

ID: _____



PRE SURVEY

Date: ____ (mo) / ____ (day) / 2014

Your name and your answers will be kept private.

You may skip any questions you do not want to answer. There are no right or wrong answers.

Mark only one answer box for each question or statement unless it says to mark more than one answer.

If you have any questions about this survey, send an e-mail to projects@phfe.org or call 626-856-6650.

These questions are about you and your child currently on WIC.

If you have more than one child on WIC, please choose your oldest child on WIC.

Questions 1-5 were created for the purposes of this survey.

1. Do you have access to the internet so that you could take a WIC class online?

(Include access to a computer, tablet, or phone with internet).

- No
- Yes, but I **have not taken** a WIC class online before
- Yes, and I **have taken** a WIC class online before

2. What year were you born? _____

3. What year was your child born? (Answer only for your oldest child currently on WIC)

- | | | |
|---------|---------|---------|
| -- 2009 | -- 2011 | -- 2013 |
| -- 2010 | -- 2012 | |

4. What month was he/she born?

- | | | |
|-------------|-----------|--------------|
| -- January | -- May | -- September |
| -- February | -- June | -- October |
| -- March | -- July | -- November |
| -- April | -- August | -- December |

5. On a scale of 1 to 10 where 1 means not at all important and 10 means very important, how important is it for your health to eat breakfast every day? **(Post #5)**

Not important ←————→ Very important

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions 6-10 were created for the purposes of this survey.

6. Think about the past 30 days. In the past 30 days how often did you do these things?
(Follow Up #6)

	Almost Never	Once in a While	Sometimes	Often	Almost Always
a. Skip breakfast because you didn't have enough time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Skip breakfast because you didn't have the foods you wanted at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Skip breakfast because you were not hungry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Skip breakfast because preparing it is hard to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How sure are you that you can do the following things? **(Follow Up #7)**

	Not Sure	A Little Sure	Very Sure
a. Eat breakfast every morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Give your child breakfast every morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Give your child a fruit at breakfast every morning (do not include juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Give your child a vegetable at breakfast every morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Give your child other WIC foods at breakfast every morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How much do you agree or disagree with each of the following statements? **(Post#4)**

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot	Don't Know
a. Children behave better when they have eaten breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hot breakfasts are healthier than cold breakfasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is easy to make breakfast out of WIC foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How much sugar can WIC cereals have per serving? (mark one box only)

(Post #6) (Follow Up #8)

- I don't know
- Any amount of sugar is allowed
- 3 grams of sugar or less
- 6 grams of sugar or less
- 9 grams of sugar or less
- 12 grams of sugar or less

10. How many ounces of juice does WIC recommend per day for children ages 1-4? (mark one box only) **(Post #7) (Follow Up #9)**



- I don't know
- Any amount of juice is fine
- No more than 2 ounces
- No more than 4 ounces
- No more than 6 ounces
- No more than 8 ounces

Question 11 was adapted from Healthy Home Survey from NCOR. Question was modified from original source.

11. Think about **breakfast** over the **past 7 days when you answer each of the following questions** (include this morning) **(Follow Up #10)**

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a. On how many days did your child eat or drink something for breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. On how many days did YOU eat breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. On how many days did YOU eat breakfast with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. On how many days did your child eat breakfast that included fruit? (do not count fruit juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. On how many days did your child eat breakfast that included a vegetable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. On how many days did your child eat breakfast that included other WIC foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. On how many days did your child eat breakfast at preschool or childcare?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. On how many days are you not sure what your child ate for breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adapted from NHANES SCREENER 2009-2010, added WIC question and changed it to food checklist.

12. Think about breakfast TODAY. Follow Up #11	Check only the foods YOUR CHILD ate for breakfast TODAY 	Check only the foods YOU ate for breakfast TODAY 
a. Breast milk or formula	<input type="radio"/>	
b. Whole or regular vitamin D milk (include milk on cereal)	<input type="radio"/>	<input type="radio"/>
c. 2%, 1% or non-fat milk (include milk on cereal)	<input type="radio"/>	<input type="radio"/>
d. 100% pure fruit juice	<input type="radio"/>	<input type="radio"/>
e. Sweetened fruit drink, soda, sports or energy drinks, such as Kool-Aid, lemonade, HiC, Sunny Delight, Sprite, Gatorade, or Vitamin Water (include juice you made by adding sugar) (Do not include diet drinks)	<input type="radio"/>	<input type="radio"/>
f. Fruit (do not include juices)	<input type="radio"/>	<input type="radio"/>
g. Hash browns, French fries, or other fried potatoes	<input type="radio"/>	<input type="radio"/>
h. Beans (do not include green beans)	<input type="radio"/>	<input type="radio"/>
i. Mexican-type salsa made with tomato	<input type="radio"/>	<input type="radio"/>
j. Other vegetable (do not include fried potatoes, beans or salsa)	<input type="radio"/>	<input type="radio"/>
k. Hot Pocket, Egg McMuffin, pizza, or other fast foods	<input type="radio"/>	<input type="radio"/>
l. Cheese	<input type="radio"/>	<input type="radio"/>
m. Eggs	<input type="radio"/>	<input type="radio"/>
n. Peanut butter	<input type="radio"/>	<input type="radio"/>
o. Meat including sausage, ham or bacon	<input type="radio"/>	<input type="radio"/>
p. Other protein (include chicken, turkey, or meat substitutes)	<input type="radio"/>	<input type="radio"/>
q. Whole wheat bread or whole wheat toast, whole wheat or corn tortillas, brown rice	<input type="radio"/>	<input type="radio"/>
r. White bread or white bread toast, white flour tortillas, white rice	<input type="radio"/>	<input type="radio"/>
s. Donut, sweet roll, Pop-Tarts, pan dulce, muffin, cake, cookies	<input type="radio"/>	<input type="radio"/>
t. Breakfast bar or granola bar	<input type="radio"/>	<input type="radio"/>
u. WIC cereal (such as Kix or Cheerios or hot cereals such as oatmeal)	<input type="radio"/>	<input type="radio"/>
v. Sugary cereal (such as Fruit Loops, Honey Nut Cheerios, Frosted corn flakes, Lucky Charms, Raisin Bran)	<input type="radio"/>	<input type="radio"/>
w. Yogurt	<input type="radio"/>	<input type="radio"/>
x. Other - write in: _____	<input type="radio"/>	<input type="radio"/>
y. DID NOT EAT BREAKFAST THIS MORNING	<input type="radio"/>	<input type="radio"/>

Thank you for filling out this survey!

Additional Questions from Post WIC Breakfast

The following question was created for the purposes of this survey.

Think about the class you just completed. How much time was spent learning about breakfast? Do **not** count the time it took to do the survey before the class.

- Less than 5 minutes
- 5–15 minutes
- 16–30 minutes
- More than 30 minutes

The following question was adapted from WIC Nest Survey. The question was modified from its original source.

How much do you agree or disagree with each of the following statements about the class?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I plan to make a change in breakfast based on what I learned in this class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I learned about a recipe for breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I learned something in this class that I didn't know before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I learned good ways to use my WIC foods for breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I learned good reasons to eat a healthy breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following four questions were created for the purposes of this survey.

We are trying to improve our classes for you. How would you rate your overall satisfaction with this class?

- Very Unsatisfied
- Unsatisfied
- No Opinion
- Satisfied
- Very Satisfied

Did you set a breakfast goal for yourself? No Yes

What was YOUR breakfast goal? (write it below)

My breakfast goal for ME is _____

Did you set a breakfast goal for your oldest CHILD on WIC? No Yes

What was the breakfast goal for YOUR oldest CHILD on WIC? (write it below)

My breakfast goal for my CHILD is _____

For your next WIC class, which would you prefer? (check one box only) **Follow Up 5**

- Going to a group class at the WIC site (like today)
- Taking an online class on a computer
- I don't know

The following two questions were modified from a WIC Nest Study Questionnaire.

Are you currently working for pay either full time or part time? (check one box only)

- Yes, full time
- Yes, part time
- No

Are you currently going to school either full time or part time? (check one box only)

- Yes, full time
- Yes, part time
- No

The following question was created for the purposes of this survey.

We may want to ask you some questions in a couple of months. Please let us know how to contact you.		Mark the best way to contact you
a. Email address	_____@_____	<input type="radio"/>
b. Cell phone	(____) _____-_____ <input type="radio"/> text only <input type="radio"/> call only	<input type="radio"/>
c. Other phone	(____) _____-_____	<input type="radio"/>

Additional Questions from Follow UP WIC Breakfast

The following eleven questions were created for the purposes of this survey.

Do you remember taking a breakfast class in April or May at the WIC center or online?

- Yes
- No, someone else took the class for me (*skip to question 5*)
- No, I did not take it (*skip to question 5*)

Did you share any of the information from the breakfast class with anyone else, for example with a friend or family member?

- Yes
- No

At the end of the breakfast class you selected a breakfast goal for yourself and for your child. Do you remember the goals that you set for you or your child?

- Yes
- No

Since taking the WIC breakfast class, have you been eating breakfast on more days, the same number of days, or fewer days than you did before?

- More days
- The same number of days
- Fewer days

Since taking the WIC breakfast class, have you been eating healthier breakfasts, the same breakfasts, or less healthy breakfasts than you did before?

- Healthier breakfasts
- The same breakfasts
- Less healthy breakfast

Since taking the WIC breakfast class, have you been serving your child breakfast on more days, the same number of days, or fewer days than you did before?

- More days
- The same number of days
- Fewer days

Since taking the WIC breakfast class, have you been serving your child healthier breakfasts, the same breakfasts, or less healthy breakfasts than you did before?

- Healthier breakfasts
- The same breakfasts
- Less healthy breakfasts

Since taking the WIC breakfast class, have you been using WIC foods for breakfast more often, the same amount, or less often than you did before?

- More often
- The same amount
- Less often

Since taking the WIC breakfast class, have you made something new for breakfast at home?

- Yes
- No

What is the main reason that you like the GROUP classes at WIC? (mark all that apply, then skip to question 6)

- I prefer online classes (skip to question 5b)
- I like interacting with other moms
- I like going to the WIC site
- I like learning from the WIC staff
- I like bringing my kids with me to WIC

-- I learn better this way

-- Other, write in: _____

What is the main reason that you like ONLINE WIC classes? *(mark all that apply)*

-- I prefer group classes (skip to question 6)

-- I can take it whenever I want

-- I don't have to go to the WIC site

-- It is quicker

-- It is easier with my kids

-- I learn better this way

-- Other, write in: _____

The following four questions were taken from WIC Nest Study Questionnaire.

Are you the biological mother of this child?

-- Yes, I am the biological mother

-- Yes, I am the biological father

-- No, I am the _____

What is your current marital status? Are you ...?

-- Married

-- Widowed

-- Divorced

-- Separated

-- Single, never married

-- Living with partner

What is the highest year or grade you finished in school?

-- No formal schooling

-- 8th grade or less

-- Grades 9-12 but not a high school graduate

-- High school graduate

-- Some college/trade school/associate degree

-- Associate's degree (including occupational or academic degrees)

-- (4-YEAR) College graduate

-- Post graduate degree

Add up all the time you or your child/children have ever been on WIC. Has it been ...?

-- Less than 30 days

-- 1 month to a year

-- 1–2 years

-- 3–4 years

-- 5 or more years

The following three questions were created for the purposes of this survey.

Did you take the breakfast class online?

-- Yes

-- No

IF YES, Did you have any trouble with the online class? *(mark all that apply)*

- Didn't take online
- Logging on/ getting started
- Typing responses
- Finishing the class
- Other: _____

Is there anything else you would like to share about the breakfast class?

ID: _____

PRE SURVEY

Date: ____ (mo) / ____ (day) / 2014

Your name and your answers will be kept private.

You may skip any questions you do not want to answer. There are no right or wrong answers.

Mark an x in only one answer box for each question or statement.

If you have any questions about this survey, send an e-mail to projects@phfe.org or call 626-856-6650



**Most of these questions are about salt.
For these questions salt is the same as sodium.**



Questions 1-3 were created for the purposes of this survey.

1. Do you have access to the internet so that you can take a WIC class online? (Include access to a computer, tablet, or phone with internet.)
- No
 - Yes, but I have not taken a WIC class online before
 - Yes, and I have taken a WIC class online before
2. What year were you born? _____
3. Do you have a baby less than 1 year old? Yes No


Questions 4-6 Adapted from Wyllie, A., R. Moore, and R. Brown. Salt Consumer Survey. Rep. Wellington: Ministry of Agriculture and Forestry, 2011. Questions modified from original source.

4. How much salt do you think you eat?
- Too much
 - Right amount
 - Too little
 - I don't know
5. Are you thinking about cutting down on the amount of salt you eat? **Post 4**
- No, I have already cut down
 - Yes, I am thinking about cutting down right away
 - Yes, I am thinking about cutting down in the future
 - No, I am not thinking about cutting down at this time
6. If you are thinking about cutting down on salt, what is the main reason that it is hard for you to do it? (mark one box) **Reworded; but same answer choices as follow up 9**
- Because I like salty foods
 - Because the people in my family like salty foods
 - Because I don't prepare a lot of my own foods
 - Because I don't know how much salt is in my food
 - Some other reason
 - It is not hard for me to cut down on salt
 - I am not trying to cut down on salt



Questions 7-11 were created for the purposes of this survey.

7. On a scale of 1 to 10 where 1 means not at all important and 10 means very important, how important is it for you to eat foods low in salt? **Post 5**



Not important Very important

1 2 3 4 5 6 7 8 9 10

8. Which of the following things do you think is the main source of salt in the food eaten by most people? (mark one box) **Post 6 Follow Up 10**

- Salt added during cooking or at the table
- Salt in processed, ready to use, or packaged foods
- Salt from natural sources such as vegetables and fruit
- I don't know

9. About how much sodium should an adult have each day? **Post 7 Follow Up 11**

- Less than 1200 milligrams (1/2 teaspoon)
- Less than 2300 milligrams (1 teaspoon)
- Less than 4600 milligrams (2 teaspoons)
- Less than 6900 milligrams (3 teaspoons)
- I don't know

10. About how much sodium does a slice of pepperoni pizza have? (mark one box) **Post 8**

- 300-400 milligrams
- 500-600 milligrams
- 700-800 milligrams
- I don't know

11. Mark true or false for each of the following statements. **Post 9**

	True	False
a. Foods can have a lot of sodium and not taste salty	<input type="radio"/>	<input type="radio"/>
a. Most of the sodium we eat comes from the salt we add during cooking and at the table	<input type="radio"/>	<input type="radio"/>
b. Children usually eat a lot more sodium than they need	<input type="radio"/>	<input type="radio"/>

Questions 12 and 13 Adapted from Walker, Diane. "INVESTIGATION OF A DIETARY BEHAVIOR QUESTIONNAIRE AS A PREDICTOR OF DIETARY SODIUM INTAKE." Intercollegiate Center for Nursing Education, Washington State University. 1996. Questions modified from original source.

12. Think about the past 30 days. In the past 30 days how often did you do these things? **Follow Up 12**

	Almost Never	Once in a While	Some- times	Often	Almost Always
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a. Add salt to foods when cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Add salt to foods at the table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Read the nutrition label while shopping to look at the amount of sodium in the package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Decide not to purchase a food because it had too much sodium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Limit the amount of salty food you ate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. When choosing food, look for products labeled as sodium free, low sodium, or reduced sodium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Add herbs or spices to foods instead of salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How sure are you that you can do the following things? **Follow Up 13**

	Not Sure	A Little Sure	Very Sure
a. Add less salt to foods when cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Add no salt to foods when cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Almost always purchase foods low in sodium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Read the nutrition label while shopping to look at the amount of sodium in the package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Add less salt to foods at the table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Add no salt to foods at the table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions 14-15 were adapted from <https://www.projectbiglife.ca/>

14. Think about WHERE you ate in the past 7 days. On how many days did you... **Follow Up 14**

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a. Eat at a fast food restaurant (for example, McDonald's, Taco Bell, Pizza Hut or KFC)? (eat-in or take-out)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Eat at another restaurant? (eat-in or take-out)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Think about WHAT you ate in the past 7 days. On how many days did you eat **Follow Up 15**

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a. Canned beans or vegetables? Include refried beans, chili, baked beans with sauce, pickles, olives, and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pizza? Include frozen pizza, restaurant pizza, fast food pizza, and homemade.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cheese? Include cheese as a snack, on burgers, sandwiches, and in foods such as lasagna, quesadillas, or casseroles. Do not include cheese on pizza.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Frozen pre-seasoned meat, poultry or fish? Include frozen burgers, meatballs, breaded fish, chicken nuggets, and chicken wings found in the frozen food section.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Processed meats? Include bacon, lunch meats, hot dogs, ham or sausage and other pre-seasoned burgers, chicken, steak and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Frozen packaged appetizers or side dishes? Include frozen French fries, spring rolls, and sausage rolls. Do not include other frozen vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other packaged meals or side dishes? Include pasta, macaroni and cheese, rice and potato dishes with sauce/seasonings, 'TV dinners', lasagna, stuffed meat and poultry. Do not include pizza.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Canned or packaged soups? Include all types of soups including Ramen noodles, and canned broth or bouillon added to recipes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ready to use or packaged condiments? Include salad dressing, mayonnaise, ketchup, relish, BBQ sauce, soy sauce, plum sauce, Worcestershire sauce.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Ready to use or packaged sauces and marinades? Include pasta sauce, tomato sauce, gravy, curry paste, seasoning mixes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Snack foods like potato chips, pretzels, popcorn, salted nuts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Any food with salt added at the table or during cooking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for filling out this survey!

Additional Questions from Post WIC Salt

The following question was created for the purposes of this survey.

Think about the class you just completed. How much time was spent learning about salt? (Do not count the time it took to do the survey before the class.)

- Less than 5 minutes 0 5–15 minutes 0 16–30 minutes 0 More than 30 minutes

WIC Nest Study Questionnaire. Question was modified from original source.

How much do you agree or disagree with each of the following statements about the class?

	Disagree a Lot	Disagree a Little	Agree a Little	Agree a Lot
a. I learned something in this class that I didn't know before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I plan to make a change in how much salt I eat based on what I learned in this class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following three questions were created for the purposes of this survey.

We are trying to improve our classes for you. How would you rate your satisfaction with this class?

0 Very Unsatisfied 0 Unsatisfied 0 No Opinion 0 Satisfied 0 Very Satisfied

Which goal did you choose for you and your family to reduce salt? (mark one box) **Follow Up 4**

- Limit or avoid eating processed and packaged foods
- Read the labels
- Eat home cooked foods
- Cook with spices and herbs instead of salt
- Limit high sodium condiments and sauces
- Choose fresh vegetables and fruits

For your next WIC class, which would you prefer to do? (mark one box) **Follow Up**

- 0 Going to a group class at the WIC site (like today)
- 0 Taking an online class on a computer
- 0 I don't know

The following two questions were taken from WIC Nest Study Questionnaire.

Are you currently working for pay either full time or part time? (mark one box)

- Yes, full time 0 Yes, part time 0 No

Are you currently going to school either full time or part time? (mark one box)

- Yes, full time 0 Yes, part time 0 No

The following question was created for the purposes of this survey.

We may want to ask you some questions in a couple of months. Please let us know how to contact you.		Mark the best way to contact you
a. Email address	_____@_____	<input type="checkbox"/>
b. Cell phone	(____) _____- _____ <input type="checkbox"/> text only <input type="checkbox"/> call only	<input type="checkbox"/>
c. Other phone	(____) _____- _____	<input type="checkbox"/>

Additional Questions from Follow UP WIC Salt

The following six questions were created for the purposes of this survey.

Do you remember taking a class about salt in November or December at the WIC center or online?

- Yes
- No, someone else took the class for me (skip to question 8)

- No, I did not take it (*skip to question 8*)

Did you share any of the information from the salt class with anyone else, for example with a friend or family member?

Yes No

At the end of the salt class you selected a goal for yourself and your family. Do you remember the goal that you set?

Yes No

Was setting this goal helpful? (*mark one box*)

- Not really, I didn't think about it much
- A little, I thought about it sometimes
- Yes, I thought about it often

Since taking the WIC salt class, have you been eating pre-packaged and processed foods more often, the same amount, or less often than you did before?

- More often The same amount Less often

Since taking the WIC salt class, have you been adding salt to foods more often, the same amount, or less often than you did before?

- More often The same amount Less often

The following four questions were taken from WIC Nest Study Questionnaire.

Are you the biological mother of this child?

- Yes, I am the biological mother
- Yes, I am the biological father
- No, I am the _____

What is your current marital status? Are you ...? (*mark one box*)

- Married Separated
- Widowed Single, never married
- Divorced Living with partner

What is the highest year or grade you finished in school?

- No formal schooling
- 8th grade or less
- Grades 9-12 but not a high school graduate
- High school graduate
- Some college/trade school/associate degree
- Associate's degree (including occupational or academic degrees)
- (4-YEAR) College graduate
- Post graduate degree

Add up all the time you or your child/children have ever been on WIC. Has it been ...?

- Less than 30 days 0 3–4 years
- 1 month to a year 0 5 or more years
- 1–2 years

The following six questions were created for the purpose of this survey.

What is the main reason that you like the GROUP classes at WIC? (mark all that apply, then skip to question 24)

- I prefer online classes (skip to question 23)
- I like interacting with other moms
- I like going to the WIC site
- I like learning from the WIC staff
- I like bringing my kids with me to WIC
- I learn better this way
- Other, write in: _____

What is the main reason that you like ONLINE WIC classes? (mark all that apply)

- I prefer group classes (skip to question 24)
- I can take it whenever I want
- I don't have to go to the WIC site
- It is quicker
- It is easier with my kids
- I learn better this way
- Other, write in: _____

If you could choose how to receive nutrition education from WIC in the future, which would you prefer?

- Only online classes
- Only in-person classes
- A combination of both online and in-person classes

Did you take the salt class online?

- Yes 0 No

IF YES, Did you have any trouble with the online class? (mark all that apply)

- Didn't take online
- Logging on/ getting started
- Finishing the class
- Other: _____

27. Is there anything else you would like to share about the salt class?

The following two questions were adapted from PROMIS Item Bank v1.0 Sleep Disturbance Short Form 4a.

In the past 7 days...

	Very poor	Poor	Fair	Good	Very good
a. My sleep quality was.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 7 days...

	Not at all	A little bit	Somewhat	Quite a bit	Very much
a. My sleep was refreshing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had a problem with my sleep.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I had difficulty falling asleep.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>