

Appendix A

Survey of WIC Participants

This appendix discusses the sample design for the Survey of WIC Participants and presents information on sampling weights and survey response rates. As part of the discussion of the sample design, the appendix lists geographic areas included in the survey and the local WIC offices serving those areas. Officials in these local WIC offices were interviewed as part of the study's examination of how cost-containment practices are implemented and their administrative costs. The appendix includes a copy of the survey instrument.

Survey Purpose and Structure of Instrument

The Survey of WIC Participants collected information related to almost all of the outcome measures examined by this study. The survey instrument included sections on:

- A. Item Satisfaction
- B. Voucher Pickup
- C. Item Selection
- CX. Item Preferences of Nonparticipants
- D. Access to WIC Vendors
- E. Participation
- F. Special Diets or Food Allergies
- G. Health Outcomes
- H. Demographics

The survey asked about satisfaction with WIC benefits and experiences redeeming food instruments (vouchers) during the "reference month." The reference month generally was the calendar month prior to the interview date. If the respondent indicated that none of the food instruments for the prior month had been used, the reference month was designated as two months prior to the interview date.¹

Sampling

The Survey of WIC Participants was conducted in six States. The goal was to survey 1,200 WIC families, with the respondent being the "WIC mom" (pregnant, breastfeeding, postpartum woman or mother/guardian of WIC infant or child). Assuming a minimum response rate of 72 percent, an initial sample of 1,669 families was selected. WIC families were chosen as the responding unit, rather than WIC participants, because in families with multiple WIC participants, it was believed that the respondent would have trouble distinguishing the food items purchased with each set of vouchers.

The sample was selected via three stages of sampling:

¹ Food instruments expire at the end of their designated month.

Stage 1. The population of WIC participants was stratified by geographic location, defined by non-metropolitan, metropolitan, and urban areas.² Three survey areas (one per strata) were selected in each State, with probability proportional to size. The measure of size used was the number of families receiving WIC in November 2000. Families were identified by the “family ID” that links WIC participants in State administrative data files.³

Stage 2. In all States except Connecticut, a second stage of sampling selected four zip code areas within the urban area, to reduce the geographic size of the urban survey area. ZIP code areas were selected with probability proportional to size. The urban area in Connecticut was small enough to forego this second stage of sampling.

Stage 3. The final stage of sampling selected WIC families within each survey area. In Connecticut, an equal number of families was selected in each survey area (93 families per strata for a total of 279 families). In other States, it was necessary to increase the size of the urban sample, relative to the other strata, to offset the increased variance imposed by the second stage of sampling in the urban area. The sample size for urban areas was 103 families, and 87 or 88 families were selected in the non-metro and metro areas, for a total of 278 families per State.

Areas Selected

The first stage of sampling selected 18 geographic areas—a central city, a metropolitan, and a non-metropolitan area in each of the six States (representing urban, suburban, and rural sites, respectively). Table A-1 lists the 18 areas, together with the WIC office that was included in the study of implementation procedures and administrative costs. When more than one WIC office served a geographic area, the office serving the largest number of sampled participants was selected for the study. In Oklahoma, State officials recommended replacement offices for Canadian and Payne counties with similar caseloads and operating characteristics.

Response Rates

Response to the Survey of WIC Participants is shown in table A-2. The overall response rate was 77 percent; the response rate ranged from 72.8 percent in Texas to 82.8 percent in Connecticut. Nonmetropolitan areas achieved the highest response rates in four of the six States, with metropolitan areas achieving the highest response rate in North Carolina and Ohio.

Table A-2 also shows the number of respondents to "Section CX" of the survey. Section CX was designed as an alternative to Section C (food item selection) for respondents who did not pick up WIC food instruments for the reference month. Overall, 14 percent of respondents did not pick up their food instruments; these respondents include WIC participants whose certification period ended prior to the interview, and who did not seek re-certification.

² Nonmetropolitan areas were defined as counties outside of Census-defined Metropolitan Statistical Areas (MSAs); metropolitan areas were defined as counties in MSAs, exclusive of the central city portion of the county; urban areas were defined as central cities in MSAs.

³ The family ID was constructed for North Carolina.

Table A-1—Areas sampled for participant survey

State	Stratum	Area	WIC office	Office location
California	Metropolitan (suburban) ^a	Noncentral city portion of San Diego County	American Red Cross	San Diego
California	Nonmetropolitan (rural) ^a	All of Imperial County	Clinica de Salud del Pueblo	Brawley
California	Central city (urban) ^a	4 ZIP codes of Los Angeles	Public Health Foundation	Irwindale
Connecticut	Metropolitan (suburban) ^a	Noncentral city portion of New Haven County	Naugatuck Valley District	Shelton
Connecticut	Nonmetropolitan (rural) ^a	All of Litchfield County	Torrington Area Health District	Torrington
Connecticut	Central city (urban) ^a	All of Hartford	Hartford Health Department	Hartford
North Carolina	Metropolitan (suburban)	Noncentral city portion of Buncombe County	Buncombe County Health Department	Asheville
North Carolina	Nonmetropolitan (rural)	All of Cleveland County	Cleveland County Health Department	Shelby
North Carolina	Central city (urban)	4 ZIP codes of Charlotte	Mecklenburg County Health Department	Charlotte
Ohio	Metropolitan (suburban)	Noncentral city portion of Belmont County	Belmont County WIC Program	Bellaire
Ohio	Nonmetropolitan (rural)	All of Tuscarawas County	Tuascarawas County WIC Program	Dover
Ohio	Central city (urban)	4 ZIP codes of Cleveland	Cuyahoga County WIC Program	Cleveland
Oklahoma	Metropolitan (suburban)	Noncentral city portion of Canadian County	Creek County Health Department	Sepula
Oklahoma	Nonmetropolitan (rural)	All of Payne County	LeFlore County Health Department	Stillwater
Oklahoma	Central city (urban) ^a	4 ZIP codes of Oklahoma City	Variety Health Center	Oklahoma City
Texas	Metropolitan (suburban) ^a	Noncentral city portion of Fort Bend County	Fort Bend Family health Center	Richmond
Texas	Nonmetropolitan (rural) ^a	All of Hale County	South Plains Health Provider	Plainview
Texas	Central city (urban) ^a	4 ZIP codes of Houston	Houston Health and Human Services	Houston

^a Signifies that more than one local WIC office served participants in the area.

Table A-2—Survey of WIC Participants

State	Strata	Sample size <i>n</i>	Respon- dents <i>n</i>	Response rate %	Respondents to section CX ^a	
					<i>n</i>	%
California	Total	277	208	75.1	30	14.4
	Non-metro	87	73	83.9	9	12.3
	Metro	87	58	66.7	7	12.1
	Central city	103	77	74.8	14	18.2
Connecticut	Total	279	231	82.8	33	14.3
	Non-metro	93	82	88.2	8	9.8
	Metro	93	75	80.6	10	13.3
	Central city	93	74	79.6	15	20.3
North Carolina	Total	278	222	79.9	26	11.7
	Non-metro	88	69	78.4	5	7.2
	Metro	87	72	82.8	8	11.1
	Central city	103	81	78.6	13	16.0
Ohio	Total	278	215	77.3	24	11.2
	Non-metro	87	67	77.0	6	9.0
	Metro	88	80	90.9	6	7.5
	Central city	103	68	66.0	12	17.6
Oklahoma	Total	278	206	74.1	38	18.4
	Non-metro	88	67	76.1	18	26.9
	Metro	87	63	72.4	6	9.5
	Central city	103	76	73.8	14	18.4
Texas	Total	279	203	72.8	32	15.8
	Non-metro	88	72	81.8	14	19.4
	Metro	88	60	68.2	12	20.0
	Central city	103	71	68.9	6	8.5
All States	Total	1669	1285	77.0	183	14.2

a Respondents skipped “Section C: Item Selection” and answered “Section CX: Item Preferences of Nonparticipants” when they reported that they had not picked up WIC vouchers for the reference month.

Sampling Weights

For each survey respondent, the base sampling weight equals the reciprocal of the probability of selection, taking into account the three stages of sampling. Multiplicative adjustments were made to these base weights to compensate for non-response among the sampled families within cells defined by State and strata. A further adjustment, using the iterative procedure known as raking, then brought the weighted counts of WIC families into agreement with the population counts for each State (measured in November 2000). Raking was done on two variables: race and family type.⁴

⁴ Race categories were collapsed for the purpose of raking.

Survey Instrument

A paper copy of the survey instrument for the Survey of WIC Participants is attached at the end of this appendix. The actual survey was conducted using CATI (computer assisted telephone interview) software. Field interviewers administered the survey using laptop computers.

Survey of WIC Participants

The Paperwork Reduction Act—Disclosure Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 30 minutes per response.

Introduction

NOTE: WORDS AND PHRASES IN ALL CAPITAL LETTERS ARE INSTRUCTIONS TO THE INTERVIEWERS AND WILL NOT BE READ TO RESPONDENTS.¹

May I speak with (SAMPLED WIC MOTHER/MOTHER or GUARDIAN OF SAMPLE CHILD)?

WHEN CONNECTED:

Hello, my name is _____. I'm working with Abt Associates, a research firm located in Cambridge, Massachusetts. My company is conducting a study for the United States Department of Agriculture to collect information about the experiences of WIC participants when food shopping and when using WIC (checks/vouchers).

You have been selected for this study. The interview takes about 30 minutes.

Your participation in this study is completely voluntary, and the information that you provide is strictly confidential. Your answers will not be shared with WIC staff, and the information that you provide will not affect the benefits or services that you receive from WIC or any other government agency.

Do you have any questions before we begin? (ANSWER R's QUESTIONS, IF ANY.)

We really appreciate your time and help with this study.

¹ EBT-specific instrument needed. Instrument should vary by state so that the questions include either "check" or "voucher," as appropriate. Some questions apply only if there is an infant WIC participant in the household. We will not sample households with only infant WIC participants.

1. I'd like to begin by confirming some information. According to our records,

You are the only member of your household receiving WIC foods (PREGNANT OR BREASTFEEDING WOMAN), or

(You and/or NAME(s) are currently receiving WIC foods (PREGNANT AND CHILD; POSTPARTUM AND INFANT/CHILDREN; INFANT/CHILDREN)

Is that correct?

YES GO TO A1
NO ASK 2

2. Are you currently receiving WIC foods?

YES ASK 2a
NO GO TO 3

a. Please tell me the ages of the children in your household currently receiving WIC foods.
(IF AGE < 1 YEAR, ENTER 0.)

AGE

[NOTE TO PROGRAMMER: HOUSEHOLD IS PRECODED WITH FLAGS FOR TYPES OF WIC PARTICIPANTS—WOMAN, INFANT, CHILD. UPDATE FLAGS BASED ON ABOVE INFO. IF AGE < 1 YEAR THEN INFANT = 1. IF AGE = 1–4 YEARS THEN CHILD = 1.]

3. PROGRAMMER CHECK: IF 2 = NO AND ONLY ONE AGE IS ENTERED IN 2a AND AGE = 0, THEN STOP INTERVIEW.

According to what you have told me, the only person in your household who receives WIC foods is your infant. Is that correct?

YES GO TO EXIT
NO GO BACK TO 2

Exit

This study is interested in learning about the experiences of women and children WIC participants, so we will not need to continue with the survey. Thank you for your time.

A. Item Satisfaction

I'm going to begin with some questions about WIC foods.

- A1. The WIC Program provides particular **brands of foods**. I am going to read a list of food categories and I want you to tell me if you are **very satisfied, fairly satisfied, or not satisfied** with the **brands of foods** WIC provides. What about (READ CATEGORY AND CHECK ONE ANSWER IN EACH ROW)?

Food Category	Very Satisfied	Somewhat Satisfied	Not Satisfied	Not Applicable
Breakfast cereals				
Juices				
Milk				
Cheese				
Infant cereal (IF INFANT = 1)				
Infant juice (IF INFANT = 1)				

- A2. The WIC Program sometimes specifies particular **package sizes** to be bought. For example, canned or bottled juice can be bought in 46-ounce containers. Are you **very satisfied, fairly satisfied, or not satisfied** with the **package sizes** allowed for . . .? (READ CATEGORY AND CHECK ONE ANSWER IN EACH ROW)?

Food Category	Very Satisfied	Somewhat Satisfied	Not Satisfied	Not Applicable
Breakfast cereals				
Frozen juice				
Canned or bottled juice				
Milk				
Cheese				
Infant cereal (IF INFANT = 1)				
Infant juice (IF INFANT = 1)				

Now I'm going to ask you a general question about your use of WIC (checks/vouchers).

A3. Do you find it **difficult, somewhat difficult, or not difficult** to shop with WIC food (checks/vouchers)? (CIRCLE ONE.)

- DIFFICULT ASK A4
- SOMEWHAT DIFFICULT ASK A4
- NOT DIFFICULT SKIP TO SECTION B

A4. Which of the following causes difficulty when shopping with WIC (checks/vouchers)? (READ AND CIRCLE ALL THAT APPLY.)

- Finding the foods listed on the (check/voucher)
- Determining the least expensive brand (SKIP IF STATE = OH)
- Determining which package sizes add up to your prescription
- OTHER (SPECIFY)

IF STATE = OHIO, SKIP TO SECTION C

B. Voucher Pickup

My next questions are about your use of WIC (checks/vouchers). All of the questions refer to the last calendar month, that is, the month of (MONTH).

Voucher Pickup

B1. Did you pick up WIC food (checks/vouchers) for the month of (MONTH)?

YES

NO

ASK B3, THEN SKIP
TO SECTION D²

B2. Did you use any of your (MONTH) WIC (checks/vouchers) to purchase food?

YES

NO

GO TO SECTION C
ASK B4, THEN SKIP
TO SECTION D

B3. Which of the following statements best describes why you did not pick up your (checks/vouchers) for (MONTH)? (READ AND CIRCLE ONE.)

Couldn't get to the clinic

ASK B3a

Didn't want or need the food

ASK B3b

It's too much trouble to use the (checks/vouchers)

ASK B3c

OTHER (SPECIFY)

a. Which of the following statements best describes why you couldn't get to the WIC clinic? (READ AND CIRCLE ONE.)

Didn't have transportation

Didn't have child care

The clinic is too far from home

OTHER (SPECIFY)

2 Note: We probably need a modified Section C to get preference info on these "pseudo-dropouts."

- b. Which of the following statements best describes why you didn't want or need the food?
(READ AND CIRCLE ONE.)

(You/SAMPLE CHILD) don't usually eat the foods WIC provides
(You/SAMPLE CHILD) don't like the brands of WIC foods
OTHER (SPECIFY)

- c. Which of the following statements best describes why it's too much trouble to use WIC (checks/vouchers)? (READ AND CIRCLE ONE.)

You have to make extra shopping trips to get to WIC stores
The WIC stores are too far away
The (checks/vouchers) are confusing to use
OTHER (SPECIFY)

SKIP TO SECTION D

- B4. Which of the following statements best describes why you did not redeem your (checks/vouchers) for (MONTH)? (READ AND CIRCLE ONE.)

Didn't want or need the food ASK B3a
It's too much trouble to use the (checks/vouchers) ASK B3b
OTHER (SPECIFY)

- a. Which of the following statements best describes why you didn't want or need the food?
(READ AND CIRCLE ONE.)

(You/SAMPLE CHILD) don't usually eat the foods WIC provides
(You/SAMPLE CHILD) don't like the brands of WIC foods
OTHER (SPECIFY)

- b. Which of the following statements best describes why it's too much trouble to use WIC (checks/vouchers)? (READ AND CIRCLE ONE.)

You have to make extra shopping trips to get to WIC stores
The WIC stores are too far away
The (checks/vouchers) are confusing to use
OTHER (SPECIFY)

C. Item Selection

Milk

C1. Did (your/your family's) WIC prescription in (MONTH) include milk?

- YES
- NO SKIP TO C6

C2. During (MONTH), did you buy all, some, or none of the WIC milk prescribed for (you/your family)?

- ALL SKIP TO C3
- SOME ASK C2a
- NONE ASK C2b

a. Why didn't you buy all of the WIC milk? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

- TOO MUCH—CAN'T USE IT ALL
- DON'T LIKE MILK
- CAN'T TOLERATE MILK
- DON'T HAVE ROOM IN REFRIGERATOR
- DON'T HAVE A REFRIGERATOR
- NO TIME TO SHOP
- TRANSPORTATION PROBLEMS
- STORE RAN OUT
- OTHER (SPECIFY)

GO TO C3

- b. Why didn't you buy any of the WIC milk? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

TOO MUCH—CAN'T USE IT ALL
 DON'T LIKE MILK
 CAN'T TOLERATE MILK
 DON'T HAVE ROOM IN REFRIGERATOR
 DON'T HAVE A REFRIGERATOR
 NO TIME TO SHOP
 TRANSPORTATION PROBLEMS
 STORE RAN OUT
 OTHER (SPECIFY)

SKIP TO C6

- C3. Which type of milk did you buy with your WIC (check/voucher)? Please be specific by telling me the type, brand and size. By type, I mean was it whole milk, reduced fat, lowfat, or skim milk. IF NECESSARY, INTERVIEWERS MAY READ ANSWER CATEGORIES.

THE CATI PROGRAM WILL DISPLAY THE TYPE SCREEN. AFTER THE INTERVIEWER SELECTS A TYPE, THE BRAND AND PACKAGING SCREENS WILL APPEAR.

- a. TYPE

WHOLE
 REDUCED FAT OR 2%
 LOWFAT OR 1%
 NONFAT OR SKIM

- b. FOR EACH TYPE, RECORD BRAND (ALL THAT APPLY).

HOOD
 GARELICK
 LACTAID
 DAIRY EASE
 STORE BRAND
 OTHER (SPECIFY)

c. FOR EACH BRAND, RECORD SIZE (ALL THAT APPLY).

QUART
HALF GALLON
GALLON

d. What other type of milk did you buy with your WIC prescription last month?

THE CATI PROGRAM WILL CYCLE THROUGH C3a – C3c UNTIL THE
RESPONDENT SAYS “NO OTHER.”

1. TYPE _____ BRAND _____ SIZE _____
2. TYPE _____ BRAND _____ SIZE _____

C4. Did you buy any specialty milks with your WIC (check/voucher), like lactose-free or lactose-reduced milk, powdered milk, evaporated milk, goat’s milk, buttermilk, acidophilus milk, or Parmalat, which is non-refrigerated milk in a box?

YES ASK C4a
NO GO TO C5

a. Which type, and in what sizes?

LACTOSE-FREE OR LACTOSE-REDUCED
POWDERED MILK
EVAPORATED MILK
GOAT’S MILK
BUTTERMILK
ACIDOPHILUS MILK
PARMALAT (SKIP TO C4c)

b. FOR EACH TYPE, RECORD BRAND (ALL THAT APPLY).

STORE BRAND
OTHER (SPECIFY)

c. FOR EACH BRAND, RECORD SIZE (ALL THAT APPLY).

QUART
HALF GALLON
GALLON
OTHER (SPECIFY)

C5. Did the WIC participant(s) in your family drink some, all or none of the milk you purchased with the WIC (check/voucher)? Don't be afraid to say some or none. Your answers will in no way affect your future participation in WIC or the food items prescribed.

ALL	SKIP TO C6
SOME	ASK C5a
NONE	ASK C5b

a. Why didn't the WIC participant(s) drink all of the milk? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY DRINK IT

DIDN'T LIKE IT

FOOD WENT BAD

DON'T HAVE REFRIGERATOR

CONSUMED BY OTHER FAMILY MEMBERS

CAN'T DRINK THAT MUCH

OTHER (SPECIFY)

b. Why didn't the WIC participant(s) drink any of the milk? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY DRINK IT

DIDN'T LIKE IT

FOOD WENT BAD

DON'T HAVE REFRIGERATOR

CONSUMED BY OTHER FAMILY MEMBERS

OTHER (SPECIFY)

Cheese

C6. Did (your/your family's) WIC prescription in (MONTH) include cheese?

YES	
NO	SKIP TO C12

C7. During (MONTH), did you buy all, some, or none of the WIC cheese prescribed for (you/your family)?

ALL	SKIP TO C8
SOME	ASK C7a
NONE	ASK C7b

- a. Why didn't you buy all of the WIC cheese? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

TOO MUCH—CAN'T USE IT ALL
 DON'T LIKE CHEESE
 DON'T LIKE THE TYPES OF CHEESE WIC ALLOWS
 DON'T HAVE A REFRIGERATOR
 NO TIME TO SHOP
 TRANSPORTATION PROBLEMS
 STORE RAN OUT
 OTHER (SPECIFY)

GO TO C8

- b. Why didn't you buy any of the WIC cheese? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

TOO MUCH—CAN'T USE IT ALL
 DON'T LIKE CHEESE
 CAN'T TOLERATE CHEESE
 DON'T HAVE A REFRIGERATOR
 NO TIME TO SHOP
 TRANSPORTATION PROBLEMS
 STORE RAN OUT
 OTHER (SPECIFY)

SKIP TO C12

- C8. Which types of cheese did you buy with your WIC (check/voucher)? Please be specific by telling me the type of cheese, brand, and packaging. IF NECESSARY, INTERVIEWERS MAY READ ANSWER CATEGORIES.

THE CATI PROGRAM WILL DISPLAY THE TYPE SCREEN. AFTER THE INTERVIEWER SELECTS A TYPE, THE BRAND AND PACKAGING SCREENS WILL APPEAR.

a. TYPE

- AMERICAN
- CHEDDAR
- COLBY
- MONTEREY JACK
- MOZZARELLA
- SWISS
- MUENSTER
- PROVOLONE

b. FOR EACH TYPE, RECORD BRAND (ALL THAT APPLY).

- KRAFT
- BORDEN
- LAND O' LAKES
- STORE BRAND
- OTHER (SPECIFY)

c. FOR EACH BRAND, RECORD PACKAGING (ALL THAT APPLY).

- BLOCK
- SLICED, PREPACKAGED
- SLICED, FROM DELI
- SHREDDED OR GRATED

d. What other type of cheese did you buy with your WIC (checks/vouchers) last month?

THE CATI PROGRAM WILL CYCLE THROUGH C8a – C8d UNTIL THE RESPONDENT SAYS “NO OTHER.”

- 1. TYPE _____ BRAND _____ SIZE _____
- 2. TYPE _____ BRAND _____ SIZE _____

e. Was any of the cheese you bought with your WIC (check/voucher) low-fat or low-cholesterol?

- YES
- NO

f. Was any of the cheese you bought with your WIC (check/voucher) low-sodium?

- YES
- NO

C9. Are there any types of cheese that you would like to buy with your WIC (checks/vouchers) that are not on the WIC food list?

TYPE 1 _____

a. Anything else?

TYPE 2 _____

REPEAT C9a UNTIL RESPONDENT SAYS NO.

C10. Did the WIC participant(s) in your family eat some, all or none of the cheese you purchased with the WIC (check/voucher)? Don't be afraid to say some or none. Your answers will in no way affect your future participation in WIC or the food items prescribed.

ALL	SKIP TO C11
SOME	ASK C10a
NONE	ASK C10b

a. Why didn't the WIC participant(s) eat all of the cheese? (Open-end response with pre-specified codes for answers)

DON'T NORMALLY EAT IT

DIDN'T LIKE IT

FOOD WENT BAD

DON'T HAVE REFRIGERATOR

CONSUMED BY OTHER FAMILY MEMBERS

CAN'T EAT THAT MUCH

OTHER (SPECIFY)

b. Why didn't the WIC participant(s) eat any of the cheese? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT IT

DIDN'T LIKE IT

FOOD WENT BAD

DON'T HAVE REFRIGERATOR

CONSUMED BY OTHER FAMILY MEMBERS

OTHER (SPECIFY)

C11. During the past six months, when you bought cheese with WIC vouchers or your own money, did you buy store brand cheeses, national brand cheeses, or some of both?
 (INTERVIEWER: WE ARE ASKING ABOUT WIC AND NON-WIC PURCHASES.)

STORE BRAND	SKIP TO C12
NATIONAL BRAND	SKIP TO C12
BOTH	GO TO C11a

a. Which do you prefer?

STORE BRAND ALWAYS
NATIONAL BRANDS ALWAYS
DEPENDS ON THE PRODUCT
NO PREFERENCE

Eggs

C12. Did (your/your family's) WIC prescription in (MONTH) include eggs?

YES	
NO	SKIP TO C15

C13. During (MONTH), did you buy all, some, or none of the WIC eggs prescribed for (you/your family)?

ALL	SKIP TO C14
SOME	ASK C13a
NONE	ASK C13b

a. Why didn't you buy all of the WIC eggs? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

TOO MUCH/CAN'T USE IT ALL
DON'T LIKE EGGS
DON'T HAVE A REFRIGERATOR
NO TIME TO SHOP
TRANSPORTATION PROBLEMS
STORE RAN OUT
OTHER (SPECIFY)

GO TO C14

- b. Why didn't you buy any of the WIC eggs? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

TOO MUCH/CAN'T USE IT ALL
 DON'T LIKE EGGS
 DON'T HAVE A REFRIGERATOR
 NO TIME TO SHOP
 TRANSPORTATION PROBLEMS
 STORE RAN OUT
 OTHER (SPECIFY)

SKIP TO C15

- C14. Did the WIC participant(s) in your family eat some, all or none of the eggs you purchased with the WIC (check/voucher)? (Don't be afraid to say some or none. Your answers will in no way affect your future participation in WIC or the food items prescribed.)

ALL SKIP TO C15
 SOME ASK C14a
 NONE ASK C14b

- a. Why didn't the WIC participant(s) eat all of the eggs? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT THEM
 DIDN'T LIKE THEM
 FOOD WENT BAD
 DON'T HAVE REFRIGERATOR
 CONSUMED BY OTHER FAMILY MEMBERS
 CAN'T EAT THAT MUCH
 OTHER (SPECIFY)

- b. Why didn't the WIC participant(s) eat any of the eggs? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT THEM
 DIDN'T LIKE THEM
 FOOD WENT BAD
 DON'T HAVE REFRIGERATOR
 CONSUMED BY OTHER FAMILY MEMBERS
 OTHER (SPECIFY)

Infant Cereal

SKIP SECTION IF THERE IS NO INFANT WIC PARTICIPANT IN FAMILY.

C15. Did (INFANT NAME)'s WIC prescription in (MONTH) include infant cereal?

- YES
- NO SKIP TO C20

C16. During (MONTH), did you buy all, some, or none of the WIC infant cereal prescribed for (INFANT NAME)?

- ALL SKIP TO C17
- SOME ASK C16a
- NONE ASK C16b

a. Why didn't you buy all of the WIC infant cereal? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

- TOO MUCH—CAN'T USE IT ALL
- DON'T LIKE THE FOOD
- NO TIME TO SHOP
- TRANSPORTATION PROBLEMS
- STORE RAN OUT
- OTHER (SPECIFY)

GO TO C17

b. Why didn't you buy any of the WIC infant cereal? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

- TOO MUCH—CAN'T USE IT ALL
- DON'T LIKE THE FOOD
- NO TIME TO SHOP
- TRANSPORTATION PROBLEMS
- STORE RAN OUT
- OTHER (SPECIFY)

SKIP TO C20

C17. Which types of infant cereal did you buy with WIC (checks/vouchers)? Please be as specific as possible by telling me the flavor, brand, and size. IF NECESSARY, INTERVIEWERS MAY READ ANSWER CATEGORIES.

THE CATI SYSTEM WILL DISPLAY THE FLAVOR SCREEN. AFTER THE INTERVIEWER SELECTS A FLAVOR, THE BRAND AND SIZE SCREENS WILL APPEAR.

a. FLAVOR.

- RICE
- OATMEAL
- BARLEY
- MIXED

b. FOR EACH FLAVOR, RECORD BRAND (ALL THAT APPLY).

- BEECHNUT
- GERBER
- HEINZ

c. FOR EACH FLAVOR, RECORD SIZE.

- 8 OZ
- 16 OZ

d. What other flavor of cereal did you buy with your WIC (checks/vouchers) last month?

THE CATI PROGRAM WILL CYCLE THROUGH C17a – C17c UNTIL THE RESPONDENTS SAYS “NO OTHER.”

- 1. FLAVOR _____ BRAND _____ SIZE _____
- 2. FLAVOR _____ BRAND _____ SIZE _____

C18. Did (INFANT NAME) eat some, all or none of the infant cereal you purchased with the WIC (check/voucher)? Don't be afraid to say some or none. Your answers will in no way affect your future participation in WIC or the food items prescribed.

- ALL SKIP TO C19
- SOME ASK C18a
- NONE ASK C18b

- a. Why didn't (INFANT NAME) eat all of the infant cereal? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT IT
 DIDN'T LIKE IT
 FOOD WENT BAD
 DON'T HAVE REFRIGERATOR
 CONSUMED BY OTHER FAMILY MEMBERS
 CAN'T EAT THAT MUCH
 OTHER (SPECIFY)

- b. Why didn't (INFANT NAME) eat any of the infant cereal? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT IT
 DIDN'T LIKE IT
 FOOD WENT BAD
 DON'T HAVE REFRIGERATOR
 CONSUMED BY OTHER FAMILY MEMBERS
 OTHER (SPECIFY)

- C19. Are there any infant cereals that you would like to purchase with your WIC (checks/ vouchers) that are not on the WIC food list?

CEREAL 1 _____

- a. Anything else?

CEREAL 2 _____

REPEAT C19a UNTIL RESPONDENT SAYS NO.

Juice

- C20. Did (your/your family's) WIC prescription in (MONTH) include juice?

YES
 NO SKIP TO C26

- C21. During (MONTH), did you buy all, some, or none of the WIC juice prescribed for (you/your family)?

ALL SKIP TO C22
 SOME ASK C21a
 NONE ASK C21b

- a. Why didn't you buy all of the WIC juice? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

TOO MUCH—CAN'T USE IT ALL
DON'T LIKE THE FOOD
DON'T HAVE A REFRIGERATOR
NO TIME TO SHOP
TRANSPORTATION PROBLEMS
STORE RAN OUT
OTHER (SPECIFY)

GO TO C22

- b. Why didn't you buy any of the WIC juice? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

TOO MUCH—CAN'T USE IT ALL
DON'T LIKE THE FOOD
DON'T HAVE A REFRIGERATOR
NO TIME TO SHOP
TRANSPORTATION PROBLEMS
STORE RAN OUT
OTHER (SPECIFY)

SKIP TO C26

- C22. Which types of juice did you buy with your WIC (checks/vouchers)? Please tell me the flavors, for example apple or orange, and for each flavor tell me the brand and size. IF NECESSARY, INTERVIEWERS MAY READ ANSWER CATEGORIES.

THE CATI SYSTEM WILL DISPLAY THE FLAVOR SCREEN. AFTER THE INTERVIEWER SELECTS A FLAVOR, THE BRAND AND SIZE SCREENS WILL APPEAR.

a. FLAVOR.

- APPLE
- CRANBERRY
- CRANBERRY BLEND
- GRAPE, PURPLE
- GRAPEFRUIT
- ORANGE
- ORANGE-GRAPEFRUIT
- ORANGE-PINEAPPLE
- PINEAPPLE
- PINEAPPLE BLEND
- TOMATO
- VEGETABLE
- WHITE GRAPE
- WHITE GRAPE BLEND
- OTHER BLENDS

b. FOR EACH FLAVOR, RECORD BRAND (ALL THAT APPLY).

- CAMPBELL'S
- DEL MONTE
- DOLE
- JUICY JUICE
- LUCKY LEAF
- MUSSELMAN'S
- NORTHLAND
- SENECA
- WELCH'S
- WHITE HOUSE
- STORE BRAND
- OTHER (SPECIFY)

c. FOR EACH FLAVOR, RECORD SIZE.

- 46 OZ CANNED
- 46 OZ BOTTLED
- 6 OZ FROZEN
- 12 OZ FROZEN
- 11.5 OR 12 OZ LIQUID CONCENTRATE

d. What other flavor of juice did you buy with your WIC (checks/vouchers) last month?

THE CATI PROGRAM WILL CYCLE THROUGH C22a – C22c UNTIL THE RESPONDENTS SAYS “NO OTHER.”

- 1. FLAVOR _____ BRAND _____ SIZE _____
- 2. FLAVOR _____ BRAND _____ SIZE _____

C23. Did the WIC participant(s) in your family drink some, all or none of the juice you purchased with the WIC (check/voucher)? Don't be afraid to say some or none. Your answers will in no way affect your future participation in WIC or the food items prescribed.

- ALL SKIP TO C24
- SOME ASK C23a
- NONE ASK C23b

a. Why didn't the WIC participant(s) drink all of the juice? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

- DON'T NORMALLY DRINK IT
- DIDN'T LIKE IT
- JUICE WENT BAD
- DON'T HAVE REFRIGERATOR
- CONSUMED BY OTHER FAMILY MEMBERS
- CAN'T DRINK THAT MUCH
- OTHER (SPECIFY)

b. Why didn't the WIC participant(s) drink any of the juice? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

- DON'T NORMALLY DRINK IT
- DIDN'T LIKE IT
- JUICE WENT BAD
- DON'T HAVE REFRIGERATOR
- CONSUMED BY OTHER FAMILY MEMBERS
- OTHER (SPECIFY)

C24. Are there any juices that you would like to buy with your WIC (checks/vouchers) that are not on the WIC food list?

JUICE 1 _____

a. Anything else?

JUICE 2 _____

REPEAT C24a UNTIL RESPONDENTS SAYS NO.

C25. During the past six months, when buying juice with WIC vouchers or your own money, did you buy store brand juices, national brand juices, or both?

STORE BRAND	GO TO C26
NATIONAL BRAND	SKIP TO C26
BOTH	GO TO C25a

a. Which do you prefer?

STORE BRAND ALWAYS
NATIONAL BRANDS ALWAYS
DEPENDS ON THE PRODUCT
NO PREFERENCE

Beans

C26. Did (your/your family's) WIC prescription in (MONTH) include beans?

YES	
NO	SKIP TO C29

C27. During (MONTH), did you buy the WIC beans prescribed for (you/your family)?

YES	SKIP TO C28
NO	ASK C27a

- a. Why didn't you buy the WIC beans? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

TOO MUCH—CAN'T USE IT ALL
 TOO MUCH TROUBLE/TAKE TOO LONG TO COOK
 DON'T LIKE THEM
 DON'T HAVE A REFRIGERATOR
 NO TIME TO SHOP
 TRANSPORTATION PROBLEMS
 STORE RAN OUT
 OTHER (SPECIFY)

SKIP TO C29

- C28. Did the WIC participant(s) in your family eat some, all or none of the beans you purchased with the WIC (check/voucher)? Don't be afraid to say some or none. Your answers will in no way affect your future participation in WIC or the food items prescribed.

ALL	SKIP TO C29
SOME	ASK C28a
NONE	ASK C28b

- a. Why didn't the WIC participant(s) eat all of the beans? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT THEM
 DIDN'T LIKE THEM
 FOOD WENT BAD
 DON'T HAVE REFRIGERATOR
 CONSUMED BY OTHER FAMILY MEMBERS
 CAN'T EAT THAT MUCH
 OTHER (SPECIFY)

- b. Why didn't the WIC participant(s) eat any of the beans? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT THEM
 DIDN'T LIKE THEM
 FOOD WENT BAD
 DON'T HAVE REFRIGERATOR
 CONSUMED BY OTHER FAMILY MEMBERS
 OTHER (SPECIFY)

Peanut Butter

C29. Did (your/your family's) WIC prescription in (MONTH) include peanut butter?

- YES
- NO SKIP TO C35

C30. During (MONTH), did you buy the WIC peanut butter prescribed for (you/your family)?

- YES ASK C30a
- NO GO TO C31

a. Why didn't you buy the WIC peanut butter? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

- TOO MUCH—CAN'T USE IT ALL
- DON'T LIKE THE FOOD
- DON'T HAVE A REFRIGERATOR
- NO TIME TO SHOP
- TRANSPORTATION PROBLEMS
- STORE RAN OUT

SKIP TO C35

C31. What brand of peanut butter did you buy with your WIC (check/voucher)? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

- JIF
- PETER PAN
- SKIPPY
- REESE'S
- STORE BRAND
- OTHER (SPECIFY)

C32. Was the peanut butter you bought with your WIC (check/voucher) reduced fat or low-fat?

- YES
- NO

C33. Was the peanut butter you bought with your WIC (check/voucher) low-sodium?

- YES
- NO

C34. Did the WIC participant(s) in your family eat some, all or none of the peanut butter you purchased with the WIC (check/voucher)? Don't be afraid to say some or none. Your answers will in no way affect your future participation in WIC or the food items prescribed.

ALL	SKIP TO C35
SOME	ASK C34a
NONE	ASK C34b

a. Why didn't the WIC participant(s) eat all of the peanut butter? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT IT

DIDN'T LIKE IT

FOOD WENT BAD

CONSUMED BY OTHER FAMILY MEMBERS

CAN'T EAT THAT MUCH

OTHER (SPECIFY)

b. Why didn't the WIC participant(s) eat any of the peanut butter? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT IT

DIDN'T LIKE IT

FOOD WENT BAD

CONSUMED BY OTHER FAMILY MEMBERS

OTHER (SPECIFY)

Breakfast Cereal

C35. Did (your/your family's) WIC prescription in (MONTH) include breakfast cereal?

YES	
NO	SKIP TO D1

C36. During (MONTH), did you buy all, some, or none of the WIC breakfast cereal prescribed for (you/your family)?

ALL	SKIP TO C37
SOME	ASK C36a
NONE	ASK C36b

- a. Why didn't you buy all of the WIC breakfast cereal? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

TOO MUCH—CAN'T USE IT ALL
DON'T LIKE THE FOOD
NO TIME TO SHOP
TRANSPORTATION PROBLEMS
STORE RAN OUT
OTHER (SPECIFY)

GO TO C37

- b. Why didn't you buy any of the WIC breakfast cereal? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

TOO MUCH—CAN'T USE IT ALL
DON'T LIKE THE FOOD
NO TIME TO SHOP
TRANSPORTATION PROBLEMS
STORE RAN OUT
OTHER (SPECIFY)

SKIP TO D1

- C37. Did you buy any hot breakfast cereals with your WIC vouchers last month?

YES ASK C37a
NO GO TO C38

- a. Which hot cereals did you buy last month? IF NECESSARY, INTERVIEWERS MAY READ ANSWER CATEGORIES.

COCO WHEATS
 FARINA
 MALTEX WHEAT CEREAL
 MALT-O-MEAL (EITHER QUICK OR CHOCOLATE)
 MAYPO OATMEAL CEREAL
 NABISCO CREAM OF RICE
 NABISCO CREAM OF WHEAT
 PILLSBURY JIM DANDY QUICK GRITS
 QUAKER INSTANT GRITS
 QUAKER SUN COUNTRY OATS
 QUAKER INSTANT OATMEAL
 STORE BRAND OATMEAL
 STORE BRAND INSTANT GRITS
 STORE BRAND HOT WHEAT CEREAL

THE CATI SYSTEM WILL DISPLAY THE PRODUCT SCREEN. AFTER THE INTERVIEWER SELECTS A PRODUCT, THE FOLLOWING QUESTION WILL APPEAR:

- b. What other hot breakfast cereals did you buy with your WIC (checks/vouchers) last month?

THE CATI PROGRAM WILL REPEAT C37b UNTIL THE RESPONDENT SAYS "NO OTHER."

BRAND 1 _____
 BRAND 2 _____

- C38. Did you buy any cold breakfast cereals with your WIC vouchers last month?

YES ASK C38a
 NO GO TO C39

- a. Which types of cold breakfast cereal did you buy with your WIC (checks/vouchers)? Please be as specific as possible by telling me the cereal name and manufacturer. For example, if you bought corn flakes, please tell me if it was Kellogg's Corn Flakes, General Mills Country Flakes, or a store brand of corn flakes. IF NECESSARY, INTERVIEWERS MAY READ ANSWER CATEGORIES.

GENERAL MILLS

- CHEERIOS, PLAIN
- MULTI-GRAIN CHEERIOS
- CORN CHEX
- RICE CHEX
- MULTI-BRAN CHEX
- WHEAT CHEX
- COUNTRY CORN FLAKES
- KABOOM
- KIX, REGULAR
- TOTAL, CORN FLAKES
- TOTAL, WHOLE GRAIN
- WHEATIES, REGULAR

POST

- 100% BRAN
- BANANA NUT CRUNCH
- BRAN FLAKES
- GRAPE NUT FLAKES
- GRAPE NUTS
- HONEY BUNCHES OF OATS

KELLOGGS

- COMPLETE OAT BRAN FLAKES
- COMPLETE WHEAT BRAN FLAKES
- CORN FLAKES
- CRISPIX
- FROSTED MINI WHEATS, BITE SIZE OR REGULAR
- APPLE CINNAMON MINI WHEATS
- BLUEBERRY MINI WHEATS
- RAISIN MINI WHEATS
- STRAWBERRY MINI WHEATS
- PRODUCT 19
- SPECIAL K

MALT-O-MEAL

- PUFFED RICE
- PUFFED WHEAT
- TOASTY-OS

QUAKER

- CRUNCHY CORN BRAN
- KING VITAMIN
- LIFE, PLAIN
- OAT BRAN
- OATMEAL SQUARES
- TOASTED OATS
- TOASTED OATMEAL

STORE BRAND

- BRAN FLAKES
- CORN FLAKES
- CORN PUFFS, CRISPY CORN PUFFS, CORN CRISPS,
OR SILLY SPHERES
- CRISPY FLAKES
- CRISPY HEXAGONS
- CRISPY RICE OR CRISP RICE
- CRUNCHY CORN, TOASTED CORN, SQUARE-
SHAPED CORN, OR CORN BISCUITS
- FROSTED SHREDDED WHEAT, REG OR BITE-SIZE
- NUTTY NUGGETS, CRUNCHY NUGGETS, OR
- KRUNCHY NUTTIES
- TASTEEOS, TOASTED OATS, OR TOASTY OS ...

THE CATI SYSTEM WILL DISPLAY THE PRODUCT SCREEN. AFTER THE INTERVIEWER SELECTS A PRODUCT, THE FOLLOWING QUESTION WILL APPEAR:

- b. What other cold cereals did you buy with your WIC (checks/vouchers) last month?

THE CATI PROGRAM WILL REPEAT C38b UNTIL THE RESPONDENTS SAYS "NO OTHER."

BRAND 1 _____
 BRAND 2 _____

C39. Did the WIC participant(s) in your family eat some, all or none of the breakfast cereal you purchased with the WIC (check/voucher)? Don't be afraid to say some or none. Your answers will in no way affect your future participation in WIC or the food items prescribed.

ALL SKIP TO C40
 SOME ASK C39a
 NONE ASK C39b

a. Why didn't the WIC participant(s) eat all of the breakfast cereal? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT IT
 DIDN'T LIKE IT
 FOOD WENT BAD
 CONSUMED BY OTHER FAMILY MEMBERS
 CAN'T EAT THAT MUCH
 OTHER (SPECIFY)

b. Why didn't the WIC participant(s) eat any of the breakfast cereal? (OPEN-END RESPONSE WITH PRE-SPECIFIED CODES FOR ANSWERS.)

DON'T NORMALLY EAT IT
 DIDN'T LIKE IT
 FOOD WENT BAD
 CONSUMED BY OTHER FAMILY MEMBERS
 OTHER (SPECIFY)

C40. Are there any breakfast cereals that you would like to buy with your WIC (checks/vouchers) that are not on the WIC food list?

BRAND 1 _____

a. Anything else?

BRAND 2 _____

REPEAT C40a UNTIL RESPONDENT SAYS NO.

C41. During the past six months, when you bought breakfast cereal with WIC vouchers or with your own money, did you buy store brand cereals, national brand cereals, or both?

STORE BRAND SKIP TO D
 NATIONAL BRAND SKIP TO D
 BOTH ASK C41a

a. Which do you prefer?

- STORE BRAND ALWAYS
- NATIONAL BRANDS ALWAYS
- DEPENDS ON THE PRODUCT
- NO PREFERENCE

D. Access to WIC Vendors

General Food Shopping

My next set of questions are about shopping for food.

- D1. At what kind of store do you buy most of your food? (READ AND CIRCLE ONE. READ EXAMPLES IN PARENTHESES ONLY IF NECESSARY.)

Supermarket
Smaller grocery store such as a neighborhood grocer . . .
Convenience store such as 7-11 or stores that sell
groceries and gas
Specialty stores such as bakeries, vegetable stands,
farmers' markets, dairy stores, meat markets, health
food stores
General merchandise store such as WalMart
OTHER (SPECIFY)

- D2. What is the name of the store where you buy most of your food?

- D3. Where is that store located? (PROMPT FOR STREET AND CITY.)

STREET NAME _____
CITY OR TOWN _____

- D4. How do you usually get to (STORE)? IF RESPONDENT REPORTS COMBINATION, CODE HIGHEST NUMBER.

WALK	SKIP TO D8
BICYCLE	SKIP TO D7
DRIVE A CAR	GO TO D5
GET A RIDE WITH FRIENDS OR RELATIVES . . .	GO TO D5
TAKE A BUS	SKIP TO D6
TAKE A TAXI/HACK	SKIP TO D6
TAKE A CUSTOMER SERVICE VAN	SKIP TO D6
OTHER (SPECIFY)	

- D5. Do you pay any out-of-pocket costs when you drive to (STORE), such as parking or tolls?

YES	ASK D5a
NO	SKIP TO D7

a. How much do you usually pay in out-of-pocket costs each time you go to (STORE)?

\$ ____ . ____ SKIP TO D7

D6. Do you pay any out-of-pocket costs for this transportation to get to (STORE)?

YES ASK D6a

NO GO TO D7

a. How much do you usually pay in out-of-pocket costs each time you go to (STORE)?

\$ ____ . ____

b. Is that amount for one way, or for a round trip?

ONE WAY

ROUND TRIP

D7. If you wanted to, could you walk to (STORE)?

YES

NO

D8. How far is (STORE) from your home? PROBE: How many miles or blocks is (STORE) from your home?

_____ MILES

_____ BLOCKS

D9. How long does it take you to travel to (STORE)? PROBE: By your usual means of transportation. WE WANT TRAVEL TIME ONE WAY.

_____ MINUTES

WIC Redemption

D10. Is the store where you do most of your food shopping the same store where you usually use your WIC (checks/vouchers)?

YES SKIP TO D19

NO

NEVER USED (CHECKS/VOUCHERS) SKIP TO SECTION E

D11. What is the name of the store where you usually use your WIC (checks/vouchers)?

D12. Where is that store located? (PROMPT FOR STREET AND CITY.)

STREET _____

CITY OR TOWN _____

D13. How do you usually get to (WIC STORE)? IF RESPONDENT REPORTS COMBINATION, CODE HIGHEST NUMBER.

- | | |
|--|-------------|
| WALK | SKIP TO D17 |
| BICYCLE | SKIP TO D16 |
| DRIVE A CAR | ASK D14 |
| GET A RIDE WITH FRIENDS OR RELATIVES ... | ASK D14 |
| TAKE A BUS | SKIP TO D15 |
| TAKE A TAXI/HACK | SKIP TO D15 |
| TAKE A CUSTOMER SERVICE VAN | SKIP TO D15 |
| OTHER (SPECIFY) | |

D14. Do you pay any out-of-pocket costs when you drive to (WIC STORE), such as parking or tolls?

- | | |
|-----------|-------------|
| YES | ASK D14a |
| NO | SKIP TO D16 |

a. How much do you usually pay in out-of-pocket costs each time you go to (WIC STORE)?

\$ ____ . ____

SKIP TO D16

D15. Do you pay any out-of-pocket costs for this transportation to get to (WIC STORE)?

- | | |
|-----------|-----------|
| YES | ASK D15a |
| NO | GO TO D16 |

a. How much do you usually pay in out-of-pocket costs for this transportation?

\$ ____ . ____

b. Is that amount for one way or for a round trip?

ONE WAY
ROUND TRIP

D16. If you wanted to, could you walk to (WIC STORE)?

YES
NO

D17. How far is (WIC STORE) from your home? PROBE: How many miles or blocks is (WIC STORE) from your home?

_____ MILES
_____ BLOCKS

D18. How long does it take you to travel to (WIC STORE)? PROBE: By your usual means of transportation. WE WANT TRAVEL TIME ONE WAY.

_____ MINUTES

Store Satisfaction

D19. Next, I am going to read a list of factors that could be important when a person decides where to shop for food. As I read each one, please tell me if (WIC STORE) is excellent, good, fair, or poor.

a. First, having a clean, neat store. Would you rate the cleanliness and neatness of (WIC STORE) as excellent, good, fair, or poor?

EXCELLENT
GOOD
FAIR
POOR

b. Having courteous, friendly employees. PROBE: Please tell me if (WIC STORE) is excellent, good, fair, or poor.

EXCELLENT
GOOD
FAIR
POOR

- c. Having good, low prices. PROBE: Please tell me if (WIC STORE) is excellent, good, fair, or poor.

EXCELLENT
GOOD
FAIR
POOR

- d. Having quality fruits and vegetables. PROBE: Please tell me if (WIC STORE) is excellent, good, fair, or poor.

EXCELLENT
GOOD
FAIR
POOR

- e. Having good quality meat. PROBE: Please tell me if (WIC STORE) is excellent, good, fair, or poor.

EXCELLENT
GOOD
FAIR
POOR

- f. Having good variety or a wide selection. PROBE: Please tell me if (WIC STORE) is excellent, good, fair, or poor.

EXCELLENT
GOOD
FAIR
POOR

- g. Having private labels or store brands. PROBE: Please tell me if (WIC STORE) is excellent, good, fair, or poor.

EXCELLENT
GOOD
FAIR
POOR

- h. Having items on sale or money-saving specials. PROBE: Please tell me if (WIC STORE) is excellent, good, fair, or poor.

EXCELLENT
GOOD
FAIR
POOR

- i. Having a convenient location. PROBE: Please tell me if (WIC STORE) is excellent, good, fair, or poor.

EXCELLENT
GOOD
FAIR
POOR

- j. In a safe area or having good security. PROBE: Please tell me if (WIC STORE) is excellent, good, fair, or poor.

EXCELLENT
GOOD
FAIR
POOR

- h. Having fast checkout. PROBE: Please tell me if (WIC STORE) is excellent, good, fair, or poor.

EXCELLENT
GOOD
FAIR
POOR

E. Participation

E1. While (you/your family) have been in the WIC program, have you picked up your WIC (checks/vouchers) for every month before they expired, or have you missed some months?

- PICKED UP ALL MONTHS SKIP TO E3
- MISSED SOME MONTHS ASK E2
- PICKED UP SOME AFTER THEY EXPIRED ASK E2

E2. Which of the following statements best describes why you did not pick up your WIC (checks/vouchers), or didn't pick them up until they were expired? (READ LIST, CIRCLE ALL THAT APPLY.)

- The WIC clinic is too far away
- It takes too long at the WIC clinic
- The WIC stores are too far away
- You don't like to shop in the WIC stores
- (You don't/Your family doesn't) like the WIC foods ...
- (You don't/Your child doesn't) need the food
- OTHER (SPECIFY)

E3. Do you know of anyone who chose not to get WIC benefits because of restrictions on where she could shop or what brands or types of foods she could buy?

- YES
- NO

E4. ASK IF SAMPLE PERSON IS PREGNANT WOMAN, INFANT, OR CHILD LESS THAN 4.5 YEARS OF AGE.

Do you expect to seek recertification when (your/SAMPLE CHILD's) current period of eligibility ends?

- YES SKIP TO SECTION F
- NO ASK E5
- NOT SURE YET SKIP TO SECTION F

E5. Please tell me the **main** reason you do not expect to seek recertification. Is it because . . . ?
(READ LIST, CIRCLE ALL THAT APPLY.)

- Your income or other resources will be too high to qualify
(You/SAMPLE CHILD) will not meet the health or
nutritional risk requirements
- It takes too long at the WIC clinic
- The WIC clinic is too far away
- The WIC stores are too far away
- You have to make extra shopping trips to buy WIC foods
- You don't like to shop in the WIC stores
- (You don't/Your family doesn't) like the WIC foods . . .
- OTHER (SPECIFY)

F. Special Diets or Food Allergies

Now I have some questions about special diets or food allergies that (you/you or your child/your child) may have. These questions will help us understand the types of foods required by WIC participants.

- F1. Has a doctor ever told you that (you have/you or your child have/your child has) . . .?
(READ LIST AND CHECK ONE ANSWER IN EACH ROW.)

	YES	NO	DK	REF
Diabetes				
High blood pressure				
Heart disease				
High blood cholesterol				
Asthma				

- F2. I'm going to read a list of ways in which people modify their diets for various health-related reasons. Please tell me yes or no if the statement describes (your/you and your child's/your child's) diet. (READ AND CHECK ONE ANSWER IN EACH ROW.)

	YES	NO	DK	REF
Low-calorie for weight loss				
Low-fat or low-cholesterol				
Low-salt or low-sodium				
Sugar-free or low-sugar				
High-fiber				
Low-fiber				
High-calorie or high-protein for weight gain				
OTHER (SPECIFY)				

F3. Some people are on special diets for religious reasons or because they are vegetarian. I'm going to read a list of diets. Please tell me yes or no if they describe (your/you and your child's/your child's) diet. (READ AND CHECK ONE ANSWER IN EACH ROW.)

	YES	NO	DK	REF
Kosher diet				
Muslim diet				
Seventh-Day Adventist diet				
Vegetarian diet				
OTHER (SPECIFY)				

F4. Has a doctor ever told you that (you/your or your child/your child) had . . . ? (READ LIST AND CHECK ONE ANSWER IN EACH ROW.)

	YES	NO	DK	REF
A food allergy				
Celiac disease or sprue				
Lactose intolerance or milk intolerance				
Sulfite sensitivity				

IF "YES" TO "food allergy," ASK F5. IF "NO" TO ALL CONDITIONS, SKIP TO F6; OTHERWISE SKIP TO F7.

F5. What food(s) are (you/you or your child/your child) allergic to? (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

- COW'S MILK
- EGGS
- WHEAT
- PEANUTS
- SOY
- CORN
- OTHER NUTS, INCLUDING ALMONDS, WALNUTS,
PECANS
- FISH
- SHELLFISH
- OTHER (SPECIFY)
- DON'T KNOW

F6. Within an hour after eating something, have (you/you and your child/your child) ever had a severe reaction, such as itching all over, trouble breathing, flushing, hives, or swelling of the face or hands or feet?

YES
NO

F7. IF F2, F3, or F4, (ANY CONDITION), ASK:
Does your special diet pose problems with finding appropriate food items when you shop for WIC foods?

YES ASK F8
NO SKIP TO SECTION G

F8. In what way(s)? (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

- I DON'T KNOW WHETHER THE BRANDS ALLOWED ARE SAFE FOR (ME/MY CHILD) TO EAT
- I DON'T KNOW HOW TO FIND OUT ABOUT INGREDIENTS IN STORE BRAND FOOD ITEMS
- THE STORE MANAGER CAN'T TELL ME WHAT OTHER INGREDIENTS MIGHT BE IN THE STORE BRAND FOODS
- I CAN ONLY GET PEANUT BUTTER EVERY OTHER MONTH
- I CAN ONLY GET BEANS EVERY OTHER MONTH
- I CANNOT FIND CEREALS HIGH ENOUGH IN IRON OR FOLIC ACID/FOLATE
- I CANNOT BUY CALCIUM-FORTIFIED JUICE ...
- I CANNOT FIND LACTOSE-FREE OR LACTOSE-REDUCED MILK
- I CANNOT FIND THE SPECIAL KOSHER OR MUSLIM FOODS I AM REQUIRED TO EAT
- OTHER (SPECIFY)

G. Health Outcomes

Medical Utilization Measures

**IF WIC PARTICIPANTS IN FAMILY DO NOT
INCLUDE AN INFANT OR CHILD, SKIP TO G4**

- G1. IF NOT MEDICAID, ASK: Is (your/SAMPLE CHILD's) healthcare now covered by health insurance provided either by an employer or by an individual plan that pays part or all of a hospital, doctor's, or surgeon's bill? This does not include public assistance health care programs.

YES

NO

- G2. In the past year, did you take (SAMPLE CHILD) to a doctor or clinic for a routine health checkup?

YES

NO

- G3. Did (SAMPLE CHILD) have any serious health problems in the past year?

YES

NO

Referrals

G4. Were you referred to any of the following services when you went to the WIC clinic?
(READ LIST. CHECK ONE ANSWER IN EACH ROW.)

IF “YES” TO ANY SERVICE, ASK: Did you receive (READ SERVICE)? (IF “YES,” CHECK BOX.)

	YES	NO	DK	REF	RECEIVED
Dental care					
Family planning					
Obstetrical or gynecological care					
Pediatric care, well-baby care, or immunizations					
Routine adult health services, such as regular checkup, immunization, or minor illness					
TANF ³					
Food stamps					
Other food assistance programs					
Medicaid					
Children’s Health Insurance Program (CHIP)					
Child support enforcement					
General cash assistance					
Child care assistance					
Alcohol, tobacco, or other substance abuse counseling					
Community or migrant services					
Indian health services					
Homeless shelter					
OTHER (SPECIFY)					

3 Replace with state-specific program name.

H. Demographics

Household Composition

H1. How many adults aged 18 or over, including yourself, currently live in your household?

OF ADULTS _____

H2. How many children are living in your household?

OF CHILDREN _____

So, the total number of people in your household is (ANSWER TO H1 PLUS ANSWER TO H2). Is that correct? IF NOT CORRECT, RESOLVE BY RE-ASKING QUESTIONS H1 AND H2.

H3. IF NUMBER OF CHILDREN IN H2 = 0, SKIP TO H4.

What are the ages of the children living in your household? Start with the youngest. IF AGE = < 1 YEAR, RECORD ZERO.

AGE (YRS)

Maternal Education

H4. What is the last grade in school or college that you have completed? (CIRCLE ONE. PROBE TO DETERMINE THE HIGHEST LEVEL ATTAINED.)

- NO FORMAL SCHOOLING
- LESS THAN 8TH GRADE
- COMPLETED 8TH GRADE
- SOME HIGH SCHOOL
- COMPLETED HIGH SCHOOL OR GED
- SOME COLLEGE OR SCHOOL AFTER HIGH SCHOOL
- COMPLETED ASSOCIATE DEGREE, JUNIOR COLLEGE
- OR VOCATIONAL/TECHNICAL PROGRAM . . .
- COMPLETED BACHELOR'S DEGREE ADVANCED
- DEGREE (MA, MBA, JD, PHD, MD)
- OTHER (SPECIFY)

Employment Status

H5. What is your employment status right now—are you currently employed full time, part time, or not employed? (CIRCLE ONE.)

- EMPLOYED FULL TIME
- EMPLOYED PART TIME
- NOT EMPLOYED

Automobile Ownership

H6. Do you or anyone in your household own or lease a car, van, or truck? Do not include recreational vehicles, or motorcycles.

- YES
- NO

CLOSING

That's all the questions I have. We want to thank you for participating in this interview. You have been a tremendous help in our study. Thank you very much. Goodbye.

DATE OF INTERVIEW: ____/____/____

INTERVIEWER NAME: _____

RECORD WHETHER INTERVIEW WAS CONDUCTED IN ENGLISH OR SPANISH:

ENGLISH

SPANISH

INTERVIEW WAS CONDUCTED:

AT ABT'S TELEPHONE RESEARCH CENTER ...

BY TELEPHONE IN THE FIELD

IN PERSON