

DIET BEHAVIOR and NUTRITION - DBQ

BOX 1

CHECK ITEM DBQ.005:
 IF SP AGE <= 6, CONTINUE.
 OTHERWISE, GO TO BOX 2.

DBQ.010 Now I'm going to ask you some general questions about {SP's} eating habits.

Was {SP} ever breastfed or fed breastmilk?

- YES 1
- NO 2 (DBQ.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?

INCLUDE FORMULA, JUICE, SOLID FOODS

- _____|_____|_____|_____|
 ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS
- NEVER 0 (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?

- _____|_____|_____|_____|
 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**?

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..... 0 (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?

|_|_|_|_|

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?

INCLUDE LACTAID AS MILK
DO NOT INCLUDE BREASTMILK OR FORMULA

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ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS..... 0 (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.070 What type of milk was {SP} **first** fed on a daily basis? Was it . . .

CODE ALL THAT APPLY

whole or regular, 10
2% fat milk (includes "low fat milk" not
further specified), 11
1% fat milk, 12
skim, nonfat, or 0.5% fat milk (includes
liquid or reconstituted from dry), 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 other non-liquid foods] on a daily basis?

|_|_|_|_|

ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS..... 0
REFUSED 7777
DON'T KNOW 9999

ENTER UNIT

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

BOX 2

CHECK ITEM DBQ.085:
IF SP AGE >= 1, CONTINUE.
OTHERWISE, GO TO FSQ.651.

DBQ.090 {Next I have some general questions about {your/SP's} eating habits.}

{First/Next} are questions about the **kinds** of food {you eat/SP eats}.

On average, how many times **per week** {do you/does SP} eat meals that were prepared in a restaurant?
Please include eat-in restaurants, carry out restaurants and restaurants that deliver food to your house.

'MEALS' MEAN MORE THAN A BEVERAGE OR SNACK FOOD LIKE CANDY BARS OR BAG OF CHIPS

CAPI INSTRUCTION:
DISPLAY "NEXT ..." AND "FIRST" IF SP AGE IS > 6.
CREATE HELP FOR "RESTAURANT MEALS".

|_|_|

ENTER NUMBER

NEVER 0
LESS THAN WEEKLY 66
REFUSED 77
DON'T KNOW 99

BOX 3

CHECK ITEM DBQ.101:

IF SP AGE >= 2, CONTINUE.

OTHERWISE, GO TO DBQ.195.

DBQ.102 During the **past 12 months**, how often per day, per week, per month or per year did {you/SP} eat dark green vegetables, such as the food listed on this card?

HAND CARD DBQ1

CAPI INSTRUCTION:
SHOULD BE A GATE QUESTION.

|_|_|_|

ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH OR YEAR)

NEVER 0
REFUSED 777
DON'T KNOW 999

ENTER UNIT

DAY 1
WEEK 2
MONTH 3
YEAR 4
REFUSED 7
DON'T KNOW 9

DBQ.103 During the **past 12 months**, how often per day, per week, per month or per year did {you/SP} eat cooked dried beans or peas, such as the food listed on this card?

HAND CARD DBQ2

CAPI INSTRUCTION:
SHOULD BE A GATE QUESTION.

|_|_|_|

ENTER NUMBER OF TIMES (PER DAY, WEEK, MONTH OR YEAR)

NEVER 0
REFUSED 777
DON'T KNOW 999

ENTER UNIT

DAY 1
WEEK 2
MONTH 3
YEAR 4
REFUSED 7
DON'T KNOW 9

BOX 4
OMITTED

DBQ.195 Now 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 DBQ3

CAPI INSTRUCTION:
THIS SHOULD **NOT** BE A GATE QUESTION ANYMORE.
CREATE HELP FOR "HOT COCOA".

- 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.220 What type of milk was it? Was it usually . . .

IF RESPONDENT CANNOT PROVIDE USUAL TYPE, CODE ALL THAT APPLY

- whole or regular, 1
- 2% fat milk (includes "low fat milk" not further specified), 2
- 1% fat milk, 3
- skim, nonfat, or 0.5% fat milk (includes liquid or reconstituted from dry), or 4
- another type?..... 30
- REFUSED 77
- DON'T KNOW 99

BOX 6

CHECK ITEM DBQ.225:
IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO BOX 9.

DBQ.228 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 DBQ4

- {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**.

How often did {you/SP} drink any type of milk, including milk added to cereal when {you were/s/he was} . . .

HAND CARD DBQ5

IF NECESSARY, PROBE FOR USUAL OR MOST COMMON AMOUNT FOR THIS TIME PERIOD

CAPI INSTRUCTION:

THESE (A-C) SHOULD **NOT** BE GATE QUESTIONS ANYMORE.

a. **a child between the ages of 5 and 12 years old? Would you say . . .**

- never, 0
- rarely – less than once a week, 1
- sometimes – once a week or more, but
less than once a day, or..... 2
- often – once a day or more? 3
- VARIED 4
- REFUSED 7
- DON'T KNOW 9

b. **a teenager between the ages of 13 and 17 years old? Would you say . . .**

- never, 0
- rarely – less than once a week, 1
- sometimes – once a week or more, but
less than once a day, or..... 2
- often – once a day or more? 3
- VARIED 4
- REFUSED 7
- DON'T KNOW 9

c. **a young adult between the ages of 18 and 35 years old? Would you say . . .**

- never, 0
- rarely – less than once a week, 1
- sometimes – once a week or more, but
less than once a day, or..... 2
- often – once a day or more? 3
- VARIED 4
- REFUSED 7
- DON'T KNOW 9

BOX 8A

CHECK ITEM DBQ.265:

IF SP AGE >= 60, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

DBQ.300 The next questions are about meals provided by community or government programs.

In the **past 12 months**, did {you/SP} receive any meals **delivered** to {your/his/her} home from community programs, "Meals on Wheels", or any other programs?

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

DBQ.330 In the **past 12 months**, did {you/SP} go to a community program or senior center to eat prepared meals?

INCLUDE ADULT DAY CARE

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

BOX 8B

CHECK ITEM DBQ.335:

GO TO END OF SECTION.

BOX 9

CHECK ITEM DBQ.355:

IF SP AGE 4-19, CONTINUE.
OTHERWISE, GO TO BOX 10.

DBQ.360 During the **school year**, {do you/does SP} attend a kindergarten, grade school, junior or high school?

- YES 1
- NO 2 (BOX 10)
- REFUSED 7 (BOX 10)
- DON'T KNOW 9 (BOX 10)

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.380 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 0 (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 10)
 REFUSED 7 (BOX 10)
 DON'T KNOW 9 (BOX 10)

DBQ.410 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 0 (BOX 10)
 REFUSED 7 (BOX 10)
 DON'T KNOW 9 (BOX 10)

DBQ.420 {Do you/Does SP} get these breakfasts free, at a reduced price, or {do you/does he/she} pay full price?

FREE 1
 REDUCED PRICE 2
 FULL PRICE 3
 REFUSED 7
 DON'T KNOW 9

BOX 9A

CHECK ITEM DBQ.422:

<p>IF DBQ.390 = CODE 1 OR CODE 2 OR DBQ.420 = CODE 1 OR CODE 2, CONTINUE. OTHERWISE, GO TO BOX 10.</p>
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DBQ.424 {Do you/Does SP} get a free or reduced price meal at any summer program {he/she} attends?

- YES 1
- NO 2
- DID NOT ATTEND SUMMER PROGRAM 3
- REFUSED 7
- DON'T KNOW 9

<p>BOX 10</p> <p>CHECK ITEM DBQ.425A: IF SP AGE >= 6, GO TO END OF SECTION. OTHERWISE, CONTINUE.</p>

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

FSQ.661 Is {SP} **now** receiving benefits from the WIC program?

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

FSQ.671 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