

Appendix Q

WIC participant experience survey

Public Burden Statement

This information is being collected to assist the Food and Nutrition Service to better understand the implementation and impact of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) modernization efforts on WIC State and local agencies, WIC vendors, and WIC participants. This is a voluntary collection and FNS will use the information to monitor and strengthen WIC program modernization efforts. 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-[xxxx]. The time required to complete this information collection is estimated to average 10 minutes (0.167 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, Evidence, Analysis, and Regulatory Affairs Office, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Participant Experience Survey

WIC & FMNP Outreach, Innovation, and Modernization Evaluation

Date

INTRODUCTION

Thank you for participating in this study. The U.S. Department of Agriculture Food and Nutrition Service (FNS) is sponsoring the study. FNS asked Mathematica, a research company, to help them better understand what it's like to be in WIC. The WIC program recently made some changes, and we want to learn how those changes are affecting WIC participants like you.

We know you are busy, and we appreciate your feedback! We will use your responses to keep improving WIC so it meets the needs of today's families. This survey will take about 10 minutes to complete. You can complete it all at once, or you can save your responses and return to finish the survey later.

Your participation in this study is voluntary. There are no risks or benefits associated with participating in the study. You may skip any questions you are not comfortable answering; however, we hope you will answer as many questions as you can. The information you provide will be used only for research purposes. Your responses will be kept private to the extent permitted by law. They will not be shared in a way that identifies you without your permission.

If you have any questions about the study or about completing this survey, please contact the study team at [EMAIL] or [PHONE]. If you have any questions about your rights as a research participant, please call Health Media Lab Institutional Review Board (IRB) at 202-246-8504.

Please use the buttons at the bottom of each page to move through the survey. You may need to scroll down on the page to view the buttons. Using your browser's "Back" function may cause errors.

Do you agree to participate in this study? YES NO

IF YES: Please click on the link below to begin your survey.

<<SURVEY LINK>>

SECTION A. YOUR FAMILY'S PARTICIPATION IN WIC

The following questions are about you and your family's participation in the WIC program.

ALL

A1. Are you a...

Select all that apply

- ☐ Parent..... 1
- ☐ Guardian..... 2
- ☐ Pregnant, postpartum, and/or breastfeeding person..... 3
- ☐ Foster parent..... 4
- ☐ Grandparent..... 5
- ☐ Other caretaker..... 6
- NO RESPONSE..... M

ALL

A2. This question asks about WIC participation for people in your household. Please include any foster children, if applicable, in your answers. How many of each kind of person participated in WIC anytime during the last three months? For children who turned one year old in the last three months, please count them as a child between the ages of 1 and 4 years old.

PROGRAMMER: RANGE FOR GRID IS NUMBER RANGE

	Number of people
a. Pregnant, postpartum, and/or breastfeeding people	<input style="width: 80%;" type="text"/>
b. Infant(s) under 12 months old	<input style="width: 80%;" type="text"/>
c. Child(ren) between the ages of 1 and 4 years old	<input style="width: 80%;" type="text"/>
i. Other (SPECIFY)	<input style="width: 80%;" type="text"/>
(STRING (NUM))	

- m No one in my family has participated in WIC in the last 3 months.....4 [GO TO END OF SURVEY]
- NO RESPONSE..... M

A3. In what years did you or your family participate in WIC? Please select any years where you or your family participated for any length of time.

Select all that apply

- ☐ [2025 survey] Anytime in **2025**..... 1
- ☐ [2025 survey] Anytime in **2024**..... 2
- ☐ [2025 survey] Anytime in **2023**..... 3
- ☐ [2025 survey] Anytime in **2022**..... 4
- ☐ [2025 survey] Anytime between **2020-2021**..... 5
- ☐ [2025 survey] Anytime in **2019 or earlier**..... 6
- ☐ [2027 survey] Anytime in **2027**..... 1
- ☐ [2027 survey] Anytime in **2026**..... 2
- ☐ [2027 survey] Anytime in **2025**..... 3
- ☐ [2027 survey] Anytime in **2024**..... 4
- ☐ [2027 survey] Anytime in **2023**..... 5
- ☐ [2027 survey] Anytime in **2022**..... 6
- ☐ [2027 survey] Anytime between **2020-2021**..... 7
- ☐ [2027 survey] Anytime in **2019 or earlier**..... 8
- ☐ Don't know..... D
- ☐ NO RESPONSE..... M

SECTION B. EXPERIENCE WITH THE WIC PROGRAM

These next questions are about your overall experience with the WIC program. We want to learn about how you've felt about different parts of WIC and if your feelings have changed over time.

ALL

B1. Currently, how do you feel about the WIC program?

Select one only

- m Very satisfied..... 1
- m Satisfied..... 2
- m Neither satisfied nor dissatisfied..... 3
- m Dissatisfied..... 4
- m Very dissatisfied..... 5
- m Don't know..... D
- NO RESPONSE..... M

ALL

IF A3=4, 5, 6 FILL WITH "SINCE 2022"

If A3=1, 2, 3 FILL WITH "SINCE YOUR FAMILY STARTED PARTICIPATING"

B2. Thinking back on your experience with the WIC program [since 2022/since your family started participating], how has your overall satisfaction with the WIC program changed?

Select one only

- m Satisfaction has gotten **a lot better**..... 1
- m Satisfaction has gotten **a little better**..... 2
- m Satisfaction has **not changed**..... 3
- m Satisfaction has gotten **a little worse**..... 4
- m Satisfaction has gotten **a lot worse**..... 5
- m Don't know..... D
- NO RESPONSE..... M

ALL

B3. Before you became a WIC participant, how did you learn about the WIC program?

Select all that apply

- ☐ Flyers and/or brochures (e.g., at doctor office, health clinic, food pantry)1
- ☐ Billboards2
- ☐ Posters (e.g., in buildings, on buses)3
- ☐ A healthcare provider4
- ☐ An internet search5
- ☐ Your state's WIC website6
- ☐ Social media content or ads.....7
- ☐ Digital ads online.....8
- ☐ Radio ads (e.g., local radio or streaming)9
- ☐ TV ads.....10
- ☐ Text messaging.....11
- ☐ Speaking with a WIC staff member.....12
- ☐ An event in my community.....13
- ☐ Friends and/or family.....14
- ☐ Don't know.....D **[GO TO B5]**
- NO RESPONSE.....M

ALL

B4. How did you feel about the WIC enrollment process? *The enrollment process includes providing eligibility information and documentation, signing documents, and completing a nutrition assessment. It can be conducted in person, online, or both.*

Select one only

- ☐ m Very satisfied.....1
- ☐ m Satisfied.....2
- ☐ m Neither satisfied nor dissatisfied.....3
- ☐ m Dissatisfied.....4
- ☐ m Very dissatisfied.....5
- ☐ m Don't know.....D
- NO RESPONSE.....M

ALL

B5. How much do you agree or disagree with the following statements?

PROGRAMMER: CODE ALL THAT APPLY

Select one per row

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know
a. WIC staff make me feel respected, valued, and welcomed.	1 m	2 m	3 m	4 m	D m
b. WIC staff speak my preferred language.	1 m	2 m	3 m	4 m	D m
c. WIC staff offer information relevant to my cultural food preferences.	1 m	2 m	3 m	4 m	D m
d. I feel comfortable asking WIC staff questions.	1 m	2 m	3 m	4 m	D m

ALL

B6. Currently, how do you feel about the communication from the WIC program? *This communication could include things like text messaging, appointment or benefits reminders, or information available in apps or portals.*

Select one only

- m Very satisfied..... 1
- m Satisfied..... 2
- m Neither satisfied nor dissatisfied..... 3
- m Dissatisfied..... 4
- m Very dissatisfied..... 5
- m Don't know..... D
- NO RESPONSE..... M

ALL
IF A3=4, 5, 6 FILL WITH "SINCE 2022"
IF A3=1, 2, 3 FILL WITH "SINCE YOUR FAMILY STARTED PARTICIPATING"

B7. Thinking back on your experience with the WIC program's communication [since 2022/since your family started participating], how has your satisfaction with the communication changed? *This communication could include things like text messaging, appointment or benefits reminders, or information available in apps or portals.*

Select one only

- m Satisfaction has gotten **a lot better**..... 1
- m Satisfaction has gotten **a little better**..... 2
- m Satisfaction has **not changed**..... 3
- m Satisfaction has gotten **a little worse**..... 4
- m Satisfaction has gotten **a lot worse**..... 5
- m Don't know..... D
- NO RESPONSE..... M

ALL

B8. There are many reasons why people may not use all their WIC benefits in a month. What are reasons you have not used all your WIC benefits in a month?

Select all that apply

- o I forget to use my benefits..... 1
- o I run out of time to use my benefits before they expire..... 2
- o It's hard to track my benefit balance..... 3
- o It's hard to find fruit and vegetables that add up to the amount left in my cash value benefit (CVB)..... 4
- o It's hard to find WIC-eligible foods at the store 5
- o Foods labeled "WIC approved" don't always scan correctly at the checkout..... 6
- o I am unable to find a WIC food in the right size to use up my remaining benefit balance..... 7
- o It's hard to find a nearby store that accepts my benefits..... 8
- o I don't have transportation to the store or farmers' market..... 9
- o I worry that I won't have enough benefits to pay for the foods in my cart..... 10
- o I receive poor customer service when trying to buy WIC-eligible foods..... 11
- o I feel uncomfortable shopping with WIC benefits..... 12
- o I don't understand how to shop for WIC foods..... 13
- o My family and I don't like or don't eat some WIC foods..... 14
- o Food allergies 15
- o I am able to buy enough food without using my WIC benefits..... 16
- m I always/almost always redeem all my benefits..... 0

m Don't know..... D
 NO RESPONSE..... M

ALL
IF A3=4, 5, 6 FILL WITH "SINCE 2022"
If A3=1, 2, 3 FILL WITH "SINCE YOUR FAMILY STARTED PARTICIPATING"

B9. Thinking back on your experience with the WIC program [since 2022/since your family started participating], how has your satisfaction with the selection of foods changed? Please consider your cultural, religious, and personal preferences when responding.

Select one only

m Satisfaction has gotten **a lot better**..... 1
 m Satisfaction has gotten **a little better**..... 2
 m Satisfaction has **not changed**..... 3
 m Satisfaction has gotten **a little worse**..... 4
 m Satisfaction has gotten **a lot worse**..... 5
 m I don't know..... D
 NO RESPONSE..... M

These next questions are about how you feel using some of the WIC program's technology. This includes things like virtual appointments and other digital services.

ALL

B10. If you have participated in virtual appointments with WIC clinic staff, how do you feel about this service? These types of appointments include telehealth, video, or phone appointments.

Select one only

m Very satisfied..... 1
 m Satisfied..... 2
 m Neither satisfied nor dissatisfied..... 3
 m Dissatisfied..... 4
 m Very dissatisfied..... 5
 m Did not participate in virtual appointments..... 0 [GO TO B13]
 m Don't know..... D
 NO RESPONSE..... M

IF B10=1, 2, 3, 4, 5, D

IF A3=4, 5, 6 FILL WITH "SINCE 2022"

If A3=1, 2, 3 FILL WITH "SINCE YOUR FAMILY STARTED PARTICIPATING IN WIC"

B11. Thinking back on your experience participating in virtual appointments [since 2022/since your family started participating in WIC], how has your satisfaction changed? *These types of appointments include telehealth, video, or phone appointments.*

Select one only

- m Satisfaction has gotten **a lot better**..... 1
- m Satisfaction has gotten **a little better**..... 2
- m Satisfaction has **not changed**..... 3
- m Satisfaction has gotten **a little worse**..... 4
- m Satisfaction has gotten **a lot worse**..... 5
- m Don't know..... D
- NO RESPONSE..... M

IF B10=1, 2, 3, 4, 5, D

B12. Do you prefer in-person appointments or virtual appointments?

Select one only

- ☐ In-person appointments..... 1
- ☐ Virtual appointments..... 2
- ☐ No preference..... 3
- ☐ Don't know..... D
- NO RESPONSE..... M

ALL

FILL WITH STATE WIC APP NAME FROM SAMPLE LOAD FILE

B13. How do you typically schedule your WIC appointments (either virtual or in-person appointments)?

Select all that apply

- ☐ I use [STATE WIC APP NAME]..... 1
- ☐ I text with WIC staff..... 2
- ☐ I use a website or online portal..... 3
- ☐ I call WIC staff..... 4
- ☐ I email WIC staff..... 5
- ☐ I speak with WIC staff in-person..... 6
- ☐ Don't know..... D
- NO RESPONSE..... M

ALL

B14. If you have used the following WIC digital services, how easy or difficult was it to use these services?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult	Did not use	Don't know
a. Online application	1 m	2 m	3 m	4 m	5 m	0 m	0 m
b. Text messaging tools	1 m	2 m	3 m	4 m	5 m	0 m	0 m
c. Artificial intelligence (AI) - e.g., chatbot	1 m	2 m	3 m	4 m	5 m	0 m	0 m
d. Phone calls	1 m	2 m	3 m	4 m	5 m	0 m	0 m
e. Electronic document sharing	1 m	2 m	3 m	4 m	5 m	0 m	0 m
f. Electronic document signatures	1 m	2 m	3 m	4 m	5 m	0 m	0 m
g. Participant portal	1 m	2 m	3 m	4 m	5 m	0 m	0 m
h. Appointment scheduling tool	1 m	2 m	3 m	4 m	5 m	0 m	0 m
i. Virtual appointment platform (e.g., Zoom, Doxy.me)	1 m	2 m	3 m	4 m	5 m	0 m	0 m
j. Online materials (self-guided)	1 m	2 m	3 m	4 m	5 m	0 m	0 m
k. Webinars (live)	1 m	2 m	3 m	4 m	5 m	0 m	0 m
l. [STATE WIC APP NAME]	1 m	2 m	3 m	4 m	5 m	0 m	0 m
m. [WIC SHOPPER APP]	1 m	2 m	3 m	4 m	5 m	0 m	0 m

IF ANY ITEMS SELECTED IN B14
ONLY SHOW ROWS SELECTED IN B14

B15. Thinking back on your experience using the following WIC digital services [since 2022/since your family started participating], how has your satisfaction with these services changed?

My satisfaction has...

PROGRAMMER: CODE ONE PER ROW

Select one per row

	Gotten a lot better	Gotten a little better	Has not changed	Gotten a little worse	Gotten a lot worse	Don't know
a. Online application	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
b. Text messaging tools	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
c. Artificial intelligence (AI) - e.g., chatbot	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
d. Phone calls	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
e. Electronic document sharing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
f. Electronic document signatures	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
g. Participant portal	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
h. Appointment scheduling tool	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
i. Virtual appointment platform (e.g., Zoom, Doxy.me)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
j. Online materials (self-guided)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
k. Webinars (live)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
l. [STATE WIC APP NAME]	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>
m. [WIC SHOPPER APP]	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	D <input type="radio"/>

You're more than halfway done with the survey!

These next questions are about your experience shopping for WIC foods in-person and/or online. We want to learn about how satisfied you've been with these experiences and if your satisfaction has changed over time.

ALL

B16. Thinking back to when you first joined WIC, did you receive any education on how to shop for WIC-approved foods? *This education could focus on how to find WIC-approved items in stores, what items are WIC-approved, and how to address shopping problems you might encounter.*

- ☐ Yes..... 1
- ☐ No..... 0
- ☐ Don't know..... D
- NO RESPONSE..... M

ALL

B17. How prepared or unprepared do you feel now to shop for WIC-approved foods?

Select one only

- ☐ Very prepared..... 1
- ☐ Prepared..... 2
- ☐ Neither prepared nor unprepared..... 3
- ☐ Unprepared..... 4
- ☐ Very unprepared..... 5
- ☐ Don't know..... D
- NO RESPONSE..... M

ALL

IF A3=4, 5, 6 FILL WITH "SINCE 2022"

If A3=1, 2, 3 FILL WITH "SINCE YOUR FAMILY STARTED PARTICIPATING IN WIC"

B18. [Since 2022/since your family started participating in WIC], have you shopped for WIC foods only in-person, only online, or both in-person and online? *If online shopping for WIC participants is not currently available to you, please select "Only in-person" as your response.*

Select one only

- m Only in-person..... 1
- m Only online..... 2 [GO TO B21]
- m Both in-person and online..... 3
- NO RESPONSE..... M

IF B18=1 OR 3

B19. Currently, how do you feel about shopping for WIC foods in-person?

Select one only

- m Very satisfied..... 1
m Satisfied..... 2
m Neither satisfied nor dissatisfied..... 3
m Dissatisfied..... 4
m Very dissatisfied..... 5
m Don't know..... D
NO RESPONSE..... M

IF B18=1 OR 3

B20. Thinking back on your in-person WIC shopping experience [since 2022/since your family started participating], how has your satisfaction with the in-person shopping experience changed?

Select one only

- m Satisfaction has gotten **a lot better**..... 1
m Satisfaction has gotten **a little better**..... 2
m Satisfaction has **not changed**..... 3
m Satisfaction has gotten **a little worse**..... 4
m Satisfaction has gotten **a lot worse**..... 5
m Don't know..... D
NO RESPONSE..... M

IF B18=2 OR 3

B21. Currently, how do you feel about shopping for WIC foods online?

Select one only

- m Very satisfied..... 1
m Satisfied..... 2
m Neither satisfied nor dissatisfied..... 3
m Dissatisfied..... 4
m Very dissatisfied..... 5
m Don't know..... D
NO RESPONSE..... M

IF B18=2 OR 3

B22. How has the ability to shop for WIC foods online changed your satisfaction with the WIC shopping experience?

Select one only

- m Satisfaction has gotten **a lot better**..... 1
- m Satisfaction has gotten **a little better**..... 2
- m Satisfaction has **not changed**..... 3
- m Satisfaction has gotten **a little worse**..... 4
- m Satisfaction has gotten **a lot worse**..... 5
- m Don't know..... D
- NO RESPONSE..... M

These next questions are about your experience shopping for WIC foods at your local farmers' market or roadside produce stand. We want to learn about how satisfied you've been with this experience and if your satisfaction has changed over time.

ALL

B23. If you have used an electronic payment method (like a WIC EBT card, mobile pay, or a QR code) at a farmers' market or roadside produce stand, how easy or difficult was it to use your benefits?

Select one only

- m Very easy..... 1
- m Easy..... 2
- m Neither easy nor difficult..... 3
- m Difficult..... 4
- m Very difficult..... 5
- m Did not use an electronic payment method at farmers' market/roadside
produce stand..... 0 [GO TO B24]
- m Don't know..... D
- NO RESPONSE..... M

IF B23=1, 2, 3, 4, 5, D
IF A3=4, 5, 6 FILL WITH "SINCE 2022"
If A3=1, 2, 3 FILL WITH "SINCE YOUR FAMILY STARTED PARTICIPATING"

B24. Thinking back on your experience using an electronic payment method (like a WIC EBT card, mobile pay, or a QR code) at a farmers' market or roadside produce stand [since 2022/since you started participating], how has your satisfaction changed?

Select one only

- m Satisfaction has gotten **a lot better**..... 1
- m Satisfaction has gotten **a little better**..... 2
- m Satisfaction has **not changed**..... 3
- m Satisfaction has gotten **a little worse**..... 4
- m Satisfaction has gotten **a lot worse**..... 5
- m Don't know..... D
- NO RESPONSE..... M

These final questions ask for your feedback on the WIC program.

ALL
FILL WITH STATE WIC APP NAME FROM SAMPLE LOAD FILE

B25. [Since 2022/since you started participating in WIC], which of the following tools or services have most improved your experience as a WIC participant?

Select up to two

- ☐ In-store shopping..... 1
- ☐ Online shopping..... 2
- ☐ [STATE WIC APP NAME]..... 3
- ☐ [WIC SHOPPER APP]..... 4
- ☐ Electronic payment method at a farmers' market/roadside produce stand..... 5
- ☐ Virtual appointments..... 6
- ☐ In-person appointments..... 7
- ☐ Online application..... 8
- ☐ Text messaging tools..... 9
- ☐ Phone calls..... 10
- ☐ Artificial Intelligence (AI) (e.g., chatbots)..... 11
- ☐ Electronic document sharing..... 12
- ☐ Electronic document signatures..... 13
- ☐ Participant portal..... 14
- ☐ Appointment scheduling tool..... 15
- ☐ Virtual appointment platform (e.g., Zoom, Doxy.me)..... 16
- ☐ Appointment or benefit reminders..... 17
- ☐ Online materials (self-guided)..... 18
- ☐ Webinars (live)..... 19
- ☐ WIC resources and materials in my preferred language..... 20
- ☐ Support from WIC staff..... 21
- ☐ My experience has not improved..... 0
- ☐ Don't know..... D
- NO RESPONSE..... M

ALL

B26. Is there anything else you'd like to share about your experience as a WIC participant?

(FIELD DESCRIPTION)

(STRING (NUM))

NO RESPONSE.....M

SECTION C. DEMOGRAPHICS

These final questions are about your background.

ALL

C1. How old are you?

Select one only

- m 24 years old or younger..... 1
- m 25 – 34 years old..... 2
- m 35 – 44 years old..... 3
- m 45 - 64 years old..... 4
- m 65 years or older..... 5
- NO RESPONSE..... M

C2. What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

- ☐ **American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.....1

- ☐ **Asian** – Provide details below.....2

- ☐ Chinese ☐ Asian Indian ☐ Filipino
☐ Vietnamese ☐ Korean ☐ Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

- ☐ **Black or African American** – Provide details below.....3

- ☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

- ☐ **Hispanic or Latino** – Provide details below.....4

- ☐ Mexican ☐ Puerto Rican ☐ Salvadoran
☐ Cuban ☐ Dominican ☐ Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

- ☐ **Middle Eastern or North African** – Provide details below.....5

- ☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Iraqi ☐ Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

- ☐ **Native Hawaiian or Pacific Islander** – Provide details below.....6

- ☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

- ☐ **White** – Provide details below.....7

- ☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish

Enter, for example, French, Swedish, Norwegian, etc.

ALL

C3. What language(s) do you prefer to speak?

Select all that apply

- ☐ English..... 1
- ☐ Spanish..... 2
- ☐ Arabic..... 3
- ☐ Mandarin..... 4
- ☐ Haitian/Creole..... 5
- ☐ Korean..... 6
- ☐ Vietnamese..... 7
- ☐ Tagalog (including Filipino)..... 8
- ☐ Dari..... 9
- ☐ Other..... 99
- NO RESPONSE..... M

ALL

C4. What is the highest level of school you have completed or the highest degree you have received?

Select one only

- ☐ Some high school or less..... 1
- ☐ High school graduate/GED..... 2
- ☐ Some college..... 3
- ☐ College degree (either 2-year or 4-year) or certificate..... 4
- ☐ Advanced degree (e.g., master's degree)..... 5
- NO RESPONSE..... M

THANK YOU FOR COMPLETING THIS SURVEY!

The following screenshots show the first four pages of the survey as they will appear to the respondent. We do not include screenshots for the full survey because the remainder of the survey is still being programmed. In addition, due to the length of the survey, providing screenshots for the full survey would be cumbersome.



Food and Nutrition Service

U.S. DEPARTMENT OF AGRICULTURE

OMB Number: 0584-xxxx
Expiration Date: xx/xx/20xx

Public Burden Statement


This information is being collected to assist the Food and Nutrition Service to better understand the implementation and impact of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) modernization efforts on WIC State and local agencies, WIC vendors, and WIC participants. This is a voluntary collection and FNS will use the information to monitor and strengthen WIC program modernization efforts. 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-xxxx. The time required to complete this information collection is estimated to average 10 minutes (0.167 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, Evidence, Analysis, and Regulatory Affairs Office, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Participant Experience Survey

WIC & FMNP Outreach, Innovation, and Modernization Evaluation

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Thank you for participating in this study. The U.S. Department of Agriculture Food and Nutrition Service (FNS) is sponsoring the study. FNS asked Mathematica, a research company, to help them better understand what it's like to be in WIC. The WIC program recently made some changes, and we want to learn how those changes are affecting WIC participants like you.

We know you are busy, and we appreciate your feedback! We will use your responses to keep improving WIC so it meets the needs of today's families. This survey will take about 10 minutes to complete. You can complete it all at once, or you can save your responses and return to finish the survey later.

Your participation in this study is voluntary. There are no risks or benefits associated with participating in the study. You may skip any questions you are not comfortable answering; however, we hope you will answer as many questions as you can. The information you provide will be used only for research purposes. Your responses will be kept private to the extent permitted by law. They will not be shared in a way that identifies you without your permission.

If you have any questions about the study or about completing this survey, please contact the study team at [EMAIL] or [PHONE]. If you have any questions about your rights as a research participant, please call Health Media Lab Institutional Review Board (IRB) at 202-246-8504.

Please use the buttons at the bottom of each page to move through the survey. You may need to scroll down on the page to view the buttons. Using your browser's "Back" function may cause errors.

Do you agree to participate in this study?

☐ Yes

☐ No

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The following questions are about you and your family's participation in the WIC program.

Are you a...

Select all that apply

- ☐ Parent
- ☐ Guardian
- ☐ Pregnant, postpartum, and/or breastfeeding person
- ☐ Foster parent
- ☐ Grandparent
- ☐ Other caretaker

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This question asks about WIC participation for people in your household. Please include any foster children, if applicable, in your answers. How many of each kind of person *participated in WIC anytime during the last three months?* For children who turned one year old in the last three months, please count them as a child between the ages of 1 and 4 years old.

	Number of people
Pregnant, postpartum, and/or breastfeeding people	<input type="text"/>
Infant(s) under 12 months old	<input type="text"/>
Child(ren) between the ages of 1 and 4 years old	<input type="text"/>
Other (SPECIFY)	<input type="text"/>

- ☐ No one in my family has participated in WIC in the last 3 months

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