

CONSUMER BEHAVIOR – CBQ
Target Group: Family Questionnaire

BOX NEW 1A

NEW CHECK ITEM:
 IF ONE PERSON FAMILY, GO TO CBQ.020.
 OTHERWISE, CONTINUE.

CBQ.010 Is anyone in this family on any kind of diet, either to lose weight or for some other health-related reason?

HELP SCREEN:

Examples of special diets include diet for weight loss, low carbohydrate, high protein, Atkins, to lower cholesterol, gluten-free, low sodium, diabetic diet, etc.

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

CBQ.020 The next questions ask how often {your family has/you have} certain types of food **available** at home.

How often {does your family/do you} have **fruits** available at home? This includes fresh, dried, canned and frozen fruits. Would you say always, most of the time, sometimes, rarely, or never?

HAND CARD CBQ1

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY 4
- NEVER 5
- REFUSED 7
- DON'T KNOW 9

CBQ.030 How often {does your family/do you} have any of these **dark green vegetables** available at home? This includes fresh, dried, canned, and frozen vegetables. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ2 and HAND CARD CBQ3.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE ICEBERG, BUTTERHEAD, BOSTON, AND MANOA LETTUCE

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY 4
- NEVER 5
- REFUSED 7
- DON'T KNOW 9

CBQ.040 How often {does your family/do you} have **salty snacks** such as chips and crackers available at home? Do not include nuts. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

| | |
|------------------------|---|
| ALWAYS | 1 |
| MOST OF THE TIME | 2 |
| SOMETIMES | 3 |
| RARELY | 4 |
| NEVER | 5 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

CBQ.050 How often {does your family/do you} have **1% fat, skim or fat-free milk** available at home? Please do not include 2% milk. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

INTERVIEWER INSTRUCTION: DO NOT INCLUDE SOY MILK

| | |
|------------------------|---|
| ALWAYS | 1 |
| MOST OF THE TIME | 2 |
| SOMETIMES | 3 |
| RARELY | 4 |
| NEVER | 5 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

CBQ.060 How often {does your family/do you} have **soft drinks, fruit-flavored drinks, or fruit punch** available at home? Please do not include diet drinks, 100 percent juice or sports drinks. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

| | |
|------------------------|---|
| ALWAYS | 1 |
| MOST OF THE TIME | 2 |
| SOMETIMES | 3 |
| RARELY | 4 |
| NEVER | 5 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

CBQ.070 Q/U The next questions are about how much money {your family spends/you spend} on food. First I'll ask you about money spent at supermarkets or grocery stores. Then we will talk about money spent at other types of stores.

During the **past 30 days**, how much money {did your family/did you} spend at **supermarkets** or **grocery stores**? Please include purchases made with food stamps. (You can tell me per week or per month.)

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

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

NO MONEY SPENT 0 (CBQ.100)
REFUSED 7 (CBQ.100)
DON'T KNOW 9 (CBQ.100)

ENTER UNIT

WEEK 1
MONTH 2
REFUSED 7
DON'T KNOW 9

CBQ.080 Was any of this money spent on **nonfood items** such as cleaning or paper products, pet food, cigarettes or alcoholic beverages?

YES 1
NO 2 (CBQ.100)
REFUSED 7 (CBQ.100)
DON'T KNOW 9 (CBQ.100)

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

CBQ.140 How often {do you/do you or someone else} do the major food shopping for {yourself/your family}? Please do not include times when {you buy/someone buys} only a few items.

Would you say...

CAPI INSTRUCTIONS:

IF FAMILY IS COMPRISED OF ONLY ONE ADULT SP, SELECT FIRST PREFILLS FOR THE THREE ALTERNATIVE PHRASINGS.

more than once a week, 1
 once a week, 2
 once every two weeks, or 3
 once a month or less? 4
 RARELY MAKE ANY MAJOR SHOPPING
 TRIPS, ONLY SMALL TRIPS 5
 RARELY SHOP FOR FOOD 6
 REFUSED 7
 DON'T KNOW 9

CBQ.150
Q/U

How much time does it usually take to get to the grocery store for food shopping?

INTERVIEWER INSTRUCTION: IF MORE THAN ONE STORE SAY: Please tell me about the one you go to most often.

INTERVIEWER INSTRUCTION: IF MORE THAN ONE PERSON DOES THE FOOD SHOPPING SAY: Please tell me about the one who does most of the shopping.

INTERVIEWER INSTRUCTION: THE AMOUNT OF TIME RECORDED HERE REFERS TO A "ONE-WAY" TRIP.

|_|_|

ENTER NUMBER OF MINUTES OR HOURS

REFUSED 777
DON'T KNOW 999

ENTER UNIT

MINUTES 1
HOURS 2

CBQ.160

During the **past 7 days**, how many times did {you or someone else in your family/you} cook food for dinner or supper at home?

HELP SCREEN:

This includes time spent putting the ingredients together to cook a meal. Do not include heating up leftovers.

CAPI INSTRUCTIONS:
SOFT EDIT: 1-7.

|_|_|

ENTER NUMBER

NEVER 0 (BOX 1B)
REFUSED 77
DON'T KNOW 99

CBQ.170
Q/U

How much time do {you or someone else in your family/do you} **usually** spend on cooking dinner or supper and cleaning up after the cooking? Please do not include time spent eating.

|_|_|

ENTER NUMBER OF MINUTES OR HOURS

REFUSED 777
DON'T KNOW 999

ENTER UNIT

MINUTES 1
HOURS 2

BOX 1B

CHECK ITEM CBQ.175:
IF ONLY 1 PERSON IN FAMILY, GO TO END OF SECTION.

CBQ.180 During the **past 7 days**, how many meals did all or **most of your family** sit down and eat together at home?

|_|_|
ENTER NUMBER

NEVER 0 (END OF SECTION)
REFUSED 777 (END OF SECTION)
DON'T KNOW 999 (END OF SECTION)

CAPI INSTRUCTIONS:
SOFT EDIT: 0-21.
MESSAGE: VERIFY FAMILY EATS AT HOME MORE THAN 3 MEALS PER DAY.

CBQ.190 How many of these meals were cooked at home?

|_|_|
ENTER NUMBER

REFUSED 777
DON'T KNOW 999