

**SURVEY OF WIC RECIPIENTS
 – Screener –**

I'm calling on behalf of the WIC Program. May I speak with **FIRST NAME OF PARENT?**
 (IF NECESSARY, SAY:) We are conducting a survey among Los Angeles County parents about the needs of their children. (IF NECESSARY, SAY:) WIC is the supplemental food program for women, infants and children.

IF NO ENGLISH SPOKEN, CODE AS FOLLOWS:

SPANISH 2 - SPANISH CALLBACK
 ASIAN LANGUAGE 3 } TERMINATE
 OTHER LANGUAGE 4

- IF NOT AT THIS NUMBER, ASK FOR FORWARDING NUMBER

ONCE PARENT IS ON PHONE, SAY:

I'm _____ and I'm calling on behalf of the WIC Program. We are doing an important telephone survey about the WIC program and other resources you have in your community.

You should have received a postcard about this in the mail in the past week or so.

IF NECESSARY, SAY:

- In appreciation for your time, upon completion of the survey we will send you a \$5 gift card.
- If you have any questions, you may contact WIC at 1-888-942-2229.
- This is a survey sponsored by the WIC Program. WIC would like to provide the best services possible, and work with other agencies to expand services for families with young children in your area.
- We are definitely not selling anything.
- We encourage you to provide your opinions, but your participation is entirely voluntary. If there are any questions that you do not want to answer or have no opinion about, please let me know and we will go to the next question. If you choose to end the interview before it is completed, or if you choose not to participate, there will be no penalties or any loss of WIC benefits you may already be receiving.
- The interview should take about 20-25 minutes.

IF SPANISH LANGUAGE DIFFICULTIES, ASK:

S1. We can conduct the survey in English or Spanish. Would you prefer to be interviewed in Spanish?	NO, CONTINUE IN ENGLISH	1
	SPANISH	2

S2a. RECORD GENDER OF PARENT:	FEMALE	1
	MALE	2

S2b. Just to confirm, is your household in Los Angeles County?	YES	1
	NO.....	2
	DON'T KNOW.....	DK
	REFUSED	REF

IF NO, DK OR REF, ASK:

S2c. In what city or town do you live?	CITY CODE	<input type="text"/> <input type="text"/> <input type="text"/>
	DON'T KNOW.....	998
	REFUSED	999

- IF CITY ON LIST, CONTINUE. IF OTHER, DK OR REF, TERMINATE

Before we begin, I need to tell you that my supervisor periodically monitors these interviews to insure quality and courtesy.

S3a. How many of your children are under 5 years old and live with you in this household? _____ CHILDREN UNDER 5 YEARS

IF S3a = 0, ASK:

S3b. Are you currently pregnant?	YES	1 - GO TO P1 OF PREGNANT MOM QUEX
	NO.....	2 } TERMINATE
	REFUSED	REF }

IF ONLY 1 CHILD UNDER AGE 5 FROM S3, ASK:

S4a. What is the current age and gender of this child?	BOY 0 – 11 MONTHS	1
	BOY 12 – 23 MONTHS (1 YEAR OLD).....	2
	BOY 24 – 35 MONTHS (2 YEAR OLD).....	3
	BOY 36 – 47 MONTHS (3 YEAR OLD).....	4
	BOY 48 – 59 MONTHS (4 YEAR OLD).....	5
	GIRL 0 – 11 MONTHS.....	6
	GIRL 12 – 23 MONTHS (1 YEAR OLD).....	7
	GIRL 24 – 35 MONTHS (2 YEAR OLD).....	8
	GIRL 36 – 47 MONTHS (3 YEAR OLD).....	9
	GIRL 48 – 59 MONTHS (4 YEAR OLD).....	10
	REFUSED	REF
S4b. Is that child receiving WIC?	YES, RECEIVING WIC....	1
	NO, CHILD NOT RECEIVING WIC.....	2 - GO TO S3b
	DON'T KNOW.....	DK
	REFUSED	REF

IF YES, RECEIVING WIC, ASK:

S4c. So that we can refer to your child by name during the rest of the survey, what is his or her first name? (IF REFUSED, SAY:) What are his or her initials?	NAME/INITIALS OF CHILD _____
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IF MORE THAN 1 CHILD UNDER AGE 5 FROM S3, ASK

S5a. What are the current ages and genders of each of your children who are under 5 years old and live with you?	CHILD #1	CHILD #2	CHILD #3	CHILD #4
BOY 0 – 11 MONTHS	1.....	1.....	1.....	1.....
BOY 12 – 23 MONTHS (1 YEAR OLD).....	2.....	2.....	2.....	2.....
BOY 24 – 35 MONTHS (2 YEAR OLD)	3.....	3.....	3.....	3.....
BOY 36 – 47 MONTHS (3 YEAR OLD)	4.....	4.....	4.....	4.....
BOY 48 – 59 MONTHS (4 YEAR OLD).....	5.....	5.....	5.....	5.....
GIRL 0 – 11 MONTHS.....	6.....	6.....	6.....	6.....
GIRL 12 – 23 MONTHS (1 YEAR OLD).....	7.....	7.....	7.....	7.....
GIRL 24 – 35 MONTHS (2 YEAR OLD)	8.....	8.....	8.....	8.....
GIRL 36 – 47 MONTHS (3 YEAR OLD)	9.....	9.....	9.....	9.....
GIRL 48 – 59 MONTHS (4 YEAR OLD).....	10.....	10.....	10.....	10.....
REFUSED	REF	REF	REF	REF

**SURVEY OF WIC PARENTS
 – Questionnaire –**

Most of the questions in the rest of this survey will be about NAME.

- | | | |
|----|---|---|
| 1. | And, <u>NAME</u> is a (boy) (girl). Is that correct?
(OR CONFIRM GENDER OF SELECTED CHILD) | BOY.....1
GIRL2 |
| 2. | What is <u>NAME</u> 's date of birth? | _____ MONTH
_____ DAY
_____ YEAR
REFUSED REF |

WIC QUESTIONS

- | | | |
|----|--|--|
| 3. | When was <u>NAME</u> first enrolled in the WIC program?
(READ CATEGORIES) | Prior to (his) (her) birth.....1
At less than 6 months.....2
Between 6 and 11 months3
During 1 st year.....4
During 2 nd year.....5
During 3 rd year6
During 4 th year.....7
NEVER ENROLLED IN WIC8
DON'T KNOW.....DK
REFUSED REF |
|----|--|--|
- DO NOT READ {

• IF NEVER ENROLLED IN WIC, ASK S6 AGAIN IF S3a > 1 OR ASK S3b IF S3a = 1, ELSE TERMINATE

- | | | |
|----|--|--|
| 4. | Has <u>NAME</u> been enrolled in WIC without interruption since that time? | YES1
NO.....2
DON'T KNOW.....DK
REFUSED REF |
| 5. | Are you <u>NAME</u> 's biological (mother/father)? | YES1
NO.....2
REFUSED REF |

IF NO, ASK:

- | | | |
|----|-------------------------------------|--|
| 6. | Are you <u>NAME</u> 's (READ LIST)? | Step (mother/father).....1
Adoptive (mother/father)2
Foster/legal guardian (mother/father).....3
Grand (mother/father).....4
Another relative (e.g., aunt, uncle).....5
OTHER/NOT RELATED6
REFUSED REF |
|----|-------------------------------------|--|
- DO NOT READ {

IF Q5 = YES OR Q6 = 1, 2 OR 3, ASK:

- | | | |
|----|--|---|
| 7. | Does <u>NAME</u> 's other parent or legal guardian live in this household? | YES1
NO.....2
REFUSED REF |
|----|--|---|

IF BIOLOGICAL (MOTHER/FATHER), ASK:

8.	Was <u>NAME</u> born early as a pre-term baby? (IF NECESSARY, SAY: A pre-term baby is one born at 36 weeks or earlier in pregnancy.)	YES1 NO.....2 DON'T KNOW.....DK REFUSED REF
9.	How much did <u>NAME</u> weigh at birth?	_____ LBS. _____ OUNCES DON'T KNOW.....DK REFUSED REF
10.	How tall is <u>NAME</u> now, without shoes?	_____ FEET _____ INCHES DON'T KNOW.....DK REFUSED REF
11.	About how much does <u>NAME</u> weigh now without shoes?	_____ POUNDS DON'T KNOW.....DK REFUSED REF
12.	Do you consider <u>NAME</u> to be overweight, underweight or about right for (his) (her) height?	OVERWEIGHT1 UNDERWEIGHT2 ABOUT RIGHT3 DON'T KNOW.....DK REFUSED REF

CHILD DEMOGRAPHICS

A few questions about NAME's ethnic and racial background...

13.	Is <u>NAME</u> Latino or of Hispanic origin (IF NECESSARY, SAY: such as Mexican-American, Latin American, South American or Spanish-American?)	YES1 NO.....2 DON'T KNOW.....DK REFUSED REF
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IF YES, ASK:

14.	Is <u>NAME</u> of Mexican ancestry or some other Hispanic ancestry? (ANSWER CAN BE A MULTIPLE)	MEXICAN.....1 OTHER2 DON'T KNOW.....DK REFUSED REF
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IF OTHER, ASK:

15.	Which of the following best describes <u>NAME</u> 's (other) Hispanic ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE)	Salvadoran1 Guatemalan.....2 Costa Rican.....3 Honduran4 Nicaraguan5 Panamanian6 South American.....7 Spanish-American8 Cuban9 Puerto Rican.....10 OTHER _____ 11 (SPECIFY)
		DO NOT READ { DON'T KNOW 98 REFUSED 99

16.	For classification purposes, we'd like to know what <u>NAME's</u> racial background is. Is (he/she) White, Black or African-American, Asian, Pacific Islander, American Indian or Alaskan Native, a member of another race or a combination of these? (ANSWER CAN BE A MULTIPLE)	WHITE.....1 BLACK/AFRICAN-AMERICAN.....2 ASIAN.....3 PACIFIC ISLANDER.....4 AMERICAN INDIAN/ALASKAN NATIVE.....5 HISPANIC/LATINO (VOLUNTEERED).....6 OTHER.....7 (SPECIFY)
		DO NOT READ { DON'T KNOW.....8 REFUSED.....9

IF ASIAN OR PACIFIC ISLANDER, ASK:

17.	Which of the following best describes <u>NAME's</u> Asian ancestry or ethnic origin? (READ CATEGORIES) (ANSWER CAN BE A MULTIPLE)	Chinese.....1 Korean.....2 Filipino.....3 Japanese.....4 Vietnamese.....5 Asian Indian.....6 Cambodian.....7 Hawaiian.....8 Guamanian.....9 Samoan.....10 Laotian/Hmong (MONG).....11 OTHER.....12 (SPECIFY)
		DO NOT READ { DON'T KNOW.....98 REFUSED.....99

18.	Was <u>NAME</u> born in Los Angeles County, in some other place in California, in some other state in the U.S. or outside the United States?	LOS ANGELES COUNTY.....1 OTHER CALIFORNIA.....2 OTHER U.S. STATE.....3 OUTSIDE THE U.S.....4 DON'T KNOW.....8 REFUSED.....9
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IF OUTSIDE THE U.S., ASK:

19.	How many years has <u>NAME</u> lived in the U.S.?	_____ YEARS DON'T KNOW.....8 REFUSED.....9
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FEEDING/NUTRITION

IF RESPONDENT IS BIOLOGICAL MOTHER, ASK:

20.	Since the birth of <u>NAME</u> did you return to work or begin a new job? (INTERVIEWER: DO NOT COUNT SCHOOL AS A JOB)	YES.....1 NO.....2 REFUSED..... REF
	IF YES, ASK:	
21.	How old was <u>NAME</u> when you first returned to work or began work? (IF NECESSARY:) Just your best estimate. (RECORD ANSWER IN YEARS AND MONTHS) (IF LESS THAN 2 YEARS, RECORD ANSWER IN MONTHS)	_____ YEARS _____ MONTHS REFUSED..... REF

22. While you were pregnant with NAME, which of the following describes what you thought you would do with regard to breast-feeding NAME – (READ CATEGORIES)?

	1.. You knew you would breast-feed <u>NAME</u> .1
	2.. You thought you might breast-feed <u>NAME</u>2
	3.. You knew you would not breast-feed <u>NAME</u>3
	4.. You didn't know what to do about breast-feeding <u>NAME</u>4
DO NOT READ {	DON'T KNOW..... DK
	REFUSED REF

23. The next questions ask about things that may have happened at the hospital where NAME was born. (READ ITEMS IN ORDER)

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REF</u>	<u>NOT BORN IN HOSP.</u>
a. Did you breast-feed <u>NAME</u> in the hospital.....	1	2	DK	REF	3

(INTERVIEWER: COUNT ANY ATTEMPTS AT BREASTFEEDING AS A "YES" RESPONSE)

(IF a = NOT BORN IN HOSPITAL, SKIP TO Q24)

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REF</u>
b. Was <u>NAME</u> fed only breast milk at the hospital.....	1	2	DK	REF
c. Did <u>NAME</u> stay in the same room with you at the hospital.....	1	2	DK	REF
d. Did the hospital staff give you a gift pack with formula.....	1	2	DK	REF
e. Did the hospital give you a telephone number to call for help with breast-feeding.....	1	2	DK	REF

IF 23a AND 23b NOT YES, ASK:

24. Have you ever breast-fed <u>NAME</u> ?	YES, HAVE BREAST-FED.....1
	NO, HAVE NOT2
	REFUSED REF

IF 23a, 23b OR 24 = YES, ASK:

25. How old was <u>NAME</u> the first time (he/she) ate anything besides breast milk? (This includes formula, baby food, juice, cow's milk, sugar water or anything else you fed your baby.) (READ CATEGORIES)	less than 1 week.....1
	1 week but less than 1 month.....2
	1 month but less than 3 months.....3
	3 months but less than 6 months.....4
	at 6 months.....5
	– or – have you not fed your baby anything besides breast milk.....6
	MORE THAN 6 MONTHS (VOLUNTEERED).....7
DO NOT READ {	DON'T KNOW..... DK
	REFUSED REF
26. Are you currently breast-feeding <u>NAME</u> ?	YES1
	NO.....2
	REFUSED REF

IF NO, NOT CURRENTLY BREAST-FEEDING, ASK

27. How old was <u>NAME</u> when you completely stopped breast-feeding (him/her)? (RECORD ANSWER IN MONTHS)	_____ MONTHS
	DON'T KNOW..... DK
	REFUSED REF

IF Q23a OR Q23b = YES AND Q26 = NO, ASK:

28.	Which of the following were reasons why you stopped breast-feeding... (READ ITEMS IN RANDOM ORDER, ASKING:) Was this a reason?				
					DON'T
		YES	NO	KNOW	REF
() a.	<u>NAME</u> had difficulty nursing	1	2	DK	REF
() b.	Breastmilk alone did not satisfy <u>NAME</u>	1	2	DK	REF
() c.	You thought <u>NAME</u> was not gaining enough weight.....	1	2	DK	REF
() d.	You felt you didn't have enough milk.....	1	2	DK	REF
() e.	You or <u>NAME</u> became sick and you could not breast-feed ...	1	2	DK	REF
() f.	Your nipples were sore, cracked or bleeding	1	2	DK	REF
() g.	You felt it was the right time to stop breast-feeding	1	2	DK	REF
() h.	You went back to work.....	1	2	DK	REF
() i.	You were encouraged by someone to stop breast-feeding	1	2	DK	REF

IF Q20 = YES AND Q21 = 0, 1, OR 2 YEARS, ASK:

29.	When you went back to work, did your workplace have accommodations for you to breast-feed? This includes giving you a break time and a place to pump milk or breast-feed your baby.	YES	1
		NO.....	2
		REFUSED	REF
30.	How much support or encouragement to breast-feed <u>NAME</u> did you receive from WIC – a lot, some, only a little or none at all?	A LOT.....	1
		SOME.....	2
		ONLY A LITTLE.....	3
		NONE.....	4
		REFUSED	REF
31.	How much support or encouragement to breast-feed <u>NAME</u> did you receive from family, friends, co-workers or other people you know – a lot, some, only a little or none at all?	A LOT.....	1
		SOME.....	2
		ONLY A LITTLE.....	3
		NONE.....	4
		REFUSED	REF

ASK ALL EXCEPT Q25=6:

32.	On a usual day, about how many of <u>NAME'S</u> meals or snacks are from a fast-food restaurant, like McDonald's, Taco Bell, Burger King, Kentucky Fried Chicken, or another similar type of place?	_____ MEALS/SNACKS	
		DON'T KNOW.....	DK
		REFUSED	REF
33.	About how physically active is <u>NAME</u> compared to other children (his)(her) age? Would you say about the same, a lot less active, a little less active, a little more physically active, or a lot more active?	ABOUT THE SAME.....	1
		A LOT LESS ACTIVE.....	2
		A LITTLE LESS ACTIVE.....	3
		A LITTLE MORE ACTIVE.....	4
		A LOT MORE ACTIVE.....	5
		DON'T KNOW.....	DK
		REFUSED	REF
34.	Is there a park, playground or other safe place for <u>NAME</u> to play that you can get to easily?	YES	1
		NO.....	2
		DON'T KNOW.....	DK
		REFUSED	REF

HEALTH AND HEALTH CARE

35. In general, how would you describe NAME's health – excellent, very good, good, fair or poor?
- EXCELLENT1
 VERY GOOD.....2
 GOOD3
 FAIR.....4
 POOR.....5
 DON'T KNOW.....DK
 REFUSED REF
36. Is NAME covered by health insurance or any other kind of health care plan? (IF NECESSARY, SAY:) This includes health insurance obtained through an employer, purchased directly, HMOs or pre-paid plans like Kaiser, government programs such as Medi-Cal, Medicaid, Healthy Families or Healthy Kids, military programs such as Champus, Champ VA, or the Indian Health Service.
- YES1
 NO.....2
 DON'T KNOW.....DK
 REFUSED REF
37. Which of the following best describes the place you take NAME most often for medical care... (READ CATEGORIES)?
- A private doctor's office (including HMOs or Kaiser).....1
 A hospital outpatient clinic.....2
 A hospital emergency room3
 A county or community clinic.....4
 – or – Somewhere else5
 NONE.....6
 DON'T KNOW.....DK
 REFUSED REF

DO NOT READ

IF CHILD IS AGE 2 YEARS OR OLDER, ASK:

38. Has NAME ever visited the dentist?
- YES1
 NO.....2
 DON'T KNOW.....DK
 REFUSED REF

The next few questions are about childcare. By childcare, we mean any kind of arrangement where someone other than you or NAME's other parent takes care of NAME on a regular basis. Please include care provided by a relative or non-relative, either in your home or someone else's home, as well as in a child care center. Do not include preschool, kindergarten or care provided by you or NAME's other parent.

39. How many hours is NAME currently in any kind of childcare _____ HOURS PER WEEK during a typical week? Just your best estimate.
- DON'T KNOW.....DK
 REFUSED REF

IF 0 HOURS PER WEEK, ASK:

40. Which of the following is a reason why you do not use any childcare for NAME in a typical week? (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?
- | | YES | NO | DON'T KNOW | REF |
|---|--------|--------|------------|-----|
| () a. You or <u>NAME's</u> other parent work at home..... | 1..... | 2..... | DK | REF |
| () b. You or <u>NAME's</u> other parent work different hours in order to care for <u>NAME</u> yourselves | 1..... | 2..... | DK | REF |
| () c. You or <u>NAME's</u> other parent are not working..... | 1..... | 2..... | DK | REF |
| () d. You prefer to stay at home with <u>NAME</u> | 1..... | 2..... | DK | REF |
| () e. Child care costs too much..... | 1..... | 2..... | DK | REF |
| () f. The child care you want is full or not available..... | 1..... | 2..... | DK | REF |
| () g. Transportation is a problem..... | 1..... | 2..... | DK | REF |
| () h. Your child has a disability or other special needs..... | 1..... | 2..... | DK | REF |

IF >0 HOURS PER WEEK, ASK:

41. Which of the following types of childcare do you use for NAME on a regular basis? (**READ ITEMS, ASKING:**) Do you use this type of childcare for NAME on a regular basis? (**IF NECESSARY:** We don't need to know where, but are just interested in the type of program.)

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REF</u>
a. A childcare center	1	2	DK	REF
b. Someone cares for <u>NAME</u> in <u>their</u> home.....	1	2	DK	REF
c. Someone cares for <u>NAME</u> in <u>your</u> home.....	1	2	DK	REF

IF YES TO Q41b, IMMEDIATELY ASK:

42. Is this person a <u>licensed</u> family or home day care provider?	YES	1
	NO.....	2
	DON'T KNOW.....	DK
	REFUSED	REF
43. Is this person a <u>relative</u> , such as a brother, sister or grandparent, or a <u>non-relative</u> , such as a friend, neighbor, nanny or au pair?	RELATIVE.....	1
	NON-RELATIVE	2
	DON'T KNOW.....	DK
	REFUSED	REF

IF YES TO Q41c, IMMEDIATELY ASK:

44. Is this person a <u>relative</u> , such as a brother, sister or grandparent, or a <u>non-relative</u> , such as a friend, neighbor, nanny or au pair?	RELATIVE.....	1
	NON-RELATIVE	2
	DON'T KNOW.....	DK
	REFUSED	REF

45. Including <u>NAME</u> , how many children are usually at this place where (he) (she) is cared for? (IF NECESSARY, SAY: the place (he)(she) goes to most often.)	1 (ONLY MY CHILD)	1
	2-5.....	2
	6-10	3
	11-20	4
	OVER 20.....	5
	DON'T KNOW.....	DK
	REFUSED	REF

46. How many adults are usually there at the same time that <u>NAME</u> is there? (IF NECESSARY, SAY: the place (he)(she) goes to most often.)	1.....	1
	2-5.....	2
	6-10	3
	11-20	4
	OVER 20.....	5
	DON'T KNOW.....	DK
	REFUSED	REF

47. Overall, how easy or difficult is it for you to get <u>childcare</u> for <u>NAME</u> on a regular basis when you need it – very easy, somewhat easy, somewhat difficult, or very difficult?	VERY EASY	1
	SOMEWHAT EASY.....	2
	SOMEWHAT DIFFICULT	3
	VERY DIFFICULT.....	4
	DOES NOT NEED CHILDCARE.....	5
	DON'T KNOW.....	DK
	REFUSED	REF

IF VERY OR SOMEWHAT DIFFICULT, ASK:

48.	Which of the following are reasons why it is difficult <u>to get</u> childcare for <u>NAME</u> on a regular basis... (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?				
		YES	NO	DON'T KNOW	REF
() a.	Child care costs too much.....	1.....	2.....	DK.....	REF
() b.	It is difficult to find a provider with space available	1.....	2.....	DK.....	REF
() c.	The hours and location don't fit your needs	1.....	2.....	DK.....	REF
() d.	The quality of the childcare is not satisfactory	1.....	2.....	DK.....	REF
() e.	The providers are unreliable (for example, they quit without notice or are late).....	1.....	2.....	DK.....	REF
() f.	<u>NAME</u> has a disability or other special needs	1.....	2.....	DK.....	REF

IF CHILD IS AGE 2 YEARS OR OLDER, ASK:

49.	Is <u>NAME</u> currently enrolled in a pre-school or nursery school?	YES	1
		NO.....	2
		DON'T KNOW.....	DK
		REFUSED	REF

IF Q49 = YES, ASK:

50.	Is <u>NAME</u> in a Head Start or State-sponsored preschool program or some other local pre-school or nursery school? (IF NECESSARY:) Head Start is a federally-sponsored program, while State Preschools are funded by the state.	HEAD-START OR STATE-SPONSORED	1
		OTHER LOCAL.....	2
		DON'T KNOW.....	DK
		REFUSED	REF

IF Q49 = NO, DON'T KNOW OR REFUSED, ASK:

51.	Do you have any plans to enroll <u>NAME</u> in preschool or nursery school?	YES	1
		NO.....	2
		DON'T KNOW.....	DK
		REFUSED	REF

IF Q49 OR Q51 = YES, ASK:

52.	Overall, how easy or difficult (is it) (would it be) for you to enroll <u>NAME</u> in a preschool or nursery school – very easy, somewhat easy, somewhat difficult, or very difficult?	VERY EASY	1
		SOMEWHAT EASY.....	2
		SOMEWHAT DIFFICULT	3
		VERY DIFFICULT.....	4
		DOES NOT NEED PRESCHOOL	5
		DON'T KNOW/HAVEN'T TRIED	6
		REFUSED	REF

IF VERY OR SOMEWHAT DIFFICULT, ASK:

53.	Which of the following are reasons why it (is) (would be) difficult <u>to find or enroll</u> <u>NAME</u> in preschool or nursery school? (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?				
		YES	NO	DON'T KNOW	REF
() a.	Preschool costs too much.....	1.....	2.....	DK.....	REF
() b.	It is difficult to find a preschool with space available.....	1.....	2.....	DK.....	REF
() c.	The hours and location don't fit your needs	1.....	2.....	DK.....	REF
() d.	The quality of the preschool is not satisfactory	1.....	2.....	DK.....	REF
() e.	<u>NAME</u> has a disability or other special needs	1.....	2.....	DK.....	REF

61. In the past week, about how many times have you told another adult something positive about NAME – never, once, several times or almost every day?
- NEVER.....1
 ONCE.....2
 SEVERAL TIMES3
 ALMOST EVERY DAY4
 DON'T KNOW.....DK
 REFUSED REF
62. How often does NAME need to be disciplined for (his) (her) behavior – never, about once a month, about once a week or every day?
- NEVER.....1
 ABOUT ONCE A MONTH.....2
 ABOUT ONCE A WEEK.....3
 EVERY DAY.....4
 DON'T KNOW.....DK
 REFUSED REF

IF NAME IS 12 MONTHS (1 YEAR) OR OLDER, ASK:

63. The next questions are about concerns you may have about NAME. For each one, tell me the extent to which you feel this is a problem for NAME. (READ ITEMS IN RANDOM ORDER, ASKING:) To what extent is this a problem for NAME – is it a big problem, a small problem, or not a problem?
- | | A BIG PROBLEM | A SMALL PROBLEM | NOT A PROBLEM | DON'T KNOW | REF |
|--|---------------|-----------------|---------------|------------|-----|
| () a. (IF LESS THAN 15 MONTHS) How <u>NAME</u> makes speech sounds..... | 1 | 2 | 3 | DK | REF |
| () b. (IF 15 MONTHS OLD OR OLDER) How <u>NAME</u> talks and makes words..... | 1 | 2 | 3 | DK | REF |
| () c. How <u>NAME</u> uses (his) (her) hands and fingers to do things..... | 1 | 2 | 3 | DK | REF |
| () d. How well <u>NAME</u> uses (his) (her) arms and legs..... | 1 | 2 | 3 | DK | REF |
| () e. How well <u>NAME</u> can see or hear..... | 1 | 2 | 3 | DK | REF |
| () f. How <u>NAME</u> gets along with others..... | 1 | 2 | 3 | DK | REF |
| () g. <u>NAME</u> 's feelings and moods..... | 1 | 2 | 3 | DK | REF |
| () h. How <u>NAME</u> behaves..... | 1 | 2 | 3 | DK | REF |
| () i. How <u>NAME</u> is learning to do things for (him/her)self..... | 1 | 2 | 3 | DK | REF |
| () j. Whether <u>NAME</u> can do what other children (his) (her) age can do..... | 1 | 2 | 3 | DK | REF |
| () k. (IF 24 MONTHS OR OLDER) How well <u>NAME</u> understands \..... | 1 | 2 | 3 | DK | REF |
| () l. (IF 24 MONTHS OR OLDER) How <u>NAME</u> is learning preschool or school skills..... | 1 | 2 | 3 | DK | REF |

64. About how many hours of TV does NAME watch on a typical day? (READ CATEGORIES IF NECESSARY)
- None.....1
 Less than 30 minutes2
 30 minutes to less than 1 hour.....3
 1 to 2 hours.....4
 3 to 5 hours.....5
 6 to 8 hours.....6
 More than 8 hours7
 DON'T KNOW.....DK
 REFUSED REF

PARENTAL CONCERNS

65. How easy or difficult is it to find someone you can talk to when you need advice about how to raise NAME – very easy, somewhat easy, somewhat difficult or very difficult?
- VERY EASY1
 SOMEWHAT EASY2
 SOMEWHAT DIFFICULT3
 VERY DIFFICULT.....4
 DON'T KNOW.....DK
 REFUSED REF

66. Is NAME the only child for whom you have received WIC services, or are you now or have you ever received WIC services for other children (or pregnancies)?
- | | |
|---------------------|-----|
| ONLY CHILD..... | 1 |
| OTHER CHILDREN..... | 2 |
| DON'T KNOW..... | DK |
| REFUSED..... | REF |

IF OTHER CHILDREN, ASK:

- | | | |
|--|-----------------------------|-----|
| 67. Counting all of your (pregnancies and) children, about how many months or years in total have you received WIC services? | _____ MONTHS | |
| | _____ YEARS | |
| | DON'T KNOW..... | DK |
| | REFUSED..... | REF |
| 68. Have you been enrolled in WIC without interruption over this entire period, or have there been times when you either did not qualify or chose not to participate in the WIC program? | WITHOUT INTERRUPTION..... | 1 |
| | TIMES WHEN INTERRUPTED..... | 2 |
| | DON'T KNOW..... | DK |
| | REFUSED..... | REF |

IF TIMES WHEN INTERRUPTED, ASK:

- | | | |
|---|-----------------|-----|
| 69. How many breaks have there been in your WIC services since the time you first began receiving WIC services? | _____ | |
| | DON'T KNOW..... | DK |
| | REFUSED..... | REF |

70. When you go to the WIC center, do you prefer to have a scheduled appointment time, or do you prefer to just drop in any time during the month without an appointment?
- | | |
|-------------------------------------|-----|
| SCHEDULED APPOINTMENT..... | 1 |
| DROP IN WITHOUT AN APPOINTMENT..... | 2 |
| NO PREFERENCE..... | 3 |
| NEVER VISITED WIC CENTER..... | 4 |
| DON'T KNOW..... | DK |
| REFUSED..... | REF |

IF Q70 IS NOT "NEVER," ASK:

- | | | |
|---|------------------------------|-----|
| 71. When you have a scheduled appointment, how often do you come to the WIC center within 30 minutes of your scheduled appointment – always, most of the time, about half the time, less than half the time or never? | ALWAYS..... | 1 |
| | MOST OF THE TIME..... | 2 |
| | ABOUT HALF THE TIME..... | 3 |
| | LESS THAN HALF THE TIME..... | 4 |
| | NEVER..... | 5 |
| | NEVER HAVE APPOINTMENTS..... | 6 |
| | DON'T KNOW..... | DK |
| | REFUSED..... | REF |

72. I am going to read some reasons people sometimes find it hard to go to the WIC center each month, and for each please tell me how often this applies to you. (READ ITEMS IN RANDOM ORDER) How often is this a reason? Would you say – often, sometimes, rarely or never?

- | | <u>SOME-</u> | | | | <u>DON'T</u> | |
|--|--------------|--------------|---------------|--------------|--------------|------------|
| | <u>OFTEN</u> | <u>TIMES</u> | <u>RARELY</u> | <u>NEVER</u> | <u>KNOW</u> | <u>REF</u> |
| () a. I have problems with transportation..... | 1 | 2 | 3 | 4 | DK | REF |
| () b. I get busy and forget to go..... | 1 | 2 | 3 | 4 | DK | REF |
| () c. The WIC center hours are not convenient for my work schedule..... | 1 | 2 | 3 | 4 | DK | REF |
| () d. The WIC center is far from my house..... | 1 | 2 | 3 | 4 | DK | REF |
| () e. My children get sick and I can't get a babysitter..... | 1 | 2 | 3 | 4 | DK | REF |
| () f. Some other emergency always comes up..... | 1 | 2 | 3 | 4 | DK | REF |
| () g. I don't need the food or services that much..... | 1 | 2 | 3 | 4 | DK | REF |
| () h. I'm not happy with the customer service I receive from WIC..... | 1 | 2 | 3 | 4 | DK | REF |
| () i. I have to wait too long for services..... | 1 | 2 | 3 | 4 | DK | REF |

73.	How long does it usually take you to get to your WIC center from your home or your place of work... (READ CATEGORIES)?	Less than 15 minutes1 15 to less than 30 minutes2 30 minutes to 1 hour3 More than 1 hour.....4 DO NOT READ { NEVER VISITED WIC CENTER5 DON'T KNOW..... DK REFUSED REF
74.	How do you usually get to the WIC center? Do you usually... (READ LIST)?	Drive1 Get a ride (in someone else's car).....2 Take the bus or metro.....3 Walk.....4 – or – Something else.....5 DO NOT READ { VARIES6 NEVER VISITED WIC CENTER7 DON'T KNOW..... DK REFUSED REF
75.	Once you get to the WIC center, how much time do you usually spend there... (READ LIST IF NECESSARY)?	Less than 30 minutes1 30 minutes to less than 1 hour.....2 60 minutes to less than 90 minutes3 90 minutes to less than 2 hours4 2 hours or more.....5 DO NOT READ { NEVER VISITED WIC CENTER6 DON'T KNOW..... DK REFUSED REF
76a.	If you could come to the WIC center anytime of the day or any day of the week, which of the following times would work best for you... (READ LIST)? (ANSWER CAN BE A MULTIPLE)	Weekday mornings1 Weekdays at lunchtime2 Weekday afternoons3 Weekday evenings4 Saturday mornings.....5 Saturday afternoons.....6 DO NOT READ { VARIES/NO PARTICULAR TIME.....8 DON'T KNOW..... DK REFUSED REF
IF Q76a = WEEKDAY EVENINGS, ASK:		
76b.	What hours on weekday evenings would work best for you... (READ LIST)? (ANSWER CAN BE A MULTIPLE)	5:00 p.m. to 6:00 p.m.1 6:00 p.m. to 7:00 p.m.2 7:00 p.m. to 8:00 p.m.3 8:00 p.m. to 9:00 p.m.4 DO NOT READ { ALL OF THEM.....5 DON'T KNOW..... DK REFUSED REF
77.	How satisfied are you with the foods you receive from WIC – very satisfied, somewhat satisfied, or not satisfied?	VERY SATISFIED.....1 SOMEWHAT SATISFIED2 NOT SATISFIED3 DON'T KNOW..... DK REFUSED REF

78a. If you could make changes to the WIC food package, which one type of food would you like to have more of in the package? (READ ITEMS IN RANDOM ORDER)

IF FIRST MENTION GIVEN, ASK:

78b. Of the three remaining types of food, which would you like to have more of in the package?
(READ BACK REMAINING FOODS)

IF SECOND MENTION GIVEN, ASK:

78c. Which of the two remaining foods would you like to have more of in the package?
(READ BACK REMAINING FOODS)

	(Q78a)	(Q78b)	(Q78c)
	FIRST	SECOND	THIRD
	MENTION	MENTION	MENTION
Fruits	1	1	1
Vegetables.....	2	2	2
Meat or fish, or	3	3	3
Breads, potatoes or rice.....	4	4	4
DON'T KNOW	DK	DK	DK
REFUSED	REF	REF	REF
79. Have you changed the types of foods you eat as a result of WIC staff suggestions or information about nutrition you received from WIC?	YES	NO.....	DON'T KNOW.....
	1	2	DK
			REFUSED
			REF
80. How interested would you be in being able to redeem some of your WIC checks at a local farmer's market – very interested, somewhat interested, or not interested?	VERY INTERESTED	SOMEWHAT INTERESTED	NOT INTERESTED
	1	2	3
			DON'T KNOW.....
			DK
			REFUSED
			REF
81. How many days in a typical week does everyone in your household eat a meal together – every day, 3 to 6 days, 1 or 2 days or never?	EVERY DAY.....	3-6 DAYS.....	1-2 DAYS.....
	1	2	3
			NEVER.....
			4
			DON'T KNOW.....
			DK
			REFUSED
			REF

HOME LITERACY ENVIRONMENT

82. How frequently do you visit the library – never, a few times a year, about once a month, several times a month, or once a week or more?	NEVER.....	A FEW TIMES A YEAR.....	ABOUT ONCE A MONTH.....	SEVERAL TIMES A MONTH.....	ONCE A WEEK OR MORE	DON'T KNOW.....	REFUSED
	1	2	3	4	5	DK	REF
85a. About how many books do you have in your house, including library books – none, one or two, three to ten, eleven to twenty or more than 20?	NONE.....	1 OR 2.....	3-10	11-20	MORE THAN 20.....	DON'T KNOW.....	REFUSED
	1	2	3	4	5	DK	REF

85b. Do you have occasion to use a personal computer on a regular basis either at home, at work, or at school? (IF YES, ASK: Where?) (ANSWER CAN BE A MULTIPLE "YES")

YES, AT HOME	1
YES, AT WORK.....	2
YES, AT SCHOOL.....	3
YES, OTHER.....	4
NO.....	5
DON'T KNOW.....	DK
REFUSED	REF

86. Next I am going to read a list of the ways you might feel. For each, please tell me how often you have felt this way during the past month. During the past month, how often did you ... (READ ITEM) – never, rarely, some of the time, often times or most of the time?

	NEVER/ RARELY	SOME OF THE TIME	OFTEN TIMES	MOST OF THE TIME	DK	REF
a. feel depressed	1	2	3	4	DK	REF
b. feel lonely.....	1	2	3	4	DK	REF
c. have crying spells.....	1	2	3	4	DK	REF
d. feel sad.....	1	2	3	4	DK	REF

PARENT DEMOGRAPHICS

Now, some questions about yourself...

87a. What is your age? _____ YEARS
REFUSED REF

IF REFUSED, ASK:

87b. We don't need to know exactly, but generally speaking are you between ages... (READ CATEGORIES)?	18-24	1
	25-29	2
	30-39	3
	40-44	4
	45-49	5
	50-59	6
	60-64	7
	65 or older	8
DO NOT READ →	REFUSED	REF

The next few questions ask about your ethnic and racial background...

88. Are you of Latino or Hispanic origin? (IF NECESSARY, SAY: such as Mexican-American, Latin American, South American, or Spanish-American)?

YES, HISPANIC.....	1
NO, NON-HISPANIC	2
DON'T KNOW.....	DK
REFUSED	REF

IF YES, ASK:

89. Are you of Mexican ancestry or some other Hispanic ancestry? (ANSWER CAN BE A MULTIPLE)	MEXICAN.....	1
	OTHER	2
	DON'T KNOW.....	DK
	REFUSED	REF

IF OTHER, ASK:

90. Which of the following best describes your (other) Hispanic ancestry or ethnic origin... (READ CATEGORIES)? (ANSWER CAN BE A MULTIPLE)	Salvadoran	1
	Guatemalan	2
	Costa Rican	3
	Honduran	4
	Nicaraguan	5
	Panamanian	6
	South American	7
	Spanish-American	8
	Cuban	9
	Puerto Rican	10
	Other (SPECIFY) _____ ..	11
	DO NOT READ { DON'T KNOW	DK
REFUSED	REF	

91. For classification purposes, we'd like to know what your racial background is. Are you White, Black or African-American, Asian, Pacific Islander, American Indian or an Alaskan native, a member of another race or a combination of these? (ANSWER CAN BE A MULTIPLE)	WHITE	1
	BLACK/AFRICAN-AMERICAN	2
	ASIAN	3
	PACIFIC ISLANDER	4
	AMERICAN INDIAN/ALASKAN NATIVE	5
	HISPANIC/LATINO (VOLUNTEERED)	6
	OTHER (SPECIFY) _____	7
	DON'T KNOW	DK
REFUSED	REF	

IF ASIAN OR PACIFIC ISLANDER, ASK:

92. Which of the following best describes your Asian ancestry or ethnic origin... (READ CATEGORIES)? (ANSWER CAN BE A MULTIPLE)	Chinese	1
	Korean	2
	Filipino	3
	Japanese	4
	Vietnamese	5
	Asian Indian	6
	Cambodian	7
	Hawaiian	8
	Guamanian	9
	Samoan	10
	Laotian/Hmong (MONG)	11
	Other (SPECIFY) _____ ..	12
DO NOT READ { DON'T KNOW	DK	
REFUSED	REF	

93. Were you born in California, in some other state in the U.S. or outside the United States?	CALIFORNIA	1
	OTHER U.S. STATE	2
	OUTSIDE THE U.S.	3
	DON'T KNOW	DK
	REFUSED	REF

IF OUTSIDE U.S., ASK:

94. In which country were you born? (SEE CODES)	COUNTRY CODE	<input type="text"/> <input type="text"/>
	OTHER (SPECIFY) _____	40
	DON'T KNOW	DK
	REFUSED	REF
95. How many years have you lived in the United States? (IF LESS THAN ONE YEAR, ENTER "0")	_____ YEARS	
	DON'T KNOW	DK
	REFUSED	REF

96a.	What is the highest level of school you have completed or the highest degree you have received? (IF HIGH SCHOOL, ASK:) What was the highest grade you completed?	NO FORMAL SCHOOLING1 8TH GRADE OR LESS.....2 GRADES 9-12 BUT NOT A HIGH SCHOOL GRAD.3 HIGH SCHOOL GRADUATE4 SOME COLLEGE/TRADE SCHOOL/ ASSOCIATE DEGREE5 (4-YEAR) COLLEGE GRADUATE.....6 POST GRADUATE DEGREE7 DON'T KNOW.....DK REFUSED REF
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IF Q96a = HIGH SCHOOL GRADUATE, ASK:

96b.	Was that by graduating from high school or by passing a high school equivalency exam?	HIGH SCHOOL GRADUATE1 GED EXAM.....2 DON'T KNOW.....DK REFUSED REF
------	---	---

97.	Are you currently working for pay full-time (at least 35 hours or more), part-time, or not at all?	FULL-TIME1 PART-TIME2 NOT WORKING.....3 DON'T KNOW.....DK REFUSED REF
-----	--	---

IF SPOUSE/PARTNER LIVING IN HOUSEHOLD (FROM Q7):

98.	Thinking about the employment situation of your spouse or partner, is (he) (she) currently working for pay full-time (at least 35 hours or more), part-time or not at all?	FULL-TIME1 PART-TIME2 NOT WORKING.....3 REFUSED REF
-----	--	--

99.	What is your current height without shoes?	_____ FEET _____ INCHES REFUSED REF
-----	--	---

100.	What is your current weight without shoes?	_____ LBS REFUSED REF
------	--	--------------------------------

IF RESPONDENT IS FEMALE, ASK:

101.	Are you currently pregnant?	YES1 NO.....2 DON'T KNOW.....DK REFUSED REF
------	-----------------------------	--

IF YES, ASK:

102.	About how many weeks pregnant are you?	1-13 WEEKS1 14-26 WEEKS2 27 OR MORE WEEKS3 DON'T KNOW.....DK REFUSED REF
------	--	--

103.	How much weight have you gained during this pregnancy?	_____ LBS DON'T KNOW.....DK REFUSED REF
------	--	---

104.	How much did you weigh prior to your current pregnancy?	_____ LBS DON'T KNOW.....DK REFUSED REF
------	---	---

105.	Do you think the weight that you have gained up to this point in your pregnancy is too little, too much or about right?	TOO LITTLE.....1
		TOO MUCH2
		ABOUT RIGHT3
		DON'T KNOW.....DK
		REFUSED REF

106. Including yourself, how many people currently live in your household? _____

IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, ASK:

107.	(Including yourself,) how many are adults age 18 or older?	_____
110.	How many are children between the ages of 0 and 5?	_____
109.	How many are children between the ages of 6 and 17?	_____

111. Which of the following statements best describes the food eaten in your household in the last 12 months... (READ CATEGORIES)?

1.. We get enough of the kinds of food we want to eat	1
2.. We get enough, but not always the kinds of food we want	2
3.. We sometimes don't get enough to eat ..	3
4.. We often don't get enough to eat.....	4
DON'T KNOW.....	DK
REFUSED	REF

DO NOT READ

IF Q111 = 2, ASK:

112.	I am going to read some reasons why people don't always have the quality or variety of food they want. For each, please tell me if this is a reason why you don't always have the kinds of food you want to eat. (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?			
		YES	NO	DON'T KNOW REF
() a.	We don't have enough money for food	1.....	2.....	DK REF
() b.	The kinds of food we want are not available	1.....	2.....	DK REF
() c.	There is not enough time for shopping or cooking	1.....	2.....	DK REF
() d.	It's too hard to get to the store.....	1.....	2.....	DK REF
() e.	You're on a special diet.....	1.....	2.....	DK REF

IF Q111 = 3 OR 4, ASK:

113.	I am going to read some reasons why people don't always have enough to eat. For each, please tell me if this is a reason why you don't always have enough to eat. (READ ITEMS IN RANDOM ORDER, ASKING:) Is this a reason?			
		YES	NO	DON'T KNOW REF
() a.	We don't have enough money for food	1.....	2.....	DK REF
() b.	We don't have enough time for shopping or cooking.....	1.....	2.....	DK REF
() c.	It's too hard to get to the store.....	1.....	2.....	DK REF
() d.	You're on a diet.....	1.....	2.....	DK REF
() e.	There is no working stove available to you	1.....	2.....	DK REF
() f.	You are not able to cook or eat because of health problems ...	1.....	2.....	DK REF

IF Q111 > 1, ASK:

114.	I'm going to read several statements that people have made about their household food situation. For each please tell me whether the statement was <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for you and your household in the last 12 months. (READ ITEMS IN RANDOM ORDER, ASKING:) Was this often, sometimes, or never true for you and your household in the last 12 months.							
		<table border="0"> <tr> <td></td> <td style="text-align: center;">OFTEN</td> <td style="text-align: center;">SOME- TIMES</td> <td style="text-align: center;">NEVER</td> <td style="text-align: center;">DON'T KNOW</td> <td style="text-align: center;">REF</td> </tr> </table>		OFTEN	SOME- TIMES	NEVER	DON'T KNOW	REF
	OFTEN	SOME- TIMES	NEVER	DON'T KNOW	REF			
() a.	We worried whether our food would run out before we got money to buy more.....	1 2 3 DK..... REF						
() b.	The food that was bought just didn't last, and we didn't have the money to get more	1 2 3 DK..... REF						
() c.	We couldn't afford to eat balanced meals.....	1 2 3 DK..... REF						
() d.	We relied on only a few kinds of low-cost food to feed our (child) (children) because we were running out of money.....	1 2 3 DK..... REF						
() e.	We couldn't feed our (child) (children) a balanced meal, because we couldn't afford that	1 2 3 DK..... REF						
115.	Which of the following best describes where you currently live – in a home owned by your parents or relatives, in an apartment or home that you own, or in an apartment or home that you rent?	PARENTS/RELATIVE'S HOME 1 HOME THAT YOU OWN.....2 RENTER3 OTHER4 DON'T KNOW.....DK REFUSED REF						
116.	How easy or difficult is it for you to find housing – very difficult, somewhat difficult, somewhat easy or very easy?	VERY DIFFICULT.....1 SOMEWHAT DIFFICULT2 SOMEWHAT EASY3 VERY EASY4 DON'T KNOW.....DK REFUSED REF						
117.	How easy or difficult is it for you to <u>pay for</u> housing – very difficult, somewhat difficult, somewhat easy or very easy?	VERY DIFFICULT.....1 SOMEWHAT DIFFICULT2 SOMEWHAT EASY3 VERY EASY4 NOT APPLICABLE (DON'T PAY).....5 DON'T KNOW.....DK REFUSED REF						
118.	In the past three years, how many different places have you lived, including your current residence?	_____ DIFFERENT PLACES DON'T KNOW.....DK REFUSED REF						
119.	Have you ever heard of the organization First 5 L-A?	YES 1 NO.....2 DON'T KNOW.....DK REFUSED REF						

IF YES, ASK:

120.	From which of the following sources have you heard something about First 5 L-A: TV or radio, newspaper, your doctor, a social worker or other health professional, family or friends, school or community organizations, or some other place? (ANSWER CAN BE A MULTIPLE)	TV OR RADIO 1 NEWSPAPER2 YOUR DOCTOR, A SOCIAL WORKER OR OTHER HEALTH PROFESSIONAL3 FAMILY OR FRIENDS4 SCHOOL OR COMMUNITY ORGANIZATIONS5 SOME OTHER PLACE6 DON'T KNOW.....DK REFUSED REF
------	--	--

121. Which of the following things do you associate with First 5 L-A? (READ ITEMS IN RANDOM ORDER)
Do you associate this with First 5 L-A?
- | | <u>YES</u> | <u>NO</u> | <u>DON'T</u> | <u>REF</u> |
|---|------------|-----------|--------------|------------|
| | | | <u>KNOW</u> | |
| () a. Children's health insurance..... | 1..... | 2..... | DK | REF |
| () b. Preschool | 1..... | 2..... | DK | REF |
| () d. Sporting goods | 1..... | 2..... | DK | REF |
| () e. Children's clothing..... | 1..... | 2..... | DK | REF |
| () f. Eating fruits and vegetables | 1..... | 2..... | DK | REF |

125. In what city or town do you live? (SEE CODES) CITY CODE

DON'T KNOW..... 998

REFUSED 999

126. What is your current zip code? (ALL ZIP CODES MUST BEGIN WITH "9") ZIP CODE

DON'T KNOW.....99998

REFUSED99999

These are all the questions I have. Thank you very much for your cooperation. (HANG UP)

DATE OF INTERVIEW: _____