

Appendix M

ADOLESCENT PARTICIPANTS' QUESTIONNAIRE

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INTRODUCTION

I0. During this interview I will be asking you about your experiences with WIC -- what you like and what you don't like about the program. I will also ask questions about your nutrition and health.

There are no right or wrong answers. The most important thing is that you answer each question based on your own life. If you don't know the answer to a question, or if you would rather not answer the question, that's fine. Remember that you can press the F3 key to answer "Don't Know" and F4 to show that you do not want to answer a question.

I1a. Before you begin the interview, I need to ask a couple of questions to make sure that you are eligible to take part in this study.

First, how old are you?

RANGE

IF I1a<14 OR >19, ASK BADAGE. OTHERWISE, SKIP TO D2.

BADAGE

You have said that you are (under 14/over 19) years old. Is that correct?

1. Yes
2. No

IF 1, SKIP TO IEND.
OTHERWISE, CONTINUE TO I1b.

I1b. How old are you?

RANGE

IF I1b<14 OR >19, SKIP TO IEND.
OTHERWISE, CONTINUE TO D2.

D2. In what month were you born?

January	July
February	August
March	September
April	October
May	November
June	December

D2a. What day of the month were you born?

ENTER # 1-31

D3. In what year were you born?

1977

1978

1979

1980

1981

1982

1983

I2. Are you currently pregnant?

1. Yes

2. No

I3x. Are you currently caring for your own child who is less than a year old?

1. Yes

2. No

IF I2=No AND I3x=No, ASK BADOTHER.
OTHERWISE, SKIP TO I3a.

BADOTHER

So far, you have said that:

- 1) you are not pregnant and
- 2) you are not taking care of a child of yours who is 1 year old or younger.

Are both of these answers correct?

1. Yes
2. No

IF 1, SKIP TO EXITQX.
OTHERWISE, SKIP TO NOEXIT.

I3a. (IF I3x=1 OR I3Again=1) Are you currently breastfeeding your child who is less than a year old?

1. Yes
2. No

SKIP TO I3b.

IEND

Based on your answers, it appears that you are not eligible to take part in this interview. Thank you for your willingness to help us with this study. Please tell one of the WIC staff that you have finished the interview.

STOP

EXITQX

Based on your answers, it appears that you are not eligible to take part in this interview. Thank you for your willingness to help us with this study. Please tell one of the WIC staff that you have finished the interview.

STOP

NOEXIT.

Please listen again and type in your answer.

I2Again. Are you currently pregnant?

1. Yes
2. No

I3Again. Are you currently caring for your own child who is less than a year old?

1. Yes
2. No

IF I2Again=No and I3Again=No, SKIP TO EXITQX.
OTHERWISE, SKIP TO I3a.

I3b. (IF I2 = Yes AND/OR I3x = Yes) Okay, we are now ready to begin the interview. Remember, all the information you give during this interview will be kept confidential. The WIC staff people, your family or friends will never see any of the answers you give.

PRESS ENTER TO CONTINUE

BEGIN INTERVIEW

IF I2 = Yes AND I3x = No, GO TO TE4.

I4. (IF I3x = Yes) Please use the letters on the keyboard to type the first name or initials of your baby who is less than a year old. If you have twins who are less than a year old, please type the name of the twin that was born first.

I will use the name you typed to refer to your baby throughout the interview. If you make a mistake, use the BACKSPACE key to erase the incorrect letters and then type the correct letters. Press the ENTER key when you have finished typing your baby's name.

_____ BABY'S NAME

I5. (IF I3x = Yes) You have typed the following name or initials to refer to your baby during this interview: BABYNAME FILL

Is this correct?

1. Yes → GO TO I7
2. No

- I6. (IF I5 = No) Please type the correct name or initials that you will use to refer to your baby during this interview. Press the ENTER key when you are finished.

_____BABY'S NAME → GO TO I6y

- I6y. You have typed the following name or initials to refer to your baby during this interview: BABYNAME FILL

Is this correct?

1. Yes
2. No

- I7. Throughout the rest of this interview, I will ask you questions about your baby whose name you just typed in to the computer. In the questions your baby's name will appear in parentheses in the question but I will not read the name out loud. If you have more than one child please make sure that you answer these questions only for the baby whose name you just typed in to the computer. Now press the ENTER key to begin the interview.

- I8. Is your baby (BABYNAME) a boy or a girl?

1. Boy
2. Girl

TIMING OF ENROLLMENT

Pregnant Adolescents (I2 = Yes)

TE4. Our first questions are about your participation in the WIC program.

Are you, yourself, currently enrolled in the WIC program?

1. Yes SKIP TO TE3a
2. No SKIP TO TE3
3. Not sure, baby just born SKIP TO TE3

TE3. Have you, yourself, ever been enrolled in the WIC program?

1. Yes SKIP TO TE3b
2. No SKIP TO TE21

TE3a. How many times including this one have you been enrolled in WIC?

- 1 SKIP TO TE20a
- 2-9 SKIP TO TE20b

TE20a. Were you pregnant at the time you enrolled in the WIC program?

1. Yes SKIP TO TE13a
2. No SKIP TO TE21

TE20b. Were you pregnant at the time you enrolled in the WIC program this time?

1. Yes SKIP TO TE13b
2. No SKIP TO TE21

TE13a. How many months pregnant were you when you enrolled in the WIC program?

1. One month SKIP TO TE17
2. Two months SKIP TO TE17
3. Three months SKIP TO TE17
4. Four months SKIP TO TE14
5. Five months SKIP TO TE14
6. Six months SKIP TO TE14
7. Seven months SKIP TO TE14
8. Eight months or more SKIP TO TE14

TE13b. How many months pregnant were you when you enrolled in the WIC program this time?

- | | |
|-------------------------|--------------|
| 1. One month | SKIP TO TE17 |
| 2. Two months | SKIP TO TE17 |
| 3. Three months | SKIP TO TE17 |
| 4. Four months | SKIP TO TE14 |
| 5. Five months | SKIP TO TE14 |
| 6. Six months | SKIP TO TE14 |
| 7. Seven months | SKIP TO TE14 |
| 8. Eight months or more | SKIP TO TE14 |

TE14. Did you think about enrolling in the WIC program before you were four months pregnant?

- | | |
|--------|--------------|
| 1. Yes | SKIP TO TE15 |
| 2. No | SKIP TO TE16 |

TE15. How many months pregnant were you when you first thought about enrolling in the WIC program this time?

RANGE 1-5 SKIP TO TE17

TE16. What was the most important reason why you didn't try to enroll in the WIC program earlier than when you were four months pregnant?

- 1 I didn't know I was pregnant.
- 2 Enrolling in the WIC program seemed like too much trouble.
- 3 I didn't think I that would qualify for the WIC program.
- 4 I didn't want anyone to know I was pregnant.
- 5 I didn't know anything about the WIC program.
- 6 I didn't need the help that the WIC program provides.
- 7 I didn't know how to enroll in the WIC program.
- 8 Some other reason.

SKIP TO TE17

TE21. Why didn't you enroll in WIC while you were pregnant?

- 1 I didn't know I was pregnant.
- 2 Enrolling in the WIC program seemed like too much trouble.
- 3 I didn't think I that would qualify for the WIC program.
- 4 I didn't want anyone to know I was pregnant.
- 5 I didn't know anything about the WIC program.
- 6 I didn't need the help that the WIC program provides.
- 7 I didn't know how to enroll in the WIC program.
- 8 Some other reason.

TE17. In what month do you expect to give birth to your baby?

RANGE 1-12

TE18. On what day in [TE17] do you expect to give birth to your baby?

RANGE 1-31

PPN1. How tall are you, without shoes? Type in your answer in feet on this screen and inches on the next.

RANGE 4-6

PPIN. Now, enter the number of inches and then press the ENTER key.

RANGE 0-11

PPN3. Before you became pregnant this time, about how much did you weigh, without shoes? Type in your answer and then press the ENTER key.

RANGE 80-400

A01. How did you first learn that you or your baby might be eligible for the WIC program?

RANGE 1-9

A02. At the time you or your baby first enrolled in the WIC program, did you know that the WIC program could only enroll individuals whose income is below a certain amount?

1. Yes
2. No

Parenting Adolescents (I2=No)

TE4. Our first questions are about your participation in the WIC program.

Are you, yourself, currently enrolled in the WIC program?

1. Yes SKIP TO TE3a
2. No SKIP TO TE3
3. Not sure, baby just born SKIP TO TE3

TE3. Have you, yourself, ever been enrolled in the WIC program?

1. Yes SKIP TO TE3b
2. No SKIP TO TE21

TE3a. How many times including this one have you been enrolled in WIC?

- 1 SKIP TO TE20a
- 2-9 SKIP TO TE20b

TE3b. How many times have you been enrolled in WIC?

- 1 SKIP TO TE20a
- 2-9 SKIP TO TE20b

TE20a. Were you pregnant at the time you enrolled in the WIC program?

1. Yes SKIP TO TE7
2. No SKIP TO TE21

TE20b. Were you pregnant at the time you enrolled in the WIC program this time?

1. Yes SKIP TO TE13b
2. No SKIP TO TE21

TE7. Were you enrolled in the WIC program during any of the time you were pregnant with your baby (BABYNAME FILL)?

1. Yes SKIP TO TE8
2. No SKIP TO TE21

TE8. How many months pregnant with your baby (BABYNAME FILL) were you when you enrolled in the WIC program?

- 1 - 3 SKIP TO TE15
- 4 - 8 SKIP TO TE14

TE14. Did you think about enrolling in the WIC program before you were four months pregnant?

1. Yes SKIP TO TE15
2. No SKIP TO TE16

TE15. How many months pregnant were you when you first thought about enrolling in the WIC program this time?

RANGE 1-5 SKIP TO TE1

TE16. What was the most important reason why you didn't try to enroll in the WIC program earlier than when you were four months pregnant?

RANGE 1-8 SKIP TO TE1

TE21. Why didn't you enroll in WIC while you were pregnant?

RANGE 1-8

TE1. How many children including your child (BABYNAME FILL) four years old and younger do you have that were born to you? Type in the correct number and then press the Enter key.

- 0 SKIP TO TE5
- 1 SKIP TO TE2b
- 2-7 SKIP TO TE2a

TE5. Is your baby (BABYNAME FILL) currently enrolled in the WIC program?

1. Yes SKIP TO TE9A for girl, TE9B for boy
2. No SKIP TO BI3
3. Not sure, baby just born SKIP TO BI3

TE9A. How old was your child (BABYNAME FILL) when you enrolled her in the WIC program?

RANGE 1-3 SKIP TO TE10

TE9B. How old was your child (BABYNAME FILL) when you enrolled him in the WIC program?

TE10. Now I'd like to know when your baby (BABYNAME FILL) was born. First, in what month did you give birth to your baby (BABYNAME FILL)?

RANGE 1 -12

TE12. In what year was your baby (BABYNAME FILL) born?

RANGE 1995-1997

TE2b. Has your baby (BABYNAME FILL) ever been enrolled in the WIC program?
(enter code)

1. Yes
2. No

TE11. On what date in that month did you give birth to your baby (BABYNAME FILL)?

Type in the correct day and press the Enter key.

RANGE 1-31

BI3. How much weight did you gain when you were pregnant with your baby (BABYNAME FILL)?

RANGE 1-4

PPN1. How tall are you, without shoes? Type in your answer in feet on this screen and inches on the next.

First, enter the number of feet and then press the ENTER key.

RANGE 4-6

PPIN. Now, enter the number of inches and then press the ENTER key.

RANGE 0-11

PPN2. About how much do you weigh without shoes? Type in your answer and then press the ENTER key.

(enter number between 80 and 400)

PPN3. Before you became pregnant this time, about how much did you weigh, without shoes? Type in your answer and then press the ENTER key.

RANGE 80-400

A01. How did you first learn that you or your baby might be eligible for the WIC program?

RANGE 1-9

1. I first heard about WIC through the Food Stamps Program.
2. I first heard about WIC through the Medicaid Program.
3. I first heard about WIC from a family member or friend.
4. I first heard about WIC from a social worker.
5. I first heard about WIC from a counselor or teacher at school.
6. I first heard about WIC from a doctor, nurse, or other health care provider.
7. I first heard about WIC from an advertisement.
8. I first heard about WIC by reading brochures.
9. I first heard about WIC in some way other than the ones listed here.

A02. At the time you or your baby first enrolled in the WIC program, did you know that the WIC program could only enroll individuals whose income is below a certain amount?

1. Yes
2. No

DIETARY HABITS/WIC FOOD PACKAGE

These next questions are about the meals you eat each day and the foods you get from WIC.

DH1. How many meals do you usually eat per day?

0. None
1. One
2. Two
3. Three
4. Four
5. More than Four

DH4. (IF DH1 = 3 OR MORE) Do you ever skip or miss meals?

1. Yes, sometimes I skip or miss meals.
2. No, I never skip meals.

DH5. (IF DH1 = 0 - 2 OR DH4 = 1) When you miss or skip meals, which meal is it most often?

1. Breakfast
2. Lunch
3. Dinner

DH6. (IF DH1 = 0-2 OR DH4 = 1) For each of the following statements, please indicate whether this is a reason why you sometimes miss or skip meals.

PRESS ENTER TO CONTINUE

Do you sometimes miss or skip meals because...

- | | | | |
|---|---|--------|-------|
| A | You don't have enough time to eat? | 1. Yes | 2. No |
| B | You don't feel hungry? | 1. Yes | 2. No |
| C | You are not in the habit of eating regular meals? | 1. Yes | 2. No |
| D | It will save money? | 1. Yes | 2. No |
| E | You don't know how to cook? | 1. Yes | 2. No |

(IF I2 = Yes)

- | | | | |
|---|--|--------|-------|
| F | It will stop you from gaining too much weight during your pregnancy? | 1. Yes | 2. No |
| G | You feel sick? | 1. Yes | 2. No |

FI2. (IF I3 = Yes) Did you take prenatal vitamins at all while you were pregnant with your baby (BABYNAME)?

1. Yes
2. No GO TO F14c

FI3a (IF I2 = Yes) Have you taken prenatal vitamins at any time during this pregnancy?

1. Yes
2. No

FI4a. (IF FI3a = Yes) Are you currently taking prenatal vitamins?

1. Yes
2. No

FI4b. (IF FI4a = No) Why aren't you taking prenatal vitamins at this time?

1. They make me sick.
2. I can't afford them.
3. It's too much of a hassle
4. I didn't know about them.
5. I don't think I need them.
6. Some other reason

FI4c. (IF FI2 = No) Why didn't you take prenatal vitamins while you were pregnant with your baby (BABYNAME)?

1. They make me sick.
2. I can't afford them.
3. It's too much of a hassle
4. I didn't know about them.
5. I don't think I need them
6. Some other reason

FP3. (IF TE4 = Yes) Do you believe that you are healthier now that you are on WIC than you were before you got the WIC foods?

1. Yes
2. No

FP4a. (IF I8 = 1 OR DK/REF AND TE5 = Yes) Do you believe that your baby (BABY NAME) is healthier than he would be if you didn't receive a food package from WIC?

1. Yes
2. No

FP4b. (IF I8 = 2 AND TE5 = Yes) Do you believe that your baby (BABYNAME) is healthier than she would be if you didn't receive a food package from WIC?

1. Yes
2. No

NQ1. Next we would like to ask about the foods you and your child get from WIC. For each of the foods listed on the following screens, please tell us if you and your child get it in your WIC food package?

- | | | | |
|---|---------------------------|--------|-------|
| A | Eggs | 1. Yes | 2. No |
| B | Milk | 1. Yes | 2. No |
| C | Peanut Butter | 1. Yes | 2. No |
| D | Cereal or (infant cereal) | 1. Yes | 2. No |
| E | Cheese | 1. Yes | 2. No |
| F | Juice | 1. Yes | 2. No |
| G | Beans | 1. Yes | 2. No |

(IF I3a = Yes AND TE4 = Yes)

- | | | | |
|---|---------|--------|-------|
| H | Carrots | 1. Yes | 2. No |
| I | Tuna | 1. Yes | 2. No |

(IF I3 = Yes AND TE5 = Yes)

- | | | | |
|---|---------|--------|-------|
| J | Formula | 1. Yes | 2. No |
|---|---------|--------|-------|

FP8. For each of the WIC foods listed, please indicate whether or not you or your child eat this food each month. Answer Yes if you eat even a little of the food each month. Answer No if you do not eat any of the food during the month.

Do you or your child...

(IF NQ1a = 1) A	eat eggs?	1. Yes	2. No
(IF NQ1b = 1) B	drink milk?	1. Yes	2. No
(IF NQ1c = 1) C	eat peanut butter?	1. Yes	2. No
(IF NQ1d = 1) D	eat cereal or infant cereal?	1. Yes	2. No
(IF NQ1e = 1) E	eat cheese?	1. Yes	2. No
(IF NQ1f = 1) F	drink juice?	1. Yes	2. No
(IF NQ1g = 1) G	eat beans?	1. Yes	2. No
(IF NQ1h = 1) H	eat carrots?	1. Yes	2. No
(IF NQ1i = 1) I	eat tuna?	1. Yes	2. No
(IF NQ1j = 1) J	use formula?	1. Yes	2. No

FP7. Does receiving the foods you get from WIC free up money that you can spend on other foods?

1. Yes
2. No

Next we want to know about the amount of foods you get from WIC.

FP9a. (IF NQ1a = 1) Think about the eggs that you get each month from WIC. Would you say that you need more, you get the right amount or you get too many eggs on your food package?

1. I need more eggs
2. I get the right amount of eggs
3. I get too many eggs

FP9b. (IF NQ1b = 1) Think about the milk that you get each month from WIC. Would you say that you need more, you get the right amount or you get too much milk on your food package?

1. I need more milk
2. I get the right amount of milk
3. I get too much milk

FP9c. (IF NQ1c = 1) Think about the peanut butter that you get each month from WIC. Would you say that you need more, you get the right amount or you get too much peanut butter on your food package?

1. I need more peanut butter
2. I get the right amount of peanut butter
3. I get too much peanut butter

FP9d. (IF NQ1d = 1) Think about the cereal that you get each month from WIC. Would you say that you need more, you get the right amount or you get too much cereal on your food package?

1. I need more cereal
2. I get the right amount of cereal
3. I get too much cereal

FP9e. (IF NQ1e = 1) Think about the cheese that you get each month from WIC. Would you say that you need more, you get the right amount or you get too much cheese on your food package?

1. I need more cheese
2. I get the right amount of cheese
3. I get too much cheese

FP9f. (IF NQ1f = 1) Think about the juice that you get each month from WIC. Would you say that you need more, you get the right amount or you get too much juice on your food package?

1. I need more juice
2. I get the right amount of juice
3. I get too much juice

FP9g. (IF NQ1g = 1) Think about the beans that you get each month from WIC. Would you say that you need more, you get the right amount or you get too much beans on your food package?

1. I need more beans
2. I get the right amount of beans
3. I get too much beans

FP9h. (IF NQ1h = 1) Think about the carrots that you get each month from WIC. Would you say that you need more, you get the right amount or you get too much carrots on your food package?

1. I need more carrots
2. I get the right amount of carrots
3. I get too much carrots

FP9i. (IF NQ1i = 1) Think about the tuna that you get each month from WIC. Would you say that you need more, you get the right amount or you get too much tuna on your food package?

1. I need more tuna
2. I get the right amount of tuna
3. I get too much tuna

FP9j. (IF NQ1j = 1) Think about the formula that you get each month from WIC. Would you say that you need more, you get the right amount or you get too much formula on your food package?

1. I need more formula
2. I get the right amount of formula
3. I get too much formula

DH7. Have your eating habits improved since you enrolled in the WIC program?

1. Yes
2. No

B13. (IF TE4 = Yes) The next questions are about what you think about your WIC food package. For each statement, please tell me whether you agree, disagree, or if you are not sure.

a. (If I2 = Yes) Eating my WIC foods will help me give birth to a healthier baby.

1. Agree
2. Disagree
3. Not Sure

b. (If I2=Yes or I3a=Yes) The WIC foods are all that I need for a healthy diet.

1. Agree
2. Disagree
3. Not Sure

c. The WIC food package should be shared with everyone in the household.

1. Agree
2. Disagree
3. Not Sure

DH12. (IF NQ1J = Yes) Do you generally use all of the infant formula that you receive from WIC?

1. Yes
2. No

DH12a. (IF NQ1j = Yes) Do you ever run low on formula?

1. Yes
2. No

DH15. (IF DH12 or DH12a = Yes) Do you ever mix the formula with extra water to make it last longer?

1. Yes
2. No

DH16b. (IF TE4 = Yes) Do other people in your household, besides you and your child, ever eat the WIC foods?

1. Yes
2. No → GO TO R9

DH17a. (IF DH16b = Yes) When other people in your household eat your WIC foods, how often does this mean that you don't get enough to eat?

1. Always
2. Sometimes
3. Rarely
4. Never

R9. In general, do you think WIC provides you with the amount of food that they should?

1. Yes
2. No

- R10. In general, do you think WIC provides you with the right kinds of foods?
1. Yes
 2. No
- F11. How many servings of fruits did you eat Yesterday?
Range 0-19
- F13. How many servings of vegetables did you eat Yesterday?
Range 0-19
- F14. How many servings of meat or beans did you eat Yesterday?
Range 0-19
- DH9. Who does most of the grocery shopping for the food that is eaten in your household?
1. I do most of the grocery shopping
 2. Someone else does most of the grocery shopping
- DH10. Who prepares most of the meals that are eaten in your household?
1. I prepare most of the meals
 2. Someone else prepares most of the meals
- SS1. Which of the following people do you depend on most for information about eating a healthy diet?
1. Your mother or step-mother
 2. Your father or step-father
 3. Your grandmother
 4. Your aunt
 5. Your baby's father
 6. Your sister or brother
 7. A friend
 8. A teacher
 9. A doctor, nurse or other health care provider.
 10. The WIC staff person
 11. Some other person

SS2. (IF SS1 = 1 - 10) How important is (PERSON IN SS1's) opinion about eating a healthy diet to you?

1. Very important
2. Somewhat important
3. Not very important

INFANT KNOWLEDGE , BEHAVIOR AND SUPPORT

NK1a. (IF I2 or I3 = Yes) Next, we would like to ask you some questions about feeding a baby. At what age do you think you should start giving a baby some kind of baby food other than breast milk or formula?

Enter the number of months.

Range 1 - 9 months (correct response = 4-6 months)

NK2. (IF I2 or I3 = Yes) Which of the following foods do you think is the best first solid food to feed a baby?

1. Baby food vegetables
2. Scrambled eggs
3. Rice cereal
4. Baby food pudding

NK3. (IF I2 or I3 = Yes) What do you think is the best way to start feeding solid foods to a baby?

1. In a bottle
2. With a spoon
3. With an infant feeder bottle

FI5a. (IF I8 = 1 OR DK/REF) Next we have some questions about your baby's (BABY NAME'S) feeding and diet since he was born. Did you ever breast-feed your baby (BABY NAME)?

1. Yes
2. No → GO TO B5

FI5b. (IF I8 = 2) Next we have some questions about your baby's (BABY NAME'S) feeding and diet since she was born. Did you ever breastfeed your baby (BABYNAME)?

1. Yes
2. No → GO TO B5

F15c. (IF I15a or I15b = Yes) Why did you decide to breastfeed your baby (BABYNAME)?

1. Because it's easier than bottle feeding.
2. Because I wanted a special closeness with my baby.
3. Because I heard you would lose weight more quickly.
4. Because the nurse or doctor in the hospital told me it was the right thing to do.
5. Because the WIC program staff told me good things about breastfeeding.
6. Because I knew it was best for my baby's health.

B5. (IF I3 = Yes) Did anyone ever encourage you to breastfeed your baby (BABY NAME)?

1. Yes → GO TO B7a
2. No → GO TO B9

B6. (IF I2 = Yes) Has anyone encouraged you to breastfeed your baby after he or she is born?

1. Yes → GO TO B7b
2. No → GO TO B10

B7a. (IF B5 = Yes) Who gave you the most encouragement to breastfeed your baby (BABY NAME)?

1. Your mother or step-mother
2. Your father or step-father
3. Your grandmother
4. Your aunt
5. Your baby's father
6. Your sister or brother
7. A friend
8. A teacher
9. A doctor, nurse or other health care provider.
10. Thw WIC staff person
11. Some other person

B7b. (IF B6 = Yes) Who has given you the most encouragement to think about breastfeeding your baby when he or she is born?

1. Your mother or step-mother
2. Your father or step-father
3. Your grandmother
4. Your aunt
5. The baby's father
6. Your sister or brother
7. A friend
8. A teacher
9. A doctor, nurse or other health care provider
10. A WIC staff person
11. Some other person

B8. (IF B7a or B7b = 1-10) How important is (PERSON FROM B7a OR B7b)'s opinion about breastfeeding to you?

1. Very important
2. Somewhat important
3. Not very important

B9. (IF I3 = Yes) Did anyone ever discourage you from breastfeeding your baby (BABY NAME)?

1. Yes → GO TO B11a
2. No → GO TO FI6

B10. (IF I2 = Yes) Has anyone discouraged you from thinking about breastfeeding your baby when it is born?

1. Yes → GO TO B11b
2. No → GO TO SS5b

B11a. (IF B9 = Yes) Who was the one person that discouraged you most from breastfeeding your baby (BABY NAME)?

1. Your mother or step-mother
2. Your father or step-father
3. Your grandmother
4. Your aunt
5. Your baby's father
6. Your sister or brother
7. A friend
8. A teacher
9. A doctor, nurse or other health care provider
10. The WIC staff person
11. Some other person

B11b. (IF B10 = Yes) Who was it that discouraged you most from thinking about breastfeeding your baby when he or she is born?

1. Your mother or step-mother
2. Your father or step-father
3. Your grandmother
4. Your aunt
5. The baby's father
6. Your sister or brother
7. A friend
8. A teacher
9. A doctor, nurse or other health care provider
10. The WIC staff person
11. Some other person

B12. (IF B11a or B11b = 1-10) How important is PERSON FROM B11a OR B11b'S opinion about breastfeeding to you?

1. Very important
2. Somewhat important
3. Not very important

FI6. (IF FI5a or FI5b = Yes) Are you currently breastfeeding your baby (BABY NAME)?

1. Yes → GO TO F18
2. No

FI7a. (IF FI6=No AND I8 = 1 OR DK/REF) How old was your baby (BABY NAME) when you stopped breastfeeding him?

1. Less than one month
2. 1-2 months
3. 3-4 months
4. over 4 months

FI7b. (IF FI6=No AND I8 = 2) How old was your baby (BABY NAME) when you stopped breastfeeding her?

1. Less than one month
2. 1-2 months
3. 3-4 months
4. over 4 months

FI7c. (IF FI6 = No). Why did you stop breastfeeding your baby (BABYNAME)?

1. It hurt too much
2. It was a hassle
3. My baby was too hungry
4. I had to go back to work or school
5. Some other reason

FI8. (IF I3 = Yes) Are you feeding your baby (BABY NAME) infant formula now?

1. Yes
2. No

SS5a. (IF I3 = Yes) Who is the person you are most likely to ask when you have questions about feeding your baby (BABYNAME)?

1. Your mother or step-mother
2. Your father or step-father
3. Your grandmother
4. Your aunt
5. Your baby's father
6. Your sister or brother
7. A friend
8. A teacher
9. A doctor, nurse or other health care provider.
10. The WIC staff person
11. Some other person
12. No one

SS5b. (IF I2 = Yes) After your baby is born, who is the person that you think you would be most likely to ask if you have questions about how to feed your baby?

1. Your mother or step-mother
2. Your father or step-father
3. Your grandmother
4. Your aunt
5. Your baby's father
6. Your sister or brother
7. A friend
8. A teacher
9. A doctor, nurse or other health care provider
10. The WIC staff person
11. Some other person
12. No one

SS6. (IF SS5a or SS5b = 1-10) How important is (PERSON IN QSS5a or SS5b's) opinion about infant feeding to you?

1. Very important
2. Somewhat important
3. Not very important

SS7a. (IF I3 = Yes) How sure are you that you can feed your baby (BABYNAME) well?

1. Very sure
2. Somewhat sure
3. Not very sure

SS7b. (IF I2 = Yes) How sure are you that you will be able to feed your baby well?

1. Very sure
2. Somewhat sure
3. Not very sure

GO TO INTRO BEFORE B12

D18. (IF I3 = Yes) Who has the primary responsibility for feeding your baby (BABYNAME)?

1. I have primary responsibility for feeding my baby (BABYNAME).
2. My mother has primary responsibility for feeding my baby (BABYNAME).
3. My grandmother has primary responsibility for feeding my baby (BABYNAME).
4. Some other person has primary responsibility for feeding my baby (BABYNAME).

BELIEFS ABOUT PREGNANCY

The next questions deal with your beliefs about pregnancy.

BI2. (IF I2 = 1) How much weight do you expect to gain during your pregnancy?

1. 5 to 14 pounds
2. 15 to 24 pounds
3. 25 to 35 pounds
4. More than 35 pounds

SKIP TO BI4b

BI4a. (IF I3 = Yes) Did you ever worry that you would not be able to lose the weight you gained while you were pregnant with your baby (BABYNAME)?

1. Yes → **SKIP TO BI5a**
2. No → **SKIP TO BI7**

BI4b. (IF I2 = Yes) Do you worry that you will not be able to lose all the weight you gain during this pregnancy?

1. Yes → **SKIP TO BI5b**
2. No → **SKIP TO BI1**

BI5a. (IF I3 = Yes) How much did you worry about not being able to lose all the weight you gained during your pregnancy with your baby (BABYNAME)?

1. Just a little
2. Some
3. A lot

BI5b. (IF I2 = 1) How much do you worry about not being able to lose all the weight you gain during this pregnancy?

1. Just a little
2. Some
3. A lot

BI7. (IF I3 = Yes) How do you feel about how much you weigh now?

1. I feel I need to lose weight
2. I feel I weigh about the right amount
3. I feel I need to gain weight

BI8. (IF I2 = 2) Compared to before you were pregnant with your baby (BABY NAME), do you weigh more, less, or about the same amount now?

1. I weigh more now
2. I weigh less now
3. I weigh about the same now

BI1. (IF I2 = Yes or I3 = Yes) How much weight do you think a young woman who is a normal weight before she gets pregnant should gain while she is pregnant?

1. 5 to 14 pounds
2. 15 to 24 pounds
3. 25 to 35 pounds
4. More than 35 pounds

B14. (IF I2 = Yes) The next questions are about being pregnant. For each of the statements, please indicate whether you agree, disagree, or are not sure. The first one is.....

a. What I eat during pregnancy will have an effect on my baby's health.

1. Agree
2. Disagree
3. Not Sure

b. It is okay to smoke cigarettes when I am pregnant.

1. Agree
2. Disagree
3. Not Sure

b2. It is harmful for an infant to be around people who are smoking cigarettes.

1. Agree
2. Disagree
3. Not Sure

c. It is important to start WIC early in your pregnancy.

1. Agree
2. Disagree
3. Not Sure

d. The amount of weight I gain during this pregnancy doesn't really matter that much.

1. Agree
2. Disagree
3. Not Sure

e. It is okay to drink alcohol occasionally while I am pregnant.

1. Agree
2. Disagree
3. Not Sure

SOCIAL SUPPORT RE: PREGNANCY

SS3a. (IF I2 = Yes) Who is the person that has been most supportive of you during your pregnancy?

1. Your mother or step-mother
2. Your father or step-father
3. Your grandmother
4. Your aunt
5. Your baby's father
6. Your sister or brother
7. A friend
8. A teacher
9. A doctor, nurse or other health care provider
10. The WIC staff person
11. Some other person

SS4. (IF SS3a = 1-10) How important has the support of PERSON IN SS3a been to you during your pregnancy?

1. Very important
2. Somewhat important
3. Not very important

BELIEFS ABOUT NUTRITION / Breastfeeding:

B4. The next questions are about breastfeeding. Please tell me whether you agree, disagree, or are not sure about each of the following statements. The first statement is...

a. (IF I2 = Yes) I will lose weight faster after my pregnancy if I breast-feed my baby. Would you say you agree, disagree, or are not sure?

1. Agree
2. Disagree
3. Not Sure

b. (IF I2 = Yes) I think it will be painful for me to breast-feed my baby.

1. Agree
2. Disagree
3. Not Sure

c. (IF I2 = Yes) My baby will be healthier if I breast-feed. Would you say you agree, disagree, or are not sure about this statement?

1. Agree
2. Disagree
3. Not Sure

d. (IF I2 = Yes) I won't get pregnant again as long as I am breastfeeding my baby.

1. Agree
2. Disagree
3. Not Sure

e. (IF I2 = Yes) I will need to stay with my baby all the time if I breast-feed my baby.

1. Agree
2. Disagree
3. Not Sure

- f. (IF I2 = Yes) I can't drink alcohol as long as I breast-feed my baby.
1. Agree
 2. Disagree
 3. Not Sure
- g. (IF I2 = Yes) I will have to watch what kinds of foods I eat as long as I breast-feed my baby.
1. Agree
 2. Disagree
 3. Not Sure
- h. (IF I2 = Yes) It will be more convenient to breast-feed than to formula feed my baby.
1. Agree
 2. Disagree
 3. Not Sure
- i. (IF I2 = Yes) It will take up less of my time if I breast-feed my baby.
1. Agree
 2. Disagree
 3. Not Sure
- j. (IF I2 = Yes) It will be embarrassing for me to breast-feed my baby.
1. Agree
 2. Disagree
 3. Not Sure
- k. (IF I2 = Yes) I won't be able to go back to school or work as long as I breast-feed my baby.
1. Agree
 2. Disagree
 3. Not Sure

PREGNANCY HISTORY \ PLANNING

HISTORY:

PH1a. (IF I2 = 1) Not including your current pregnancy, how many times have you been pregnant altogether? Please include any miscarriages, or abortions, as well as pregnancies that ended with the birth of one or more babies.

_____ NUMBER OF PREGNANCIES

IF PH1a = 0 GO TO PH5

PH1b. (IF I3 = Yes) How many times have you been pregnant altogether? Please include any miscarriages or abortions, as well as pregnancies that ended in the birth of one or more babies.

_____ NUMBER OF PREGNANCIES

PH3. In what year did your (USE FILL FROM PH1b or PH1a, first, second, third etc.) pregnancy end?

Range 1970 - 1997

PH2. In what month did your (USE FILL FROM PH1b or PH1a, first, second, third etc.) pregnancy end?

- | | |
|-------------|--------------|
| 1. January | 7. July |
| 2. February | 8. August |
| 3. March | 9. September |
| 4. April | 10. October |
| 5. May | 11. November |
| 6. June | 12. December |

PH4. In which of the ways shown below did your (USE FILL FROM PH1b first, second, third etc.) pregnancy end?

1. Miscarriage
2. Stillbirth
3. Abortion
4. Ectopic or Tubal Pregnancy
5. Live Birth of One or More Babies

(NOTE: QUESTIONS PH2-PH4 WILL BE ASKED FOR EACH PREGNANCY LISTED IN PH1a OR PH1b.)

PH5. Has a WIC staff member ever told you that you should wait 2 years after you have a baby before you have another one?

1. Yes
2. No SKIP TO PP4a

PH6. Which of the following reasons did the WIC staff member give you when she suggested you should wait to have another baby?

	<u>Yes</u>	<u>No</u>
A. Because it's better for you emotionally	1	2
B. Because it's better for the baby to wait	1	2
C. Because it's better for you emotionally	1	2
D. Because it's easier to discipline children if they are 2 years apart	1	2
E. Because I need to be more mature to be a good parent	1	2

PP4a. (IF I2 = Yes) Thinking back to just before you got pregnant, would you say you became pregnant too soon, at about the right time, or later than you wanted?

1. Too soon
2. At about the right time
3. Later than I wanted

GO TO PP5

PP4b. Thinking back to just before you got pregnant with your baby (BABYNAME), would you say you became pregnant too soon, at about the right time, or later than you wanted?

1. Too soon
2. At about the right time
3. Later than I wanted

PP5. Has a WIC staff member ever referred you to a family planning clinic for information about methods of birth control?

1. Yes
2. No

NUTRITION EDUCATION

NE1. Now I have some questions about going to the WIC clinic. How many times including this one, have you been to any WIC clinic either to get checks, get recertified, or to visit with a nutritionist?

1. One → GO TO NE7
2. Two
3. Three
4. Four or More

NE3. Including your first visit, have you had any nutrition education at WIC that was provided to you as a part of a group?

1. Yes
2. No → GO TO PA1

NE5. (IF QNE3 = 1) Did you learn anything new during the nutrition education provided in a group setting?

1. Yes
2. No

PA1. Did you receive any nutrition education at WIC that was provided just for teenagers either in classes, group discussions or support groups?

1. Yes
2. No → GO TO PA2a

PA2. (IF PA1 = Yes) Did you learn anything new at a session just for teenagers?

1. Yes
2. No

PA2a. (IF QPA1 = No) Would you attend special programs for teens if they were offered?

1. Yes
2. No

NE2. (IF NE1 = 2-4) Including your first visit, have you had any nutrition education from WIC that was provided to you alone, that is, just you and a WIC staff person?

1. Yes
2. No → GO TO NE6a

NE4. (IF QNE2 = Yes) Did you learn anything new during a session between just you and the WIC staff person?

1. Yes
2. No

NE6a. Which of the following types of nutrition education sessions do you prefer?

1. Individual counseling between just you and the WIC staff person
2. Group sessions with other teenagers
3. Group sessions with WIC participants of all ages
4. I don't like going to nutrition education

NE6b. Which of the following types of nutrition education classes would you like to take part in at WIC?

Would you like to take part in.....

- | | | | |
|---|--|--------|-------|
| A | Group activity sessions using games | 1. Yes | 2. No |
| B | Group sessions that use videos or other multimedia resources | 1. Yes | 2. No |
| C | Group demonstrations, such as cooking classes | 1. Yes | 2. No |
| D | Group field trips to the grocery store | 1. Yes | 2. No |
| E | Group sessions that let you talk to other WIC participants and share ideas | 1. Yes | 2. No |

NE7. (IF NE1 = 1 FILL No FOR EACH SECTION OF NE7 AND FOLLOW SKIP]
Now we are going to ask a few questions about the nutrition education you
have received at the WIC program.

Have you received information from WIC about.....

- | | | | |
|---|--|--------|-------|
| A | Breastfeeding your baby | 1. Yes | 2. No |
| B | Bottle-feeding your baby | 1. Yes | 2. No |
| C | Feeding your baby solid foods | 1. Yes | 2. No |
| D | How to use the WIC foods | 1. Yes | 2. No |
| E | How to get the most food for your money | 1. Yes | 2. No |
| F | How to teach your child healthy eating habits | 1. Yes | 2. No |
| G | The importance of weight gain during pregnancy | 1. Yes | 2. No |
| H | The effects of smoking on your health | 1. Yes | 2. No |
| I | Starting your baby on whole milk | 1. Yes | 2. No |
| J | Substances to avoid when you are pregnant, like
alcohol and drugs | 1. Yes | 2. No |
| K | Eating healthy during pregnancy | 1. Yes | 2. No |

NE8. (IF NE7A = 1) Did you learn anything new from WIC about how to breast-
feed your baby?

1. Yes
2. No

NE8a. (IF NE8 = Yes) How likely are you to do some of the things you learned at
WIC about how to breast-feed your baby?

1. Very likely to do some of the things I learned
2. Somewhat likely to do some of the things I learned
3. Not very likely to do some of the things I learned
4. I already do some of the things I learned

NE9. (IF NE7A = 1) How do you feel about the amount of time the WIC staff person
spent on how to breast-feed your baby? Would you say it was too much time,
about the right amount of time, or too little time?

1. Too much time
2. About the right amount of time
3. Too little time

NE10. (IF NE7A = 2 OR NE1 = 1) Would you like to receive information from WIC about how to breast-feed your baby?

1. Yes
2. No

NE11. (IF NE7B = 1) Did you learn anything new from WIC about how to bottle-feed your baby?

1. Yes
2. No

NE11a. (IF NE11 = Yes) How likely are you to do some of the things you learned from WIC about how to bottle-feed your baby?

1. Very likely to do some of the things I learned.
2. Somewhat likely to do some of the things I learned
3. Not very likely to do some of the things I learned
4. I already do some of the things I learned

NE12. (IF NE7B = 1) How do you feel about the amount of time the WIC staff person spent on how to bottle-feed your baby? Would you say it was too much time, about the right amount of time, or too little time?

1. Too much time
2. About the right amount of time
3. Too little time

NE13. (IF NE7B = 2 OR NE1 = 1) Would you like to receive information from WIC about how to bottle-feed your baby?

1. Yes
2. No

NE14. (IF NE7C = 1) Did you learn anything new from WIC about how to feed your baby solid foods?

1. Yes
2. No

NE14a. (IF NE14 = Yes) How likely are you to do some of the things you learned from WIC about how to feed your baby solid foods?

1. Very likely to do some of the things I learned
2. Somewhat likely to do some of the things I learned
3. Not very likely to do some of the things I learned
4. I already do some of the things I learned

NE15. (IF QNE7C = Yes) How do you feel about the amount of time the WIC staff person spent on how to feed your baby solid foods? Would you say it was too much time, about the right amount of time, or too little time?

1. Too much time
2. About the right amount of time
3. Too little time

NE16. (IF NE7C = 2 OR NE1 = 1) Would you like to receive information from WIC about how to feed your baby solid foods?

1. Yes
2. No

NE17. (IF NE7D = 1) Did you learn anything new from WIC about how to use the WIC foods?

1. Yes
2. No

NE17a. (IF NE17 = Yes) How likely are you to do some of the things you learned from WIC about how to use WIC foods?

1. Very likely to do some of the things I learned.
2. Somewhat likely to do some of the things I learned
3. Not very likely to do some of the things I learned
4. I already do some of the things I learned

NE18. (IF NE7D = 1) How do you feel about the amount of time the WIC staff person spent on how to use the WIC foods? Would you say it was too much time, about the right amount of time, or too little time?

1. Too much time
2. About the right amount of time
3. Too little time

NE18c. (IF NE7D = 2 or NE1 = 1) Would you like to receive information from WIC about how to use the WIC foods?

1. Yes
2. No

NE19. (IF NE7E = Yes) Did you learn anything new from WIC about how to get the most food for your money?

1. Yes
2. No

NE19a. (IF NE19 = Yes) How likely are you to do some of the things you learned from WIC about how to get the most food for you money?

1. Very likely to do some of the things I learned
2. Somewhat likely to do some of the things I learned
3. Not very likely to do some of the things I learned
4. I already do some of the things I learned

NE21. (IF NE7E = 1) How do you feel about the amount of time the WIC staff person spent on how to get the most food for your money? Would you say it was too much time, about the right amount of time, or too little time?

1. Too much time
2. About the right amount of time
3. Too little time

NE22. (IF NE7E = 2 OR NE1 = 1) Would you like to receive information from WIC about how to get the most food for your money?

1. Yes
2. No

NE26. (IF NE7F = 1) Did you learn anything new from WIC about how to teach your child healthy eating habits?

1. Yes
2. No

NE26a. (IF NE26 = Yes) How likely are you to follow the suggestions you got from WIC about how to teach your child healthy eating habits?

1. Very likely to follow the suggestions
2. Somewhat likely to follow the suggestions
3. Not very likely to follow the suggestions
4. I already followed the suggestions

NE27. (IF NE7F = 1) How do you feel about the amount of time the WIC staff person spent on how to teach your child healthy eating habits? Would you say it was too much time, about the right amount of time, or too little time?

1. Too much time
2. About the right amount of time
3. Too little time

NE28. (IF NE7F = 2 OR NE1 = 1) Would you like to receive information from WIC about how to teach your child healthy eating habits?

1. Yes
2. No

NE35. (IF NE7G = 1) Did you learn anything new from WIC about the importance of weight gain during pregnancy?

1. Yes
2. No

NE35a. (IF NE35 = Yes) How likely are you to do some of the things you learned from WIC about the importance of weight gain during pregnancy?

1. Very likely to do some of the things I learned
2. Somewhat likely to do some of the things I learned
3. Not very likely to do some of the things I learned
4. I already do some of the things I learned

NE36. (IF NE7G = 1) How do you feel about the amount of time the WIC staff person spent on the importance of weight gain during pregnancy? Would you say it was too much time, about the right amount of time, or too little time?

1. Too much time
2. About the right amount of time
3. Too little time

NE37. (IF NE7G = 2 OR NE1 = 1) Would you like to receive information from WIC about the importance of weight gain during pregnancy?

1. Yes
2. No

NE38. (IF NE7H = 1) Did you learn anything new from WIC about the effects of smoking on your health?

1. Yes
2. No

NE38a. (IF NE38 = Yes) How likely are you to do some of the things you learned from WIC about the effects of smoking on your health ?

1. Very likely to do some of the things I learned
2. Somewhat likely to do some of the things I learned
3. Not very likely to do some of the things I learned
4. I already do some of the things I learned

NE39. (IF 1NE7H = 1) How do you feel about the amount of time the WIC staff person spent on the effects of smoking on your health? Would you say it was too much time, about the right amount of time, or too little time?

1. Too much time
2. About the right amount of time
3. Too little time

NE40. (IF NE7H = 2 OR NE1 = 1) Would you like to receive referrals from a WIC staff about the effects of smoking on your health?

1. Yes
2. No

NE41. (IF NE7I = 1) Did you learn anything new from WIC about how to start your baby on whole milk?

1. Yes
2. No

NE41a. (IF NE41 = Yes) How likely are you to do some of the things you learned from WIC about how to start your baby on whole milk?

1. Very likely to do some of the things I learned
2. Somewhat likely to do some of the things I learned
3. Not very likely to do some of the things I learned
4. I already do some of the things I learned

NE42. (IF QNE7I = Yes) How do you feel about the amount of time the WIC staff person spent on starting your baby on whole milk? Would you say it was too much time, about the right amount of time, or too little time?

1. Too much time
2. About the right amount of time
3. Too little time

NE43. (IF NE7I = 2 OR NE1 = 1) Would you like to receive information from WIC about how to start your baby on whole milk?

1. Yes
2. No

NE47. (IF NE7J = 1) Did you learn anything new from WIC about how to avoid substances such as drugs and alcohol while you were pregnant?

1. Yes
2. No

NE47a. (IF NE47 = Yes) How likely are you to do some of the things you learned from WIC about how to avoid substances such as drugs and alcohol while you were pregnant?

1. Very likely to do some of the things I learned
2. Somewhat likely to do some of the things I learned
3. Not very likely to do some of the things I learned
4. I already do some of the things I learned

NE48. (IF NE7J = 1) How do you feel about the amount of time the WIC staff person spent talking to you about how to avoid substances such as drugs and alcohol while you were pregnant?

1. Too much time
2. About the right amount of time
3. Too little time

NE49. (IF NE7J = 2 OR NE1 = 1) Would you like to receive referrals from WIC on how to avoid substances such as drugs and alcohol while you were pregnant?

1. Yes
2. No

NE50. (IF NE7K = 1) Did you learn anything new from WIC about how to eat healthy during pregnancy?

1. Yes
2. No

NE51. (IF NE50 = Yes) How likely are you to do some of the things you learned from WIC about how to eat healthy during pregnancy?

1. Very likely to do some of the things I learned
2. Somewhat likely to do some of the things I learned
3. Not very likely to do some of the things I learned
4. I already do some of the things I learned

NE52. (IF NE7K = 1) How do you feel about the amount of time the WIC staff person spent talking to you about eating healthy during pregnancy?

1. Too much time
2. About the right amount of time
3. Too little time

NE53. (IF NE7K = 2 OR NE1 = 1) Would you like to receive referrals from WIC on how to eat healthy during pregnancy?

1. Yes
2. No

NE60. Would you be willing to spend more time at WIC if the topics were more interesting to you?

1. Yes
2. No
3. The WIC topics are already interesting to me

R11. In general do you think WIC provides you with the nutrition education that you need to be healthy?

1. Yes
2. No

R12. In general, do you think WIC provides you with the nutrition education that you need to have a healthy baby?

1. Yes
2. No

NUTRITION KNOWLEDGE

FI17. The next questions are about what young women your age should eat. How many glasses of milk or servings of dairy foods do you think a young woman your age should have each day?

Range 1-15

FI18. How many servings of vegetables do you think a young woman your age should eat each day?

Range 1-15

FI19. How many servings of fruit do you think a young woman your age should eat each day?

Range 1-15

FI20. How many servings of meat, fish, chicken, beans, and peanut butter do you think a girl your age should eat each day?

Range 1-15

FI21. How many servings of breads and cereal do you think a young woman your age should eat each day?

Range 1-15

NK15. These next questions are about the different nutrients that we get from food. Which one of the following foods do you think has the most calcium?

1. Milk, cheese and other dairy food
2. Fruits
3. Vegetables
4. Meat

NK16. Which one of the following foods do you think has no calcium?

1. Milk
2. Cheese
3. Ice cream
4. Apples

NK19. Which one of the following foods do you think has the most iron?

1. WIC cereal
2. Yogurt
3. An apple
4. Peanut butter and jelly sandwich

NK18. Which one of the following foods has no iron?

1. Meatloaf
2. WIC cereal
3. Spinach
4. Juice

NK20. Which of the following foods do you think has the most Vitamin C?

1. Pineapple juice
2. Crackers or tortillas
3. Cheese
4. Bread

NK21. Which of the following foods do you think has the no Vitamin C?

1. Orange juice
2. Tomato sauce
3. Rice
4. Pineapple juice

NK22. Please indicate if you agree, disagree, or are not sure about each of the following statements.

A. WIC doesn't give out fruits and vegetables because it's not important to eat them.

1. Agree
2. Disagree
3. Not Sure

B. WIC cereal is a good source of iron.

1. Agree
2. Disagree
3. Not Sure

NK22. Please indicate if you agree, disagree, or are not sure about each of the following statements (continued).

C. Eating healthy foods isn't something I think about much.

1. Agree
2. Disagree
3. Not Sure

D. Eggs are a good source of calcium.

1. Agree
2. Disagree
3. Not Sure

E. WIC teaches me a lot about nutrition.

1. Agree
2. Disagree
3. Not Sure

F1. (IF TE1 = 1) It is important for me to know about nutrition for my children's health.

1. Agree
2. Disagree
3. Not Sure

F2. (IF TE1 => 2 OR DK/REF) It is important for me to know about nutrition for my children's health.

1. Agree
2. Disagree
3. Not Sure

G. Cooked dry beans or peanut butter can substitute for meat in your diet.

1. Agree
2. Disagree
3. Not Sure

REFERRALS / ENROLLMENT

This next section is about any referrals you may have received from WIC.

R1. Has a WIC counselor ever provided you with a referral to Food Stamps, Medicaid, or Aid to Families with Dependent Children also known as AFDC?

1. Yes
2. No → GO TO NQ4a

R2. (IF R1 = 1) How many times in the past 12 months, that is since DATE FILL, has a WIC counselor provided you with a referral to Food Stamps?

_____ NUMBER OF TIMES

R2a. (IF R1 = 1) How many times in the past 12 months, that is since DATE FILL, has a WIC counselor provided you with a referral to Medicaid?

_____ NUMBER OF TIMES

R2b. (IF R1 = 1) How many times in the past 12 months, that is since DATE FILL, has a WIC counselor provided you with a referral to AFDC?

_____ NUMBER OF TIMES

NQ4a. Have you ever received Food Stamps?

1. Yes
2. No

NQ4b. (IF NQ4a = 1) Did you enroll in WIC before you received Food Stamps?

1. Yes
2. No

NQ5a. Have you ever received Medicaid for you or your child?

1. Yes
2. No

NQ5b. (IF NQ5a = 1) Did you enroll in the WIC program before you received Medicaid benefits?

1. Yes
2. No

NQ2a. Have you ever recieved Aid to Families with Dependent Children also known as AFDC?

1. Yes
2. No

NQ2b. (IF NQ2a = 1) Did you enroll in WIC before you received Aid to Families with Dependent Children also known as AFDC?

1. Yes
2. No

IF R2-R2b=0, SKIP TO R4.

R3. Which of the following methods has a WIC staff person used to make a referral to any type of public assistance for you?

Press enter to continue

R3a. Has a WIC staff person made an appointment for you to meet with a staff person at another public assistance agency?

1. Yes
2. No

R3b. Has a WIC staff person given you a telephone number to call to reach someone at another public assistance agency?

1. Yes
2. No

R3c. Has a WIC staff person walked you over to meet with a staff person at another public assistance agency?

1. Yes
2. No

R3d. Has a WIC staff person given you a brochure with information about some other type of public assistance?

1. Yes
2. No

R4. Which type of referral do you most prefer to receive from a WIC staff person?

1. Appointment made by WIC staff person
2. Telephone number provided by WIC staff person
3. WIC staff person walks you over to another Public Assistance Program
4. Brochure provided by WIC staff person

R5c. Has a WIC counselor ever provided you with a referral to prenatal care?

1. Yes
2. No SKIP TO R5b

R5a. (IF R5C = Yes) Did you ever go to prenatal care because of a referral from WIC?

1. Yes
2. No

R5b. (IF R5C = No) Would it have been helpful if WIC provided you with a referral to prenatal care?

1. Yes
2. No
3. I already knew about prenatal care services

R6. (IF I3 = Yes) Has a WIC counselor ever provided you with information on how to get free immunizations for your child?

1. Yes
2. No SKIP TO R6b

R6a. (IF R6 = Yes) Did you ever take your child to get free immunizations because of a referral from WIC?

1. Yes SKIP TO SECTION CI
2. No SKIP TO SECTION CI

R6b. (If R6 = No) Would it have been helpful if WIC had provided you with a referral to get free immunizations?

1. Yes
2. No
3. I already knew about free immunizations

R7. Has a WIC counselor ever provided you with information about car seat safety programs?

1. Yes
2. No

R7a. (If R7=Yes) Did you ever go to a car seat safety program because of the information you got from WIC?

4. Yes
5. No

R7b. (If R7=No) Would it have been helpful if WIC had provided you with information about car seat safety programs?

1. Yes
2. No
3. I already knew about car seat safety programs

R8. Has a WIC counselor ever provided you with information about programs that teach parents how to create a safe environment for children?

1. Yes
2. No

R8a. (If R8=Yes) Did you ever go to a program about how to create a safe environment for children because of information you got from WIC?

1. Yes
2. No

R8b. (If R8=No) Would it have been helpful if WIC gave you information about programs that teach parents about creating a safe environment for children?

1. Yes
2. No
3. I already knew about programs that teach about creating a safe environment for children

CLINIC INFORMATION

Next we would like to ask about your WIC clinic.

CI1. Do you think the WIC staff keeps information you share with them confidential?

1. Yes
2. No

CI2. (IF CI1 = 2) How much do you worry that members of the WIC staff will share the information about you with others?

1. A lot
2. A little
3. Not at all.

CL2. (IF NE1=> 2) Do you go to just one clinic for your WIC appointments?

1. Yes, I go to just one clinic USE FILL... your WIC clinic
2. No, I go to more than one clinic USE FILL...clinic you go to most often
3. Don't Know - Rephase the question: CL2a

CL2a. (IF NE1=>2) Do you go to more than one WIC clinic because you have to pick up your checks, get your recertification done, or receive your nutrition education at more than one location?

1. Yes, I go to just one clinic USE FILL... your WIC clinic
2. No, I go to more than one clinic USE FILL...clinic you go to most often

IF CL2/CL2a=1, USE "your WIC clinic" THROUGHOUT THE REST OF THIS SECTION.

CL3a. How long does it take for you to get to (the WIC clinic you go to most often / your WIC clinic)?

1. Less than 6 minutes
2. 6-10 minutes
3. 11-20 minutes
4. 21-45 minutes
5. More than 45 minutes

CL4a. In general, how do you get to (the WIC clinic you go to most often / your WIC clinic)?

1. I walk
2. I take the bus or subway
3. I am driven by a friend or relative
4. I drive myself
5. I take a taxi
6. I get to the clinic some other way

CL5. Do you keep all your WIC appointments ?

1. Yes → GO TO CH1
2. No

CL6. (IF CL5 = 2) Which of the following statements are reasons you sometimes miss WIC appointments?

Do you sometimes miss WIC appointments because.....

	<u>Yes</u>	<u>No</u>
A. The clinic is too far away.	1	2
B. You have No transportation available.	1	2
C. You forget to go.	1	2
D. The WIC clinic hours are inconvenient.	1	2
E. Your appointments conflict with your job or school.		12
F. The WIC clinic is in an unsafe neighborhood.	1	2
G. There is No place to park or you have to pay to park.	1	2
H. You have other appointments that are more important		
I. (IF TE1 = 1 OR MORE) You don't have child care.	1	2
J. You don't want other people you know to see you at WIC.	1	2

CH1. Think about (the WIC clinic you go to most often / your WIC clinic). Is it convenient for you to go to this clinic when it is open?

1. Yes → GO TO CH3
2. No

CH2. (IF CH1=No) What makes it difficult for you to come to (the WIC clinic you go to most often / your WIC clinic) during those times?

1. I have to go to school
2. I have to go to work
3. I don't have a way to get there
4. (IF TE1 = 1 OR MORE) I don't have any child care
5. Some other reason

CH3. Is (the WIC clinic you go to most often / your WIC clinic) open at all on the weekend?

1. Yes → GO TO CH5
2. No

CH4. (IF CH3 = 2) Would you like to be able to go to (the WIC clinic you go to most often / your WIC clinic) on the weekends?

1. Yes
2. No

CH4a. (IF CH4 = Yes) What was the most important reason why you would like to go to (the WIC clinic you go to most often / your WIC clinic) on the weekends?

1. Because I can find child care more easily on the weekends.
2. Because I have conflicts such as school or work with the hours that the clinic is currently open.
3. Because it is easier for me to find a ride or use public transportation on the weekends.
4. Because I have more time on the weekends.
5. Because I have to wait less at the clinic on weekends.
6. Some other reason

CH5. Is (the WIC clinic you go to most often / your WIC clinic) open at all in the evenings?

1. Yes → GO TO CH7
2. No

CH6. (IF CH5 = 2) Would you like to be able to go to (the WIC clinic you go to most often / your WIC clinic) in the evenings?

1. Yes
2. No

CH6a. (IF CH6 = Yes) What is the most important reason why you would like to go to (the WIC clinic you go to most often / your WIC clinic) in the evenings?

1. Because I can find child care more easily in the evening.
2. Because I have conflicts such as school or work with the hours that the clinic is currently open.
3. Because it is easier for me to find a ride or use public transportation on the evenings.
4. Because I have more time in the evenings.
5. Some other reason

CH7a. If you could choose, what days of the week are best for you to have your WIC appointments.

1. Monday thru Friday
2. Weekends

CH7b. If you could choose, what time of day would be best for you to have your WIC appointments?

1. In the morning -- after 7:00 AM but before noon
2. In the afternoon -- between noon and 5:00 PM
3. In the evening -- after 5:00 PM

CH7c. What place would be the best for you to have your WIC appointments?

1. School
2. At the health department
3. In my neighborhood
4. Near work
5. Some other place

CH8. Do you sometimes use a proxy, someone you have given permission, to pick-up your WIC vouchers?

1. Yes, sometimes I use a proxy
2. No, I don't use a proxy

CH8a. (IF CH8 = Yes) What day of the week is best for your proxy, someone you have given permission to, pick-up your WIC vouchers?

1. Monday thru Friday
2. Weekends

CH8b. (IF CH8 = Yes) What time of day is best for your proxy, someone you have given permission to pick up your WIC vouchers?

1. In the Morning -- after 7:00 AM but before noon
2. In the Afternoon -- between noon and 5:00 PM
3. In the Evening -- after 5:00 PM

SI1a. Think again about the (WIC clinic you visit most often/your WIC clinic). Is it located in the same building with other health services that you use such as prenatal care services, a well-baby clinic, or family planning services?

1. Yes
2. No → GO TO SI5

SI6. (IF SI1a = Yes) How many of these services, including WIC, do you use?

1. None
2. One
3. Two
4. Three
5. Four or more

SI7. (IF SI6 = 2 OR MORE) Do these services that you use coordinate schedules so that you can easily visit more than one on the same day?

1. Yes
2. No

S15. How important is it that the WIC clinic you visit be located close to other health services you use?

- 1. Very important**
- 2. Somewhat important**
- 3. Not very important**

TOBACCO USE

TU1. Have you ever, even once, smoked a cigarette?

1. Yes
2. No → GO TO TU7b

TU2a. (IF I2 = Yes AND TU1 = Yes) On average, in the 3 months before you found out that you were pregnant, how many cigarettes did you smoke a day?

1. None
2. About one a day or less
3. Just a few (2 - 4 cigarettes)
4. About a half a pack (5 - 14 cigarettes)
5. About a pack (15 - 24 cigarettes)
6. About 1 1/2 packs (25 - 34 cigarettes)
7. About 2 packs (35 - 44 cigarettes)
8. More than 2 packs (45 or More cigarettes)

TU3a. (IF I2 = 1 AND TU1 = Yes) Since you found out you were pregnant have you smoked cigarettes at all during your pregnancy?

1. Yes
2. No → GO TO TU9a

TU4a. (IF TU3a = 1) On average, since you found out that you were pregnant how many cigarettes have you smoked per day ?

1. About one a day or less
2. Just a few (2 - 4 cigarettes)
3. About a half a pack (5 - 14 cigarettes)
4. About a pack (15 - 24 cigarettes)
5. About 1 1/2 packs (25 - 34 cigarettes)
6. About 2 packs (35 - 44 cigarettes)
7. More than 2 packs (45 or more cigarettes)

TU5. (IF TU1 = Yes) Do you smoke cigarettes now?

1. Yes
2. No → GO TO TU7b

TU6. (IF TU5 = 1) On average, how many cigarettes do you smoke per day now?

1. About one a day or less
2. Just a few (2 - 4 cigarettes)
3. About a half a pack (5 - 14 cigarettes)
4. About a pack (15 - 24 cigarettes)
5. About 1 1/2 packs (25 - 34 cigarettes)
6. About 2 packs (35 - 44 cigarettes)
7. More than 2 packs (45 or more cigarettes)

TU9a. (IF TU2a => 2 AND NOT BLANK) Did the WIC staff know about your smoking habit?

1. Yes
2. No

TU10. (IF I2 = 1 and TU9a = 1) Did a WIC staff person ever tell you NOT to smoke cigarettes while you are pregnant?

1. Yes
2. No

TU11. (IF I2 = Yes AND TU9A = 1) Did a WIC staff person ever refer you to a program to help you stop smoking?

1. Yes
2. No

TU7a. (IF TU6 = 2 - 7) NOT including yourself, how many of the people who live in your household currently smoke cigarettes daily?

1. None
2. One
3. Two
4. Three
5. Four or More

TU7b. (IF TU5 = 2 OR TU6 = 1) How many of the people who live in your household currently smoke cigarettes daily?

1. None
2. One
3. Two
4. Three
5. Four or More

ALCOHOL USE

AU1. The next questions are about drinks of alcoholic beverages. By a "drink," we mean a can or bottle of beer or malt liquor, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. NOT including sips from aNOther person's drink, have you ever, even once had a drink of any type of alcoholic drink?

1. Yes
2. No → GO TO DU1

AU2a. (IF I2 = Yes AND AU1 = Yes) On average, in the 3 months before you found out that you were pregnant, how many times did you have alcoholic drinks ?

1. Never
2. Less than once a month
3. 1 to 2 days per month
4. 1 to 3 days per week
5. 4 to 6 days per week
6. Daily

AU3. (IF I2 = Yes AND AU1 = Yes) Since you found out you were pregnant, have you had a drink of alcohol at all during your pregnancy?

1. Yes
2. No

AU4a. (IF AU3 = 1) On average, since you found out you were pregnant, how many times have you had alcoholic drinks ?

1. Less than once a month
2. 1 to 2 days per month
3. 1 to 3 days per week
4. 4 to 6 days per week
5. Daily

AU4b. (IF AU3 = Yes) On the days that you do drink, since you found out you were pregnant, how many alcoholic drinks do you have?

1. One
2. Two
3. Three
4. Four or More

AU11. (IF AU3 = Yes) Did you ever share information about your drinking with the WIC staff?

1. Yes
2. No

AU8a. (IF I2 = 1 AND AU11 = Yes) Did a WIC staff person ever advise you NOT to have alcoholic drinks while you are pregnant?

1. Yes
2. No

AU9. (IF I2 = 1 AND AU11 = Yes AND AU4A = 2 or MORE) Has a WIC staff person ever referred you to a program to help you stop drinking alcohol?

1. Yes
2. No

DRUG USE

DU1. Have you ever, even once, used an illegal drug such as marijuana, cocaine, inhalants, or LSD?

1. Yes
2. No → GO TO QDU7

DU2a. (IF I2 = 1 AND DU1 = Yes) In the 6 months before you found out that you were pregnant, how often did you use illegal drugs such as marijuana, cocaine, inhalants, or LSD?

1. Never
2. Less than once a month
3. 1 to 2 days per month
4. 1 to 3 days per week
5. 4 to 6 days per week
6. Daily

DU3a. (IF I2 = 1 AND DU1 = Yes) Since you found out you were pregnant, have you used any illegal drugs at all during your pregnancy?

1. Yes
2. No

DU4a. (IF DU3a = 1) On average, since you found out you were pregnant how often have you used illegal drugs?

1. Less than once a month
2. 1 to 2 days per month
3. 1 to 3 days per week
4. 4 to 6 days per week
5. Daily

DU11. (IF DU1 = Yes) Did you ever tell the WIC staff about your use of illegal drugs?

1. Yes
2. No

DU7. How harmful do you think it is to her baby if a mother uses illegal drugs while she is pregnant?

1. Very harmful
2. Somewhat harmful
3. A little harmful
4. NOT harmful at all

DU8. Did a WIC staff person ever advise you NOT to use illegal drugs while you are pregnant?

1. Yes
2. No

DU9. (IF DU1=1) Has a WIC staff person ever referred you to a program to help you stop using illegal drugs?

1. Yes
2. No

DEMOGRAPHICS / OTHER

D10. Do you currently work at a job for pay?

1. Yes
2. No

D11. (IF D10 = 1) Approximately how many hours per week do you work at a job for pay?

_____ NUMBER OF HOURS AT WORK

D14. Which of the following best describes your current marital status. Are you....

1. Married
2. Widowed
3. Divorced or Separated
4. Never Married

D6. Are you of Hispanic origin?

1. Yes
2. No

D6a. Which of the groups listed below best describes your race? Please pick the one that you most closely identify with.

1. White
2. Black
3. American Indian, Aleut, or Eskimo
4. Asian or Pacific Islander, or Asian Indian

D15a. (IF I3 = 2) How many people live with you in your home? Please be sure to include any babies who live with you in your home.

_____ NUMBER OF PEOPLE

D15b. (IF I3 = 1) How many people live with you in your home? Please be sure to include your baby (BABYNAME) as well as any other babies who live with you in your home.

_____ NUMBER OF PEOPLE

IF D15a OR D15b=DK/REF, SKIP TO D7.
OTHERWISE, CONTINUE.

D15c. How many of these (D15a or D15b RESPONSE) people are 18 years old or older?

_____ NUMBER OF ADULTS

D7. What is the last grade or year that you completed in school?

1. No formal schooling
2. 1st Grade
3. 2nd Grade
4. 3rd Grade
5. 4th Grade
6. 5th Grade
7. 6th Grade
8. 7th Grade
9. 8th Grade
10. 9th Grade
11. 10th Grade
12. 11th Grade
13. 12th Grade
14. Some College or Technical School
15. Finished College or Technical School

D8. [IF D7 = 1-12] Have you received either a high school diploma or a GED certificate of high school completion?

1. Yes
2. No

D9. Are you now enrolled in any kind of school, including a GED program?

1. Yes
2. No → SKIP TO D20

D12. (IF D9 = 1) Approximately how many hours per day are you in school?

_____ NUMBER OF HOURS IN SCHOOL

D20. (IF I3 = 1) Is your baby (BABYNAME) enrolled in a day care center?

1. Yes
2. No → GO TO D22

D21. (IF D20 = 1) On the average, how many hours each day does your baby (BABYNAME) stay at a day care center?

1. Less than one hour each day
2. 1 - 3 hours each day
3. 4 - 8 hours each day
4. More than 8 hours each day

D22. (IF I3 = 1) Does a family member or friend ever take care of your baby (BABYNAME) when you go out?

1. Yes
2. No GO TO R15

D23. (IF D22 = 1) On the average, how many hours each day does a family member or friend take care of your baby (BABYNAME) when you go out?

1. Less than one hour each day
2. 1 - 3 hours each day
3. 4 - 8 hours each day
4. More than 8 hours each day

R15. In general, do you think WIC provides you with enough information about other services that are available for teens?

1. Yes
2. No

R14. How satisfied are you with the WIC program overall, would you say...

1. Very satisfied
2. Somewhat satisfied
3. Not very satisfied

CONCLUDING SCREEN: This is the end of the interview. Thank you for your help. Please contact the WIC staff member and she will set up the computer for the next person.