DBQ.010  Now I'm going to ask you some general questions about {SP’s} eating habits.

Was {SP} ever breastfed or fed breastmilk?

YES ........................................ 1
NO ..................................... 2 (DBQ.040)
REFUSED ............................... 7 (DBQ.040)
DON'T KNOW ........................... 9 (DBQ.040)

DBQ.020  How old was {SP} when {he/she} was first fed something other than breastmilk or water?

INCLUDE FORMULA, JUICE, SOLID FOODS

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER .................................. 0 (BOX 2)
REFUSED ............................... 777 (BOX 2)
DON'T KNOW ........................... 999 (BOX 2)

ENTER UNIT

DAYS ............................. 1
WEEKS ............................ 2
MONTHS ........................... 3
YEARS ............................. 4
REFUSED ............................. 7
DON'T KNOW ........................ 9

DBQ.030  How old was {SP} when {he/she} completely stopped breastfeeding or being fed breastmilk?

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

STILL BREASTFEEDING .......... 6666
REFUSED ............................. 7777
DON'T KNOW ........................ 9999

ENTER UNIT

DAYS ............................. 1
WEEKS ............................ 2
MONTHS ........................... 3
DBQ.040  How old was (SP) when (he/she) was **first** fed formula on a **daily basis**?

INCLUDE CHILDREN RECEIVING FORMULA AND THOSE RECEIVING FORMULA AND BREASTMILK AT THE SAME TIME

|___|___|___|___|
| ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS |
| NEVER ON A DAILY BASIS ................... 0 (DBQ.060) |
| REFUSED .................................. 7777 |
| DON'T KNOW ............................... 9999 |

ENTER UNIT

| DAYS .................................. 1 |
| WEEKS .................................. 2 |
| MONTHS .................................. 3 |
| YEARS .................................. 4 |
| REFUSED .................................. 7 |
| DON'T KNOW ............................... 9 |

DBQ.050  How old was (SP) when (he/she) **completely stopped** drinking formula?

|___|___|___|___|
| ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS |
| STILL DRINKING FORMULA .................. 6666 |
| REFUSED .................................. 7777 |
| DON'T KNOW ............................... 9999 |

ENTER UNIT

| DAYS .................................. 1 |
| WEEKS .................................. 2 |
| MONTHS .................................. 3 |
| YEARS .................................. 4 |
| REFUSED .................................. 7 |
| DON'T KNOW ............................... 9 |
DBQ.060 How old was (SP) when (he/she) was first fed milk on a daily basis?

INCLUDE LACTAID AS MILK
DO NOT INCLUDE BREASTMILK OR FORMULA

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ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS ........... 0 (DBQ.080)
REFUSED ........................ 7777
DON'T KNOW ..................... 9999

ENTER UNIT

DAYS ............................. 1
WEEKS ............................ 2
MONTHS ........................... 3
YEARS ............................. 4
REFUSED ........................ 7
DON'T KNOW ..................... 9

DBQ.070 What type of milk was (SP) first fed on a daily basis? Was it . . .

CODE ALL THAT APPLY

- whole or regular, ............... 10
- 2% fat milk (includes “low fat milk” not further specified), ............ 11
- 1% fat milk, .................. 12
- skim, nonfat, or 0.5% fat milk (includes liquid or reconstituted from dry), .... 13
- evaporated milk, whole milk, .......... 14
- evaporated milk, skim milk, .......... 15
- buttermilk, .................. 16
- goat's milk, .................. 17
- soy or imitation milk, or .......... 18
- another type? .................. 19
REFUSED ........................ 77
DON'T KNOW ..................... 99

DBQ.080 How old was (SP) when (he/she) started eating solid foods [such as strained foods like baby food or any other non-liquid foods] on a daily basis?

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</table>
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS ........... 0
REFUSED ........................ 7777
DON'T KNOW ..................... 9999

ENTER UNIT

DAYS ............................. 1
WEEKS ............................ 2
MONTHS ........................... 3
YEARS ............................. 4
REFUSED ........................ 7
DON'T KNOW ..................... 9
CHECK ITEM DBQ.085:
IF SP AGE >= 1, CONTINUE.
OTHERWISE, GO TO FSQ.655.

DBQ.090  
{Next I have some general questions about {your/SP's} eating habits.}

(First/Next) are questions about the kinds of food (you eat/SP eats).

On average, how many times per week (do you/does SP) eat meals that were prepared in a restaurant? Please include eat-in restaurants, carry out restaurants and restaurants that deliver food to your house.

‘MEALS’ MEAN MORE THAN A BEVERAGE OR SNACK FOOD LIKE CANDY BARS OR BAG OF CHIPS

CAPI INSTRUCTION:
DISPLAY "NEXT ..." AND "FIRST" IF SP AGE IS > 6.
CREATE HELP FOR "RESTAURANT MEALS".

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<td>REFUSED</td>
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<td>DON'T KNOW</td>
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DBQ.095  
What type of salt (do you/does SP) usually add to {your/his/her/SP's} food at the table? Would you say . . .

CAPI INSTRUCTION:
IF SP AGE <= 5, DISPLAY "DO YOU" FOR FIRST DISPLAY AND (SP'S) FOR SECOND DISPLAY.

ordinary salt [includes regular iodized salt, sea salt and seasoning salts made with regular salt], ...................... 1
lite salt, or .................................. 2 (BOX 3)
salt substitute? ............................. 3 (BOX 3)
DOESN'T USE OR ADD SALT PRODUCTS AT THE TABLE .......................... 4 (BOX 3)
REFUSED ................................ 7 (BOX 3)
DON'T KNOW .......................... 9 (BOX 3)

DBQ.100  
How often (do you/does SP) add ordinary salt to {your/his/her/SP's} food at the table? Would you say . . .

CAPI INSTRUCTION:
IF SP AGE <= 5, DISPLAY "DO YOU" FOR FIRST DISPLAY AND (SP'S) FOR SECOND DISPLAY.

rarely, ..................................... 1
occasionally, or ............................ 2
very often? .................................. 3
REFUSED ................................ 7
DON'T KNOW .......................... 9
CHECK ITEM DBQ.101:
IF SP AGE >= 2, CONTINUE.
OTHERWISE, GO TO DBQ.200.

DBQ.102 During the past 12 months, how often per day, per week, per month or per year did (you/SP) eat dark green vegetables, such as the food listed on this card?

HAND CARD DBQ1

CAPI INSTRUCTION:
SHOULD BE A GATE QUESTION.

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

NEVER ........................................... 0
REFUSED ......................................... 777
DON'T KNOW ................................. 999

ENTER UNIT

DAY ............................. 1
WEEK ............................ 2
MONTH ........................... 3
YEAR ............................ 4
REFUSED ............................ 7
DON'T KNOW .......................... 9

DBQ.103 During the past 12 months, how often per day, per week, per month or per year did (you/SP) eat cooked dried beans or peas, such as the food listed on this card?

HAND CARD DBQ2

CAPI INSTRUCTION:
SHOULD BE A GATE QUESTION.

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

NEVER ........................................... 0
REFUSED ......................................... 777
DON'T KNOW ................................. 999

ENTER UNIT

DAY ............................. 1
WEEK ............................ 2
MONTH ........................... 3
YEAR ............................ 4
REFUSED ............................ 7
DON'T KNOW .......................... 9
CHECK ITEM DBQ.105:
IF SP AGE >= 12, CONTINUE.
OTHERWISE, GO TO DBQ.200.

DBQ.110  {Do you/Does SP} ever eat poultry such as chicken and turkey? Please include foods that are made with poultry such as soups, sandwiches, stews and salads.

IF EATEN RARELY OR OCCasionally, ENTER ‘YES’

YES ........................................ 1
NO ........................................ 2 (DBQ.130)
REFUSED .................................. 7 (DBQ.130)
DON’T KNOW ............................ 9 (DBQ.130)

DBQ.120  When {you eat/SP eats} chicken or other types of poultry, how often {do you/does s/he} eat the skin? Would you say . . .

never, ..................................... 0
rarely or seldom, ........................ 1
sometimes or occasionally, .......... 2
often or very often, or ............... 3
always? ................................. 4
REFUSED .................................. 7
DON’T KNOW ............................ 9

DBQ.130  {Do you/Does SP} ever eat meat such as beef, pork, lamb and veal? Please include foods that are made with meat such as soups, stews, sandwiches, lunch meats, and casseroles.

IF EATEN RARELY OR OCCasionally, ENTER ‘YES’

YES ........................................ 1
NO ........................................ 2 (DBQ.200)
REFUSED .................................. 7 (DBQ.200)
DON’T KNOW ............................ 9 (DBQ.200)

DBQ.140  When {you eat/SP eats} meat, how often {do you/does s/he} eat the visible fat? [Visible fat is the fat tissue that you may see around the edge of a piece of meat.] Would you say . . .

never, ..................................... 0
rarely or seldom, ........................ 1
sometimes or occasionally .......... 2
often or very often, or ............... 3
always? ................................. 4
REFUSED .................................. 7
DON’T KNOW ............................ 9

DBQ.200  Now I’m going to ask a few questions about milk products. Do not include their use in cooking.

In the past 30 days, how often did {you/SP} have milk to drink or on {your/his/her} cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to coffee or tea. Would you say . . .

HAND CARD DBQ3
CAPI INSTRUCTION:
THIS SHOULD NOT BE A GATE QUESTION ANYMORE.
CREATE HELP FOR "HOT COCOA".

never, ........................................... 0 (BOX 6)
rarely – less than once a week, ............. 1
sometimes – once a week or more, but
less than once a day, or ...................... 2
often – once a day or more? ............... 3
VARIED ........................................ 4
REFUSED ....................................... 7 (BOX 6)
DON'T KNOW ............................... 9 (BOX 6)

DBQ.220 What type of milk was it? Was it usually . . .

IF RESPONDENT CANNOT PROVIDE USUAL TYPE, CODE ALL THAT APPLY

whole or regular, .............................. 1
2% fat milk (includes “low fat milk” not
further specified), .......................... 2
1% fat milk, .................................... 3
skim, nonfat, or 0.5% fat milk (includes
liquid or reconstituted from dry), ........ 4
evaporated milk, whole milk, .............. 5
evaporated milk, skim milk, ............... 6
buttermilk, ................................. 7
goat’s milk, ................................ 8
soy or imitation milk, or .................... 9
another type? .............................. 10
REFUSED ..................................... 77
DON'T KNOW ............................. 99

BOX 6

CHECK ITEM DBQ.225:
IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO BOX 9.

DBQ.228 The next question is about regular milk use.

A regular milk drinker is someone who uses any type of milk at least 5 times a week. Using this definition, which statement best describes (you/SP)? . . .

HAND CARD DBQ4

{l've/He's/She's} been a regular milk
drinker for most or all of {my/his/her}
life, including {my/his/her} childhood; . . . 1
{l've/He's/She's} never been a regular
milk drinker; .............................. 2 (ALQ.240)
{My/His/Her} milk drinking has varied
ever {my/his/her} life – sometimes {l've/he's/
her} been a regular milk drinker and
sometimes {I have/he has/she has} not
been a regular milk drinker .......... 3
REFUSED ................................... 7 (ALQ.240)
DON'T KNOW ........................... 9 (ALQ.240)
Now, I'm going to ask you how often {you/SP} drank milk at different times in {your/his/her} life.

How often did {you/SP} drink any type of milk, including milk added to cereal when {you were/s/he was} . . .

HAND CARD DBQ5

IF NECESSARY, PROBE FOR USUAL OR MOST COMMON AMOUNT FOR THIS TIME PERIOD

CAPI INSTRUCTION:
THESE (A-C) SHOULD NOT BE GATE QUESTIONS ANYMORE.

a. a child between the ages of 5 and 12 years old? Would you say . . .

never, ........................................ 0
rarely – less than once a week, .......... 1
sometimes – once a week or more, but
less than once a day, or ............... 2
often – once a day or more? ........... 3
VARIED ........................................ 4
REFUSED ....................................... 7
DON'T KNOW ............................ 9

b. a teenager between the ages of 13 and 17 years old? Would you say . . .

never, ........................................ 0
rarely – less than once a week, .......... 1
sometimes – once a week or more, but
less than once a day, or ............... 2
often – once a day or more? ........... 3
VARIED ........................................ 4
REFUSED ....................................... 7
DON'T KNOW ............................ 9

c. a young adult between the ages of 18 and 35 years old? Would you say . . .

never, ........................................ 0
rarely – less than once a week, .......... 1
sometimes – once a week or more, but
less than once a day, or ............... 2
often – once a day or more? ........... 3
VARIED ........................................ 4
REFUSED ....................................... 7
DON'T KNOW ............................ 9
ALQ.240 The next questions are about alcoholic beverages. When answering think about (your/SP’s) use over the past 30 days.

How often did (you/SP) drink beer or lite beer?

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<td>REFUSED</td>
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ALQ.250 [During the past 30 days] how often did (you/SP) drink wine, wine coolers, sangria or champagne?

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<td>DON’T KNOW</td>
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ALQ.260 [During the past 30 days] how often did (you/SP) drink hard liquor such as tequila, gin, vodka, scotch, rum, whiskey, or liqueurs, either alone or mixed?

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CHECK ITEM DBQ.265:
IF SP AGE >= 60, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

The next questions are about the amount of food (you/SP) eat(s).

On an average day, how many helpings of the following kinds of foods (do you/does SP) eat?

RESPONDENT SHOULD DEFINE ‘HELPINGS’

HAND CARD DBQ6

CAPI INSTRUCTION:
HAND CARD INSTRUCTION (“HAND CARD DBQ6”) SHOULD ONLY BE DISPLAYED FOR A.

a. Protein foods, such as meat, fish, seafood, chicken, turkey, or eggs. Also include protein foods, such as peanut butter or foods that are made from dried beans, such as bean soup, baked beans, or refried beans, meat substitutes and soy protein foods such as tofu.

|___|___|
Enter number of helpings

NONE, NEVER, OR RARELY EAT THESE
FOODS .............. 0
REFUSED .............. 77
DON’T KNOW ........ 99

b. Milk or dairy foods that are made from milk, such as cheese, cottage cheese, ice cream, milk shakes, or yogurt

|___|___|
Enter number of helpings

NONE, NEVER, OR RARELY EAT THESE
FOODS .............. 0
REFUSED .............. 77
DON’T KNOW ........ 99

c. Fruits or fruit juices

|___|___|
Enter number of helpings

NONE, NEVER, OR RARELY EAT THESE
FOODS .............. 0
REFUSED .............. 77
DON’T KNOW ........ 99

d. Vegetables, including vegetable salads

|___|___|
Enter number of helpings

NONE, NEVER, OR RARELY EAT THESE
FOODS ............ 0
REFUSED ........... 77
DON’T KNOW ........ 99

e. Breads and other foods that are made from grains, such as cereals, spaghetti, pasta, rice, or tortillas ............... [___] [___]

ENTER NUMBER OF HELPINGS

NONE, NEVER, OR
RARELY EAT THESE

FOODS ............ 0
REFUSED ........... 77
DON’T KNOW ........ 99

DBQ.300 The next questions are about meals provided by community or government programs.

In the **past 12 months**, did {you/SP} receive any meals **delivered** to {your/his/her} home from community programs, "Meals on Wheels", or any other programs?

YES ........................................ 1
NO ........................................ 2 (DBQ.330)
REFUSED .................................... 7 (DBQ.330)
DON’T KNOW ............................... 9 (DBQ.330)

DBQ.310 In the **past 30 days**, how many days per week did {you/SP} receive these meals?

[___] [___]

ENTER NUMBER (OF DAYS PER WEEK)

DID NOT RECEIVE MEALS IN PAST MONTH .......................... 0 (DBQ.330)
REFUSED .................................... 77 (DBQ.330)
DON’T KNOW ............................... 99 (DBQ.330)

DBQ.320 When meals were delivered to {your/SP's} home, how many meals did {you/s/he} usually receive each day?

[___]

ENTER NUMBER (OF MEALS PER DAY)

REFUSED .................................... 7
DON’T KNOW ............................... 9

DBQ.330 In the **past 12 months**, did {you/SP} go to a community program or senior center to eat prepared meals?

INCLUDE ADULT DAY CARE

YES ........................................ 1
NO ........................................ 2 (END OF SECTION)
REFUSED .................................... 7 (END OF SECTION)
DON’T KNOW ............................... 9 (END OF SECTION)
DBQ.340  In the past 30 days, how many days per week did {you/SP} go to a community program or senior center to eat prepared meals?

INCLUDE ADULT DAY CARE

ENTER NUMBER (OF DAYS PER WEEK)

DID NOT GO TO PROGRAM IN PAST MONTH .......................... 0
REFUSED ........................................ 77
DON'T KNOW ................................. 99

BOX 9

CHECK ITEM DBQ.355:
IF SP AGE 4-19, CONTINUE.
OTHERWISE, GO TO BOX 10.

DBQ.360  During the school year, (do you/does SP) attend a kindergarten, grade school, junior or high school?

YES ........................................ 1
NO ........................................... 2 (BOX 10)
REFUSED .................................... 7 (BOX 10)
DON'T KNOW .............................. 9 (BOX 10)

DBQ.370  Does {your/SP's} school serve school lunches? These are complete lunches that cost the same every day.

YES ........................................ 1
NO ........................................... 2 (DBQ.400)
REFUSED .................................... 7 (DBQ.400)
DON'T KNOW .............................. 9 (DBQ.400)

DBQ.380  During the school year, approximately how many times a week {do you/does SP} usually eat a complete school lunch?

ENTER NUMBER OF TIMES

NONE ........................................... 0 (DBQ.400)
REFUSED .................................... 7 (DBQ.400)
DON'T KNOW .............................. 9 (DBQ.400)

DBQ.390  (Do you/Does SP) get these lunches free, at a reduced price, or (do you/does he/she) pay full price?

FREE ........................................ 1
REDUCED PRICE ........................... 2
FULL PRICE ................................. 3
REFUSED .................................... 7
DON'T KNOW .............................. 9
DBQ.400  Does (your/SP’s) school serve a complete breakfast that costs the same every day?

YES ........................................ 1
NO ............................................ 2 (BOX 10)
REFUSED ..................................... 7 (BOX 10)
DON’T KNOW .............................. 9 (BOX 10)

DBQ.410  During the school year, approximately how many times a week (do you/does SP) usually get a complete breakfast at school?

|___|
ENTER NUMBER OF TIMES

NONE ........................................ 0 (BOX 10)
REFUSED ..................................... 7 (BOX 10)
DON’T KNOW .............................. 9 (BOX 10)

DBQ.420  (Do you/Does SP) get those breakfasts free, at a reduced price, or (do you/does he/she) pay full price?

FREE ........................................ 1
REDUCED PRICE ............................ 2
FULL PRICE ................................. 3
REFUSED ..................................... 7
DON’T KNOW .............................. 9

BOX 10
CHECK ITEM DBQ.425:
IF SP AGE >= 5, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

FSQ.655  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
NO ............................................. 2 (END OF SECTION)
REFUSED ................................... 7 (END OF SECTION)
DON’T KNOW ............................ 9 (END OF SECTION)

FSQ.660  Is (SP) now receiving benefits from the WIC program?

YES ............................................. 1
NO ............................................. 2
REFUSED ................................... 7
DON’T KNOW ............................ 9
FSQ.665 How long (did SP receive/has SP been receiving) benefits from the WIC program?

ENTER NUMBER (OF MONTHS OR YEARS)

REFUSED .......................... 77
DON'T KNOW ....................... 99

ENTER UNIT

MONTHS ............................ 1
YEARS .............................. 2
REFUSED .......................... 7
DON'T KNOW ...................... 9