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: DISPLAY "NUMBER CANNOT BE MORE THAN SP'S AGE." IF ENTRY IS IN DAYS OR WEEKS, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:
  IF ENTRY IS IN WEEKS, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)*5)-1).
  IF ENTRY IS IN DAYS, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) *31)-1).

SOFT EDIT: DISPLAY, "VERIFY AGE ENTERED"
IF ENTRY IS IN WEEKS AND IS >24 WEEKS, OR
IF ENTRY IS IN DAYS AND IS >40 DAYS

HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|___|
ENTER NUMBER 1
STILL BREASTFEEDING 2 (DBQ.035)
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 (DBQ.041)
WEEKS.. 2 (DBQ.041)
MONTHS 3 (DBQ.041)
YEARS 4 (DBQ.041)

DBQ.035 Some children might drink breast milk from a bottle, cup (including sippy cup), or spoon as well as at the breast. How was {SP} drinking breast milk in the past 2 weeks?

Only at the breast, ... 1
At the breast and also from a bottle, cup,
    or spoon, or 2
Only from a bottle, cup, or spoon................... 3
REFUSED 7
DON'T KNOW... 9

DBQ.041 How old was {SP} when {he/she} was **first** fed formula?
G/Q/U

INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS.

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

SOFT EDIT: DISPLAY "NUMBER CANNOT BE MORE THAN SP'S AGE." IF ENTRY IS IN DAYS OR
WEEKS, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:
  IF ENTRY IS IN WEEKS, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN
MONTHS +1)*5)-1).
  IF ENTRY IS IN DAYS, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN
MONTHS+1) *31)-1).

SOFT EDIT: DISPLAY, "VERIFY AGE ENTERED"
IF ENTRY IS IN WEEKS AND IS >24 WEEKS, OR
IF ENTRY IS IN DAYS AND IS >40 DAYS

HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|___|___|___|___|
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   How old was {SP} when {he/she} **completely stopped** drinking formula?
G/Q/U

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

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

REFUSED .... 777777 (BOX 1a)
DON'T KNOW....................................... 999999 (BOX 1a)

ENTER UNIT

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

BOX 1a

CHECK ITEM DBQ.155:
IF SP AGE ≥ 24 MONTH, GO TO DBQ.055,
ELSE IF DBQ.030 ≠ 2 **AND** DBQ.050 ≠ 2, GO TO DBQ.055,
ELSE IF DBQ.035 = 1 **AND** DBQ.050 ≠ 2, GO TO DBQ.055,
ELSE IF DBQ.010 = 2 **AND** DBQ.050 = 2, GO TO BOX 1c,
ELSE, IF DBQ.035 ≠ 1 **AND** DBQ.050 = 2, CONTINUE,
ELSE, GO TO BOX1b.

DBQ.158   In the past 2 weeks, was {SP} fed formula mixed with breast milk in the same bottle?

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

DBQ.161   How were the formula and breast milk usually mixed?

                                    Added formula powder to breast milk, ... 1
                                    Added prepared (mixed up) formula or
                                        ready-to-feed formula to breast milk, or..... 2
                                    Added liquid formula concentrate to
                                        breast milk 3
                                    REFUSED 7
                                    DON'T KNOW... 9

┌───┐
| **BOX 1b** |
| |
| **CHECK ITEM DBQ.164:** |
| IF DBQ.030 ≠ 2 OR DBQ.035 = 1, GO TO DBQ.173, |
| ELSE CONTINUE. |
└───┘

DBQ.167   In the past 2 weeks, how often was water added to breast milk before feeding it to {SP}?

           HAND CARD DBQ1

                                    NEVER, ... 1
                                    RARELY, ... 2
                                    EVERY FEW DAYS,.................................... 3
                                    ABOUT ONCE A DAY, ... 4
                                    AT MOST FEEDINGS, OR 5
                                    EVERY FEEDING?....................................... 6
                                    REFUSED 7
                                    DON'T KNOW... 9

┌───┐
| **BOX 1c** |
| |
| **CHECK ITEM DBQ.170:** |
| IF DBQ.035 ≠ 1 AND DBQ.050 ≠ 2, GO TO DBQ.176, |
| ELSE CONTINUE. |
└───┘

DBQ.173   In the past 2 weeks, how often did you add more water to the formula than the instructions on the package say?

HAND CARD DBQ1

INTERVIEWER INSTRUCTION: IF THE RESPONDENT WAS NOT SURE WHETHER THE PACKAGE INSTRUCTIONS WERE FOLLOWED, ENTER DON'T KNOW.

NEVER, ...	1
RARELY, ...	2
EVERY FEW DAYS,..................................	3
ABOUT ONCE A DAY, ...	4
AT MOST FEEDINGS, OR	5
EVERY FEEDING?.....................................	6
DOES NOT PREPARE FORMULA	7
REFUSED	77
DON'T KNOW...	99

DBQ.176   In the past 2 weeks, was baby cereal added to {SP}'s bottle of formula or breast milk?

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

DBQ.179   In the past 2 weeks, was a sweetener, such as juice, honey, sugar, or flavored beverage, added to {SP}'s bottle of formula or breast milk?

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

DBQ.182   In the past 2 weeks, were vitamins or minerals added to {SP}'s bottle of formula or breast milk?

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

DBQ.185   In the past 30 days, was medicine such as acetaminophen, ibuprofen, gas drops, colic drops, or antibiotics added to {SP}'s bottle of formula or breast milk?

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

DBQ.055   This next question is about the first thing that {SP} was given other than breast milk or formula. Please
G/Q/U   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: DISPLAY "NUMBER CANNOT BE MORE THAN SP'S AGE." IF ENTRY IS IN DAYS OR
           WEEKS, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:
           IF ENTRY IS IN WEEKS, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN
           MONTHS +1)*5)-1).
             IF ENTRY IS IN DAYS, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN
           MONTHS+1) *31)-1).

           SOFT EDIT: DISPLAY, "VERIFY AGE ENTERED"
           IF ENTRY IS IN WEEKS AND IS >24 WEEKS, OR
           IF ENTRY IS IN DAYS AND IS >40 DAYS

           HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

           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 1d)
                                        DON'T KNOW...   9   (BOX 1d)

                                        |___|___|___|
                                        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: DISPLAY "NUMBER CANNOT BE MORE THAN SP'S AGE." IF ENTRY IS IN DAYS OR WEEKS, CALCULATE CURRENT AGE FOR EDIT CHECK AS FOLLOWS:
        IF ENTRY IS IN WEEKS, CALCULATE CURRENT AGE IN WEEKS AS (((PRELOADED AGE IN MONTHS +1)*5)-1).
        IF ENTRY IS IN DAYS, CALCULATE CURRENT AGE IN DAYS AS (((PRELOADED AGE IN MONTHS+1) *31)-1).

        SOFT EDIT: DISPLAY, "VERIFY AGE ENTERED"
        IF ENTRY IS IN WEEKS AND IS >24 WEEKS, OR
        IF ENTRY IS IN DAYS AND IS >40 DAYS

        HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

|___|
ENTER NUMBER   1
NEVER   2   (BOX 1d)
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?).

BOX 1d

CHECK ITEM DBQ.655:
IF SP AGE ≥ 24 MONTH, GO TO BOX 2,
ELSE, CONTINUE.

DBQ.660   How old was {SP} when {he/she} was first fed grains, such as cereal, puffs, teething biscuits, crackers, bread, pasta, or rice? Include baby cereal added to a bottle.

HAND CARD DBQ2

NEVER	1
0-3 MONTHS	2
4-5 MONTHS	3
6-7 MONTHS	4
8-9 MONTHS	5
10-11 MONTHS	6
12 MONTHS OR OLDER	7
REFUSED	77
DON'T KNOW..	99

DBQ.665 How old was {SP} when {he/she} was first fed a vegetable, including jarred baby food or cooked, pureed, cut up or mashed vegetables, or vegetable juice?

HAND CARD DBQ2

NEVER 1
0-3 MONTHS 2
4-5 MONTHS 3
6-7 MONTHS 4
8-9 MONTHS 5
10-11 MONTHS 6
12 MONTHS OR OLDER 7
REFUSED 77
DON'T KNOW 99

DBQ.670 How old was {SP} when {he/she} was first fed a fruit including jarred baby food or cooked, pureed, cut up, or mashed fruits or fruit juice?

HAND CARD DBQ2

NEVER 1
0-3 MONTHS 2
4-5 MONTHS 3
6-7 MONTHS 4
8-9 MONTHS 5
10-11 MONTHS 6
12 MONTHS OR OLDER 7
REFUSED 77
DON'T KNOW 99

DBQ.675 How old was {SP} when {he/she} was first fed dairy products other than milk, such as yogurt, cottage cheese, or cheese?

HAND CARD DBQ2

NEVER 1
0-3 MONTHS 2
4-5 MONTHS 3
6-7 MONTHS 4
8-9 MONTHS 5
10-11 MONTHS 6
12 MONTHS OR OLDER 7
REFUSED 77
DON'T KNOW 99

DBQ.680   How old was {SP} when {he/she} was first fed an egg, meat, poultry, or seafood (for example, beef, pork, chicken, turkey, sausage, fish, eggs)?

HAND CARD DBQ2

NEVER	1
0-3 MONTHS	2
4-5 MONTHS	3
6-7 MONTHS	4
8-9 MONTHS	5
10-11 MONTHS	6
12 MONTHS OR OLDER	7
REFUSED	77
DON'T KNOW..	99

DBQ.685   How old was {SP} when {he/she} was first fed legumes, such as black beans, kidney beans, pinto beans or lentils?

HAND CARD DBQ2

INTERVIEWER INSTRUCTION: INCLUDE SPLIT PEAS, CHICKPEAS, HUMMUS. DO NOT INCLUDE GREEN PEAS, GREEN BEANS, OR OTHER VEGETABLES THAT ARE NOT LEGUMES.

NEVER	1
0-3 MONTHS	2
4-5 MONTHS	3
6-7 MONTHS	4
8-9 MONTHS	5
10-11 MONTHS	6
12 MONTHS OR OLDER	7
REFUSED	77
DON'T KNOW..	99

DBQ.690   How old was {SP} when {he/she} was first fed soy products such as tofu, soy beans, meat substitutes made with soy, or other foods prepared with soy ingredients?

HAND CARD DBQ2

NEVER	1
0-3 MONTHS	2
4-5 MONTHS	3
6-7 MONTHS	4
8-9 MONTHS	5
10-11 MONTHS	6
12 MONTHS OR OLDER	7
REFUSED	77
DON'T KNOW..	99

DBQ.695   How old was {SP} when {he/she} was first fed nuts or seeds, such as peanuts or peanut butter, almonds, or other nut or seed products? On this card are other examples.

HAND CARDS DBQ2 AND DBQ3

INTERVIEWER INSTRUCTION: INCLUDE ALMOND MILK

NEVER	1
0-3 MONTHS	2
4-5 MONTHS	3
6-7 MONTHS	4
8-9 MONTHS	5
10-11 MONTHS	6
12 MONTHS OR OLDER	7
REFUSED	77
DON'T KNOW..	99

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.653.

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

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 DBQ4

INTERVIEWER INSTRUCTION: INCLUDE ALL TYPES OF MILK (FOR EXAMPLE, LACTAID AND OTHER LACTOSE-FREE MILKS; SOY MILK, ALMOND MILK, RICE MILK, COCONUT MILK, EVAPORATED MILK, ETC.)

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 . . .

INTERVIEWER INSTRUCTION: IF LACTAID OR ANOTHER TYPE OF LACTOSE-FREE MILK IS REPORTED, ASK WHETHER IT WAS WHOLE/REGULAR, 2%, 1%, FAT FREE/SKIM. ENTER OTHER TYPES OF MILK (ALMOND, RICE, COCONUT MILK, ETC.) AS "ANOTHER TYPE".

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?).

<table>
<tr><td colspan="1" align="center">**BOX 6**</td></tr>
<tr><td>**CHECK ITEM DBQ.225:**
IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO BOX 9.</td></tr>
</table>

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 DBQ5

{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 DBQ6

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 lunch?
G/Q

                                        |___|
                                        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
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 1
NONE .... 2 (BOX 9A)
REFUSED .... 7 (BOX 9A)
DON'T KNOW... 9 (BOX 9A)

CAPI INSTRUCTION:
HARD EDIT 1-5

|___|
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

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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

FSQ.653   Next are a few questions about the WIC program.

Has {SP} **ever** received benefits from WIC, that is, the Women, Infants, and Children program?

YES 1   (FSQ.673)
NO 2
REFUSED 7   (FSQ.690)
DON'T KNOW 9   (FSQ.690)

HELP SCREEN:
WIC: WIC is short for the Special Supplemental Nutrition 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.

FSQ.657/   Why didn't {SP} ever receive benefits from WIC?
OS

        HAND CARD FSQ1

        CODE ALL THAT APPLY

CHILD DOES NOT QUALIFY FOR WIC
(FAMILY INCOME TOO HIGH) 1

CHILD DOESN'T NEED WIC BECAUSE
FAMILY RECEIVES SUPPORT FROM
RELATIVES OR FRIENDS....................... 2

CHILD DOESN'T NEED WIC BECAUSE
FAMILY RECEIVES SUPPORT FROM
SNAP, A FOOD BANK, OR ANOTHER
PROGRAM... 3

NEVER THOUGHT ABOUT APPLYING
FOR WIC.. 4

PARENT/CAREGIVER CANNOT FIND
TIME TO GET TO THE WIC CLINIC........ 5

PARENT OR CAREGIVER DOES NOT
HAVE TRANSPORTATION TO GET
TO WIC 6

THE STORES THAT ACCEPT WIC ARE
NOT CLOSE TO FAMILY'S HOME 7

WIC FOODS ARE DIFFICULT TO FIND
IN THE GROCERY STORE 8

USING WIC AT THE GROCERY STORE
IS UNCOMFORTABLE.............................. 9

OTHER, SPECIFY.. 10

REFUSED 77
DON'T KNOW... 99

BOX 14a

CHECK ITEM FSQ.659: GO TO FSQ.690

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

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

FSQ.674/ OS   Why did {SP} stop receiving WIC benefits?

HAND CARD FSQ2

CODE ALL THAT APPLY

CHILD NO LONGER QUALIFIES FOR WIC
(FAMILY INCOME TOO HIGH) 1
CHILD NO LONGER NEEDS WIC BECAUSE
FAMILY RECEIVES SUPPORT FROM
RELATIVES OR FRIENDS........................ 2
CHILD NO LONGER NEEDS WIC BECAUSE
FAMILY RECEIVES SUPPORT FROM
SNAP, A FOOD BANK OR ANOTHER
PROGRAM.. 3

PARENT OR CAREGIVER COULD NOT
FIND TIME TO GO TO THE WIC CLINIC . 4
PARENT OR CAREGIVER COULD NOT
FIND TRANSPORTATION TO GET
TO WIC 5

WIC CLINIC WAIT TIMES WERE TOO
LONG 6

THE STORES THAT ACCEPT WIC WERE
NOT CLOSE TO FAMILY'S HOME 7
WIC FOODS WERE DIFFICULT TO FIND
IN THE GROCERY STORE 8
USING WIC AT THE GROCERY STORE
WAS UNCOMFORTABLE......................... 9
CHECKING OUT AT THE STORE WITH
WIC FOODS TOOK A LONG TIME 10

CHILD DID NOT LIKE THE WIC FOODS...... 11

OTHER, SPECIFY.. 12

REFUSED 77
DON'T KNOW... 99

BOX 14B

CHECK ITEM DBQ.710b:
IF SP AGE < 1, GO TO FSQ.685.
OTHERWISE, CONTINUE.

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

BOX 14C

CHECK ITEM DBQ.950:
IF FSQ.673 = 1 (NOW RECEIVING WIC), GO TO FSQ.685.
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

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 (FSQ.690)
                            DON'T KNOW...999 (FSQ.690)

                            |__|
                            ENTER UNIT

                            MONTHS   1
                            YEARS   2

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   How many months pregnant was {SP's} mother when she began 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.

DBQ.895
G/Q

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."

IF THIS ITEM CHANGES, CHECK MEC COMPONENT.
|___|___|
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 1

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

                              |___|___|
                              ENTER NUMBER

        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."
        IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

DBQ.905   Some grocery stores sell "ready to eat" foods such as salads, soups, chicken, sandwiches and cooked
G/Q/U   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 1

                              NEVER 2 (DBQ.910)
                              REFUSED 7 (DBQ.910)
                              DON'T KNOW.. 9 (DBQ.910)

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

                              |___|
                              ENTER UNIT

                              DAY 1
                              WEEK... 2
                              MONTH 3

        CAPI INSTRUCTION:
        SOFT EDIT IF RESPONSE IS GREATER THAN 6 TIMES A DAY. "THIS IS AN UNUSUALLY LARGE
        NUMBER OF TIMES PER DAY, PLEASE VERIFY THE ANSWER."
        IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

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

           HAND CARD DBQ7

                                        ENTER NUMBER   1

                                        NEVER ....   2 (BOX 15A)
                                        REFUSED ....   7 (BOX 15A)
                                        DON'T KNOW..   9 (BOX 15A)

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

                                        |___|
                                        ENTER UNIT

                                        DAY   1
                                        WEEK..   2
                                        MONTH   3

           CAPI INSTRUCTION: SOFT EDIT IF RESPONSE IS GREATER THAN 6 TIMES A DAY. "THIS IS AN
           UNUSUALLY LARGE NUMBER OF TIMES PER DAY, PLEASE VERIFY THE ANSWER."
           IF THIS ITEM CHANGES, CHECK MEC COMPONENT.

           +--+
           | **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 (DBQ.930)
                                        REFUSED 7 (DBQ.930)
                                        DON'T KNOW..   9 (DBQ.930)

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

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

          INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES.
          CAPI INSTRUCTION: FILL {IN YOUR/HIS/HER FAMILY} IF THERE IS MORE THAN ONE PERSON IN
          THE FAMILY.

                                        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/his/her family}?

          INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES.
          CAPI INSTRUCTION: FILL {IN YOUR/HIS/HER FAMILY} IF THERE IS MORE THAN ONE PERSON IN
          THE 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 |
                        +------------------------------------+