

Demographic Questionnaire

Please respond to the following questions by placing a "X" in the appropriate box.

1. Have you ever provided WIC nutrition counseling?
 Yes
 No, **SKIP TO QUESTION # 5**

2. Do you currently provide WIC nutrition counseling?
 Yes
 No, **SKIP TO QUESTION # 5**

3. In an average week, how much of your time is spent providing nutrition counseling with WIC clients?
 Less than 5 hours
 5 to 19 hours
 20 hours or more

4. How many years have you worked in WIC?
 Less than 1 year
 1 to 2 years
 3 to 5 years
 6 to 10 years
 over 10 years

5. If health professionals followed the WIC protocols for nutrition counseling to the best of their ability, do you think that WIC could prevent children from **becoming** overweight?
 Yes
 No

6. If health professionals followed the WIC protocols for nutrition counseling to the best of their ability, do you think that WIC could keep overweight children from **remaining** overweight?
 Yes
 No

→ Please turn page over and continue →

7. Indicate your highest level of professional certification.

- Certified Nutritionist (CN)
- Registered Dietitian (RD)
- Licensed Practical Nurse (LPN)
- Registered Nurse (Diploma Program)
- Registered Nurse (ADN or BSN)
- Other Please specify: _____

8. What is your race?

- White
- Black
- Asian or Pacific Islander
- Hispanic White
- Hispanic Black
- Native American
- Other Please specify: _____

9. What is your age? _____

10. What is **your** current height? _____ feet _____ inches

11. What is **your** current weight? _____ pounds

12. Do you feel like you are overweight now?

- Yes
- No, **SKIP TO QUESTION # 13**

13. Do you feel being overweight is a problem for you?

- Yes
- No

14. Have you ever had a child of your own that was overweight before his or her 5th birthday?

- Yes
- No
- Not applicable

