

WIC 2007 Participant Satisfaction & Shopping Survey

Within the next 2 years, the WIC food package may change in some healthy and exciting ways - including the addition of fruits, vegetables, whole grains, and many other options! With all these changes, we would like to get a better understanding of your food preferences. Responses from this survey will be used to improve the Massachusetts WIC food packages and provide better nutrition information for you.

Please take a few minutes to answer the questions below. There are no right or wrong answers and your name will not be attached to the survey. Please answer honestly; this information will be used to improve WIC services for you. We need your help to make WIC better!

1. What would you buy for your CHILD(REN) BETWEEN AGES ONE AND TWO, given the following options? (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Whole milk | <input type="checkbox"/> Evaporated milk | <input type="checkbox"/> Powdered milk |
| <input type="checkbox"/> Nonfat milk (skim) | <input type="checkbox"/> Long-life boxed milk | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Low fat milk (1% or 2%) | <input type="checkbox"/> <i>Lactaid</i> / Lactose-free milk | <input type="checkbox"/> N/A: I do not have a child between ages one and two |
| <input type="checkbox"/> Soy milk | | |

2. The new food package may not include whole milk for participants over 2 years old (exceptions will be made for health conditions). What would you buy INSTEAD of whole milk, given the following options? (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Nonfat milk (skim) | <input type="checkbox"/> Evaporated milk | <input type="checkbox"/> Powdered milk |
| <input type="checkbox"/> Low fat milk (1% or 2%) | <input type="checkbox"/> Long-life boxed milk | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Soy milk | <input type="checkbox"/> <i>Lactaid</i> / lactose-free milk | |

3. The new food package may offer soy milk and tofu in addition to milk and cheese. If you could buy one of the following INSTEAD of a gallon of nonfat or low fat milk, which would you buy? (check one)

- | | | | |
|-----------------------------------|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> Soy Milk | <input type="checkbox"/> Tofu | <input type="checkbox"/> Cheese | <input type="checkbox"/> I would still buy milk |
|-----------------------------------|-------------------------------|---------------------------------|---|

If you selected Cheese or Milk please skip to Question #4.

3a. If you would choose SOY MILK or TOFU, please check the most important reason why (check one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Lactose intolerance/
medical reasons | <input type="checkbox"/> I prefer a non-dairy diet
(vegan, etc.) | <input type="checkbox"/> N/A: I do not buy soy milk
or tofu |
| <input type="checkbox"/> Cultural reasons | <input type="checkbox"/> I just like soy milk and/or
tofu | |

4. If you could buy ONE of the following with your WIC checks, which would you MOST LIKELY buy? (check one)

- | | | | |
|--|---------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Peanut butter | <input type="checkbox"/> Canned beans | <input type="checkbox"/> Dried beans/ peas | <input type="checkbox"/> None |
|--|---------------------------------------|--|-------------------------------|

WIC 2007 Participant Survey

5. If you could buy ONE of the following with your WIC checks, which would you MOST LIKELY buy? (check one)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Whole wheat or whole grain bread | <input type="checkbox"/> Soft corn or whole wheat tortillas | <input type="checkbox"/> Brown rice
<input type="checkbox"/> Other whole grains (oatmeal, barley, bulgur) | <input type="checkbox"/> I would not buy any of these |
|---|---|--|---|

6. If you could buy fruits & vegetables year round with a WIC check, what kind would you MOST LIKELY buy? (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fresh fruits & vegetables | <input type="checkbox"/> Canned fruits & vegetables | <input type="checkbox"/> I would not buy fruits or vegetables with a WIC check |
| <input type="checkbox"/> Frozen fruits & vegetables | <input type="checkbox"/> Dried/ dehydrated fruits & vegetables | |

Please answer the following questions about health and nutrition.

7. Considering the exciting new foods listed above that WIC may offer (whole grains, fruits and vegetables, tofu, etc.), please check any of the following information for these foods that you would find helpful: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Recipes | <input type="checkbox"/> Meal suggestions |
| <input type="checkbox"/> Storage information | <input type="checkbox"/> Shopping tips |
| <input type="checkbox"/> Preparation tips | <input type="checkbox"/> Other _____ |

8. Which of the following topics would you like more information on? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> How to have a more active family lifestyle | <input type="checkbox"/> How to limit TV, video games and computer time |
| <input type="checkbox"/> How to make healthy meals with limited resources – quick and inexpensive meals | <input type="checkbox"/> Creating the child chef; letting your child help with cooking |
| <input type="checkbox"/> Quick foods for fast meals; meals in 30 minute or less | <input type="checkbox"/> Growing your own vegetables |
| <input type="checkbox"/> Tips for a healthy smile and healthy teeth | <input type="checkbox"/> Dealing with child food allergies |
| <input type="checkbox"/> How to prepare meals in advance | <input type="checkbox"/> Other _____ |

9. If WIC offered the following, which would you participate in? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Cooking demonstration for quick family meals | <input type="checkbox"/> Grocery store shopping tours |
| <input type="checkbox"/> Cooking demonstration for child-tested/kid-appropriate recipes | <input type="checkbox"/> Parent groups |
| <input type="checkbox"/> Taste-testing events | <input type="checkbox"/> Recipe sharing contests |
| | <input type="checkbox"/> Other _____ |

10. Do you have any additional comments?
