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
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

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)

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 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 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  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  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
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