral  
4) Not that comfortable [THANK AND TERMINATE]  
5) Not comfortable at all [THANK AND TERMINATE]

23. What type of device will you be using to participate?  
1) Computer/laptop  
2) Tablet  
3) Phone

**IF Q23=1 OR 2 (USING COMPUTER OR TABLET)**

24. Do you have a high-speed internet connection that you can use while participating in this research?  
1) Yes CONTINUE  
2) No OPTION FOR RESPONDENT TO USE PHONE INSTEAD, OTHERWISE  
[THANK AND TERMINATE]

25. Do you have a webcam on your computer, laptop, tablet, or smartphone that you can use for the discussion?

- 1) Yes **CONTINUE**
- 2) No **PLEASE HOLD FOR MARKETVISION REVIEW, IDEALLY ALL RESPONDENTS HAVE WEBCAMS**

What is the best time to reach you for a Technology Check?

**RECORD:** \_\_\_\_\_

Thank you for completing the screening questions. As I mentioned previously, you have been invited to participate in a small discussion group regarding how USDA can best communicate about nutrition information to people like you. Your participation means that you would participate in the 90-minute discussion that will be held on DATE/TIME/LOCATION. As a token of our appreciation, you will receive a \$75 for your time and opinions.  
Would you still like to participate?

[If Respondent seems uncomfortable, explain, "This information will be used only to send you a confirmation and details for the group." Record contact information.]