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

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.041)
REFUSED	7	(DBQ.041)
DON'T KNOW...	9	(DBQ.041)

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 NUMBER	1	
STILL BREASTFEEDING.............................	2	(DBQ.041)
REFUSED	7	(DBQ.041)
DON'T KNOW...	9	(DBQ.041)

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

REFUSED	777777	(DBQ.041)
DON'T KNOW...	999999	(DBQ.041)

ENTER UNIT

|___|
DAYS...	1
WEEKS..	2
MONTHS	3
YEARS	4

DBQ.041
G/Q/U

How old was {SP} when {he/she} was **first** fed formula?

|___|
ENTER NUMBER 1
NEVER 2 (DBQ.055)
REFUSED 7 (DBQ.050)
DON'T KNOW 9 (DBQ.050)

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

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

REFUSED 777777 (DBQ.050)
DON'T KNOW 999999 (DBQ.050)

ENTER UNIT

|___|
DAYS.. 1
WEEKS... 2
MONTHS 3
YEARS 4

DBQ.050
G/Q/U

How old was {SP} when {he/she} **completely stopped** drinking formula?

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

|___|
ENTER NUMBER 1
STILL DRINKING FORMULA 2 (DBQ.055)
REFUSED 7 (DBQ.055)
DON'T KNOW... 9 (DBQ.055)

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

REFUSED 777777 (DBQ.055)
DON'T KNOW... 999999 (DBQ.055)

ENTER UNIT

|___|
DAYS.. 1
WEEKS... 2
MONTHS 3
YEARS 4

DBQ.055
G/Q/U

This next question is about the first thing that {SP} was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that {SP} might have been given, even water.

How old was {SP} when {he/she} was first fed anything other than breast milk or formula?

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

INTERVIEWER INSTRUCTION:
DO NOT COUNT MEDICATIONS, VITAMIN DROPS, OR SMALL AMOUNT OF WATER THAT WAS USED FOR ORAL HYGIENE PURPOSES.

|___|
ENTER NUMBER 1
NEVER .... 2 (BOX 2)
REFUSED .... 7 (BOX 2)
DON'T KNOW... 9 (BOX 2)

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

REFUSED 777777 (DBQ.061)
DON'T KNOW...999999 (DBQ.061)

ENTER UNIT

|___|
DAYS.. 1
WEEKS... 2
MONTHS... 3
YEARS 4

DBQ.061 How old was {SP} when {he/she} was first fed **milk**?
G/Q/U
INCLUDE LACTAID AS MILK.
DO NOT INCLUDE BREASTMILK OR FORMULA.

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

|___|
ENTER NUMBER 1
NEVER .... 2 (BOX 2)
REFUSED 7 (DBQ.073)
DON'T KNOW... 9 (DBQ.073)

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

REFUSED 777777 (DBQ.073)
DON'T KNOW... 999999 (DBQ.073)

ENTER UNIT

|___|
DAYS.. 1
WEEKS.. 2
MONTHS 3
YEARS 4

HELP SCREEN:
Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance.
Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type,
probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

Formula: A milk mixture or milk substitute that is fed to babies.

DBQ.073 What type of milk was {SP} **first** fed? 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, ... 13
soy milk, or 14
another type? 30
REFUSED 77
DON'T KNOW... 99

HELP SCREEN:
Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance.
Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type,
probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

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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

```
┌─────────────────────────────────────────────────────────────────┐
│                            BOX 3                                  │
│                                                                   │
│                           OMITTED                                 │
└─────────────────────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────────────────────┐
│                            BOX 4                                  │
│                                                                   │
│                           OMITTED                                 │
└─────────────────────────────────────────────────────────────────┘
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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.223 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,	13
soy milk, or	14
another type?	30
REFUSED	77
DON'T KNOW	99

HELP SCREEN:
Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

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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

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?

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   During the **school year**, about how many times a week {do you/does SP} usually get a complete school
G/Q   lunch?

|___|

ENTER NUMBER	1	
NONE	2	(DBQ.400)
REFUSED	7	(DBQ.400)
DON'T KNOW	9	(DBQ.400)

CAPI INSTRUCTION:
HARD EDIT 1-5

|___|
ENTER NUMBER OF TIMES

REFUSED	7777
DON'T KNOW	9999

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

|___|

ENTER NUMBER	1	
NONE	2	(BOX 9A)
REFUSED	7	(BOX 9A)
DON'T KNOW	9	(BOX 9A)

|___|
ENTER NUMBER OF TIMES

REFUSED 7777
DON'T KNOW...9999

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 BOX 14.

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

BOX 10

OMITTED

BOX 10A

OMITTED

BOX 11

OMITTED

```
                                        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)

            HELP SCREEN:
            WIC: WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

```
                                        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, GO TO FSQ.685.
    OTHERWISE, CONTINUE.
```

FSQ.675   {Next are a few questions about the WIC program, that is, the Women, Infants, and Children program.}

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, and (FSQ.651 = 2 or FSQ.673 = 1), GO TO BOX 14d.
IF SP AGE = 2-5, and (FSQ.651 = 1 or FSQ.673 = 1), GO TO BOX 14d.
OTHERWISE, CONTINUE.

FSQ.682   Did {SP} receive benefits from WIC when {he/she} {was/is} between the ages of {1 to {SP AGE/4} years old/12 to {SP AGE} months old}?

CAPI INSTRUCTION:

If SP age = 1, DISPLAY "12 to {the current age of the SP in months} months old";
If SP age = 2 or 3, DISPLAY "1 to {the current age of the SP in years} years old";
If SP age >3, DISPLAY "1 to 4 years old".

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

BOX 14d

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.682 in (2, 7, 9), GO TO
   FSQ.690.
SP AGE = 6-11 and
   FSQ.675 in (2, 7, 9) **and** FSQ.682 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?
Q/U

CAPI INSTRUCTION:
IF FSQ.673 = 1, DISPLAY "HAS SP BEEN RECEIVING"
OTHERWISE, DISPLAY "DID SP RECEIVE"

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

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

REFUSED 777
DON'T KNOW 999

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 777
DON'T KNOW 999

BOX 15

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

BOX 12

OMITTED

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┌─────────────────────────────────────────────────────────────────┐
│                            BOX 13                                 │
│                                                                   │
│                           OMITTED                                 │
└─────────────────────────────────────────────────────────────────┘
```

DBQ.895   Next I'm going to ask you about meals. By meal, I mean **breakfast, lunch and dinner**. During the
G/Q   **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?
G/Q
                                   |___|___|
                                   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
G/Q/U

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 2
REFUSED 7
DON'T KNOW.. 9

ENTER UNIT

DAY 1
WEEK... 2
MONTH 3

DBQ.910
G/Q/U

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 2
REFUSED 7
DON'T KNOW.. 9

ENTER UNIT

DAY 1
WEEK... 2
MONTH 3

BOX 15A

CHECK ITEM DBQ.715a:
IF SP AGE < 16, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

CBQ.596   Next I'm going to ask a few questions about the nutritional guidelines recommended for Americans by the federal government.

{Have you/Has SP} heard of **My Plate**?

YES	1	
NO	2	(CBQ.505)
REFUSED	7	(CBQ.505)
DON'T KNOW	9	(CBQ.505)

CBQ.606   {Have you/Has SP} looked up the My Plate plan on the internet?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CBQ.611   {Have you/Has SP} tried to follow the recommendations in the My Plate plan?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CBQ.505   In the past 12 months, did {you/SP} buy food from fast food or pizza places?

Yes	1	
No	2	(CBQ.550)
REFUSED	7	
DON'T KNOW	9	

CBQ.535   The **last** time when {you/SP} ate out or bought food at **a fast-food or pizza place**, did {you/he/she} see **nutrition or health information** about any foods on the menu?

YES	1	
NO	2	(CBQ.545)
REFUSED	7	(CBQ.545)
DON'T KNOW	9	(CBQ.545)

CBQ.540   Did {you/SP} use the information in deciding which foods to buy?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CBQ.545   If nutrition or health information were readily available in fast food or pizza places, would {you/SP} use it often, sometimes, rarely, or never, in deciding what to order?

HAND CARD DBQ5

OFTEN	1
SOMETIMES	2
RARELY	3
NEVER	4
REFUSED	7
DON'T KNOW..	9

CBQ.550   In the past 12 months, did {you/SP} eat at a restaurant with waiter or waitress service?

Yes	1	
No...	2	(END OF SECTION)
REFUSED	7	
DON'T KNOW..	9	

CBQ.552   Think about the **last** time {you/SP} ate at a restaurant **with a waiter or waitress.**

Is it a chain-restaurant?

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

CBQ.580   Did {you/SP} see **nutrition or health information** about any foods on the menu?

YES	1	
NO	2	(CBQ.590)
REFUSED	7	(CBQ.590)
DON'T KNOW..	9	(CBQ.590)

CBQ.585   Did {you/SP} use the information in deciding which foods to buy?

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

CBQ.590   If nutrition or health information were readily available in restaurants with a waiter or waitress, would {you/SP} use it often, sometimes, rarely, or never, in deciding what to order?

HAND CARD DBQ5

OFTEN 1
SOMETIMES 2
RARELY 3
NEVER 4
REFUSED 7
DON'T KNOW.. 9

| END OF SECTION |