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APPENDIX F
IMPACT EVALUATION:
ENROLLMENT SCREENER AND PARTICIPANT SURVEYS

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APPENDIX F.1
SCREENER

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WIC Nutrition Education Study

Screening Questionnaire for Participant Surveys

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 10 minutes 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.

1. [If NECESSARY] Do you prefer to talk and read in English or Spanish?
 - ENGLISH
 - SPANISH → [USE SPANISH SCREENER]
 - DOES NOT READ OR UNDERSTAND ENGLISH OR SPANISH → **[Go to terminate script-ineligible.]**
2. What is your age? _____
 - LESS THAN 18 YEARS OLD → **[Go to terminate script-ineligible.]**
 - 18 OR OLDER
3. Which of the following describes you? [READ LIST. CHECK ALL THAT APPLY]
 - You are pregnant on WIC or signing up today [A]
 - You are a mother with a baby less than 6 months old on WIC or signing up today [B] [INTERVIEWER NOTE: MOTHER, BABY, OR BOTH COULD BE ON WIC.]
 - You are a mother or caregiver of a child who is less than 4 years old on WIC or signing up today [C]
 - NONE OF THE ABOVE → **[Go to terminate script-ineligible.]**

If two or more of the first three responses are checked, the electronic screener will randomly select a category and go to the appropriate category to complete the screening and enrollment process.

A. Pregnant

4. When is your due date?
MONTH: _____ DAY: _____

Eligible for Pregnant Survey. Go to QUESTION 11.

B. Postpartum (Mother with baby less than 6 months old)

5a. Is your baby a boy or girl? [IF MULTIPLE BIRTHS, ASK FOR GENDER OF THE CHILD BORN FIRST.]

- BOY
- GIRL

5b. When was your baby born?

MONTH: _____ DAY: _____

Eligible for Postpartum Survey Go to QUESTION 11

C. Child (Mother or caregiver with child between ages of 6 months and up to 4 years old)

6. How many children between the ages of 6 months and 4 years are you signing up to get WIC benefits or already have WIC benefits?

_____ CHILDREN

[If > one child, [Go to QUESTION 7.]

[If one child]

6a. What is the child's first name? _____

6b. CONFIRM GENDER.

- BOY
- GIRL

[Go to Question 8.]

7. For each child on WIC or signing up for WIC, please tell me whether the child is a boy or girl and the month and year the child was born.*

Child	Gender		Month of Birth	Year of Birth
	Boy	Girl		
1	Boy	Girl		
2	Boy	Girl		
3	Boy	Girl		
4	Boy	Girl		
5	Boy	Girl		
6	Boy	Girl		

*The electronic screener will select the child with the month of birth closest to today to be the target child for the survey if more than one child on WIC. If there are more than two children with the same month of birth, then the electronic screener will select the child listed first. Mothers of children younger than 6 months should complete the Postpartum Survey. Children who have had their fourth birthday are not eligible for the study.

Your [insert daughter/son] born in [insert month of birth and year of birth] is the one we will ask questions about in the study. What is this child's first name?

CHILD'S FIRST NAME: _____

8. What is your relationship to this child?

- MOTHER **[Go to Question 11.]**
- AUNT
- GRANDMOTHER
- FATHER
- OTHER FAMILY MEMBER (SPECIFY RELATIONSHIP TO CHILD)

- NONFAMILY MEMBER/FRIEND

9. **[If not mother]** Are you knowledgeable about what this child eats on a daily basis?

- NO → **[Go to terminate script-ineligible.]**
- YES

10. **[If not mother]** During the next 12 months, will you be the person coming to WIC for this child's WIC visits instead of the child's mother?

- NO → **[Go to terminate script-ineligible.]**
- YES

Eligible for Child Survey. Write Child's First Name on Contact Card and Go to QUESTION 11

11. Thank you for your answers. Would you like to take part in our study? You will get \$50 if you fill out all three surveys over the next 12 months.

- NO → [ASK IF SHE HAS ANY QUESTIONS ABOUT THE STUDY TO SEE IF SHE WILL RECONSIDER.] **[Go to terminate script-refusal.]**
- YES

12. Great! Please read this sheet that explains what the study will involve. [IF PARTICIPANT PREFERS, YOU CAN READ IT TO THEM.]

[AFTER READING SHEET] Do you have any questions? Please fill out this contact card if you want to take part in this study. [ENTER ID NUMBER FROM CONTACT CARD. DOUBLE ENTER FOR VERIFICATION.]

ID No. _____

ID No. _____

13. Please check one of the following:

- PARTICIPANT READ INFORMED CONSENT SHEET AND DID NOT AGREE TO PARTICIPATE **[Go to terminate script-refusal.]**
- PARTICIPANT READ INFORMED CONSENT SHEET AND AGREED TO PARTICIPATE

14. If participant agreed to participate, please check the following:

- PARTICIPANT COMPLETED CONTACT CARD
- PARTICIPANT REFUSED TO COMPLETE CONTACT CARD **[Go to terminate script-refusal.]**

15A. **[Ask if pregnant/postpartum women.]** As described in the sheet I gave you, we plan to get information from WIC on when you visit the clinic for nutrition education. To be able to do this, I need your birthdate.

What month were you born in? _____ (Drop down box)

What date were you born on? _____ (Drop down box)

What year were you born in? _____ (Drop down box)

[REPEAT BACK INFORMATION TO VERIFY FOR ACCURACY.]

15B. **[Ask if child recipient.]** As described in the sheet I gave you, we plan to get information from WIC on when you visit the clinic for nutrition education. To be able to do this, I need the birthdate for **[Insert target child's first name.]**

What month was he/she born in? _____ (Drop down box)

What date was he/she born on? _____ (Drop down box)

What year was he/she born in? _____ (Drop down box)

[REPEAT BACK INFORMATION TO VERIFY FOR ACCURACY.]

16. [Record gender of person screened]

FEMALE

MALE

17. Give participant appropriate version of the survey with the corresponding ID number and ask them to complete Section 1 before their WIC appointment. Instruct participant to give back the survey when called for their WIC appointment and to return to Field representative to complete survey after their WIC appointment.

[Terminate Script – Ineligible.] Thank you for your time. I'm sorry, but you do not meet the criteria to take part in our study. Have a good day.

[Terminate Script – Refusal.] Thank you for your time. Have a good day.

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APPENDIX F.2
INITIAL (BASELINE) SURVEYS

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For Project Staff Use Only:

ID: _____

Last question before appointment: _____

FI ID: _____

OMB Control Number: 0584-0599
Expiration date: 10/31/2017

Baseline Survey for Pregnant Women

Part 1



WIC | **Nutrition
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 10 minutes 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.

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Please fill out and return the survey to the research study staff. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

1. Different people like different foods. How much do you like ...?

	Never Tried	Don't Like at All	Like a Little	Like a Lot
a. Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Low-fat (1%) or fat-free/skim milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Whole grains such as whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

2. In the past 30 days, how often did you eat hot or cold cereals?

- Never →→→ **GO TO Question 3**
- Once last month
- 2–3 times last month
- Once a week
- Twice a week
- 3–4 times per week
- 5–6 times per week
- Once a day
- More than once a day

2a. In the past 30 days, what kind of cereal did you usually eat? (Print the name of the cereal.)

2b. If there was another kind of cereal that you usually ate in the past 30 days, what kind was it? (Print the name of the cereal, or if none, leave blank.)

3. In the past 30 days, how often did you have any milk (either to drink or on cereal)? Include regular milk, chocolate or flavored milk, lactose-free milk, and buttermilk. Do not include soy milk, almond milk, rice milk, etc. or small amounts of milk added to coffee or tea.

- Never →→→ **GO TO Question 5**
- Once last month
- 2–3 times last month
- Once a week
- Twice a week
- 3–4 times per week
- 5–6 times per week
- Once a day
- More than once a day

4. In the past 30 days, what kind of milk did you usually drink? (Mark one or more.)

- Whole or vitamin D milk
- 2% or reduced-fat milk
- 1% or low-fat milk
- Fat-free or nonfat/skim milk
- Soy milk
- Chocolate or flavored milk
- Other: _____

5. In the past 30 days, how often did you drink ...?

	Never	Once Last Month	2–3 Times Last Month	Once a Week	Twice a Week	3–4 Times per Week	5–6 Times per Week	Once a Day	More than Once a Day
a. Regular soda or pop that contains sugar (Do not include diet soda)	<input type="checkbox"/>								
b. 100% pure fruit juices with no added sugar , such as orange, mango, apple, grape, and pineapple juices	<input type="checkbox"/>								
c. Coffee or tea that had sugar or honey added to it such as coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino (Do not include coffee or diet tea with artificial sweeteners such as Equal, Sweet’N Low, or Splenda)	<input type="checkbox"/>								
d. Sweetened fruit drinks, sports drinks, or energy drinks , such as Kool-Aid, lemonade, HiC, cranberry drink, Gatorade, Red Bull, Vitamin Water, or fruit juices you made at home and added sugar (Do not include diet drinks with artificial sweeteners, such as Equal, Sweet’N Low, or Splenda)	<input type="checkbox"/>								

6. In the past 30 days, how often did you eat ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Fruit , including fresh, frozen, dried, or canned fruit (Do not include juices)	<input type="checkbox"/>								
b. Green leafy or lettuce salad , with or without other vegetables	<input type="checkbox"/>								
c. Any kind of fried potatoes , including French fries, home fries, or hash brown potatoes	<input type="checkbox"/>								
d. Any other kind of potatoes , such as baked, boiled, mashed potatoes; sweet potatoes; or potato salad	<input type="checkbox"/>								
e. Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans (Do not include green beans)	<input type="checkbox"/>								
f. Brown rice or other cooked whole grains , such as bulgur, cracked wheat, or millet (Do not include white rice)	<input type="checkbox"/>								
g. Other vegetables , including fresh, frozen, dried, or canned vegetables (Do not include green salads, potatoes, or cooked dried beans)	<input type="checkbox"/>								
h. Mexican-type salsa made with tomatoes	<input type="checkbox"/>								
i. Pizza , including frozen pizza, take-out pizza, pizza in restaurants, and homemade pizza	<input type="checkbox"/>								
j. Tomato sauce served with spaghetti or noodles or mixed into other foods such as lasagna (Do not include tomato sauce on pizza)	<input type="checkbox"/>								
k. Any kind of cheese , including cheese as a snack; cheese on burgers and sandwiches; and cheese in foods such as lasagna, quesadillas, or casseroles (Do not include cheese on pizza)	<input type="checkbox"/>								

6. In the past 30 days, how often did you eat ...? (continued)

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
i. Corn or whole wheat tortillas (Do not include white flour tortillas)	<input type="checkbox"/>								
m. Whole grain bread , including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches (Do not include white bread)	<input type="checkbox"/>								
n. Chocolate or any other types of candy (Do not include sugar-free candy)	<input type="checkbox"/>								
o. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts (Do not include sugar-free kinds)	<input type="checkbox"/>								
p. Cookies, cake, pie, or brownies (Do not include sugar-free kinds)	<input type="checkbox"/>								
q. Ice cream or other frozen desserts (Do not include sugar-free kinds)	<input type="checkbox"/>								

7. Everyone is different and eats different foods. At this time, are you doing the following things? (Mark one box for each row.)

	NOT thinking about doing it	Thinking about doing it	Planning on doing it in next month	Have been doing it for LESS than 6 months	Have been doing it for 6 months or LONGER
a. Eat vegetables at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit for a snack every day instead of cookies or chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Almost always eat whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Almost always eat brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Almost always eat whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How sure are you that you can...?

	Not Sure	A Little Sure	Very Sure
a. Only formula feed my baby (not breastfeed at all)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breastfeed my baby or at least try	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Breastfeed without using any formula or other milk when my baby is 30 days old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Breastfeed without using any formula or other milk when my baby is 6 months old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How sure are you that you can ...?

	Not Sure	A Little Sure	Very Sure
a. Eat vegetables at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for answering these questions!

Please give your survey to the research study staff.

After your WIC appointment, please return to answer some additional questions.



Baseline Survey for Pregnant Women

Part 2



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Please fill out and return the survey to the research study staff. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

10. How much do you agree or disagree ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. It is easy to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is expensive to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is a large selection of fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The fresh fruit and vegetables where I live are of high quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Was this true for your household in the past 12 months?

	Never True	Sometimes True	Often True
a. We worried whether our food would run out before we got money to buy more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The food that we bought just didn't last, and we didn't have money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How often do these things happen?

	Rarely or Never	Some Days	Most Days	Almost Every Day	Every Day
a. I eat a meal while watching TV	<input type="checkbox"/>				
b. I cook a homemade dinner at home	<input type="checkbox"/>				

13. Have you breastfed any of your other children for 1 month or more?

- No, this is my first pregnancy
- Yes
- No

14. All people do things differently. Think about what you do in a usual week or day. How many times do you do the following things? (Mark one box for each question.)

	0	1	2	3	4	5	6	7	8 or More
a. I eat breakfast ___ times a week	<input type="checkbox"/>								
b. I eat out ___ times a week	<input type="checkbox"/>								
c. I eat fast food ___ times a week	<input type="checkbox"/>								
d. I watch TV or DVDs ___ hours a day	<input type="checkbox"/>								

15. In the past 7 days, on how many days did you do moderate or vigorous physical activities like walking, jogging, dancing, or bicycling? Think only about physical activities that you did for at least 10 minutes at a time. (Circle one number.)

0 1 2 3 4 5 6 7



If you circled 0 →→→ GO TO Question 17

16. On the days that you did more than 10 minutes of moderate or vigorous physical activities, how many minutes in a day did you usually spend doing these physical activities?

- 10–20 minutes
- 21–30 minutes
- 31–40 minutes
- 41–50 minutes
- 51–60 minutes
- More than 60 minutes

17. In the past 30 days, how often did your family or friends do the following?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Encourage you to eat healthy foods	<input type="checkbox"/>				
b. Complain about eating healthy foods	<input type="checkbox"/>				
c. Encourage you to do physical activity	<input type="checkbox"/>				
d. Do physical activity with you	<input type="checkbox"/>				

18. In the past 30 days, how often did you ...?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Plan meals ahead of time	<input type="checkbox"/>				
b. Use Nutrition Facts on food labels to choose foods	<input type="checkbox"/>				

19. Add up all the time you or your children have ever been on WIC. Has it been ...?

- Less than 30 days
- 1 month to a year
- 1–2 years
- 3–4 years
- 5 or more years

20. In the past 6 months, how many times did you visit a WIC office and get information on health or healthy eating? Include the day you signed up for this study. Do not include visits for other reasons such as picking up a food instrument or voucher or taking a friend to her appointment. (Mark "Once" if the day you signed up for this study was your first visit to a WIC office.)

- None
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

21. In the past 6 months, during WIC visit(s) how many times did you ...? Include your most recent visit.

	None	1	2	3	4	5	6 or More
a. Talk one-on-one with a WIC staff person about health or healthy eating	<input type="checkbox"/>						
b. Attend a group session about health or healthy eating	<input type="checkbox"/>						
c. Watch a video/DVD about health or healthy eating	<input type="checkbox"/>						
d. Use the WIC Web site about health or healthy eating	<input type="checkbox"/>						

22. In the past 6 months, in between WIC visits, what did you get from WIC with information that told you about health or healthy eating? Do not include things you got during your WIC visit. (Mark all that apply.)

- Personal phone call
- Text message
- Email message
- Online education that I could log into from home or someplace else
- Invitation or link to Facebook, Twitter, or other social media site
- Brochure or handout in the mail
- None of the above

The next questions are about your most recent visit to WIC in which you got information on health or healthy eating.

23. What did you do at your most recent WIC visit? (Mark all that apply.)

- Talked one-on-one with a WIC staff person about health or healthy eating
- Spent time in a group session on health or healthy eating
- Used a WIC Web site on health or healthy eating
- Used a WIC video/DVD on health or healthy eating
- None of the above

24. For your most recent WIC visit, how much do you agree or disagree with each statement ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I learned good reasons to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned good ways to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I learned good reasons to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I learned good ways to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Some people say that some WIC visits are more helpful than others. Which best describes the information you received at your most recent WIC visit? (Mark one box only.)

- The information was **helpful** because it was new to me.
- The information was **helpful**. I knew the information, but it was good to hear it again.
- The information was **not that helpful** because I already knew it.
- The information was **not that helpful** because it did not apply to me.

26. Which best describes your most recent WIC visit? (Mark one box only.)

- I did not have any children with me
- I had a child with me so it made it **hard** to listen to the WIC information
- I had a child with me but it was **easy** to listen to the WIC information

27. At your most recent WIC visit, did the WIC staff show you any of the following or use any of these with you while they talked about health or healthy eating? (Mark all that apply.)

- Brochure, handout, or paper with information
- Bulletin board or poster
- Video/DVD
- Tasting or cooking demonstration
- Activity or game
- Other items that you could pass around like measuring cups, food containers, etc.
- None of the above
- Other: _____

28. When you enroll in WIC and then 6 to 12 months later, WIC asks you to bring proof of address or income to make sure you can be on WIC. Did you bring proof to your most recent WIC visit?

- Yes
- No

29. At your most recent WIC visit, how long did you talk one-on-one with a WIC staff person about health or healthy eating?

- I did **not** talk one-on-one about health or healthy eating →→→ **GO TO Question 35**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 30 to 34 only if you had one on one time with WIC staff at your most recent WIC visit. (If you did not have one on one time, go to Question 35.)

30. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- The WIC staff person chose what we talked about
- I chose what we talked about
- The WIC staff person and I together chose what we talked about

31. A health goal means trying to become healthier by changing something you do. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set **health goals** for me or my child
- S/he talked about **health goals**, but I did **not** set any
- S/he did **not** talk about setting **health goals**

32. For each statement, how much do you agree or disagree about your most recent one-on-one time with a WIC staff person?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person talked most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The WIC staff person listened to me and understood my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The WIC staff person followed up on issues or questions from my last one-on-one visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Did you talk about this topic in your one-on-one time? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>

34. Have you made or do you think you will make a change to your eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. At your most recent WIC visit, how long did you spend in a group session talking about health or healthy eating?

- I was not in a group session →→→ **GO TO Question 41**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 36 to 40 only if you spent time in a group session at your most recent WIC visit. (If you were not in a group session, go to Question 41.)

36. Which best describes your most recent WIC group session? (Mark the one that happened most.)

- S/he mostly talked and would stop to ask if we had questions
- We watched a video/DVD and at the end s/he asked if we had questions
- S/he shared information, and we had a discussion. S/he asked me and the other people in the group about our thoughts and opinions.

37. A health goal means trying to become healthier by changing something you do. Which best describes your most recent group session with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set health goals for me or my child
- S/he talked about health goals, but I didn't set any
- S/he did not talk about setting health goals

38. For each statement, how much do you agree or disagree about your most recent WIC group session?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person listened to the group and understood our concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had a chance to bring up topics that were important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Did you talk about this topic in your group session? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>

40. Have you made or do you think you will make a change to your eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Which describes how you used a WIC Web site on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC Web site on health or healthy eating **in the WIC office** by myself
- Used a WIC Web site on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC Web site on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC Web site on health or healthy eating in the past 6 months →→→ **GO TO Question 46**

Answer Questions 42 to 45 only if you used a WIC Web site on health or healthy eating in the past 6 months. (If you did not use a WIC Web site, go to Question 46.)

42. How long did you spend using the WIC Web site? Include time in and outside of WIC office.

- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

43. Which best describes how the topic for the WIC Web site was chosen? (Mark one.)

- There was a list of topics, and I chose one of them myself
- There was a list of topics, and a WIC staff person helped me choose one
- There was only one topic available
- Other: _____

44. Did you read or view this topic on the WIC Web site? (Mark one box for each topic below.)

	I read/viewed this	I did NOT read/view this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>

45. Have you made or do you think you will make a change to your eating or activities since reading/viewing this topic? (Mark one box for each topic read/viewed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Which describes how you used a WIC video/DVD on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC video/DVD on health or healthy eating **in the WIC office** by myself
- Used a WIC video/DVD on health or healthy eating **in the WIC office** in a group
- Used a WIC video/DVD on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC video/DVD on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC video/DVD on health or healthy eating in the past 6 months

47. Which best describes your current status? Are you ...? (Mark the best answer.)

- Married
- Widowed
- Divorced
- Separated
- Single or never married
- Living with partner

48. Are you Hispanic or Latino? (Mark one.)

- Hispanic or Latino
- Not Hispanic or Latino

49. What is your race? (Mark one or more.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other; Specify: _____

50. What is the highest year or grade you finished in school? (Mark one.)

- Less than 1 year of school
- Elementary (grades 1–8)
- Some high school (grades 9–12, no degree)
- High school graduate, GED, or equivalent
- Some college (1–4 years, no degree)
- Associate’s degree (including occupational or academic degrees)
- Bachelor’s degree (BA, BS, AB, etc.)
- Master’s degree or higher (MA, MS, PhD, MD, etc.)

51. In the past 6 months, have you been told by a doctor or other health care professional that you have ...?

	Yes	No
a. Anemia or low iron	<input type="checkbox"/>	<input type="checkbox"/>
b. Excessive weight gain	<input type="checkbox"/>	<input type="checkbox"/>
c. Diabetes, gestational diabetes, or high blood sugar	<input type="checkbox"/>	<input type="checkbox"/>
d. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>

52. Are you currently working for pay either full time or part time?

- Yes, full time
- Yes, part time
- No

53. What language(s) do you speak at home? (Mark all that apply.)

- English
- Spanish
- Other

54. How many people live in your household right now?

	Number (If none, write zero)
a. Infants under 12 months of age	
b. Children 1–4 years of age	
c. Children 5–17 years of age	
d. Adults 18 years or older (include yourself)	

55. How many people in your household are on WIC right now? Please include yourself. _____

56. Do you have regular childcare for your youngest child where someone other than you or your child’s other parent takes care of him/her on a regular basis?

- Child has not been born yet
- Yes →→→ How many **hours per week** is your child usually in childcare? _____
- No

57. Which do you receive now? (Mark all that apply.)

- Supplemental Nutrition Assistance Program benefits, sometimes called **SNAP or Food Stamps**
- Temporary Assistance to Needy Families, sometimes called **TANF or welfare**
- Medicaid (State Plan, Title XIX, MassHealth, Medical Assistance [MA], Minnesota Care, or MO HealthNet)
- Head Start
- Food from food bank, food pantry or soup kitchen
- Other food assistance program; Specify: _____
- I do not receive any assistance besides WIC

58. Which have you ever received but DON’T receive now? (Mark all that apply.)

- Supplemental Nutrition Assistance Program benefits, sometimes called **SNAP or Food Stamps**
- Temporary Assistance to Needy Families, sometimes called **TANF or welfare**
- Medicaid (State Plan, Title XIX, MassHealth, Medical Assistance [MA], Minnesota Care, or MO HealthNet)
- Head Start
- Food from food bank, food pantry or soup kitchen
- Other food assistance program; Specify: _____
- I have not received any assistance besides WIC

59. In the past 6 months, which topics did you discuss in WIC one-on-one or group sessions or watch in videos/DVDs or Web sites?

	<i>(Mark all that apply.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

60. Put a check mark ✓ for the topic you discussed or watched that was MOST helpful.

	<i>(Put just ONE check mark.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

ID: _____

Thank you for filling out the survey!

You will get another survey in several months.

Thank you for taking part in the WIC Nutrition Education Study (NEST)!

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Baseline Survey for Postpartum Women

Section 1



WIC | **Nutrition
Education
Study**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 10 minutes 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.

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Please fill out and return the survey to the research study staff. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

1. Different people like different foods. How much do you like ...?

	Never Tried	Don't Like at All	Like a Little	Like a Lot
a. Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Low-fat (1%) or fat-free/skim milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Whole grains such as whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about the different kinds of foods you ate or drank during the past month that is the past 30 days. When answering please include meals and snacks eaten at home at work or school in restaurants and anyplace else.

2. In the past 30 days, how often did you eat hot or cold cereals?

- Never →→→ **GO TO Question 3**
- Once last month
- 2-3 times last month
- Once a week
- Twice a week
- 3-4 times per week
- 5-6 times per week
- Once a day
- More than once a day

2a. In the past 30 days, what kind of cereal did you usually eat? (Print the name of the cereal.)

2b. If there was another kind of cereal that you usually ate in the past 30 days, what kind was it? (Print the name of the cereal, or if none, leave blank.)

3. In the past 30 days, how often did you have any milk (either to drink or on cereal)? Include regular milk, chocolate or flavored milk, lactose-free milk, and buttermilk. Do not include soy milk, almond milk, rice milk, etc. or small amounts of milk added to coffee or tea.

- Never →→→ **GO TO Question 5**
- Once last month
- 2-3 times last month
- Once a week
- Twice a week
- 3-4 times per week
- 5-6 times per week
- Once a day
- More than once a day

4. In the past 30 days, what kind of milk did you usually drink? (Mark one or more.)

- Whole or vitamin D milk
- 2% or reduced-fat milk
- 1% or low-fat milk
- Fat-free or nonfat/skim milk
- Soy milk
- Chocolate or flavored milk
- Other: _____

5. In the past 30 days, how often did you drink ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Regular soda or pop that contains sugar (Do not include diet soda)	<input type="checkbox"/>								
b. 100% pure fruit juices with no added sugar , such as orange, mango, apple, grape, and pineapple juices	<input type="checkbox"/>								
c. Coffee or tea that had sugar or honey added to it such as coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino (Do not include coffee or diet tea with artificial sweeteners such as Equal, Sweet'N Low, or Splenda)	<input type="checkbox"/>								
d. Sweetened fruit drinks, sports drinks, or energy drinks , such as Kool-Aid, lemonade, HiC, cranberry drink, Gatorade, Red Bull, Vitamin Water, or fruit juices you made at home and added sugar (Do not include diet drinks with artificial sweeteners, such as Equal, Sweet'N Low, or Splenda)	<input type="checkbox"/>								

6. In the past 30 days, how often did you eat ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Fruit , including fresh, frozen, dried, or canned fruit (Do not include juices)	<input type="checkbox"/>								
b. Green leafy or lettuce salad , with or without other vegetables	<input type="checkbox"/>								
c. Any kind of fried potatoes , including French fries, home fries, or hash brown potatoes	<input type="checkbox"/>								
d. Any other kind of potatoes , such as baked, boiled, mashed potatoes; sweet potatoes; or potato salad	<input type="checkbox"/>								
e. Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans (Do not include green beans)	<input type="checkbox"/>								
f. Brown rice or other cooked whole grains , such as bulgur, cracked wheat, or millet (Do not include white rice)	<input type="checkbox"/>								
g. Other vegetables , including fresh, frozen, dried, or canned vegetables (Do not include green salads, potatoes, or cooked dried beans)	<input type="checkbox"/>								
h. Mexican-type salsa made with tomatoes	<input type="checkbox"/>								
i. Pizza , including frozen pizza, take-out pizza, pizza in restaurants, and homemade pizza	<input type="checkbox"/>								
j. Tomato sauce served with spaghetti or noodles or mixed into other foods such as lasagna (Do not include tomato sauce on pizza)	<input type="checkbox"/>								
k. Any kind of cheese , including cheese as a snack; cheese on burgers and sandwiches; and cheese in foods such as lasagna, quesadillas, or casseroles (Do not include cheese on pizza)	<input type="checkbox"/>								
l. Corn or whole wheat tortillas (Do not include white flour tortillas)	<input type="checkbox"/>								

6. In the past 30 days, how often did you eat ...? (continued)

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
m. Whole grain bread , including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches (Do not include white bread)	<input type="checkbox"/>								
n. Chocolate or any other types of candy (Do not include sugar-free candy)	<input type="checkbox"/>								
o. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts (Do not include sugar-free kinds)	<input type="checkbox"/>								
p. Cookies, cake, pie, or brownies (Do not include sugar-free kinds)	<input type="checkbox"/>								
q. Ice cream or other frozen desserts (Do not include sugar-free kinds)	<input type="checkbox"/>								

7. Everyone is different and eats different foods. At this time, are you doing the following things? (Mark one box for each row.)

	NOT thinking about doing it	Thinking about doing it	Planning on doing it in next month	Have been doing It for LESS than 6 months	Have been doing It for 6 months or LONGER
a. Eat vegetables at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Almost always eat whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Almost always eat brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Almost always eat whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Are you trying to ...?

	NOT thinking about doing it	Thinking about doing it	Planning on doing it	Already doing it
a. Breastfeed my baby until s/he is at least 6 months old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breastfeed my baby until s/he is at least 1 year old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Only breastfeed my baby and NEVER give any formula for the first year of his/her life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How sure are you that you can ...?

	Not Sure	A Little Sure	Very Sure
a. Eat vegetables at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How sure are you that you can ...?

	I Am Not Breastfeeding	Not Sure	A Little Sure	Very Sure
a. Breastfeed my baby until s/he is at least 6 months old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breastfeed my baby until s/he is at least 1 year old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Only breastfeed my baby and NEVER give any formula for the first year of his/her life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for answering these questions!

Please give your survey to the research study staff.

After your WIC appointment, please return to answer some additional questions.



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Baseline Survey for Postpartum Women

Part 2



WIC | **Nutrition
Education
Study**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 10 minutes 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.

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Please fill out and return the survey to the research study staff. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

11. How much do you agree or disagree ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. It is easy to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is expensive to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is a large selection of fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The fresh fruit and vegetables where I live are of high quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Was this true for your household in the past 12 months?

	Never True	Sometimes True	Often True
a. We worried whether our food would run out before we got money to buy more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The food that we bought just didn't last, and we didn't have money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often do these things happen?

	Rarely or Never	Some Days	Most Days	Almost Every Day	Every Day
a. I eat a meal while watching TV	<input type="checkbox"/>				
b. I cook a homemade dinner at home	<input type="checkbox"/>				

The next questions ask about how you feed your baby. (Mark one box for each question.)

14. Are you currently feeding your baby ...?

- Only breast milk
- Only formula
- Both breast milk and formula
- Neither breast milk nor formula

15. When do you feed your baby breast milk or formula?

- On a regular schedule
- When baby cries or seems hungry
- Both of the above
- I am **not** feeding my baby breast milk or formula

16. How old was your baby when s/he drank formula every day?

- At birth or in the hospital
- Less than 1 month old
- 1–2 months old
- 3–5 months old
- 6 or more months old
- My baby has never had formula every day

17. How old was your baby when you completely stopped breastfeeding or feeding breast milk from a bottle?

- Less than 1 month old
- 1–2 months old
- 3–5 months old
- 6 or more months old
- I never fed my baby breast milk
- I am still feeding my baby breast milk

18. How old was your child when you first introduced solid foods by spoon or in a bottle (things like infant cereal or baby food from a jar or homemade)?

- Less than 3 months old
- 4 months old
- 5 months old
- 6 months or older
- Has not eaten solid foods →→→ **GO TO Question 20**

19. What was the first solid food that you fed your baby? (Mark one.)

- Baby cereal
- Vegetables
- Fruit
- Meat
- Other: _____

20. Have you breastfed any of your other children for 1 month or more?

- No, this is my first pregnancy
- Yes
- No

21. All people do things differently. Think about what you do in a usual week or day. How many times do you do the following things? (Mark one box for each question.)

	0	1	2	3	4	5	6	7	8 or More
a. I eat breakfast ___ times a week	<input type="checkbox"/>								
b. I eat out ___ times a week	<input type="checkbox"/>								
c. I eat fast food ___ times a week	<input type="checkbox"/>								
d. I watch TV or DVDs ___ hours a day	<input type="checkbox"/>								

22. In the past 7 days, on how many days did you do moderate or vigorous physical activities like walking, jogging, dancing, or bicycling? Think only about physical activities that you did for at least 10 minutes at a time. (Circle one number.)

- 0 1 2 3 4 5 6 7
- ↓

If you circled 0 →→→ GO TO Question 24

23. On the days that you did more than 10 minutes of moderate or vigorous physical activities, how many minutes in a day did you usually spend doing these physical activities?

- 10–20 minutes
- 21–30 minutes
- 31–40 minutes
- 41–50 minutes
- 51–60 minutes
- More than 60 minutes

24. In the past 30 days, how often did your family or friends do the following?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Encourage you to eat healthy foods	<input type="checkbox"/>				
b. Complain about eating healthy foods	<input type="checkbox"/>				
c. Encourage you to do physical activity	<input type="checkbox"/>				
d. Do physical activity with you	<input type="checkbox"/>				

25. In the past 30 days, how often did you ...?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Plan meals ahead of time	<input type="checkbox"/>				
b. Use Nutrition Facts on food labels to choose foods	<input type="checkbox"/>				

26. Add up all the time you or your children have ever been on WIC. Has it been ...?

- Less than 30 days
- 1 month to a year
- 1-2 years
- 3-4 years
- 5 or more years

27. In the past 6 months, how many times did you visit a WIC office and get information on health or healthy eating? Include the day you signed up for this study. Do not include visits for other reasons such as picking up a food instrument or voucher or taking a friend to her appointment. (Mark "Once" if the day you signed up for this study was your first visit to a WIC office.)

- None
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

28. In the past 6 months, during WIC visit(s) how many times did you ...? Include your most recent visit.

	None	1	2	3	4	5	6 or More
a. Talk one-on-one with a WIC staff person about health or healthy eating	<input type="checkbox"/>						
b. Attend a group session about health or healthy eating	<input type="checkbox"/>						
c. Watch a video/DVD about health or healthy eating	<input type="checkbox"/>						
d. Use the WIC Web site about health or healthy eating	<input type="checkbox"/>						

29. In the past 6 months, in between WIC visits, what did you get from WIC with information about health or healthy eating? Do not include things you got during your WIC visit. (Mark all that apply.)

- Personal phone call
- Text message
- Email message
- Online education that I could log into from home or someplace else
- Invitation or link to Facebook, Twitter, or other social media site
- Brochure or handout in the mail
- None of the above

The next questions are about your most recent visit to WIC in which you got information on health or healthy eating.

30. What did you do at your most recent WIC visit? (Mark all that apply)

- Talked one-on-one with a WIC staff person about health or healthy eating
- Spent time in a group session on health or healthy eating
- Used a WIC web site on health or healthy eating
- Used a WIC video/DVD on health or healthy eating
- None of the above

31. For your most recent WIC visit, how much do you agree or disagree with each statement ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I learned good reasons to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned good ways to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I learned good reasons to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I learned good ways to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I learned good reasons to introduce solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I learned good ways to introduce solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Some people say that some WIC visits are more helpful than others. Which best describes the information you received at your most recent WIC visit? (Mark one box only.)

- The information was **helpful** because it was new to me.
- The information was **helpful**. I knew the information, but it was good to hear it again.
- The information was **not that helpful** because I already knew it.
- The information was **not that helpful** because it did not apply to me.

33. Which best describes your most recent WIC visit? (Mark one box only.)

- I did not have any children with me
- I had a child with me so it made it **hard** to listen to the WIC information
- I had a child with me but it was **easy** to listen to the WIC information

34. At your most recent WIC visit, did the WIC staff show you any of the following or use any of these with you while they talked about health or healthy eating? (Mark all that apply.)

- Brochure, handout, or paper with information
- Bulletin board or poster
- Video/DVD
- Tasting or cooking demonstration
- Activity or game
- Other items that you could pass around like measuring cups, food containers, etc.
- None of the above
- Other: _____

35. When you enroll in WIC and then 6 to 12 months later, WIC asks you to bring proof of address or income to make sure you can be on WIC. Did you bring proof to your most recent WIC visit?

- Yes
- No

36. At your most recent WIC visit, how long did you talk one-on-one with a WIC staff person about health or healthy eating?

- I did **not** talk one-on-one about health or healthy eating →→→ **GO TO Question 42**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 37 to 41 only if you had one on one time with WIC staff at your most recent WIC visit. (If you did not have one on one time, go to Question 42.)

37. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- The WIC staff person chose what we talked about
- I chose what we talked about
- The WIC staff person and I together chose what we talked about

38. A health goal means trying to become healthier by changing something you do. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set **health goals** for me or my child
- S/he talked about **health goals**, but I did **not** set any
- S/he did **not** talk about setting **health goals**

39. For each statement, how much do you agree or disagree about your most recent one-on-one time with a WIC staff person?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person talked most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The WIC staff person listened to me and understood my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The WIC staff person followed up on issues or questions from my last one-on-one visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Did you talk about this topic in your one-on-one time? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>

41. Have you made or do you think you will make a change to your eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. At your most recent WIC visit, how long did you spend in a group session talking about health or healthy eating?

- I was not in a group session →→→ **GO TO Question 48**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 43 to 47 only if you spent time in a group session at your most recent WIC visit. (If you were not in a group session go to Question 48.)

43. Which best describes your most recent WIC group session? (Mark the one that happened most.)

- S/he mostly talked and would stop to ask if we had questions
- We watched a video/DVD and at the end s/he asked if we had questions
- S/he shared information and we had a discussion. S/he asked me and the other people in the group about our thoughts and opinions.

44. A health goal means trying to become healthier by changing something you do. Which best describes your group session with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set health goals for me or my child
- S/he talked about health goals, but I didn't set any
- S/he did not talk about setting health goals

45. For each statement, how much do you agree or disagree about your most recent WIC group session?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person listened to the group and understood our concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had a chance to bring up topics that were important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Did you talk about this topic in your group session? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>

47. Have you made or do you think you will make a change to your eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Which describes how you used a WIC Web site on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC Web site on health or healthy eating **in the WIC office** by myself
- Used a WIC Web site on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC Web site on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC Web site on health or healthy eating in the past 6 months →→→ **GO TO Question 53**

Answer Question 49 to 52 only if you used a WIC Web site on health or healthy eating in the past 6 months. (If you did not use a WIC Web site go to Question 53.)

49. How long did you spend using the WIC Web site? Include time in and outside of WIC office.

- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

50. Which best describes how the topic for the WIC Web site was chosen? (Mark one.)

- There was a list of topics, and I chose one of them myself
- There was a list of topics, and a WIC staff person helped me choose one
- There was only one topic available
- Other: _____

51. Did you read or view this topic on the WIC Web site? (Mark one box for each topic below.)

	I read/viewed this	I did NOT read/view this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>

52. Have you made or do you think you will make a change to your eating or activities since reading/viewing this topic? (Mark one box for each topic read/viewed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Which describes how you used a WIC video/DVD on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC video/DVD on health or healthy eating **in the WIC office** by myself
- Used a WIC video/DVD on health or healthy eating **in the WIC office** in a group
- Used a WIC video/DVD on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC video/DVD on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC video/DVD on health or healthy eating in the past 6 months

54. Which best describes your current status? Are you ...? (Mark the best answer.)

- Married
 Widowed
 Divorced
 Separated
 Single or never married
 Living with partner

55. Are you Hispanic or Latino? (Mark one.)

- Hispanic or Latino
 Not Hispanic or Latino

56. What is your race? (Mark one or more.)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 Other; Specify: _____

57. What is the highest year or grade you finished in school? (Mark one.)

- Less than 1 year of school
 Elementary (grades 1–8)
 Some high school (grades 9–12, no degree)
 High school graduate, GED, or equivalent
 Some college (1–4 years, no degree)
 Associate’s degree (including occupational or academic degrees)
 Bachelor’s degree (BA, BS, AB, etc.)
 Master’s degree or higher (MA, MS, PhD, MD, etc.)

58. In the past 6 months, have you been told by a doctor or other health care professional that you have ...?

	Yes	No
a. Anemia or low iron	<input type="checkbox"/>	<input type="checkbox"/>
b. Excessive weight gain	<input type="checkbox"/>	<input type="checkbox"/>
c. Diabetes, gestational diabetes, or high blood sugar	<input type="checkbox"/>	<input type="checkbox"/>
d. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>

59. Are you currently working for pay either full time or part time?

- Yes, full time
 Yes, part time
 No

60. What language(s) do you speak at home? (Mark all that apply.)

- English
 Spanish
 Other

61. How many people live in your household right now?

	Number (If none, write zero)
a. Infants under 12 months of age	
b. Children 1–4 years of age	
c. Children 5–17 years of age	
d. Adults 18 years or older (include yourself)	

62. How many people in your household are on WIC right now? Please include yourself. _____**63. Do you have regular childcare for your youngest child where someone other than you or your child's other parent takes care of him/her on a regular basis?**

- Yes →→→ How many **hours per week** is your child usually in childcare? _____
 No

64. Which do you receive now? (Mark all that apply.)

- Supplemental Nutrition Assistance Program benefits, sometimes called **SNAP or Food Stamps**
 Temporary Assistance to Needy Families, sometimes called **TANF or welfare**
 Medicaid (State Plan, Title XIX, MassHealth, Medical Assistance [MA], Minnesota Care, or MO HealthNet)
 Head Start
 Food from food bank, food pantry or soup kitchen
 Other food assistance program; Specify: _____
 I do not receive any assistance besides WIC

65. Which have you ever received but DON'T receive now? (Mark all that apply.)

- Supplemental Nutrition Assistance Program benefits, sometimes called **SNAP or Food Stamps**
 Temporary Assistance to Needy Families, sometimes called **TANF or welfare**
 Medicaid (State Plan, Title XIX, MassHealth, Medical Assistance [MA], Minnesota Care, or MO HealthNet)
 Head Start
 Food from food bank, food pantry or soup kitchen
 Other food assistance program; Specify: _____
 I have not received any assistance besides WIC

66. In the past 6 months, which topics did you discuss in WIC one-on-one or group sessions or watch in videos/DVDs or Web sites?

	<i>(Mark all that apply.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

67. Put a check mark ✓ for the topic you discussed or watched that was MOST helpful.

	<i>(Put just ONE check mark.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

Thank you for filling out the survey!

You will get another survey in several months.

Thank you for taking part in the WIC Nutrition Education Study (NEST)!

OMB Control Number: 0584-0599
Expiration date: 10/31/2017

For Project Staff Use Only:

Child's First Name _____

Last question before appointment: _____

FI ID: _____

Baseline Survey for Participant with Eligible Child

Part 1



WIC | **Nutrition
Education
Study**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 10 minutes 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.

(this page intentionally left blank.)

Please fill out and return the survey to research study staff. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you and your child. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

1. Please write in:

Name of child from label on front of survey: _____

Please answer all survey questions about THIS child.

2. How old is your child?

- Less than 12 months old
 1 year or older →→→ **GO TO Question 8**

3. Are you currently breastfeeding your child?

- Yes
 No →→→ **GO TO Question 6**

4. Think about how much longer you plan to breastfeed your child. How old do you expect your child to be when you stop breastfeeding?

_____ months

5. How sure are you that you can breastfeed your child until s/he is 1 year old?

- Not sure
 A little sure
 Very sure

6. How old was your child when you first introduced solid foods by spoon or in a bottle (things like infant cereal or baby food from a jar or homemade)?

- Less than 3 months old
 4 months old
 5 months old
 6 months or older
 Has not eaten solid foods →→→ **YOU ARE DONE WITH PART 1. PLEASE GIVE YOUR SURVEY TO RESEARCH STUDY STAFF.**

7. Does your child feed himself/herself any foods? That is, does your child pick up food and put it in his or her mouth without any help?

- Yes
 No

8. Different children like different foods. How much does your child like ...?

	Never Tried	Doesn't Like at All	Likes a Little	Likes a Lot
a. Vegetables (including baby food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit (including baby food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Whole milk or 2% (reduced fat) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Low-fat (1%) or fat-free/skim milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Whole grains such as whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about the different kinds of foods your child ate or drank during the past month that is the past 30 days. When answering please include meals and snacks eaten at home at school in restaurants and anyplace else.

9. In the past 30 days, how often did your child eat hot or cold cereals, including baby cereal?

- Never →→→ **GO TO Question 10**
 Once last month
 2-3 times last month
 Once a week
 Twice a week
 3-4 times per week
 5-6 times per week
 Once a day
 More than once a day

9a. In the past 30 days, what kind of cereal did your child usually eat? (Print the name of the cereal.)

9b. If there was another kind of cereal that your child ate in the past 30 days, what kind was it? (Print the name of the cereal, or if none, leave blank.)

10. In the past 30 days, how often did your child have any cow’s milk (either to drink or on cereal)? Include regular milk, chocolate or flavored milk, lactose-free milk, and buttermilk. Do **not** include soy milk, almond milk, rice milk, etc. or small amounts of milk added to coffee or tea.

- Never →→→ **GO TO Question 12**
- Once last month
- 2–3 times last month
- Once a week
- Twice a week
- 3–4 times per week
- 5–6 times per week
- Once a day
- More than once a day

11. In the past 30 days, what kind of milk did your child usually drink? (Mark one or more.)

- Whole or vitamin D milk
- 2% or reduced-fat milk
- 1% or low-fat milk
- Fat-free or nonfat/skim milk
- Soy milk
- Chocolate or flavored milk
- Other: _____

12. In the past 30 days, how often did your child drink ...?

	Never	Once Last Month	2–3 Times Last Month	Once a Week	Twice a Week	3–4 Times per Week	5–6 Times per Week	Once a Day	More than Once a Day
a. Regular soda or pop that contains sugar (Do not include diet soda)	<input type="checkbox"/>								
b. 100% pure fruit juices with no added sugar , such as orange, mango, apple, grape, and pineapple juices	<input type="checkbox"/>								
c. Coffee or tea that had sugar or honey added to it such as coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino (Do not include coffee or diet tea with artificial sweeteners such as Equal, Sweet’N Low, or Splenda)	<input type="checkbox"/>								
d. Sweetened fruit drinks, sports drinks, or energy drinks , such as Kool-Aid, lemonade, HiC, cranberry drink, Gatorade, Red Bull, Vitamin Water, or fruit juices you made at home and added sugar (Do not include diet drinks with artificial sweeteners such as Equal, Sweet’N Low, or Splenda)	<input type="checkbox"/>								

13. In the past 30 days, how often did your child eat ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Fruit , include fresh, frozen, dried, or canned fruit (Do not include juices)	<input type="checkbox"/>								
b. Green leafy or lettuce salad , with or without other vegetables	<input type="checkbox"/>								
c. Any kind of fried potatoes , including French fries, home fries, or hash brown potatoes	<input type="checkbox"/>								
d. Any other kind of potatoes , such as baked, boiled, mashed potatoes; sweet potatoes; or potato salad	<input type="checkbox"/>								
e. Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans (Do not include green beans)	<input type="checkbox"/>								
f. Brown rice or other cooked whole grains , such as bulgur, cracked wheat, or millet (Do not include white rice)	<input type="checkbox"/>								
g. Other vegetables , include fresh, frozen, dried, or canned vegetables (Do not include green salads, potatoes, or cooked dried beans)	<input type="checkbox"/>								
h. Mexican-type salsa made with tomatoes	<input type="checkbox"/>								
i. Pizza , including frozen pizza, take-out pizza, pizza in restaurants, and homemade pizza	<input type="checkbox"/>								
j. Tomato sauce served with spaghetti or noodles or mixed into other foods such as lasagna (Do not include tomato sauce on pizza)	<input type="checkbox"/>								

13. In the past 30 days, how often did your child eat ...? (continued)

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
k. Any kind of cheese , including cheese as a snack; cheese on burgers and sandwiches; and cheese in foods such as lasagna, quesadillas, or casseroles (Do not include cheese on pizza)	<input type="checkbox"/>								
l. Corn or whole wheat tortillas (Do not include white flour tortillas)	<input type="checkbox"/>								
m. Whole grain bread , including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches (Do not include white bread)	<input type="checkbox"/>								
n. Chocolate or any other types of candy (Do not include sugar-free candy)	<input type="checkbox"/>								
o. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts (Do not include sugar-free kinds)	<input type="checkbox"/>								
p. Cookies, cake, pie, or brownies (Do not include sugar-free kinds)	<input type="checkbox"/>								
q. Ice cream or other frozen desserts (Do not include sugar-free kinds)	<input type="checkbox"/>								

14. All families are different and eat different foods. At this time, are you doing the following things? (Mark one box for each row.)

	NOT thinking about doing it	Thinking about doing it	Planning to do it next month	Have been doing it for LESS than 6 months	Have been doing it for 6 months or LONGER
a. Serve your child vegetables (include baby food) at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serve your child fruit (include baby food) for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serve your child low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day (<i>Answer only if child is 2 years or older.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Almost always serve your child whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Almost always serve your child brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Almost always serve your child whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Serve your child 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Serve your child regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How sure are you that you can ...?

	Not Sure	A Little Sure	Very Sure
a. Serve your child vegetables (include baby food) at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serve your child fruit (include baby food) for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serve your child low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day (<i>Answer only if child is 2 years or older.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Serve your child whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Serve your child brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Serve your child whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Serve your child 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Serve your child regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID: _____

Thank you for answering these questions!

Please give your survey to research study staff.

After your WIC appointment, please return to answer some additional questions.



(this page intentionally left blank.)

ID: _____

OMB Control Number: 0584-0599
Expiration date: 10/31/2017

For Project Staff Use Only:

Child's First Name _____

Last question before appointment: _____

FI ID: _____

Baseline Survey for Participant with Eligible Child

Part 2



WIC | **Nutrition
Education
Study**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 10 minutes 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.

(this page intentionally left blank.)

Please fill out and return the survey to research study staff. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you and your child. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

16. How much do you agree or disagree ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. It is easy to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is expensive to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is a large selection of fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The fresh fruit and vegetables where I live are of high quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Was this true for your household in the past 12 months?

	Never True	Sometimes True	Often True
a. We worried whether our food would run out before we got money to buy more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The food that we bought just didn't last, and we didn't have money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How often do these things happen? (Skip this question if your child has **not** eaten solid foods.)

	Rarely or Never	Some Days	Most Days	Almost Every Day	Every Day
a. My child eats a meal while watching TV/DVDs	<input type="checkbox"/>				
b. I sit and eat a meal with my child	<input type="checkbox"/>				
c. My child is picky about the foods s/he eats	<input type="checkbox"/>				
d. I cook a homemade dinner for my child at home	<input type="checkbox"/>				

19. How many times do you usually offer a new food before you decide your child does not like it?

- Once
- Twice
- 3–5 times
- 6–10 times
- More than 10 times
- My child likes everything
- My child hasn't tried new foods

20. Below are some things that parents may do. In the past 30 days, how often did you do the following things?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Kept track of what my child eats and drinks	<input type="checkbox"/>				
b. Tried to get my child to finish his/her food and drinks	<input type="checkbox"/>				
c. Tried to get my child to eat even if s/he does not seem hungry	<input type="checkbox"/>				
d. Carefully controlled how much my child eats or drinks	<input type="checkbox"/>				
e. Talked to my child to encourage him/her to eat or drink	<input type="checkbox"/>				
f. Let my child eat desserts/sweets to keep him/her happy	<input type="checkbox"/>				
g. Put cereal in my child's bottle (<i>Answer only if child is younger than 12 months.</i>)	<input type="checkbox"/>				

21. All families do things differently. Think about what you and your child do in a usual week or day. How many times do you do the following things? (Mark one box for each question.)

	0	1	2	3	4	5	6	7	8 or More
a. My child eats breakfast ___ times a week	<input type="checkbox"/>								
b. We eat out ___ times a week	<input type="checkbox"/>								
c. My child eats fast food ___ times a week	<input type="checkbox"/>								
d. My child plays outside ___ days a week	<input type="checkbox"/>								
e. My child plays outside ___ hours a day	<input type="checkbox"/>								
f. I play outside with my child ___ days a week	<input type="checkbox"/>								
g. My child watches TV or DVDs ___ hours a day	<input type="checkbox"/>								
h. I watch TV or DVDs ___ hours a day	<input type="checkbox"/>								
i. My child plays video or computer games ___ hours a day (including games played on phones and other handheld devices)	<input type="checkbox"/>								

22. In the past 7 days, on how many days did you do moderate or vigorous physical activities like walking, jogging, dancing, or bicycling? Think only about physical activities that you did for at least 10 minutes at a time. (Circle one number.)

- 0 1 2 3 4 5 6 7
- ↓

If you circled 0 →→→ GO TO Question 24

23. On the days that you did more than 10 minutes of moderate or vigorous physical activities, how many minutes in a day did you usually spend doing these physical activities?

- 10–20 minutes
- 21–30 minutes
- 31–40 minutes
- 41–50 minutes
- 51–60 minutes
- More than 60 minutes

24. In the past 30 days, how often did your family or friends do the following?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Encourage you to eat healthy foods	<input type="checkbox"/>				
b. Complain about eating healthy foods	<input type="checkbox"/>				
c. Encourage you to do physical activity	<input type="checkbox"/>				
d. Do physical activity with you	<input type="checkbox"/>				

25. In the past 30 days, how often did you ...?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Plan meals ahead of time	<input type="checkbox"/>				
b. Use Nutrition Facts on food labels to choose foods	<input type="checkbox"/>				

26. Who in your family currently gets WIC benefits? (Mark all that apply.)

- Me, because I am pregnant
- Me, because I recently gave birth
- My baby who is less than 12 months old
- My child(ren) who are over 12 months old
- None of my family →→→ **GO TO Question 28**

27. Add up all the time you or your children have ever been on WIC. Has it been ...?

- Less than 30 days
- 1 month to a year
- 1-2 years
- 3-4 years
- 5 or more years

28. In the past 6 months, how many times did you visit a WIC office and get information on health or healthy eating? Include the day you signed up for this study. Do **not** include visits for other reasons such as picking up a food instrument or voucher or taking a friend to her appointment. (Mark "Once" if the day you signed up for this study was your first visit to a WIC office.)

- None
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

29. In the past 6 months, during WIC visit(s) how many times did you do ...? Include your most recent visit.

	None	1	2	3	4	5	6 or More
a. Talk one-on-one with a WIC staff person about health or healthy eating	<input type="checkbox"/>						
b. Attend a group session about health or healthy eating	<input type="checkbox"/>						
c. Watch a video/DVD about health or healthy eating	<input type="checkbox"/>						
d. Use the WIC Web site about health or healthy eating	<input type="checkbox"/>						

30. In the past 6 months, in between WIC visits, what did you get from WIC with information on health or healthy eating? Do **not** include things you got during your WIC visit. (Mark all that apply.)

- Personal phone call
- Text message
- Email message
- Online education that I could log into from home or someplace else
- Invitation or link to Facebook, Twitter, or other social media site
- Brochure or handout in the mail
- None of the above

The next questions are about your **most recent** WIC visit in which you got information on health or healthy eating.

31. What did you do at your most recent WIC visit? (Mark all that apply.)

- Talked one-on-one with a WIC staff person about health or healthy eating
- Spent time in a group session on health or healthy eating
- Used a WIC Web site on health or healthy eating
- Used a WIC video/DVD on health or healthy eating
- None of the above

32. For your most recent WIC visit, how much do you agree or disagree with each statement?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I learned good reasons to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned good ways to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Some people say that some WIC visits are more helpful than others. Which best describes the information you received at your most recent WIC visit? (Mark one box only.)

- The information was **helpful** because it was new to me.
- The information was **helpful**. I knew the information, but it was good to hear it again.
- The information was **not that helpful** because I already knew it.
- The information was **not that helpful** because it did not apply to me.

34. Which best describes your most recent WIC visit? (Mark one box only.)

- I did not have any children with me
- I had a child with me so it made it **hard** to listen to the WIC information
- I had a child with me but it was **easy** to listen to the WIC information

35. At your most recent WIC visit, did the WIC staff show you any of the following or use any of these with you while they talked about health or healthy eating? (Mark all that apply.)

- Brochure, handout, or paper with information
- Bulletin board or poster
- Video/DVD
- Tasting or cooking demonstration
- Activity or game
- Other items that you could pass around like measuring cups, food containers, etc.
- None of the above
- Other: _____

36. When you enroll in WIC and then 6 to 12 months later, WIC asks you to bring proof of address or income to make sure you can be on WIC. Did you bring proof to your most recent WIC visit?

- Yes
- No

37. At your most recent WIC visit, how long did you talk one-on-one with a WIC staff person about health or healthy eating?

- I did **not** talk one-on-one about health or healthy eating →→→ **GO TO Question 43**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 38 to 42 only if you had one on one time with WIC staff at your most recent WIC visit. (If you did not have one on one time, go to Question 43.)

38. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- The WIC staff person chose what we talked about
- I chose what we talked about
- The WIC staff person and I together chose what we talked about

39. A health goal means trying to become healthier by changing something you do. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set **health goals** for me or my child
- S/he talked about **health goals**, but I did **not** set any
- S/he did **not** talk about setting **health goals**

40. For each statement, how much do you agree or disagree about your most recent one-on-one time with a WIC staff person?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person talked most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The WIC staff person listened to me and understood my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The WIC staff person followed up on issues or questions from my last one-on-one visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Did you talk about this topic in your one-on-one time? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

42. Have you made or do you think you will make a change to your child's eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. At your most recent WIC visit, how long did you spend in a group session talking about health or healthy eating?

- I was **not** in a group session →→→ **GO TO Question 49**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 44 to 48 only if you spent time in a group session at your most recent WIC visit. (If you were not in a group session go to Question 49.)

44. Which best describes your most recent WIC group session? (Mark the one that happened most.)

- S/he mostly talked and would stop to ask if we had questions
- We watched a video/DVD and at the end s/he asked if we had questions
- S/he shared information and we had a discussion. S/he asked me and the other people in the group about our thoughts and opinions.

45. A health goal means trying to become healthier by changing something you do. Which best describes your most recent group session with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set health goals for me or my child
- S/he talked about health goals, but I didn't set any
- S/he did not talk about setting health goals

46. For each statement, how much do you agree or disagree about your most recent WIC group session?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person listened to the group and understood our concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had a chance to bring up topics that were important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Did you talk about this topic in your group session? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

48. Have you made or do you think you will make a change to your child's eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Which describes how you used a WIC Web site on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC Web site on health or healthy eating **in the WIC office** by myself
- Used a WIC Web site on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC Web site on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC Web site on health or healthy eating in the past 6 months →→→ **GO TO Question 54**

Answer Questions 50 to 53 only if you used a WIC Web site on health or healthy eating in the past 6 months. (If you did not use a WIC Web site go to Question 54.)

50. How long did you spend using the WIC Web site? Include time in and outside of WIC office.

- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

51. Which best describes how the topic for the WIC Web site was chosen? (Mark one.)

- There was a list of topics, and I chose one of them myself
- There was a list of topics, and a WIC staff person helped me choose one
- There was only one topic available
- Other: _____

52. Did you read or view this topic on the WIC Web site? (Mark one box for each topic below.)

	I read/viewed this	I did NOT read/view this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

53. Have you made or do you think you will make a change to your child's eating or activities since reading/viewing this topic? (Mark one box for each topic read/viewed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Which describes how you used a WIC video/DVD on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC video/DVD on health or healthy eating **in the WIC office** by myself
- Used a WIC video/DVD on health or healthy eating **in the WIC office** in a group
- Used a WIC video/DVD on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC video/DVD on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC video/DVD on health or healthy eating in the past 6 months

55. Which best describes your current status? Are you ...? (Mark the best answer.)

- Married
- Widowed
- Divorced
- Separated
- Single or never married
- Living with partner

56. Are you Hispanic or Latino? (Mark one.)

- Hispanic or Latino
 Not Hispanic or Latino

57. What is your race? (Mark one or more.)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 Other; Specify: _____

58. What is the highest year or grade you finished in school? (Mark one.)

- Less than 1 year of school
 Elementary (grades 1–8)
 Some high school (grades 9–12, no degree)
 High school graduate, GED, or equivalent
 Some college (1–4 years, no degree)
 Associate's degree (including occupational or academic degrees)
 Bachelor's degree (BA, BS, AB, etc.)
 Master's degree or higher (MA, MS, PhD, MD, etc.)

59. In the past 6 months, have you been told by a doctor or other health care professional that your child ...?

	Yes	No
a. Was a preemie or premature as a baby	<input type="checkbox"/>	<input type="checkbox"/>
b. Needs special infant formula	<input type="checkbox"/>	<input type="checkbox"/>
c. Is low weight	<input type="checkbox"/>	<input type="checkbox"/>
d. Is overweight	<input type="checkbox"/>	<input type="checkbox"/>
e. Has high blood lead	<input type="checkbox"/>	<input type="checkbox"/>

60. Are you currently working for pay either full time or part time?

- Yes, full time
 Yes, part time
 No

61. What language(s) do you speak at home? (Mark all that apply.)

- English
 Spanish
 Other

62. How many people live in your household right now?

	Number <i>(If none, write zero.)</i>
a. Infants under 12 months of age	
b. Children 1–4 years of age	
c. Children 5–17 years of age	
d. Adults 18 years or older (include yourself)	

63. How many people in your household are on WIC right now? Please include yourself. _____**64. Do you have regular childcare for your child where someone other than a family member in your home takes care of him/her on a regular basis?** *(Answer for child identified on front of survey.)*

- Yes →→→ How many **hours per week** is your child usually in childcare? _____
- No

65. Which do you receive now? *(Mark all that apply.)*

- Supplemental Nutrition Assistance Program benefits, sometimes called **SNAP or Food Stamps**
- Temporary Assistance to Needy Families, sometimes called **TANF or welfare**
- Medicaid (State Plan, Title XIX, MassHealth, Medical Assistance [MA], Minnesota Care, or MO HealthNet)
- Head Start
- Food from food bank, food pantry, or soup kitchen
- Other food assistance program; Specify: _____
- I do not receive any assistance besides WIC

66. Which have you ever received but DON'T receive now? *(Mark all that apply.)*

- Supplemental Nutrition Assistance Program benefits, sometimes called **SNAP or Food Stamps**
- Temporary Assistance to Needy Families, sometimes called **TANF or welfare**
- Medicaid (State Plan, Title XIX, MassHealth, Medical Assistance [MA], Minnesota Care, or MO HealthNet)
- Head Start
- Food from food bank, food pantry, or soup kitchen
- Other food assistance program; Specify: _____
- I have not received any assistance besides WIC

67. In the past 6 months, which topics did you discuss in WIC one-on-one or group sessions or watch in videos/DVDs or Web sites?

	<i>(Mark all that apply.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my child	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

68. Put a check mark ✓ for the topic you discussed or watched that was MOST helpful.

	<i>(Put just ONE check mark.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my child	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

Thank you for filling out the survey!

You will get another survey in several months.

Thank you for taking part in the WIC Nutrition Education Study (NEST)!

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APPENDIX F.3
INTERIM SURVEYS

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OMB Control Number: 0584-0599
Expiration date: 10/31/2017

For Project Staff Use Only:

ID: _____

Interim Survey for Pregnant Women



WIC | **Nutrition
Education
Study**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 20 minutes 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.

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Please fill out and return the survey in the enclosed envelope within the next week. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

1. Please write in today's date:

(month)	(day)	(year)
---------	-------	--------

2. Different people like different foods. How much do you like ...?

	Never Tried	Don't Like at All	Like a Little	Like a Lot
a. Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Low-fat (1%) or fat-free/skim milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Whole grains such as whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

3. In the past 30 days, how often did you eat hot or cold cereals?

- Never →→→ **GO TO Question 4**
- Once last month
- 2-3 times last month
- Once a week
- Twice a week
- 3-4 times per week
- 5-6 times per week
- Once a day
- More than once a day

3a. In the past 30 days, what kind of cereal did you usually eat? (Print the name of the cereal.)

3b. If there was another kind of cereal that you usually ate in the past 30 days, what kind was it? (Print the name of the cereal, or if none, leave blank.)

4. In the past 30 days, how often did you have any milk (either to drink or on cereal)? Include regular milk, chocolate or flavored milk, lactose-free milk, and buttermilk. Do not include soy milk, almond milk, rice milk, etc. or small amounts of milk added to coffee or tea.

- Never →→→ **GO TO Question 6**
- Once last month
- 2–3 times last month
- Once a week
- Twice a week
- 3–4 times per week
- 5–6 times per week
- Once a day
- More than once a day

5. In the past 30 days, what kind of milk did you usually drink? (Mark one or more.)

- Whole or vitamin D milk
- 2% or reduced-fat milk
- 1% or low-fat milk
- Fat-free or nonfat/skim milk
- Soy milk
- Chocolate or flavored milk
- Other: _____

6. In the past 30 days, how often did you drink ...?

	Never	Once Last Month	2–3 Times Last Month	Once a Week	Twice a Week	3–4 Times per Week	5–6 Times per Week	Once a Day	More than Once a Day
a. Regular soda or pop that contains sugar (Do not include diet soda)	<input type="checkbox"/>								
b. 100% pure fruit juices with no added sugar , such as orange, mango, apple, grape, and pineapple juices	<input type="checkbox"/>								
c. Coffee or tea that had sugar or honey added to it such as coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino (Do not include coffee or diet tea with artificial sweeteners such as Equal, Sweet’N Low, or Splenda)	<input type="checkbox"/>								
d. Sweetened fruit drinks, sports drinks, or energy drinks , such as Kool-Aid, lemonade, HiC, cranberry drink, Gatorade, Red Bull, Vitamin Water, or fruit juices you made at home and added sugar (Do not include diet drinks with artificial sweeteners, such as Equal, Sweet’N Low, or Splenda)	<input type="checkbox"/>								

7. In the past 30 days, how often did you eat ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Fruit , including fresh, frozen, dried, or canned fruit (Do not include juices)	<input type="checkbox"/>								
b. Green leafy or lettuce salad , with or without other vegetables	<input type="checkbox"/>								
c. Any kind of fried potatoes , including French fries, home fries, or hash brown potatoes	<input type="checkbox"/>								
d. Any other kind of potatoes , such as baked, boiled, mashed potatoes; sweet potatoes; or potato salad	<input type="checkbox"/>								
e. Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans (Do not include green beans)	<input type="checkbox"/>								
f. Brown rice or other cooked whole grains , such as bulgur, cracked wheat, or millet (Do not include white rice)	<input type="checkbox"/>								
g. Other vegetables , including fresh, frozen, dried, or canned vegetables (Do not include green salads, potatoes, or cooked dried beans)	<input type="checkbox"/>								
h. Mexican-type salsa made with tomatoes	<input type="checkbox"/>								
i. Pizza , including frozen pizza, take-out pizza, pizza in restaurants, and homemade pizza	<input type="checkbox"/>								
j. Tomato sauce served with spaghetti or noodles or mixed into other foods such as lasagna (Do not include tomato sauce on pizza)	<input type="checkbox"/>								

7. In the past 30 days, how often did you eat ...? (continued)

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
k. Any kind of cheese , including cheese as a snack; cheese on burgers and sandwiches; and cheese in foods such as lasagna, quesadillas, or casseroles (Do not include cheese on pizza)	<input type="checkbox"/>								
l. Corn or whole wheat tortillas (Do not include white flour tortillas)	<input type="checkbox"/>								
m. Whole grain bread , including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches (Do not include white bread)	<input type="checkbox"/>								
n. Chocolate or any other types of candy (Do not include sugar-free candy)	<input type="checkbox"/>								
o. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts (Do not include sugar-free kinds)	<input type="checkbox"/>								
p. Cookies, cake, pie, or brownies (Do not include sugar-free kinds)	<input type="checkbox"/>								
q. Ice cream or other frozen desserts (Do not include sugar-free kinds)	<input type="checkbox"/>								

8. Everyone is different and eats different foods. At this time, are you doing the following things? (Mark one box for each row.)

	NOT thinking about doing it	Thinking about doing it	Planning on doing it in next month	Have been doing it for LESS than 6 months	Have been doing it for 6 months or LONGER
a. Eat vegetables at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Almost always eat whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Almost always eat brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Almost always eat whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How sure are you that you can...?

	Not Sure	A Little Sure	Very Sure
a. Only formula feed my baby (not breastfeed at all)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breastfeed my baby or at least try	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Breastfeed without using any formula or other milk when my baby is 30 days old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Breastfeed without using any formula or other milk when my baby is 6 months old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How sure are you that you can ...?

	Not Sure	A Little Sure	Very Sure
a. Eat vegetables at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In the past 30 days, did you buy the WIC foods listed below?

	Yes	No	Did Not Receive from WIC
a. Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other whole grains (like whole grain bread, whole wheat or corn tortillas, brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Baby food in jars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Infant formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How often do these things happen?

	Rarely or Never	Some Days	Most Days	Almost Every Day	Every Day
a. I eat a meal while watching TV	<input type="checkbox"/>				
b. I cook a homemade dinner at home	<input type="checkbox"/>				

13. All people do things differently. Think about what you do in a usual week or day. How many times do you do the following things? (Mark one box for each question.)

	0	1	2	3	4	5	6	7	8 or More
a. I eat breakfast ___ times a week	<input type="checkbox"/>								
b. I eat out ___ times a week	<input type="checkbox"/>								
c. I eat fast food ___ times a week	<input type="checkbox"/>								
d. I watch TV or DVDs ___ hours a day	<input type="checkbox"/>								

14. In the past 7 days, on how many days did you do moderate or vigorous physical activities like walking, jogging, dancing, or bicycling? Think only about physical activities that you did for at least 10 minutes at a time. (Circle one number.)

0 1 2 3 4 5 6 7
 ↓

If you circled 0 →→→ GO TO Question 16

15. On the days that you did more than 10 minutes of moderate or vigorous physical activities, how many minutes in a day did you usually spend doing these physical activities?

- 10–20 minutes
- 21–30 minutes
- 31–40 minutes
- 41–50 minutes
- 51–60 minutes
- More than 60 minutes

16. In the past 30 days, how often did you ...?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Plan meals ahead of time	<input type="checkbox"/>				
b. Use Nutrition Facts on food labels to choose foods	<input type="checkbox"/>				

17. Who in your family currently gets WIC benefits? (Mark all that apply.)

- Me, because I am pregnant
- Me, because I recently gave birth
- My baby who is less than 12 months old
- My child(ren) who are over 12 months of age
- None of my family

18. Do your family's WIC benefits come from the WIC site where you signed up for this study?

- Yes
- No, I am receiving WIC from another WIC office
- No, I have not received WIC since *(fill in)*

 (month) (year)

19. In the past 6 months, how many times did you visit a WIC office and get information on health or healthy eating? Include the day you signed up for this study. Do not include visits for other reasons such as picking up a food instrument or voucher or taking a friend to her appointment.

- None →→→ **GO TO Question 47**
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

20. In the past 6 months, during WIC visit(s) how many times did you ...? Include your most recent visit.

	None	1	2	3	4	5	6 or More
a. Talk one-on-one with a WIC staff person about health or healthy eating	<input type="checkbox"/>						
b. Attend a group session about health or healthy eating	<input type="checkbox"/>						
c. Watch a video/DVD about health or healthy eating	<input type="checkbox"/>						
d. Use the WIC Web site about health or healthy eating	<input type="checkbox"/>						

21. In the past 6 months, in between WIC visits, what did you get from WIC with information that told you about health or healthy eating? Do not include things you got during your WIC visit. (Mark all that apply.)

- Personal phone call
- Text message
- Email message
- Online education that I could log into from home or someplace else
- Invitation or link to Facebook, Twitter, or other social media site
- Brochure or handout in the mail
- None of the above

The next questions are about your most recent visit to WIC in which you got information on health or healthy eating.

22. When was your most recent WIC visit?

- Less than 2 weeks ago
- 2–4 weeks ago
- 1–2 months ago
- Over 2 months ago

23. What did you do at your most recent WIC visit? (Mark all that apply.)

- Talked one-on-one with a WIC staff person about health or healthy eating
- Spent time in a group session on health or healthy eating
- Used a WIC Web site on health or healthy eating
- Used a WIC video/DVD on health or healthy eating
- None of the above

24. For your most recent WIC visit, how much do you agree or disagree with each statement ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I learned good reasons to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned good ways to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I learned good reasons to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I learned good ways to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Some people say that some WIC visits are more helpful than others. Which best describes the information you received at your most recent WIC visit? (Mark one box only.)

- The information was **helpful** because it was new to me.
- The information was **helpful**. I knew the information, but it was good to hear it again.
- The information was **not that helpful** because I already knew it.
- The information was **not that helpful** because it did not apply to me.

26. Which best describes your most recent WIC visit? (Mark one box only.)

- I did not have any children with me
- I had a child with me so it made it **hard** to listen to the WIC information
- I had a child with me but it was **easy** to listen to the WIC information

27. At your most recent WIC visit, did the WIC staff show you any of the following or use any of these with you while they talked about health or healthy eating? (Mark all that apply.)

- Brochure, handout, or paper with information
- Bulletin board or poster
- Video/DVD
- Tasting or cooking demonstration
- Activity or game
- Other items that you could pass around like measuring cups, food containers, etc.
- None of the above
- Other: _____

28. When you enroll in WIC and then 6 to 12 months later, WIC asks you to bring proof of address or income to make sure you can be on WIC. Did you bring proof to your most recent WIC visit?

- Yes
- No

29. At your most recent WIC visit, how long did you talk one-on-one with a WIC staff person about health or healthy eating?

- I did **not** talk one-on-one about health or healthy eating →→→ **GO TO Question 35**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 30 to 34 only if you had one on one time with WIC staff at your most recent WIC visit. (If you did not have one on one time, go to Question 35.)

30. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- The WIC staff person chose what we talked about
- I chose what we talked about
- The WIC staff person and I together chose what we talked about

31. A health goal means trying to become healthier by changing something you do. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set **health goals** for me or my child
- S/he talked about **health goals**, but I did **not** set any
- S/he did **not** talk about setting **health goals**

32. For each statement, how much do you agree or disagree about your most recent one-on-one time with a WIC staff person?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person talked most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The WIC staff person listened to me and understood my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The WIC staff person followed up on issues or questions from my last one-on-one visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Did you talk about this topic in your one-on-one time? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>

34. Have you made or do you think you will make a change to your eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. At your most recent WIC visit, how long did you spend in a group session talking about health or healthy eating?

- I was not in a group session →→→ **GO TO Question 41**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 36 to 40 only if you spent time in a group session at your most recent WIC visit. (If you were not in a group session go to Question 41.)

36. Which best describes your most recent WIC group session? (Mark the one that happened most.)

- S/he mostly talked and would stop to ask if we had questions
- We watched a video/DVD and at the end s/he asked if we had questions
- S/he shared information, and we had a discussion. S/he asked me and the other people in the group about our thoughts and opinions.

37. A health goal means trying to become healthier by changing something you do. Which best describes your most recent group session with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set health goals for me or my child
- S/he talked about health goals, but I didn't set any
- S/he did not talk about setting health goals

38. For each statement, how much do you agree or disagree about your most recent WIC group session?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person listened to the group and understood our concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had a chance to bring up topics that were important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Did you talk about this topic in your group session? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>

40. Have you made or do you think you will make a change to your eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Which describes how you used a WIC Web site on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC Web site on health or healthy eating **in the WIC office** by myself
- Used a WIC Web site on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC Web site on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC Web site on health or healthy eating in the past 6 months →→→ **GO TO Question 46**

Answer Questions 42 to 45 only if you used a WIC Web site on health or healthy eating in the past 6 months. (If you did not use a WIC Web site go to Question 46.)

42. How long did you spend using the WIC Web site? Include time in and outside of WIC office.

- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

43. Which best describes how the topic for the WIC Web site was chosen? (Mark one.)

- There was a list of topics, and I chose one of them myself
- There was a list of topics, and a WIC staff person helped me choose one
- There was only one topic available
- Other: _____

44. Did you read or view this topic on the WIC Web site? (Mark one box for each topic below.)

	I read/viewed this	I did NOT read/view this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>

45. Have you made or do you think you will make a change to your eating or activities since reading/viewing this topic? (Mark one box for each topic read/viewed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Which describes how you used a WIC video/DVD on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC video/DVD on health or healthy eating **in the WIC office** by myself
- Used a WIC video/DVD on health or healthy eating **in the WIC office** in a group
- Used a WIC video/DVD on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC video/DVD on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC video/DVD on health or healthy eating in the past 6 months

47. Are you currently pregnant?

Yes, my due date is (*fill in*)

_____ | _____ | _____
(month) (day) (year)

No, I had my baby on (*fill in*)

_____ | _____
(month) (year)

No, I lost the baby or ended the pregnancy

48. How many people live in your household right now?

	Number (If none, write zero)
a. Infants under 12 months of age	
b. Children 1–4 years of age	
c. Children 5–17 years of age	
d. Adults 18 years or older (include yourself)	

49. How many people in your household are on WIC right now? Please include yourself. _____

50. Do you have regular childcare for your youngest child where someone other than you or your child's other parent takes care of him/her on a regular basis?

Child has not been born yet

Yes →→→ How many **hours per week** is your child usually in childcare? _____

No

51. In the past 6 months, which topics did you discuss in WIC one-on-one or group sessions or watch in videos/DVDs or Web sites? (Mark all that apply.)

Does not apply. I have not been in WIC in the past 6 months →→→ STOP. YOU ARE DONE WITH SURVEY	<input type="checkbox"/>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

52. Put a check mark ✓ for the topic you discussed or watched that was MOST helpful.

	<i>(Put just ONE check mark.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

Thank you for filling out the survey!

You will get another survey in several months.

Thank you for taking part in the WIC Nutrition Education Study (NEST)!

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OMB Control Number: 0584-0599
Expiration date: 10/31/2017

For Project Staff Use Only:

ID: _____

Interim Survey for Postpartum Women



**WIC | Nutrition
Education
Study**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 20 minutes 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.

(this page intentionally left blank.)

Please fill out and return the survey in the enclosed envelope within the next week. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

1. Please write in today's date:

(month)	(day)	(year)

2. Different people like different foods. How much do you like ...?

	Never Tried	Don't Like at All	Like a Little	Like a Lot
a. Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Low-fat (1%) or fat-free/skim milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Whole grains such as whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

3. In the past 30 days, how often did you eat hot or cold cereals?

- Never →→→ **GO TO Question 4**
- Once last month
- 2-3 times last month
- Once a week
- Twice a week
- 3-4 times per week
- 5-6 times per week
- Once a day
- More than once a day

3a. In the past 30 days, what kind of cereal did you usually eat? (Print the name of the cereal.)

3b. If there was another kind of cereal that you usually ate in the past 30 days, what kind was it? *(Print the name of the cereal, or if none, leave blank.)*

4. In the past 30 days, how often did you have any milk (either to drink or on cereal)? Include regular milk, chocolate or flavored milk, lactose-free milk, and buttermilk. Do not include soy milk, almond milk, rice milk, etc. or small amounts of milk added to coffee or tea.

- Never →→→ **GO TO Question 6**
- Once last month
- 2-3 times last month
- Once a week
- Twice a week
- 3-4 times per week
- 5-6 times per week
- Once a day
- More than once a day

5. In the past 30 days, what kind of milk did you usually drink? *(Mark one or more.)*

- Whole or vitamin D milk
- 2% or reduced-fat milk
- 1% or low-fat milk
- Fat-free or nonfat/skim milk
- Soy milk
- Chocolate or flavored milk
- Other: _____

6. In the past 30 days, how often did you drink ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Regular soda or pop that contains sugar (Do not include diet soda)	<input type="checkbox"/>								
b. 100% pure fruit juices with no added sugar , such as orange, mango, apple, grape, and pineapple juices	<input type="checkbox"/>								
c. Coffee or tea that had sugar or honey added to it such as coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino (Do not include coffee or diet tea with artificial sweeteners such as Equal, Sweet'N Low, or Splenda)	<input type="checkbox"/>								
d. Sweetened fruit drinks, sports drinks, or energy drinks , such as Kool-Aid, lemonade, HiC, cranberry drink, Gatorade, Red Bull, Vitamin Water, or fruit juices you made at home and added sugar (Do not include diet drinks with artificial sweeteners, such as Equal, Sweet'N Low, or Splenda)	<input type="checkbox"/>								

7. In the past 30 days, how often did you eat ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Fruit , including fresh, frozen, dried, or canned fruit (Do not include juices)	<input type="checkbox"/>								
b. Green leafy or lettuce salad , with or without other vegetables	<input type="checkbox"/>								
c. Any kind of fried potatoes , including French fries, home fries, or hash brown potatoes	<input type="checkbox"/>								
d. Any other kind of potatoes , such as baked, boiled, mashed potatoes; sweet potatoes; or potato salad	<input type="checkbox"/>								
e. Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans (Do not include green beans)	<input type="checkbox"/>								

7. In the past 30 days, how often did you eat ...? (continued)

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
f. Brown rice or other cooked whole grains , such as bulgur, cracked wheat, or millet (Do not include white rice)	<input type="checkbox"/>								
g. Other vegetables , including fresh, frozen, dried, or canned vegetables (Do not include green salads, potatoes, or cooked dried beans)	<input type="checkbox"/>								
h. Mexican-type salsa made with tomatoes	<input type="checkbox"/>								
i. Pizza , including frozen pizza, take-out pizza, pizza in restaurants, and homemade pizza	<input type="checkbox"/>								
j. Tomato sauce served with spaghetti or noodles or mixed into other foods such as lasagna (Do not include tomato sauce on pizza)	<input type="checkbox"/>								
k. Any kind of cheese , including cheese as a snack; cheese on burgers and sandwiches; and cheese in foods such as lasagna, quesadillas, or casseroles (Do not include cheese on pizza)	<input type="checkbox"/>								
l. Corn or whole wheat tortillas (Do not include white flour tortillas)	<input type="checkbox"/>								
m. Whole grain bread , including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches (Do not include white bread)	<input type="checkbox"/>								
n. Chocolate or any other types of candy (Do not include sugar-free candy)	<input type="checkbox"/>								
o. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts (Do not include sugar-free kinds)	<input type="checkbox"/>								
p. Cookies, cake, pie, or brownies (Do not include sugar-free kinds)	<input type="checkbox"/>								
q. Ice cream or other frozen desserts (Do not include sugar-free kinds)	<input type="checkbox"/>								

8. Everyone is different and eats different foods. At this time, are you doing the following things? (Mark one box for each row.)

	NOT thinking about doing it	Thinking about doing it	Planning on doing it in next month	Have been doing it for LESS than 6 months	Have been doing it for 6 months or LONGER
a. Eat vegetables at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit for a snack every day instead of cookies or chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Almost always eat whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Almost always eat brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Almost always eat whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Are you trying to ...?

	NOT thinking about doing it	Thinking about doing it	Planning on doing it	Already doing it
a. Breastfeed my baby until s/he is at least 6 months old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breastfeed my baby until s/he is at least 1 year old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Only breastfeed my baby and NEVER give any formula for the first year of his/her life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How sure are you that you can ...?

	Not Sure	A Little Sure	Very Sure
a. Eat vegetables at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How sure are you that you can ...?

	I Am Not Breastfeeding	Not Sure	A Little Sure	Very Sure
a. Breastfeed my baby until s/he is at least 6 months old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breastfeed my baby until s/he is at least 1 year old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Only breastfeed my baby and NEVER give any formula for the first year of his/her life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In the past 30 days, did you buy the WIC foods listed below?

	Yes	No	Did Not Receive from WIC
a. Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other whole grains (like whole grain bread, whole wheat or corn tortillas, brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Baby food in jars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Infant formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often do these things happen?

	Rarely or Never	Some Days	Most Days	Almost Every Day	Every Day
a. I eat a meal while watching TV	<input type="checkbox"/>				
b. I cook a homemade dinner at home	<input type="checkbox"/>				

The next questions ask about how you feed your baby. (Mark one box for each question.)

14. Are you currently feeding your baby ...?

- Only breast milk
- Only formula
- Both breast milk and formula
- Neither breast milk nor formula

15. When do you feed your baby breast milk or formula?

- On a regular schedule
- When baby cries or seems hungry
- Both of the above
- I am **not** feeding my baby breast milk or formula

16. How old was your baby when s/he drank formula every day?

- At birth or in the hospital
- Less than 1 month old
- 1-2 months old
- 3-5 months old
- 6 or more months old
- My baby has never had formula every day

17. How old was your baby when you completely stopped breastfeeding or feeding breast milk from a bottle?

- Less than 1 month old
- 1-2 months old
- 3-5 months old
- 6 or more months old
- I never fed my baby breast milk
- I am still feeding my baby breast milk

18. How old was your child when you first introduced solid foods by spoon or in a bottle (things like infant cereal or baby food from a jar or homemade)?

- Less than 3 months old
- 4 months old
- 5 months old
- 6 months or older
- Has not eaten solid foods →→→ **GO TO Question 20**

19. What was the first solid food that you fed your baby? (Mark one.)

- Baby cereal
- Vegetables
- Fruit
- Meat
- Other: _____

20. Have you breastfed any of your other children for 1 month or more?

- No, this is my first pregnancy
- Yes
- No

21. All people do things differently. Think about what you do in a usual week or day. How many times do you do the following things? (Mark one box for each question.)

	0	1	2	3	4	5	6	7	8 or More
a. I eat breakfast ___ times a week	<input type="checkbox"/>								
b. I eat out ___ times a week	<input type="checkbox"/>								
c. I eat fast food ___ times a week	<input type="checkbox"/>								
d. I watch TV or DVDs ___ hours a day	<input type="checkbox"/>								

22. In the past 7 days, on how many days did you do moderate or vigorous physical activities like walking, jogging, dancing, or bicycling? Think only about physical activities that you did for at least 10 minutes at a time. (Circle one number.)

0 1 2 3 4 5 6 7
 ↓

If you circled 0 →→→ GO TO Question 24

23. On the days that you did more than 10 minutes of moderate or vigorous physical activities, how many minutes in a day did you usually spend doing these physical activities?

- 10–20 minutes
- 21–30 minutes
- 31–40 minutes
- 41–50 minutes
- 51–60 minutes
- More than 60 minutes

24. In the past 30 days, how often did you ...?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Plan meals ahead of time	<input type="checkbox"/>				
b. Use Nutrition Facts on food labels to choose foods	<input type="checkbox"/>				

25. Who in your family currently gets WIC benefits? (Mark all that apply.)

- Me, because I am pregnant
- Me, because I recently gave birth
- My baby who is less than 12 months old
- My child(ren) who are over 12 months of age
- None of my family

26. Do your family’s WIC benefits come from the WIC site where you signed up for this study?

- Yes
- No, I am receiving WIC from another WIC office
- No, I have not received WIC since (fill in)

 (month) (year)

27. In the past 6 months, how many times did you visit a WIC office and get information on health or healthy eating? Include the day you signed up for this study. Do not include visits for other reasons such as picking up a food instrument or voucher or taking a friend to her appointment.

- None →→→ **GO TO Question 55**
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

28. In the past 6 months, during WIC visit(s) how many times did you ...? Include your most recent visit.

	None	1	2	3	4	5	6 or More
a. Talk one-on-one with a WIC staff person about health or healthy eating	<input type="checkbox"/>						
b. Attend a group session about health or healthy eating	<input type="checkbox"/>						
c. Watch a video/DVD about health or healthy eating	<input type="checkbox"/>						
d. Use the WIC Web site about health or healthy eating	<input type="checkbox"/>						

29. In the past 6 months, in between WIC visits, what did you get from WIC with information about health or healthy eating? Do not include things you got during your WIC visit. (Mark all that apply.)

- Personal phone call
- Text message
- Email message
- Online education that I could log into from home or someplace else
- Invitation or link to Facebook, Twitter, or other social media site
- Brochure or handout in the mail
- None of the above

The next questions are about your most recent visit to WIC in which you got information on health or healthy eating.

30. When was your most recent WIC visit?

- Less than 2 weeks ago
- 2–4 weeks ago
- 1–2 months ago
- Over 2 months ago

31. What did you do at your most recent WIC visit? (Mark all that apply)

- Talked one-on-one with a WIC staff person about health or healthy eating
- Spent time in a group session on health or healthy eating
- Used a WIC web site on health or healthy eating
- Used a WIC video/DVD on health or healthy eating
- None of the above

32. For your most recent WIC visit, how much do you agree or disagree with each statement ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I learned good reasons to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned good ways to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I learned good reasons to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I learned good ways to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I learned good reasons to introduce solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I learned good ways to introduce solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Some people say that some WIC visits are more helpful than others. Which best describes the information you received at your most recent WIC visit? (Mark one box only.)

- The information was **helpful** because it was new to me.
- The information was **helpful**. I knew the information, but it was good to hear it again.
- The information was **not that helpful** because I already knew it.
- The information was **not that helpful** because it did not apply to me.

34. Which best describes your most recent WIC visit? (Mark one box only.)

- I did not have any children with me
- I had a child with me so it made it **hard** to listen to the WIC information
- I had a child with me but it was **easy** to listen to the WIC information

35. At your most recent WIC visit, did the WIC staff show you any of the following or use any of these with you while they talked about health or healthy eating? (Mark all that apply.)

- Brochure, handout, or paper with information
- Bulletin board or poster
- Video/DVD
- Tasting or cooking demonstration
- Activity or game
- Other items that you could pass around like measuring cups, food containers, etc.
- None of the above
- Other: _____

36. When you enroll in WIC and then 6 to 12 months later, WIC asks you to bring proof of address or income to make sure you can be on WIC. Did you bring proof to your most recent WIC visit?

- Yes
- No

37. At your most recent WIC visit, how long did you talk one-on-one with a WIC staff person about health or healthy eating?

- I did **not** talk one-on-one about health or healthy eating →→→ **GO TO Question 43**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 38 to 42 only if you had one-on-one time with WIC staff at your most recent WIC visit. (If you did not have one-on-one time, go to Question 43.)

38. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- The WIC staff person chose what we talked about
- I chose what we talked about
- The WIC staff person and I together chose what we talked about

39. A health goal means trying to become healthier by changing something you do. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set **health goals** for me or my child
- S/he talked about **health goals**, but I did **not** set any
- S/he did **not** talk about setting **health goals**

40. For each statement, how much do you agree or disagree about your most recent one-on-one time with a WIC staff person?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person talked most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The WIC staff person listened to me and understood my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The WIC staff person followed up on issues or questions from my last one-on-one visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Did you talk about this topic in your one-on-one time? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>

42. Have you made or do you think you will make a change to your eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. At your most recent WIC visit, how long did you spend in a group session talking about health or healthy eating?

- I was not in a group session →→→ **GO TO Question 49**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 44 to 48 only if you spent time in a group session at your most recent WIC visit. (If you were not in a group session, go to Question 49.)

44. Which best describes your most recent WIC group session? (Mark the one that happened most.)

- S/he mostly talked and would stop to ask if we had questions
- We watched a video/DVD and at the end s/he asked if we had questions
- S/he shared information and we had a discussion. S/he asked me and the other people in the group about our thoughts and opinions.

45. A health goal means trying to become healthier by changing something you do. Which best describes your group session with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set health goals for me or my child
- S/he talked about health goals, but I didn't set any
- S/he did not talk about setting health goals

46. For each statement, how much do you agree or disagree about your most recent WIC group session?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person listened to the group and understood our concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had a chance to bring up topics that were important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Did you talk about this topic in your group session? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>

48. Have you made or do you think you will make a change to your eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Which describes how you used a WIC Web site on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC Web site on health or healthy eating **in the WIC office** by myself
- Used a WIC Web site on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC Web site on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC Web site on health or healthy eating in the past 6 months →→→ **GO TO Question 54**

Answer Questions 50 to 53 only if you used a WIC Web site on health or healthy eating in the past 6 months. (If you did not use a WIC Web site, go to Question 54.)

50. How long did you spend using the WIC Web site? Include time in and outside of WIC office.

- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

51. Which best describes how the topic for the WIC Web site was chosen? (Mark one.)

- There was a list of topics, and I chose one of them myself
- There was a list of topics, and a WIC staff person helped me choose one
- There was only one topic available
- Other: _____

52. Did you read or view this topic on the WIC Web site? (Mark one box for each topic below.)

	I read/viewed this	I did NOT read/view this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>

53. Have you made or do you think you will make a change to your eating or activities since reading/viewing this topic? (Mark one box for each topic read/viewed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Which describes how you used a WIC video/DVD on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC video/DVD on health or healthy eating **in the WIC office** by myself
- Used a WIC video/DVD on health or healthy eating **in the WIC office** in a group
- Used a WIC video/DVD on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC video/DVD on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC video/DVD on health or healthy eating in the past 6 months

55. Are you currently pregnant?

- No, I have not been pregnant since enrolling in this study
- Yes, my due date is *(fill in)*

(month)	(day)	(year)

- No, I had my baby on *(fill in)*

(month)	(year)

- No, I lost the baby or ended the pregnancy

56. How many people live in your household right now?

	Number (If none, write zero)
a. Infants under 12 months of age	
b. Children 1–4 years of age	
c. Children 5–17 years of age	
d. Adults 18 years or older (include yourself)	

57. How many people in your household are on WIC right now? Please include yourself. _____

58. Do you have regular childcare for your youngest child where someone other than you or your child’s other parent takes care of him/her on a regular basis?

- Yes →→→ How many **hours per week** is your child usually in childcare? _____
- No

59. In the past 6 months, which topics did you discuss in WIC one-on-one or group sessions or watch in videos/DVDs or Web sites? (Mark all that apply.)

Does not apply, I have not been in WIC in the past 6 months→→→ STOP. YOU ARE DONE WITH THE SURVEY	<input type="checkbox"/>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

60. Put a check mark ✓ for the topic you discussed or watched that was MOST helpful.

	<i>(Put just ONE check mark.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

Thank you for filling out the survey!

You will get another survey in several months.

Thank you for taking part in the WIC Nutrition Education Study (NEST)!

OMB Control Number: 0584-0599
Expiration date: 10/31/2017

For Project Staff Use Only:

ID: _____ Child's First Name _____

Interim Survey for Participant with Eligible Child



**WIC | Nutrition
Education
Study**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 20 minutes 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.

(this page intentionally left blank.)

Please fill out and return the survey in the enclosed envelope within the next week. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you and your child. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

1. Please write in:

Today's date:

_____|_____|_____
(month) (day) (year)

Name of child from label on front of survey: _____

Please answer all survey questions about THIS child.

2. How old is your child?

- Less than 12 months old
- 1 year or older →→→ **GO TO Question 6**

3. Are you currently breastfeeding your child?

- Yes
- No →→→ **GO TO Question 6**

4. Think about how much longer you plan to breastfeed your child. How old do you expect your child to be when you stop breastfeeding?

_____ months

5. How sure are you that you can breastfeed your child until s/he is 1 year old?

- Not sure
- A little sure
- Very sure

6. Different children like different foods. How much does your child like ...?

	Never Tried	Doesn't Like at All	Likes a Little	Likes a Lot
a. Vegetables (including baby food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit (including baby food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Whole milk or 2% (reduced fat) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Low-fat (1%) or fat-free/skim milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Whole grains such as whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about the different kinds of foods your child ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at school, in restaurants, and anyplace else.

7. In the past 30 days, how often did your child eat hot or cold cereals, including baby cereal?

- Never →→→ **GO TO Question 8**
- Once last month
- 2-3 times last month
- Once a week
- Twice a week
- 3-4 times per week
- 5-6 times per week
- Once a day
- More than once a day

7a. In the past 30 days, what kind of cereal did your child usually eat? (Print the name of the cereal.)

7b. If there was another kind of cereal that your child ate in the past 30 days, what kind was it? (Print the name of the cereal, or if none, leave blank.)

8. In the past 30 days, how often did your child have any cow's milk (either to drink or on cereal)? Include regular milk, chocolate or flavored milk, lactose-free milk, and buttermilk. Do **not** include soy milk, almond milk, rice milk, etc. or small amounts of milk added to coffee or tea.

- Never →→→ **GO TO Question 10**
- Once last month
- 2-3 times last month
- Once a week
- Twice a week
- 3-4 times per week
- 5-6 times per week
- Once a day
- More than once a day

9. In the past 30 days, what kind of milk did your child usually drink? (Mark one or more.)

- Whole or vitamin D milk
- 2% or reduced-fat milk
- 1% or low-fat milk
- Fat-free or nonfat/skim milk
- Soy milk
- Chocolate or flavored milk
- Other: _____

10. In the past 30 days, how often did your child drink ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Regular soda or pop that contains sugar (Do not include diet soda)	<input type="checkbox"/>								
b. 100% pure fruit juices with no added sugar , such as orange, mango, apple, grape, and pineapple juices	<input type="checkbox"/>								
c. Coffee or tea that had sugar or honey added to it such as coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino (Do not include coffee or diet tea with artificial sweeteners such as Equal, Sweet'N Low, or Splenda)	<input type="checkbox"/>								
d. Sweetened fruit drinks, sports drinks, or energy drinks , such as Kool-Aid, lemonade, HiC, cranberry drink, Gatorade, Red Bull, Vitamin Water, or fruit juices you made at home and added sugar (Do not include diet drinks with artificial sweeteners such as Equal, Sweet'N Low, or Splenda)	<input type="checkbox"/>								

11. In the past 30 days, how often did your child eat ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Fruit , include fresh, frozen, dried, or canned fruit (Do not include juices)	<input type="checkbox"/>								
b. Green leafy or lettuce salad , with or without other vegetables	<input type="checkbox"/>								
c. Any kind of fried potatoes , including French fries, home fries, or hash brown potatoes	<input type="checkbox"/>								
d. Any other kind of potatoes , such as baked, boiled, mashed potatoes; sweet potatoes; or potato salad	<input type="checkbox"/>								
e. Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans (Do not include green beans)	<input type="checkbox"/>								
f. Brown rice or other cooked whole grains , such as bulgur, cracked wheat, or millet (Do not include white rice)	<input type="checkbox"/>								
g. Other vegetables , include fresh, frozen, dried, or canned vegetables (Do not include green salads, potatoes, or cooked dried beans)	<input type="checkbox"/>								
h. Mexican-type salsa made with tomatoes	<input type="checkbox"/>								
i. Pizza , including frozen pizza, take-out pizza, pizza in restaurants, and homemade pizza	<input type="checkbox"/>								
j. Tomato sauce served with spaghetti or noodles or mixed into other foods such as lasagna (Do not include tomato sauce on pizza)	<input type="checkbox"/>								

11. In the past 30 days, how often did your child eat ...? (continued)

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
k. Any kind of cheese , including cheese as a snack; cheese on burgers and sandwiches; and cheese in foods such as lasagna, quesadillas, or casseroles (Do not include cheese on pizza)	<input type="checkbox"/>								
l. Corn or whole wheat tortillas (Do not include white flour tortillas)	<input type="checkbox"/>								
m. Whole grain bread , including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches (Do not include white bread)	<input type="checkbox"/>								
n. Chocolate or any other types of candy (Do not include sugar-free candy)	<input type="checkbox"/>								
o. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts (Do not include sugar-free kinds)	<input type="checkbox"/>								
p. Cookies, cake, pie, or brownies (Do not include sugar-free kinds)	<input type="checkbox"/>								
q. Ice cream or other frozen desserts (Do not include sugar-free kinds)	<input type="checkbox"/>								

12. All families are different and eat different foods. At this time, are you doing the following things? (Mark one box for each row.)

	NOT thinking about doing it	Thinking about doing it	Planning on doing it in next month	Have been doing it for LESS than 6 months	Have been doing it for 6 months or LONGER
a. Serve your child vegetables (include baby food) at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serve your child fruit (include baby food) for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serve your child low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Almost always serve your child whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Almost always serve your child brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Almost always serve your child whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Serve your child 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Serve your child regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How sure are you that you can ...?

	Not Sure	A Little Sure	Very Sure
a. Serve your child vegetables (include baby food) at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serve your child fruit (include baby food) for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serve your child low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Serve your child whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Serve your child brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Serve your child whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Serve your child 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Serve your child regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. In the past 30 days, did you buy the WIC foods listed below?

	Yes	No	Did Not Receive from WIC
a. Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other whole grains (like whole grain bread, whole wheat or corn tortillas, brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Baby food in jars (if child is less than 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Infant formula (if child is less than 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How often do these things happen?

	Rarely or Never	Some Days	Most Days	Almost Every Day	Every Day
a. My child eats a meal while watching TV/DVDs	<input type="checkbox"/>				
b. I sit and eat a meal with my child	<input type="checkbox"/>				
c. My child is picky about the foods s/he eats	<input type="checkbox"/>				
d. I cook a homemade dinner for my child at home	<input type="checkbox"/>				

16. How many times do you usually offer a new food before you decide your child does not like it?

- Once
- Twice
- 3–5 times
- 6–10 times
- More than 10 times
- My child likes everything
- My child hasn't tried new foods

17. All families do things differently. Think about what you and your child do in a usual week or day. How many times do you do the following things? (Mark one box for each question.)

	0	1	2	3	4	5	6	7	8 or More
a. My child eats breakfast ___ times a week	<input type="checkbox"/>								
b. We eat out ___ times a week	<input type="checkbox"/>								
c. My child eats fast food ___ times a week	<input type="checkbox"/>								
d. My child plays outside ___ days a week	<input type="checkbox"/>								
e. My child plays outside ___ hours a day	<input type="checkbox"/>								
f. I play outside with my child ___ days a week	<input type="checkbox"/>								
g. My child watches TV or DVDs ___ hours a day	<input type="checkbox"/>								
h. I watch TV or DVDs ___ hours a day	<input type="checkbox"/>								
i. My child plays video or computer games ___ hours a day (including games played on phones and other handheld devices)	<input type="checkbox"/>								

18. In the past 7 days, on how many days did you do moderate or vigorous physical activities like walking, jogging, dancing, or bicycling? Think only about physical activities that you did for at least 10 minutes at a time. (Circle one number.)

0 1 2 3 4 5 6 7



If you circled 0 →→→ GO TO Question 20

19. On the days that you did more than 10 minutes of moderate or vigorous physical activities, how many minutes in a day did you usually spend doing these physical activities?

- 10–20 minutes
- 21–30 minutes
- 31–40 minutes
- 41–50 minutes
- 51–60 minutes
- More than 60 minutes

20. In the past 30 days, how often did you ...?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Plan meals ahead of time	<input type="checkbox"/>				
b. Use Nutrition Facts on food labels to choose foods	<input type="checkbox"/>				

21. Who in your family currently gets WIC benefits? (Mark all that apply.)

- Me, because I am pregnant
- Me, because I recently gave birth
- My baby who is less than 12 months old
- My child(ren) who are over 12 months old
- None of my family

22. Do your family's WIC benefits come from the WIC site where you signed up for this study?

- Yes
- No, we are receiving WIC from another WIC office
- No, we have not received WIC since *(fill in)*

(month)	(year)

23. In the past 6 months, how many times did you visit a WIC office and get information on health or healthy eating? Include the day you signed up for this study. Do **not** include visits for other reasons such as picking up a food instrument or voucher or taking a friend to her appointment.

- None →→→ **GO TO Question 51**
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

24. In the past 6 months, during WIC visit(s) how many times did you do ...? Include your most recent visit.

	None	1	2	3	4	5	6 or More
a. Talk one-on-one with a WIC staff person about health or healthy eating	<input type="checkbox"/>						
b. Attend a group session about health or healthy eating	<input type="checkbox"/>						
c. Watch a video/DVD about health or healthy eating	<input type="checkbox"/>						
d. Use the WIC Web site about health or healthy eating	<input type="checkbox"/>						

25. In the past 6 months, in between WIC visits, what did you get from WIC with information on health or healthy eating? Do **not** include things you got during your WIC visit. *(Mark all that apply.)*

- Personal phone call
- Text message
- Email message
- Online education that I could log into from home or someplace else
- Invitation or link to Facebook, Twitter, or other social media site
- Brochure or handout in the mail
- None of the above

The next questions are about your most recent WIC visit in which you got information on health or healthy eating.

26. When was your most recent WIC visit?

- Less than 2 weeks ago
- 2–4 weeks ago
- 1–2 months ago
- Over 2 months ago

27. What did you do at your most recent WIC visit? (Mark all that apply.)

- Talked one-on-one with a WIC staff person about health or healthy eating
- Spent time in a group session on health or healthy eating
- Used a WIC Web site on health or healthy eating
- Used a WIC video/DVD on health or healthy eating
- None of the above

28. For your most recent WIC visit, how much do you agree or disagree with each statement?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I learned good reasons to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned good ways to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Some people say that some WIC visits are more helpful than others. Which best describes the information you received at your most recent WIC visit? (Mark one box only.)

- The information was **helpful** because it was new to me.
- The information was **helpful**. I knew the information, but it was good to hear it again.
- The information was **not that helpful** because I already knew it.
- The information was **not that helpful** because it did not apply to me.

30. Which best describes your most recent WIC visit? (Mark one box only.)

- I did not have any children with me
- I had a child with me so it made it **hard** to listen to the WIC information
- I had a child with me but it was **easy** to listen to the WIC information

31. At your most recent WIC visit, did the WIC staff show you any of the following or use any of these with you while they talked about health or healthy eating? (Mark all that apply.)

- Brochure, handout, or paper with information
- Bulletin board or poster
- Video/DVD
- Tasting or cooking demonstration
- Activity or game
- Other items that you could pass around like measuring cups, food containers, etc.
- None of the above
- Other: _____

32. When you enroll in WIC and then 6 to 12 months later, WIC asks you to bring proof of address or income to make sure you can be on WIC. Did you bring proof to your most recent WIC visit?

- Yes
- No

33. At your most recent WIC visit, how long did you talk one-on-one with a WIC staff person about health or healthy eating?

- I did **not** talk one-on-one about health or healthy eating →→→ **GO TO Question 39**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 34 to 38 only if you had one-on-one time with WIC staff at your most recent WIC visit. (If you did not have one-on-one time, go to Question 39.)

34. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- The WIC staff person chose what we talked about
- I chose what we talked about
- The WIC staff person and I together chose what we talked about

35. A health goal means trying to become healthier by changing something you do. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set **health goals** for me or my child
- S/he talked about **health goals**, but I did **not** set any
- S/he did **not** talk about setting **health goals**

36. For each statement, how much do you agree or disagree about your most recent one-on-one time with a WIC staff person?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person talked most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The WIC staff person listened to me and understood my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The WIC staff person followed up on issues or questions from my last one-on-one visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Did you talk about this topic in your one-on-one time? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

38. Have you made or do you think you will make a change to your child's eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. At your most recent WIC visit, how long did you spend in a group session talking about health or healthy eating?

- I was **not** in a group session →→→ **GO TO Question 45**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 40 to 44 only if you spent time in a group session at your most recent WIC visit. (If you were not in a group session, go to Question 45.)

40. Which best describes your most recent WIC group session? (Mark the one that happened most.)

- S/he mostly talked and would stop to ask if we had questions
- We watched a video/DVD and at the end s/he asked if we had questions
- S/he shared information and we had a discussion. S/he asked me and the other people in the group about our thoughts and opinions.

41. A health goal means trying to become healthier by changing something you do. Which best describes your most recent group session with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set health goals for me or my child
- S/he talked about health goals, but I didn't set any
- S/he did not talk about setting health goals

42. For each statement, how much do you agree or disagree about your most recent WIC group session?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person listened to the group and understood our concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had a chance to bring up topics that were important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Did you talk about this topic in your group session? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

44. Have you made or do you think you will make a change to your child's eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Which describes how you used a WIC Web site on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC Web site on health or healthy eating **in the WIC office** by myself
- Used a WIC Web site on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC Web site on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC Web site on health or healthy eating in the past 6 months →→→ **GO TO Question 50**

Answer Questions 46 to 49 only if you used a WIC Web site on health or healthy eating in the past 6 months. (If you did not use a WIC Web site, go to Question 50.)

46. How long did you spend using the WIC Web site? Include time in and outside of WIC office.

- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

47. Which best describes how the topic for the WIC Web site was chosen? (Mark one.)

- There was a list of topics, and I chose one of them myself
- There was a list of topics, and a WIC staff person helped me choose one
- There was only one topic available
- Other: _____

48. Did you read or view this topic on the WIC Web site? (Mark one box for each topic below.)

	I read/viewed this	I did NOT read/view this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

49. Have you made or do you think you will make a change to your child's eating or activities since reading/viewing this topic? (Mark one box for each topic read/viewed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Which describes how you used a WIC video/DVD on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC video/DVD on health or healthy eating **in the WIC office** by myself
- Used a WIC video/DVD on health or healthy eating **in the WIC office** in a group
- Used a WIC video/DVD on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC video/DVD on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC video/DVD on health or healthy eating in the past 6 months

51. How many people live in your household right now?

	Number (If none, write zero.)
a. Infants under 12 months of age	
b. Children 1-4 years of age	
c. Children 5-17 years of age	
d. Adults 18 years or older (include yourself)	

52. How many people in your household are on WIC right now? Please include yourself. _____

53. Do you have regular childcare for your child where someone other than a family member in your home takes care of him/her on a regular basis? (Answer for child identified on front of survey.)

- Yes →→→ How many **hours per week** is your child usually in childcare? _____
- No

54. In the past 6 months, which topics did you discuss in WIC one-on-one or group sessions or watch in videos/DVDs or Web sites? (Mark all that apply.)

Does not apply. I have not been in WIC in the past 6 months→→→ STOP. YOU ARE DONE WITH THE SURVEY.	<input type="checkbox"/>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

55. Put a check mark ✓ for the topic you discussed or watched that was MOST helpful.

	<i>(Put just ONE check mark.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

Thank you for filling out the survey!

You will get another survey in several months.

Thank you for taking part in the WIC Nutrition Education Study (NEST)!

APPENDIX F.4
FINAL SURVEYS

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OMB Control Number: 0584-0599
Expiration date: 10/31/2017

For Project Staff Use Only:

ID: _____

Final Survey for Postpartum Women



WIC | **Nutrition
Education
Study**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 20 minutes 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.

(this page intentionally left blank.)

Please fill out and return the survey in the enclosed envelope within the next week. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

1. Please write in today's date:

_____	_____	_____
(month)	(day)	(year)

2. Different people like different foods. How much do you like ...?

	Never Tried	Don't Like at All	Like a Little	Like a Lot
a. Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Low-fat (1%) or fat-free/skim milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Whole grains such as whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

3. In the past 30 days, how often did you eat hot or cold cereals?

- Never →→→ **GO TO Question 4**
- Once last month
- 2-3 times last month
- Once a week
- Twice a week
- 3-4 times per week
- 5-6 times per week
- Once a day
- More than once a day

3a. In the past 30 days, what kind of cereal did you usually eat? (Print the name of the cereal.)

3b. If there was another kind of cereal that you usually ate in the past 30 days, what kind was it? (Print the name of the cereal, or if none, leave blank.)

4. In the past 30 days, how often did you have any milk (either to drink or on cereal)? Include regular milk, chocolate or flavored milk, lactose-free milk, and buttermilk. Do not include soy milk, almond milk, rice milk, etc. or small amounts of milk added to coffee or tea.

- Never →→→ **GO TO Question 6**
- Once last month
- 2–3 times last month
- Once a week
- Twice a week
- 3–4 times per week
- 5–6 times per week
- Once a day
- More than once a day

5. In the past 30 days, what kind of milk did you usually drink? (Mark one or more.)

- Whole or vitamin D milk
- 2% or reduced-fat milk
- 1% or low-fat milk
- Fat-free or nonfat/skim milk
- Soy milk
- Chocolate or flavored milk
- Other: _____

6. In the past 30 days, how often did you drink ...?

	Never	Once Last Month	2–3 Times Last Month	Once a Week	Twice a Week	3–4 Times per Week	5–6 Times per Week	Once a Day	More than Once a Day
a. Regular soda or pop that contains sugar (Do not include diet soda)	<input type="checkbox"/>								
b. 100% pure fruit juices with no added sugar , such as orange, mango, apple, grape, and pineapple juices	<input type="checkbox"/>								
c. Coffee or tea that had sugar or honey added to it such as coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino (Do not include coffee or diet tea with artificial sweeteners such as Equal, Sweet’N Low, or Splenda)	<input type="checkbox"/>								
d. Sweetened fruit drinks, sports drinks, or energy drinks , such as Kool-Aid, lemonade, HiC, cranberry drink, Gatorade, Red Bull, Vitamin Water, or fruit juices you made at home and added sugar (Do not include diet drinks with artificial sweeteners, such as Equal, Sweet’N Low, or Splenda)	<input type="checkbox"/>								

7. In the past 30 days, how often did you eat ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Fruit , including fresh, frozen, dried, or canned fruit (Do not include juices)	<input type="checkbox"/>								
b. Green leafy or lettuce salad , with or without other vegetables	<input type="checkbox"/>								
c. Any kind of fried potatoes , including French fries, home fries, or hash brown potatoes	<input type="checkbox"/>								
d. Any other kind of potatoes , such as baked, boiled, mashed potatoes; sweet potatoes; or potato salad	<input type="checkbox"/>								
e. Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans (Do not include green beans)	<input type="checkbox"/>								
f. Brown rice or other cooked whole grains , such as bulgur, cracked wheat, or millet (Do not include white rice)	<input type="checkbox"/>								
g. Other vegetables including fresh, frozen, dried, or canned vegetables (Do not include green salads, potatoes, or cooked dried beans)	<input type="checkbox"/>								
h. Mexican-type salsa made with tomatoes	<input type="checkbox"/>								
i. Pizza , including frozen pizza, take-out pizza, pizza in restaurants, and homemade pizza	<input type="checkbox"/>								
j. Tomato sauce served with spaghetti or noodles or mixed into other foods such as lasagna (Do not include tomato sauce on pizza)	<input type="checkbox"/>								
k. Any kind of cheese , including cheese as a snack; cheese on burgers and sandwiches; and cheese in foods such as lasagna, quesadillas, or casseroles (Do not include cheese on pizza)	<input type="checkbox"/>								

7. In the past 30 days, how often did you eat ...? (continued)

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
l. Corn or whole wheat tortillas (Do not include white flour tortillas)	<input type="checkbox"/>								
m. Whole grain bread , including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches (Do not include white bread)	<input type="checkbox"/>								
n. Chocolate or any other types of candy (Do not include sugar-free candy)	<input type="checkbox"/>								
o. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts (Do not include sugar-free kinds)	<input type="checkbox"/>								
p. Cookies, cake, pie, or brownies (Do not include sugar-free kinds)	<input type="checkbox"/>								
q. Ice cream or other frozen desserts (Do not include sugar-free kinds)	<input type="checkbox"/>								

8. Everyone is different and eats different foods. At this time, are you doing the following things? (Mark one box for each row.)

	NOT thinking about doing it	Thinking about doing it	Planning on doing it in next month	Have been doing it for LESS than 6 months	Have been doing it for 6 months or LONGER
a. Eat vegetables at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit for a snack every day instead of cookies or chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Almost always eat whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Almost always eat brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Almost always eat whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Are you trying to ...?

	NOT thinking about doing it	Thinking about doing it	Planning on doing it	Already doing it
a. Breastfeed my baby until s/he is at least 6 months old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breastfeed my baby until s/he is at least 1 year old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Only breastfeed my baby and NEVER give any formula for the first year of his/her life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How sure are you that you can ...?

	Not Sure	A Little Sure	Very Sure
a. Eat vegetables at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drink low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drink regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How sure are you that you can ...?

	I Am Not Breastfeeding	Not Sure	A Little Sure	Very Sure
a. Breastfeed my baby until s/he is at least 6 months old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breastfeed my baby until s/he is at least 1 year old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Only breastfeed my baby and NEVER give any formula for the first year of his/her life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How much do you agree or disagree ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. It is easy to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is expensive to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is a large selection of fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The fresh fruit and vegetables where I live are of high quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In the past 30 days, did you buy the WIC foods listed below?

	Yes	No	Did Not Receive from WIC
a. Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other whole grains (like whole grain bread, whole wheat or corn tortillas, brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Baby food in jars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Infant formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Was this true for your household in the past 12 months?

	Never True	Sometimes True	Often True
a. We worried whether our food would run out before we got money to buy more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The food that we bought just didn't last, and we didn't have money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How often do these things happen?

	Rarely or Never	Some Days	Most Days	Almost Every Day	Every Day
a. I eat a meal while watching TV	<input type="checkbox"/>				
b. I cook a homemade dinner at home	<input type="checkbox"/>				

The next questions ask about how you feed your baby. (Mark one box for each question.)

16. Are you currently feeding your baby ...?

- Only breast milk
- Only formula
- Both breast milk and formula
- Neither breast milk nor formula

17. When do you feed your baby breast milk or formula?

- On a regular schedule
- When baby cries or seems hungry
- Both of the above
- I am **not** feeding my baby breast milk or formula

18. How old was your baby when s/he drank formula every day?

- At birth or in the hospital
- Less than 1 month old
- 1-2 months old
- 3-5 months old
- 6 or more months old
- My baby has never had formula every day

19. How old was your baby when you completely stopped breastfeeding or feeding breast milk from a bottle?

- Less than 1 month old
- 1-2 months old
- 3-5 months old
- 6 or more months old
- I never fed my baby breast milk
- I am still feeding my baby breast milk

20. How old was your child when you first introduced solid foods by spoon or in a bottle (things like infant cereal or baby food from a jar or homemade)?

- Less than 3 months old
- 4 months old
- 5 months old
- 6 months or older
- Has not eaten solid foods →→→ **GO TO Question 22**

21. What was the first solid food that you fed your baby? (Mark one.)

- Baby cereal
- Vegetables
- Fruit
- Meat
- Other: _____

22. All people do things differently. Think about what you do in a usual week or day. How many times do you do the following things? (Mark one box for each question.)

	0	1	2	3	4	5	6	7	8 or More
a. I eat breakfast ___ times a week	<input type="checkbox"/>								
b. I eat out ___ times a week	<input type="checkbox"/>								
c. I eat fast food ___ times a week	<input type="checkbox"/>								
d. I watch TV or DVDs ___ hours a day	<input type="checkbox"/>								

23. In the past 7 days, on how many days did you do moderate or vigorous physical activities like walking, jogging, dancing, or bicycling? Think only about physical activities that you did for at least 10 minutes at a time. (Circle one number.)

0 1 2 3 4 5 6 7
 ↓

If you circled 0 →→→ GO TO Question 25

24. On the days that you did more than 10 minutes of moderate or vigorous physical activities, how many minutes in a day did you usually spend doing these physical activities?

- 10–20 minutes
- 21–30 minutes
- 31–40 minutes
- 41–50 minutes
- 51–60 minutes
- More than 60 minutes

25. In the past 30 days, how often did your family or friends do the following?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Encourage you to eat healthy foods	<input type="checkbox"/>				
b. Complain about eating healthy foods	<input type="checkbox"/>				
c. Encourage you to do physical activity	<input type="checkbox"/>				
d. Do physical activity with you	<input type="checkbox"/>				

26. In the past 30 days, how often did you ...?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Plan meals ahead of time	<input type="checkbox"/>				
b. Use Nutrition Facts on food labels to choose foods	<input type="checkbox"/>				

27. Who in your family currently gets WIC benefits? (Mark all that apply.)

- Me, because I am pregnant
- Me, because I recently gave birth
- My baby who is less than 12 months old
- My child(ren) who are over 12 months of age
- None of my family

28. Do your family's WIC benefits come from the WIC site where you signed up for this study?

- Yes
- No, I am receiving WIC from another WIC office
- No, I have not received WIC since *(fill in)*

 |

 (month) (year)

29. In the past 6 months, how many times did you visit a WIC office and get information on health or healthy eating? Include the day you signed up for this study. Do not include visits for other reasons such as picking up a food instrument or voucher or taking a friend to her appointment.

- None →→→ **GO TO Question 57**
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

30. In the past 6 months, during WIC visit(s) how many times did you ...? Include your most recent visit.

	None	1	2	3	4	5	6 or More
a. Talk one-on-one with a WIC staff person about health or healthy eating	<input type="checkbox"/>						
b. Attend a group session about health or healthy eating	<input type="checkbox"/>						
c. Watch a video/DVD about health or healthy eating	<input type="checkbox"/>						
d. Use the WIC Web site about health or healthy eating	<input type="checkbox"/>						

31. In the past 6 months, in between WIC visits, what did you get from WIC with information about health or healthy eating? Do not include things you got during your WIC visit. (Mark all that apply.)

- Personal phone call
- Text message
- Email message
- Online education that I could log into from home or someplace else
- Invitation or link to Facebook, Twitter, or other social media site
- Brochure or handout in the mail
- None of the above

The next questions are about your most recent visit to WIC in which you got information on health or healthy eating.

32. When was your most recent WIC visit?

- Less than 2 weeks ago
- 2–4 weeks ago
- 1–2 months ago
- Over 2 months ago

33. What did you do at your most recent WIC visit? (Mark all that apply)

- Talked one-on-one with a WIC staff person about health or healthy eating
- Spent time in a group session on health or healthy eating
- Used a WIC web site on health or healthy eating
- Used a WIC video/DVD on health or healthy eating
- None of the above

34. For your most recent WIC visit, how much do you agree or disagree with each statement ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I learned good reasons to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned good ways to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I learned good reasons to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I learned good ways to breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I learned good reasons to introduce solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I learned good ways to introduce solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Some people say that some WIC visits are more helpful than others. Which best describes the information you received at your most recent WIC visit? (Mark one box only.)

- The information was **helpful** because it was new to me.
- The information was **helpful**. I knew the information, but it was good to hear it again.
- The information was **not that helpful** because I already knew it.
- The information was **not that helpful** because it did not apply to me.

36. Which best describes your most recent WIC visit? (Mark one box only.)

- I did not have any children with me
- I had a child with me so it made it **hard** to listen to the WIC information
- I had a child with me but it was **easy** to listen to the WIC information

37. At your most recent WIC visit, did the WIC staff show you any of the following or use any of these with you while they talked about health or healthy eating? (Mark all that apply.)

- Brochure, handout, or paper with information
- Bulletin board or poster
- Video/DVD
- Tasting or cooking demonstration
- Activity or game
- Other items that you could pass around like measuring cups, food containers, etc.
- None of the above
- Other: _____

38. When you enroll in WIC and then 6 to 12 months later, WIC asks you to bring proof of address or income to make sure you can be on WIC. Did you bring proof to your most recent WIC visit?

- Yes
- No

39. At your most recent WIC visit, how long did you talk one-on-one with a WIC staff person about health or healthy eating?

- I did **not** talk one-on-one about health or healthy eating →→→ **GO TO Question 45**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 40 to 44 only if you had one on one time with WIC staff at your most recent WIC visit. (If you did not have one on one time, go to Question 45.)

40. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- The WIC staff person chose what we talked about
- I chose what we talked about
- The WIC staff person and I together chose what we talked about

41. A health goal means trying to become healthier by changing something you do. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set **health goals** for me or my child
- S/he talked about **health goals**, but I did **not** set any
- S/he did **not** talk about setting **health goals**

42. For each statement, how much do you agree or disagree about your most recent one-on-one time with a WIC staff person?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person talked most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The WIC staff person listened to me and understood my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The WIC staff person followed up on issues or questions from my last one-on-one visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Did you talk about this topic in your one-on-one time? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>

44. Have you made or do you think you will make a change to your eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. At your most recent WIC visit, how long did you spend in a group session talking about health or healthy eating?

- I was not in a group session →→→ **GO TO Question 51**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 46 to 50 only if you spent time in a group session at your most recent WIC visit. (If you were not in a group session go to Question 51.)

46. Which best describes your most recent WIC group session? (Mark the one that happened most.)

- S/he mostly talked and would stop to ask if we had questions
- We watched a video/DVD and at the end s/he asked if we had questions
- S/he shared information and we had a discussion. S/he asked me and the other people in the group about our thoughts and opinions.

47. A health goal means trying to become healthier by changing something you do. Which best describes your group session with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set health goals for me or my child
- S/he talked about health goals, but I didn't set any
- S/he did not talk about setting health goals

48. For each statement, how much do you agree or disagree about your most recent WIC group session?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person listened to the group and understood our concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had a chance to bring up topics that were important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Did you talk about this topic in your group session? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>

50. Have you made or do you think you will make a change to your eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains , like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Which describes how you used a WIC Web site on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC Web site on health or healthy eating **in the WIC office** by myself
- Used a WIC Web site on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC Web site on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC Web site on health or healthy eating in the past 6 months →→→ **GO TO Question 56**

Answer Questions 52 to 55 only if you used a WIC Web site on health or healthy eating in the past 6 months. (If you did not use a WIC Web site go to Question 56.)

52. How long did you spend using the WIC Web site? Include time in and outside of WIC office.

- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

53. Which best describes how the topic for the WIC Web site was chosen? (Mark one.)

- There was a list of topics, and I chose one of them myself
- There was a list of topics, and a WIC staff person helped me choose one
- There was only one topic available
- Other: _____

54. Did you read or view this topic on the WIC Web site? (Mark one box for each topic below.)

	I read/viewed this	I did NOT read/view this
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>

55. Have you made or do you think you will make a change to your eating or activities since reading/viewing this topic? (Mark one box for each topic read/viewed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Eating more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eating more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking lower fat milk (1% or fat-free/skim milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shopping for and preparing healthier foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Which describes how you used a WIC video/DVD on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC video/DVD on health or healthy eating **in the WIC office** by myself
- Used a WIC video/DVD on health or healthy eating **in the WIC office** in a group
- Used a WIC video/DVD on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC video/DVD on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC video/DVD on health or healthy eating in the past 6 months

57. Which best describes your current status? Are you ...? (Mark the best answer.)

- Married
- Widowed
- Divorced
- Separated
- Single or never married
- Living with partner

58. Are you currently pregnant?

No, I have not been pregnant since enrolling in this study

Yes, my due date is *(fill in)*

(month)	(day)	(year)

No, I had my baby on *(fill in)*

(month)	(year)

No, I lost the baby or ended the pregnancy

59. In the past 6 months, have you been told by a doctor or other health care professional that you have ...?

	Yes	No
a. Anemia or low iron	<input type="checkbox"/>	<input type="checkbox"/>
b. Excessive weight gain	<input type="checkbox"/>	<input type="checkbox"/>
c. Diabetes, gestational diabetes, or high blood sugar	<input type="checkbox"/>	<input type="checkbox"/>
d. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>

60. Are you currently working for pay either full time or part time?

- Yes, full time
- Yes, part time
- No

61. How many people live in your household right now?

	Number (If none, write zero)
a. Infants under 12 months of age	
b. Children 1–4 years of age	
c. Children 5–17 years of age	
d. Adults 18 years or older (include yourself)	

62. How many people in your household are on WIC right now? Please include yourself. _____

63. Do you have regular childcare for your youngest child where someone other than you or your child's other parent takes care of him/her on a regular basis?

- Yes →→→ How many **hours per week** is your child usually in childcare? _____
- No

64. Which do you receive now? (Mark all that apply.)

- Supplemental Nutrition Assistance Program benefits, sometimes called **SNAP or Food Stamps**
- Temporary Assistance to Needy Families, sometimes called **TANF or welfare**
- Medicaid (State Plan, Title XIX, MassHealth, Medical Assistance [MA], Minnesota Care, or MO HealthNet)
- Head Start
- Food from food bank, food pantry or soup kitchen
- Other food assistance program; Specify: _____
- I do not receive any assistance besides WIC

65. In the past 6 months, which topics did you discuss in WIC one-on-one or group sessions or watch in videos/DVDs or Web sites? (Mark all that apply.)

Does not apply, I have not been in WIC in the past 6 months→→→ GO TO Question 67	<input type="checkbox"/>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

66. Put a check mark ✓ for the topic you discussed or watched that was MOST helpful.

	<i>(Put just ONE check mark.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my baby	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

67. What activities or changes would make WIC nutrition education more useful and helpful to you?

Thank you for filling out the survey!

You have completed the last survey.

Thank you for taking part in the WIC Nutrition Education Study (NEST)!

For Project Staff Use Only:

ID: _____ Child's First Name _____

Final Survey for Participant with Eligible Child



WIC | **Nutrition
Education
Study**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0599. The time required to complete this information collection is estimated to average 20 minutes 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.

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Please fill out and return the survey in the enclosed envelope within the next week. Your identity and your answers on the survey will be kept private. We will not share your name and contact information with anyone without your consent. You may skip any questions you do not want to answer. We want to know about you and your child. There are no right or wrong answers.

Mark only one for each question unless it says to mark more than one answer. To change your answer, completely fill the box of the incorrectly marked answer . Then mark an **x** in the correct box.

If you have any questions about this study, please send an e-mail to USDA-wic-nest@rti.org or call toll-free at 1-800-957-6483.

1. Please write in:

Today's date:

(month)	(day)	(year)

Name of child from label on front of survey: _____

Please answer all survey questions about THIS child.

2. Different children like different foods. How much does your child like ...?

	Never Tried	Doesn't Like at All	Likes a Little	Likes a Lot
a. Vegetables (including baby food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit (including baby food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Whole milk or 2% (reduced fat) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Low-fat (1%) or fat-free/skim milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Whole grains such as whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about the different kinds of foods your child ate or drank during the past month that is the past 30 days. When answering please include meals and snacks eaten at home at school in restaurants and anyplace else.

3. In the past 30 days, how often did your child eat hot or cold cereals, including baby cereal?

- Never →→→ **GO TO Question 4**
- Once last month
- 2–3 times last month
- Once a week
- Twice a week
- 3–4 times per week
- 5–6 times per week
- Once a day
- More than once a day

3a. In the past 30 days, what kind of cereal did your child usually eat? *(Print the name of the cereal.)*

3b. If there was another kind of cereal that your child ate in the past 30 days, what kind was it? *(Print the name of the cereal, or if none, leave blank.)*

4. In the past 30 days, how often did your child have any cow's milk (either to drink or on cereal)? Include regular milk, chocolate or flavored milk, lactose-free milk, and buttermilk. Do **not** include soy milk, almond milk, rice milk, etc. or small amounts of milk added to coffee or tea.

- Never →→→ **GO TO Question 6**
- Once last month
- 2–3 times last month
- Once a week
- Twice a week
- 3–4 times per week
- 5–6 times per week
- Once a day
- More than once a day

5. In the past 30 days, what kind of milk did your child usually drink? *(Mark one or more.)*

- Whole or vitamin D milk
- 2% or reduced-fat milk
- 1% or low-fat milk
- Fat-free or nonfat/skim milk
- Soy milk
- Chocolate or flavored milk
- Other: _____

6. In the past 30 days, how often did your child drink ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Regular soda or pop that contains sugar (Do not include diet soda)	<input type="checkbox"/>								
b. 100% pure fruit juices with no added sugar , such as orange, mango, apple, grape, and pineapple juices	<input type="checkbox"/>								
c. Coffee or tea that had sugar or honey added to it such as coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino (Do not include coffee or diet tea with artificial sweeteners such as Equal, Sweet'N Low, or Splenda)	<input type="checkbox"/>								
d. Sweetened fruit drinks, sports drinks, or energy drinks , such as Kool-Aid, lemonade, HiC, cranberry drink, Gatorade, Red Bull, Vitamin Water, or fruit juices you made at home and added sugar (Do not include diet drinks with artificial sweeteners such as Equal, Sweet'N Low, or Splenda)	<input type="checkbox"/>								

7. In the past 30 days, how often did your child eat ...?

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
a. Fruit , include fresh, frozen, dried, or canned fruit (Do not include juices)	<input type="checkbox"/>								
b. Green leafy or lettuce salad , with or without other vegetables	<input type="checkbox"/>								
c. Any kind of fried potatoes , including French fries, home fries, or hash brown potatoes	<input type="checkbox"/>								
d. Any other kind of potatoes , such as baked, boiled, mashed potatoes; sweet potatoes; or potato salad	<input type="checkbox"/>								
e. Refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans (Do not include green beans)	<input type="checkbox"/>								

7. In the past 30 days, how often did your child eat ...? (continued)

	Never	Once Last Month	2-3 Times Last Month	Once a Week	Twice a Week	3-4 Times per Week	5-6 Times per Week	Once a Day	More than Once a Day
f. Brown rice or other cooked whole grains , such as bulgur, cracked wheat, or millet (Do not include white rice)	<input type="checkbox"/>								
g. Other vegetables , include fresh, frozen, dried, or canned vegetables (Do not include green salads, potatoes, or cooked dried beans)	<input type="checkbox"/>								
h. Mexican-type salsa made with tomatoes	<input type="checkbox"/>								
i. Pizza , including frozen pizza, take-out pizza, pizza in restaurants, and homemade pizza	<input type="checkbox"/>								
j. Tomato sauce served with spaghetti or noodles or mixed into other foods such as lasagna (Do not include tomato sauce on pizza)	<input type="checkbox"/>								
k. Any kind of cheese , including cheese as a snack; cheese on burgers and sandwiches; and cheese in foods such as lasagna, quesadillas, or casseroles (Do not include cheese on pizza)	<input type="checkbox"/>								
l. Corn or whole wheat tortillas (Do not include white flour tortillas)	<input type="checkbox"/>								
m. Whole grain bread , including whole wheat, rye, oatmeal, and pumpernickel toast and rolls and in sandwiches (Do not include white bread)	<input type="checkbox"/>								
n. Chocolate or any other types of candy (Do not include sugar-free candy)	<input type="checkbox"/>								
o. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or Pop-Tarts (Do not include sugar-free kinds)	<input type="checkbox"/>								
p. Cookies, cake, pie, or brownies (Do not include sugar-free kinds)	<input type="checkbox"/>								
q. Ice cream or other frozen desserts (Do not include sugar-free kinds)	<input type="checkbox"/>								

8. All families are different and eat different foods. At this time, are you doing the following things? (Mark one box for each row.)

	NOT thinking about doing it	Thinking about doing it	Planning on doing it in next month	Have been doing it for LESS than 6 months	Have been doing it for 6 months or LONGER
a. Serve your child vegetables (include baby food) at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serve your child fruit (include baby food) for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serve your child low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day (<i>Answer only if child is 2 years or older.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Almost always serve your child whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Almost always serve your child brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Almost always serve your child whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Serve your child 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Serve your child regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How sure are you that you can ...?

	Not Sure	A Little Sure	Very Sure
a. Serve your child vegetables (include baby food) at dinner every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serve your child fruit (include baby food) for a snack instead of cookies or chips every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serve your child low-fat (1%) or fat-free/skim milk instead of whole milk or 2% (reduced fat) milk every day (<i>Answer only if child is 2 years or older.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Serve your child whole grain bread instead of white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Serve your child brown rice instead of white rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Serve your child whole wheat or corn tortillas instead of white flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Serve your child 100% juice NO MORE than once a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Serve your child regular soda or pop, sweetened fruit drinks, sports drinks or energy drinks NO MORE than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How much do you agree or disagree ...?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. It is easy to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is expensive to buy fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There is a large selection of fresh fruit and vegetables where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The fresh fruit and vegetables where I live are of high quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In the past 30 days, did you buy the WIC foods listed below?

	Yes	No	Did Not Receive from WIC
a. Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other whole grains (like whole grain bread, whole wheat or corn tortillas, brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Baby food in jars (if child is less than 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Infant formula (if child is less than 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Was this true for your household in the past 12 months?

	Never True	Sometimes True	Often True
a. We worried whether our food would run out before we got money to buy more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The food that we bought just didn't last, and we didn't have money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often do these things happen?

	Rarely or Never	Some Days	Most Days	Almost Every Day	Every Day
a. My child eats a meal while watching TV/DVDs	<input type="checkbox"/>				
b. I sit and eat a meal with my child	<input type="checkbox"/>				
c. My child is picky about the foods s/he eats	<input type="checkbox"/>				
d. I cook a homemade dinner for my child at home	<input type="checkbox"/>				

14. How many times do you usually offer a new food before you decide your child does not like it?

- Once
- Twice
- 3–5 times
- 6–10 times
- More than 10 times
- My child likes everything
- My child hasn't tried new foods

15. Below are some things that parents may do. In the past 30 days, how often did you do the following things?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Kept track of what my child eats and drinks	<input type="checkbox"/>				
b. Tried to get my child to finish his/her food and drinks	<input type="checkbox"/>				
c. Tried to get my child to eat even if s/he does not seem hungry	<input type="checkbox"/>				
d. Carefully controlled how much my child eats or drinks	<input type="checkbox"/>				
e. Talked to my child to encourage him/her to eat or drink	<input type="checkbox"/>				
f. Let my child eat desserts/sweets to keep him/her happy	<input type="checkbox"/>				
g. Put cereal in my child's bottle (<i>Answer only if child is younger than 12 months.</i>)	<input type="checkbox"/>				

16. All families do things differently. Think about what you and your child do in a usual week or day. How many times do you do the following things? (Mark one box for each question.)

	0	1	2	3	4	5	6	7	8 or More
a. My child eats breakfast ___ times a week	<input type="checkbox"/>								
b. We eat out ___ times a week	<input type="checkbox"/>								
c. My child eats fast food ___ times a week	<input type="checkbox"/>								
d. My child plays outside ___ days a week	<input type="checkbox"/>								
e. My child plays outside ___ hours a day	<input type="checkbox"/>								
f. I play outside with my child ___ days a week	<input type="checkbox"/>								
g. My child watches TV or DVDs ___ hours a day	<input type="checkbox"/>								
h. I watch TV or DVDs ___ hours a day	<input type="checkbox"/>								
i. My child plays video or computer games ___ hours a day (including games played on phones and other handheld devices)	<input type="checkbox"/>								

17. In the past 7 days, on how many days did you do moderate or vigorous physical activities like walking, jogging, dancing, or bicycling? Think only about physical activities that you did for at least 10 minutes at a time. (Circle one number.)

0 1 2 3 4 5 6 7
 ↓

If you circled 0 →→→ GO TO Question 19

18. On the days that you did more than 10 minutes of moderate or vigorous physical activities, how many minutes in a day did you usually spend doing these physical activities?

- 10–20 minutes
- 21–30 minutes
- 31–40 minutes
- 41–50 minutes
- 51–60 minutes
- More than 60 minutes

19. In the past 30 days, how often did your family or friends do the following?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Encourage you to eat healthy foods	<input type="checkbox"/>				
b. Complain about eating healthy foods	<input type="checkbox"/>				
c. Encourage you to do physical activity	<input type="checkbox"/>				
d. Do physical activity with you	<input type="checkbox"/>				

20. In the past 30 days, how often did you ...?

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Plan meals ahead of time	<input type="checkbox"/>				
b. Use Nutrition Facts on food labels to choose foods	<input type="checkbox"/>				

21. Who in your family currently gets WIC benefits? (Mark all that apply.)

- Me, because I am pregnant
- Me, because I recently gave birth
- My baby who is less than 12 months old
- My child(ren) who are over 12 months old
- None of my family

22. Do your family's WIC benefits come from the WIC site where you signed up for this study?

- Yes
- No, we are receiving WIC from another WIC office
- No, we have not received WIC since *(fill in)*

(month)	(year)

23. In the past 6 months, how many times did you visit a WIC office and get information on health or healthy eating? Include the day you signed up for this study. Do **not** include visits for other reasons such as picking up a food instrument or voucher or taking a friend to her appointment.

- None →→→ **GO TO Question 51**
- Once
- 2 times
- 3 times
- 4 times
- 5 times
- 6 or more times

24. In the past 6 months, during WIC visit(s) how many times did you do ...? Include your most recent visit.

	None	1	2	3	4	5	6 or More
a. Talk one-on-one with a WIC staff person about health or healthy eating	<input type="checkbox"/>						
b. Attend a group session about health or healthy eating	<input type="checkbox"/>						
c. Watch a video/DVD about health or healthy eating	<input type="checkbox"/>						
d. Use the WIC Web site about health or healthy eating	<input type="checkbox"/>						

25. In the past 6 months, in between WIC visits, what did you get from WIC with information on health or healthy eating? Do **not** include things you got during your WIC visit. *(Mark all that apply.)*

- Personal phone call
- Text message
- Email message
- Online education that I could log into from home or someplace else
- Invitation or link to Facebook, Twitter, or other social media site
- Brochure or handout in the mail
- None of the above

The next questions are about your most recent WIC visit in which you got information on health or healthy eating.

26. When was your most recent WIC visit?

- Less than 2 weeks ago
- 2–4 weeks ago
- 1–2 months ago
- Over 2 months ago

27. What did you do at your most recent WIC visit? (Mark all that apply.)

- Talked one-on-one with a WIC staff person about health or healthy eating
- Spent time in a group session on health or healthy eating
- Used a WIC Web site on health or healthy eating
- Used a WIC video/DVD on health or healthy eating
- None of the above

28. For your most recent WIC visit, how much do you agree or disagree with each statement?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I learned good reasons to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned good ways to eat healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Some people say that some WIC visits are more helpful than others. Which best describes the information you received at your most recent WIC visit? (Mark one box only.)

- The information was **helpful** because it was new to me.
- The information was **helpful**. I knew the information, but it was good to hear it again.
- The information was **not that helpful** because I already knew it.
- The information was **not that helpful** because it did not apply to me.

30. Which best describes your most recent WIC visit? (Mark one box only.)

- I did not have any children with me
- I had a child with me so it made it **hard** to listen to the WIC information
- I had a child with me but it was **easy** to listen to the WIC information

31. At your most recent WIC visit, did the WIC staff show you any of the following or use any of these with you while they talked about health or healthy eating? (Mark all that apply.)

- Brochure, handout, or paper with information
- Bulletin board or poster
- Video/DVD
- Tasting or cooking demonstration
- Activity or game
- Other items that you could pass around like measuring cups, food containers, etc.
- None of the above
- Other: _____

32. When you enroll in WIC and then 6 to 12 months later, WIC asks you to bring proof of address or income to make sure you can be on WIC. Did you bring proof to your most recent WIC visit?

- Yes
- No

33. At your most recent WIC visit, how long did you talk one-on-one with a WIC staff person about health or healthy eating?

- I did **not** talk one-on-one about health or healthy eating →→→ **GO TO Question 39**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 34 to 38 only if you had one on one time with WIC staff at your most recent WIC visit. (If you did not have one on one time, go to Question 39.)

34. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- The WIC staff person chose what we talked about
- I chose what we talked about
- The WIC staff person and I together chose what we talked about

35. A health goal means trying to become healthier by changing something you do. Which best describes your most recent one-on-one time with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set **health goals** for me or my child
- S/he talked about **health goals**, but I did **not** set any
- S/he did **not** talk about setting **health goals**

36. For each statement, how much do you agree or disagree about your most recent one-on-one time with a WIC staff person?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person talked most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The WIC staff person listened to me and understood my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The WIC staff person followed up on issues or questions from my last one-on-one visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Did you talk about this topic in your one-on-one time? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

38. Have you made or do you think you will make a change to your child's eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. At your most recent WIC visit, how long did you spend in a group session talking about health or healthy eating?

- I was **not** in a group session →→→ **GO TO Question 45**
- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

Answer Questions 40 to 44 only if you spent time in a group session at your most recent WIC visit. (If you were not in a group session go to Question 45.)

40. Which best describes your most recent WIC group session? (Mark the one that happened most.)

- S/he mostly talked and would stop to ask if we had questions
- We watched a video/DVD and at the end s/he asked if we had questions
- S/he shared information and we had a discussion. S/he asked me and the other people in the group about our thoughts and opinions.

41. A health goal means trying to become healthier by changing something you do. Which best describes your most recent group session with a WIC staff person? (Mark the one that happened most.)

- S/he worked with me to set health goals for me or my child
- S/he talked about health goals, but I didn't set any
- S/he did not talk about setting health goals

42. For each statement, how much do you agree or disagree about your most recent WIC group session?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. The WIC staff person listened to the group and understood our concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had a chance to bring up topics that were important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Did you talk about this topic in your group session? (Mark one box for each topic below.)

	We talked about this	We did NOT talk about this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

44. Have you made or do you think you will make a change to your child’s eating or activities since discussing this topic? (Mark one box for each topic discussed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Which describes how you used a WIC Web site on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC Web site on health or healthy eating **in the WIC office** by myself
- Used a WIC Web site on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC Web site on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC Web site on health or healthy eating in the past 6 months →→→ **GO TO Question 50**

Answer Questions 46 to 49 only if you used a WIC Web site on health or healthy eating in the past 6 months. (If you did not use a WIC Web site go to Question 50.)

46. How long did you spend using the WIC Web site? Include time in and outside of WIC office.

- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

47. Which best describes how the topic for the WIC Web site was chosen? (Mark one.)

- There was a list of topics, and I chose one of them myself
- There was a list of topics, and a WIC staff person helped me choose one
- There was only one topic available
- Other: _____

48. Did you read or view this topic on the WIC Web site? (Mark one box for each topic below.)

	I read/viewed this	I did NOT read/view this
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>

49. Have you made or do you think you will make a change to your child's eating or activities since reading/viewing this topic? (Mark one box for each topic read/viewed.)

	I am NOT thinking about doing it	I am thinking about doing it	I am planning on doing it	I am already doing it
a. Serving more fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Serving more whole grains like whole grain bread, whole wheat or corn tortillas, or brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Serving lower fat milk (1% or fat-free/skim milk) (Answer only if child is 2 years or older.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encouraging more physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Preparing healthier foods for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing water instead of soda and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Which describes how you used a WIC video/DVD on health or healthy eating in the past 6 months? (Mark all that apply.)

- Used a WIC video/DVD on health or healthy eating **in the WIC office** by myself
- Used a WIC video/DVD on health or healthy eating **in the WIC office** in a group
- Used a WIC video/DVD on health or healthy eating **instead of going to a WIC appointment**
- Used a WIC video/DVD on health or healthy eating **before or after going to a WIC appointment**
- Have **not** used a WIC video/DVD on health or healthy eating in the past 6 months

51. Which best describes your current status? Are you ...? (Mark the best answer.)

- Married
- Widowed
- Divorced
- Separated
- Single or never married
- Living with partner

52. In the past 6 months, have you been told by a doctor or other health care professional that your child ...?

	Yes	No
a. Was a preemie or premature as a baby	<input type="checkbox"/>	<input type="checkbox"/>
b. Needs special infant formula	<input type="checkbox"/>	<input type="checkbox"/>
c. Is low weight	<input type="checkbox"/>	<input type="checkbox"/>
d. Is overweight	<input type="checkbox"/>	<input type="checkbox"/>
e. Has high blood lead	<input type="checkbox"/>	<input type="checkbox"/>

53. Are you currently working for pay either full time or part time?

- Yes, full time
- Yes, part time
- No

54. How many people live in your household right now?

	Number (If none, write zero.)
a. Infants under 12 months of age	
b. Children 1–4 years of age	
c. Children 5–17 years of age	
d. Adults 18 years or older (include yourself)	

55. How many people in your household are on WIC right now? Please include yourself. _____

56. Do you have regular childcare for your child where someone other than a family member in your home takes care of him/her on a regular basis? (Answer for child identified on front of survey.)

- Yes →→→ How many **hours per week** is your child usually in childcare? _____
- No

57. Which do you receive now? (Mark all that apply.)

- Supplemental Nutrition Assistance Program benefits, sometimes called **SNAP or Food Stamps**
- Temporary Assistance to Needy Families, sometimes called **TANF or welfare**
- Medicaid (State Plan, Title XIX, MassHealth, Medical Assistance [MA], Minnesota Care, or MO HealthNet)
- Head Start
- Food from food bank, food pantry, or soup kitchen
- Other food assistance program; Specify: _____
- I do not receive any assistance besides WIC

58. In the past 6 months, which topics did you discuss in WIC one-on-one or group sessions or watch in videos/DVDs or Web sites? (Mark all that apply.)

Does not apply. I have not been in WIC in the past 6 months→→→ GO TO Question 60	<input type="checkbox"/>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my child	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

59. Put a check mark ✓ for the topic you discussed or watched that was MOST helpful.

	<i>(Put just ONE check mark.)</i>
a. Breastfeeding	<input type="checkbox"/>
b. Weaning from a bottle	<input type="checkbox"/>
c. Drinking milk/choosing lower fat milk	<input type="checkbox"/>
d. Drinking water	<input type="checkbox"/>
e. Fruit and vegetables	<input type="checkbox"/>
f. Healthy snacking	<input type="checkbox"/>
g. Healthy weight for myself	<input type="checkbox"/>
h. Introducing solid foods to my child	<input type="checkbox"/>
i. Medical conditions such as low iron or high blood sugar	<input type="checkbox"/>
j. Physical activity	<input type="checkbox"/>
k. Picky eaters	<input type="checkbox"/>
l. Shopping for and preparing healthy foods	<input type="checkbox"/>
m. Sodas and sugary drinks	<input type="checkbox"/>
n. Whole grains	<input type="checkbox"/>
o. None of the above	<input type="checkbox"/>

60. What activities or changes would make WIC nutrition education more useful and helpful to you?

Thank you for filling out the survey!

You have completed the last survey.

Thank you for taking part in the WIC Nutrition Education Study (NEST)!