Food and Nutrition Service

U.S. DEPARTMENT OF AGRICULTURE

WIC Nutrition Assessment and Tailoring Study: Final Report Part 1 – Appendix A

U.S. Department of Agriculture | Food and Nutrition Service | Office of Policy Support

WIC Nutrition Assessment and Tailoring Study: Final Report Part 1 – Appendix A

Submitted to

USDA Food and Nutrition Service
Office of Policy Support
1320 Braddock Place
Alexandria, VA 22314

Project Officers

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This WIC Nutrition Assessment and Tailoring Study was conducted by Westat under Contract No. GS00F009DA, supported by the U.S. Department of Agriculture's Food and Nutrition Service. The findings and conclusions in this report are those of the authors and should not be construed to represent any official USDA of U.S. Government determination or policy.

In approving Ohio WIC's participation in this study, the Ohio Department of Health Institutional Review Board requires that publication of research findings include the following disclaimer: "This study includes data provided by the Ohio Department of Health which should not be considered an endorsement of this study or its conclusions."

In approving Nebraska WIC's participation in this study, the Nebraska Department of Health and Human Services requires that publication of research findings include the following disclaimer: "These findings and their interpretation are the sole responsibility of the author and do not necessarily reflect the opinions or policy position of DHHS."

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Submitted by

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Appendix A

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and

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Appendix A-1

Local Agency Director Survey Instrument

OMB Control No: 0584-0663
Expiration Date: 04/30/2024

WIC NUTRITION ASSESSMENT AND TAILORING STUDY
Local Agency Survey

Thank you for taking the time to complete this survey. The United States Department of Agriculture (USDA), Food and Nutrition Service (FNS) is sponsoring a national study to examine WIC's nutrition risk assessment process. FNS has contracted with Westat and Insight Policy Research to conduct this study.

As part of the study, FNS would like the input of WIC Local Agency Directors about the policies and guidance that their WIC clinics follow when conducting nutrition risk assessments and using assessment results to tailor benefits and services provided.

We understand that changes may have occurred in your processes for conducting nutrition risk assessments during the COVID-19 pandemic. Please answer these questions based on how your Local Agency and clinics operated *before* the pandemic (generally before March 2020), unless otherwise specified.

You may share the link and PIN for this survey with other staff at your agency so that they may assist in responding to questions about the nutrition risk assessment process. However, we would like the Local Agency Director to approve and submit the completed survey.

You and your staff may log in to the survey as many times as you wish before submitting. The website will automatically save your work as you go.

Please complete this survey by **June 30, 2021**

NUTRITION RISK ASSESSMENT PROCESSES AND PROTOCOLS
*Please think back to your Local Agency's nutrition risk assessment process and protocols **before** the COVID-19 pandemic to answer these questions.*

1. State Agencies often provide policy and procedure documents for conducting nutrition risk assessments. In addition to the ones created by your State Agency, has your Local Agency created policy and procedure protocols for the WIC clinics that you oversee?

   ☐ Yes
   ☐ No → GO TO QUESTION 3

2. In what areas has your Local Agency created additional nutrition risk assessment protocols? (Check all that apply.)

   - ☐ Determining nutrition risk criteria
   - ☐ Adaptations for culturally diverse populations
   - ☐ Types of tools used when performing the nutrition risk assessment
   - ☐ Documenting nutrition risk criteria
   - ☐ Using technology to communicate with participants about the nutrition risk assessment pre- and post-visit
   - ☐ Training provided to WIC nutrition risk assessment staff
   - ☐ Other (Specify:_____)

3. Are your WIC participants/parents or guardians asked to complete any forms prior to appointments that involve nutrition risk assessment?

   - ☐ Yes
   - ☐ No GO TO QUESTION 5

4. What kinds of forms are your WIC participants/parents or guardians asked to complete prior to appointments involving nutrition risk assessment? (Check all that apply.)

   - ☐ Dietary intake forms for self and/or child
   - ☐ Nutrition assessment questionnaires
   - ☐ Forms to document participant's eligibility (e.g., address, income, etc.)
   - ☐ Other (Specify): _____

5. Which of the following types of tools do staff utilize to conduct the nutrition risk assessment component of the visit with a program participant? (Check all that apply.)

   - ☐ Nutrition questionnaire
   - ☐ Health questionnaire
   - ☐ Medical information
   - ☐ Diet history
   - ☐ Measuring or drinking cups
   - ☐ Food models
   - ☐ Baby bottles
   - ☐ Other (Specify):_____

6. Which of the following types of staff typically **perform the nutrition risk assessment** at clinic site(s) operated by your Local Agency? (Check all that apply.)

   - ☐ Registered dietitian/registered dietitian nutritionist (RD/RDN)
   - ☐ Nutritionist (4 year degree/non-RD/RDN)
   - ☐ Nurse (Registered Nurse (RN) or Licensed Practical Nurse (LPN))
   - ☐ Paraprofessional
   - ☐ Nutrition assistant/nutrition aid
   - ☐ Breastfeeding peer counselor
   - ☐ Designated breastfeeding experts (including Certified Lactation Counselors, Certified Lactation Educators, and International Board Certified Lactation Consultants)
   - ☐ Clerk/support staff
   - ☐ Other (Specify): _____

NUTRITION RISK ASSESSMENT PROCESSES AND PROTOCOLS

*Please think back to your Local Agency's nutrition risk assessment training protocols **before** the COVID-19 pandemic to answer these questions.*

7. Think about the nutrition risk assessment trainings offered to **all WIC staff who conduct nutrition risk assessments** at your Local Agency's clinics. Which of the following topics are included in the trainings provided to these staff? (Check all that apply.)

- ☐ Prenatal nutrition
- ☐ Postnatal nutrition (including nutrition for breastfeeding mothers)
- ☐ Infant nutrition
- ☐ Child nutrition
- ☐ The nutrition assessment process
- ☐ Assessment of breastfeeding behaviors
- ☐ Anthropometric data collection techniques (e.g., how to properly obtain heights, lengths, and weights)
- ☐ Hematological data collection techniques (e.g., how to collect blood specimens for measuring hemoglobin levels)
- ☐ Physical signs and symptoms of nutrition-related conditions (e.g., nutrition-focused physical exams)
- ☐ Dietary assessment (e.g. 24 hour recalls, food frequency questionnaires)
- ☐ Documentation of nutrition assessment findings
- ☐ Motivational interviewing
- ☐ Multicultural awareness
- ☐ Critical thinking
- ☐ Counseling and participant-centered services skills
- ☐ Weight issues (e.g. obesity, prenatal weight gain)
- ☐ Therapeutic formula
- ☐ Use of interpreter services
- ☐ Other, specify:_____
- ☐ Other, specify:_____
- ☐ Other, specify:_____

[FOR EACH TRAINING TOPIC SELECTED IN QUESTION 7 ABOVE, ASK QUESTIONS 8 AND 9.]

8. How often do WIC nutrition risk assessment staff receive [prenatal nutrition] training?

- ☐ Twice a year
- ☐ Annually
- ☐ Once every 2 years
- ☐ Other, specify:_____

9. Does your Local Agency offer refresher trainings for the [prenatal nutrition] training?

- ☐ Yes
- ☐ No

10. Think about the topics you selected as being included in the nutrition risk assessment trainings offered to WIC staff. How are these trainings conducted? (Check all that apply.)

- ☐ National/State/Regional conference
- ☐ Training sessions/courses at a State training center
- ☐ In-house training session (e.g., Local Agency conferences, workshops)
- ☐ Clinic staff meetings
- ☐ State or Local Agency webinars
- ☐ Online training modules or courses
- ☐ Individual staff mentoring or coaching
- ☐ Other, describe:_____

ASSESSMENTS OF HIGH RISK

Please think back to how your clinics worked with high risk participants ***before*** *the COVID-19 pandemic to answer these questions.*

11. Does your Local Agency or your State Agency determine which nutrition risk criteria are considered high risk?

- ☐ The State Agency
- ☐ The Local Agency
- ☐ Both the State Agency and Local Agency
- ☐ We do not use high risk codes

12. Has your Local Agency created processes or protocols for providing nutrition education to high risk participants that are in addition to those described in your State policy and procedures manual?

- ☐ Yes
- ☐ No → GO TO QUESTION 14

13. In what areas has your Local Agency created additional nutrition education protocols for high risk participants that are in addition to those described in your State policy and procedures manual?

- ☐ Preparing the individual care plan
- ☐ Referrals to professional WIC staff
- ☐ Referrals to external services
- ☐ The number and frequency of educational contacts
- ☐ Use of technology to enhance educational messages
- ☐ Other (Specify:_____)

BREASTFEEDING ASSESSMENTS

*Please think back to how your clinics conducted breastfeeding assessments **before** the COVID-19 pandemic to answer these questions.*

14. Which of the following types of staff **conduct breastfeeding assessments** for participants at your clinic site(s)? (Check all that apply.)

- ☐ Registered dietitian/registered dietitian nutritionist (RD/RDN)
- ☐ Nutritionist (4 year degree/non-RD/RDN)
- ☐ Nurse (Registered Nurse (RN) or Licensed Practical Nurse (LPN))
- ☐ Paraprofessional/nutrition assistant/nutrition aid
- ☐ CLC (Certified lactation counselor)
- ☐ CLE (Certified lactation educator)
- ☐ IBCLC (International board certified lactation consultant)
- ☐ Breastfeeding peer counselor
- ☐ Clerk/support staff
- ☐ Other (Specify): _____

15. Do you use FNS Breastfeeding Curricula (i.e. WIC Breastfeeding Curriculum or "Using Loving Support to Grow and Glow in WIC") for your breastfeeding assessment training?

- ☐ Yes – GO TO Q16
- ☐ No – GO TO Q20

16. How often do WIC breastfeeding assessment staff receive training using the FNS Breastfeeding Curriculum?

- ☐ Twice a year
- ☐ Annually
- ☐ Once every 2 years
- ☐ Other, specify:_____

17. How is the training conducted using the FNS Breastfeeding Curriculum? (Check all that apply.)

- ☐ National/State/Regional conference
- ☐ Training sessions/courses at a State training center
- ☐ In-house training session (e.g., Local Agency conferences, workshops)
- ☐ Clinic staff meetings
- ☐ State or Local Agency webinars
- ☐ Online training modules or courses
- ☐ Individual staff mentoring or coaching
- ☐ Other, describe:_____

18. Does your Local Agency offer refresher trainings using the FNS Breastfeeding Curriculum?

- ☐ Yes
- ☐ No

19. What additional topics not covered by the FNS Breastfeeding Curriculum do you include in your breastfeeding assessment training?

    Specify: _____
    [IF OTHER TOPICS REPORTED, GO TO Q21, ELSE GO TO Q24]

20. Now, think specifically about the breastfeeding assessment trainings offered to WIC staff who conduct breastfeeding assessments at your Local Agency's clinics. Which of the following topics are included in the breastfeeding assessment training? (Check all that apply.)

    - ☐ Assessing mother's personal beliefs and attitudes towards breastfeeding
    - ☐ Assessing mother's milk production/mother and baby's dietary intake
    - ☐ Assessing potential breastfeeding problems, breastfeeding techniques, and baby hunger cues
    - ☐ Assessing participant breastfeeding goals
    - ☐ Infant nutrition
    - ☐ Counseling and participant-centered services skills
    - ☐ Other, specify:_____

[FOR EACH TRAINING TOPIC SELECTED IN QUESTION 19 OR 20 ABOVE, ASK QUESTIONS 21 and 22.]

21. How often do WIC breastfeeding assessment staff receive [Infant nutrition] training?

    - ☐ Twice a year
    - ☐ Annually
    - ☐ Once every 2 years
    - ☐ Other, specify:_____

22. Does your Local Agency offer refresher trainings for [Infant nutrition] training?

    - ☐ Yes
    - ☐ No

23. What are the ways in which training is conducted for the breastfeeding assessment topics you selected? (Check all that apply.)

    - ☐ National/State/Regional conference
    - ☐ Training sessions/courses at a State training center
    - ☐ In-house training session (e.g., Local Agency conferences, workshops)
    - ☐ Clinic staff meetings
    - ☐ State or Local Agency webinars
    - ☐ Online training modules or courses
    - ☐ Individual staff mentoring or coaching
    - ☐ Other, describe:_____

TAILORING PROGRAM BENEFITS BASED ON NUTRITION RISK ASSESSMENT RESULTS

Please think back to how your clinics tailored program benefits based on nutrition assessment results ***before*** *the COVID-19 pandemic to answer these questions.*

FOOD PACKAGES

24. Do WIC staff in your local clinics modify food quantities (e.g. provide less than the full maximum monthly allowance) in response to nutrition risk assessment results? (Check all that apply.)

    - ☐ Yes, if it is medically or nutritionally warranted (e.g. to eliminate a food due to a food allergy or another nutrition-related medical condition)
    - ☐ Yes, if a participant refuses or cannot use the full nutrition benefit
    - ☐ No

25. Do WIC staff at your clinics tailor food types and forms to accommodate household and general living conditions, such as: (Check all that apply.)

    - ☐ Food storage conditions
    - ☐ Equipment for food preparation
    - ☐ Unsafe water
    - ☐ Homeless and transient status
    - ☐ The Local Agency cannot tailor food types and forms to accommodate household and general living conditions

26. Do WIC staff at your local clinics make changes or substitutions to participants' food packages to meet their individual nutritional needs and preferences based on the results of the nutrition risk assessment?

    - ☐ Yes
    - ☐ No → GO TO QUESTION 28

27. What changes are made by your local clinic staff? (Check all that apply.)

    - ☐ Substitutions based on medical diagnoses
    - ☐ Substitutions based on participants' food preferences
    - ☐ Cultural, belief, or religious food substitutions (e.g., vegan, Kosher, Halal)
    - ☐ Adjustment to the type of infant formula provided based on breastfeeding assessment
    - ☐ Adjustment to the amount of infant formula provided based on breastfeeding assessment
    - ☐ Other (Specify:_____)

NUTRITION EDUCATION

*Please think back to how your clinics conducted nutrition education **before** the COVID-19 pandemic to answer these questions.*

28. At your Local Agency's WIC clinics, how does staff use the information obtained in the nutrition assessment to tailor nutrition education? (Check all that apply.)

- ☐ A menu of nutrition education topics are identified, and the participant/caregiver chooses what interests him or her most
- ☐ Content of educational materials is modified
- ☐ Delivery medium is modified (e.g., in-person discussion, on-line presentation, printed materials)
- ☐ The number and frequency of educational contacts is modified
- ☐ Other (Specify:_____)
- ☐ None of the above. Staff do not use the nutrition assessment to modify or tailor nutrition education.

29. At your Local Agency's WIC clinics, what modes of nutrition education are offered to participants, **currently *and* prior to the pandemic**? (Check all that apply.)

- ☐ One-on-one counseling: Face to face (in WIC site)
- ☐ One-on-one counseling: Telephone
- ☐ One-on-one counseling: Video conferencing
- ☐ Group education sessions
- ☐ Technology-based nutrition education used by participants at site (e.g., computer, kiosk, tablet)
- ☐ Technology-based nutrition education used by participants offsite via Internet (e.g., web-based nutrition education modules)
- ☐ Distribution of printed materials to participants
- ☐ Other (Specify:_____)

30. At your Local Agency's WIC clinics, how do staff prioritize nutrition education topics for participants with multiple nutrition risks? (Check all that apply.)

- ☐ Local Agency protocol
- ☐ Professional judgement of nutrition risk assessment staff
- ☐ Participant's expressed needs and concerns
- ☐ Other (Specify: _____)

REFERRALS

*Please think back to how your clinics offered referrals **before** the COVID-19 pandemic to answer these questions.*

31. For each of the following specialists, please indicate if an internal referral is offered … (Select one response for each type of internal referral.)?

Type of Internal Referrals	To all WIC participants at my clinics	Only when indicated based on the results of the nutrition risk assessment	Specialist is not available in my clinics
Breastfeeding Peer Counselor			
WIC Designated Breastfeeding Expert			
WIC Registered Dietitian/Registered Dietitian Nutritionist (RD/RDN)			
Other (Describe):			

32. For each of the following health and social service programs or organizations, please indicate if an external referral is offered … (Select one response for each type of external referral.)

Type of External Referrals	To all WIC participants at my clinics	Only when indicated based on the results of the nutrition risk assessment	Referral service not available to my clinics
Breastfeeding support groups			
Childhood immunizations			
Community health centers/Health provider			
Oral health resources			
Income support (TANF, SSI, UI)			
SNAP/Food Stamps			
Medicaid/CHIP			
Alcohol, tobacco and substance use counseling			
Domestic violence			
Housing/shelter			
Child abuse prevention/counseling			
Food banks			
Smoking cessation			
Other			
Specify:			
Specify:			
Specify:			

CHANGES TO PROGRAM BENEFITS

*Please think back to how your clinics made changes to program benefits **before** the COVID-19 pandemic to answer these questions.*

33. **Without a new nutrition risk assessment**, can staff at your clinics modify WIC program benefits (e.g., modify food packages, nutrition education, etc.) based on changes noted in identified risks or new risks that the participant brings to the attention of WIC staff between certification appointments? (Check all that apply.)

- ☐ Yes, staff may modify benefits if they note changes to the risks identified in the initial assessment
- ☐ Yes, staff may modify benefits to address nutrition risks that were previously identified but not addressed in prior appointments
- ☐ Yes, staff may modify benefits based on new risks that a participant brings to their attention
- ☐ No, staff may not modify benefits until the participant is re-certified.

USE OF THE MIS

*Please think back to how your clinics made use of the MIS **before** the COVID-19 pandemic to answer these questions.*

34. Does the WIC computer program (Management Information System, or MIS) at your clinics help staff to tailor program benefits using information from the nutrition risk assessment?

- ☐ Yes
- ☐ No → GO TO QUESTION 38

35. How does the MIS at your clinics help staff tailor **food packages** using information from the nutrition risk assessment?

- ☐ Automatically tailors food packages, but WIC staff can make changes
- ☐ Automatically tailors food packages, and this cannot be changed by WIC staff
- ☐ Suggests possible ways to tailor food packages that WIC staff can choose from
- ☐ Does not help staff tailor food packages
- ☐ Other, specify:_____

36. How does the MIS at your clinics help staff tailor **nutrition education** using information from the nutrition risk assessment?

- ☐ Automatically tailors nutrition education offered to participants, but WIC staff can make changes
- ☐ Automatically tailors nutrition education offered to participants, and this cannot be changed by WIC staff
- ☐ Suggests possible ways to tailor nutrition education that WIC staff can choose from
- ☐ Does not help staff tailor nutrition education
- ☐ Other, specify:_____

37. How does the MIS at your clinics help staff tailor **referrals** offered to participants using information from the nutrition risk assessment?

- ☐ Automatically tailors referrals offered to participants, but WIC staff can make changes
- ☐ Automatically tailors referrals offered to participants, and this cannot be changed by WIC staff
- ☐ Suggests possible referrals to offer participants that WIC staff can choose from
- ☐ Does not help staff tailor referrals offered to participants
- ☐ Other, specify:_____

CULTURAL APPROPRIATENESS OF NUTRITION RISK ASSESSMENT SERVICES AND BENEFIT TAILORING

Please think back to how your clinics ensured the cultural appropriateness of nutrition services ***before*** *the COVID-19 pandemic to answer these questions.*

38. How does your Local Agency communicate with participants who speak a language other than English **when conducting nutrition risk assessments**? (Check all that apply.)

- ☐ Have bilingual staff onsite
- ☐ Use on-site interpreters (individuals who provide interpreter services only)
- ☐ Use a language line service
- ☐ Other, specify:_____
- ☐ Does not apply

39. How does your Local Agency communicate with participants who speak a language other than English **when providing nutrition education**? (Check all that apply.)

- ☐ Have bilingual staff onsite
- ☐ Use on-site interpreters (individuals who provide interpreter services only)
- ☐ Use a language line service
- ☐ We offer printed educational materials in other languages
- ☐ Other, specify:_____
- ☐ Does not apply

40. How does your Local Agency ensure cultural competency in service provision? (Check all that apply.)

- ☐ Staff training
- ☐ Pursue feedback and advice from culturally diverse groups
- ☐ Conduct culturally sensitive evaluations
- ☐ Elicit participant expectations and preferences
- ☐ Other, specify:_____
- ☐ None of the above

41. Do clinic assessment staff make allowable changes or substitutions to WIC participants' food packages to meet their cultural food preferences?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

LOCAL AGENCY CHARACTERISTICS

Lastly, we would like to ask some questions about the characteristics of your Local Agency.

42. Which of the following categories best describes your Local Agency :

- ☐ Local/County Health Department
- ☐ Health Center/Clinic
- ☐ Non-profit Organization
- ☐ Other (Please describe): _____

43. How many clinic sites does your Local Agency operate? _____

44. Where are these clinic sites located?

- ☐ Primarily in urban areas
- ☐ Primarily in rural areas
- ☐ Primarily in suburban areas
- ☐ Clinics are located in a mix of urban/suburban areas
- ☐ Clinics are located in a mix of urban/rural/suburban areas

45. Do participants served by your Local Agency use a language other than English as their primary language (i.e., the language they speak at home)?

- ☐ Yes
- ☐ No → End the survey.

46. Please list the three languages other than English, used most frequently by WIC participants in your Local Agency, and indicate the approximate percentage of WIC participants using each as their primary language (i.e., the language they speak at home).

Language 1: _____ Percent: _____
Language 2: _____ Percent: _____
Language 3: _____ Percent: _____

Thank you for completing this survey. We appreciate your participation.

Appendix A-2

MIS Requested Variable List

Table A.1 provides the name and description of each requested variable.

Table A.1. Requested Variables

Data Item Number	Variable Name	Description of Variable
		WIC PC Minimum Data Set
1.	STATE	State Agency ID
2a.	LOC_AGEN	Local Agency ID
2b.	SITE	Service Site ID
3a.	ID	Case ID[a]
4.	AGE	Participant's Age at Certification (Years for women, months for infants and children)
5.	RACE	Race/Ethnicity**.** May report 3-digit or 6-digit race/ethnicity codes. See WIC PC Guidance for details.
6a.	CERT_CAT	Certification Category (1 = pregnant woman, 2 = breastfeeding woman, 3 = postpartum woman, 4 = infant, 5 = child)
6b.	EDDDTE or GEST	Expected Date of Delivery (MMDDYYYY) or Week's Gestation
7.	CERTDTE	Date of Certification (MMDDYYYY)
8.	SEX	Sex (1 = male, 2 = female)
9.	RISK_PRI	Risk Priority Code (I-VII)
10a.	TANF	Participation in TANF (1 = yes, 2 = no)
10b.	SNAP	Participation in SNAP (1 = yes, 2 = no)
10c.	MEDICAID	Participation in Medicaid (1 = yes, 2 = no)
11.	MIGRANT	Migrant Status (1 = yes, 2 = no)
12.	ECO_UNIT	Number in Family/Economic Unit (includes people in the household who do not participate in WIC)
13a.	INCOME	Family/Economic Unit Income (dollar value). Report either INCOME and INC_PER or INC_ADJN.
13b.	INC_PER	Income Period (1 = weekly, 2 = monthly, 3 = biweekly, 4 = annually, 5 = bimonthly)
13c.	INC_ADJN	Income Ranges (1-60; see WIC PC Guidance)
14a-j.	NUTRISK1	Nutritional Risk 1-10. If your State agency does not use the standard FNS nutritional risk codes, please provide documentation of your codes.
15a.	HEMOGLOB	Hemoglobin (grams/dl, one implied decimal place)
15b.	HEMACRIT	Hematocrit (nearest tenth of a percent, one implied decimal place)
15c.	BLAGE	Age at Blood Test (Years for women, months for infants and children)
16a.	WEIGHTLB or WEIGHTGM	Participant's Weight in [Pounds or Grams]
16b.	WEIGHTQT	Nearest Quarter Pound of Participant's Weight
17a.	HEIGHTIN or HEIGHTCM	Participant's Height in [Inches or Centimeters]
17b.	HEIGHT_8	Nearest Eighth of an Inch of Participant's Height
18.	HWAGE	Age at Height and Weight Measurement (Years for women, months for infants and children)
19a.	CBRSTFED	Currently Breastfed (1 = yes, 2 = no; infants and 1-year-old children only)
19b.	EBRSTFED	Ever Breastfed (1 = yes, 2 = no; infants and 1-year-old children with CBRSTFED = 2)
19c.	BRESTFED	Length of Time Breastfed (number of weeks, for infants and 1-year-old children with EBRSTFED = 1)
19d.	DMRBRFED	Date Breastfeeding Data Collected (MMDDYYYY; for infants and 1-year-old children with CBRSTFED =1)

Data Item Number	Variable Name	Description of Variable
20a-o.	ITEM1-14/QTY1-14	Item1-14 and Quantity 1-14. Please submit documentation of your State agency's codes. These data should reflect the issued foods at the time of the appointment for which the record is provided.
20n.	FP_TYPE	Food Package Type. A number from 1 to 28 that described the participant's FNS food package number (I through VII); participant type (infant, child, woman, medical); breastfeeding status; and, for infants and children only, age. A value of 0 means the food package type was not reported (see page 12 for detailed information)
		Nutrition Education and Referrals
21.	HHID	Household ID. Household ID should be the same for each member of the household.
22a-e.	TRAINCODE1-5	Education/Training Offer Class Code1-5. Please submit documentation of your State agency's codes.
23a-e.	TRAINDESC1-5	Education/Training Offer Class Description1-5. Please submit documentation of your State agency's codes.
24a-e.	TRAINDATE1-5	Education/Training Offer Date1-5 (MMDDYYYY)
25a-e.	TRAINMAT1-5	Education/Training Offer Materials Provided1-5. Please submit documentation of your State agency's codes.
26a-e.	TRAINSTATUS1-5	Education/Training Offer Status Code
27a-e.	TRAINTYPE1-5	Education/Training Offer Type Code
28.	PLANDATE	Participant Care Plan Create Date (MMDDYYYY)
29.	PLANHRIND	Participant Care Plan High Risk Indicator (1 = high risk; 2 = not high risk)
30.	PLANID	Participant Care Plan Identification Number
31.	PLANGOALDTE	Participant Care Plan Nutrition Goal Date (MMDDYYYY)
32.	PLANOUTCODE	Participant Care Plan Nutrition Goal Outcome Code. Please submit documentation of your State agency's codes.
33.	PLANOUTDTE	Participant Care Plan Nutrition Goal Outcome Date (MMDDYYYY)
34.	PLANGOAL	Participant Care Plan Nutrition Goals. Please submit documentation of your State agency's codes.
35.	PLANTYPE	Participant Care Plan Template Type Code. Please submit documentation of your State agency's codes.
36.	IMMCHECK	Participant Health Immunization Record Checked (1 = yes, 2 = no)
37.	IMMCODE	Participant Health Immunization Status Code. Please submit documentation of your State agency's codes.
38a-e.	REFCODE1-5	Referral To Organization Code1-5. Please submit documentation of your State agency's codes.
39a-e.	REFDATE1-5	Referral Date1-5
40a-e.	REFDECLINE1-5	Referral Declined1-5

[a] WIC PC instructions request State agencies create a new case ID. For this study, we requested State agencies use **a consistent Case ID for the same individual across reference periods**.

Appendix A-3

Staff Interview Guide

OMB Control No: 0584-0663
Expiration Date: 04/30/2024

United States Department of Agriculture (USDA)
WIC Nutrition Assessment and Tailoring Study – Staff Interview Guide

CLINIC ID: _____ STAFF ID: _____ INTERVIEW DATE: _____

Thank you for agreeing to participate in this interview today. My name is _____ . I work for Westat [Insight Policy Research], a research organization based in Rockville, MD [Arlington, VA]. We are under contract with the US Department of Agriculture Food and Nutrition Service, or FNS, to conduct a study of the WIC nutrition risk assessment process.

Before we get started there are a few things I should mention. This is a research project. Your participation is voluntary, and refusal to participate will not affect your employment in any way. If you choose to participate, you do not have to answer any questions that make you uncomfortable. You may also choose to discontinue participation at any time. We have planned for this interview to last no more than 60 minutes.

The purpose of this study is to provide FNS with a comprehensive, detailed description of the WIC nutrition risk assessment process and the ways in which WIC staff tailor participant benefits to meet the needs of the participant as identified during the assessment. We will use this information to identify best practices that promote efficient processes, effective identification of nutrition risks, and appropriate tailoring of participants' benefits.

IF REMOTE: We will also use this study to better understand how WIC staff carry out the nutrition risk assessment remotely. In other words, we want to know how you perform the assessment over the phone or by video call when the participant is not physically present at the clinic site. For this interview, we will ask you to describe your experience conducting remote nutrition risk assessments – including your perspective on the challenges and benefits of providing these services remotely and your suggestions for how the services can be improved.

We will make every effort to keep the information you share with us private. While the final report will be available to the public, your name or any information that could be used to identify you will not be used in it. *We may use quotes from you or other participants in our reports; however, participants' names will not be linked to any responses.*

Do you have any questions?

Finally, with your permission, we would like to record the interview. The recording will be used to help us recall exactly what was said when we go to summarize our findings. The recordings and any notes we have will be stored on our companies' secure servers. They are accessible only to the project team. We will destroy the recordings after the study is complete. Are you okay with us recording?

[IF PERMISSION IS GIVEN TO RECORD, ASK AGAIN IF THERE ARE ANY QUESTIONS. ANSWER ALL QUESTIONS. IF PERMISSION IS NOT GIVEN, CONTINUE THE INTERVIEW WITH YOUR SITE PARTNER AS NOTE TAKER, IF AVAILABLE.]

If there are no other questions, I'd like to start the audio recording now.

[TURN ON RECORDER:] For the purpose of the recording, are you willing to participate in this interview? And are you willing to have the interview audio recorded?

1. How many years have you been conducting nutrition assessments at this WIC clinic? ___years
2. What is your title at this WIC clinic? _____
3. Which of the following types of WIC clients do you see for WIC certifications?

   (Interviewer, each response choice should be read aloud. Check only one.)

   - ☐ All types of clients
   - ☐ Only non-high risk clients
   - ☐ Only high risk clients
   - ☐ Other, specify

To start off, I want to ask you some questions about how you conduct a nutrition risk assessment during remote certification and recertification appointments, that is, those appointments you conducted over the phone or by video call.

4. **[IF REMOTE]** Where have you performed the majority of your work while conducting nutrition risk assessments remotely? If you were required to work from multiple locations, such as your clinic site or your home, please tell us about that.

5. **[If Q4 = Home or workplace outside of clinic site]** Were you able to use your clinic's management information system, or MIS, from your remote workplace to document the nutrition risk assessment?

   [If Q5 = YES] If so, how did that work?

   Were there any unique challenges when using the MIS from a non-work location?

   [If Q5 = NO] If you were not able to access your clinic's MIS when conducting the nutrition risk assessment remotely, then what process did you use to document the assessment?

6. **[IF REMOTE]** How did you conduct nutrition risk assessments remotely? Did you conduct assessments via…

   - ☐ Telephone
   - ☐ Video call (e.g., Zoom, Skype, etc.)
   - ☐ Other, specify:

7. Please describe how you determine nutrition risk for a participant when conducting certification and recertification appointments remotely.

   a. What kind of information do you collect and examine so that you or your MIS can identify a participant's nutrition risk or risks?

      1) How do you collect this information when conducting the nutrition risk assessment remotely?

   b. What kinds of information provided by a health care provider do you take into account in determining a participant's nutrition risks (that is, what type of health care provider referral information do you use)?

1) How do you collect information from health care providers when conducting the nutrition risk assessment remotely?

c. To what extent do you document all applicable risk criteria when conducting the nutrition assessment remotely? Do you limit the number of risks you document for a single participant?

d. In general, when conducting the nutrition risk assessment remotely, do you find yourself documenting a different number of nutrition risks than you typically do when conducting the nutrition risk assessment in-person? If so, how does this differ?

8. Do you use any of the following to help you ensure that all aspects of the nutrition risk assessment are completed: *(Interviewer, check all that apply and probe as needed.)*

- ☐ A checklist or other tool?
- ☐ The MIS or your WIC computer system?
- ☐ Other items? Specify ____

9. How do you clarify when relevant information from the participant is not clear?

10. Before the certification appointment, what documents or other information does the participant provide to inform the nutrition risk assessment?

a. Do you look at any of the information provided prior to the certification appointment? How do you use this information?

Now, I'd like to ask you some questions about how you tailor a participant's food package, nutrition education and counseling, nutrition and health goals, and referrals based on the results of the nutrition risk assessment.

11. How do you use the information from the nutrition risk assessment to make allowable changes or substitutions to the standard food package?

a. What information is **most important** in deciding how (or whether) to change the food package?

b. **[IF REMOTE]** In general, have you noticed a difference in the frequency or type of food package modifications that you make when conducting the nutrition risk assessment remotely compared to when you conduct the assessment in-person? If so, how does this differ?

12. Based on the findings of a participant's nutrition risk assessment, do you modify nutrition education by:

(Interviewer, ask about each of these options and check all that apply.)

- ☐ Changing your counseling methods?
- ☐ Changing the delivery medium?
- ☐ Changes to the nutrition education topics offered?
- ☐ Other items?

13. When a participant has multiple nutrition risks, do you provide nutrition education for all of their risks or do you select certain risks for nutrition education sessions?

a. [If select certain risks] How do you decide which risks to select?

14. How, if at all, are secondary (or subsequent) nutrition education contacts tailored to the participant's nutrition risk(s)? For example, do you tailor:

(Interviewer, read the list of response options then probe as needed to cover options not addressed in their initial response.)

- ☐ How soon participants are asked to complete follow-up contacts?
- ☐ The format (one-on-one sessions or classes)?
- ☐ The topics covered?
- ☐ Other items?

15. How do you use the information from the nutrition assessment to guide participants in establishing nutrition and health goals?

16. What information does your clinic's MIS display to help you tailor program benefits including nutrition education, the food package, and referrals?

Next I have some questions about how you ensure cultural sensitivity when providing nutrition-related services.

17. Have you received training in the cultural differences that exist in your clinic's client population?
    a. If yes, can you describe the training?

18. What are the different languages that your participants speak and what cultural groups do you serve at this clinic?

19. What resources are available to assist you with non-English speaking participants when providing services remotely or over the phone, such as an interpreter or language line service, for…
    a. Conducting a nutrition assessment?

    b. Providing nutrition education?

20. For participants with specific cultural dietary habits, how do you …?
    a. Find out about them when you are conducting the **nutrition risk assessments**?

    b. Recognize and incorporate them when providing **nutrition education**?

21. Apart from linguistic and cultural dietary habits, what other cultural considerations have you taken into account when providing nutrition education?

22. How can nutrition risk assessments at your clinic do a better job of asking about and addressing important cultural factors?

I'm also interested in learning about follow-up after the initial nutrition risk assessment. The next set of question ask about how you follow-up on identified nutrition risks, nutrition and health goals, and referrals.

23. At recertification appointments that follow the initial nutrition risk assessment, how do you follow-up on the nutrition risks identified at the original appointment? For example, do you review progress toward goals?

    a. At recertification appointments do you adjust participant education or benefits when a participant's identified risks change? How is that done?

24. Do you routinely follow-up on nutrition and health goals in the following situations:

When the participant is high-risk?	☐ Yes	☐ No
When the visit is for nutrition education?	☐ Yes	☐ No
At the next certification visit?	☐ Yes	☐ No
Are there other situations after which you would follow-up on nutrition and health goals? If so, please specify:	☐ Yes	☐ No

25. Think about cases where you referred a participant to services based on information from their nutrition risk assessment. When do you follow-up on these referrals?

When the participant is high-risk?	☐ Yes	☐ No
When information has been received from the referral?	☐ Yes	☐ No
When information has not been received from the referral?	☐ Yes	☐ No
At the next certification visit?	☐ Yes	☐ No
Are there other situations when you would follow-up after referring a participant to services? If so, please specify:	☐ Yes	☐ No

26. Can you describe a situation in which you adjusted a participant's benefits after noting a change in the participant's nutrition risk during the certification period?

To complete this interview, we'd like to ask you some questions about your perceptions of conducting the nutrition assessment process remotely and any suggestions you have for improvement. Please tell us if you strongly agree, agree, are undecided, disagree, or strongly disagree with the following sentences:

Nutrition Risk Assessment Process

27. The nutrition risk assessment process is effective in identifying participants' nutrition risks when conducted remotely.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

28. The nutrition risk assessment process is too complicated for its purpose when conducted remotely.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

29. The nutrition risk assessment process when conducted remotely results in an appropriately tailored food benefit package for the participant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

30. The nutrition risk assessment process when conducted remotely gives us the information needed to appropriately tailor participant nutrition education.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

31. [IF REMOTE] Compared to conducting the assessment in-person, it is more difficult to conduct a quality nutrition risk assessment remotely because of the lack of in-person contact.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

32. [IF REMOTE] Compared to conducting the assessment in-person, it is more difficult to counsel participants or follow up on previously identified risks and goals remotely because of the lack of in-person contact.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

33. What can be done to improve the nutrition risk assessment process when conducted remotely?

Resources Needed

34. I have all the resources I need to perform a nutrition risk assessment remotely for each participant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

35. I have all the resources I need to tailor benefits remotely for each participant.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

36. [IF REMOTE] What resources or tools were provided to you to conduct nutrition assessments remotely (e.g., webcam, cellphone, etc.)?

37. What resources could you use for remote nutrition assessments that are currently not available to you?

Use of Technology

38. The clinic's MIS helps me to complete nutrition risk assessments remotely.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

39. We could make better use of technology (for example: texting) when communicating with participants about their nutrition risk assessment appointment.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

40. [IF IN-PERSON] We could make better use of technology to improve clinic flow.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

41. Do you have any suggestions on how to make better use of technology for remote nutrition services?

Clinic Flow

42. [IF IN-PERSON] The flow of participants through our clinic as they receive services works well.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

43. [IF IN-PERSON] If you could make any changes you wished, what would you do to improve clinic flow in this clinic for staff? For participants?

Wrapping Up

44. [IF REMOTE] What are some of the challenges you have faced when conducting nutrition risk assessments remotely?

a. How did you overcome those challenges?

45. Is there anything else that you think would be important for us to know about conducting the nutrition risk assessment process remotely that we haven't talked about?

46. When it comes to conducting the nutrition risk assessment and other nutrition services remotely, what do you think this WIC clinic does really well that other clinics could learn from?

Appendix A-4

Observation Guide and Identified Risks Data Collection Form

OMB Control No: 0584-0663
Expiration Date: 04/30/2024

WIC Nutrition Assessment and Tailoring Study
Observation of Nutrition Services Components of WIC Certification

Clinic ID: ☐☐ Participant ID: ☐☐☐ Staff ID: ☐☐☐

Observer Initials: ☐☐ Date of Visit: ☐☐ / ☐☐ / ☐☐☐☐
MONTH DAY YEAR

Type of Observation:
- ☐ Appointment was observed in the clinic
- ☐ Appointment was observed remotely by video call
- ☐ Appointment was observed remotely by phone

Information to be collected prior to the observation from WIC staff:	
1. WIC Participant Category(ies): ***(Mark all that apply)***	☐ Pregnant ☐ Postpartum woman Breastfeeding: ☐ Fully ☐ Partially ☐ No ☐ Infant ☐ Child
2. Number of people being certified at this visit	☐
3. Type of Visit (person 1):	☐ Initial WIC enrollment ☐ WIC Recertification
4. Type of Visit (person 2):	☐ Initial WIC enrollment ☐ WIC Recertification
5. Type of Visit (person 3+): (multiple births)	☐ Initial WIC enrollment ☐ WIC Recertification

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Activities Conducted

Components of NRA Certification Visit	WIC Staff Type [1] Conducting Session	Anthropo-metric Measure-ments	Laboratory measure-ments	Nutrition assessment discussion	Nutrition education/ counseling	Food package prescription	Referrals	Start Time HH:MM	End Time HH:MM	Date MM DD YY
First Session		☐	☐	☐	☐	☐	☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐ ☐☐
Waiting Time Between Sessions								☐☐ ☐☐	☐☐ ☐☐	
(if applicable) **Second Session**		☐	☐	☐	☐	☐	☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐ ☐☐
(if applicable) **Third Session**		☐	☐	☐	☐	☐	☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐ ☐☐
(if applicable) **Fourth Session**		☐	☐	☐	☐	☐	☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐ ☐☐
Mode of delivery: • In-person • Video call • Telephone • Unknown • Not conducted • Other, specify: ☐		☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐			

[1] Staff Type Options: Registered dietitian/registered dietitian nutritionist (RD/RDN), Nutritionist (4 year degree/non-RD/RDN), Nurse (Registered Nurse (RN) or Licensed Practical Nurse (LPN)), Paraprofessional, Nutrition assistant/nutrition aide (NA), Breastfeeding peer counselor, Designated breastfeeding experts [including Certified Lactation Counselors (CLC), Certified Lactation Educators (CLE), and International Board Certified Lactation Consultants (IBCLC)], and Clerk/support staff

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Introductory Text at the Start of the Observation

Hello [NAME OF CAREGIVER]. I want to thank you for allowing me to [sit in and] observe your [visit]/[appointment] with the WIC staff today. As we discussed earlier, my colleagues and I are [here at the WIC clinic]/[observing WIC appointments] this week for the WIC Nutrition Assessment and Tailoring Study. We will be observing several visits at this clinic and at many others across the country. We are observing WIC certification appointments to get a better understanding of the different ways WIC clinics conduct them.

During your [visit]/[appointment] today, I will be silent and listen [and watch]. I'll be taking notes, but my notes will all be about how the certification process is conducted. My notes will not identify you or record the private information you discuss. Please know that if at any point you feel uncomfortable with me observing or taking notes, you should stop the conversation, let me know, and I will leave [the room]/[this call].

Language:	
1. Language Spoken by Participant/Caregiver:	☐ English ☐ Spanish ☐ Other ☐
2. *If language spoken is not English:* Use of interpreter services?	☐ Yes ☐ No, not needed ☐ No, needed
3. *(If yes)* Type of interpreter services:	☐ Bilingual WIC staff conducted session ☐ Interpreter present ☐ Language line service
Observation of the Workspace/Environment Where the Assessment is Conducted [IF IN-PERSON]:	
1. Does the place where the assessment is being conducted provide privacy?	☐ Yes ☐ No
2. Are there toys, books, coloring materials or other activities available for children?	☐ Yes ☐ No

Observation of the WIC Certification Visit

At the Beginning of the Nutrition Risk Assessment Session	
At the beginning of the session does the WIC CPA[2]:	
1. Greet the participant warmly	☐ Yes ☐ No
2. Introduce self	☐ Yes ☐ No
3. Make initial positive comments	☐ Yes ☐ No
4. Provide an overview of what will happen during the appointment and about how much time it will take	☐ Yes ☐ No
5. (For new participants) **Did the WIC CPA explain the purpose of the WIC program?**	☐ Yes ☐ No
6. Did the WIC CPA provide an explanation of the WIC risk assessment process and its purpose?	☐ Yes ☐ No

[2] For purposes of this Observation Form, we use the term WIC CPA to refer to the WIC staff member who is conducting the nutrition assessment. Please note that other staff members may conduct all or part of the assessment, and the staff members' type (e.g., RD/RDN, CPA, etc.) should be indicated in the first table on page 2 of this form.

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Gathering Information for the Nutrition Risk Assessment	
1. Were the participant's height or length and weight measurements available to the CPA during this visit?	☐ Yes, measurements were obtained on day of visit ☐ Yes, recent measurements were obtained from an off-site health care provider ☐ Yes, the participant self-reported measurements taken at home ☐ Current measurements were not available, but the CPA used measurements from the previous visit ☐ No measurements were available to the CPA at the time of the certification visit ☐ Could not be determined
2. Were the results of a hemoglobin or hematocrit test available to the CPA during this visit?	☐ Yes, hemoglobin or hematocrit test performed and value assessed on day of visit ☐ Yes, hemoglobin or hematocrit test results were obtained from an off-site health care provider ☐ Current measurements were not available, but the CPA used measurements from the previous visit ☐ No measurements were available to the CPA at the time of the certification visit ☐ Could not be determined
3. During the visit, did the WIC CPA refer to any medical information provided directly from a health care provider?	☐ Yes ☐ No **If yes, what kind of information was referred to?** ***(Mark all that apply.)*** ☐ Height/length and weight ☐ Recent Hct/Hgb count ☐ Medical History or other Clinical Information ☐ Dietary/Nutrition Information ☐ Family and Social Environment Information ☐ Other, specify
4. Did the WIC CPA ask nutrition and health questions of the participant using a questionnaire (paper or on the computer) as her/his guide? (Questions may not be read verbatim or in the order printed on the questionnaire)	☐ Yes ☐ No **Observer comment on how tool was used:**
5. How often did the WIC CPA ask follow-up probing questions to clarify and get more details when reviewing or asking questions from an assessment questionnaire?	☐ Always ☐ Frequently ☐ Sometimes ☐ Never asked probing questions

6. [IF IN-PERSON] **Did the WIC CPA use any other visual aids during the assessment (e.g. food models showing serving size, pictures, other)?**	☐ Yes ☐ No **If yes, What kind of tools were used?** ***(Mark all that apply.)*** ☐ Food models ☐ Portion size pictures ☐ Growth charts ☐ Pamphlets/printed material ☐ Other, specify
If tools were use in the remote environment, describe how the WIC CPA shared these tools with the participant:	
[IF REMOTE VIA VIDEO] **Did the WIC CPA use any other visual aids during the assessment (e.g. food models showing serving size, pictures, other)? If yes, describe how the participant was able to see the visual aids.**	**If yes, describe how the participant was able to see the visual aids.**
[IF REMOTE VIA TELEPHONE] **Did the WIC CPA use any other visual aids during the assessment (e.g. food models showing serving size, pictures, other)? If yes, how did the WIC CPA make use of these aids as part of a telephone appointment?**	**If yes, how did the WIC CPA make use of these aids as part of a telephone appointment?**
7. Which of the following topic areas did the WIC CPA ask about during the assessment component of the session? o Health/medical information o Feeding/Dietary practices and preferences o Breastfeeding intention or practices o Immunizations o Substance use o Family and home environment o Other (specify) ☐	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Not applicable ☐ Yes ☐ No ☐ Not applicable ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
8. During the assessment conversation, did the WIC CPA explore the participant's cultural behaviors and beliefs? **If yes, please provide examples of the questions the WIC CPA asked to explore the participant's cultural behaviors and beliefs**	☐ Yes ☐ No **Examples:**

Nutrition Risk Assessment Process	
1. (For recertification visits only) **During the assessment, did the WIC CPA refer back to previous visits to ask the participant or caregiver about progress made?**	☐ Yes ☐ No
2. Did the WIC CPA explain the participant's growth/weight gain pattern to participant caregiver?	☐ Yes ☐ No ☐ Not applicable, no measurements available
3. Did the WIC CPA explain the meaning of the Hct/Hgb results to the participant or caregiver?	☐ Yes ☐ No ☐ Not applicable, no bloodwork available
4. [IF IN-PERSON] **Did the WIC CPA utilize any electronic tools (other than the use of a nutrition or health questionnaire) to help her/him determine the participant's nutrition risks?** ***(If yes, please ensure these were collected from the Site Director.)***	☐ Yes ☐ No
5. As part of the assessment, did the WIC CPA ask the participant or caregiver about her/his nutrition needs and interests? **If yes, did the WIC CPA acknowledge and affirm the participant's thoughts and concerns?**	☐ Yes ☐ No ☐ Yes ☐ No
6. What nutrition risks were directly discussed with the participant or caregiver? **If any nutrition risks were directly discussed with the participant or caregiver, was this done in a way that focused primarily on positive changes and/or desirable health outcomes or on deficiencies?**	☐ None discussed ☐ Risks discussed (specify): ☐ Focused on positive changes and/or desirable health outcomes ☐ Focused on deficiencies Describe examples of how risks were communicated to justify response choice
7. Did the WIC CPA complete the nutrition assessment before providing education/counseling?	☐ Yes ☐ No

Breastfeeding Component of Nutrition Assessment	
For Pregnant Women and Postpartum Breastfeeding Women	
1. Did the WIC CPA explore the woman's knowledge about breastfeeding?	☐ Yes ☐ No
2. Did the WIC CPA explore the woman's thoughts and concerns regarding breastfeeding?	☐ Yes ☐ No
3. Did the WIC CPA ask the woman about her plans for breastfeeding (i.e., for a pregnant woman - whether she plans to breastfeed; for a breastfeeding woman - duration of plans for breastfeeding)	☐ Yes ☐ No
4. Did the WIC CPA assess the introduction of complementary foods as part of her breastfeeding assessment?	☐ Yes ☐ No
5. If yes, who initiated the conversation about the introduction of complementary foods?	☐ WIC staff ☐ Caregiver
Nutrition Education/Counseling (for low and high risk participants)	
1. Following the assessment of risk, was nutrition education/counseling provided to the participant/caregiver by the WIC CPA who conducted the assessment? **If no, how was the nutrition education/counseling provided?**	☐ Yes ☐ No ☐ Provided in a one-on-one session by a different WIC staff person ☐ Provided during this visit in a group session ☐ Provided via on-site technology (e.g. computer, kiosk, tablet). Specify method ☐ To be provided via off-site technology (e.g. web-based) at another time. Specify method
2. During nutrition education, did the WIC staff specifically address any of the participant or caregiver's nutrition risks?	☐ Yes ☐ No

3. To what extent did the nutrition education/counseling component of the visit specifically address the concerns expressed by the participant or caregiver during the assessment conversation?	☐ All participant concerns addressed during nutrition education/counseling ☐ Some, but not all of the concerns expressed by the participant were addressed during nutrition education/counseling ☐ Participant's concerns were not addressed during nutrition education/counseling **Observer comment to explain response choice:**
4. If there were many nutrition risks discussed and needs expressed by the participant or caregiver, how was the priority for topics for nutrition education/counseling determined?	☐ Discussion with participant to determine her/his priorities ☐ WIC staff identified the priorities using her/his judgment ☐ No apparent prioritization of topics ☐ Other, specify
5. What nutrition and health topics were discussed during the nutrition education/counseling portion of the visit?	***(Mark all that apply.)*** ☐ Breastfeeding ☐ Calcium Intake ☐ Child feeding practices ☐ Fruits and vegetables ☐ Having enough to eat ☐ Healthy meals ☐ Healthy snacking ☐ Healthy weight for child ☐ Healthy weight for mother ☐ Infant feeding practices ☐ Introduction of solid foods ☐ Iron/anemia ☐ Medical issues (e.g. blood pressure, gestational diabetes) ☐ Milk choices/consumption ☐ Physical activity ☐ Picky eaters ☐ Prenatal nutrition/diet ☐ Protein intake ☐ Shopping for and preparing healthy foods ☐ Sugar-sweetened beverages ☐ Vitamins and mineral supplements ☐ Water consumption ☐ Weaning from the bottle ☐ Whole grains ☐ Other, specify:

6. Did the CPA help the participant set a personal behavior change goal or goals during this visit, based on input from the participant? **If yes, did the educator help the participant or caregiver identify any challenges that might be faced in trying to reach the goal(s)?**	☐ Yes ☐ No ☐ Yes ☐ No
7. Did the educator discuss how the participant or caregiver might handle the challenges?	☐ Yes ☐ No
Internal Referrals	
1. During the visit, were any referrals made to internal resources offered by the WIC clinic other than general nutrition education? **If yes, to what types of internal resources was the participant or caregiver referred to for help that day or follow-up after the visit?**	☐ Yes ☐ No ***(Mark all that apply.)*** ☐ Peer counselor ☐ WIC designated breastfeeding expert (DBE) ☐ WIC registered dietitian ☐ Other (specify): _____ _____ _____
Referrals to External Health and Social Services	
1. During the visit, were any referrals made to specific external health or social service programs or organizations? **If yes, to what types of other health and social service programs or organizations was the participant or caregiver referred to for help?**	☐ Yes ☐ No ***(Mark all that apply.)*** ☐ Breastfeeding support ☐ Immunizations ☐ Other Health services ☐ Income support (TANF, SSI, UI) ☐ SNAP/Food stamps ☐ Medicaid/CHIP (we will determine what these programs are called in each state) ☐ Substance use counseling ☐ Domestic violence ☐ Housing/Shelter ☐ Child abuse prevention ☐ Emergency food provider ☐ Head Start ☐ Other (Specify) _____ _____ _____

2. If any external referrals were made, how was the referral made?	***(Mark all that apply.)*** ☐ Referral was provided orally to the participant ☐ Written information (e.g. brochure) was provided to the participant ☐ WIC staff called the referral organization on behalf of the participant ☐ WIC staff emailed the referral organization ☐ WIC staff texted the referral information to the participant ☐ Other (Specify)
Participant Centered Communication Skills	
If the caregiver and/or participant sees more than one WIC staff person for the certification visit (starting with the nutrition risk assessment portion of the visit), complete this table of observation questions for the first WIC staff person seen during this visit.	
1. [IF IN-PERSON] **Throughout the session, how often did the WIC CPA look directly at the participant (not at the computer)?** [IF REMOTE VIA VIDEO] Throughout the video call, how often did the WIC CPA look directly at the participant (i.e., without breaking eye contact to multitask or look at other screens)? [IF REMOTE VIA TELEPHONE, SKIP]	☐ For the majority of the time ☐ For some but not the majority of the time ☐ Infrequently
2. Throughout the session, how often did the WIC CPA use open-ended questions?	☐ Frequently ☐ A few times ☐ Never
3. Throughout the session when discussing current behaviors, progress and identified nutrition risks, to what extent did the WIC CPA affirm what the participant/caregiver was doing well, emphasizing strengths and positive behaviors rather than focus on her/his weaknesses, deficiencies or negative behaviors?	☐ Always emphasized positive ☐ More often emphasized positive than negative, but not always ☐ More often emphasized negative than positive
4. Throughout the session, how often did the WIC CPA try to elicit the participant/caregiver's views and input?	☐ Very Often ☐ Occasionally ☐ Never
5. [IF IN-PERSON] **Did the WIC CPA invite the participant to look at the computer screen for any purpose during the assessment?**	☐ Yes ☐ No **Comment:**

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6. Throughout the session, in what other ways, if any, did the WIC staff appear attentive to the WIC participant or caregiver's needs or concerns?	**Comment:**
7. Throughout the session, in what ways, if any, did the WIC staff appear not attentive to the WIC participant or caregiver's needs or concerns?	**Comment:**

Closing Text at the End of the Observation:

Thank you for letting me listen and observe. I have learned a lot from this experience.

Note to Observer: After the participant leaves her/their assessment, ask the WIC CPA the following questions, using the nutrition risk checklist provided on the following pages.

Questions to ask the WIC CPA who conducted the assessment after the observation

1. **For research purposes, can you tell us whether the participants you just served were new to the WIC program or have participated before in a prior pregnancy or for another infant or child?**
   - ☐ This is this participant's first WIC enrollment
   - ☐ This participant has previously been enrolled in WIC or has had an infant or child enrolled in WIC before.

2. **(If the visit included at least one child certification) Can you tell us the date of birth of the child (or children) who you conducted the nutrition assessment for at this visit?**

   Child one: ☐☐ / ☐☐ / ☐☐☐☐ (MONTH / DAY / YEAR)

   Child two: ☐☐ / ☐☐ / ☐☐☐☐ (MONTH / DAY / YEAR)

   Child three: ☐☐ / ☐☐ / ☐☐☐☐ (MONTH / DAY / YEAR)

3. **Did you make any modifications to the standard food package prescription for this/these participant/s, based on the information you learned during the nutrition assessment?**
   - ☐ Yes
   - ☐ No

   If yes, what modifications did you make?

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4. **Can you please tell me the names of all the nutrition risks you identified for this/these participant/s today?**
   (Enter codes and short description into the Nutrition Risks Checklist on the next page.)

5. **Was this/Were any of the participant/s determined to be "high risk"?**

   [If yes] Which of these risks made the participant "high risk"?
   (Mark all that apply on the Nutrition Risks Checklist on the next page.)

6. **Of all the nutrition risks identified for this participant, which ones:**

   A) Were automatically generated by the Management Information System?
   B) Did you enter manually into the MIS?
   C) Are not included in the MIS record for this participant (for whatever reason)?

   (On the Nutrition Risks Checklist on the next page, mark A, B, or C for each risk identified)

7. **Was it addressed by a referral to an internal WIC staff member or to an external health or social service program or organization?** *(On the Nutrition Risks Checklist on the next page, enter I (internal) and/or E (external) or N (neither) for each risk identified.)*

8. **Was it addressed in nutrition education and counseling?**
   (On the Nutrition Risks Checklist on the next page, enter yes or no for each risk identified.)

Nutrition Risks Checklist

Nutrition Risks Identified During Assessment (Question 4)		Identified Risk = High Risk? (Yes or No) (Question 5)	Automatically generated (A), Manually entered (B), or Not Included in MIS (C) (Question 6)	Risk Addressed by Internal (I) or External (E) Referral, or Neither (N) (Question 7)	Risk Addressed by Education (Yes or No) (Question 8)
Risk Code	Risk Criteria Title				
☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No
☐☐☐		☐ Yes ☐ No	☐ A ☐ B ☐ C	☐ I ☐ E ☐ N	☐ Yes ☐ No

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Appendix A-5

Participant Interview Guide

OMB Control No: 0584-0663
Expiration Date: 04/30/2024

United States Department of Agriculture (USDA)
WIC Nutrition Assessment and Tailoring Study – Participant Interview Guide

Clinic ID: ☐☐

Participant ID: ☐☐☐

Date of Visit: ☐☐ / ☐☐ / ☐☐☐☐
MONTH DAY YEAR

If conducting by telephone:

Hello. May I speak to [participant name]?

Hi. This is [NAME] calling from Westat [Insight Policy Research]. Do you have time now to complete the interview for our study?

☐ Yes (GO TO INTRODUCTION FOR CALL)

☐ No → Can we schedule another time for the interview?

DATE: ☐☐ / ☐☐ / ☐☐☐☐ TIME: ☐☐ : ☐☐ ☐ A.M. ☐ P.M.
MONTH DAY YEAR

Thank you. I'll call you back then.

o If the participant declines to complete the interview, document reasons for refusal:

☐

If conducting in person:

Hello, my name is _____. I work for Westat [Insight Policy Research], a research company based in Rockville, MD [Arlington, VA].

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Introduction

Thank you for agreeing to participate in this interview today. We are conducting this study about WIC nutrition services for the US Department of Agriculture, Food and Nutrition Service, or FNS.

Before we get started, there are a few things I should mention. This is a research project. Your participation is voluntary. If you don't want to participate, you can say so and there will be no penalty. You won't lose any benefits. You can end your participation at any time. If you choose to participate, you do not have to answer any questions that make you uncomfortable. We expect that this interview will last no more than 30 minutes.

The purpose of this study is to provide FNS with a complete, detailed description of the WIC certification process. That's the portion of your WIC appointment where staff [took]/[obtained] your [your child's] height and weight and asked questions about your [your child's] health, medical conditions and diet. The study will also describe the ways that participant benefits may be customized as a result of the certification process. [Because your WIC appointment was conducted remotely – that is, by phone or video call – we also want to use this interview to better understand what you thought about receiving WIC services in this way]. We will use this information to learn how WIC services can better meet participants' needs.

We will make every effort to keep the information you share with us private. While the study report will be available to the public, your name or any information that could be used to identify you will not be used in it. We may use quotes from you or other participants in our reports; but participants' names will not be linked to any responses. The only time we would need to break this privacy is if we heard that someone was planning to harm him- or herself, or someone else.

Do you have any questions?

Finally, with your permission, we would like to record the interview. The recording will be used to help us recall exactly what was said when we go to summarize our findings. The recordings and any notes we have will be stored on our companies' secure servers. They are accessible only to the project team. We will destroy the recordings after the study is complete. Are you okay with us recording?

[IF PERMISSION IS GIVEN TO RECORD, ASK AGAIN IF THERE ARE ANY QUESTIONS. ANSWER ALL QUESTIONS. IF PERMISSION IS NOT GIVEN, CONTINUE THE INTERVIEW WITH NOTE TAKING ONLY.]

If there are no other questions, I'd like to start the audio recording now.

[TURN ON RECORDER:] For the purpose of the recording, are you willing to participate in this interview? And are you willing to have the interview audio recorded?

I'd like to ask you a few questions about the WIC [clinic visit]/appointment] you had today /on date.

[IF REMOTE]

1. **Did your WIC appointment happen by telephone, video call, or something else?**

   a. **Appointment carried out via:**

   ☐ Telephone
   ☐ Video call (e.g., Zoom, Skype, etc.)
   ☐ Other (specify) _____

2. **Did you have any challenges connecting with WIC in this way?**

   ☐ Yes → IF YES, PLEASE EXPLAIN BELOW
   ☐ No

   _____
   _____
   _____
   _____

3. **Once your appointment began, how easy was it for you to communicate with WIC staff [over the phone/by video call]?**

   ☐ Very easy
   ☐ Easy
   ☐ Neither easy nor difficult } GO TO INTRODUCTION TO Q5
   ☐ Difficult
   ☐ Very difficult

4. **What made it difficult to communicate with WIC staff [over the phone/by video call]?**

   _____
   _____
   _____
   _____

Thinking back to [when you first entered the clinic for your visit]/[when you first spoke with WIC staff over the phone or by video call] today/on date, can you tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statement(s):

5. [IF IN-PERSON] **It was clear where I needed to go to check in for the visit.**

   ☐ Strongly Agree
   ☐ Agree
   ☐ Neither agree nor disagree
   ☐ Disagree
   ☐ Strongly Disagree

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6a. [IF IN-PERSON] **I was greeted warmly by WIC staff when I checked in for my visit.**

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

6b. [IF REMOTE] **I was greeted warmly by WIC staff when I began my telephone/video call appointment.**

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

7. Before the WIC [visit/call], [either at home or in the clinic waiting area], were you given any forms to complete with questions about you or your child's health or food habits? ***[Interviewer: Mark all that apply.]***

- ☐ Yes, at home
- ☐ Yes, in the clinic waiting room
- ☐ No → GO TO Q13

7a. [IF REMOTE] **How did WIC staff send you the forms?**

- ☐ Email
- ☐ Text message
- ☐ Uploaded forms to website
- ☐ Postal mail
- ☐ Other, specify: _____

7b. [IF REMOTE] **Once you filled out the forms, how did you send them back to WIC staff?**

- ☐ Email
- ☐ Text message
- ☐ Uploaded forms to website
- ☐ Postal mail
- ☐ Other, specify: _____

8. Did you receive any help from clinic staff in completing the forms?

- ☐ Yes
- ☐ No, but I would have liked help
- ☐ No, and I didn't need any help

9. How much time did it take you to complete the form(s); would you say it was…

- ☐ < 5 minutes
- ☐ 5 to 10 minutes
- ☐ 11 to 15 minutes
- ☐ More than 15 minutes

10. How easy was it for you to fill out the form(s)? Was completing the forms…

- ☐ Very easy
- ☐ Easy
- ☐ Neither easy nor difficult

} GO TO Q13

- ☐ Difficult
- ☐ Very difficult

11. [If the participant rated the forms as difficult/very difficult] What made the forms difficult to complete? ***Interviewer: Mark all that apply.***

- ☐ Too many questions
- ☐ The form was messy/too "busy"/complicated
- ☐ Use of terms that were unclear/no explanations
- ☐ Questions you were unable to answer/did not have the information to answer
- ☐ Other, specify: _____

12. How could the forms be made easier to complete?

13. What is your primary language, that is, the language you speak at home?

- ☐ English → GO TO INTRODUCTION TO Q19
- ☐ Non-English (Please specify:) _____

14. How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ I don't speak English at all

15. Did the WIC staff person who met with you speak your primary language?

- ☐ Yes → GO TO INTRODUCTION TO Q19
- ☐ No

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16. Did you use an interpreter on-site or by telephone/video call during your clinic visit?

☐ [IF IN-PERSON] Yes, used a WIC interpreter on-site
☐ Yes, used a friend or family member as an interpreter
☐ Yes, used an interpreter by telephone or video call
☐ No, did not use either an interpreter on-site or by telephone → GO TO INTRODUCTION TO Q19

17. Did using the interpreter work well?

☐ Yes
☐ No → IF NO, EXPLAIN WHY NOT BELOW

18. What could have made the process of using an interpreter better?

I'd like to ask you if you agree with the following statements about your [visit]/[call] with the WIC staff member who [(IF IN-PERSON) took your [your child's] height and weight and] asked questions about your [your child's] health, medical conditions, and diet.

For each statement, please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
19. The WIC staff member made me feel at ease.	☐	☐	☐	☐	☐
20. The WIC staff member listened to me about my needs and concerns.	☐	☐	☐	☐	☐
21. The WIC staff member explained things clearly in a way that I could understand.	☐	☐	☐	☐	☐

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22. [For non-English speakers] **I feel I would have gotten more out of the visit if the WIC staff member had spoken my language.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

23. [IF REMOTE] **I feel I would have gotten more out of my appointment if I was talking to WIC staff in-person instead of over the phone/video call.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

23a. ***Interviewer, have the participant explain their choice:***

Why? What makes you say [e.g. strongly agree]?

Now I'd like to ask you if you agree with the following statements about how well your needs were met by the WIC staff that spoke with you. With each statement, please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
24. WIC staff asked me about my ideas and beliefs about food.	☐	☐	☐	☐	☐
25. I [and/or my children] expect to eat all the food that WIC gave me to purchase (on my WIC card).	☐	☐	☐	☐	☐
26. The advice and education I received from WIC staff will help me improve my health and diet.	☐	☐	☐	☐	☐

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How would you rate your satisfaction with the following services you received from WIC using the following scale: Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, Very Dissatisfied.

27. How would you rate your satisfaction with the WIC staff's review of your nutrition status? That is, the height and weight measurements, blood tests, and questions about diet, health, and home environment?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

27a. Why? What makes you say [e.g. very satisfied]?

27b. What did you like most/least about the talk you had?

27c. Is there something the clinic could have done to improve your talk with WIC staff?

27d. What would make the talk with WIC staff more valuable to you?

28. How would you rate your satisfaction with the nutrition education and counseling you received?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

28a. Why? What makes you say [e.g. very satisfied]?

28b. What did you like most/least about the nutrition education and counseling?

28c. Is there something the clinic could have done to improve your education and counseling?

28d. What would make the education and counseling more valuable to you?

29. How would you rate your satisfaction with the food choices you were given when discussing your food package with WIC staff?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

29a. Why? What makes you say [e.g. very satisfied]?

29b. Do you feel that the food choices provided help meet your/your child's needs?

29c. Do you feel that the food choices provided take your/your child's preferences into account?

29d. What did you like most/least about the WIC foods you received?

29e. Is there something the clinic could have done to improve the WIC foods you received?

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(Continued) Interviewer, have the participant explain their choice by asking each of the following questions:

29f. What would make the WIC foods you receive more valuable to you?

30. How would you rate your satisfaction with the referrals you received to other services?

☐ No referrals received ☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

30a. Why? What makes you say [e.g. very satisfied]?

30b. What did you like most/least about the referrals you received?

30c. Is there something the clinic could have done to improve your referrals?

30d. What would make referrals to other services more valuable to you?

31. Do you feel satisfied with how well the WIC services you received during your appointment reflected your specific needs and concerns?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking each of the following questions:

31a. Why? What makes you say [e.g. very satisfied]?

31b. Can you give me an example of how the services you received reflected [did not reflect] your specific needs and concerns?

32. How would you rate your satisfaction with your [visit]/[appointment] as a whole?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Neither Satisfied Nor Dissatisfied ☐ Somewhat Dissatisfied ☐ Very Dissatisfied

Interviewer, have the participant explain their choice by asking the following questions if there is any additional information (not discussed in response to the questions above) that influenced their choice:

32a. Why? What makes you say [e.g. very satisfied]?

32b. What did you like most/least about [your visit]/[having your WIC appointment over the phone/video call] as a whole?

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(Continued) Interviewer, have the participant explain their choice by asking the following questions if there is any additional information (not discussed in response to the questions above) that influenced their choice:

32c. Is there something the clinic could have done to improve your [visit]/[appointment]?

32d. What would make the [visit]/[appointment] as a whole more valuable to you?

33. Do you feel your WIC [clinic visit]/[appointment] could have been improved in any way?

PROBE for suggestions in:

33a. Scheduling, including use of technology such as texting appointment confirmations and reminders

33b. Completing questionnaires online prior to the clinic visit

33c. Waiting room, including was it too crowded, activities to keep children occupied

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33d. The flow of services provided

33e. Topics discussed

33f. Material provided

33g. Staff interaction

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I'd like to end by asking some questions about you.

34. Can you confirm the WIC participation status of the person(s) assessed at your clinic visit today/on date? *Interviewer: Mark all that apply.*

- ☐ pregnant woman
- ☐ post-partum woman and infant
- ☐ infant
- ☐ child(ren)

35. What is your age? ☐☐

36. Do you consider yourself to be Hispanic or of Latino origin?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Don't Know
- ☐ Refused

37. What is your race? *Interviewer: Mark all that apply.*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Don't know
- ☐ Refused

38. Before this [pregnancy or child], have you ever received benefits from WIC?

- ☐ Yes, for a previous pregnancy and child
- ☐ Yes, while I was pregnant with this child
- ☐ No

That's the end of our interview.

[If interview is in person]:
Here is the $20 gift card we discussed to show our appreciation for your participation today.

[If interview is by phone]:
We can send you a gift of $30 to show our appreciation for your participation today. We can send you a gift card in the mail, or we can transfer the money to you using Venmo, PayPal, or Cash App; what do you prefer?

- ☐ Gift card
- ☐ Venmo
- ☐ PayPal
- ☐ Cash App

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[IF MAILED GIFT CARD] *The address I have for you is [participant's address.] Is that correct? Great. We will get the gift card in the mail to you soon.*

☐ Yes

☐ No → CORRECT ADDRESS BELOW

Address: ☐

City: ☐ State: ☐☐ Zip: ☐☐☐☐☐

[IF PAYMENT APP] *I can send the payment to you using your email address or cell phone number. Which do you prefer? What is your [email/cell phone number]? We will send this to you today.*

Email Address: ☐

Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

We appreciate you taking the time to talk with us. Should you have any questions after today, please contact us at WICNATS@westat.com.

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