NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

NHANES 2013-2014

Flexible Consumer Behavior Survey

(FCBS) Module

May 2012

FLEXIBLE CONSUMER BEHAVIOR SURVEY (FCBS) MODULE

2013-2014 QUESTIONNAIRE CONTENTS

NHANES 2013-2014 FCBS CORE MODULE

a. Interview mode: In-person household interview

b. Target age: 1+ years (proxy interview for 1-15 years old)

c. FCBS core module includes two parts:

1. Family level questions
   – 13 questions administered as part of the NHANES household family questionnaire
   – Includes 7 questions in the Consumer Behavior Section (CBQ), 5 questions in the Income Section (INQ), and one question in the Food Security Section (FSQ)

2. Sample person questions
   – 24 questions included as part of the Dietary Behavior Section (DBQ) in the NHANES household SP questionnaire

d. New in 2013-2014 FCBS core module

1. Nine questions on the use of nutrition information in fast food places and restaurants are added. Eight of them are cycled back from the 2009-2010 supplemental module and one is a new question:
   – Use of nutrition information in fast food and pizza places (CBQ505, CBQ535, CBQ540, and CBQ545)
   – Use of nutrition information in restaurants (CBQ550, CBQ580, CBQ585, and CBQ590)
   – Whether the restaurant referred above is a chain-restaurant (CBQ577 – new question)

2. Questions on the awareness of MyPyramid program (CBQ.595-610) are modified to account for the new MyPlate program

3. Updated the prefills for the monthly income questions INQ238 and INQ241, and check item INQ242 with the HHS 2012 poverty guidelines

e. FCBS follow-up module has been discontinued in 2011-2012. There is no follow-up module fielded in the NHANES 2013-2014 cycle.

Section I. Food Expenditure

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.)

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

$ |___|___|___|___|___|___|___|___|

NO MONEY SPENT	0	(CBQ.100)
REFUSED	7	(CBQ.100)
DON'T KNOW	9	(CBQ.100)

ENTER UNIT

WEEK	1
MONTH	2
REFUSED	7
DON'T KNOW	9

CBQ.080
Was any of this money spent on **nonfood items** such as cleaning or paper products, pet food, cigarettes or alcoholic beverages?

YES	1	
NO	2	(CBQ.100)
REFUSED	7	(CBQ.100)
DON'T KNOW	9	(CBQ.100)

CBQ.090
Q/U

About how much money was spent on nonfood items? (You can tell me per week or per month.)

$ |___|___|___|___|___|___|___|___|___|

HARD EDIT: AMOUNT CANNOT BE MORE THAN
THE AMOUNT ENTERED ON CBQ.070.

REFUSED 7
DON'T KNOW 9

ENTER UNIT

WEEK... 1
MONTH 2
REFUSED 7
DON'T KNOW 9

CBQ.100

During the **past 30 days**, {did your family/did you} spend money on **food** at stores **other** than grocery
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 1
NO 2 (CBQ.120)
REFUSED 7 (CBQ.120)
DON'T KNOW 9 (CBQ.120)

CBQ.110
Q/U

About how much money {did your family/did you} spend on **food** at these types of stores? (Please do not
include any stores you have already told me about.) (You can tell me per week or per month.)

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

HAND CARD CBQ4

$ |___|___|___|___|___|___|___|___|___|

REFUSED 7
DON'T KNOW 9

ENTER UNIT

WEEK... 1
MONTH 2
REFUSED 7
DON'T KNOW 9

CBQ.120
Q/U

During the **past 30 days**, how much money {did your family/did you} spend on **eating out**? Please include money spent in cafeterias at work or at school or on vending machines, **for all family members**. (You can tell me per week or per month.)

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

$ |___|___|___|___|___|___|___|___|

REFUSED 7
DON'T KNOW 9

ENTER UNIT

WEEK.. 1
MONTH 2
REFUSED 7
DON'T KNOW 9

CBQ.130
Q/U

During the **past 30 days**, how much money {did your family/did you} spend on food **carried out** or **delivered**? 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" IF SP SAYS NO MONEY WAS SPENT.

$ |___|___|___|___|___|___|___|___|

REFUSED 7
DON'T KNOW 9

ENTER UNIT

WEEK.. 1
MONTH 2
REFUSED 7
DON'T KNOW 9

Section II. Income and Assets

a. Monthly Income

INQ.235   What is the total income received last month, {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} by {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS}} before taxes?

[Please include income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.]

[INTERVIEWER INSTRUCTION: IF SP DOES NOT KNOW INCOME OF OTHER FAMILY MEMBERS, ENTER DON'T KNOW.]

SOFT EDIT: AMOUNT REPORTED IN INQ.235 (MONTHLY INCOME) GREATER THAN OR EQUAL TO THE AMOUNT REPORTED IN INQ.200 (ANNUAL INCOME), DISPLAY SOFT EDIT MESSAGE: "INTERVIEWER, YOU HAVE RECORDED AN ANNUAL TOTAL INCOME OF {ANNUAL INCOME REPORTED IN INQ.200} AND LAST MONTH'S TOTAL INCOME WAS RECORDED AS {TOTAL MONTHLY INCOME REPORTED IN INQ.235}. PLEASE CONFIRM WITH SP THAT LAST MONTH'S INCOME OF {TOTAL MONTHLY INCOME REPORTED IN INQ.235} IS CORRECT.

CAPI INSTRUCTION:
- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:
    "LAST MONTH'S INCOME FOR {NAMES OF FAMILY MEMBERS} HAS BEEN RECORDED AS {INCOME ENTERED IN INQ.200} DOUBLE ENTRY OF INCOME REQUIRED."
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.
- FOR THE CALENDAR FILL: IF CURRENT MONTH IS JANUARY THE PAST CALENDAR YEAR WILL BE SHOWN

$ |__|__|__|__|__|__|__|__|__| (BOX NEW 7A)

REFUSED 7
DON'T KNOW 9

INQ.238   You may not be able to give us an exact figure, but can you tell me if the income for {you/NAMES OF OTHER FAMILY/your family} in {LAST CALENDAR MONTH & CURRENT CALENDAR YEAR} was . . .

{185% or less of monthly poverty
   level}, or... 1
more than {185% monthly poverty level}? ..... 2 (BOX NEW 7A)
REFUSED 7
DON'T KNOW 9

PROBE: (That would be {12 times 185% monthly poverty level}} per year.)

CAPI INSTRUCTION:
- Fill 185% of the monthly poverty level based on family size:
  For family size of **1**, fill ($1,722 round to nearest 100s = **$1,700**)
  For each additional family member, fill {[$1,722+($611* # of additional person)] round to nearest 100s}
- Fill 185% of the **annual** poverty level based on family size in the PROBE:
  For family size of **1**, fill [($1,722*12) round to nearest 100s] = **$20,700**)
  For each additional member, fill {[$1,722+($611* # of additional person)]*12 round to nearest 100s}

Persons in Family	185% monthly poverty level		185% annual poverty level	
	Raw Number[1]	Rounded to nearest 100s[2]	Raw Number[3]	Rounded to nearest 100s[4]
1	1,722	1,700	20,664	20,700
2	2,333	2,300	27,996	28,000
3	2,944	2,900	35,328	35,300
4	3,555	3,600	42,660	42,700
5	4,166	4,200	49,992	50,000
6	4,777	4,800	57,324	57,300
7	5,388	5,400	64,656	64,700
8	5,999	6,000	71,988	72,000

[1]: $1,722 for family size of 1, thereafter, adding $611 for each additional person.

[2]: These are the numbers to be used in the response category fills.

[3]: Multiply by 12 to the raw number of the 185% monthly poverty level.

[4]: These are the numbers to be used in the probe fills.

INQ.241   Was it more or less than {130% monthly poverty level}?

                          130% or less than monthly poverty level 1
                          More than 130% of monthly poverty level...... 2
                          REFUSED 7
                          DON'T KNOW 9

PROBE: {That would be 12 times 130% annual poverty level per year.}

CAPI INSTRUCTION:
■   Fill 130% of the monthly poverty level based on family size:
      For family size of **1**, fill ($1,210 round to nearest 100s = **$1,200**)
      For each additional family member, fill {[$1,210+($429* # of additional person)] round to nearest 100s}
■   Fill 130% of the **annual** poverty level based on family size in the PROBE:
      For family size of **1**, fill [($1,210*12) round to nearest 100s] = **$14,500**)
      For each additional member, fill {[$1,210+($429* # of additional person)]*12 round to nearest 100s}

Persons in Family	130% monthly poverty level		130% annual poverty level	
	Raw Number[1]	Rounded to nearest 100s[2]	Raw Number[3]	Rounded to nearest 100s[4]
1	1,210	1,200	14,520	14,500
2	1,639	1,600	19,668	19,700
3	2,068	2,100	24,816	24,800
4	2,497	2,500	29,964	30,000
5	2,926	2,900	35,112	35,100
6	3,355	3,400	40,260	40,300
7	3,784	3,800	45,408	45,400
8	4,213	4,200	50,556	50,600

[1]: $1,210 for family size of 1, thereafter, adding $429 for each additional person.

[2]: These are the numbers to be used in the text of question and response category fills.

[3]: Multiply 12 to the raw number of the 130% monthly poverty level.

[4]: These are the numbers to be used in the probe fills.

b. Assets

INQ.244   Do {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} have more than $5,000 in savings at this time? Please include money in your checking accounts.

INTERVIEWER INSTRUCTION: INCLUDE CASH, SAVINGS OR CHECKING ACCOUNTS, STOCKS, BONDS, MUTUAL FUNDS, RETIREMENT FUNDS (SUCH AS PENSIONS, IRAS, 401KS, ETC), AND CERTIFICATES OF DEPOSIT.

CAPI INSTRUCTION:
DISPLAY "you" for single-person family; DISPLAY "the members of your family" for multi-persons family.

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

INQ.247   Which letter on this card best represents the total savings or cash assets at this time for {you/NAMES OF OTHER FAMILY/your family}?

HAND CARD INQ3

|___| ENTER LETTER

REFUSED 7
DON'T KNOW 9

A: Less than $500
B: $501- $1000
C: $1001-$2000
D: $2001-$3000
E: $3001-$4000
F: $4001-$5000

Section III. Food Assistance - the Supplemental Nutrition Assistance Program

FSQ.225   On what date did {you/your household} **last** receive SNAP or food stamp benefits?
M/D/Y

|___|___| - |___|___| - |___|___|___|___| (FSQ.235)
  MONTH   DAY   YEAR

HARD EDIT: DATE MUST BE WITHIN PAST 12 MONTHS OF CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

CAPI INSTRUCTION:
SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

REFUSED 7
DON'T KNOW 9

Section IV. Self-Assessed Diet Quality

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

Section V. Food Assistance - WIC

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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.                                             │
└─────────────────────────────────────────────────────────────────┘
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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)

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┌─────────────────────────────────────────────────────────────────┐
│                         BOX 14a                                   │
│                                                                   │
│  CHECK ITEM DBQ.710a:                                             │
│  IF SP AGE < 1, GO TO FSQ.690.                                    │
│  OTHERWISE, GO TO FSQ.675.                                        │
└─────────────────────────────────────────────────────────────────┘
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FSQ.673   Is {SP} **now** receiving benefits from the WIC program?

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

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┌─────────────────────────────────────────────────────────────────┐
│                         BOX 14b                                   │
│                                                                   │
│  CHECK ITEM DBQ.440:                                              │
│  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.445:
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.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

Section VI. Food-Away-From Home (FAFH) Frequency

<table>
<tr><td>

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.

</td></tr>
</table>

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."

Section VII. Use of Convenience Foods

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

Section VIII. My Plate knowledge

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

Section IX. Use of nutrition information in fast food places and restaurants

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