4/15/09 Questionnaire: Family

## CONSUMER BEHAVIOR – CBQ Target Group: Family Questionnaire

CBQ.010

CBQ.020

CBQ.030

	angor Croup. I ammy Quoonomiumo	
	BOX NEW 1A	
NEW CHECK ITEM: IF ONE PERSON FAMIL' OTHERWISE, CONTINU		
Is anyone in this family on an	y kind of diet, either to lose weight or for some	other health-related reason?
HELP SCREEN:		
	nclude diet for weight loss, low carbohydrate sodium, diabetic diet, etc.	e, high protein, Atkins, to lower
	YES NO REFUSED DON'T KNOW	2 7
The next questions ask how	often {your family has/you have} certain types o	of food <b>available</b> at home.
	do you} have <b>fruits</b> available at home? This i always, most of the time, sometimes, rarely, or	
HAND CARD CBQ1		
	ALWAYS	2 3 4 5 7
	/do you} have any of these <b>dark green vege</b> l, and frozen vegetables. [Would you say alwa	
HAND CARD CBQ2 and HAI	ND CARD CBQ3.	
INTERVIEWER INSTRUCTI LETTUCE	ON: DO NOT INCLUDE ICEBERG, BUTTER	HEAD, BOSTON, AND MANOA
	ALWAYS  MOST OF THE TIME  SOMETIMES	2

 RARELY
 4

 NEVER
 5

 REFUSED
 7

 DON'T KNOW
 9

CBQ.040	How often {does your family/do you} have <b>salty snacks</b> such as chips and crackers available at hom not include nuts. [Would you say always, most of the time, sometimes, rarely, or never?]		
	HAND CARD CBQ3		
		ALWAYS  MOST OF THE TIME  SOMETIMES  RARELY  NEVER  REFUSED  DON'T KNOW	2 3 4 5 7
CBQ.050		r/do you} have <b>1% fat, skim or fat-free milk</b> ava u say always, most of the time, sometimes, rarely	
	HAND CARD CBQ3		
	INTERVIEWER INSTRUCTI	ION: DO NOT INCLUDE SOY MILK	
		ALWAYS  MOST OF THE TIME  SOMETIMES  RARELY  NEVER  REFUSED  DON'T KNOW	2 3 4 5 7
CBQ.060		y/do you} have <b>soft drinks, fruit-flavored drin</b> le diet drinks, 100 percent juice or sports drinks. or never?]	
	HAND CARD CBQ3		
		ALWAYS MOST OF THE TIME SOMETIMES RARELY NEVER REFUSED DON'T KNOW	1 2 3 4 5 7 9

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

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

	ENITED "O" IE	OD 041/0410	MACALENA VALA O ODENIT
INTERVIEWER.	FNIER ()" IE	SP SAYS NO	MONEY WAS SPENT

		\$   _   _   _   _	
		NO MONEY SPENTREFUSEDDON'T KNOW	0 (CBQ.100) 7 (CBQ.100) 9 (CBQ.100)
		ENTER UNIT	
		WEEK MONTH REFUSED DON'T KNOW	_
CBQ.080	Was any of this money spent alcoholic beverages?	on <b>nonfood items</b> such as cleaning or paper p	products, pet food, cigarettes or
		YESREFUSEDDON'T KNOW	
CBQ.090 Q/U	About how much money was	spent on nonfood items? (You can tell me per v	veek or per month.)
		\$   _   _   _   _	
		HARD EDIT: AMOUNT CANNOT BE MORE THE AMOUNT ENTERED ON CBQ.070.	THAN
		REFUSED DON'T KNOW	7 9
		ENTER UNIT	
		WEEK MONTH REFUSED DON'T KNOW	1 2 7 9

CBQ.100	During the <b>past 30 days</b> , {did your family/did you} spend money on <b>food</b> at stores <b>other</b> than grocel 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 NO REFUSED DON'T KNOW	7 (CBQ.120)	
CBQ.110 Q/U		your family/did you} spend on <b>food</b> at these ty lready told me about.) (You can tell me per wee		
	INTERVIEWER: ENTER "0"	F SP SAYS NO MONEY WAS SPENT.		
	HAND CARD CBQ4			
		\$   _		
		REFUSEDDON'T KNOW		
		ENTER UNIT		
		WEEK	2	
CBQ.120 Q/U	-	v much money {did your family/did you} spend owork or at school or on vending machines, for .)	_	
	INTERVIEWER INSTRUCTION	N: IF RESPONDENT KNOWS ONLY AMOUN	T FOR SELF, CODE DK.	
	INTERVIEWER: ENTER "0"	IF SP SAYS NO MONEY WAS SPENT.		
		\$		
		REFUSED DON'T KNOW	7 9	
		ENTER UNIT		
		WEEK	1 2 7 9	

CBQ.130 Q/U	During the <b>past 30 days</b> , how much money {did your family/did you} spend on food <b>carried out</b> or <b>delivered</b> ? 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" I	F SP SAYS NO MONEY WAS SPENT.			
	\$ <u>                                    </u>				
		REFUSED DON'T KNOW	7 9		
		ENTER UNIT			
		WEEK	1 2 7 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,			
		once every two weeks, or			
		once a month or less?	4		
		RARELY MAKE ANY MAJOR SHOPPING	5		
		TRIPS, ONLY SMALL TRIPS			
		RARELY SHOP FOR FOOD	7		
		DON'T KNOW	9		
		DON'T INVOVE			

CBQ.150 Q/U	How much time does it usuall	y take to get to the grocery store for food shopping?	
Q/O	INTERVIEWER INSTRUCTION to most often.	DN: IF MORE THAN ONE STORE SAY: Please tell me about the one you go	
	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.		
	SOFT EDIT: < 2 MINUTES,	OR ≥120 MINUTES, OR ≥2 HOURS.	
		_  ENTER NUMBER OF MINUTES OR HOURS	
		REFUSED       777         DON'T KNOW       999	
		ENTER UNIT	
		MINUTES	
CBQ.160	During the <b>past 7 days</b> , how or supper at home?	many times did {you or someone else in your family/you} cook food for dinner	
	HELP SCREEN: This includes time spent putting	ng 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

Q/U	and cleaning up after the cooking? Please do not include time spent eating.			
	SOFT EDIT: < 5 MINUTES,	OR > 240 MINUTES, OR > 4 HOURS.		
		_  ENTER NUMBER OF MINUTES OR HOUF REFUSED DON'T KNOW	777	
		ENTER UNIT		
		MINUTES		
		BOX 1B		
	CHECK ITEM CBQ.175: IF ONLY 1 PERSON IN F	FAMILY, GO TO END OF SECTION.		
CBQ.180	During the past 7 days, how	many meals did all or most of your family si	it dowr	n and eat together at home?
		 ENTER NUMBER		
		NEVER REFUSED DON'T KNOW	777	•
	CAPI INSTRUCTIONS: SOFT EDIT: 0-21. MESSAGE: VERIFY FAMILY	Y EATS AT HOME MORE THAN 3 MEALS P	'ER DA	AY.
CBQ.190	How many of these meals we	ere cooked at home?		
		 ENTER NUMBER		
		REFUSED DON'T KNOW		

How much time do {you or someone else in your family/do you} usually spend on cooking dinner or supper

CBQ.170