

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 AGE IN DAYS, WEEKS, MONTHS OR YEARS
- STILL BREASTFEEDING..... 2
 - REFUSED 7777
 - DON'T KNOW 9999
- ENTER UNIT
- DAYS..... 1
 - WEEKS 2
 - MONTHS 3
 - YEARS 4
 - REFUSED 7
 - DON'T KNOW 9

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

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

|_|_|_|_|

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER 2 (DBQ.055)
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 2
REFUSED 7777
DON'T KNOW 9999

ENTER UNIT

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

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 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.061
G/Q/U

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

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 2 (BOX 2)
REFUSED 7777
DON'T KNOW 9999

ENTER UNIT

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

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

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.

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

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.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

BOX 6

CHECK ITEM DBQ.225:

IF SP AGE >= 20, CONTINUE.

OTHERWISE, GO TO BOX 9.

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

BOX 8A

CHECK ITEM DBQ.265A:

IF SP AGE >= 60, CONTINUE.

OTHERWISE, GO TO BOX 15.

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

BOX 8B

CHECK ITEM DBQ.335:
GO TO BOX 15.

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?

CAPI INSTRUCTION:
HARD EDIT 1-5

|__|

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?

CAPI INSTRUCTION:
HARD EDIT 1-5

|__|

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

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 or < 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, GO TO BOX 14d. IF SP AGE = 2-5, and (FSQ651 = 1 or FSQ.673 = 1), GO TO BOX 14d. OTHERWISE, CONTINUE.

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

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.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?

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 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.

BOX 12
OMITTED

BOX 13
OMITTED

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 2
- 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 2
- 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