Appendix B-5. WIC Appointment Observation Guide

A. Clinic identification and observation			
Clinic ID	_____	**Participant ID**	_____
Observer initials	_____	**Date of observation [MM/DD/YYYY]**	_____

Scheduled or walk in (select one)	• Scheduled • Walk in • Unknown
Appointment mode (select one)	• In person in the clinic • Video • Phone
Observer location (select one)	• In person in the clinic • Video • Phone
Participant arrival time [HH:MM a.m./p.m.]	_____
Appointment start time [HH:MM a.m./p.m.]	_____
Appointment end time [HH:MM a.m./p.m.]	_____

B. Information to be collected before the observation from WIC staff	
WIC ppt. category(ies)	**Which of the following category(ies) applies to the participant(s)?** (check all that apply) • Pregnant • Infant • Child • Postpartum/non-breastfeeding woman • Breastfeeding woman

B. Information to be collected before the observation from WIC staff	
Type of visit	**Which of the following types of visits are taking place?** (check all that apply) • Initial WIC enrollment • WIC recertification • Follow-up (skip ahead to section C)
Number of people being certified at this visit	_____

C. Clinic activities and modes

[Instructions: In the following table, use the options listed at the bottom of the table to indicate the mode(s) of delivery for each type of activity you either directly observed taking place or heard about.

For instance, during an appointment with a 2-year-old boy and his pregnant mother, the WIC staff take height and weight (anthropometric) measurements in person for the child and reference anthropometric measurements received via fax from the mother's healthcare provider. You would write "multiple – fax and in person" for mode of delivery because the anthropometric measurement activity was completed in person for the boy and via fax for the mother.]

Which activities and modes of delivery did you observe taking place or hear about? Leave rows blank for activities you did not observe or hear about.

Activity	Mode(s) of delivery (please fill in)
■ Intake	
■ Anthropometric measurements	
■ Bloodwork	
■ Nutrition risk assessment	
■ Nutrition education	
■ Breastfeeding education/support	
■ Food package assignment/tailoring	
■ Food package issuance	
■ Referrals (internal/external)	
	Mode of delivery options:
	■ In person ■ Video ■ Telephone ■ Text message ■ Email ■ Fax ■ Other (specify) ■ Multiple ■ Unknown

The following sections of the observation form refer to the parts of the appointment typically completed by a Competent Professional Authority (CPA).

If the staff member was not a CPA, please specify their title:

_____

D. Nutrition education/counseling	
Nutrition concerns	**(1) Did the CPA address the participant's or caregiver's nutrition concerns (i.e., concerns the participant/caregiver raised)?** (select one) 0 Yes, all concerns were addressed 0 Yes, some concerns were addressed 0 No participant concerns were addressed 0 N/A (e.g., participant did not voice nutrition concerns, follow-up appointment) **(2) Did the CPA identify health goals or future nutrition steps with the participant or caregiver?** (select one) 0 Yes, WIC staff identified goals/future steps 0 Yes, WIC staff and the participant identified goals/future next steps together 0 No goals/future steps were identified 0 N/A, follow-up appointment
Visual aid	**(1) Did the WIC staff use a visual aid during the appointment?** (select one) 0 Yes 0 No *(skip to section E)* **(2) [phone/video appointments only] If yes, how did the participant see the visual aid?** (check all that apply) • Received via email • Received via text • Received via the WIC online learning portal (LMS) • Staff held it up to the screen (video appointment) • N/A; the staff member used the visual aid but did not share it with the participant • Unknown

E. Food package tailoring and shopping	
Food package	**Did the WIC CPA collaborate with the participant to tailor their food package to best meet their individual needs?** (select one) 0 Yes 0 No 0 N/A, follow-up appointment
WIC EBT card	**Did staff explain how to use the WIC EBT card?** (select one) 0 Yes 0 No 0 N/A, follow-up or recertification appointment
WIC-approved	**Did staff explain how to find WIC-approved foods at a retailer?** (select one)

E. Food package tailoring and shopping	
foods	0 Yes 0 No 0 N/A, follow-up or recertification appointment

F. Breastfeeding support	
For pregnant women and breastfeeding women	
BF plans	**Did the WIC CPA ask the participant about her plans for breastfeeding (i.e., for a pregnant woman, whether she plans to breastfeed; for a breastfeeding woman, plans to continue breastfeeding)?** (select one) 0 Yes 0 No 0 N/A, not relevant to this follow-up appointment
BF challenges	**If breastfeeding challenges were identified, did the WIC CPA work through them with the breastfeeding participant?** 0 Yes 0 No 0 Unclear, please explain: _____ 0 N/A, not relevant to this follow-up appointment
BF support	**When needed, was the participant offered additional breastfeeding support services, internal or external (e.g., breastfeeding peer counselor, referral to outside provider)?** (select one) 0 Yes 0 No 0 N/A, not relevant to this follow-up appointment

G. General observations throughout the appointment	
Language	**Did the WIC staff speak with the participant in a non-English language at any point?** 0 Yes, specify language: _____ 0 No, conducted entirely in English *(skip next question re: "Interpreter")*
Interpreter	**Was an interpreter used during this appointment?** (select one) 0 Yes, other WIC staff on site interpreted 0 Yes, WIC staff used an interpreter service (e.g., LanguageLine, Language Bank) 0 Yes, friend or family of participant served as an interpreter 0 No
In-person appointment	**(1) For in-person appointments only, which model best describes the flow of this appointment?** (select one) 0 **Medical model**: Participant stays in a single exam room, and WIC staff rotate in and out of the room to provide intake, nutrition education, and food benefit issuance **(go to 1a)** 0 **Room to room**: Participant moves from room to room in the clinic to complete various components of the appointment **(go to 1b)** 0 **Other, describe: (go to next question "Waiting")** _____ **(1a) If medical model, how many WIC staff rotated in and out of the room?** (fill in number)

G. General observations throughout the appointment	
	_____ **(1b) If room to room, how many times did the client move?** (fill in number) _____
Waiting	**In total, approximately how long did the participant spend waiting for WIC staff between appointment components (e.g., intake, nutrition education, food benefit issuance)?** (select one) 0 10 minutes or less 0 11–20 minutes 0 21–30 minutes 0 More than 30 minutes 0 N/A (one staff person conducted entire appointment)

H. Data collector feedback	
Other notes	**Please use this space to record any other notes about the appointment that may be relevant to interpreting the data (e.g., MIS was down).**

Closing Text at End of the Observation

Thank you for letting me listen and observe. I have learned a lot from this experience.

Public Burden Statement

This information is being collected to assist the Food and Nutrition Service in learning about variations in WIC operations between Tribal Organizations, U.S. territories, and geographic

states. This is a voluntary data collection, and FNS will use the information to enhance WIC program operations and service to all WIC participants. 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-XXX. The time required to complete this information collection is estimated to average 0.0835 hours (5 minutes).

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