**Privacy Act Statement**



**Consent Form**

*If “I Do Not Agree” is selected, the participant is taken to Closing on the last page.*



**OMB Burden Statement**



**Welcome**





**Questions 1 & 2**

***If “State” is selected...***



***If “Local” is selected...***



**Question 3**





**Question 5**



**Question 6**



**Question 7**



**Section 2 – CAMPAIGN ADOPTION/ADAPTATION/INTEGRATION (FOR WIC STATE AGENCIES ONLY)**



**Question 8**



**Question 9**



**Question 10**



**Question 11**



**Question 12**



**Question 13**



**Question 14**



**Question 15**



**Question 16**



**Question 17**



**Question 18**



**Question 19**



**Question 20**



**Question 21**



**Question 22**



**Question 23**



**Question 24**



**Question 25**



**Question 26**



**Question 27**



**Question 28**



**Question 29**



**SECTION 5: ADDITIONAL SHARING OF EXPERIENCES**

**Question 30 & 31**



**Closing**

