2003-04 Questionnaire

DIET BEHAVIOR AND NUTRITION - DBQ

BOX 1

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?

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

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

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
YEARS ............................................. 4
REFUSED .......................................... 7
DON'T KNOW ................................. 9999

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 ................................. 9999

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 ................................. 9999
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>
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<thead>
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<tbody>
<tr>
<td>ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS</td>
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<td></td>
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</tbody>
</table>
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.071 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?

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<tbody>
<tr>
<td>ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
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.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

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

<table>
<thead>
<tr>
<th></th>
<th>ENTER NUMBER</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>NEVER</td>
</tr>
<tr>
<td>66</td>
<td>LESS THAN WEEKLY</td>
</tr>
<tr>
<td>77</td>
<td>REFUSED</td>
</tr>
<tr>
<td>99</td>
<td>DON'T KNOW</td>
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</table>

DBQ.197  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".

<table>
<thead>
<tr>
<th></th>
<th>(BOX 6)</th>
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<tbody>
<tr>
<td>0</td>
<td>never</td>
</tr>
<tr>
<td>1</td>
<td>rarely – less than once a week</td>
</tr>
<tr>
<td>2</td>
<td>sometimes – once a week or more, but less than once a day, or</td>
</tr>
<tr>
<td>3</td>
<td>often – once a day or more?</td>
</tr>
<tr>
<td>4</td>
<td>VARIED</td>
</tr>
<tr>
<td>7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>9</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
DBQ.221  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

BOX 6

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

DBQ.229  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

- {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
DBQ.301 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

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

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

YES ............................................................... 1
NO ................................................................. 2 (END OF SECTION)
REFUSED ..................................................... 7 (END OF SECTION)
DON’T KNOW ................................................. 9 (END OF SECTION)
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.381  During the school year, about how many times a week {do you/does SP} usually get 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 (END OF SECTION)
REFUSED .......................................................... 7 (END OF SECTION)
DON’T KNOW ..................................................... 9 (END OF SECTION)

DBQ.411  During the school year, about how many times a week {do you/does SP} usually get a complete breakfast at school?

|___|
ENTER NUMBER OF TIMES

NONE ............................................................ 0 (END OF SECTION)
REFUSED .......................................................... 7 (END OF SECTION)
DON’T KNOW ..................................................... 9 (END OF SECTION)

DBQ.421  {Do you/Does SP} get these 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 9A

CHECK ITEM DBQ.422:
IF DBQ.390 = CODE 1 OR CODE 2 OR DBQ.421 = CODE 1 OR CODE 2,
CONTINUE.
OTHERWISE, GO TO END OF SECTION.

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