

Appendix E: CPH WIC Client survey

1. Approximately how many WIC appointments do you or a family member have in a year?

- 1-3
- 4-6
- 7-9
- 10+

2. Have you been late or have missed a WIC appointment due to transportation issues?

- No
- Yes
- If yes, how many times has this happened in a year

3. What is your usual way of getting to WIC appointments?

- I drive myself.
- I am driven by friends or family.
- I take a COTA.
- I walk.
- I use Uber and/or Lyft.
- I use a taxi or similar service for hire.
- I use a transportation service provided by managed care.
- I ride my bike.
- Other

4. Do you face any of the problems listed below when traveling to a WIC appointment? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I have no problems getting around. | <input type="checkbox"/> Buses are hard to use and/or not always on time. |
| <input type="checkbox"/> I don't have a car. | <input type="checkbox"/> Parking is not available or is limited at my WIC Clinic. |
| <input type="checkbox"/> My car is not reliable or does not work. | <input type="checkbox"/> I have problems using COTA Mainstream. |
| <input type="checkbox"/> I don't have gas money. | <input type="checkbox"/> I don't feel safe walking. |
| <input type="checkbox"/> I don't drive. | <input type="checkbox"/> I am unable to walk to appointments. |
| <input type="checkbox"/> I can't afford public transportation. | <input type="checkbox"/> Condition of sidewalks. |
| <input type="checkbox"/> I don't have others who are able or willing to take me. | <input type="checkbox"/> It is hard to travel with more than one child. |
| <input type="checkbox"/> There is no bus to take me where I need to go. | <input type="checkbox"/> Other |

5. Do you know how to get help with transportation to an appointment? Resources could include many things like public transit, social service agencies or even family members.

- Yes
 No

6. If not, what would be the best way for others to provide information?

- | | |
|---|--|
| <input type="radio"/> Brochure | <input type="radio"/> Phone call with someone to discuss transportation issues |
| <input type="radio"/> Informative website | <input type="radio"/> Other |
| <input type="radio"/> Meeting with someone to discuss transportation issues | |

7. In your neighborhood, do you have access to the following? Yes No Not Sure

- | | |
|---|--|
| <input type="radio"/> Reliable public transportation | <input type="radio"/> Well-maintained sidewalks |
| <input type="radio"/> Convenient public transportation | <input type="radio"/> Easy-to-read traffic signs |
| <input type="radio"/> Special transportation for seniors or individuals with disabilities | <input type="radio"/> Bike lanes |
| <input type="radio"/> Well-maintained streets | |

8. What is your year of birth?

9. What is your 5-digit ZIP code?

10. What is your employment status?

- Employed full-time
- Employed part-time
- Self-employed
- Disabled and unable to work
- Retired and not looking for work
- Retired and seeking work
- Unemployed, but seeking work
- Enrolled in a work training program

11. What is your gender?

- Male
- Female

12. How many people live in your household?

13. How many children under the age of 5 live in your household?

14. Who else is in your household? (select all that apply)

- My spouse or partner
- My children
- My grandchildren
- Other relatives
- Nonrelatives
- I live alone

15. What is your race or ethnicity?

- White/Caucasian
- Hispanic or Latino
- Black or African American
- Other (please specify)
- Native American or American Indian
- Asian/Pacific Islander

16. What language is primarily spoken in your home?

17. Would you be willing to talk more about how you get to and from WIC clinics? Your name will not be connected with your answers here or anything you share with the people working on this study. Please give your name, phone number, and email address if you are interested.