**DIET BEHAVIOR AND NUTRITION - DBQ**
**Target Group: SPs Birth + (Questions grouped by age categories)**

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**BOX 1**

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

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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?
G/Q/U

INCLUDE FORMULA, JUICE, SOLID FOODS

SOFT EDIT:  NUMBER CANNOT BE MORE THAN SP'S AGE.

|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

| | | |
|---|---|---|
| NEVER .......................................................... | 2 | (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?
G/Q/U
           SOFT EDIT:  NUMBER CANNOT BE MORE THAN SP'S AGE.

                                    |___|___|___|___|
                                    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 .............................................  9


DBQ.040    How old was {SP} when {he/she} was **first** fed formula on a **daily basis**?
G/Q/U
           INCLUDE CHILDREN RECEIVING FORMULA **AND** THOSE RECEIVING FORMULA AND BREASTMILK
           AT THE SAME TIME

           SOFT EDIT:  NUMBER CANNOT BE MORE THAN SP'S AGE.

                                    |___|___|___|___|
                                    ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

                                    NEVER ON A DAILY BASIS.........................  2   (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?
G/Q/U

SOFT EDIT:  NUMBER CANNOT BE MORE THAN SP'S AGE.

|___|___|___|___|
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?
G/Q/U

INCLUDE LACTAID AS MILK
DO NOT INCLUDE BREASTMILK OR FORMULA

SOFT EDIT:  NUMBER CANNOT BE MORE THAN SP'S AGE.

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS.......................... 2  (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.072   What type of milk was {SP} **first** fed on a daily basis?  Was it . . .

CODE ALL THAT APPLY

whole or regular, ........................................... 10
2% fat or reduced-fat milk, ............................ 11
1% fat or low-fat milk (includes 0.5% fat
    milk or "low-fat milk" not further specified), . 12
fat-free, skim or nonfat milk, 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
G/Q/U       non-liquid foods] on a daily basis?

            SOFT EDIT:  NUMBER CANNOT BE MORE THAN SP'S AGE.

                                    |___|___|___|___|
                                    ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

                                    NEVER ON A DAILY BASIS.......................... 2
                                    REFUSED ............................................. 7777
                                    DON'T KNOW ........................................ 9999

                                    ENTER UNIT

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

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**BOX 2**

**CHECK ITEM DBQ.085:**
IF SP AGE >= 16, CONTINUE.
IF SP AGE <16 BUT >= 1, GO TO DBQ.197.
OTHERWISE, GO TO FSQ.651.

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DBQ.700     Next I have some questions about {your/SP's} eating habits.

            In general, how healthy is {your/his/her} overall diet?  Would you say . . .

                                    excellent, ....................................... 1
                                    very good,..................................... 2
                                    good, ............................................ 3
                                    fair, or ........................................... 4
                                    poor? ............................................ 5
                                    REFUSED .................................... 7
                                    DON'T KNOW ............................. 9

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**BOX 3**

**OMITTED**

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**BOX 4**

OMITTED

DBQ.197    {Next I have some questions about {SP's} eating habits.}

{First/Next}, 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 DBQ1

CAPI INSTRUCTION:
THIS SHOULD **NOT** BE A GATE QUESTION ANYMORE.
CAPI DISPLAY INSTRUCTIONS:  IF SP AGE 7-15 YEARS OLD, DISPLAY "{Next I have some questions about {SP's} eating habits.}  First, I'm going to ask about milk products.  Do not include their use in cooking. IF SP AGE <= 6 OR => 16 YEARS OLD.  DISPLAY "Next I'm going to ask a few questions about milk products.  Do not include their use in cooking."

| | | |
|---|---|---|
| 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.222    What type of milk was it?  Was it usually . . .

IF RESPONDENT CANNOT PROVIDE USUAL TYPE, CODE ALL THAT APPLY

| | |
|---|---|
| whole or regular, ........................................... | 10 |
| 2% fat or reduced-fat milk,............................. | 11 |
| 1% fat or low-fat milk (includes 0.5% fat milk or "low-fat milk" not further specified), . | 12 |
| fat-free, skim or nonfat milk, or ...................... | 13 |
| another type?................................................. | 30 |
| REFUSED ...................................................... | 77 |
| DON'T KNOW ............................................... | 99 |

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**BOX 6**

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

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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 DBQ2

{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)

DBQ.235
a/b/c

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 DBQ3

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

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**BOX 8A**

**CHECK ITEM DBQ.265A:**
IF SP AGE >= 60, CONTINUE.
OTHERWISE, GO TO BOX 15.

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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 |

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**BOX 8B**

**CHECK ITEM DBQ.335:**
GO TO BOX 15.

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**BOX 9**

**CHECK ITEM DBQ.355:**
IF SP AGE 4-19, CONTINUE.
OTHERWISE, GO TO BOX 14.

---

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

INTERVIEWER INSTRUCTION:  ENTER 'NO' IF THE SP IS HOME SCHOOLED.

| | | | |
|---|---|---|---|
| YES | .............................................................. | 1 | |
| NO | ................................................................ | 2 | (BOX 14) |
| REFUSED | ................................................... | 7 | (BOX 14) |
| DON'T KNOW | ............................................. | 9 | (BOX 14) |

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
G/Q
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 ........................................................... 2 (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 9A)
REFUSED .................................................... 7 (BOX 9A)
DON'T KNOW .............................................. 9 (BOX 9A)


DBQ.411
G/Q
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 ........................................................... 2 (BOX 9A)
REFUSED .................................................... 7 (BOX 9A)
DON'T KNOW .............................................. 9 (BOX 9A)


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


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**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 BOX 14.

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

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

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**BOX 10**

OMITTED

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**BOX 10A**

OMITTED

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**BOX 11**

OMITTED

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**BOX 14**

**CHECK ITEM DBQ.710:**
IF SP AGE > 11, GO TO BOX 15.
ELSE, IF SP AGE 6-11, GO TO FSQ.675,
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  (FSQ.673)
NO .................................................................. 2  (BOX 14a)
REFUSED ..................................................... 7  (BOX 14a)
DON'T KNOW ............................................... 9  (BOX 14a)

---

**BOX 14a**

**CHECK ITEM DBQ.710a:**
IF SP AGE < 1, GO TO FSQ.690.
OTHERWISE, GO TO FSQ.675.

FSQ.673    Is {SP} **now** receiving benefits from the WIC program?

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

```
┌─────────────────────────────────────────────────────────────┐
│                          BOX 14b                              │
│                                                               │
│  CHECK ITEM DBQ.710b:                                         │
│  IF SP AGE =1 or < 1, GO TO FSQ.685.                          │
│  OTHERWISE, CONTINUE.                                         │
└─────────────────────────────────────────────────────────────┘
```

          {Next are a few questions about the WIC program, that is, the Women, Infants, and Children program}

FSQ.675    Did {SP} receive benefits from WIC when {he/she} was less than one year old?

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

          CAPI INSTRUCTION:
          DISPLAY INTRODUCTION IF SP AGE IS 6-11.

```
┌─────────────────────────────────────────────────────────────┐
│                          BOX 14c                              │
│                                                               │
│  CHECK ITEM DBQ.710c:                                         │
│  IF SP AGE = 1, GO TO BOX 14d.                                │
│  IF SP AGE = 2-5, and (FSQ651 = 1 or FSQ.673 = 1), GO TO BOX 14d. │
│  OTHERWISE, CONTINUE.                                         │
└─────────────────────────────────────────────────────────────┘
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FSQ.680    Did {SP} receive benefits from WIC when {he/she} {was/is} between the ages of 1 to {SP AGE} years old?

          CAPI INSTRUCTION:
          If SP age = 2 or 3, DISPLAY the current age of the SP in years;
          If SP age >3, DISPLAY "4".

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

**CHECK ITEM DBQ.710d:**
IF SP AGE = 1 and
  FSQ651 in (2, 7, 9) **and** FSQ.675 in (2, 7, 9), GO TO FSQ.690.
SP AGE 2-5 and
  FSQ651 in (2, 7, 9) **and** FSQ.675 in (2, 7, 9) **and** FSQ.680 in (2, 7, 9), GO TO
  FSQ.690.
SP AGE = 6-11 and
  FSQ.675 in (2, 7, 9) **and** FSQ.680 in (2, 7, 9), GO TO FSQ.690.
OTHERWISE, CONTINUE.

FSQ.685    How long {did SP receive/has SP been receiving} benefits from the WIC program?

        SOFT EDIT:  NUMBER CANNOT BE MORE THAN SP'S AGE.

                |__|__|
                ENTER NUMBER (OF MONTHS OR YEARS)

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

                ENTER UNIT

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

FSQ.690    Did {SP's} mother receive benefits from WIC, while she was pregnant with {SP}?

                YES .............................................................. 1
                NO................................................................ 2  (BOX 15)
                REFUSED ...................................................... 7  (BOX 15)
                DON'T KNOW .............................................. 9  (BOX 15)

FSQ.695    What month of the pregnancy did {SP's} mother begin to receive WIC benefits?

                |__|__|
                ENTER NUMBER

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

BOX 15

**CHECK ITEM DBQ.715:**
IF SP AGE < 1 GO TO END OF SECTION.
IF SP AGE 12-15 GO TO DBQ.915.
OTHERWISE, CONTINUE.

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┌─────────────────────────────────────────────────┐
│                     BOX 12                        │
│                                                   │
│                    OMITTED                        │
└─────────────────────────────────────────────────┘

┌─────────────────────────────────────────────────┐
│                     BOX 13                        │
│                                                   │
│                    OMITTED                        │
└─────────────────────────────────────────────────┘
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DBQ.895    Next I'm going to ask you about meals.  By meal, I mean **breakfast, lunch and dinner**.  During the **past 7 days**, how many meals {did you/did SP} get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

{Please do not include meals provided as part of the school lunch or school breakfast./Please do not include meals provided as part of the community programs you reported earlier.}

CAPI INSTRUCTION:
IF DBQ381G = 1 OR DBQ.411G = 1, DISPLAY {Please do not include meals provided as part of the school lunch or school breakfast.}
IF DBQ.301 = 1 OR DBQ.330 = 1, DISPLAY {Please do not include meals provided as part of the community programs you reported earlier.}
SOFT EDIT:  DISPLAY A MESSAGE FOR ENTRY LARGER THAN "21." – "Unusually large number entered – Please verify – this is more than 3 meals per day, each day during the past 7 days."

|___|___|
ENTER NUMBER

NONE ........................................................... 2  (DBQ.905)
REFUSED .................................................... 7  (DBQ.905)
DON'T KNOW .............................................. 9  (DBQ.905)


DBQ.900    How many of those meals {did you/did SP} get from a fast-food or pizza place?

|___|___|
ENTER NUMBER

NONE ........................................................... 2
REFUSED .................................................... 7
DON'T KNOW .............................................. 9

CAPI INSTRUCTION:  HARD EDIT
NUMBER OF MEALS ENTERED IN DBQ.900 MUST BE EQUAL TO OR LESS THAN NUMBER ENTERED IN DBQ.895.  IF NOT, DISPLAY THE FOLLOWING:
"THE NUMBER OF MEALS FROM A FAST FOOD OR PIZZA PLACE CANNOT BE GREATER THAN NUMBER OF MEALS PREPARED AWAY FROM HOME."

DBQ.905    Some grocery stores sell "ready to eat" foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters.

During the **past 30 days**, how often did {you/SP} eat "ready to eat" foods from the grocery store?  Please do not include sliced meat or cheese you buy for sandwiches and frozen or canned foods.

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

NEVER ........................................................  0
REFUSED ...................................................  7
DON'T KNOW .............................................  9

ENTER UNIT

DAY ...........................................................  1
WEEK..........................................................  2
MONTH .......................................................  3

DBQ.910    During the **past 30 days**, how often did you {SP} eat frozen meals or frozen pizzas?  Here are some examples of frozen meals and frozen pizzas.

HAND CARD DBQ4

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

NEVER ........................................................  0
REFUSED ...................................................  7
DON'T KNOW .............................................  9

ENTER UNIT

DAY ...........................................................  1
WEEK..........................................................  2
MONTH .......................................................  3

DBQ.915    {Do you/Does SP} consider {yourself/himself/herself} to be a vegetarian?

CAPI INSTRUCTION:
PARENT SHOULD BE ASKED THIS QUESTION ABOUT CHILD WHO IS AGE 1-11.  "Do you consider _____ to be"

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

DBQ.920    {Do you/Does SP} have any food allergies?

                                              YES ............................................................. 1
                                              NO................................................................ 2  (BOX 15a)
                                              REFUSED .................................................... 7  (BOX 15a)
                                              DON'T KNOW .............................................. 9  (BOX 15a)

          HELP SCREEN:
          Food Allergy:  A reaction causing a skin rash, hives, difficulty breathing, wheezing, or itching of the eyes,
          mouth, throat or skin.


DBQ.925    What foods {are you/is SP} allergic to?

          HAND CARD DBQ5

          [CODE ALL THAT APPLY]

                                              WHEAT ...................................................... 10
                                              COW'S MILK .............................................. 11
                                              EGGS ......................................................... 12
                                              FISH ........................................................... 13
                                              SHELLFISH (SHRIMP, CRAB, OR
                                                LOBSTER) ............................................... 14
                                              CORN ......................................................... 15
                                              PEANUT ..................................................... 16
                                              OTHER NUTS ............................................ 17
                                              SOY PRODUCTS ....................................... 18
                                              OTHER ....................................................... 19
                                              REFUSED ................................................... 7
                                              DON'T KNOW ............................................. 9


          +-----------------------------------------------------------------------+
          |                              **BOX 15a**                              |
          |                                                                       |
          |  **CHECK ITEM DBQ.715a:**                                             |
          |  IF SP AGE < 16, GO TO END OF SECTION.                                |
          |  OTHERWISE, CONTINUE.                                                 |
          +-----------------------------------------------------------------------+


DBQ.930    {Are you/Is SP} the person who does **most** of the planning **or** preparing of meals in {your/SP's} family?

          INTERVIEWER INSTRUCTION:  IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES

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

DBQ.935   {Do you/Does SP} share in the planning or preparing of meals with someone else?

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


DBQ.940   {Are you/Is SP} the person who does **most** of the shopping for food in {your/SP's} family?

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


DBQ.945   {Do you/Does SP} share in the shopping for food with someone else?

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


END OF SECTION