

DIET BEHAVIOR AND NUTRITION - DBQ
Target Group: SPs Birth +

BOX 1

CHECK ITEM DBQ.005:
IF SP AGE <= 6, CONTINUE.
OTHERWISE, GO TO BOX 8A.

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
G/Q/U

How old was {SP} when {he/she/SPSP} **completely stopped** breastfeeding or being fed breastmilk?

CAPI INSTRUCTION:

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 DAYS, WEEKS, OR 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
G/Q/U

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

INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS.

| | |
|-------------------|-------------|
| _ | |
| ENTER NUMBER..... | 1 |
| NEVER | 2 (DBQ.055) |
| REFUSED | 7 (DBQ.050) |
| DON'T KNOW | 9 (DBQ.050) |

CAPI INSTRUCTION:

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 DAYS, WEEKS, OR 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
G/Q/U

How old was {SP} when {he/she/SP} **completely stopped** drinking formula?

INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS

CAPI INSTRUCTION:

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 DAYS, WEEKS, OR 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/SP} was first fed anything other than breast milk or formula?

CAPI INSTRUCTION:

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 DAYS, WEEKS, OR 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 8A)
REFUSED 7 (BOX 8A)
DON'T KNOW..... 9 (BOX 8A)

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/SP} was first fed **milk**?
G/Q/U

INCLUDE LACTAID AS MILK.
DO NOT INCLUDE BREASTMILK OR FORMULA.

CAPI INSTRUCTION:

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 DAYS, WEEKS, OR MONTHS IS ALLOWED.

ENTER NUMBER..... 1
NEVER 2 (BOX 8A)
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 8A

CHECK ITEM DBQ.265A:

IF SP AGE >= 60, CONTINUE.
IF SP AGE 4-19, GO TO DBQ.360.
OTHERWISE, GO TO BOX 14.

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/SP's} 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?

INTERVIEWER INSTRUCTION: INCLUDE ADULT DAY CARE

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

BOX 8B

CHECK ITEM DBQ.335:
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/SP} 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/SP} 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/SP} 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 > 15, GO TO DBQ.930
IF 5 < SP AGE < 16, GO TO END OF SECTION.
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 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.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/SP} 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/SP} {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 (END OF SECTION)
REFUSED 7 (END OF SECTION)
DON'T KNOW..... 9 (END OF SECTION)

FSQ.695 How many months pregnant was {SP's} mother when she began to receive WIC benefits?

|||

ENTER NUMBER OF MONTHS (END OF SECTION)

REFUSED 777 (END OF SECTION)

DON'T KNOW..... 999 (END OF SECTION)

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

INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES.

CAPI INSTRUCTION: FILL {IN YOUR/HIS/HER/SP'S 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/SP's family}?

INTERVIEWER INSTRUCTION: IF SP ANSWERS "SOMETIMES" OR "50/50", ENTER YES.

CAPI INSTRUCTION: FILL {IN YOUR/HIS/HER/SP'S 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