



FOR OFFICE USE ONLY
Code #

FY09 WIC Wellness Works Participant Survey

We invite you to complete the WIC Wellness Works survey. These questions deal with your nutrition, physical activity, and stress management. The survey should take 10-15 minutes to fill out. We will ask you to complete it now and again in one year. All of your answers are confidential, and your name will not be associated with the answers you give. Your survey will be given a code number, and your identifying information, including your name, will be separated from your answers after the data have been entered. Your completion of this survey implies your consent to take part in this survey evaluation.

You are making the decision whether or not to participate in filling out this survey. You may withdraw at any time should you choose to discontinue your participation. Your decision to begin or continue participation in completing this survey will in no way affect your job with WIC or your association with the Texas Department of State Health Services or the University of Texas at Austin. If you have any questions about your participation or rights involving the survey please contact me, Robin Atwood, at (512) 443-0858/ ratwood@mail.utexas.edu or the DSHS Institutional Review Board at 1-888-777-5037.

There are no right or wrong answers. Just tell us how you feel and think. If you are not sure about an item, just do your best.

PLEASE COMPLETE BOTH THE FRONT AND BACK OF EACH PAGE.

Name: _____

Today's Date: _____

Clinic: _____

Local Agency: _____

Job Title: _____

Date of Birth: _____ - _____ - 19____
month day year

How long have you been participating in the WIC Wellness Works Program? _____ months

Thank you for your time!

Fruit and Vegetable Consumption

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A serving size is:

1 medium fruit or 1/2 cup of cut-up fruit	1/2 cup raw or cooked vegetables
3/4 cup 100% fruit juice	1 cup raw leafy vegetables (e.g, lettuce, spinach)
1/4 cup dried fruit	1/2 cup cooked beans or peas (e.g., lentils, pinto beans)

1. On average, how many total servings of fruits and vegetables do you eat each day? _____

*Please **check** the answer that best describes your **current behavior**.*

2. When it comes to eating 5 or more servings of fruits and vegetables, most days I am:

- | | |
|--|--|
| <input type="checkbox"/> Not thinking about doing it
<input type="checkbox"/> Thinking about doing it
<input type="checkbox"/> Planning to do it | <input type="checkbox"/> Already doing it but for less than 6 months
<input type="checkbox"/> Already doing it for 6 months or more |
|--|--|

3. When it comes to how often I drink regular, non-diet soda, I drink...
(A serving of soda is one 12-ounce can.)

- a. None or less than 1 per month
- b. 1 to 2 cans per month
- c. 1 can per week
- d. 2 to 6 cans per week
- e. 1 can per day
- f. 2 or more cans per day

*Please **circle** the number that best describes your answer for each experience during the past month.*

How frequently does this occur?	Never	1	2	3	4	5
4. I set goals for eating fruits and vegetables for myself.	1	2	3	4	5	5
5. I make an effort to incorporate eating fruits and vegetables into my lifestyle.	1	2	3	4	5	5
6. I make an effort to monitor how much I eat.	1	2	3	4	5	5
7. I make an effort to prepare healthy foods at home.	1	2	3	4	5	5
8. I make an effort to select healthy foods when I go out.	1	2	3	4	5	5

Please continue survey on the back.

HOW CONFIDENT ARE YOU THAT YOU CAN.....	Not at All Confident		Moderately Confident		Extremely Confident	
9. . . . eat more fruits and vegetables every day?	1	2	3	4	5	
10. . . . plan meals with more fruits and vegetables?	1	2	3	4	5	
11. . . . prepare fruits and vegetables so they taste good?	1	2	3	4	5	

Physical Activity

Moderate Physical Activity: activities that take moderate physical effort and make you breathe somewhat harder than normal (minimum 10-minute sessions).

12. When it comes to engaging in **moderate physical activity** for at least 30 minutes on 5 or more days of the week, I am: (*Check the answer that best describes your behavior.*)

- Not thinking about doing it
- Thinking about doing it
- Planning to do it
- Already doing it, but for less than 6 months
- Already doing it for 6 months or more

13. On average, how many days a week do you do physical activities that take moderate effort and make you breathe somewhat harder than normal? (*Check the answer that best describes your behavior.*)

- Zero days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days or more

14. If you did engage in **moderate** physical activity during the past week, on average how many total minutes were you active each day on the days that you did participate in moderate physical activity? (*Check the answer that best describes your behavior.*)

- <10 minutes
- 10-19 minutes
- 20-29 minutes
- 30 - 44 minutes
- 45 – 59 minutes
- 60 minutes or more

Think of experiences you have or have had during the **past month**.

(Please **circle** the number that best describes your answer for each experience.)

How frequently does this occur?	Never		Sometimes		Always	
15. I set physical activity goals for myself.	1	2	3	4	5	
16. I make an effort to incorporate physical activity into my lifestyle.	1	2	3	4	5	
17. I schedule time for physical activity.	1	2	3	4	5	
18. I have someone who encourages me to be physically active when I don't feel up to it.	1	2	3	4	5	

(Circle a number to indicate how confident you are that you could be physically active and/or exercise in each of the following situations.)

How confident are you that you could be physically active or exercise when...	Not at All Confident		Moderately Confident		Extremely Confident
19. . . . you are tired.	1	2	3	4	5
20. . . . you feel you don't have much time.	1	2	3	4	5
21. . . . your work schedule is tight.	1	2	3	4	5

Stress Management

The following experiences can affect the way some people manage stress. Think of experiences you have had during the **past month**. Then rate how true each statement is for you.

(Please **circle** the number that best describes your answer for each experience.)

How frequently does this occur?	Never		Sometimes		Always
22. I incorporate relaxation techniques into my daily life.	1	2	3	4	5
23. I incorporate time management techniques into my daily life.	1	2	3	4	5
24. I get a good night's sleep.	1	2	3	4	5
25. I have balance in my life between work and family	1	2	3	4	5
26. I am effective in dealing with stress through coping skills such as deep breathing, physical activity, hobbies, counseling, etc.	1	2	3	4	5

Social Support for Wellness

This set of questions refers to the social support you receive for physical activity and healthy eating. The following is a list of things people **might do or say to someone who is trying to increase his/her wellness activities and behaviors**.

Please read and answer every question. Some of the questions may not apply to you; if that is the case, use "0" as your answer.

Please rate each of the questions three times (for family, friends and co-workers).

Under "Family," rate how often anyone living in your household has said or done what is described during the past three months.

Under “Friends,” rate how often your friends or acquaintances have said or done what is described during the past three months.

Under “Co-Workers,” rate how often your co-workers have said or done what is described during the past three months.

(Please write one number from the following rating scale in each space.)

0=Does Not Apply 1=Never 2=Rarely 3=Sometimes 4=Often 5=Always

	Family	Friends	Co-workers
Physical Activity			
27. Did physical activities with me.			
28. Changed their schedule so I could do physical activity.			
29. Encouraged or reminded me to stick with my physical activity program.			
Healthy Eating			
30. Ate fruits and vegetables with me.			
31. Encouraged me to eat healthy foods.			
32. Agreed to try new healthy foods.			

Client Interactions

Think about your interaction with WIC clients. How often during the **past month** did you engage in the following behaviors with your clients?

	Never		Sometimes		Always
	1	2	3	4	5
33. . . . discussed the importance of physical activity.	1	2	3	4	5
34. . . . discussed a plan for incorporating physical activity into their lives.	1	2	3	4	5
35. . . . discussed the importance of fruit and vegetable consumption.	1	2	3	4	5
36. . . . discussed a plan for incorporating fruits and vegetables into their lives.	1	2	3	4	5
37. . . . discussed the importance of stress management.	1	2	3	4	5
38. . . . demonstrated techniques for managing stress.	1	2	3	4	5

Demographic Information

39. Including yourself, how many people live in your house? *(Please place a number in each space.)*

_____ # of adults (18 years of age and older)

_____ # of older children (5-17 years of age)

_____ # of younger children (under 5 years)

40. **Ethnicity:**

- Please check one:
- White
 - Black/African American
 - Asian/Pacific Islander
 - Hispanic/Mexican American
 - Other, please specify _____

41. **Marital Status:**

- Please check one:
- Single
 - Married
 - Other

42. **Gender:**

- Please check one:
- Male
 - Female

43. **Education:**

What is the highest year of school you have finished?

- Grade 8 or less
- Some high school
- High school graduate/GED completed
- Some college
- College graduate
- Other (please specify _____)

44. **Height:** _____ft. _____in.

45. **Weight:** _____lbs.

46. **In what year were you born?** 19 ____ ____

47. **How much of your job is devoted to counseling clients and or teaching classes?**

Please check one:

- None
- About 25%
- About 50%
- About 75%
- 100%

This is the end of the questionnaire. Thank you for participating!