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

|___|

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

|___|
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.
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

SOFT EDIT: NUMBER CANNOT BE MORE THAN SP'S AGE.
HARD EDIT: AGE CANNOT BE ZERO BECAUSE AGE IN MONTHS IS ALLOWED.

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

|___|
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.653.                                   │
└─────────────────────────────────────────────────────────────┘
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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

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?).

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?

|___|
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

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 14

CHECK ITEM DBQ.710:
IF SP AGE > 5, GO TO BOX 15.
OTHERWISE, CONTINUE.

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

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.

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   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.                                                  │
└─────────────────────────────────────────────────────────────────────┘
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DBQ.895   Next I'm going to ask you about meals. By meal, I mean **breakfast, lunch and dinner**. During the **past**
G/Q   **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   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."

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

  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."

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 DBQ4

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."

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