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.

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.\(^\text{2}\) 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.\(^\text{3}\)

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. Non-metropolitan 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.

\(^\text{2}\) 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.

\(^\text{3}\) The family ID was constructed for North Carolina.
Table A-1—Areas sampled for participant survey

<table>
<thead>
<tr>
<th>State</th>
<th>Stratum</th>
<th>Area</th>
<th>WIC office</th>
<th>Office location</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>Metropolitan (suburban)³</td>
<td>Noncentral city portion of San Diego County</td>
<td>American Red Cross</td>
<td>San Diego</td>
</tr>
<tr>
<td>California</td>
<td>Nonmetropolitan (rural)³</td>
<td>All of Imperial County</td>
<td>Clinica de Salud del Pueblo</td>
<td>Brawley</td>
</tr>
<tr>
<td>California</td>
<td>Central city (urban)³</td>
<td>4 ZIP codes of Los Angeles</td>
<td>Public Health Foundation</td>
<td>Irwindale</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Metropolitan (suburban)³</td>
<td>Noncentral city portion of New Haven County</td>
<td>Naugatuck Valley District</td>
<td>Shelton</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Nonmetropolitan (rural)³</td>
<td>All of Litchfield County</td>
<td>Torrington Area Health District</td>
<td>Torrington</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Central city (urban)³</td>
<td>All of Hartford</td>
<td>Hartford Health Department</td>
<td>Hartford</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Metropolitan (suburban)³</td>
<td>Noncentral city portion of Buncombe County</td>
<td>Buncombe County Health Department</td>
<td>Asheville</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Nonmetropolitan (rural)³</td>
<td>All of Cleveland County</td>
<td>Cleveland County Health Department</td>
<td>Shelby</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Central city (urban)³</td>
<td>4 ZIP codes of Charlotte</td>
<td>Mecklenburg County Health Department</td>
<td>Charlotte</td>
</tr>
<tr>
<td>Ohio</td>
<td>Metropolitan (suburban)³</td>
<td>Noncentral city portion of Belmont County</td>
<td>Belmont County WIC Program</td>
<td>Bellaire</td>
</tr>
<tr>
<td>Ohio</td>
<td>Nonmetropolitan (rural)³</td>
<td>All of Tuscarawas County</td>
<td>Tuscarawas County WIC Program</td>
<td>Dover</td>
</tr>
<tr>
<td>Ohio</td>
<td>Central city (urban)³</td>
<td>4 ZIP codes of Cleveland</td>
<td>Cuyahoga County WIC Program</td>
<td>Cleveland</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Metropolitan (suburban)³</td>
<td>Noncentral city portion of Canadian County</td>
<td>Creek County Health Department</td>
<td>Sepula</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Nonmetropolitan (rural)³</td>
<td>All of Payne County</td>
<td>LeFlore County Health Department</td>
<td>Stillwater</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Central city (urban)³</td>
<td>4 ZIP codes of Oklahoma City</td>
<td>Variety Health Center</td>
<td>Oklahoma City</td>
</tr>
<tr>
<td>Texas</td>
<td>Metropolitan (suburban)³</td>
<td>Noncentral city portion of Fort Bend County</td>
<td>Fort Bend Family health Center</td>
<td>Richmond</td>
</tr>
<tr>
<td>Texas</td>
<td>Nonmetropolitan (rural)³</td>
<td>All of Hale County</td>
<td>South Plains Health Provider</td>
<td>Plainview</td>
</tr>
<tr>
<td>Texas</td>
<td>Central city (urban)³</td>
<td>4 ZIP codes of Houston</td>
<td>Houston Health and Human Services</td>
<td>Houston</td>
</tr>
</tbody>
</table>

³ Signifies that more than one local WIC office served participants in the area.
### Table A-2—Survey of WIC Participants

<table>
<thead>
<tr>
<th>State</th>
<th>Strata</th>
<th>Sample size</th>
<th>Respondents</th>
<th>Response rate</th>
<th>Respondents to section CXa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>n</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>California</td>
<td>Total</td>
<td>277</td>
<td>208</td>
<td>75.1</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Non-metro</td>
<td>87</td>
<td>73</td>
<td>83.9</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Metro</td>
<td>87</td>
<td>58</td>
<td>66.7</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Central city</td>
<td>103</td>
<td>77</td>
<td>74.8</td>
<td>14</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Total</td>
<td>279</td>
<td>231</td>
<td>82.8</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Non-metro</td>
<td>93</td>
<td>82</td>
<td>88.2</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Metro</td>
<td>93</td>
<td>75</td>
<td>80.6</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Central city</td>
<td>93</td>
<td>74</td>
<td>79.6</td>
<td>15</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Total</td>
<td>278</td>
<td>222</td>
<td>79.9</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Non-metro</td>
<td>88</td>
<td>69</td>
<td>78.4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Metro</td>
<td>87</td>
<td>72</td>
<td>82.8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Central city</td>
<td>103</td>
<td>81</td>
<td>78.6</td>
<td>13</td>
</tr>
<tr>
<td>Ohio</td>
<td>Total</td>
<td>278</td>
<td>215</td>
<td>77.3</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Non-metro</td>
<td>87</td>
<td>67</td>
<td>77.0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Metro</td>
<td>88</td>
<td>80</td>
<td>90.9</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Central city</td>
<td>103</td>
<td>68</td>
<td>66.0</td>
<td>12</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Total</td>
<td>278</td>
<td>206</td>
<td>74.1</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Non-metro</td>
<td>88</td>
<td>67</td>
<td>76.1</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Metro</td>
<td>87</td>
<td>63</td>
<td>72.4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Central city</td>
<td>103</td>
<td>76</td>
<td>73.8</td>
<td>14</td>
</tr>
<tr>
<td>Texas</td>
<td>Total</td>
<td>279</td>
<td>203</td>
<td>72.8</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Non-metro</td>
<td>88</td>
<td>72</td>
<td>81.8</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Metro</td>
<td>88</td>
<td>60</td>
<td>68.2</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Central city</td>
<td>103</td>
<td>71</td>
<td>68.9</td>
<td>6</td>
</tr>
<tr>
<td>All States</td>
<td>Total</td>
<td>1669</td>
<td>1285</td>
<td>77.0</td>
<td>183</td>
</tr>
</tbody>
</table>

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)?

<table>
<thead>
<tr>
<th>Food Category</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not Satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast cereals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant cereal (IF INFANT = 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant juice (IF INFANT = 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)?

<table>
<thead>
<tr>
<th>Food Category</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not Satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast cereals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frozen juice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canned or bottled juice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant cereal (IF INFANT = 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant juice (IF INFANT = 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 D

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) ...................................

---

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) ........................................

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) ..........................

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).

<table>
<thead>
<tr>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUART</td>
</tr>
<tr>
<td>HALF GALLON</td>
</tr>
<tr>
<td>GALLON</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>ASK C4a</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>GO TO C5</td>
</tr>
</tbody>
</table>

a. Which type, and in what sizes?

<table>
<thead>
<tr>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>LACTOSE-FREE OR LACTOSE-REDUCED</td>
</tr>
<tr>
<td>POWDERED MILK</td>
</tr>
<tr>
<td>EVAPORATED MILK</td>
</tr>
<tr>
<td>GOAT’S MILK</td>
</tr>
<tr>
<td>BUTTERMILK</td>
</tr>
<tr>
<td>ACIDOPHILUS MILK</td>
</tr>
<tr>
<td>PARMALAT (SKIP TO C4c)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>STORE BRAND</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUART</td>
</tr>
<tr>
<td>HALF GALLON</td>
</tr>
<tr>
<td>GALLON</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
</tr>
</tbody>
</table>
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 SELECTIONS A TYPE, THE BRAND AND PACKAGING SCREENS WILL APPEAR.
a. TYPE

- AMERICAN ........................................
- CHEDDAR ........................................
- COLBY ...........................................
- MONTEREY JACK ..............................
- MOZZARELLA .................................
- SWISS ...........................................
- MUEENSTER .................................
- 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) ...........................

(continued)
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 SAY “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 .... CAN’T DRINK THAT MUCH ...........
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 ..................................
REESS’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
- NO

ASK C38a
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.

<table>
<thead>
<tr>
<th>GENERAL MILLS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEERIOS, PLAIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MULTI-GRAIN CHEERIOS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORN CHEX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RICE CHEX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MULTI-BRAN CHEX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHEAT CHEX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COUNTRY CORN FLAKES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KABOOM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KIX, REGULAR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL, CORN FLAKES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL, WHOLE GRAIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHEATIES, REGULAR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POST</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>100% BRAN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANANA NUT CRUNCH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRAN FLAKES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRAPE NUT FLAKES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRAPE NUTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HONEY BUNCHES OF OATS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KELLOGGS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETE OAT BRAN FLAKES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPLETE WHEAT BRAN FLAKES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORN FLAKES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRISPIX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FROSTED MINI WHEATS, BITE SIZE OR REGULAR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPLE CINNAMON MINI WHEATS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLUEBERRY MINI WHEATS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAISIN MINI WHEATS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRAWBERRY MINI WHEATS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRODUCT 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPECIAL K</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood cholesterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-calorie for weight loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-fat or low-cholesterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-salt or low-sodium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugar-free or low-sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-fiber</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-fiber</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-calorie or high-protein for weight gain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>Diet</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kosher diet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muslim diet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seventh-Day Adventist diet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetarian diet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>A food allergy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Celiac disease or sprue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lactose intolerance or milk intolerance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfite sensitivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) ..........................

43
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.

<table>
<thead>
<tr>
<th>Service</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
<th>RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrical or gynecological care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric care, well-baby care, or immunizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine adult health services, such as regular checkup, immunization, or minor illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF³</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food stamps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other food assistance programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Health Insurance Program (CHIP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child support enforcement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General cash assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child care assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol, tobacco, or other substance abuse counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community or migrant services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless shelter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>AGE (YRS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
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  . . . . . . . . . . . . . . . . . . . . . .