



**NATIONAL HEALTH AND NUTRITION
EXAMINATION SURVEY
NHANES 2011-2012**

**Flexible Consumer Behavior Survey
(FCBS) Module**

April 2010



Department of Health and Human Services
Centers for Disease Control and Prevention
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FLEXIBLE CONSUMER BEHAVIOR SURVEY (FCBS) MODULE

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NHANES 2011-2012 FCBS CORE MODULE

- a. Interview mode: In-person household interview
- b. Target age: 1+ years (proxy interview for 1-15 years old)
- c. FCBS core module includes two parts:
 1. Family level questions
 - 13 questions administered as part of the NHANES household family questionnaire
 - Includes 7 questions in the Consumer Behavior Section (CBQ), 5 questions in the Income Section (INQ), and one question in the Food Security Section (FSQ)
 2. Sample person questions
 - 16 questions included as part of the Dietary Behavior Section (DBQ) in the NHANES household SP questionnaire
- d. New in 2011-2012 FCBS core module
 1. Twelve family-level questions dropped:
 - Use of special diet (CBQ010)
 - Food availability (CBQ020, CBQ030, CBQ040, CBQ050, and CBQ060)
 - Shopping, cooking, time use (CBQ140, CBQ150, CBQ160, CBQ170, CBQ180, and CBQ190)
 2. Seven sample person questions dropped:
 - Vegetarian (DBQ915)
 - Food allergy (DBQ920, DBQ925)
 - Meal planner/Food shopper status (DBQ930, DBQ935, DBQ940, DBQ945)
 3. Questions on the awareness of MyPyramid program (CBQ.595-610) are moved from the follow-up module to the core module and asked at the end of DBQ section
 4. Enhancements to the monthly income questions:
 - Changed the skip pattern for annual income question (INQ220) so even if the respondent did not know their family's annual income, their family's monthly income will still be asked. Skip pattern for refusals will remain the same – people refused to answer their annual income will not be asked about monthly income

- Added a soft edit for monthly income question (INQ235) so the interviewer would now be prompted to verify the responses when the amount reported in INQ235 (monthly income) equals to the amount reported in INQ200 (annual income)
 - Update the prefills for questions INQ238 and INQ241, and check item INQ242 with the HHS 2009 poverty guidelines
5. Minor corrections of skip patterns for WIC participation history questions (FSQ675 and FSQ680), so 1-year-old current WIC participants will also be asked about their WIC participation during infancy
- e. FCBS follow-up module was discontinued in 2011-2012

CBQ.090 Q/U About how much money was spent on nonfood items? (You can tell me per week or per month.)

\$ | | | | | | | | | | | | | | | |

HARD EDIT: AMOUNT CANNOT BE MORE THAN THE AMOUNT ENTERED ON CBQ.070.

REFUSED 7
DON'T KNOW 9

ENTER UNIT

WEEK 1
MONTH 2
REFUSED 7
DON'T KNOW 9

CBQ.100 During the past 30 days, {did your family/did you} spend money on food at stores other than grocery stores? Here are some examples of stores where you might buy food. Please do not include stores that you have already told me about.

HAND CARD CBQ4

YES 1
NO 2 (CBQ.120)
REFUSED 7 (CBQ.120)
DON'T KNOW 9 (CBQ.120)

CBQ.110 Q/U About how much money {did your family/did you} spend on food at these types of stores? (Please do not include any stores you have already told me about.) (You can tell me per week or per month.)

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

HAND CARD CBQ4

\$ | | | | | | | | | | | | | | | |

REFUSED 7
DON'T KNOW 9

ENTER UNIT

WEEK 1
MONTH 2
REFUSED 7
DON'T KNOW 9

CBQ.120
Q/U

During the **past 30 days**, how much money {did your family/did you} spend on **eating out**? Please include money spent in cafeterias at work or at school or on vending machines, **for all family members**. (You can tell me per week or per month.)

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

\$ | | | | | | | | | | | | | |

REFUSED 7
DON'T KNOW 9

ENTER UNIT

WEEK 1
MONTH 2
REFUSED 7
DON'T KNOW 9

CBQ.130
Q/U

During the **past 30 days**, how much money {did your family/did you} spend on food **carried out** or **delivered**? Please do not include money you have already told me about. (You can tell me per week or per month.)

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

\$ | | | | | | | | | | | | | |

REFUSED 7
DON'T KNOW 9

ENTER UNIT

WEEK 1
MONTH 2
REFUSED 7
DON'T KNOW 9

Section II. Income and Assets

a. Monthly Income

INQ.235 What is the total income received last month, {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} by {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS}} before taxes?

[Please include income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.]

[INTERVIEWER INSTRUCTION: IF SP DOES NOT KNOW INCOME OF OTHER FAMILY MEMBERS, ENTER DON'T KNOW.]

SOFT EDIT: AMOUNT REPORTED IN INQ.235 (MONTHLY INCOME) GREATER THAN OR EQUAL TO THE AMOUNT REPORTED IN INQ.200 (ANNUAL INCOME), DISPLAY SOFT EDIT MESSAGE: "INTERVIEWER, YOU HAVE RECORDED AN ANNUAL TOTAL INCOME OF {ANNUAL INCOME REPORTED IN INQ.200} AND LAST MONTH'S TOTAL INCOME WAS RECORDED AS {TOTAL MONTHLY INCOME REPORTED IN INQ.235}. PLEASE CONFIRM WITH SP THAT LAST MONTH'S INCOME OF {TOTAL MONTHLY INCOME REPORTED IN INQ.235} IS CORRECT.

CAPI INSTRUCTION:

- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:
 "LAST MONTH'S INCOME FOR {NAMES OF FAMILY MEMBERS} HAS BEEN RECORDED AS {INCOME ENTERED IN INQ.200} DOUBLE ENTRY OF INCOME REQUIRED."
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.
- FOR THE CALENDAR FILL: IF CURRENT MONTH IS JANUARY THE PAST CALENDAR YEAR WILL BE SHOWN

\$ | | | | | | | | | | | | | | | | (BOX NEW 7A)

REFUSED 7
 DON'T KNOW 9

INQ.238 You may not be able to give us an exact figure, but can you tell me if the income for {you/NAMES OF OTHER FAMILY/your family} in {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} was . . .

{185% or less of monthly poverty level}, or..... 1
 more than {185% monthly poverty level}? 2 (BOX NEW 7A)
 REFUSED 7
 DON'T KNOW 9

PROBE: (That would be {12 times 185% monthly poverty level}} per year.)

CAPI INSTRUCTION:

- Fill 185% of the monthly poverty level based on family size:
 For family size of 1, fill (\$1,670 round to nearest 100s = \$)1,700
 For each additional family member, fill {[(\$1,670+(\$577* # of additional person)] round to nearest 100s}
- Fill 185% of the **annual** poverty level based on family size in the PROBE:
 For family size of 1, fill [(\$1,670*12) round to nearest 100s] = **\$20,000**
 For each additional member, fill {[(\$1,670+(\$577* # of additional person)]*12 round to nearest 100s}

Persons in Family	185% monthly poverty level		185% annual poverty level	
	Raw Number ¹	Rounded to nearest 100s ²	Raw Number ³	Rounded to nearest 100s ⁴
1	1,670	1,700	20,040	20,000
2	2,247	2,200	26,964	27,000
3	2,824	2,800	33,888	33,900
4	3,401	3,400	40,812	40,800
5	3,978	4,000	47,736	47,700
6	4,555	4,600	54,660	54,700
7	5,132	5,100	61,584	61,600
8	5,709	5,700	68,508	68,500

¹: \$1,670 for family size of 1, thereafter, adding \$577 for each additional person.

²: These are the numbers to be used in the response category fills.

³: Multiply by 12 to the raw number of the 185% monthly poverty level.

⁴: These are the numbers to be used in the probe fills.

INQ.241 Was it more or less than {130% monthly poverty level}?

130% or less than monthly poverty level 1
 More than 130% of monthly poverty level..... 2
 REFUSED 7
 DON'T KNOW 9

PROBE: {That would be 12 times 130% annual poverty level per year.}

CAPI INSTRUCTION:

- Fill 130% of the monthly poverty level based on family size:
 For family size of **1**, fill (\$1,173 round to nearest 100s = **\$1,200**)
 For each additional family member, fill {[\$1,173+(\$405* # of additional person)] round to nearest 100s}
- Fill 130% of the **annual** poverty level based on family size in the PROBE:
 For family size of **1**, fill [(\$1,173*12) round to nearest 100s] = **\$14,100**
 For each additional member, fill {[\$1,173+(\$405* # of additional person)]*12 round to nearest 100s}

Persons in Family	130% monthly poverty level		130% annual poverty level	
	Raw Number ¹	Rounded to nearest 100s ²	Raw Number ³	Rounded to nearest 100s ⁴
1	1,173	1,200	14,076	14,100
2	1,578	1,600	18,936	18,900
3	1,983	2,000	23,796	23,800
4	2,388	2,400	28,656	28,700
5	2,793	2,800	33,516	33,500
6	3,198	3,200	38,376	38,400
7	3,603	3,600	43,236	43,200
8	4,008	4,000	48,096	48,100

¹: \$1,173 for family size of 1, thereafter, adding \$405 for each additional person.

²: These are the numbers to be used in the text of the question and response category fills.

³: Multiply 12 to the raw number of the 130% monthly poverty level.

⁴: These are the numbers to be used in the probe fills.

b. Assets

BOX NEW 7A

CHECK ITEM INQ.242:
IF FAMILY ANNUAL INCOME (INQ200) EQUAL OR LESS THAN {200% POVERTY LEVEL}, CONTINUE;
OTHERWISE, GO TO BOX 8.

CALCULATE 200% OF THE ANNUAL POVERTY LEVEL BASED ON FAMILY SIZE: \$21,660 FOR FAMILY SIZE OF 1, THEREAFTER, ADDING \$7,480 FOR EACH ADDITIONAL PERSON

INQ.244 Do {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} have more than \$5,000 in savings at this time? Please include money in your checking accounts.

INTERVIEWER INSTRUCTION: INCLUDE CASH, SAVINGS OR CHECKING ACCOUNTS, STOCKS, BONDS, MUTUAL FUNDS, RETIREMENT FUNDS (SUCH AS PENSIONS, IRAS, 401KS, ETC), AND CERTIFICATES OF DEPOSIT.

CAPI INSTRUCTION:
DISPLAY "you" for single-person family; DISPLAY "the members of your family" for multi-persons family.

- YES 1 (BOX 9)
- NO 2
- REFUSED 7 (BOX 9)
- DON'T KNOW 9 (BOX 9)

INQ.247 Which letter on this card best represents the total savings or cash assets at this time for {you/NAMES OF OTHER FAMILY/your family}?

HAND CARD INQ3

|__| ENTER LETTER

- REFUSED 7
- DON'T KNOW 9

- A: Less than \$500
- B: \$501- \$1000
- C: \$1001-\$2000
- D: \$2001-\$3000
- E: \$3001-\$4000
- F: \$4001-\$5000

Section III. Food Assistance - the Supplemental Nutrition Assistance Program

FSQ.225 On what date did {you/your household} **last** receive SNAP or food stamp benefits?
M/D/Y

|_|_| - |_|_| - |_|_|_|_|_| (FSQ.235)
MONTH DAY YEAR

HARD EDIT: DATE MUST BE WITHIN PAST 12 MONTHS OF CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

CAP I INSTRUCTION:
SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

REFUSED 7
DON'T KNOW 9

NHANES 2011-2012 FCBS CORE MODULE
Sample Person Questions

Section IV. Self-Assessed Diet Quality

DBQ.700 Next I have some questions about {your/SP's} eating habits.

In general, how healthy is {your/his/her} overall diet? Would you say . . .

- excellent, 1
- very good,..... 2
- good,..... 3
- fair, or 4
- poor? 5
- REFUSED 7
- DON'T KNOW..... 9

Section V. Food Assistance - WIC

BOX 14

CHECK ITEM DBQ.710:
IF SP AGE > 11, GO TO BOX 15.
ELSE, IF SP AGE 6-11, GO TO FSQ.675,
OTHERWISE, CONTINUE.

FSQ.651 Next are a few questions about the WIC program.

Did {SP} receive benefits from WIC, that is, the Women, Infants, and Children program, in the **past 12 months?**

- YES 1 (FSQ.673)
- NO 2 (BOX 14a)
- REFUSED 7 (BOX 14a)
- DON'T KNOW..... 9 (BOX 14a)

BOX 14a

CHECK ITEM DBQ.710a:
IF SP AGE < 1, GO TO FSQ.690.
OTHERWISE, GO TO FSQ.675.

FSQ.673 Is {SP} **now** receiving benefits from the WIC program?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

BOX 14b

CHECK ITEM DBQ.440:
IF SP AGE < 1, GO TO FSQ.685.
OTHERWISE, CONTINUE.

FSQ.675 {Next are a few questions about the WIC program, that is, the Women, Infants, and Children program.}

Did {SP} receive benefits from WIC when {he/she} was less than one year old?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

CAPI INSTRUCTION:
DISPLAY INTRODUCTION IF SP AGE IS 6-11.

BOX 14c

CHECK ITEM DBQ.445:
IF SP AGE = 1, and (FSQ.651 = 2 or FSQ.673 = 1), GO TO BOX 14d.
IF SP AGE = 2-5, and (FSQ.651 = 1 or FSQ.673 = 1), GO TO BOX 14d.
OTHERWISE, CONTINUE.

FSQ.682 Did {SP} receive benefits from WIC when {he/she} {was/is} between the ages of {1 to {SP AGE}/4} years old/12 to {SP AGE} months old)?

CAPI INSTRUCTION:

If SP age = 1, DISPLAY "12 to {the current age of the SP in months} months old";
If SP age = 2 or 3, DISPLAY "1 to {the current age of the SP in years} years old";
If SP age >3, DISPLAY "1 to 4 years old".

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

BOX 14d

CHECK ITEM DBQ.710d:
IF SP AGE = 1 and
FSQ651 in (2, 7, 9) **and** FSQ.675 in (2, 7, 9), GO TO FSQ.690.
SP AGE 2-5 and
FSQ651 in (2, 7, 9) **and** FSQ.675 in (2, 7, 9) **and** FSQ.680 in (2, 7, 9), GO TO
FSQ.690.
SP AGE = 6-11 and
FSQ.675 in (2, 7, 9) **and** FSQ.680 in (2, 7, 9), GO TO FSQ.690.
OTHERWISE, CONTINUE.

FSQ.685 How long {did SP receive/has SP been receiving} benefits from the WIC program?

SOFT EDIT: NUMBER CANNOT BE MORE THAN SP'S AGE.

|_|_|

ENTER NUMBER (OF MONTHS OR YEARS)

REFUSED 77

DON'T KNOW 99

ENTER UNIT

MONTHS 1

YEARS 2

REFUSED 7

DON'T KNOW 9

FSQ.690 Did {SP's} mother receive benefits from WIC, while she was pregnant with {SP}?

YES 1

NO 2 (BOX 15)

REFUSED 7 (BOX 15)

DON'T KNOW 9 (BOX 15)

FSQ.695 What month of the pregnancy did {SP's} mother begin to receive WIC benefits?

|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

Section VI. Food-Away-From Home (FAFH) Frequency

BOX 15

CHECK ITEM DBQ.715:
 IF SP AGE < 1 GO TO END OF SECTION.
 IF SP AGE 12-15 GO TO DBQ.915.
 OTHERWISE, CONTINUE.

DBQ.895 Next I'm going to ask you about meals. By meal, I mean **breakfast, lunch and dinner**. During the **past 7 days**, how many meals {did you/did SP} get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

{Please do not include meals provided as part of the school lunch or school breakfast./Please do not include meals provided as part of the community programs you reported earlier.}

CAPI INSTRUCTION:
 IF DBQ381G = 1 OR DBQ.411G = 1, DISPLAY {Please do not include meals provided as part of the school lunch or school breakfast.}
 IF DBQ.301 = 1 OR DBQ.330 = 1, DISPLAY {Please do not include meals provided as part of the community programs you reported earlier.}
 SOFT EDIT: DISPLAY A MESSAGE FOR ENTRY LARGER THAN "21." – "Unusually large number entered – Please verify – this is more than 3 meals per day, each day during the past 7 days."

|_|_|
 ENTER NUMBER

- NONE 2 (DBQ.905)
- REFUSED 7 (DBQ.905)
- DON'T KNOW..... 9 (DBQ.905)

DBQ.900 How many of those meals {did you/did SP} get from a fast-food or pizza place?

|_|_|
 ENTER NUMBER

- NONE 2
- REFUSED 7
- DON'T KNOW..... 9

CAPI INSTRUCTION: HARD EDIT
 NUMBER OF MEALS ENTERED IN DBQ.900 MUST BE EQUAL TO OR LESS THAN NUMBER ENTERED IN DBQ.895. IF NOT, DISPLAY THE FOLLOWING:
 "THE NUMBER OF MEALS FROM A FAST FOOD OR PIZZA PLACE CANNOT BE GREATER THAN NUMBER OF MEALS PREPARED AWAY FROM HOME."

Section VII. Use of Convenience Foods

DBQ.905 Some grocery stores sell “ready to eat” foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters.

During the **past 30 days**, how often did {you/SP} eat “ready to eat” foods from the grocery store? Please do not include sliced meat or cheese you buy for sandwiches and frozen or canned foods.

|_|_|

ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH)

- NEVER 0
- REFUSED 7
- DON'T KNOW..... 9

ENTER UNIT

- DAY 1
- WEEK..... 2
- MONTH 3

DBQ.910 During the **past 30 days**, how often did you {SP} eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas.

HAND CARD DBQ4

|_|_|

ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH)

- NEVER 0
- REFUSED 7
- DON'T KNOW..... 9

ENTER UNIT

- DAY 1
- WEEK..... 2
- MONTH 3

Section VIII. . My Pyramid knowledge

CBQ.595 Next I'm going to ask a few questions about the nutritional guidelines recommended for Americans by the federal government.

Have you heard of **My Pyramid**?

- YES..... 1 (CBQ.605)
- NO 2
- REFUSED..... 7
- DON'T KNOW 9

CBQ.600 Have you heard of the Food Pyramid or the Food Guide Pyramid?

- YES..... 1 (CBQ.610)
- NO 2 (END OF SECTION)
- REFUSED..... 7 (END OF SECTION)
- DON'T KNOW 9 (END OF SECTION)

CBQ.605 Have you looked up the My Pyramid plan for a {man/woman/person} your age on the internet?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW 9

CBQ.610 Have you tried to follow the {My Pyramid Plan/Pyramid plan} recommended for you?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW 9

CAPI INSTRUCTION:
IF CBQ595 = Yes THEN DISPLAY "My Pyramid/Plan Mi Pirámide". ELSE DISPLAY "Pyramid plan/plan de la Pirámide de Alimentos"