

NCHS Cover Sheet for Submitting Human Research Protocols and Related Documentation

The CDC Human Research Protection Office (HRPO) provides the forms for submitting and tracking human research protocols at CDC. Please see *HRPO Guide: Overview* for further details. Use this cover sheet when submitting HRPO forms to the NCHS Human Subjects Contact. When submitting materials with these forms, please consecutively number **ALL** pages beginning with the protocol title page and followed by consent form(s) and ancillary documents.

Protocol identifiers

Leave protocol ID blank if not yet assigned. Leave amendment number and amendment title blank if not requesting a review of changes to an ERB-approved protocol.

CDC protocol ID: 2005-06

Protocol title: **National Health and Nutrition Examination survey (NHANES)**

Amendment number: [REDACTED]

Amendment title: **Pilot Study of the Flexible Consumer Behavior Survey Phone Follow Up Module**

CDC primary contact

	Name and degrees (FirstName LastName, Degrees)	User ID	Telephone #	CDC unit
Primary contact	Ana Chavez, MS, RD	auc5	301-458-4227	NCHS/DHANES

Forms submitted with this cover sheet

Check all that apply.

Requests for ERB review

- 0.1250 Initial Review
- 0.1251 Continuing Review of Approved Protocol Protocol
- 0.1252 Review of Changes to Approved Protocol Protocol
- 0.1253 End of Human Research Review

Requests for exempted protocols

- 0.1250X Initial Review for Exemption
- 0.1251X Continuing Review of Exempted
- 0.1252X Review of Changes to Exempted
- 0.1253 End of Human Research Review

Tracking CDC's research partners

- 0.1370 CDC's Research Partners
(supplement to 0.1250-0.1252X)
Events

Managing incidents and adverse events

- 0.1254 Incident Report
- 0.1254S Supplemental Report on Adverse

Alternative review arrangements

- 0.1371 Request to Rely on a Non-CDC IRB

Additional comments

[REDACTED]

Approvals/Signatures

As principal investigator, I hereby accept responsibility for conducting this CDC-sponsored research project in an ethical manner, consistent with the policies and procedures contained in CDC's "Procedures for Protection of Human Research Participants" and to abide by the principles outlined in 45 CFR 46, "Protection of Human Subjects."

Signature	Date	Remarks
Principal Investigator:		

As a supervisor of the principal investigator, I hereby accept responsibility for ensuring that this CDC-sponsored research project is conducted in an ethical manner, consistent with the policies and procedures contained in CDC's "Procedures for Protection of Human Research Participants" and with the principles outlined in 45 CFR 46, "Protection of Human Subjects."

Signature	Date	Remarks
Branch Chief:		Check if PI is Branch Chief: <input type="checkbox"/>
Division Director:		Check if PI is Division Director: <input checked="" type="checkbox"/>

I concur that this CDC-sponsored research project is consistent with the policies and procedures contained in CDC's "Procedures for Protection of Human Research Participants" and with other applicable CDC and NCHS policies.

Signature	Date	Remarks
Human Subjects Contact:		
NCHS Confidentiality Officer:		

OMB Reminder

Please note that the principal investigator is responsible for obtaining OMB clearance on federally sponsored information collections. Approval by or exemption from the NCHS Research ERB is unrelated to OMB clearance requirements under the Paperwork Reduction Act. For more information on whether your study requires OMB clearance, please contact your OMB coordinator or OPPE clearance staff.

Request for Review of Changes to IRB-Approved Protocol

Use this form to seek approval for changes to a protocol that has received approval by a CDC or non-CDC IRB. [See 45 CFR 46.103(b)(4)(iii).] Please see *HRPO Guide: IRB Review Cycle* for further details on how to complete this form.

Protocol identifiers

CDC protocol ID: 2005-06

Protocol version number [redacted] version date [redacted]

Protocol title: **National Health and Nutrition Examination survey (NHANES)**

Amendment number: [redacted]

No change in keywords. If no change, please skip to section .

Suggested keywords (optional):

[redacted] [redacted] [redacted]
[redacted] [redacted] [redacted]

Key CDC personnel

No change in key CDC personnel. If no changes, please list only the primary contact and principal investigator.

	Investigator name and degrees (FirstName LastName, Degrees)	User ID	SEV #	CDC unit
Primary contact (required)	Ana Chavez, MS, RD	auc5	3650	NCHS/DHANES
Principal investigator	Clifford L. Johnson, MSPH	clj1	11034	NCHS/DHANES
Investigator 2	Vicki L. Burt, RN, SCM	vlb2	16263	NCHS/DHANES
Investigator 3	Chia-Yih Wang, PhD	Ctw9	19255	NCHS/DHANES
Investigator 4	[redacted]	[redacted]	[redacted]	[redacted]
Investigator 5	[redacted]	[redacted]	[redacted]	[redacted]

SEV # is CDC's Scientific Ethics Verification Number. CDC unit is the national center (or equivalent) and division (or equivalent), or coordinating center or office if submitted at that level.

List additional CDC personnel (name and degrees, user ID, SEV #, CDC unit), if any:

[redacted]

CDC's role in project

No change in CDC's role in project. Please complete this section even if there is no change in CDC's role.

Check yes or no for each of the following.

- CDC employees or agents will obtain data by intervening or interacting with participants.
- CDC employees or agents will have access to identifiable (including coded) private data or biological specimens.
- CDC employees or agents will have access to anonymous or unlinked data or biological specimens.
- CDC employees will provide substantial technical assistance or oversight.
- CDC employees will participate as co-authors in presentation(s) or publication(s).

CDC's research partners

Research partners include *all* direct and indirect recipients of funding and other support for this research activity as well as collaborators who do not receive such support. On review of changes, HRPO needs current information on partners that have been added since the last review. See *HRPO Guide: CDC's Research Partners* for further details. Check one of the following.

- No research partners have been added since the last review.
- Research partners have been added and are listed on form 0.1370, which accompanies this form.

Study participants—planned demographic frequencies

No change in planned demographic frequencies. If no change, please skip to section .
Report whole-number counts, not percentages.

Total number of participants	0
Location	
Participating at domestic sites	0
Participating at foreign sites	0
Sex/Gender	
Female	0
Male	0
Not available	0
Ethnicity	
Hispanic or Latino	0
Not Hispanic or Latino	0
Not available	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or Other Pacific Islander	0
White	0
More than one race	0
Not available	0

Comments on demographics

This pilot study will be conducted with survey participants in one of the 2006 NHANES survey locations. Therefore, the demographic distribution will be the same as the NHANES main study. However, in order to test the instrument and protocol in Spanish, we plan to collect at least 40 interviews in Spanish.

Regulation and policy

Mode of IRB review on CDC's behalf

No change in mode of IRB review. Please complete this section even if there is no change in the mode of IRB review.

Location of IRB (check one):

CDC IRB

Non-CDC IRB through IRB authorization agreement [submit form 0.1371 if this is a new request]

Institution or organization providing IRB review: [redacted]

IRB registration number: [redacted]

Federalwide assurance number (if any): [redacted]

Suggested level of risk (check one):

Minimal

Greater than minimal

Suggested level of IRB review (check one):

See *HRPO Worksheet for Expedited Review* for detailed assistance.

- Convened-board is suggested
- Not eligible for expedited review. For example, poses greater than minimal risk and changes are substantial; involves use of drug, biologic, or device under IND or IDE; involves collection of large amount of blood; use of x-rays or microwaves; anesthesia; or physically invasive procedures
 - Other specified reason: [REDACTED]
- Expedited review is suggested, under the following categories (select all that apply):
- Proposed changes to protocol are minor
 - 1a Study of drugs not requiring IND
 - 1b Study of medical devices not requiring IDE
 - 2a Collection of blood samples (below limit), minimally invasive, healthy, nonpregnant adults
 - 2b Collection of blood samples (below limit), minimally invasive, other adults and children
 - 3 Prospective collection of biological specimens for research purposes by noninvasive means
 - 4 Collection of data through routine, noninvasive procedures; no general anesthesia or sedation, no x-rays or microwaves
 - 5 Research involving previously collected materials
 - 6 Collection of data from voice, video, digital, or image recordings made for research purposes
 - 7 Research employing survey or interview methods

Vulnerable populations

Check one of the following:

- No change** in vulnerable populations (added or dropped). If no change, please skip to section .
- There is a proposed change in the intention to include or exclude a group of potentially vulnerable subjects, such as pregnant women or fetuses, children, or prisoners.

Please summarize and justify the proposed change, including which groups are affected and where the change is described in the protocol.

[REDACTED]

Free and informed consent

Check one of the following:

- No change** in consent process, forms, or approved waivers. If no change, please skip to section .
- There are proposed changes in consent process, forms, or approved waivers.

Please summarize and justify the proposed changes in the consent/assent/permission process (e.g., recruitment, scripts) or in the documentation of consent/assent/permission (e.g., consent forms), including where the changes are described in the protocol. Include any changes related to the HIPAA Privacy Rule. Also describe how it is shown that the modified consent process and documentation are in understandable language (e.g., reading level, comprehension tool, short form, translation).

Survey participants will read and sign appropriate informed consent/permission/assent forms. The NHANES 2006 Health Measurements List (provided as part of the consent process) includes a section entitled "After your visit to the NHANES mobile center" and proposed text for the pilot study of the Flexible Consumer Behavior Survey (FCBS) module (see Attachment A). The Consent Form will be signed if the person agrees to participate. Parental consent for the component will be obtained for minors who are selected. A waiver for documented consent is requested for cases when the proxy who signed the consent is not available and another proxy is asked to complete the FCBS pilot study questionnaire. The

new proxy will provide verbal consent. More details are provided on pages 14-15. All the forms and instruments used in the pilot study will be available in English and Spanish languages. Spanish translation will be done following a standardized translation process used in the NHANES protocol.

Other regulation and policy considerations

Check one of the following:

- No change** in other regulation and policy considerations. If no change, please skip to section .
- There are proposed changes in other regulation and policy considerations.

Please describe and justify changes to any of the following regulation and policy considerations, including where the changes are described in the protocol:

- Exception to PHS policy regarding notification of HIV test results
- Human genetic testing
- Inclusion of a registrable clinical trial or change in registration status
- Plans for long-term storage of identifiable biological specimens
- Involvement of drug, biologic, device, or nonstandard in vitro diagnostic, including IND or IDE status (Please see *HRPO Worksheet to Determine FDA Regulatory Coverage* for guidance on whether or not FDA regulations apply.)

Confidentiality protections

Check one of the following:

- No change** in confidentiality protections (e.g., granted, applied for, denied). If no change, please skip to section .
- There are proposed changes in confidentiality protections.

Please describe and justify changes to confidentiality protections under a Certificate of Confidentiality (301(d)) or Assurance of Confidentiality (308(d)), including whether requests for these protections are granted, pending, or denied and where these requests are described in the protocol:

Summary of other proposed changes

Describe and justify other proposed modifications to the protocol (except for modifications justified above). Include page numbers in reference to clean copy (and marked copy if possible). Continue summary in supplemental document if necessary.

The NHANES program requests approval to do a pilot study to evaluate the operational feasibility of the phone interview element of the Flexible Consumer Behavior Survey (FCBS) module. The FCBS module is developed in collaboration with the Economic Research Service (ERS) of the U.S. Department of Agriculture (USDA) for inclusion in the 2007-08 NHANES. The proposed testing is designed to evaluate how well the phone interview piece fits into the NHANES setting. Detailed study protocol is included in pages 14-15.

Material submitted with this form

Check all that apply.

Clean Marked

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Complete protocol |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All consent, assent, and permission documents or scripts |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other scripts (e.g., phone interview, in-person structured interview) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other printed material for recruits or participants (e.g., ads, brochures, flyers) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All data collection instruments |
| <input type="checkbox"/> | | Documentation of IRB approval (only if newly relying on a non-CDC IRB) |

Additional comments

PILOT STUDY OF THE FLEXIBLE CONSUMER
BEHAVIOR SURVEY (FCBS) PHONE FOLLOW UP
MODULE

Study Protocol

June 21, 2006

National Center for Health Statistics, CDC
3311 Toledo Road
Hyattsville, MD 20782

TABLE OF CONTENTS

PROJECT OVERVIEW.....	11
Title.....	11
Protocol Summary.....	11
Investigators and Collaborators.....	11
Funding Sources.....	12
INTRODUCTION.....	12
Background and Justification.....	12
Objectives.....	13
PROCEDURES AND METHODS.....	13
Study Protocol.....	14
Participant Burden for Respondents.....	15
Training for Interviewers.....	15
Data Analysis.....	16
Protection of Human Subjects.....	16
Justification for Using Vulnerable Populations.....	17
Risks.....	17
Confidentiality Measures.....	17
Justification for Waiver of Documentation of Informed Consent.....	17
ATTACHMENTS	
Attachment A – Consent Form Health Measurements List	18
Attachment B – Non-Documented Informed Consent Script.....	20
Attachment C – Introduction Scripts and Scenarios.....	22
Attachment D - Flexible Consumer Behavior Survey (FCBS) Module Phone Follow Up Questionnaire.....	31

PROJECT OVERVIEW

Title

Pilot study of the Flexible Consumer Behavior Survey (FCBS) phone follow up module for the National Health and Nutrition Examination Survey (NHANES).

Protocol Summary

In preparation for the 2007 field implementation, ERS and NCHS plan to conduct a pilot study to evaluate the operational feasibility of the phone follow up element of the FCBS module within the context of the NHANES Integrated Survey Information System (ISIS). The pilot study will occur from September to November 2006 with participants from one of the NHANES survey locations. The pilot study will integrate the new phone follow up questionnaire with the existing NHANES ISIS. It will be conducted following the day 2 dietary phone follow up interview. Results from the pilot study will be used to assess this new instrument's compatibility with the NHANES' ISIS.

The FCBS module was cognitively tested by Westat, Inc. under the contract with NCHS from March through April 2006 with 42 volunteer participants aged 18 years and over (20 in English and 22 in Spanish). The results from the test were used to assess and improve the instrument and determine the feasibility of inclusion in NHANES. The Cognitive Testing Report is 82 pages long and is not included due to its length however it can be provided by request.

Investigators and Collaborators

Clifford L. Johnson, M.S.P.H. is the Principal Investigator of this proposed pilot study, with Vicki L. Burt, Sc.M., Chia-Yih Wang, Ph.D. and Ana Chavez, MS, RD as the Co-Investigators. Collaborators from ERS, USDA include Jay Variyam, Ph.D. and Biing-Hwan Lin, Ph.D. (Co-Project Officers). Westat, Inc. will administer this module under contract to NCHS. All investigators and collaborators have signed the NCHS Confidentiality Agreement.

Funding Sources

The cost of this pilot study and data collection will be covered by an ERS interagency agreement with NCHS.

INTRODUCTION

The Flexible Consumer Behavior Survey (FCBS) module was developed in collaboration with the Economic Research Service (ERS) of the U.S. Department of Agriculture (USDA) for inclusion in the future NHANES. The module is designed to collect information on people's knowledge, attitudes, and beliefs toward nutrition and food choices. Once integrated into the survey, data collected with this module can be linked to other NHANES components, allowing researchers to explore relationships between dietary intakes as well as nutritional biomarkers of the individuals and their knowledge, attitudes and perceptions. Assessing such linkages and how the linkages change over time in various population subgroups will provide critical information not only to public health experts and policymakers, but to the food industry and the growing food-away-from-home sector as well. Information gathered by the FCBS will contribute to the major NHANES objectives of studying the relationship between diet, nutrition and health, as well as monitoring trends in risk behaviors and the prevalence of risk factors in population subgroups.

Background and Justification

The development of the FCBS module started in 2005 and was based on a theoretical framework linking attitudes, knowledge, and health behaviors with nutritional choices and health outcomes. A broad coalition of federal agencies interested in behavioral aspects of food consumption including the Economic Research Service, Center for Nutrition Policy and Promotion, Food and Drug Administration, and the National Cancer Institute have been involved in the development of this module.

Questions included in the FCBS module were cognitively tested by Westat, Inc. under the contract with NCHS from March through April 2006 with 42 volunteer participants aged 18 years and over (20 in English and 22 in Spanish). An in-depth interview was given to each participant to collect his/her responses to the questionnaire, including the

participant's understanding of the wording of the questions and the decision process the participant went through in answering these questions. The results from the test were used to assess and improve the instrument and determine the feasibility of inclusion in NHANES. Based on observations, some questions were re-worded to make them simpler and make easier to understand. It was also noted that many volunteers had not heard of or were not very familiar with *MyPyramid*¹ and responded to knowledge questions based on their habits versus *MyPyramid* recommendations therefore responses to these questions will be further examined in this pilot. The Cognitive Testing Report is 82 pages long and is not included due to its length however it can be provided by request.

The FCBS module comprises two elements: 1) a core set of questions designed to be repeated in each 2 year cycle of NHANES; and 2) a supplementary module with specific focus that is intended to be cycled periodically during 2 year NHANES cycles. The core set of the FCBS module is designed to be included as part of the NHANES household questionnaire. The supplementary module of the FCBS will be administered as a 20 minute telephone interview. This proposed pilot study is designed to evaluate the operational feasibility of this phone interview element of the FCBS module. The major objectives of the pilot study are as follows:

Objectives

- To assess how well the phone interview module fits in to the existing NHANES ISIS system.
- To assess the process of proxy identification, scheduling, and generation of checks within ISIS.

PROCEDURES AND METHODS

To comply with lead time required for field implementation in NHANES 2007, this pilot study will be conducted from September 23 to November 20, 2006 in one of the NHANES survey locations.

¹ *MyPyramid* is and update of the USDA's food guide pyramid.

Study Protocol

The pilot study will be comprised of a sample of approximately 350 NHANES participants completing a dietary recall in the mobile exam center. To help us test the module in Spanish, we plan to collect at least 40 interviews in Spanish.

The FCBS pilot study will be administered over the telephone after the day 2 dietary phone follow up. (Note: The day 2 dietary interviews are conducted by telephone 3-10 days after the health examination component.) Participants ages 1 year and older completing a dietary recall in the mobile exam center will be eligible for the FCBS pilot study. After the day 2 dietary phone follow up is administered, participants will be asked if they would like to continue with the FCBS interview or schedule for another day or time (See scripts in Attachment C). There are different respondent rules for the FCBS phone follow up questionnaire: participants age 16 years and older will answer the questions for themselves and a proxy will respond for those ages 1-15 years old. Because the day 2 dietary interview is completed with a proxy for ages 1-11 and participants age 12-15 years complete their own dietary recall, two separate sets of age specific screener questions will be used to identify the proxy for the FCBS pilot study (Attachment D, pages 33-36).

For ages 1-11 years, if the day 2 dietary interview proxy is a NHANES participant, the proxy's pilot study data will be linked to all children ages 1-15 years in the home and no proxy screening questions will be asked. No additional FCBS interview will be scheduled for the children (see scripts and scenarios in Attachment C). When the day 2 dietary proxy is not a NHANES participant, screener questions will be asked to determine the main meal planner in the home. If the identified main meal planner is a NHANES participant, their pilot study data will be linked to all children age 1-15 years in the home. No additional FCBS interview will be scheduled. If the main meal planner is not a NHANES participant, the day 2 dietary proxy will be the participant's proxy for the FCBS. For participants ages 12-15 years, the proxy screener questions will be asked to determine if the main meal planner was a survey participant. If the main meal planner was not a participant, the FCBS proxy will be the adult who signed the household informed consent. The name of this proxy will be displayed in the module for the interviewer. When the proxy is not available to be the FCBS proxy, such as they are no longer living with the family or are out of the country, ISIS will select a second proxy for

the FCBS pilot study and verbal consent will be obtained. The pilot study will give us insight as to how often the proxy of children age 1-15 years is the main meal planner.

There may be multiple persons from one home taking part in the FCBS pilot study. All adult NHANES participants age 16 years and older who complete a day 2 dietary interview will be eligible to participate in the FCBS pilot study. Therefore when there are multiple adults in the family who complete a dietary interview, there will be multiple adult FCBS pilot study interviews. In a household with several eligible children ages 1-15 years, the data from the FCBS pilot study of one adult participant or proxy will be linked to all eligible children in the home. The adult participant or proxy whose FCBS data will be linked to the eligible children will be determined after the day 2 dietary interview for the first child is completed.

\$30 (in check) will be mailed to the respondent as a token of appreciation.

All the forms and instruments used in the pilot test will be available in English and Spanish languages. Spanish translation will be done following a standardized translation process used in the NHANES protocol. It is a forward translation process with multiple levels of review and adjudication, including a final review done by a certified translator.

Participant Burden for Respondents

The respondent burden is estimated to be 20 minutes per interview. Because we are not testing response rates, there will be no non-response conversion efforts for the FCBS pilot study.

Training for Interviewers

The pilot study interviews will be conducted by staff in the Westat telephone center under contract with NCHS. The NCHS investigators and contractor staff will train the interviewers on study protocol and data collection. The training will cover study protocol and consent procedures, general interviewing techniques, and will address confidentiality issues. The training will reinforce the procedures for the processing and

storing of confidential data. The terms of the contract require that the contractor and research collaborators guarantee that they will not tabulate, analyze, release or use the data without prior written approval of the NCHS project officer and the NCHS Confidentiality Officer. In addition, all tabulations and reports generated from approved data uses will be released solely to the NCHS project officer or designee. All data including data sets, and tables remaining in the custody of the contractor at the close of the contract shall be returned to the custody of the responsible NCHS project officer or designee, and no copies (either preliminary, interim or final) shall be maintained by the contractor.

Data Analysis

Westat staff in collaboration with NCHS investigators will evaluate the results of the pilot study. The evaluation will focus on operational feasibility, response rates, and data quality. An evaluation report will detail specific recommendations and potential solutions for incorporating the FCBS phone interview module protocol in NHANES.

Protection of Human Subjects

The investigators have used the guidance in 45 CFR 46.116 (a) for developing the information provided to all potential study participants. Interviewers will be instructed to ensure that the information is understood and that the person agrees to participate in the survey before proceeding. The NHANES 2006 Health Measurements List (provided as part of the consent process) includes a section entitled "After your visit to the NHANES mobile center" and proposed text for the pilot study of the FCBS module (see Attachment A). The Consent Form will be signed if the person agrees to participate. Parental consent for the component will be obtained for minors who are selected. Non-documented informed consent for proxies who did not sign the household informed consent will be obtained over the telephone before beginning the FCBS pilot study (see Attachment B). Informed consent/permission/assent forms and non-documented informed consent scripts will make clear that participation is voluntary (see Attachments A and B).

Justification for Using Vulnerable Populations

Survey participants ages 16-17 years will answer for themselves because their data are important for understanding nutrition attitudes and knowledge which can be linked with nutritional choices and health outcomes. Mentally impaired individuals will not be included in this proposed pilot study. There is no reason to exclude pregnant women because there is no contraindication.

Risks

There is no more than minimal risk associated with this protocol pilot study for the FCBS module.

Confidentiality Measures

The protection of individual privacy and confidentiality of personal information is a primary concern to all the programs of NCHS. This test will be conducted with the strongest possible assurances of confidentiality. These include the protections of the Privacy Act of 1974 and an even more rigorous protection of all NCHS data outlined in Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

To insure the awareness of confidentiality standards, all the interviewers working on data collection will be required to watch the NCHS confidentiality training video, and sign the NCHS non-disclosure affidavit. All collaborators will be given the minimal amount of data required to conduct studies and monitor quality control for purposes of the study. A condition for sharing confidential data is for the collaborator to sign a Designated Agent Authority Agreement

Justification for Waiver of Documentation of Informed Consent

As stated earlier, when an adult proxy for participants ages 12-15 years old who signed the informed consent in the household is not available, non-documented informed consent will be obtained before beginning the FCBS pilot study interview. Because there is no risk of harm to participants resulting from the proposed phone FCBS pilot study and an informed non-documented consent can be obtained over the telephone before the interview, a waiver for signed informed consent is requested. The interviewer will inform the proxy that participation is voluntary and they may choose not to answer any question (see Attachment B).

Attachment A

NHANES Health Measurement List,
page 2

2006 NHANES Health Measurements List- Part 2

Lab Tests on Blood (1+)

You will have your blood drawn. The blood will be tested for:

- Anemia (all) ♦
- Nutrition status (all) ♦
- Blood reaction to allergens (all) ♦
- Exposures to environmental metals: lead, cadmium, and mercury (all) ♦
- Infectious diseases (2+) ♦
- Cholesterol, triglycerides and other lipids (6+) ♦
- Exposure to environmental chemicals (6+) ♦
- Parathyroid hormone (6+) ♦
- Kidney and liver function (12+) ♦

Women and girls only:

You will be asked to self-administer a vaginal swab in complete privacy. The swab will be tested for the presence of Human Papillomavirus (14-59) ♦

Females 12 years and older will have a urine pregnancy test, as well as girls 8-11 who have started their periods. Our physician will tell you if you are pregnant if you did not already know it. Parents of girls younger than 14 years of age who are pregnant will also be informed of the test result.

Men only:

Your blood will be checked for your level of prostate specific antigen (PSA) (40+) ♦

Lab Tests on Water:

The interviewer will collect a sample of your household tap water, which we will test for environmental chemicals (12+) ♦

After your visit to the NHANES mobile center:

If you had a dietary interview as part of your exam, you will get a phone call 3-10 days after the exam to be asked similar questions. Then you or an adult in your family if you are between 1-15 years old will be asked about food shopping habits. Also, a food survey will be mailed to your home. You will be asked to complete this survey and return it in a prepaid envelope that we will provide. The questions will take 20-30 minutes to answer.

Children ages 6 years and older and adults will also be asked to wear a physical activity monitor. Staff will give you the monitor at the mobile center. You will wear the monitor at home for 7 days. You will be asked to return the monitor to our office in a prepaid envelope that we will provide.

A few weeks after your visit to the mobile center, a technician will visit your home to ask a short set of questions and collect a dust sample by vacuuming areas in the room where you sleep. The dust sample will be sent to a lab where it will be tested for allergens. Allergens are things that can cause allergies. Results of this dust testing will be given to you. A date and time to collect a dust sample will be set up after your exam.

People who test positive for hepatitis C will be called and asked to be in a brief phone interview 6 months after the exam.

Men 40-70 years of age with a high PSA test result will be called and asked to be in a brief phone interview 6 months after the exam.

Taking part in these interviews and health measures after your visit to the mobile center is voluntary.

Attachment B

Non-Documented Informed Consent Script

Non-Documented Informed Consent Script

Introduction Script

“Hello, Mr./Mrs. _____, my name is _____. I’m calling for the National Health and Nutrition Examination Survey to ask some questions about food and food shopping. The interview will take about 20 minutes and you will receive a check for \$30 as a token of appreciation. I’d like you to know that participating in this interview is voluntary. You may choose not to answer any question you don’t want to answer or stop at any time. We are required by federal laws to keep your answers strictly private. I can describe these laws if you want. They guarantee that your answers will be used only for research. Your name will not be used. Also, in order to review my work, my supervisor may listen as I ask the questions. I’d like to continue now unless you have any questions.

READ IF NECESSARY: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act.

CONCLUDING SCRIPT

“Those are all the questions I have. I’d like to thank you on behalf of the National Health and Nutrition Examination Survey for the time and effort you’ve spent answering these questions. If you have any questions about this survey, you may call our Medical Officer, Dr. Kathryn Porter toll-free at 1-800-452-6115. If you have questions about your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.”

Attachment C

Introduction Scripts and Scenarios

INTRODUCTION SCRIPTS AND SCENARIOS

A. Participants 16 years and older:

At the end of the day 2 dietary interview, the following script will be read:

“Your participation is valuable to us and we would like to ask a few more questions about food and food shopping. The interview will take about 20 minutes and you will receive an additional check for \$30 as a token of appreciation. Is now a good time? (When is the best time to reach you?)”

If participant agrees to continue at that time, proceed with the FCBS phone follow up interview. If not, schedule for another day or time. When calling for the scheduled FCBS phone interview, the following script will be read:

“Hello, Mr./Ms _____, my name is _____. I'm calling for the National Health and Nutrition Examination Survey to ask some questions about food and food shopping. The interview will take about 20 minutes and you will receive a check for \$30 as a token of appreciation. Everything you say will be kept confidential. Let's begin. ”

Proceed with FCBS pilot interview

B. Proxy for examinees 1-11 years old

Day 2 dietary interviews for participants age 1-11 years are completed by a proxy. The proxy for the FCBS pilot interview will be identified by ISIS after the first child (1-15 years) in the household has a completed day 2 dietary phone interview. Once the proxy is identified, the proxy screener questions will not appear for other children 1-15 years old in the home. Different scenarios are described below.

Question CBQ.new20 will be displayed and the interviewer will enter the information for the day 2 dietary interview proxy without asking the participant the question. Relationship to SP and age data will be imported from Household questionnaire and displayed. When “Non-SP” is selected, the Name and Relationship fields will be enabled for interviewer to enter.

CBQ.new20	Who is the proxy?		
<input type="checkbox"/>	SP 1 Name	Display relationship	Display Age
<input type="checkbox"/>	SP 2 Name	Display relationship	Display Age
<input type="checkbox"/>	SP 3 Name	Display relationship	Display Age
<input type="checkbox"/>	Non-SP	(Name: _____)	Relationship to SP: _____)

1. If the proxy is a NHANES participant, the data for the FCBS phone interview for this adult will be linked to all participants 1-15 years old in the home. No additional FCBS pilot phone interview is necessary and screener questions will not appear after the day 2 dietary interviews for any other children ages 1-15 in the home. The interviewer will thank the respondent and end the interview.
2. If the day 2 dietary proxy is not a survey participant, continue with the script and questions below to identify the main meal planner. In questions CBQ.new21-CBQ.new24, data for the Relationship and Age will be imported from the Household questionnaire and displayed. When "Non-SP" is selected, the Name and Relationship fields will be enabled for the interviewer to enter.

"Thank you for completing the dietary interview. I have just a few more questions."

CBQ.new21 **Who is the person who does most of the planning or preparing of meals in your family?**

- | | | | |
|--------------------------|-----------|----------------------|----------------------------|
| <input type="checkbox"/> | SP 1 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 2 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 3 Name | Display relationship | Display Age |
| <input type="checkbox"/> | Non-SP | (Name: _____) | Relationship to SP: _____) |

CBQ.new22 **{Do you/Does he/she} share in the planning or preparing of meals with someone else?**

- | | | | |
|--------------------------|-----------|----------------------|----------------------------|
| <input type="checkbox"/> | No | | |
| <input type="checkbox"/> | SP 1 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 2 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 3 Name | Display relationship | Display Age |
| <input type="checkbox"/> | Non-SP | (Name: _____) | Relationship to SP: _____) |

CBQ.new23 **Who is the person who does most of the shopping for food in your family?**

- | | | | |
|--------------------------|-----------|----------------------|----------------------------|
| <input type="checkbox"/> | SP 1 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 2 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 3 Name | Display relationship | Display Age |
| <input type="checkbox"/> | Non-SP | (Name: _____) | Relationship to SP: _____) |

CBQ.new24 **{Do you/Does he/she} share in the shopping for food with someone else?**

- | | | | |
|--------------------------|-----------|----------------------|----------------------------|
| <input type="checkbox"/> | No | | |
| <input type="checkbox"/> | SP 1 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 2 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 3 Name | Display relationship | Display Age |
| <input type="checkbox"/> | Non-SP | (Name: _____) | Relationship to SP: _____) |

3. If the identified meal planner is a participant, their FCBS phone interview data will be linked to all children 1-15 years old in the home. The statement "No additional FCBS phone interview is necessary" will be displayed and the interviewer will simply thank the person and end the interview.

4. If the identified main meal planner is not a survey participant, the instrument will be programmed to select the day 2 dietary proxy as the proxy for the FCBS phone interview. The name of the proxy will be displayed, "{Day 2 Dietary Proxy Name} will be FCBS proxy".

A. The following script will be read:

"Your participation is valuable to us and we would like to ask a few more questions about food and food shopping. {There is only one interview for all/both your children that/This interview} will take about 20 minutes and you will receive an additional check for \$30 as a token of appreciation. Is now a good time? (When is the best time to reach you?)

B. If participant agrees to continue at that time, proceed with FCBS pilot phone interview.

C. If the current time is not convenient, schedule for another day or time. When calling for the scheduled FCBS phone interview, the following script will be read:

"Hello, Mr./Ms. _____, my name is _____. I'm calling for the National Health and Nutrition Examination Survey to ask some questions about food and food shopping. The interview will take about 20 minutes and you will receive a check for \$30 as a token of appreciation. Everything you say will be kept confidential. Let's begin."

Proceed with FCBS pilot interview.

5. As stated earlier, the proxy selection for the FCBS pilot study will occur after the first day 2 dietary interview for a child 1-15 years old in the household. There will be no script and no proxy questions for all subsequent children in the household.

C. Proxy for examinees 12-15 years old

Participants 12-15 years old complete their own day 2 dietary interview, although rarely a proxy is used. (Note, recall that the proxy for the FCBS pilot interview will be identified by ISIS after the first child [ages 1-15 years] in the household has a completed day 2 dietary phone interview. Once the proxy is identified, the proxy screener questions will not appear for other children ages 1-15 years old in the home and the FCBS data from an adult participant or proxy is linked to all children in the home.)

1. If the day 2 dietary interview was completed by an adult SP proxy, link the proxy's FCBS pilot interview data to all participants 1-15 years old in the home. Otherwise, continue with proxy selection steps below.

2. If the 12-15 year old answered the dietary interview for themselves, the screener questions will be asked to determine if the FCBS pilot study data from an adult participant will be linked or a proxy interview will be conducted.

“Thank you for completing the dietary interview. I have just a few more questions.”

(CBQ.new25: Interviewer will enter response without asking; question refers to day 2 dietary respondent. Relationship to SP and age will be imported from Household questionnaire. When “Non-SP” is selected, the Name and Relationship fields will be enabled.)

CBQ.new25 Who completed the interview?

- | | | | |
|--------------------------|-----------|----------------------|----------------------------|
| <input type="checkbox"/> | SP 1 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 2 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 3 Name | Display relationship | Display Age |
| <input type="checkbox"/> | Non-SP | (Name: _____) | Relationship to SP: _____) |

CBQ.new21 Who is the person who does most of the planning or preparing of meals in your family?

- | | | | |
|--------------------------|-----------|----------------------|----------------------------|
| <input type="checkbox"/> | SP 1 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 2 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 3 Name | Display relationship | Display Age |
| <input type="checkbox"/> | Non-SP | (Name: _____) | Relationship to SP: _____) |

CBQ.new22 {Do you/Does he/she} share in the planning or preparing of meals with someone else?

- | | | | |
|--------------------------|-----------|----------------------|----------------------------|
| <input type="checkbox"/> | No | | |
| <input type="checkbox"/> | SP 1 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 2 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 3 Name | Display relationship | Display Age |
| <input type="checkbox"/> | Non-SP | (Name: _____) | Relationship to SP: _____) |

CBQ.new23 Who is the person who does most of the shopping for food in your household?

- | | | | |
|--------------------------|-----------|----------------------|----------------------------|
| <input type="checkbox"/> | SP 1 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 2 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 3 Name | Display relationship | Display Age |
| <input type="checkbox"/> | Non-SP | (Name: _____) | Relationship to SP: _____) |

CBQ.new24 {Do you/Does he/she} share in the shopping for food with someone else?

- | | | | |
|--------------------------|-----------|----------------------|----------------------------|
| <input type="checkbox"/> | No | | |
| <input type="checkbox"/> | SP 1 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 2 Name | Display relationship | Display Age |
| <input type="checkbox"/> | SP 3 Name | Display relationship | Display Age |
| <input type="checkbox"/> | Non-SP | (Name: _____) | Relationship to SP: _____) |

3. Data from an adult FCBS pilot interview will be linked to children 1-15 years in the home if any of the following are a NHANES participant: a.) the main meal planner (CBQ.new21); b.) the person who shares in the planning or preparing of meals (CBQ.new22); c.) the person who does most of the food shopping (CBQ.new23); d.) the person who shares in the food shopping (CBQ.new24). No additional FCBS pilot interview is necessary and screener questions will not appear for other children ages 1-15 years in the home. The interviewer will simply thank the respondent and end the interview. (The same criteria are not applied to the 1-11 year olds because we expect the day 2 dietary proxy will be either the main person responsible for or shares the responsibility of planning meals or food shopping in the household.)
4. If the main meal planner or shopper is not a NHANES participant, the module will be programmed to identify and display the name of the proxy who signed the informed consent in the household. This person will be the FCBS pilot study proxy. The screener questions will not be displayed for other children 1-15 years old in the household.

“{Name of proxy who signed household consent} will be the FCBS proxy.”

- A. The interviewer will ask to speak with the proxy:

“Is Mr./Ms. _____ home? May I speak with him/her?”

- B. If the proxy is not home, schedule an appointment for another day or time using the following script:

“I would like to call Mr./Ms. ____ to ask a few more questions about food shopping. When is the best time to reach him/her?”

- C. When calling for the scheduled FCBS pilot interview or if the proxy is home the following script will be read:

“Hello, Mr./Ms. _____, my name is _____. I’m with the National Health and Nutrition Examination Survey and would like to ask you some questions about food and food shopping. We are conducting this interview with an adult who lives with child SP name. This interview will take about 20 minutes and you will receive a check for \$30 as a token of appreciation. Is now a good time? (When is the best time to reach you?)”

- D. If the current time is convenient for the proxy, proceed with the FCBS pilot interview.

- A. Once the proxy is selected, the introduction screen will be displayed:

“Hello, Mr./Ms. _____, my name is _____. I’m with the National Health and Nutrition Examination Survey and would like to ask you some questions about food and food shopping. We are conducting this interview with an adult who lives with child SP name. The interview will take about 20 minutes and you will receive a check for \$30 as a token of appreciation. Is now a good time? (When is the best time to reach you?)”

- B. If the current time is convenient and informed consent is required, the following script will be read:

“Before we begin, I’d like you to know that participating in this interview is voluntary. You may choose not to answer any question you don’t want to answer or stop at any time. We are required by federal laws to keep your answers strictly private. I can describe these laws if you want. They guarantee that your answers will be used only for research. Your name will not be used. Also, in order to review my work, my supervisor may listen as I ask the questions. I’d like to continue now unless you have any questions.”

READ IF NECESSARY: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act.

Continue with the FCBS pilot interview.

- C. If the current time is not convenient, schedule for another day or time. When calling for the scheduled FCBS pilot study interview, the following script will be read:

“Hello, Mr./Mrs. _____, my name is _____. I’m calling for the National Health and Nutrition Examination Survey to ask some questions about food and food shopping. The interview will take about 20 minutes and you will receive a check for \$30 as a token of appreciation. I’d like you to know that participating in this interview is voluntary. You may choose not to answer any question you don’t want to answer or stop at any time. We are required by federal laws to keep your answers strictly private. I can describe these laws if you want. They guarantee that your answers will be used only for research. Your name will not be used. Also, in order to review my work, my supervisor may listen as I ask the questions. I’d like to continue now unless you have any questions.

READ IF NECESSARY: The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act.

Continue with the FCBS pilot interview.

- E. Concluding Script for interviews requiring non-documented informed consent:

“Those are all the questions I have. I’d like to thank you on behalf of the National Health and Nutrition Examination Survey for the time and effort you’ve spent answering these questions. If you have any questions about this survey, you may call our Medical Officer, Dr. Kathryn Porter toll-free at 1-800-452-6115. If you have questions about your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.”

Attachment D

Flexible Consumer Behavior Survey (FCBS) Module

Phone Follow Up Questionnaire

FLEXIBLE CONSUMER BEHAVIOR SURVEY (FCBS) MODULE

PHONE FOLLOW UP QUESTIONNAIRE CONTENTS

<u>CBQ Follow-up: Telephone Interview (20 minutes)</u>	33
Section I	Proxy Identification Questions for ages 1-15.....33
	a. For Ages 1-11 Years.....33
	b. For Ages 12-15 Years.....35
Section II	Food Away From Home Attitudes.....37
Section III	Knowledge, Perceptions, Habits.....41
	a. MyPyramid knowledge.....41
	b. Calorie knowledge.....43
	c. Other nutrition knowledge/attitude questions.....43
Section IV	Food Label.....46
Section V	Food Safety – Organic Foods Use.....52
Section VI	Respondent Information.....53

Section I. Proxy Identification Questions for ages 1-15

a. For Ages 1-11 Years

Box 1, Ages 1-11 years

INSTRUCTIONS for CBQ.new20:

LIST ALL SP's IN HOUSEHOLD IN DESCENDING ORDER FOR AGE AND LIST ADULTS AGES >=16 IN GREEN, 0-15 YEARS IN RED, AND "NON-SP" IN BLUE.

THIS IS A QUESTION FOR THE INTERVIEWER TO COMPLETE BY SELECTING THE APPROPRIATE OPTION. NO NEED TO READ THE QUESTION TO THE RESPONDENT.

IF "NON-SP" WAS SELECTED, THE "NAME" FIELD WILL BE ACTIVE FOR INTERVIEWER TO ENTER THE NAME.

CBQ.new20 Who is the proxy?

- SP 1 Name
- SP 2 Name
- SP 3 Name
- Non-SP (Name: _____ Relationship to SP: _____)

Box 2, Ages 1-11 years

IF THE PROXY IS AN SP, LINK THEIR CBQ PFU DATA TO ALL SP's 1-15 YEARS IN THE FAMILY AND GO TO END, OTHERWISE CONTINUE WITH CBQ.new21

CBQ.new21 Who is the person who does **most** of the planning **or** preparing of meals in your family?

- SP 1 Name
- SP 2 Name
- SP 3 Name
- Non-SP (Name: _____ Relationship to SP: _____)

CBQ.new22 {Do you/Does he/she} share in the planning or preparing of meals with someone else?

- No
- SP 1 Name
- SP 2 Name
- SP 3 Name
- Non-SP (Name: _____ Relationship to SP: _____)

CBQ.new23 Who is the person who does **most** of the shopping for food in your family?

- SP 1 Name
- SP 2 Name
- SP 3 Name
- Non-SP (Name: _____ Relationship to SP: _____)

CBQ.new24 {Do you/Does he/she} share in the shopping for food with someone else?

- No
- SP 1 Name
- SP 2 Name
- SP 3 Name
- Non-SP (Name: _____ Relationship to SP: _____)

END OF SCREENER QUESTIONS FOR AGES 1-11 YEARS

Box 3, Ages 1-11 years

IF THE DAY 2 DIETARY PROXY IS AN SP OR OTHER SP IN THE FAMILY IS IDENTIFIED AS A PROXY, NO ADDITIONAL PROXY CBQ PHONE INTERVIEW IS NEEDED. SIMPLY THANK THE RESPONDENT AND END THE INTERVIEW.

OTHERWISE, CONTINUE WITH THE INTRODUCTION

Introduction for non-participant pilot study proxy of child 1-11 years old:

“Your participation is valuable to us and we would like to ask a few more questions about food and food shopping. {There is only one interview for all/both your children that/This interview} will take about 20 minutes and you will receive an additional check for \$30 as a token of appreciation. Is now a good time? (When is the best time to reach you?).

If it is not a good time, schedule for another time or day.

Box 4, Ages 1-11 years

IF YES, GO TO CBQ.new26.

b. For Ages 12-15 Years

Box 5, Ages 12-15 years

INSTRUCTIONS for CBQ.new25 (screen 6):

LIST ALL SP's IN HOUSEHOLD IN DESCENDING ORDER FOR AGE AND LIST ADULTS AGES >=16 IN GREEN, 0-15 YEARS IN RED, AND "NON-SP" IN BLUE.

THIS IS A QUESTION FOR THE INTERVIEWER TO COMPLETE BY SELECTING THE APPROPRIATE OPTION. NO NEED TO READ THE QUESTION TO THE RESPONDENT.

IF "NON-SP" WAS SELECTED, THE "NAME" FIELD WILL BE ACTIVE FOR INTERVIEWER TO ENTER THE NAME.

CBQ.new25 WHO COMPLETED THE INTERVIEW?

- SP 1 Name
- SP 2 Name
- SP 3 Name
- Non-SP (Name: _____ Relationship to SP: _____)

Box 6, Ages 12-15 years

IF DAY 2 DIETARY INTERVIEW WAS COMPLETED BY AN ADULT SP, LINK THE PROXY'S CBQ PFU DATA TO ALL SP's 1-15 YEARS IN THE FAMILY AND GO TO END, OTHERWISE CONTINUE WITH CBQ.new21

CBQ.new21 Who is the person who does **most** of the planning **or** preparing of meals in your family?

- SP 1 Name
- SP 2 Name
- SP 3 Name
- Non-SP (Name: _____ Relationship to SP: _____)

CBQ.new22 {Do you/Does he/she} share in the planning or preparing of meals with someone else?

- No
- SP 1 Name
- SP 2 Name
- SP 3 Name
- Non-SP (Name: _____ Relationship to SP: _____)

CBQ.new23 Who is the person who does **most** of the shopping for food in your family?

- SP 1 Name
- SP 2 Name
- SP 3 Name
- Non-SP (Name: _____ Relationship to SP: _____)

CBQ.new24 {Do you/Does he/she} share in the shopping for food with someone else?

- No
- SP 1 Name
- SP 2 Name
- SP 3 Name
- Non-SP (Name: _____ Relationship to SP: _____)

Box 7, Ages 12-15 years

ISIS WILL FOLLOW THE PROTOCOL TO SELECT APPROPORATE PROXY AND DISPLAY

“Is {Proxy} home now? May I speak with him/her?”

If proxy not home, schedule appointment for a later time.

OTHERWISE, CONTINUE WITH THE INTRODUCTION

Introduction for proxy of child 12-15 years old:

“Hello, Mr./Ms. _____, my name is _____. I’m calling for the National Health and Nutrition Examination Survey and would like to ask you some questions about food and food shopping. We are conducting this interview with an adult who lives with child SP name. {This is only one interview for all/both your children that/This interview} will take about 20 minutes and you will receive a check for \$30 as a token of appreciation. Is now a good time? (When is the best time to reach you?)”

Box 8, Ages 12-15 years

GO TO CBQ.new26.

Section II. Food Away From Home Attitudes (FAFH)

Proposed questions: Two set of questions on the relative importance of various factors that influence people’s decision to (a) eat at a fast-food or pizza place and (b) dine at a sit-down/table service restaurant as opposed to eating at home.

Target: SP’s 1+ (family level interview for 1-15 years)

CBQ.new26 In the past 12 months, did you buy food from fast food or pizza places?

- Yes..... 1
- No..... 2 [CBQ.new35]
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new27 I'm going to read several reasons why you might buy food from fast food or pizza places instead of cooking at home.

First, do you buy food from fast food or pizza places because it is **cheaper** than cooking at home?

- Yes..... 1
- No..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new28 [Next], do you buy food from fast food or pizza places because the foods there are more **nutritious** than foods cooked at home?

- Yes..... 1
- No..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new29 [Next], do you buy food from fast food or pizza places because the foods there **taste better** than foods cooked at home?

- Yes..... 1
- No..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new30 [Next], do you buy food from fast food or pizza places because it is more **convenient** than cooking at home?

- Yes..... 1
- No..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new31 [Next], do you eat at fast food or pizza places instead of cooking at home to **socialize** with family and friends?

- Yes..... 1
- No..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

Question Source: New

Justification: What we want to measure are the relative importance consumers attach to various factors that influence their decision to (a) dine at a fast-food restaurant versus eating at home and (b) dine at a sit-down/table service restaurant as opposed to eating at home. (By comparing both choices vis-a-vis the option of dining at home, we are implicitly comparing them with each other as well). These questions will help us model consumer decision making in a logical sequence involving the food at home versus FAFH and choice of foods/ingredients within food at home.

Proposed questions: Three questions on nutrition information labeled for foods served at fast food restaurant and three questions on nutrition information labeled for foods served at a sit-down/table service restaurant.

Target: SP's 1+ (family level interview for 1-15 years)

CBQ.new32 The **last** time when you ate out or bought food at a **fast-food or pizza place**, did you see **nutrition or health information** about any foods on the menu?

- YES..... 1
- NO..... 2 (CBQ.new34)
- REFUSED..... 7 (CBQ.new34)
- DON'T KNOW..... 9 (CBQ.new34)

CBQ.new33 Did you use the information in deciding which foods to buy?

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

CBQ.new34 If nutrition or health information was readily available in fast food or pizza places, would you use it often, sometimes, rarely, or never, in deciding what to order?

[HAND CARD CBQ.new34]

- OFTEN..... 1
- SOMETIMES..... 2
- RARELY 3
- NEVER 4
- REFUSED..... 7
- DON'T KNOW..... 9

Question Source: New

Justification: These new questions will provide an estimate of individuals who seek out nutrition information in a FAFH setting. This could be useful for informing FAFH labeling policy debate, and would be an intermediate link between FAFH, diet quality, and obesity. This would be the first such estimate of FAFH nutrition information use and would complement label use information for foods purchased at stores.

CBQ.new35 In the past 12 months, did you eat at a restaurant with waiter or waitress service?
 Yes..... 1
 No..... 2 [CBQ.new44]
 REFUSED..... 7
 DON'T KNOW..... 9

CBQ.new36 I'm going to read several reasons why you might eat at a restaurant with a waiter or waitress instead of cooking at home.

First, do you eat at a restaurant with a waiter or waitress because it is **cheaper** than cooking at home?

Yes..... 1
 No..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

CBQ.new37 [Next], do you eat at a restaurant (with a waiter or waitress) because the foods there are more **nutritious** than foods cooked at home?

Yes..... 1
 No..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

CBQ.new38 [Next], do you eat at a restaurant (with a waiter or waitress) because the foods there **taste better** than foods cooked at home?

Yes..... 1
 No..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

CBQ.new39 [Next], do you eat at a restaurant (with a waiter or waitress) because it is more **convenient** than cooking at home?

Yes..... 1
 No..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

CBQ.new40 [Next], do you eat at a restaurant (with a waiter or waitress) instead of cooking at home to **socialize** with family and friends?

Yes..... 1
No..... 2
REFUSED..... 7
DON'T KNOW..... 9

CBQ.new41 The **last** time you ate at a restaurant **with a waiter or waitress**, did you see **nutrition or health information** about any foods on the menu?

YES..... 1
NO..... 2 (CBQ.new43)
REFUSED..... 7 (CBQ.new43)
DON'T KNOW..... 9 (CBQ.new43)

CBQ.new42 Did you use the information in deciding which foods to buy?

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

CBQ.new43 If nutrition information were readily available in restaurants with a waiter or waitress, would you use it often, sometimes, rarely, or never, in deciding what to order?

[HAND CARD CBQ.new34]

OFTEN..... 1
SOMETIMES..... 2
RARELY 3
NEVER 4
REFUSED..... 7
DON'T KNOW..... 9

Section III. Knowledge, Perception, Habits

a. My Pyramid

Proposed questions: Adding 9 questions related to MyPyramid

Target: CBQ.new44-CBQ.new47 - SPs 1+ (family level interview for 1-15 years); CBQ.new48-CBQ.new52 - SPs 16+

CBQ.new44 Have you heard of MyPyramid?

- YES..... 1 (CBQ.new46)
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new45 Have you heard of the Food Pyramid or the Food Guide Pyramid?

- YES..... 1 (CBQ.new47)
- NO..... 2 (CBQ.new53)
- REFUSED..... 7 (CBQ.new53)
- DON'T KNOW..... 9 (CBQ.new53)

CBQ.new46 Have you looked up the MyPyramid plan for a {man/woman} your age on the internet?

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

CBQ.new47 Have you tried to follow the (MyPyramid Plan/Pyramid plan) recommended for you?

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

Box 9

If CBQ.new44 is YES, Continue
 If CBQ.new45 is YES, Go To CBQ.new53

CBQ.new48 Let us talk about the amounts from different food groups that a person should eat each day. How many **cups of milk** would you say a {man/woman} of your age and physical activity should eat each day for good health?

|_|_|.|_|_|
ENTER NUMBER OF CUPS

- REFUSED.....77
- DON'T KNOW.....99

CBQ.new49 How many **cups of fruits** would you say a {man/woman} of your age and physical activity should eat each day for good health?

|_|_|_|.|_|_|
ENTER NUMBER OF CUPS

REFUSED.....77
DON'T KNOW.....99

CBQ.new50 How many **cups of vegetables**, including dark green, orange, starchy, and other vegetables, would you say a {man/woman} of your age and physical activity should eat each day for good health?

|_|_|_|.|_|_|
ENTER NUMBER OF CUPS

REFUSED.....77
DON'T KNOW.....99

CBQ.new51 How many **ounces of meat and beans** would you say a {man/woman} of your age and physical activity should eat each day for good health?

|_|_|_|.|_|_|
ENTER NUMBER OF OUNCES

REFUSED.....77
DON'T KNOW.....99

CBQ.new52 How many **ounces of "whole grains"**, would you say a {man/woman} of your age and physical activity should eat each day for good health?

|_|_|_|.|_|_|
ENTER NUMBER OF OUNCES

REFUSED.....77
DON'T KNOW.....99

Question Source: New

Justification: These questions help track the trend in awareness of MyPyramid and gathers more specific knowledge of recommended intakes of each food group. Similar questions about knowledge of serving sizes were proposed in the 2005-06 DBQ but were dropped because the concept of "serving" is no longer used in the MyPyramid.

b. Calories Knowledge

Proposed questions: Adding a question on respondent’s knowledge of required calorie intake.

Target: SP 16+

CBQ.new53 About how many calories do you think a {man/woman} of your age and physical activity needs to consume a day to maintain your current weight?

[HAND CARD CBQ.new53]

Less than 500 calories	1
500-1000 calories	2
1001-1500 calories	3
1501-2000 calories	4
2001-2500 calories	5
2501-3000 calories	6
More than 3000 calories	7
REFUSED.....	77
DON'T KNOW.....	99

Question Source: New

Justification: Knowledge of required intake is a direct measure of respondent’s awareness of Dietary Guidelines and MyPyramid recommendations. Asking CBQ.new53 will give a direct estimate of what people think their intake ought to be, so we can compare their actual intake (estimated from dietary recall) with this norm.

c. Other Nutrition Knowledge/Attitude Questions

Proposed questions: Move one question from household DBQ to CBQ phone follow up and add 1 new question on attitudes toward health and diet.

Target: DBQ.890 - SPs 1+ (family level interview for 1-15 years); CBQ.new54 - SPs 16+

DBQ.890 Would you say you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statement: “Some people are born to be fat and some thin; there is not much you can do to change this”?

[HAND CARD DBQ.890]

STRONGLY AGREE.....	1
SOMEWHAT AGREE.....	2
NEITHER AGREE NOR DISAGREE.....	3
SOMEWHAT DISAGREE.....	4
STRONGLY DISAGREE.....	5
REFUSED.....	7
DON'T KNOW.....	9

CBQ.new54 Would you say you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statement: "There is no reason for me to make changes to the things I eat"?

[HAND CARD DBQ.890]

STRONGLY AGREE.....	1
SOMEWHAT AGREE.....	2
NEITHER AGREE NOR DISAGREE.....	3
SOMEWHAT DISAGREE.....	4
STRONGLY DISAGREE.....	5
REFUSED.....	7
DON'T KNOW.....	9

Question Source: DBQ was moved from the household DBQ section. CBQ.new54 is modified from a question in the 1994-96 DHKS.

Justification: Based on previous USDA's data, DBQ.890, the "gene theory" question is very useful in predicting diet quality, BMI, and accuracy of self-assessed weight (especially in differences between men and women). This question would also be a complement to NHANES questions on whether and how individuals are attempting to lose weight. CBQ.new54 will help verify the validity of responses to the self-assessed diet quality question (DBQ.700 included in the household DBQ section).

Proposed questions: adding 5 questions on the relative importance of various factors that influence people's decision to buy foods at a grocery store or supermarket.

Target: SPs 1+ (family level interview for 1-15 years)

CBQ.new55 When you buy food from a grocery store or supermarket, how important is "price"?

Would you say very important, somewhat important, not too important, or not at all important?

[HAND CARD CBQ.new55]

VERY IMPORTANT.....	1
SOMEWHAT IMPORTANT	2
NOT TOO IMPORTANT	3
NOT AT ALL IMPORTANT	4
NEVER BUY FROM A GROCERY STORE OR SUPERMARKET	5 (DBQ.750)
REFUSED.....	7
DON'T KNOW.....	9

CBQ.new56 When you buy food from a grocery store or supermarket, how important is “**nutrition**”? [Would you say very important, somewhat important, not too important, or not at all important?]

[HAND CARD CBQ.new55]

- VERY IMPORTANT..... 1
- SOMEWHAT IMPORTANT 2
- NOT TOO IMPORTANT 3
- NOT AT ALL IMPORTANT 4
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new57 When you buy food from a grocery store or supermarket, how important is “**taste**”? [Would you say very important, somewhat important, not too important, or not at all important?]

[HAND CARD CBQ.new55]

- VERY IMPORTANT..... 1
- SOMEWHAT IMPORTANT 2
- NOT TOO IMPORTANT 3
- NOT AT ALL IMPORTANT 4
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new58 When you buy food from a grocery store or supermarket, how important is “**how easy the food is to prepare**”? [Would you say very important, somewhat important, not too important, or not at all important?]

[HAND CARD CBQ.new55]

- VERY IMPORTANT..... 1
- SOMEWHAT IMPORTANT 2
- NOT TOO IMPORTANT 3
- NOT AT ALL IMPORTANT 4
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new59 When you buy food from a grocery store or supermarket, how important is “**how well the food keeps after it's bought**”? [Would you say very important, somewhat important, not too important, or not at all important?]

[HAND CARD CBQ.new55]

- VERY IMPORTANT..... 1
- SOMEWHAT IMPORTANT 2
- NOT TOO IMPORTANT 3
- NOT AT ALL IMPORTANT 4
- REFUSED..... 7
- DON'T KNOW..... 9

Question Source: This is a slightly modified version of a set of questions asked in 1994-96 DHKS.

Justification: Relative importance of these factors is useful for understanding dietary choices and predicating diet quality of individuals.

Section IV. Food Label

Proposed questions: Currently, 4 questions are asked about use of Nutrition Facts panel, ingredients, serving size, and health claim (DBQ.750 - DBQ.780). Move these questions from DBQ to CBQ phone follow-up interview.

Add one new question on the use of “% Daily value” on food labels.

Target: SPs 1+ (family level interview for 1-15 years)

DBQ.750 Please look at handcard number XX which shows an example of the food label. [HANDCARD DBQ.new750A]

This part of the food label is called the “Nutrition Facts” panel. How often do **you** use the **Nutrition Facts panel** when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD DBQ.750]

- ALWAYS.....1
- MOST OF THE TIME.....2
- SOMETIMES.....3
- RARELY.....4
- NEVER.....5 (DBQ.780)
- NEVER SEEN.....6 (DBQ.780)
- REFUSED.....7
- DON'T KNOW.....9

DBQ.760 How about the **list of ingredients**? [HAND CARD DBQ.new750A]
[How often do you use the list of ingredients when deciding to buy a food product? Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD DBQ.750]

- ALWAYS.....1
- MOST OF THE TIME.....2
- SOMETIMES.....3
- RARELY.....4
- NEVER.....5
- NEVER SEEN.....6
- REFUSED.....7
- DON'T KNOW.....9

DBQ.770 How about the information on **the size of a serving**? [HAND CARD DBQ.new750A]
[How often do you use information on the size of a serving when deciding to buy a food product?
Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD DBQ.750]

- ALWAYS.....1
- MOST OF THE TIME.....2
- SOMETIMES.....3
- RARELY.....4
- NEVER.....5
- NEVER SEEN.....6
- REFUSED.....7
- DON'T KNOW.....9

CBQ.new60 How about the information on **the percent daily value**? [HAND CARD DBQ.new750A]
[How often do you use information on the percent daily value when deciding to buy a food product?
Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD DBQ.750]

- ALWAYS.....1
- MOST OF THE TIME.....2
- SOMETIMES.....3
- RARELY.....4
- NEVER.....5
- REFUSED.....7
- DON'T KNOW.....9

DBQ.780 Some food packages contain health claims about the benefits of nutrients or foods like the examples on this card. [HAND CARD DBQ.780] How often do you use this kind of **health claim** when deciding to buy a product?

Would you say always, most of the time, sometimes, rarely, or never?

[HANDCARD DBQ.750]

- ALWAYS.....1
- MOST OF THE TIME.....2
- SOMETIMES.....3
- RARELY.....4
- NEVER.....5
- NEVER SEEN.....6
- REFUSED.....7
- DON'T KNOW.....9

Question Source: CBQ,new 60 - New, similar format as existing questions.

Justification: FDA request. % Daily value is important part of the Nutrition Facts panel. Question CBQ.new60 proposed by FDA will help them in their revision of the label format.

Proposed Questions: One new question on understanding of the food label.

Target: SP 16+

CBQ.new61 Now think about the “**servicing size**” on this label. What does serving size mean to you? Please include all meanings that apply. Serving size is...

CODE ALL THAT APPLY

CAPI INSTRUCTION: IF ONLY ONE RESPONSE IS GIVEN, SHOW SCREEN DISPLAYING, “Anything else?”

[HAND CARD CBQ.new61]

- The amount of this food that people should eat..... 1
- The amount of this food that people usually eat 2
- Something that makes it easier to compare foods..... 3
- REFUSED..... 7
- DON'T KNOW..... 9

Question Source: new

Justification: Correct interpretation of “Serving size” is important for label use to be of full benefit. This question will help clarify whether those who say they use the serving size information (DBQ.770) actually understand it. This question will help FDA to formulate the most appropriate way of displaying serving size.

Proposed Questions: new question on expiration date.

Target: SPs 1+ (family level interview for 1-15 years)

CBQ.new62 Many food packages contain an **expiration date** such as “**use by**” or “**sell by**”. How often do you use **the expiration date** when deciding to buy a product?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARDDBQ.750]

- ALWAYS.....1
- MOST OF THE TIME.....2
- SOMETIMES.....3
- RARELY.....4
- NEVER.....5
- NEVER SEEN.....6
- REFUSED.....7
- DON'T KNOW.....9

Question Source: New, similar format as existing questions.

Justification: The output of this question could be used to inform our estimation of predictive microbial growth, which will consequently be incorporated with dose-response relationships to estimate risk of a specific pathogen in food commodities. Further, the expiration date information will inform FSIS as to consumer practices regarding food safety issues. For example, generally consumers purchase and handle foods based on their own judgment from appearance, smell, and texture of food items, however, the information on a certain number of days/weeks after expiration date for a specific food item will provide consumers the knowledge about how risky the food items would be, i.e., how pathogens can grow at various temperature conditions and during the storage time at retail and/or home, thus how badly the consumer can get sick when the pathogen contaminated foods are consumed.

Proposed questions: Adding 6 questions on food label use in different food products

Target: SPs 1+ (family level interview for 1-15 years)

BOX P2
CHECK ITEM DBQ. 789New: IF (DBQ.750 = 1-4) OR (DBQ.760 = 1-4) OR (DBQ.770 = 1-4) OR (DBQ.780 = 1-4), OR (CBQ.new60 = 1-4), CONTINUE; OTHERWISE, GO TO CBQ.new69.

CBQ.new63 Now think about the types of food products you buy using food labels.
How often do you look for nutrition information on the food label when you buy **snack items** like chips, popcorn, or pretzels?

Would you say always, most of the time, sometimes, rarely, or never?

[HAND CARD DBQ.750]

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY..... 4
- NEVER..... 5
- NEVER BUY THESE ITEMS 6
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new64 How often do you look for nutrition information on the food label when you buy **breakfast cereals**?
[Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD DBQ.750]

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY..... 4
- NEVER..... 5
- NEVER BUY THESE ITEMS 6
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new65 How often do you look for nutrition information on the food label when you buy **salad dressings**?
[Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD DBQ.750]

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY..... 4
- NEVER..... 5
- NEVER BUY THESE ITEMS 6
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new66 How often do you look for nutrition information on the food label when you buy **raw meat, poultry, or fish**? [Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD DBQ.750]

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY..... 4
- NEVER..... 5
- NEVER BUY THESE ITEMS 6
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new67 How often do you look for nutrition information on the food label when you buy **processed meat** products like hot dogs or bologna? [Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD DBQ.750]

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY..... 4
- NEVER..... 5
- NEVER BUY THESE ITEMS 6
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new68 How often do you look for nutrition information on the food label when you buy **bread**? [Would you say always, most of the time, sometimes, rarely, or never?]

[HAND CARD DBQ.750]

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY..... 4
- NEVER..... 5
- NEVER BUY THIS ITEM 6
- REFUSED..... 7
- DON'T KNOW..... 9

Question Source: CBQ.new63 - CBQ.new67 - DHKS 1994-96; CBQ.new68 is new.

Justification: These questions would be useful in assessing the relative label use in these product categories. Analysis of 1994-96 DHKS shows that label use is most prevalent in breakfast cereals purchase, followed by salad dressings. These questions will be useful in analyzing the impact of label use on the consumption of these specific product categories as well as to estimate effect of category-specific label use on nutrient intakes. ERS used the 1994-96 DHKS question on raw meat and poultry (item e above) in an analysis of label use effects that was provided to FSIS. If FSIS's raw meat and poultry labeling rule is implemented, this question would be useful in evaluation. Unpublished analysis by ERS shows that breakfast cereal label use has significant impact on intakes of some nutrients and vitamins for which this category is the major food source. CNPP has requested a version of this question with respect to bread (CBQ.new68).

Section V. Food Safety – Organic Foods Use

Proposed Questions: adding 2 questions on use of organic food.

Target: SPs 1+ (family level interview for 1-15 years)

CBQ.new69 In the past 30 days, did you buy any food that was labeled 'organic'?

[HAND CARD CBQ.new69 (QP42)]

HELP SCREEN

- YES.....1
- NO.....2 (Box 6)
- DO NOT SHOP FOR FOOD3 (Box 6)
- REFUSED.....7 (Box 6)
- DON'T KNOW.....9 (Box 6)

CBQ.new70 How often do you buy organic food?
Would you say always, most of the time, sometimes, or rarely?

[HAND CARD CBQ.new69 (QP42)]

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY..... 4
- REFUSED..... 7
- DON'T KNOW..... 9

Question Source: new

Section VI. Respondent Information

Proposed questions: 5 new questions to identify the relation between proxy and SP, and the gender, age and educational level of the proxy.
 Use same questions in the Household SP questionnaire (DBQ.new7-DBQ.new10) to identify whether the proxy is the main meal planner/preparer/shopper (MMP).

Target: Non-SP respondent of proxy interviews for 1-15 years.

BOX 6.

CHECK ITEM CBQ.newXX:

CBQ.NEW71, DBQ.NEW7-10, CBQ.NEW72 - CBQ.NEW74 ONLY APPLY TO NON-SP PROXY:

IF SP IS 16+ YEARS, GO TO CBQ.new75.
 OTHERWISE, CONTINUE.

CBQ.new71 What is your relation with {SP}?

- Mother of SP..... 1
- Father of SP..... 2
- Grandparent of SP 3
- Child care provider, Caretaker 4
- Other Relative 5
- Friend, Non Relative 6
- REFUSED..... 7
- DON'T KNOW..... 9

DBQ.new7 Are you the person who does **most** of the planning **or** preparing of meals in your household?

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

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

DBQ.new8 Do you share in the planning or preparing of meals with someone else?

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

DBQ.new9 Are you the person who does **most** of the shopping for food in your family?

CAPI INSTRUCTION: IF YES, ENTER "DO YOU" IN CBQ.new14; IF NO, DON'T KNOW, OR MISSING, ENTER "DOES SOMEONE" IN CBQ.new14

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

DBQ.new10 Do you share in the shopping for food with someone else?

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

CBQ.new72 What is the gender of the respondent?

[Interviewer Instruction: this is a question for the interviewer to complete by selecting the appropriate option. No need to read the question to the SP]

- MALE..... 1
- FEMALE..... 2

CBQ.new73 How old are you?

|_|_| Years
Enter AGE

- REFUSED.....77
- DON'T KNOW.....99

CBQ.new74 Which of the following best describe your highest education level?

- Less than high school..... 1
- High school diploma (including GED), or..... 2
- More than high school 3
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.new75 The interview was completed in:

INTERVIEWER INSTRUCTION:
This is a question for the interviewer to complete by selecting the appropriate option. Do not read the question to the SP.

- ENGLISH..... 1
- SPANISH..... 2
- ENGLISH AND SPANISH..... 3
- OTHER..... 4

Overview of the FCBS

The primary goal of the National Health and Nutrition Examination Survey is to assess the health and nutritional status of adults and children in the United States. One of the major objectives to accomplish that goal is to study the relationship of diet, nutrition and health. NHANES is currently the only national survey that includes dietary intake data and objective health and nutritional status data. Prior to 1996 the Economic Research Service (ERS) relied on the Continuing Survey of Food Intake by Individuals (CSFII) as a vehicle to collect data on dietary knowledge and attitudes and food label use via the Diet and Health Knowledge Survey (DHKS). It is an important goal for ERS to understand the relationship between dietary knowledge and attitudes, food label use, dietary intake, food assistance program participation and nutritional status and outcomes.

To resume collecting data on these topics ERS proposed adding a supplemental survey to the NHANES called the Flexible Consumer Behavior Survey.

Topics covered

The questions cover seven broad topic areas. They have been placed in the NHANES questionnaires where the DHANES program feels they can best be answered. The majority of the questions are in the telephone interview that is being pilot tested. A brief summary of each topic area follows.

1. Income and assets.

Food assistance program eligibility is frequently based on monthly income and cash assets. In the case of the Food Stamp Program (FSP) there are specific levels of assets that make an applicant ineligible for the program. Items have been added to the Income Questionnaire on monthly income and cash assets.

2. Food expenditure and time use

The food expenditure questions provide very fundamental economic information that will be helpful in addressing current policy issues. Including these questions is explicitly recommended in the National Research Council report--Improving Data to Analyze Food and Nutrition Policy. These questions have been extensively researched by economists and their validity and usefulness have been confirmed.

A few key indicators of time allocation are required in models that explain dietary behavior. For example items such as the time required to get to a grocery store will be correlated with consumption decisions, especially among low-income individuals and food stamp participants. Additionally, key indicators of a family's time investment in food preparation will be analyzed in conjunction with NHANES' dietary and health data

3. Food assistance programs - Food Stamp and WIC

The actual date a household received their last Food Stamp benefit will be collected. This date is critical for understanding dietary behavior of food stamp recipients over the month. Previous research has indicated that there is a monthly cycle of food consumption behavior for different levels of benefits and the information may also be useful in relating food stamp program participation with food insecurity. These data will

allow analysis of the NHANES dietary recall data knowing when the Food Stamp benefits were last received.

The unit of interest for Food Stamp analysis is the household therefore attempts to identify the number of household residents counted in the benefit has been dropped. Cognitive testing indicated that this information could only be collected with extensive probing of household respondents. In addition to current and recent FSP participation we will collect information as to whether a household has ever received benefits. This was added both as a gate question to other FSP questions and as an item of interest for future linkage efforts of NHANES data to FSP administrative records.

In 2007, the NHANES WIC questions will be asked up through age 11. A goal of the WIC program is to provide nutritious foods during a critical period of growth and development. These questions will provide information about the extent of past WIC participation during important periods in early childhood—prenatal, infancy, and early childhood. The proposed questions will help assess any link between WIC participation during these growth periods and diet and health outcomes later in the child's life. To our knowledge, this would make the NHANES the only national survey with the capability to link extensive diet and health information on older children with prior WIC participation.

4. Self-assessed diet quality and habits

Several of these questions have been on NHANES in past years and will continue. The primary new area of content will be identifying whether an individual is the shopper and planner of meals for the family. Much of the information on knowledge and attitudes will be asked of that individual to link to the children's data because it is the planner/preparer's knowledge and attitudes that determine what the child consumes.

5. Use of prepared foods/ food away from home

There is much concern that the increasing use of prepared foods and eating out may be fueling the obesity epidemic in the U.S. Information about take-out, restaurant dining, and prepared food from markets have been added to provide greater detail on the extent of these behaviors and their association with food consumption and health measures.

6. Knowledge and attitudes

A primary emphasis for this area of research is to collect information on attitudes about price, taste, convenience and nutrition in buying specific food items in the grocery store and in restaurants. Additionally, questions are asked about knowledge of MyPyramid and the advice offered by MyPyramid.

7. Nutrition label use

Respondents are asked about use of the information on the Food Label. That is, how often they use specific information in deciding to purchase food.

FCBS question placement on the NHANES

Core: Household interview (10 minutes)

Part A: Family level questions

- 22 new questions proposed
- All questions proposed in this section are administered for each CPS family

Part B: Sample person questions

- 18 questions included (14 newly proposed questions, 4 current questions)

Follow-up: Telephone Interview (20 minutes)

- 55 questions included (51 newly proposed questions, 4 current questions)
 - Adult 16 years and older ask all questions at SP level
 - Children 1-15 years ask a subset of questions at family level
 - The proxy for the 24-hour dietary phone interview will be the primary proxy
 - Identify whether the proxy is also a SP at the end of PFU dietary recall
 - If the primary proxy is also a SP, this person's responses to the subset of questions will be directly linked to the children at the same family, no additional FCBS interview needed
 - If the primary proxy is not a SP, questions will be asked to identify the family's meal planner/ shopper/ preparer
 - If one of the adult SP in the family was identified as the family's meal planner/ shopper/ preparer, this person's responses to the subset of questions will be directly linked to the children at the same family, no additional FCBS interview needed
 - A priority list will be applied when more than one adult SPs were identified as the family's meal planner/ shopper/ preparer.
 - If neither the primary proxy nor the family's meal planner/ shopper/ preparer is a SP, an appointment will be made with the proxy who answered PFU dietary recall to complete the FCBS interview for children 1-15 years.
-

Family

CONSUMER BEHAVIOR – CBQ
Target Group: Family Questionnaire

Note: All questions in this section are FCBS questions and new to NHANES

CBQ.010 {Is anyone in this family/Are you} on any kind of diet, either to lose weight or for some other health-related reason?

HELP SCREEN:

Examples of special diets include diet for weight loss, low carbohydrate, high protein, Atkins, to lower cholesterol, gluten-free, low sodium, diabetic diet, etc.

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

CBQ.020 The next questions ask how often {your family has/you have} certain types of food **available** at home.

How often {does your family/do you} have **fruits** available at home? This includes fresh, dried, canned and frozen fruits. Would you say always, most of the time, sometimes, rarely, or never?

HAND CARD CBQ1

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY 4
- NEVER 5
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.030 How often {does your family/do you} have any of these **dark green vegetables** available at home? This includes fresh, dried, canned, and frozen vegetables. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ2 and HAND CARD CBQ3.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE ICEBERG, BUTTERHEAD, BOSTON, AND MANOA LETTUCE

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY 4
- NEVER 5
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.040 How often {does your family/do you} have **salty snacks** such as chips and crackers available at home? Do not include nuts. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY 4
- NEVER 5
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.050 How often {does your family/do you} have **1% fat, skim or fat-free milk** available at home? Please do not include 2% milk. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

INTERVIEWER INSTRUCTION: DO NOT INCLUDE SOY MILK

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY 4
- NEVER 5
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.060 How often {does your family/do you} have **soft drinks, fruit-flavored drinks, or fruit punch** available at home? Please do not include diet drinks or 100 percent juice. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

- ALWAYS 1
- MOST OF THE TIME 2
- SOMETIMES 3
- RARELY 4
- NEVER 5
- REFUSED..... 7
- DON'T KNOW..... 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.)

\$ | | | | | | | | | |

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.)

\$ | | | | | | | | | |

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)
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.)

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.

\$ | | | | | | | | | |

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.

\$ | | | | | | | | | |

REFUSED..... 7
DON'T KNOW..... 9

ENTER UNIT

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

CBQ.140 How often {do you/does someone} 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, 2
- once every two weeks, or..... 3
- once a month or less? 4
- RARELY MAKE ANY MAJOR SHOPPING TRIPS, ONLY SMALL TRIPS 5
- RARELY SHOP FOR FOOD 6
- REFUSED..... 7
- DON'T KNOW..... 9

CBQ.150 How much time does it usually take you to get to the grocery store for food shopping?
H/M

INTERVIEWER INSTRUCTION: IF MORE THAN ONE STORE SAY: Please tell me about the one you go to most often.

INTERVIEWER INSTRUCTION: THE AMOUNT OF TIME RECORDED HERE REFERS TO A "ONE-WAY" TRIP.

HOURS

and

MINUTES

- REFUSED.....777
- DON'T KNOW.....999

CBQ.160 During the **past 7 days**, how many times did {you or someone else in your family/you} cook food for dinner or supper at home?

HELP SCREEN:

This includes time spent putting the ingredients together to cook a meal. Do not include heating up leftovers.

CAPI INSTRUCTIONS:

SOFT EDIT: 1-7.

|_|_|
ENTER NUMBER

NEVER..... 0
REFUSED..... 77
DON'T KNOW..... 99

CBQ.170 How much time do {you or someone else in your family/do you} **usually** spend on cooking dinner or supper and cleaning up after the cooking? Please do not include time spent eating.

|_|
HOURS

and

|_|_|
MINUTES

REFUSED.....777
DON'T KNOW.....999

BOX 1

CHECK ITEM CBQ.175:
IF ONLY 1 PERSON IN FAMILY, GO TO END OF SECTION.

CBQ.180 During the **past 7 days**, how many meals did all or **most of your family** sit down and eat together at home?

|_|_|
ENTER NUMBER

NEVER..... 0(END OF SECTION)
REFUSED.....777(END OF SECTION)
DON'T KNOW.....999(END OF SECTION)

CBQ.190 How many of these meals were cooked at home?

ENTER NUMBER

REFUSED.....777
DON'T KNOW.....999

INCOME – INQ
Target Group: Family Questionnaire

***denotes new FCBS question**

INQ.020 The next questions are about {your/your combined family} income. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income **plus** the income of all family members for {LAST CALENDAR YEAR}. Did {you/you or OTHER FAMILY MEMBERS 16+} receive income in {LAST CALENDAR YEAR} from **wages and salaries**?

[Did {you/you or OTHER FAMILY MEMBERS 16+} get paid for work in {LAST CALENDAR YEAR}.]

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

INQ.012 Did {you/you or **any** family members 16 and older} receive income in {LAST CALENDAR YEAR} from **self-employment** including business and farm income?

[Self-employment means you worked for yourself.]

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

INQ.030 When answering the next questions about different kinds of income members of your family might have received in {LAST CALENDAR YEAR}, please consider that we also want to know about family members less than 16 years old. Did {you/you or **any** family members living here receive income in {LAST CALENDAR YEAR} from **Social Security** or **Railroad Retirement**?

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

INQ.060 Did {you/you or **any** family members living here} receive **any disability** pension [other than Social Security or Railroad Retirement] in {LAST CALENDAR YEAR}?

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

INQ.080 Did {you/you or **any** family members living here} receive **retirement or survivor pension** [other than Social Security or Railroad Retirement or disability pension] in {LAST CALENDAR YEAR}?

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

7INQ.090 Did {you/you or **any** family members living here} receive **Supplemental Security Income** [SSI] in {LAST CALENDAR YEAR}?

- YES..... 1

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

INQ.132 Did {you/you or **any** family members living here} receive any **cash** assistance from a state or county welfare program in {LAST CALENDAR YEAR}?

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

INQ.140 Did {you/you or **any** family members living here} receive **interest** from savings or other bank accounts or income from dividends received from stocks or mutual funds or net rental income from property, royalties, estates, or trusts in {LAST CALENDAR YEAR}?

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

INQ.150 Did {you/you or **any** family members living here} receive income in {LAST CALENDAR YEAR} from child support, alimony, contributions from family or others, VA payments, worker's compensation, or unemployment compensation?

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

INQ.200 Now I am going to ask about the **total income** for {you/and all family members} in {LAST CALENDAR YEAR}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

\$ | | | | | | | | | | (INQ.new1/QF1)

REFUSED..... 7
 DON'T KNOW..... 9

\$3,000 or more, or.....1(INQ.new4/QF3)
 less than \$3,000?.....2
 REFUSED.....7
 DON'T KNOW.....9

PROBE: (That would be \$36,000 per year.)

*INQ.new3
 Q40.b

Was it more or less than \$2,100?

MORE THAN \$2,100..... 1
 LESS THAN \$2,100..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

PROBE: (That would be \$25,200 per year.)

*INQ.new4
 QF3

Do {you/the members of your family} 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(END OF SECTION)
 NO.....2
 REFUSED.....7(END OF SECTION)
 DON'T KNOW.....9(END OF SECTION)

*INQ.new5
 QF4

Which letter on this card best represents your family's total savings or cash assets at this time?

HAND CARD 6

ENTER LETTER

REFUSED..... 77
 DON'T KNOW..... 99

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

INQ.250

Now I am going to ask you about the total **household** income for the persons we have talked about plus NAMES OF ALL OTHER PERSONS IN ADDITIONAL FAMILIES (MEMBERS OF FAMILIES WHO ARE NOT INCLUDED IN THIS QUESTIONNAIRE) in {LAST CALENDAR YEAR}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

\$ | | | | | | | | | | | | | | | | (GO TO END OF SECTION)

REFUSED..... 7777777777 (INQ.260)
DON'T KNOW..... 9999999999 (INQ.260)

CAPI INSTRUCTION:

- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:
 "INCOME FOR YOUR HOUSEHOLD HAS BEEN RECORDED AS {INCOME ENTERED IN INQ.250} DOUBLE ENTRY OF INCOME REQUIRED."
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.

INQ.260 You may not be able to give us an exact figure for your total household income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

\$20,000 or more, or.....1
 less than \$20,000?.....2
 REFUSED.....7(END OF SECTION)
 DON'T KNOW.....9(END OF SECTION)

INQ.270 Of these income groups, can you tell me which letter **best** represents your total household income in {LAST CALENDAR YEAR}?

HAND CARD {INQ2/INQ3}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED HOUSEHOLD INCOME.

| | |

A	I	Q	Y	GG	OO
B	J	R	Z	HH	PP
C	K	S	AA	II	QQ
D	L	T	BB	JJ	RR
E	M	U	CC	KK	
F	N	V	DD	LL	
G	O	W	EE	MM	
H	P	X	FF	NN	

REFUSED..... 77
DON'T KNOW..... 99

FOOD STAMP QUESTIONS

Target Group: Household

***denotes new FCBS question**

FSQ.165 The next questions are about the Food Stamp Program. Food stamps are usually provided on an electronic debit card, EBT card, also called the {State FSP name} in {state name}.

CAPI INSTRUCTION:

INCLUDE FOOD STAMP PROGRAM NAME AND THE STATE THE STAND IS IN THE INTRODUCTORY SENTENCE.

Have {you/you or anyone in your household} **ever** received Food Stamp benefits?

- YES..... 1
- NO..... 2 (END OF SECTION)
- REFUSED..... 7 (END OF SECTION)
- DON'T KNOW..... 9 (END OF SECTION)

FSQ.171

[In the **last 12 months**], did {you/you or any member of your household} receive Food Stamp benefits?

- YES..... 1
- NO..... 2 (END)
- REFUSED..... 7 (END)
- DON'T KNOW..... 9 (END)

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

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

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

FSQ.230 {Do you/Does any member of your household} currently receive Food Stamp benefits?

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

FSQ.235 How much did {you/your household} receive in food stamp benefits the last time you got them?

|_|_|_|_|
ENTER DOLLAR AMOUNT

REFUSED.....7777
DON'T KNOW.....9999

6/22/06

Questionnaire: SP

DIET BEHAVIOR AND NUTRITION - DBQ
Target Group: SPs Birth + (Questions grouped by age categories)

***denotes new FCBS question**

****denotes FCBS question continuing from 2005 NHANES**

BOX 1

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.040)
 REFUSED..... 7 (DBQ.040)
 DON'T KNOW..... 9 (DBQ.040)

DBQ.020 How old was {SP} when {he/she} was **first** fed something other than breastmilk or water?
 G/Q/U

INCLUDE FORMULA, JUICE, SOLID FOODS

|_|_|_|
 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.030 How old was {SP} when {he/she} **completely stopped** breastfeeding or being fed breastmilk?
 G/Q/U

|_|_|_|_|
 ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
 STILL BREASTFEEDING..... 6666
 REFUSED..... 7777
 DON'T KNOW..... 9999

ENTER UNIT

DAYS..... 1
 WEEKS..... 2
 MONTHS..... 3

YEARS..... 4
 REFUSED..... 7
 DON'T KNOW..... 9

DBQ.040 How old was {SP} when {he/she} was **first** fed formula on a **daily basis**?
 G/Q/U

INCLUDE CHILDREN RECEIVING FORMULA **AND** THOSE RECEIVING FORMULA AND BREASTMILK AT THE SAME TIME

|_|_|_|_|
 ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
 NEVER ON A DAILY BASIS..... 2 (DBQ.060)
 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

|_|_|_|_|
 ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
 STILL DRINKING FORMULA..... 6666
 REFUSED..... 7777
 DON'T KNOW..... 9999

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

DBQ.060 How old was {SP} when {he/she} was first fed **milk** on a daily basis?
 G/Q/U

INCLUDE LACTAID AS MILK
 DO NOT INCLUDE BREASTMILK OR FORMULA

|_|_|_|_|
 ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
 NEVER ON A DAILY BASIS..... 2 (DBQ.080)
 REFUSED..... 7777
 DON'T KNOW..... 9999

ENTER UNIT
 DAYS..... 1

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

DBQ.072 What type of milk was {SP} **first** fed on a daily basis? 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, or.....	13
another type?.....	30
REFUSED.....	77
DON'T KNOW.....	99

DBQ.080 How old was {SP} when {he/she} **started** eating solid foods [such as strained foods like baby food or any
G/Q/U other non-liquid foods] on a daily basis?

□□□□□

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS.....	2
REFUSED.....	7777
DON'T KNOW.....	9999

ENTER UNIT

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

BOX 2

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

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

CAP I INSTRUCTION:

THIS SHOULD **NOT** BE A GATE QUESTION ANYMORE.

CAP I 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.222 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, or.....	13
another type?.....	30
REFUSED.....	77
DON'T KNOW.....	99

BOX 6
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 Now, I'm going to ask you how often {you/SP} drank **milk** at different times in {your/his/her} **life**.
a/b/c

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

CAP I 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

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

GO TO BOX 15.

BOX 9

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?

- 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 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?

- 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

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

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)

BOX 14a

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
IF SP AGE =1 or < 1, GO TO FSQ.685.
OTHERWISE, CONTINUE.

{Next are a few questions about the WIC program}

*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

CAPI INSTRUCTION:
DISPLAY INTRODUCTION IF SP AGE IS 6-11.

BOX 14c
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
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?

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

IF SP AGE < 1 GO TO END OF SECTION.
IF SP AGE 12-15 GO TO DBQ.915.
OTHERWISE, CONTINUE.

DBQ.895 First, 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.}

ENTER NUMBER PER WEEK

NEVER..... 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 PER WEEK

NONE..... 2
 REFUSED..... 7
 DON'T KNOW..... 9

**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} buy “ready to eat” foods at the grocery store? Please do not count 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
 REFUSED..... 7
 DON'T KNOW..... 9

*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 OF TIMES (PER DAY, WEEK, OR MONTH)

NEVER 0
 REFUSED..... 7
 DON'T KNOW..... 9

ENTER UNIT

DAY..... 1
 WEEK..... 2
 MONTH..... 3
 REFUSED..... 7

DON'T KNOW..... 9

*DBQ.915 {Do you/Does SP} consider {yourself/himself/herself} to be a vegetarian?

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

IF SP AGE < 16, GO TO END OF SECTION.
 OTHERWISE, CONTINUE.

*DBQ.930 Are you the person who does **most** of the planning **or** preparing of meals in your household?

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 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 the person who does **most** of the shopping for food in your household?

CAP I INSTRUCTION: IF YES, ENTER "DO YOU" IN CBQ.new14; IF NO, DON'T KNOW, OR MISSING, ENTER "DOES SOMEONE" IN CBQ.new14

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

*DBQ.945 Do you share in the shopping for food with someone else?

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

END OF SECTION