

Clinic Use Only
Clinic Number _____

2008 Utah WIC Participant Satisfaction Survey

We want to serve you better. Please take a few minutes to answer these questions. Your answers are private, so we don't need your name. Mark the responses that best describe your experience or feelings about WIC services.

Section 1: This section will help us to serve you better.

1. Do you know WIC provides:

- a. Breastfeeding classes Yes No
- b. Extra food for breastfeeding moms Yes No
- c. Support from breastfeeding Peer Counselors Yes No
- d. Hand breast pumps Yes No

2. Which of the following WIC requirements is hardest for you?
(check only one)

- Keeping appointments
- Completing forms
- Getting height, weight and blood sample
- Bringing in proof of income and identity
- Bringing in proof of residency
- Bringing my children
- Other _____
- None of requirements are hard

3. If you have missed an appointment in the past, why did you miss it? (check all that apply)

- I attend a "walk-in" clinic
- My schedule changed and was unable to reach clinic
- I didn't have a way to get to the WIC clinic
- I wasn't reminded by WIC of my appointment
- I don't live close to the WIC clinic
- My children and/or I were sick
- I have not missed an appointment
- I forgot

4. What was the reason for your last appointment with the WIC clinic? (check only one)

- Certification
- Class
- Other _____

5. How long did your last appointment take to complete? (check only one)

- Less than 1/2 hour
- 1/2 hour to 1 hour
- 1 1/2 hour
- 2 hours
- More than 2 hours

6. In general, how would you rate the services you have received from WIC? (check only one)

- Excellent
- Good
- Fair
- Poor

Section 2: This section asks you about nutrition education.

7. How much time are you able to spend in the clinic to get the required nutrition education? (check only one)

- Up to 30 minutes
- Up to 45 minutes
- Up to 1 hour
- More than 1 hour

8. If WIC could give you information about nutrition in any of the following ways, which would you choose? (check all that apply)

- Attend a WIC class
- Check out nutrition books or videos to use at home
- Complete an Internet class
- Attend a support group such as La Leche league
- Take a packet of information home to read
- Read a short nutrition lesson in the WIC clinic

9. What changes have you and your family made because you started coming to WIC? (check all that apply)

- Eat more fruits and vegetables
- Eat more iron-rich foods
- Eat less high-fat foods
- Eat less super-sized portions
- Drink less sodas and sweetened drinks like Koolaid
- Breastfed my baby longer
- Smoke less or quit smoking
- Watch less TV and video games
- Do more physical activities
- Spend more time eating as a family at the table
- Give juice to my baby in a cup, not in a bottle
- Got my kids immunized
- No changes were needed
- No changes were made

Section 3: This section asks you about breastfeeding.

10. Are you currently breastfeeding?

- Yes
- No

11. What influenced you most to start breastfeeding?
(check only one)

- Information from doctors and/or nurses
- Encouragement or support from family/friends
- WIC peer counselors
- WIC health professionals
- Books, pamphlets on breastfeeding
- TV, radio, or other media messages
- Previously breastfed
- I wanted to breastfeed

12. How did WIC most help you continue breastfeeding as long as you wanted? (check only two)

- Breastfeeding support groups
- WIC breastfeeding classes
- Extra food for breastfeeding moms
- Support from breastfeeding Peer Counselors
- Support from WIC health professionals
- Getting a breast pump
- Getting help using a pump
- Did not get any help from WIC staff
- Other _____

Section 4: This section asks you about using your WIC vouchers at the store.

13. Did the WIC clinic staff tell you how to use your WIC vouchers at the store? (check only one)

- Yes
- No

14. Please rate your understanding of how to use the WIC vouchers. (check only one)

- Excellent
- Good
- Fair
- Poor

15. How often has a cashier told you that you picked the wrong WIC foods? (check only one)

- Almost every time
- Sometimes
- Never

16. When you use your WIC vouchers, how much do you usually spend on other groceries? (check only one)

- \$0
- \$1 - \$10
- \$11 - \$20
- \$21 - \$30
- \$31 - \$40
- \$41 - \$50
- \$51 or more

Section 5: This section asks about you and your family.

17. Are you: (check all that apply)

- Pregnant and on WIC
- Breastfeeding and on WIC
- Postpartum (just had a baby and not breastfeeding) and on WIC
- Parent and/or guardian of an infant on WIC
- Parent and/or guardian of a child on WIC

18. How long have you or your children been on the WIC program? (check only one)

- Less than 6 months
- 6-12 months
- 1-2 years
- 3-5 years
- More than 5 years

19. How many infants and/or children do you have on the WIC program right now? (check only one)

- 1
- 2
- 3
- 4
- More than 4
- None

20. What is your age?

____ years

21. Are you of Hispanic origin? (check only one)

- Yes
- No

22. Please indicate your race(s) from the following list. (check all that apply)

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Pacific Islander/ Native Hawaiian
- Other _____

23. How many years of education have you completed? (check only one)

- 8th grade or less
- 9th grade - 11th grade
- High school graduate
- Some college
- College graduate

Section 6: This section asks about possible new WIC foods.

24. What form of fruits and vegetables would you most like to be able to purchase with WIC vouchers? (check only one)

- Fresh
- Dried
- Canned
- Frozen

25. If new foods in each of the groups below could be added to the WIC vouchers, which would you want to see added most?

Group 1: Fruits for women and children (check only two)

- Oranges
- Pears
- Grapes
- Apples
- Peaches
- Bananas

Group 2: Vegetables for women and children (check only two)

- Carrots
- Lettuce
- Tomatoes
- Green Beans
- Corn
- Peas

Group 3: Baby Fruits (check only two)

- Bananas
- Prunes
- Applesauce
- Peaches
- Pears

Group 4: Baby Vegetables (check only two)

- Carrots
- Sweet Potatoes
- Peas
- Green Beans
- Squash

Group 5: Whole Grain Products (check only one)

- Whole grain cereals
- Whole grain breads
- Brown rice
- Bulgur/Barley
- Oatmeal
- Soft corn and whole wheat tortillas

Group 6: Milk and Milk Substitutes (check only one)

- Refrigerated Soy beverages
- Shelf Stable Soy beverages
- Tofu

Group 7: Canned Fish (check only one)

- Salmon
- Sardines
- Mackerel

Group 8: Dry Beans & Peas/ Peanut butter (check only one)

- Allow canned beans instead of dry
- Allow canned beans instead of peanut butter

Thank you.