

WIC Participant Surveys

Before getting started with your surveys, you may have some questions. Here are some answers to key questions you may have.

Q. Why conduct a survey?

A. Adds participant perspectives to the WIC indicators

Q. What kind of data will I be collecting with this survey?

A. Non-sensitive data; provided anonymously (no individual identifiers)

Q. What formats could I use to conduct this survey?

A. Paper survey at WIC site
Interactive survey at WIC site (e.g., card sort)
Paper survey mailed out
Phone survey

Q. How many people should participate in this survey?

A. Approximately **20 participants** per WIC office

Q. How many questions should I ask, and which ones?

A. Ask the **4 Required Questions** (see below)
Select **0-3 additional questions** from the Optional Questions (see below)

Sample Survey Questions

Required Questions:

1a. Where do you usually shop for your WIC foods? _____

1b. Why do you shop there? (check all that apply)

- Closest to where I live
- They have a good selection of foods
- The food is good quality
- It's the only store I can get to
- The people who work there are helpful, friendly
- Other, describe: _____

2. Please indicate if you strongly agree, agree somewhat, neither agree nor disagree, disagree somewhat, or strongly disagree with this statement: "There is a variety of fresh fruits and vegetables at the store where I shop." (check one response)

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree

3. Check **all** of the following statements that apply to you.

- I have a hard time finding a healthcare provider for myself or my family.
- I don't have insurance or a way to pay for healthcare.
- I don't have transportation to get to an appointment for healthcare.
- I can't make an appointment for healthcare because I can't get through on the phone.
- My healthcare provider doesn't understand my culture.
- My healthcare provider doesn't speak my language.
- My healthcare provider doesn't understand my health issues.

4. Please indicate if you strongly agree, agree somewhat, neither agree nor disagree, disagree somewhat, or strongly disagree with this statement: "My doctor/healthcare provider understands me and my health concerns." (check one response)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Optional Questions:

5. Thinking about where you shop in your neighborhood, please check **one choice** for each statement below.

a. A large selection of fresh fruits and vegetables is available in my neighborhood.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

b. The fresh fruits and vegetables in my neighborhood are of high quality.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

- c. A large selection of low-fat milk and cheese products is available in my neighborhood.
- Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
6. Are there any WIC foods listed below that you often do not buy because they are not available at the store(s) where you shop? (Check all that apply.)
- Nonfat or 1% Milk
 - Eggs
 - Whole grain bread
 - Fruits
 - Vegetables
 - No, I buy all of the WIC foods
7. *[Interactive question: record choices made by each participant.]*
Please sort these cards into **three piles**: Not a problem, Sometimes a problem, Always a problem
- Finding good quality fresh fruits and vegetables where I shop.
 - Finding fresh fruits and vegetables that my family likes to eat.
 - Knowing how to prepare and serve fresh fruits and vegetables.
 - Using fresh fruits and vegetables before they go bad.
 - Having enough money to buy fresh fruits and vegetables
 - Getting to the store that sells fresh fruits and vegetables (don't have transportation).
 - Getting to a farmers market when it's open.
 - Finding farmers markets in my area.
8. When grocery shopping, which of the following have you found useful, or would you find useful, in the store? (Check all that apply.)
- Recipe cards
 - Handouts or pamphlets containing nutrition information about foods
 - Posters or signs containing nutrition information about foods
 - Reading food labels on products
 - Food samples or cooking demonstrations
 - Store tours that provide information on healthy food choices
 - Other (write in): _____

9. **(Note: For this question, you can choose as many or as few of the answer options as you would like, depending on which strategies your agency is thinking of pursuing. Choose a selection of answer options to include in your survey that fits with your potential strategies).**

Of the following choices, which one(s) would help you and your family eat healthier? Please select all that apply.

- More healthy food (including fresh fruits and vegetables) available in stores close to where I live
- Healthy food and information about healthy eating available in schools, including healthy vending machines
- Getting meals in the summer for my school-aged children
- Bringing more farmers' markets closer to where I live
- Having the farmers' markets near where I live open during hours that are convenient for me.
- Getting the farmers' markets nearby where I live to accept WIC vouchers
- Getting the farmers' markets nearby where I live to accept SNAP/EBT
- Improving my transportation options for getting to stores that sell healthy foods
- Menu labeling in restaurants where I go out to eat, so that I know which foods are healthy and which foods aren't

10. Check the items below that are **most important** to you in making a choice to shop at a farmers market.

- Farmers market is located close to where I live
- Lower prices for fruits and vegetables than in grocery stores
- Greater variety of fruits and vegetables than in grocery stores
- Better quality fruits and vegetables than in grocery stores
- Variety of payment options such as SNAP [insert name of SNAP card] and WIC
- Farmers market open on weekends
- Farmers market open in the evening
- Free samples of fruits and vegetables
- Demonstrations of preparing fruits and vegetables
- Other (write in): _____

11. Please indicate if you strongly agree, agree somewhat, neither agree nor disagree, disagree somewhat, or strongly disagree with this statement: "There are culturally-appropriate foods available at the store(s) where I use my WIC checks." (check one response)

- Strongly agree

- 🍎 Agree
- 🍎 Neither agree nor disagree
- 🍎 Disagree
- 🍎 Strongly disagree

12. Thinking about the doctor/healthcare provider you see most often, please check **one response** for each question below.

a. Does the doctor/healthcare provider treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

b. Does the doctor/healthcare provider listen to your concerns?

- Never
- Sometimes
- Usually
- Always

c. Does the doctor/healthcare provider explain things in a way you can understand?

- Never
- Sometimes
- Usually
- Always

d. Does your doctor/healthcare provider talk to you about what you need to do to get or stay healthy?

- Never
- Sometimes
- Usually
- Always

13. For mothers who currently breastfeed or breastfed in the past: What sources do you (or did you) rely on for support when it comes (came) to breastfeeding? Please check all that apply.

- 🍎 My child's pediatrician
- 🍎 My OB/GYN
- 🍎 My nurse(s)
- 🍎 My family
- 🍎 My friends
- 🍎 My spouse/partner
- 🍎 Breastfeeding peer counselor (i.e., breastfeeding mom that has been trained to support another breastfeeding mom)
- 🍎 Lactation consultant (i.e., health professional that specializes in breastfeeding)

- Peers in a breastfeeding support group or class
- Social media
- Other (please specify) _____
- I don't (didn't) have anyone to rely on for support with breastfeeding

14. Where **do (or did)** you go for information about breastfeeding, infant and/or child nutrition? Please check all that apply per column.

	Breastfeeding (if applicable)	Infant nutrition	Child nutrition (if applicable)
My child's pediatrician			
My OB/GYN			
My family			
My friends			
The library			
The internet			
Social media			
Food and nutrition organizations			
Dietitian			
Nutritionist			
Lactation consultant (i.e., health professional that specializes in breastfeeding)			
Breastfeeding peer counselor (i.e., breastfeeding mom that has been trained to support another breastfeeding mom)			
Peers in a breastfeeding support group or class			
Other (please specify)			

15. How often has your child's pediatrician talked to you about...? Please check one box for each topic.

a. Breastfeeding information

- At every visit
- At most visits
- At some visits
- At one visit
- Never
- Not applicable

b. Breastfeeding support services (e.g., breastfeeding peer counselor)

- At every visit
- At most visits
- At some visits

- At one visit
- Never
- Not applicable
- c. Infant nutrition information
 - At every visit
 - At most visits
 - At some visits
 - At one visit
 - Never
 - Not applicable
- d. Child nutrition information
 - At every visit
 - At most visits
 - At some visits
 - At one visit
 - Never
 - Not applicable
- e. Nutrition support services for my infant or child (e.g., classes, support groups)
 - At every visit
 - At most visits
 - At some visits
 - At one visit
 - Never
 - Not applicable

16. How often has your OB/GYN talked to you about...?

- a. Breastfeeding information
 - At every visit
 - At most visits
 - At some visits
 - At one visit
 - Never
 - Not applicable
- b. Breastfeeding support services (e.g., breastfeeding peer counselor)
 - At every visit
 - At most visits
 - At some visits
 - At one visit
 - Never
 - Not applicable
- c. Infant nutrition information
 - At every visit
 - At most visits
 - At some visits
 - At one visit
 - Never

- Not applicable
- d. Child nutrition information
 - At every visit
 - At most visits
 - At some visits
 - At one visit
 - Never
 - Not applicable
- e. Nutrition support services for my infant or child (e.g., classes, support groups)
 - At every visit
 - At most visits
 - At some visits
 - At one visit
 - Never
 - Not applicable
- f. Nutrition support services for myself (e.g., classes, support groups)
 - i. At every visit
 - ii. At most visits
 - iii. At some visits
 - iv. At one visit
 - v. Never
 - vi. Not applicable

17. At your job, which of the following do you use or would you use if available?
(Check all that apply.)

- Health screenings (blood pressure, weight, cholesterol, diabetes, etc.)
- Healthy vending machine options (granola bars, nuts, baked crackers, dried fruit, bottled water, etc.)
- Worksite wellness campaigns (programs focusing on weight loss, lowering cholesterol, stress management, smoking cessation, etc.)
- Cooking demonstrations or classes
- Group health activities (walking, exercise, healthy potlucks, etc.)
- Presentations on health and nutrition topics at staff meetings
- Worksite newsletters, pamphlets, bulletin boards, or emails with health and nutrition information
- Breastfeeding support (time during day and space at worksite to pump breastmilk or breastfeed)
- Other (write in): _____