DIET BEHAVIOR and NUTRITION - DBQ

**CHECK ITEM DBQ.005:**
IF SP AGE <= 6, CONTINUE.
OTHERWISE, GO TO BOX 2.

**DBQ.010** Now I'm going to ask you some general questions about (SP's) eating habits.

Was (SP) ever breastfed or fed breastmilk?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

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

INCLUDE FORMULA, JUICE, SOLID FOODS

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

<table>
<thead>
<tr>
<th>NEVER</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>777</td>
<td>999</td>
</tr>
</tbody>
</table>

ENTER UNIT

<table>
<thead>
<tr>
<th>DAYS</th>
<th>WEEKS</th>
<th>MONTHS</th>
<th>YEARS</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

**DBQ.030** How old was (SP) when (he/she) completely stopped breastfeeding or being fed breastmilk?

<p>| | | | |</p>
<table>
<thead>
<tr>
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</table>
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

<table>
<thead>
<tr>
<th>STILL BREASTFEEDING</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>6666</td>
<td>7777</td>
<td>9999</td>
</tr>
</tbody>
</table>

ENTER UNIT

<table>
<thead>
<tr>
<th>DAYS</th>
<th>WEEKS</th>
<th>MONTHS</th>
<th>YEARS</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>
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

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
</table>
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?

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
</table>
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

<p>| | | | |</p>
<table>
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<tr>
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<th></th>
<th></th>
</tr>
</thead>
</table>
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), or ............. 13
another type? .............................................. 30
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?

___ ___ ___ ___
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

Box 2

CHECK ITEM DBQ.085:
IF SP AGE >= 1, CONTINUE.
OTHERWISE, GO TO FSQ.651.

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

CAP1 INSTRUCTION:
DISPLAY "NEXT ..." AND "FIRST" IF SP AGE IS > 6.
CREATE HELP FOR "RESTAURANT MEALS".

___ ___ ___ ___
ENTER NUMBER

NEVER .................................................. 0
LESS THAN WEEKLY.............................. 66
REFUSED ............................................. 77
DON'T KNOW ........................................ 99
CHECK ITEM DBQ.101:
IF SP AGE >= 2, CONTINUE.
OTHERWISE, GO TO DBQ.195.

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.

|___|___|___|
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.

|___|___|___|
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.195 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)
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), or ............. 4
- another type? ................................................. 30
- REFUSED .................................................... 77
- DON'T KNOW ............................................... 99

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}? . . .

{I'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

{I've/He's/She's} **never** been a **regular** milk drinker; .................................................. 2 (BOX 8A)

{My/His/Her} milk drinking has **varied** over {my/his/her} life – sometimes {I've/he's/she's} been a **regular** milk drinker and sometimes {I have/he has/she has} **not** been a regular milk drinker .......................... 3

REFUSED .................................................... 7 (BOX 8A)

DON'T KNOW ............................................... 9 (BOX 8A)
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
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
REFUSED ..................................................... 7
DON’T KNOW ................................................. 9

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

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)

Does (your/SP’s) school serve school lunches? These are complete lunches that cost the same every day.

YES ............................................................... 1
NO ................................................................. 2 (DBQ.400)
### DBQ.380

**During the school year, about how many times a week (do you/does SP) usually get a complete school lunch?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refused</td>
<td>7 (DBQ.400)</td>
</tr>
<tr>
<td>Don't know</td>
<td>9 (DBQ.400)</td>
</tr>
</tbody>
</table>

### DBQ.390

**{Do you/Does SP} get these lunches free, at a reduced price, or {do you/does he/she} pay full price?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free</td>
<td>1</td>
</tr>
<tr>
<td>Reduced price</td>
<td>2</td>
</tr>
<tr>
<td>Full price</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

### DBQ.400

**Does {your/SP’s} school serve a complete breakfast that costs the same every day?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2 (BOX 10)</td>
</tr>
<tr>
<td>Refused</td>
<td>7 (BOX 10)</td>
</tr>
<tr>
<td>Don't know</td>
<td>9 (BOX 10)</td>
</tr>
</tbody>
</table>

### DBQ.410

**During the school year, about how many times a week (do you/does SP) usually get a complete breakfast at school?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0 (BOX 10)</td>
</tr>
<tr>
<td>Refused</td>
<td>7 (BOX 10)</td>
</tr>
<tr>
<td>Don't know</td>
<td>9 (BOX 10)</td>
</tr>
</tbody>
</table>

### DBQ.420

**{Do you/Does SP} get these breakfasts free, at a reduced price, or {do you/does he/she} pay full price?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free</td>
<td>1</td>
</tr>
<tr>
<td>Reduced price</td>
<td>2</td>
</tr>
<tr>
<td>Full price</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

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**BOX 9A**

**CHECK ITEM DBQ.422:**
IF DBQ.390 = CODE 1 OR CODE 2 OR DBQ.420 = CODE 1 OR CODE 2,
CONTINUE.
OTHERWISE, GO TO BOX 10.

DBQ.424  {Do you/Does SP} get a free or reduced price meal at any summer program (he/she) attends?

YES  ...............................................................  1
NO  .................................................................  2
DID NOT ATTEND SUMMER PROGRAM....  3
REFUSED  .....................................................  7
DON'T KNOW  ...............................................  9

BOX 10

CHECK ITEM DBQ.425A:
IF SP AGE >= 6, GO TO END OF SECTION.
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
NO  .................................................................  2 (END OF SECTION)
REFUSED  .....................................................  7 (END OF SECTION)
DON'T KNOW  ...............................................  9 (END OF SECTION)

FSQ.661  Is (SP) now receiving benefits from the WIC program?

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

FSQ.671  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