

**2020 LOS ANGELES COUNTY WIC SURVEY
- 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) (IF UNCERTAIN,
ASK: is <u>NAME</u> a boy or a girl?) | BOY1
GIRL.....2 |
| 2. | In which month and year was <u>NAME</u> born? | _____ MONTH (RANGE 01-12)
_____ YEAR (RANGE 2014-2020)
REFUSEDREF |
| 3. | When was <u>NAME</u> first enrolled in the WIC program?
(READ CATEGORIES ONLY IF NECESSARY) | Prior to (his) (her) birth1
At less than 6 months2
Between 6 and 11 months..3
During 1 st year4
During 2 nd year5
During 3 rd year6
During 4 th year7
NEVER ENROLLED IN WIC8 → SKIP TO Q5
DON'T KNOWDK
REFUSEDREF |
| 4. | Has <u>NAME</u> been enrolled in WIC without interruption
since that time? | YES..... 1
NO 2
DON'T KNOWDK
REFUSED REF |
| 5. | Are you <u>NAME</u> 's biological (mother/father)? | YES..... 1
NO 2
REFUSED REF |

IF Q5=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 |
|----|-------------------------------------|--|

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? | YES..... 1
NO 2
REFUSED REF |
| | 8. Is <u>NAME</u> 's other parent an active part of their
life? | YES..... 1
NO 2
REFUSED REF |

IF Q5=YES (BIOLOGICAL PARENT), ASK:

9. Was NAME born early as a pre-term baby? YES.....1
 (IF NECESSARY:) A pre-term baby is one born at 36 weeks NO2
 or earlier in pregnancy. DON'T KNOWDK
 REFUSEDREF

IF S2=FEMALE AND Q9=YES, ASK:

10. How many weeks pregnant were you when NAME _____ WEEKS
 was born? IF MORE THAN 36 WEEKS, CATI WILL CHANGE
 Q9 TO A NO RESPONSE.
 DON'T KNOWDK
 REFUSEDREF

11. How much did NAME weigh at birth? _____ LBS. (0-15)
 _____ OUNCES (0-15)
 NEEDS METRIC CONVERSION.....MC
 DON'T KNOWDK
 REFUSEDREF

12. For classification purposes, we'd like to know what NAME's 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) (IF MIXED RACE, PLEASE PROBE FOR SPECIFIC RACES) (Q13)
- WHITE1
 BLACK/AFRICAN-AMERICAN2
 ASIAN.....3
 PACIFIC ISLANDER4
 AMERICAN INDIAN/ALASKAN NATIVE5
 HISPANIC/LATINO (VOLUNTEERED).....6
 OTHER (SPECIFY)7
 DON'T KNOWDK
 REFUSEDREF

IF Q12 = NOT HISPANIC/LATINO, ASK:

13. Is NAME Latino or of Hispanic origin (IF NECESSARY, SAY: such as Mexican-American, Latin American, South American or Spanish-American?) (Q14)
- YES1
 NO.....2
 DON'T KNOWDK
 REFUSED.....REF

IF Q5=YES AND S2=YES (BIOLOGICAL MOTHER), ASK:

14. During your pregnancy with NAME, how much weight did you gain? Would you say it was... (READ CATEGORIES)? (Q15)
- 10 pounds or less1
 11 – 15 pounds.....2
 16 – 20 pounds.....3
 21 – 25 pounds.....4
 26 – 30 pounds.....5
 31 – 35 pounds.....5
 36 – 40 pounds.....6
 More than 40 pounds.....7
 LOST WEIGHT (VOLUNTEERED).....8
 NEEDS METRIC CONVERSION.....MC
 DON'T KNOWDK
 REFUSEDREF

15. How much did you weigh right before your pregnancy with NAME? (Q16) _____ POUNDS
 NEEDS METRIC CONVERSION.....MC
 DON'T KNOWDK
 REFUSEDREF

16. During your pregnancy with NAME, did you have gestational (JES-TAY-SHUN-UL) diabetes (DY-AH-BE-TEES)? (Q18)
 YES..... 1
 NO 2
 HAD DIABETES BEFORE PREGNANCY (VOL)..... 3
 DON'T KNOWDK
 REFUSEDREF

17. Since the birth of NAME did you return to work or begin a new job? (INTERVIEWER: DO NOT COUNT SCHOOL AS A JOB) (Q19)
 YES..... 1
 NO 2
 REFUSEDREF

IF Q17=YES, ASK:

18. How old was NAME when you first returned to work or began work? (IF NECESSARY:) Just your best estimate. (RECORD ANSWER IN YEARS AND MONTHS AND WEEKS) (IF < 2 YEARS, RECORD IN MONTHS) (Q20)
 _____ YEARS (UPPER=AGE OF CHILD)
 _____ MONTHS
 _____ WEEKS
 REFUSED.....REF

19. 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)? (Q21)
 1. You knew you would breast-feed NAME 1
 2. You thought you might breast-feed NAME . 2
 3. You knew you would not breast-feed NAME 3
 4. You didn't know what to do about breast-feeding NAME 4
 DON'T KNOWDK
 REFUSEDREF

20. Was NAME born in a hospital in Los Angeles County? (Q23)
 YES..... 1
 NO 2 - SKIP TO Q23
 REFUSED.....REF - SKIP TO Q23

IF Q20=1, ASK:

21. What was the name of the hospital where NAME was born? (Q24)
 (IF KAISER, PROVIDENCE OR UCLA, ASK:) Which one?
 ENTER HOSPITAL CODE
 DON'T KNOWDK
 REFUSEDREF

22. The next questions ask about things that may have happened at the hospital where NAME was born. (READ ITEMS IN ORDER) (Q25)

a. Did you breast-feed NAME in the hospital? 1 2DK REF
 (INTERVIEWER: COUNT ANY ATTEMPTS AT BREASTFEEDING AS A "YES" RESPONSE)

(IF Q22a = YES, ASK:)

b. Was NAME fed only breast milk at the hospital? 1 2DK REF

c. Did you breastfeed NAME in the first hour after birth? 1 2DK REF
 d. Did the hospital give you formula to take home? 1 2DK REF
 e. Did the hospital give you a telephone number to call for help with breast-feeding? 1 2DK REF

IF Q20 = 2 OR REF OR Q22a = 2, ASK:

23.	Have you ever breast-fed <u>NAME</u> ? (Q26)	YES	1
		NO	2
		REFUSED.....	REF

IF Q22a = 1 OR Q23 = 1, ASK:

24.	How old was <u>NAME</u> the first time (he/she) was given anything besides breast milk? This includes formula, baby food, juice, cow's milk, sugar water or anything else you fed your baby. (READ CATEGORIES) (Q27)	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
		DON'T KNOW.....	DK
		REFUSED.....	REF

IF Q24 = 1, 2, 3, 4, 5 OR 7, ASK:

25.	How old was <u>NAME</u> the first time (he) (she) was given formula? (INTERVIEWER: IF LESS THAN 1 WEEK, ENTER 0) (Q28)	_____ WEEKS (0-52)	
		MORE THAN 12 MONTHS.....	97
		WAS NEVER GIVEN FORMULA	98
		DON'T KNOW.....	DK
		REFUSED.....	REF

26.	Are you currently breast-feeding <u>NAME</u> ?	YES	1
		NO.....	2
		REFUSED.....	REF

IF Q26 = NO, ASK:

27.	How old was <u>NAME</u> when you completely stopped breast-feeding (him/her)? (RECORD ANSWER IN MONTHS) (Q30)	_____ MONTHS (UPPER=AGE OF CHILD)	
		IF LESS THAN 1 MONTH, ENTER 0	
		DON'T KNOW.....	DK
		REFUSED.....	REF

ONLY IF INFANT BORN SINCE MARCH 2020

28.	Did the COVID pandemic make you more likely to breastfeed, less likely to breastfeed, or did it have no influence on your decisions around breastfeeding?	MORE.....	1
		LESS.....	2
		NO INFLUENCE.....	3
		DK.....	DK
		REFUSED.....	REF

IF Q17 = YES AND Q18 = 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. (Q31)	YES	1
		NO.....	2
		REFUSED.....	REF

30. During NAME'S first year, did any professional visit your home to provide information about parenting NAME, such as a nurse, social worker or home visitor? (Q32)

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

ASK Q31 IF CHILD IS WAS BORN MARCH 2019 TO CURRENT

31. Has COVID impacted these visits to your home?

YES 1
 NO 2
 DON'T KNOW DK
 REFUSED REF

ASK IF Q31 = 1

32. Did these visits (read each one as yes/no)

STOP COMPLETELY 1
 BECOME LESS FREQUENT 2
 CONTINUE BY PHONE OR VIDEO 3
 DON'T KNOW DK
 REFUSED REF

IF Q30 = YES, ASK:

33. During the time you were receiving these services, about how often did someone come to your home? Was it once, twice, 3 to 5 times, 6 to 10 times, or 11 or more times?

ONCE 1
 TWICE 2
 3 – 5 TIMES 3
 6 - 10 TIMES 4
 11 OR MORE TIMES 5
 DON'T KNOW DK
 REFUSED REF

ASK ALL EXCEPT Q24=6 OR NAME IS LESS THAN 4 MONTHS OLD (FROM CHILD_AGE34)

34. How often does NAME currently eat any food including meals and snacks from a fast food restaurant, like McDonald's, Taco Bell, Burger King, KFC, or another similar place? (READ CATEGORIES)

4+ times per week 1
 1-3 times per week 2
 less than once a week but at least once a month 3
 less than once a month 4
 -or- never 5
 DON'T KNOW DK
 REFUSED REF

ONLY if Q34= 1-4

35. Compared to the period before the COVID pandemic started, is NAME eating more, less, or about the same amount of meals and snacks from a fast food restaurant?

MORE 1
 LESS 2
 About the same amount 3
 DON'T KNOW DK
 REFUSED REF

36. On an average day, about how many servings of fruits does NAME eat? (IF NECESSARY, SAY: Just your best estimate.) (Q35)

_____ FRUITS PER DAY (0-15)
 DON'T KNOW DK
 REFUSED REF

37. On an average day, about how many servings of vegetables does NAME eat? (IF NECESSARY, SAY: Just your best estimate.) (Q36)

_____ VEGETABLES PER DAY (0-15)
 DON'T KNOW DK
 REFUSED REF

37A. Compared to the period before the COVID pandemic started, is NAME eating more, less or about the same amount of fruits and vegetables?

MORE 1
 LESS 2
 About the same amount 3
 DON'T KNOW DK
 REFUSED REF

38. On an average day, how many times does NAME drink milk? (IF NECESSARY, SAY: Just your best estimate.) (Q37)

_____ TIMES PER DAY (0-15)
 DON'T KNOW DK
 REFUSED REF

ASK IF Q38 IS > 0 OR DK OR REF

39. Has the COVID pandemic impacted the amount of milk YES, AMOUNT.....1
or the type of milk NAME drinks? (can select both) YES, TYPE.....2
No.....3
DON'T KNOWDK
REFUSEDREF

IF Q38 > 0, ASK:

40. What kind of milk does NAME most drink? whole (full fat) milk 1
(READ CATEGORIES) (Q38) reduced fat milk (1%)2
reduced fat milk (2%)3
non-fat milk.....4
chocolate milk5
soy milk.....6
rice milk7
formula.....8
-or- breast milk9
OTHER..... 10
DON'T KNOW..... DK
REFUSED.....REF

41. On an average day, how many times does NAME drink _____ TIMES PER DAY (0-15)
chocolate milk or sweetened milk? (Q39) DON'T KNOWDK
REFUSEDREF
42. On an average day, how many times does NAME drink _____ TIMES PER DAY (0-15)
water? (Q40) DON'T KNOWDK
REFUSEDREF
43. On an average day, how many times does NAME drink _____ TIMES PER DAY (0-15)
100% fruit juice? (IF NECESSARY:) Please only count drinks DON'T KNOWDK
that are 100% juice. (Q41) REFUSEDREF
44. On an average day, how many other fruit juice drinks that _____ DRINKS PER DAY (0-15)
are not 100% juice, such as Sunny Delight, Capri Sun, or SOME BUT LESS THAN 1 FULL SERVING98
lemonade does NAME drink? (IF NECESSARY:) Please count DON'T KNOWDK
a 12-ounce can, bottle or glass as one drink. (Q42) REFUSEDREF
45. On an average day, about how many sweetened drinks _____ DRINKS PER DAY (0-15)
such as Gatorade, Kool Aid, or Red Bull does NAME drink? SOME BUT LESS THAN 1 FULL SERVING98
(IF NECESSARY:) Please count a 12-ounce can, bottle or DON'T KNOWDK
glass as one drink. (Q43) REFUSEDREF
46. On an average day, about how many diet sodas such as _____ DRINKS PER DAY (0-15)
Diet Coke or Diet Mountain Dew, does NAME drink? SOME BUT LESS THAN 1 FULL SERVING98
(IF NECESSARY:) Please count a 12-ounce can, bottle or DON'T KNOWDK
glass as one drink. (Q44) REFUSEDREF
47. On an average day, about how many regular sodas such as _____ DRINKS PER DAY (0-15)
Coke or Mountain Dew, does NAME drink? Do not include SOME BUT LESS THAN 1 FULL SERVING 98
diet sodas or sugar-free drinks. (IF NECESSARY:) Please DON'T KNOW DK
count a 12-ounce can, bottle or glass as one drink. (Q45) REFUSED REF

49. On an average day, how many times does NAME eat sweets _____ SWEETS PER DAY (0-15)
or sweetened foods, such as sweetened cereals, fruit bars, DON'T KNOW DK
pop-tarts, donuts, cookies and candies? (Q46) REFUSED REF

50. In a typical 24-hour day, about how many hours of sleep, including naps, does NAME get in total? Just your best estimate. (Q52) _____ HOURS (0-24)
 DON'T KNOWDK
 REFUSEDREF
51. In a typical week, how many days does NAME use a park, playground or other safe place to play – every day, 3 to 6 days, 1 to 2 days or never? (Q54)
 EVERY DAY 1
 3-6 DAYS 2
 1-2 DAYS 3
 NEVER 4
 DON'T KNOW DK
 REFUSED REF
53. How would you rate your community on being a safe place – excellent, good, only fair or poor? (Q55)
 EXCELLENT 1
 GOOD 2
 ONLY FAIR..... 3
 POOR..... 4
 DON'T KNOW..... DK
 REFUSED REF

56. 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 well <u>NAME</u> can see or hear	1	2	3	DK	REF
() d. How <u>NAME</u> gets along with others	1	2	3	DK	REF
() e. <u>NAME</u> 's feelings and moods	1	2	3	DK	REF
() f. How <u>NAME</u> is learning to do things for (him/her)self.....	1	2	3	DK	REF
() g. Whether <u>NAME</u> can do what other children (his) (her) age can do.....	1	2	3	DK	REF
() h. (IF 24 MONTHS OR OLDER) How well <u>NAME</u> understands what you say	1	2	3	DK	REF
() i. (IF 24 MONTHS OR OLDER) How <u>NAME</u> is learning preschool or school skills.....	1	2	3	DK	REF

IF ANY [Q56A:Q56I=1,2] THEN ASK Q57.

57.	Who do you talk to about your concerns about <u>NAME</u> ? (READ IN RANDOM ORDER) (ANSWER CAN BE A MULTIPLE) (Q60)	<u>NAME</u> 's doctor..... 1 <u>NAME</u> 's teacher 2 A family member3 WIC staff.....4 Faith Based Organization..... 5 or – no one (READ LAST)..... 6 Other (Specify)..... 7 DON'T KNOW..... DK REFUSED.....REF
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58.	Is <u>NAME</u> 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, Covered California, military programs such as Tri-Care, or through the Indian Health Service. (Q61a)	YES..... 1 NO 2 DON'T KNOW DK REFUSED REF
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IF Q58 =1, ASK:

59.	Was there ever a time in the past year when <u>NAME</u> was without health insurance coverage of any kind? (Q62)	YES..... 1 NO2 DON'T KNOWDK REFUSED REF
60.	How concerned are you that <u>NAME</u> will be without health insurance coverage of any kind at some point in the next twelve months – very concerned, somewhat concerned, not too concerned or not at all concerned? (Q63)	VERY CONCERNED 1 SOMEWHAT CONCERNED2 NOT TOO CONCERNED3 NOT AT ALL CONCERNED4 DON'T KNOWDK REFUSED REF
ASK IF Q60 = 1 OR 2		
61.	Is your concern about health insurance coverage related to the COVID pandemic?	YES..... 1 NO2 DON'T KNOWDK REFUSED.....REF

62. Which of the following best describes the place you take NAME most often for medical care... (READ CATEGORIES)? (Q64)
- A private doctor's office (including HMOs or Kaiser) 1
 - A hospital outpatient clinic 2
 - A hospital emergency room..... 3
 - A county or community clinic..... 4
 - or – Somewhere else 5
 - NONE 6
 - DON'T KNOWDK
 - REFUSEDREF
63. Has there been a time when NAME was sick, but you did not take him/her to get medical care due to concerns about COVID?
- YES..... 1
 - NO 2
 - DON'T KNOWDK
 - REFUSED.....REF
64. Was a routine appointment or immunization for NAME ever delayed due to concerns about COVID?
- YES, BY ME..... 1
 - YES, BY HEALTH CARE PROVIDER..... 2
 - NO 3
 - DON'T KNOWDK
 - HAVEN'T HAD APPOINTMENT YET..... 4
65. Has NAME ever visited the dentist? (Q65)
- YES 1
 - NO..... 2
 - DON'T KNOW DK
 - REFUSED.....REF

The next few questions are about your use of childcare, preschool or kindergarten for NAME. Please include any kind of arrangement where someone other than you or NAME's other parent takes care of NAME on a regular basis. We understand that the COVID pandemic may have affected your use of childcare, preschool, or kindergarten for NAME. I will start with questions about what you are currently doing, and ask follow-up questions in the event that the COVID pandemic has changed your arrangements.

66. How many hours is NAME currently in any kind of childcare during a typical week? Just your best estimate. (Q66)
- _____ HOURS PER WEEK (0-80)
- DON'T KNOWDK
 - REFUSEDREF
 - SAME 1
 - MORE 2
 - LESS..... 3
 - DON'T KNOWDK
 - REFUSEDREF
- ASK IF Q66 = 1+ HOURS**
67. Is that about the same, more or less hours than before COVID (Mid-March)?
- DON'T KNOWDK
 - REFUSEDREF
 - YES..... 1
 - NO 2
 - DON'T KNOWDK
 - REFUSED.....REF
- ASK IF Q67 = 2 OR 3**
68. Is NAME in childcare for (MORE/LESS) hours because of the COVID pandemic?
- YES..... 1
 - NO 2
 - DON'T KNOWDK
 - REFUSED.....REF

IF Q66= 0, ASK:

69.	Do you have any plans to enroll <u>NAME</u> in preschool or nursery school? (Q67a)	YES..... 1 NO 2 DON'T KNOWDK REFUSED REF
	[DO NOT ASK Q70 or Q71 IF CHILD BORN MARCH 2020 TO CURRENT]	
	70. Was <u>NAME</u> in any kind of childcare before the COVID pandemic started in March?	YES 1 NO (GO TO Q82)..... 2 DK (GO TO Q82).....DK
	71. Did your childcare arrangements for <u>NAME</u> change because of the COVID pandemic or for some other reason?	YES, COVID(GO TO Q66-2)..... 1 Yes, other reason (go to Q82)..... 2 DK (go to Q82)..... 3

ASK IF Q66= 1-10 HOURS

72.	To confirm, is that ___ hours per day or ___ hours per week? (IF PER DAY, RETURN TO Q66 AND REENTER CORRECTED NUMBER) (Q67b)	PER DAY..... 1 PER WEEK..... 2 DON'T KNOWDK REFUSED REF
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IF Q66 >0 HOURS PER WEEK, ASK:

73.	Do you use the following types of childcare for <u>NAME</u> on a regular basis? (READ ITEMS, ASKING: Do you use this type of childcare for <u>NAME</u> on a regular basis? (IF NECESSARY: We don't need to know where, but are just interested in the type of program.) (Q68)				
		<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
a.	Does someone care for <u>NAME</u> in <u>their</u> home	1.....	2.....	DK..	REF
b.	Does someone care for <u>NAME</u> in <u>your</u> home (other than you or <u>NAME</u> 's other parent)	1.....	2.....	DK..	REF
c.	A childcare center	1.....	2.....	DK..	REF
d.	Preschool or kindergarten (includes transitional kindergarten, Head Start)	1.....	2.....	DK..	REF

IF Q73a= YES, IMMEDIATELY ASK:

74.	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? (Q69b1)	RELATIVE 1 NON-RELATIVE 2 DON'T KNOWDK REFUSED REF
	74a. Is this person a licensed childcare provider? (Q69b2)	YES..... 1 NO 2 DON'T KNOWDK REFUSED REF

IF Q73b= YES, IMMEDIATELY ASK:

75.	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? (Q69c1)	RELATIVE 1 NON-RELATIVE 2 DON'T KNOWDK REFUSED REF
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76.	Is this person a licensed childcare provider? (Q69b2)	YES.....1
		NO2
		DON'T KNOWDK
		REFUSEDREF

IF Q73C= YES, IMMEDIATELY ASK:

77.	Is the childcare center licensed? (Q69a1)	YES.....1
		NO2
		DON'T KNOWDK
		REFUSEDREF

66-2. How many hours was NAME formerly in any kind of childcare during a typical week before the COVID pandemic? Just your best estimate. _____ HOURS PER WEEK (0-80)
 DON'T KNOWDK
 REFUSEDREF

ASK IF Q66-2= 1-10 HOURS

72-2.	To confirm, was that ___ hours per day or ___ hours per week? (IF PER DAY, RETURN TO Q66-2 AND REENTER CORRECTED NUMBER)	PER DAY.....1
		PER WEEK.....2
		DON'T KNOWDK
		REFUSEDREF

ASK IF Q66 = 0 AND Q66-2 IS 1+

73-2. Again, thinking about before the COVID pandemic, did you use the following types of childcare for NAME on a regular basis? (READ ITEMS) (IF NECESSARY: We don't need to know where, but are just interested in the type of program.)

	YES	NO	DK	REF
a. Did someone care for NAME in their home	1	2	DK	REF
b. Did someone care for NAME in your home (other than you or NAME's other parent)	1	2	DK	REF
c. A childcare center	1	2	DK	REF
d. Preschool or kindergarten (includes transitional kindergarten, Head Start)	1	2	DK	REF

IF Q73-2a= YES, IMMEDIATELY ASK:

74-2.	Was this person a relative, such as a brother, sister or grandparent, or a non-relative, such as a friend, neighbor, nanny or au pair?	RELATIVE1
		NON-RELATIVE2
		DON'T KNOWDK
		REFUSEDREF
74-2a.	Is this person a licensed childcare provider?	YES.....1
		NO2
		DON'T KNOWDK
		REFUSEDREF

IF Q73-2b= YES, IMMEDIATELY ASK:

75-2.	Was this person a relative, such as a brother, sister or grandparent, or a non-relative, such as a friend, neighbor, nanny or au pair?	RELATIVE1
		NON-RELATIVE2
		DON'T KNOWDK
		REFUSEDREF

76-2.	Was this person a licensed childcare provider?	YES.....1
		NO2
		DON'T KNOWDK
		REFUSEDREF

IF Q73-2C= YES, IMMEDIATELY ASK:

77-2.	Was the childcare center licensed?	YES.....1
		NO2
		DON'T KNOWDK
		REFUSEDREF

ASK IF Q68 = 1

79. You told me that NAME is in (MORE/LESS) childcare because of the COVID pandemic. Before the pandemic, did... (Choose all that apply)?

SOMEONE CARE FOR NAME IN THEIR HOME).....1
SOMEONE CARE FOR NAME IN YOUR HOME.....2
NAME ATTEND A CHILDCARE CENTER.....3
NAME ATTEND PRESCHOOL OR KINDERGARTEN4
DON'T KNOW.....DK
REFUSED.....REF

ASK IF Q79 = 1

80-1. Was this person that cared for NAME in their home a relative or a nonrelative?

RELATIVE.....1
NON-RELATIVE.....2
DON'T KNOW.....DK
REFUSED.....REF

Ask if Q79 = 1

80-1a. Is this person a licensed childcare provider?

YES.....1
NO.....2
DON'T KNOW.....DK
REFUSED.....REF

ASK IF Q79 = 2

80-2. Was this person that cared for NAME in your home a relative or a nonrelative?

RELATIVE.....1
NON-RELATIVE.....2
DON'T KNOW.....DK
REFUSED.....REF

ASK IF Q79 = 2

80-2a. Is this person a licensed childcare provider?

YES.....1
NO.....2
DON'T KNOW.....DK
REFUSED.....REF

ASK IF Q79 = 3 OR 4

81. Did the childcare center/preschool/kindergarten continue to offer services through an online platform or offer educational materials that you could do with your child at home?

YES, ONLINE.....1
YES, MATERIALS SENT HOME.....2
NO.....3
DK.....DK
REFUSED.....REF

82.	At what age did you or other members of your household first begin storybook reading with <u>NAME</u> ... (READ CATEGORIES)? (Q74)	less than 6 months 1 6-11 months 2 1 year 3 2 years 4 3 years 5 4 years or later 6 HAVE NOT READ TO <u>NAME</u> YET 7 DON'T KNOW DK REFUSED REF
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IF Q82 = 1-6, ASK:

83.	How many days in a typical week do you or other members of your household read to <u>NAME</u> – every day, 3 to 6 days, 1 to 2 days or never? (Q75)	EVERY DAY 1 3-6 DAYS 2 1-2 DAYS 3 NEVER 4 DON'T KNOW DK REFUSED REF
-----	---	--

IF Q83 = 1, 2 OR 3, ASK:

84.	In the past week, when you or other members of your household read storybooks with <u>NAME</u> , about how much time was usually spent reading with <u>NAME</u> ... (READ CATEGORIES)? (NOTE TO INTERVIEWER: QUESTION REFERS TO TIME SPENT PER SITTING) (Q76)	less than 5 minutes 1 5-15 minutes 2 16-30 minutes 3 more than 30 minutes 4 DON'T KNOW DK REFUSED REF
-----	---	--

87.	About how many children's books do you have in your house, including library books? (READ CATEGORIES, IF NECESSARY) (Q82)	NONE 1 1-10 2 11-25 3 26-50 4 MORE THAN 50 5 DON'T KNOW DK REFUSED REF
-----	---	--

88.	How frequently do you read stories with <u>NAME</u> using an electronic device, such as a phone, tablet or computer – every day, 3-6 days a week, 1-2 days a week, less often than this, or never? (Q82x)	EVERY DAY 1 3-6 DAYS A WEEK 2 1-2 DAYS A WEEK 3 LESS OFTEN THAN THIS 4 NEVER 5 DON'T KNOW DK REFUSED REF
-----	---	--

89.	How often do you access the Internet for information related to child development – every day, 3-6 days a week, 1-2 days a week, less often than this, or never? (Q83)	EVERY DAY 1 3-6 DAYS A WEEK 2 1-2 DAYS A WEEK 3 LESS OFTEN THAN THIS 4 NEVER 5 DON'T KNOW DK REFUSED REF
-----	--	--

The next two questions ask about the amount of time that NAME watches television and the amount of time NAME looks at screens other than a TV.

92. On an average day, how many hours does NAME watch television? Only include time when (he) (she) is sitting and watching TV. Just your best estimate. (Q91)
- | | |
|--|--------------------------|
| | _____ HOURS (0-12) |
| | LESS THAN 1 HOUR 0 |
| | NEVER X |
| | DON'T KNOW DK |
| | REFUSED REF |

IF CHILD IS 1 YEAR OR OLDER FROM VARIABLE CHILD_AGE, ASK:

94. On an average day, how many hours does NAME spend looking at a screen other than a TV? Just your best estimate? Please include phones, tablets or computer screens. (Q92)
- | | |
|--|-------------------------|
| | _____ HOURS (0-12) |
| | LESS THAN 1 HOUR..... 0 |
| | NEVER..... X |
| | DON'T KNOW..... DK |
| | REFUSED.....REF |

96. Do you have someone you can turn to if you needed practical help, like getting a ride somewhere, or help with shopping or cooking a meal? (Q95)
- | | |
|--|---------------------|
| | YES..... 1 |
| | NO 2 |
| | DON'T KNOW DK |
| | REFUSED REF |

97. Do you have someone you can turn to if you needed someone to comfort or listen to you? (Q96)
- | | |
|--|---------------------|
| | YES..... 1 |
| | NO 2 |
| | DON'T KNOW DK |
| | REFUSED REF |

98. Is NAME the only child for whom you have received WIC, or are you now or have you ever received WIC services for other children (or pregnancies)? (Q97)
- | | |
|--|-----------------------------------|
| | ONLY CHILD..... 1 |
| | OTHER CHILDREN/PREGNANCIES..... 2 |
| | DON'T KNOW DK |
| | REFUSED REF |

IF Q98=2 (OTHER CHILDREN), ASK:

99. Counting all of your (IF BIOLOGICAL MOTHER, SAY: pregnancies and) children, about how many months or years in total have you received WIC services? (Q98)
- | | |
|--|----------------------------|
| | _____ MONTHS (0-11 MONTHS) |
| | _____ YEARS (0-20 YEARS) |
| | DON'T KNOW DK |
| | REFUSED REF |

100. Think about the past two weeks, how often have you been bothered by... (READ ITEM AND SAY) – not at all, several days, more than half the days or nearly every day? (Q99)
- | | | | | | | | |
|----|---|----------------------|------------------------|-----------------------------------|----------------------------|----|-----|
| | | NOT
<u>AT ALL</u> | SEVERAL
<u>DAYS</u> | MORE THAN
<u>HALF THE DAYS</u> | NEARLY
<u>EVERY DAY</u> | DK | REF |
| a. | having <u>little</u> interest or pleasure in doing things | 1 | 2 | 3 | 4 | DK | REF |
| b. | feeling down, depressed or hopeless | 1 | 2 | 3 | 4 | DK | REF |

100-2 **IF Q100A OR Q100B – 3 OR 4**, say “I know that some of these questions can be difficult to answer and I appreciate your time and patience. We sincerely appreciate it. At the end of the interview I am going to provide you with a telephone number that you can call or text just to speak to someone about some of these feelings and emotions you are currently having.

- 100-3 In your day to day life, how often do you feel you have been treated with less respect than other people because of your race or ethnicity
- 1 Almost everyday
 - 2 At least once a week
 - 3 A few times a month
 - 4 A few times a year
 - 5 Less than once a year
 - 6 Never
 - 8 Don't know
 - 9 Refused

Now, some questions about yourself...

101. What is your age? (Q101a) _____ YEARS (0-100)
- REFUSEDREF

IF Q101=REFUSED, ASK:

- | | | |
|------|--|---------------------|
| 102. | We don't need to know exactly, but generally speaking are you between ages... (READ CATEGORIES)? (Q101b) | 15-17 1 |
| | | 18-24 2 |
| | | 25-29 3 |
| | | 30-39 4 |
| | | 40-44 5 |
| | | 45-49 6 |
| | | 50-59 7 |
| | | 60-64 8 |
| | | 65 or older 9 |
| | DO NOT READ → | REFUSEDREF |

103. 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) (IF MIXED RACE, PLEASE PROBE FOR SPECIFIC RACES) (Q102)
- | |
|--|
| 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 KNOWDK |
| REFUSEDREF |

IF HISPANIC/LATINO NOT MENTIONED, ASK:

- | | | |
|------|--|--------------------------|
| 104. | Are you of Latino or Hispanic origin? (IF NECESSARY, SAY: such as Mexican-American, Latin American, South American, or Spanish-American)? (Q103) | YES, HISPANIC..... 1 |
| | | NO, NON-HISPANIC 2 |
| | | DON'T KNOWDK |
| | | REFUSEDREF |

105. 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? (ONLY READ ANSWER CATEGORIES IF NECESSARY) (104a)
- | |
|--|
| NO FORMAL SCHOOLING..... 1 |
| 8TH GRADE OR LESS 2 |
| GRADES 9-12, NOT A HIGH SCHOOL GRAD..... 3 |
| HIGH SCHOOL GRADUATE 4 |
| SOME COLLEGE/TRADE SCHOOL/
ASSOCIATE DEGREE 5 |
| (4-YEAR) COLLEGE GRADUATE..... 6 |
| POST GRADUATE DEGREE 7 |
| DON'T KNOWDK |
| REFUSEDREF |

106. Are you currently working for pay full-time (at least 35 hours or more), part-time, or not at all? (Q105)

FULL-TIME 1
 PART-TIME 2
 NOT AT ALL 3
 FURLOUGHED (NOT CURRENTLY WORKING)... 4
 DON'T KNOW DK
 REFUSED REF

ASK IF Q106 = 3 OR 4

106b. Are you not currently working because of reasons related to the COVID pandemic?

Yes 1
 No 2
 Don't Know DK
 REFUSED REF

ASK IF Q106 = 1 OR 2, DK OR REF

107. Compared to the period before the COVID pandemic started, are you working more, less or about the same?

More 1
 Less 2
 About the same amount 3
 Don't Know DK

ASK IF Q107 = 1 OR 2

108. Are you working (MORE/LESS) for reasons related to the COVID pandemic or for some other reason?

COVID 1
 Other 2
 Don't Know DK

ASK IF Q107 = 2

109. Have you applied for paid sick leave, wage replacement or unemployment benefits?

Yes 1
 No 2
 Don't Know DK

ASK IF Q106 = 1 OR 2

110. Do you work in an industry that is considered an essential service during the COVID pandemic?

Yes.....1
 No2
 Don't Know.....DK

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

111. Thinking about the employment situation of your spouse or partner, is he or she currently working for pay full-time (at least 35 hours or more), part-time or not at all? (Q106)

FULL-TIME1
 PART-TIME.....2
 NOT WORKING.....3
 FURLOUGHED (NOT CURRENTLY WORKING)...4
 DON'T KNOW.....DK
 REFUSEDREF

ASK IF Q111 = 3 OR 4

112a. Is your spouse not currently working because of reasons related to the COVID pandemic?

Yes.....1
 No2
 Don't KnowDK
 REFUSED.....REF

ASK IF Q111 = 1 OR 2 OR DK OR REF

112b. Compared to the period before the COVID pandemic, is your spouse or partner working more, less or about the same?

More1
 Less2
 About the same amount3
 Don't Know.....DK
 REFUSED.....REF

ASK IF Q112B = 1 OR 2

112c. Is your spouse or partner working (MORE/LESS) for reasons related to the COVID pandemic or for some other reason?

COVID.....1
 Other2
 Don't KnowDK
 REFUSED.....REF

ASK IF Q111 = 1 OR 2

112-D. Does your spouse work in an industry that is considered an essential service during the COVID pandemic?

Yes.....1
 No2
 Don't KnowDK
 REFUSED.....REF

113. During the past month, what was the total income for all members of your household? Please include all sources of income, including any temporary unemployment benefits that your household may be receiving. Would you say your MONTHLY household income was (READ CATEGORIES)?

Less than 1200 dollars1
 1,200 to 1,800 dollars2
 1,800 to 2,400 dollars3
 more than 2,400 dollars4
 DON'T KNOW.....DK
 REFUSED.....REF

114. What is your current height without shoes? (Q108)

_____ FEET (2-7)
 _____ INCHES (0-11)
 NEEDS METRIC CONVERSION.....MC
 REFUSEDREF

115. What is your current weight without shoes? (Q109) _____ LBS (75-450)
 NEEDS METRIC CONVERSION.....MC
 REFUSEDREF
116. Are you yourself 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 Medicare, Medi-Cal, Medicaid, Covered California, military programs such as Tri-Care, or through the Indian Health Service. (Q110a)
 YES, COVERED 1
 NO, NOT COVERED 2
 DON'T KNOWDK
 REFUSEDREF
- ASK IF Q116 = No**
 117. Are you without health insurance coverage due to the COVID pandemic or for some other reason?
 COVID..... 1
 OTHER REASON.....2
 DON'T KNOWDK
 REFUSED.....REF

IF Q116=YES, COVERED (PARENT CURRENTLY HAS HEALTH INSURANCE), ASK:

- | | | |
|------|---|--|
| 118. | In the past year, was there ever a time when you were without health insurance coverage of any kind? (Q112) | YES..... 1
NO 2
DON'T KNOWDK
REFUSEDREF |
|------|---|--|

119. How concerned are you that you will be without health insurance coverage of any kind at some point in the next twelve months – very concerned, somewhat concerned, not too concerned, or not at all concerned? (Q113)
 VERY CONCERNED 1
 SOMEWHAT CONCERNED 2
 NOT TOO CONCERNED 3
 NOT AT ALL CONCERNED 4
 DON'T KNOWDK
 REFUSEDREF

123. Including yourself, how many people currently live in your household? (Q106) _____ (0-30)

IF MORE THAN ONE PERSON LIVING IN HOUSEHOLD, ASK:

- | | | |
|-------|---|--------------|
| 123B. | How many are children under 18 years of age? (Q119) | _____ (0-30) |
|-------|---|--------------|

124. This year, WIC changed from issuing benefits with paper checks to issuing electronic benefits with the WIC card to purchase WIC approved foods. I would like you to tell me if you agree or disagree with each following statement. [RANDOMIZE]
- | | AGREE | DISAGREE | NEITHER | DK | REF |
|---|-------|----------|---------|----|-----|
| b. The WIC card has improved my experience with the WIC program. | 1 | 2 | 3 | 8 | 9 |
| c. With the WIC card, I sometimes don't remember to buy all my WIC foods. | 1 | 2 | 3 | 8 | 9 |

125. *In the last twelve months, have you or has anyone in your household used an EBT card for food stamps to buy food? You may also know this program as Cal-fresh or SNAP.* (Q121)
- YES..... 1
 NO SKIP TO 125B
 DON'T KNOWDK
 REFUSEDREF
- 125A. *Did you have EBT/Cal-Fresh BEFORE the COVID pandemic or did you enroll in EBT/Cal Fresh since the start of the pandemic?*
- BEFORE..... 1
 SINCE COVID2
 DON'T KNOWDK
 REFUSED.....REF
- 125B. *Have you received Pandemic EBT, also called P-EBT? [IF NEEDED: Due to Coronavirus (COVID-19), children who are eligible for free or reduced-price meals at school can get extra food benefits. These food benefits are called Pandemic EBT or P-EBT benefits. P-EBT benefits help families in California buy food when schools are closed because of the coronavirus emergency. Families will get up to \$365 per eligible child on their P-EBT card to use on food and groceries.]*
- YES..... 1
 NO2
 DON'T KNOWDK
 REFUSED.....REF
126. I'm going to read two statements that people have made about their food situation. For each please tell me whether the statement was often true, sometimes true or never true for your household in the last 12 months, that is, since last (April/May/June/July). The first / next statement is... (ROTATE AND READ STATEMENTS) (Q122)
- OFTEN SOMETIMES NEVER DK REF**
- a. "The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes or never true for your household in the last 12 months? 12 3.....DK.... REF
- b. "We couldn't afford to eat balanced meals." Was that often, sometimes or never true for your household in the last 12 months? 12 3.....DK.... REF
127. In the last 12 months, that is since last (Jul/Aug/Sep/Oct/Nov), did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? (Q123)
- YES..... 1
 NO2
 DON'T KNOWDK
 REFUSEDREF
- IF Q127=YES, ASK:**
- | | |
|---|--|
| 128. How often did this happen – almost every month, some months but not every month or in only 1 or 2 months? (Q124) | ALMOST EVERY MONTH 1
SOME MONTHS, NOT EVERY2
ONLY 1 OR 2 MONTHS3
DON'T KNOWDK
REFUSEDREF |
|---|--|
129. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? (Q125)
- YES..... 1
 NO2
 DON'T KNOWDK
 REFUSEDREF
130. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food? (Q126)
- YES..... 1
 NO2
 DON'T KNOWDK
 REFUSEDREF

131.	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, in an apartment or home you rent, in a shelter, in some other place, or are you homeless? (Q127)	PARENTS/RELATIVE’S HOME 1 HOME THAT YOU OWN 2 RENTER 3 SHELTER.....5 SOME OTHER PLACE (SPECIFY).....4 HOMELESS.....6 DON’T KNOWDK REFUSEDREF
132.	How easy or difficult is it for you to find housing – very difficult, somewhat difficult, somewhat easy or very easy? (Q128)	VERY DIFFICULT 1 SOMEWHAT DIFFICULT.....2 SOMEWHAT EASY3 VERY EASY.....4 DON’T KNOWDK REFUSEDREF
133.	ASK IF 132 = 1 OR 2 Are the difficulties finding housing due to the COVID pandemic or some other reasons? (Can answer both)	COVID.....3 OTHER.....4 DON’T KNOWDK REFUSED.....REF
134.	How easy or difficult is it for you to <u>pay for</u> housing – very difficult, somewhat difficult, somewhat easy or very easy? (Q129)	VERY DIFFICULT 1 SOMEWHAT DIFFICULT.....2 SOMEWHAT EASY3 VERY EASY.....4 NOT APPLICABLE (DON’T PAY FOR HOUSING)..5 DON’T KNOWDK REFUSEDREF
135.	ASK IF Q134 = 1 OR 2 Is the difficulty paying for housing related to the COVID pandemic or some other reason? (can answer both)	COVID.....1 OTHER.....2 DON’T KNOWDK
137.	How much did your household pay for rent or for a mortgage last month? [READ LIST IF NEEDED] (Q130)	Nothing (We don’t pay rent/mortgage) 1 Nothing (Skipped last month’s payment...7 Less than \$500 a month2 \$500 to \$999 a month.....3 \$1,000 to \$1,499 a month.....4 \$1,500 to \$1,999 a month5 \$2,000 or more a month6 DON’T KNOWDK REFUSEDREF
138.	In the past three years, how many different places have you lived, including your current residence? (Q132)	_____ DIFFERENT PLACES (1-20) DON’T KNOWDK REFUSEDREF

139. What is your current zip code? (ALL ZIP CODES MUST BEGIN WITH "9" AND INCLUDE 5 DIGITS) (Q135)

ZIP CODE.....

--	--	--	--	--

 DON'T KNOW 99998
 REFUSED 99999

Q141. Where have you received information about resources and support available during the COVID-19 pandemic? Have you received information about resources and support from ...[RANDOMIZE]

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
A. Government websites (for example, CDC, LA County Department of Health, city or other local governments)	1	2	DK	REF
B. Social Media, local, regional or national news sources				
C. Friends or family members				
D. Healthcare provider or healthcare organization				
E. WIC				

IF Q141b=1, IMMEDIATELY ASK:

Q142. Was this information about resources and support in print, online, TV, or radio or a combination of these?

- 1 Print
- 2 Online (e.g. Social Media, News websites)
- 3 TV
- 4 Radio
- 5 Other
- 6 Not sure

Q143. Which of the following best describes your current participation in WIC?

- 1 I enrolled in WIC for the first time during the pandemic
- 2 I returned to WIC during the pandemic after a gap in WIC participation
- 3 I have been participating continuously in WIC since before the pandemic started
- 98 DK

In mid-March, in response to the COVID pandemic, WIC sites in Los Angeles County closed to the public and started providing all WIC services remotely through phone, text, email, video and online. The next few questions are about your experience with these new ways of providing WIC services.

144. While WIC sites were closed to the public, did you have to provide WIC with documentation of your income, address and/or pregnancy status through email, text, video or other ways that did not involve in-person contact with the WIC program?

- 1 Yes
- 2 No (skip to 147)
- 98 DK (skip to 147)

IF Q144=1, ASK:

145.	How did you provide this documentation of income, address and/or pregnancy status? [MULTI RESPONSE]	1 Email 2 Text 3 Video Conference 4 Other 98 DK
146.	How comfortable were you with sharing information this way?	1 Comfortable 2 Somewhat comfortable 3 Somewhat uncomfortable 4 Uncomfortable 98 NA / DK 99 REF

151.	The pandemic has led to new ways of delivering WIC services. For each of the following services, please indicate how satisfied you were with this type of interaction. The first one is... [RANDOMIZE]	1 Very satisfied 2 Mostly satisfied 3 Neither satisfied or not satisfied 4 Not very satisfied 5 Not at all satisfied 6 Did not have this type of interaction 98 DK 99 Refused
	A. Phone appointments B. Video appointments C. Interactive texting with WIC staff D. Online education E. E-mail F. In-person at a WIC Center(This would be SINCE the COVID pandemic started in March)	

150	Due to the pandemic, WIC has not been able to offer all WIC services in the same way as before the pandemic. I will read a few services and please say YES or NO to each if you look forward to receiving it as it becomes safe to do so. The first/next one is [RANDOMIZE]	<u>YES</u> 1	<u>NO</u> 2	<u>DK</u> DK	<u>REF</u> REF
	A. One on one counseling with WIC staff in person at the WIC site B. Breastfeeding support in person at the WIC site C. Group education with other mothers and caregivers in person at the WIC site D. Weighing and measuring yourself and/or NAME in person at the WIC site				

152. Once the pandemic has resolved, what would be your ideal frequency for visiting your WIC center to receive services in-person from WIC staff? Would you say that would be:

- 1 Every month
- 2 Every 3 months
- 3 Every 6 months
- 4 Every year, or
- 5 I would prefer to receive all my WIC services remotely (phone, video chat, etc.)
- 98 DK
- 99 Refused

152a. IF Q143=2, 3 THEN ASK:
When WIC services are provided at a WIC center in the same way they were provided before the COVID pandemic, how likely are you to continue your WIC participation?

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Not very likely
- 98 DK
- 99 Refused

153-154 ONLY FOR THOSE WITH INFANT BORN SINCE MARCH 2020:

153. Since NAME was born, were you able to receive breastfeeding support by...(insert each option)?

	<u>YES</u>	<u>NO</u>	<u>NA/DK</u>	<u>REF</u>
	1	2	DK	REF

(select all that apply, for each yes, ask follow-up question Q154)

- A. Phone
- B. Email
- C. Interactive texting (meaning you could text back and forth with WIC)
- D. Video Chat
- E. In person at a WIC center (This would be SINCE the COVID pandemic started in March)

154. (For each yes to ANY Q153) How satisfied were you with this type of interaction with WIC staff?

- 1 Very satisfied
- 2 Mostly satisfied
- 3 Satisfied
- 4 Not very satisfied
- 5 Not at all satisfied
- 98 DK

[155-157 ONLY if DOB of target child is April 2019 or later]

155. Did you ever run into challenges getting WIC-approved infant formula for NAME during the COVID pandemic?

- 1 Yes
- 2 No (skip to 158)
- 98 DK (skip to 158)
- 99 NA – did not need formula during Pandemic

156. Were you able to get the formula you needed from WIC for NAME, did you have to find other ways to get formula, or did you experience a shortage of formula where you weren't able to get what you needed for NAME?
- 1 Got it from WIC **(skip to 158)**
 2 Found other ways **(skip to 158)**
 3 Shortage
 98 DK **(skip to 158)**
157. What did you do to feed NAME when you couldn't get the formula you needed? Did you...**[RANDOMIZE] [Accept multiple responses]**
- 1 Add more water to the bottle to make the formula last longer
 2 Find recipes for infant formula and made my own
 3 Feed NAME other foods or milk
 4 Or something else
 98 DK

These final few questions are about buying your WIC foods.

159. Since the COVID pandemic started, did you have difficulty purchasing any of your WIC foods because they were not available at the store?
- 1 Yes, currently having difficulty
 2 Yes, but not anymore
 3 No
 98 DK
160. Are you aware that during the COVID pandemic, WIC has temporarily expanded brands and packages sizes that can be purchased if the WIC food is not available at the store?
- 1 Yes and purchased from expanded list
 2 Yes, but didn't purchase from expanded list
 3 Not aware (skip to 162)

164. Has the CA WIC App helped you understand which foods you can buy with your WIC Card?
- 1 Yes
 2 Yes, but couldn't purchase things I thought I had on my card.
 3 No
 4 Don't use the app

167. One last question. We may want to conduct a follow-up survey in the future. Would it be okay if we called you back at that time to ask you some additional questions? **(Q144)**
- YES.....1
 NO.....2
 DON'T KNOW.....DK
 REFUSED.....REF

165. We have asked you a lot of questions about your WIC experience during the pandemic. Is there anything else you would like to share with us about your WIC experience or what you hope to see from WIC in the future?
[INTERVIEWER: Probe for details. The WIC program appreciates that you have stayed connected with WIC during this pandemic.
- OPEN ENDED

ASK IF Q100A OR Q100B = 3 OR 4

168. We understand 2020 has been a difficult year for many people. LA County has opened up a Mental Health line for those that may want to reach out. Would you like the information for this hotline?

If YES, READ: The phone number is 800-854-7771 or you may text "LA" to 741741

If NO, continue to end of survey.

169. Thank you for answering my questions. As mentioned, we will be sending you a \$15 gift card for you participation. What is the best email address to send it to?

IF NEEDED: You should receive your gift card within one week

1. Email: [Capture email]
2. DO NOT READ: Mail (no follow up)

If Mail: You should receive your gift card within 1-3 weeks. IF NEEDED: WIC will send it to the address they have on file.

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