

# Questionnaire

Welcome - Survey Introduction

1) Ask questions below.

Family ID

Including yourself, how many people currently live in your household?

How many are adults age 18 and older?

How many are children between the ages of 6 and 18 years?

How many are children under six years of age?

2) When you shop for groceries, how many people do you shop for?

3) Please tell me how many people are currently on WIC in your household? **(Enter a number. If no individuals in category, you must enter 0.)**

Pregnant woman

Breastfeeding woman

Non-breastfeeding PP woman

Infant or baby (0-12 mo)

Child (1-2yr)

Child (2-5yr)

*Go to question 17 if question 3d is between 0 and 0*

4) Ask questions below

**IF only ONE INFANT and no one else is on WIC:** I'd like to identify your infant by name for the rest of the survey. What is his/her name? (Write the name on paper to refer to in the infant related questions)

**IF ONE CHILD is on WIC:** I'd like to identify your child by name for the rest of the survey. What is your child's name? (Write the name on paper to refer to throughout the survey)

**IF MULTIPLE CHILDREN, SELECT A CHILD:**

**If there are MULTIPLE 1-5 YEAR OLDS:** So that we can identify your child by name for the survey, which of your children ages 1-5 years had the most recent birthday (do not count an infant)? (Write the NAME on paper)

**If there are TWIN 1-5YEAR OLDS:** So that we can identify your child by name for the survey, what are their names? (Select one of the names and only ask about this child throughout the survey. Write this NAME on paper.)

Transition: First I would like to ask you some questions about what you feed your baby (NAME).

5) How old is your baby (NAME)?

Number of Months

- 0-3
- 4-6
- 7-11

6) Does your baby (NAME) eat or drink anything other than breastmilk, formula or water?

- Yes (go to Q7)
- No (go to Q17)
- Refused

7) Do you buy infant cereal for your baby?

- Yes
- No
- Refused

8) Do you buy baby foods for your baby (NAME)?

Yes (go to Q10)

No (go to Q9)

Refused

9) Why don't you buy baby foods?

(Do not read the options. Select all that apply)

my baby is too young

too expensive

not healthy

not fresh

my baby does not like them

my baby won't eat them

make my own food for the baby

don't know

refused

other

If Other, please specify:

10) If WIC offered baby foods as part of the food package, which of the following baby foods would you like to buy with the WIC checks?

(Read the options and select all that apply.)

I would not buy ready made baby foods

Fruits

Vegetables

Meats

Dinners

Desserts

Don't know

Refused

Other

If Other, please specify:

11) Which type of baby foods do you buy?

(Read the options and select all that apply.)

- Fruit
- Vegetable
- Meats
- Dinners
- Desserts
- Don't know
- Refused
- Other

If Other, please specify:

12) Does your baby(NAME) eat table foods?

- Yes
- No (go to Q14)
- Refused

13) Which type of table foods does your baby (NAME) eat?

(Read the options and select all that apply.)

- Fruit
- Vegetable
- Meat
- Beans
- Desserts
- Breads/Tortillas/Rice
- Cereal
- Cheese
- Don't know
- Refused
- Other

If Other, please specify:

14) Does your baby (NAME) drink beverages other than water, breastmilk, or formula?

- Yes
- No (go to Q16)
- Refused

15) What else does your baby (NAME) drink?

(Do not read the options. Select all that apply):

- Juice (such as WIC gives)
- Soda
- Other sweetened drinks
- Tea
- Rice water
- Cow's milk
- Don't know
- Refused
- Other

If Other, please specify:

16) How old was your baby(NAME) when he/she FIRST ate or drank anything other than water, breastmilk, or formula?

- less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- Don't know
- Refused

Transition: The next few questions are about the type of milk you buy and drink.

17) What type(s) of milk do you usually buy for you and your family?

(Read the options and select all that apply)

- Whole milk (vitamin D milk)
- 2% reduced fat milk
- 1% low fat milk
- Skim or nonfat milk
- Lactaid or other lactose free milk
- Acidophilus milk
- Soy milk \*triggers Q25-30
- Goat's milk
- Do not buy any milk or soy milk
- Don't know
- Refused
- Other

If Other, please specify:

18) What type of milk do **you (the adult)** drink most of the time?

(Read the options and select one)

- I don't drink milk
- Whole (vitamin D)
- 2%
- 1%
- Skim (nonfat)
- Lactaid
- Acidophilus
- Soy milk
- Goat's milk
- Don't know
- Refused

19) Why do you drink this type of milk?

(Do not read the options. Select all that apply)

- It's best for me (healthier)

- I like the taste
- It's the only type available where I shop
- My family prefers it
- I have lactose intolerance or milk allergy
- Don't know
- Refused
- Other

If Other, please specify:

20) Is there a child 1-5 years old?

- Yes
- No (go to Q23)

21) What type of milk does child (NAME) drink most of the time?

(Read the options and select one)

- Does not drink milk
- Whole (vitamin D)
- 2%
- 1%
- Skim (nonfat)
- Lactaid
- Acidophilus
- Soy milk
- Goat's milk
- Refused
- Don't know

22) Why does child (NAME) drink this type of milk?

(Do not read the options. Select all that apply.)

- It's best for my child
- He/she likes the taste
- It's the only type available where I shop
- My family prefers it
- My child has lactose intolerance or allergy to milk

- Don't know
- Refused
- Other

If Other, please specify:

Transition: (Ask everyone) The next few questions will ask your opinions about the amount and type of milk WIC gives you.

23) What do you think about the amount of milk your family gets from WIC?

(Read the options and select one.)

- Too much
- Just right
- Not enough
- Don't know
- Refused

24) If you could only buy lower fat milk (2% milk, 1% milk, skim milk or nonfat milk) and not whole milk with WIC checks, for everyone older than 2 years, what would you buy with your WIC checks?

(Read the options and select all that apply):

- 2% milk
- 1% milk
- Skim milk or nonfat milk
- Acidophilus/ Lactaid milk
- Less milk
- No milk
- I would continue to buy whole milk with my own money
- Don't know
- Refused

Transition: Because you said that you buy soy milk, we would like to ask you some questions about that.

25) How much soy milk do you usually buy for your family in a week?

(Read the options and select one)

- I don't buy soy milk (go to Q30)
- Only buy soy milk occasionally
- 1 quart
- Half gallon (2 quarts)
- 1 gallon
- 1 - 2 gallons
- More than 2 gallons
- Don't know
- Refused
- Other

If Other, please specify:

26) What type of soy milk do you buy?

(Read the options and select all that apply)

- Refrigerated
- Shelf-stable (not refrigerated)
- Don't know
- Refused

27) Which flavors of soy milk do you buy?

(Read the options and select all that apply)

- Regular or Plain
- Vanilla
- Chocolate
- Don't know
- Refused

Transition: Now, we'd like to know why you use soy milk in your household.

28) Why do you (adult) drink soy milk?

(Do not read the options. Select all that apply.)

- I don't drink soy milk
- I have a lactose intolerance or milk allergy
- I don't like the taste of regular milk
- I like the taste of soy milk
- Soy milk is good for my health
- Don't know
- Refused
- Other

If Other, please specify:

29) Why does your child (NAME) drink soy milk?

(Do not read the options. Select all that apply.)

- He/she does not drink soy milk
- He/she has a lactose intolerance or milk allergy
- He/she does not like the taste of regular milk
- He/she like the taste of soy milk
- Soy milk is good for his/her health
- Because another person in the family drinks soy milk
- Don't know
- Refused
- Other

If Other, please specify:

30) If WIC offered soy milk in place of all or some of the cow's milk, what would you buy with WIC checks ?

(Read the options and select one)

- Only cow's milk
- Only soy milk
- Some soy milk and some cow's milk
- Don't know
- Refused
- Other

If Other, please specify:

Transition: The next few questions will ask your opinions about cheese and tofu.

31) Does your family ever eat cheese?

- Yes
- No (go to Q33)
- Don't know
- Refused

32) What do you think about the amount of cheese you get from WIC?

(Read the options and select one)

- Too much
- Just right
- Not enough
- Don't know
- Refused
- Other

If Other, please specify:



36) If WIC offered you fruit, would you use your WIC checks to buy

(Select one answer for each form):

	Yes	No	Don't know	Refused
Fresh fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not interested in WIC checks for fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify:

37) How often do you buy

(Read the options and select one for every form):

	Every week	Every month	Rarely	Never	Don't know	Refused
Fresh vegetables	<input type="radio"/>					
Canned vegetables	<input type="radio"/>					
Frozen vegetables	<input type="radio"/>					

38) If WIC offered you vegetables, would you use your WIC checks to buy

(Select one answer for each form):

Yes	No	Don't know	Refused
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Fresh vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not interested in WIC checks for vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please specify: <input type="text"/>				

Transition: We would now like to ask you some questions about how often you eat fruits and vegetables.

39) How many times a day do you usually eat fresh, canned or frozen fruit (not counting juice?)

- None
- 1
- 2
- 3
- 4
- 5 or more
- Don't know
- Refused

40) How many times a day do you usually eat fresh, canned or frozen vegetables?

- None
- 1
- 2
- 3
- 4
- 5 or more
- Don't know
- Refused

41) Is there a child 1-5 years old on WIC?

- Yes
- No (go to Q46)

42) How many times a day does your CHILD (NAME) eat fresh, canned or frozen fruit (not counting juice)?

- None
- 1
- 2
- 3
- 4
- 5 or more
- Don't know
- Refused

43) How many times a day does CHILD (NAME) eat fresh, canned or frozen vegetables?

- None
- 1
- 2
- 3
- 4
- 5 or more
- Don't know
- Refused

Transition: The next two questions are about the kind of juice you get from WIC.

44) How many times a day does your child (NAME) drink the kind of juice you get from WIC?

- My child does not drink juice
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

- Don't know
- Refused
- Other

If Other, please specify:

45) Each time your child (NAME) drinks juice, what is the typical amount?

**SHOW PROPS**

- Up to 4 oz
- 5-7 oz
- 8-11 oz
- 12-15 oz
- 16 oz or more
- Don't know
- Refused
- Other

If Other, please specify:

46) What do you think about the amount of juice you now get from WIC?

**(Read all the options and select one)**

- Too much
- Just right
- Not enough
- Don't know
- Refused
- Other

If Other, please specify:

**Transition: The next two questions are about organic foods.**

47) Do you ever buy organic foods?

- Yes
- No

- Don't know
- Refused
- Other

If Other, please specify:

48) What is your opinion about organic foods?

(Do not read the options. Select all that apply)

- I feel strongly that organic foods are better for me
- I think organic foods are no different from regular foods
- I feel regular (non-organic) foods are a better choice
- I think organic foods are too expensive
- I am willing to pay more for organic foods
- I think WIC should offer organic foods
- I don't know anything about organic foods
- I don't have a strong opinion one way or the other
- Refused
- Other

If Other, please specify:

Transition: The next few questions will ask about the bread and grain products you buy for your family.

49) I will read a list of bread/grain items. For each item, tell me if you ever buy it for your family. Do not include items eaten at a restaurant.

(Read the list and select all that apply)

	Yes	No	Don't know
whole wheat bread or whole grain bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
white bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
corn tortillas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
whole wheat tortillas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	flour tortillas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	oatmeal (not instant oatmeal packets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	brown rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	white rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	barley	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	bulgur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Transition: I would like to know why you choose some whole grain foods over others.

50) What is the reason you don't buy whole wheat or whole grain breads?

(Do not read the list. Select all that apply.)

- I don't know what these products are
- I have never tasted these products
- I don't like how they taste
- My family doesn't like them
- They cost too much
- Someone in the family has a food allergy or medical reason not to eat that food
- I can't find these products in the store
- No specific reason
- Refused
- Don't know
- Other

If Other, please specify:

51) What is the reason you don't buy corn tortillas?

(Do not read the list. Select all that apply.)

- I don't know what they are
- I have never tasted them
- I make my own tortillas at home
- I don't like how they taste
- My family doesn't like them
- They cost too much
- Someone in the family has a food allergy or medical reason not to eat that food

- I can't find them in the store
- No specific reason
- Refused
- Don't know
- Other

If Other, please specify:

52) What is the reason you don't buy whole wheat tortillas?

(Do not read the list. Select all that apply.)

- I don't know what they are
- I have never tasted them
- I make my own tortillas at home
- I don't like how they taste
- My family doesn't like them
- They cost too much
- Someone in the family has a food allergy or medical reason not to eat that food
- I can't find them in the store
- No specific reason
- Don't know
- Refused
- Other

If Other, please specify:

53) What is the reason you don't buy brown rice?

(Do not read the list. Select all that apply.)

- I don't know what it is
- I have never tasted it
- I don't know how to cook it
- It takes too long to cook
- I don't like how it tastes
- My family doesn't like it
- It costs too much
- Someone in the family has a food allergy or medical reason not to eat that

food

- I can't find it in the store
- No specific reason
- Don't know
- Refused
- Other

If Other, please specify:

Transition: Now I would like to know how often you and your family eat some of these products.

54) How often do you or your family eat whole wheat bread or whole grain bread?

(Read the options and select one.)

- Every day
- At least three times a week
- Once a week
- Less than once a week
- We don't eat it
- Don't know
- Refused

55) How often do you or your family members eat corn tortillas?

(Read the options and select one.)

- Every day
- At least three times a week
- Once a week
- Less than once a week
- We don't eat it
- Don't know
- Refused

56) I will read a list of whole grain products once more. If WIC offered whole grain products, tell me if you would use your WIC checks to buy the item.

	Yes	No	Don't know	Refused
Whole wheat/whole grain bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn tortillas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oatmeal (not in individual packets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barley	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bulgur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Transition: The next few questions will ask about canned beans.

57) How often do you eat canned beans in your household?

(Read the options and select one)

- Never (go to Q58)
- Rarely (less than once a month) (go to Q59)
- Occasionally (at least once a month) (go to Q59)
- Often (at least once a week) (go to Q59)
- Don't know
- Refused
- Other

If Other, please specify:

58) What is the reason you don't eat canned beans?

(Do not read the options. Select all that apply.)

- I buy dried beans
- My family does not like canned beans
- Too expensive
- I don't know how to use them
- Refused
- Other

If Other, please specify:

59) I will read a list of canned beans. For each type, tell me if you ever buy it.

(Read the options and select all that apply.)

	Yes	No	Don't know
Pinto beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refried beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baked beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garbanzo beans (chickpeas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Northern White beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify:

60) When you buy canned beans, do you have a favorite brand?

- Yes (go to question 61)
- No (go to question 62)
- Refused
- Don't know

61) If you were able to buy canned beans with WIC checks, would you consider buying a different brand of beans?

- Yes
- No
- Don't know
- Refused

62) If you could create your own WIC checks with a combination of canned beans, dried beans and peanut butter which items would you include?

(Read the options and select all that apply)

- Canned beans
- Dried beans
- Peanut butter
- None
- Don't Know
- Refused

Transition: The next question is about eggs.

63) What do you think about the amount of eggs you get from WIC?

(Read the options and select one)

- Too much
- Just right
- Not enough
- Refused
- Don't know

Transition: We are finished with the food related questions. I now have just a few questions about you.

64) I will read a list of race and ethnicity categories to you. Please tell me which one you most closely identify with. You can select more than one.

(Read the list and select all that apply)

- Hispanic
- White
- African - American / Black
- Asian
- Pacific Islander
- American Indian / Alaska Native
- Refused
- Other

If Other, please specify:

65) What is the highest grade of school you completed or highest degree you have

received?

- No formal schooling
- 8th grade or less
- Grades 9-12 but not a high school grad
- High school graduate
- Some college/ trade school/associate degree
- 4-year college graduate
- Post graduate or professional degree
- Don't Know
- Refused

66) What language do you speak most often at home?

- English
- Spanish
- Vietnamese
- Chinese (Cantonese/Mandarin)
- Refused
- Other

If Other, please specify:

67) How old are you?

-- Choose one --

68) What ways do you like to get information from WIC?

- Handouts
- Classes
- One-on-one contact
- Video
- Interactive computer programs
- E-mail
- Internet
- Other

If Other, please specify:

69) Do you regularly access the internet outside of work?

Yes

No

70) Please enter information below

Date

Interviewed by:

71) Agency Name

-- Choose one --

72) Clinic Name

-- Choose one --

73) Language of Interview:

English

Spanish

Vietnamese

Chinese (Mandarin/Cantonese)

74) Person interviewed:

Mother

Father

Other

If Other, please specify:

Thank you for participating in this important survey. Your input will help the WIC program in improving what foods WIC families will get in California.