2022 WIC Participant Survey

Thank you for taking the time to share your valuable feedback. We appreciate it and use this information to make the WIC program better. Responses are private and will be shared with local clinics without any identifying details. This institution is an equal opportunity provider.

Q1 **Have you already taken a WIC survey (paper, on-line, or on your phone) in August or September of 2022?**

\_\_ Yes, you do NOT need to complete this survey.

\_\_ No, please continue completing this survey.

Q2 **Provide the location of the WIC clinic that you use (town name):**

Q3 **Are you?** Q7 **Race / Ethnicity (select all that apply)**

\_\_Mother \_\_White

\_\_Father \_\_American Indian or Alaska Native

\_\_Grandparent \_\_Hispanic

\_\_Foster Parent \_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4 **Marital status** Q8 **What is your age?**

\_\_Married \_\_Younger than 18

\_\_Unmarried \_\_18-24

 \_\_25-29

Q5 **Education Level** \_\_30-34

\_\_Did not complete high school \_\_Older than 34

\_\_GED

\_\_High school diploma

\_\_Some college

\_\_Associates degree or higher

Q6 **How many children under 5 do you have?** Q9 **How long have you participated in WIC?**

\_\_None, I’m pregnant \_\_New to WIC

\_\_1 \_\_0-1 years

\_\_2 \_\_1-2 years

\_\_3 \_\_2-3 years

\_\_More than 3 \_\_3+ years

Q. 10 **Do you identify with any of the following groups? Check all that apply.**

\_\_Active-duty military or dependent

\_\_Hutterite

\_\_Refugee

\_\_Migrant worker

\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_None

Q. 14 **How important are these WIC services to you?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very Important | Somewhat Important | Not Important | Not Applicable |
| Food Benefits |  |  |  |  |
| Nutrition Information |  |  |  |  |
| Breastfeeding Information  |  |  |  |  |
| Support from WIC staff |  |  |  |  |
| Learning or connection to community resources (referrals) |  |  |  |  |

Q. 15 **Please rate your experience(s) at your local WIC Clinic (select the best answer for each):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Neutral | Good | Excellent | New to WIC |
| Total wait time at WIC |  |  |  |  |  |  |
| Length of appointment |  |  |  |  |  |  |
| Useful nutrition and/or breastfeeding information |  |  |  |  |  |  |
| Customer service at the WIC office |  |  |  |  |  |  |
| Availability of appointments |  |  |  |  |  |  |

Q. 16 **If you answered "Poor" or "Fair" to any question above, please explain why.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q. 17 **Please rate your experience(s) with WIC breastfeeding education and support (select the best answer for each):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Neutral | Good | Excellent | Not Applicable |
| Experience with a breastfeeding peer counselor  |  |  |  |  |  |  |
| Support in breastfeeding from WIC staff |  |  |  |  |  |  |
| Experience getting my questions answered about breastfeeding  |  |  |  |  |  |  |
| Ability to meet my breastfeeding goals |  |  |  |  |  |  |

Q. **If you answered "Poor" or "Fair" to any question above, please explain why.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q. 18 **Please answer the following questions (check the best answer):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | All of the time | Most of the time | Some of the time | Never |
| Do you understand which foods are WIC-approved while shopping? |  |  |  |  |
|  |  |  |  |  |
| Do you feel unwelcome or uncomfortable in the store when using your WIC benefits? |  |  |  |  |
| Do you have a good store experience? |  |  |  |  |
|  |  |  |  |  |

Q. 19 **If you answered, "Some of the time" or "Never" to any question above, please explain why.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q. 20 **What would improve your store experience?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q. **Please answer the following questions (check the best answer):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither Disagree or Agree | Agree | Strongly Agree |
| WIC staff are flexible to meet my unique needs |  |  |  |  |  |
| WIC staff are sensitive and respectful of my cultural beliefs and/or practices  |  |  |  |  |  |
| WIC staff respect my religious or spiritual beliefs |  |  |  |  |  |
| I feel comfortable communicating my perspectives to WIC staff |  |  |  |  |  |
|  |  |  |  |  |  |

Q. \_\_ **If you answered, "Strongly Disagree" or "Disagree" to any question above, please explain why.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q. 21 **What format do you prefer for education? Move the responses up or down in order of preference. (1-most preferred, 5-least preferred)**

\_\_\_\_\_\_ One-on-one counseling in the clinic

\_\_\_\_\_\_ Online education (computer, app on smart phone)

\_\_\_\_\_\_ Group classes

\_\_\_\_\_\_ Paper handout

\_\_\_\_\_\_ Videos

Q. 22 **What was your experience with WIC during the COVID-19 pandemic? (virtual visits, store experience, in person visits, etc.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q. 23 **Share your story. How has WIC helped your family?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_