

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

|_|_|_|_|_|_|_|

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), 13
evaporated milk, whole milk, 14
evaporated milk, skim milk, 15
buttermilk, 16
goat's milk, 17
soy or imitation milk, or 18
another type? 19
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.655.

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

DBQ.095 What type of salt {do you/does SP} **usually** add to {your/his/her/SP's} food at the table? Would you say .
..

CAPI INSTRUCTION:
IF SP AGE <= 5, DISPLAY "DO YOU" FOR FIRST DISPLAY AND {SP'S} FOR SECOND DISPLAY.

- ordinary salt [includes regular iodized salt,
sea salt and seasoning salts made with
regular salt], 1
- lite salt, or 2 (BOX 3)
- salt substitute? 3 (BOX 3)
- DOESN'T USE OR ADD SALT PRODUCTS
AT THE TABLE 4 (BOX 3)
- REFUSED 7 (BOX 3)
- DON'T KNOW 9 (BOX 3)

DBQ.100 How often {do you/does SP} add ordinary salt to {your/his/her/SP's} food at the table? Would you say . . .

CAPI INSTRUCTION:
IF SP AGE <= 5, DISPLAY "DO YOU" FOR FIRST DISPLAY AND {SP'S} FOR SECOND DISPLAY.

- rarely, 1
- occasionally, or 2
- very often? 3
- REFUSED 7
- DON'T KNOW 9

BOX 3

CHECK ITEM DBQ.101:
IF SP AGE >= 2, CONTINUE.
OTHERWISE, GO TO DBQ.200.

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

CHECK ITEM DBQ.105:
IF SP AGE >= 12, CONTINUE.
OTHERWISE, GO TO DBQ.200.

DBQ.110 {Do you/Does SP} **ever** eat poultry such as chicken and turkey? Please include foods that are made with poultry such as soups, sandwiches, stews and salads.

IF EATEN RARELY OR OCCASIONALLY, ENTER 'YES'

- YES 1
- NO 2 (DBQ.130)
- REFUSED 7 (DBQ.130)
- DON'T KNOW 9 (DBQ.130)

DBQ.120 When {you eat/SP eats} chicken or other types of poultry, how often {do you/does s/he} eat the skin? Would you say . . .

- never, 0
- rarely or seldom, 1
- sometimes or occasionally, 2
- often or very often, or 3
- always? 4
- REFUSED 7
- DON'T KNOW 9

DBQ.130 {Do you/Does SP} **ever** eat meat such as beef, pork, lamb and veal? Please include foods that are made with meat such as soups, stews, sandwiches, lunch meats, and casseroles.

IF EATEN RARELY OR OCCASIONALLY, ENTER 'YES'

- YES 1
- NO 2 (DBQ.200)
- REFUSED 7 (DBQ.200)
- DON'T KNOW 9 (DBQ.200)

DBQ.140 When {you eat/SP eats} meat, how often {do you/does s/he} eat the visible fat? [Visible fat is the fat tissue that you may see around the edge of a piece of meat.] Would you say . . .

- never, 0
- rarely or seldom, 1
- sometimes or occasionally 2
- often or very often, or 3
- always? 4
- REFUSED 7
- DON'T KNOW 9

DBQ.200 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),	4
evaporated milk, whole milk,	5
evaporated milk, skim milk,	6
buttermilk,	7
goat's milk,	8
soy or imitation milk, or	9
another type?	10
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 (ALQ.240)
{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 (ALQ.240)
DON'T KNOW	9 (ALQ.240)

DBQ.230 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

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

ALQ.240 The next questions are about alcoholic beverages. When answering think about {your/SP's} use over the **past 30 days**.

How often did {you/SP} drink beer or lite beer?

|_|_|_|

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

NEVER 0
REFUSED 777
DON'T KNOW 999

ENTER UNIT

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

ALQ.250 [During the **past 30 days**] how often did {you/SP} drink wine, wine coolers, sangria or champagne?

|_|_|_|

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

NEVER 0
REFUSED 777
DON'T KNOW 999

ENTER UNIT

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

ALQ.260 [During the **past 30 days**] how often did {you/SP} drink hard liquor such as tequila, gin, vodka, scotch, rum, whiskey, or liqueurs, either alone or mixed?

|_|_|_|

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

NEVER 0
REFUSED 777
DON'T KNOW 999

ENTER UNIT

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

BOX 8

CHECK ITEM DBQ.265:

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

DBQ.270 The next questions are about the **amount** of food {you/SP} eat{s}.

On an **average day**, how many **helpings** of the following kinds of foods {do you/does SP} eat?

RESPONDENT SHOULD DEFINE 'HELPINGS'

HAND CARD DBQ6

CAPI INSTRUCTION:

HAND CARD INSTRUCTION ("HAND CARD DBQ6") SHOULD **ONLY** BE DISPLAYED FOR **A**.

- a. Protein foods, such as meat, fish, seafood, chicken, turkey, or eggs. Also include protein foods, such as peanut butter or foods that are made from dried beans, such as bean soup, baked beans, or refried beans, meat substitutes and soy protein foods such as tofu

|_|_|
ENTER NUMBER OF HELPINGS
NONE, NEVER, OR
RARELY EAT THESE
FOODS 0
REFUSED 77
DON'T KNOW 99

- b. Milk or dairy foods that are made from milk, such as cheese, cottage cheese, ice cream, milk shakes, or yogurt

|_|_|
ENTER NUMBER OF HELPINGS
NONE, NEVER, OR
RARELY EAT THESE
FOODS 0
REFUSED 77
DON'T KNOW 99

- c. Fruits or fruit juices

|_|_|
ENTER NUMBER OF HELPINGS
NONE, NEVER, OR
RARELY EAT THESE
FOODS 0
REFUSED 77
DON'T KNOW 99

- d. Vegetables, including vegetable salads

|_|_|
ENTER NUMBER OF HELPINGS
NONE, NEVER, OR
RARELY EAT THESE

FOODS 0
 REFUSED 77
 DON'T KNOW 99

e. Breads and other foods that
 are made from grains, such as
 cereals, spaghetti, pasta, rice,
 or tortillas

ENTER NUMBER OF HELPINGS

NONE, NEVER, OR
 RARELY EAT THESE
 FOODS 0
 REFUSED 77
 DON'T KNOW 99

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 (DBQ.330)
 REFUSED 7 (DBQ.330)
 DON'T KNOW 9 (DBQ.330)

DBQ.310 In the **past 30 days**, how many days per week did {you/SP} receive these meals?

ENTER NUMBER (OF DAYS PER WEEK)

DID NOT RECEIVE MEALS IN PAST
 MONTH 0 (DBQ.330)
 REFUSED 77 (DBQ.330)
 DON'T KNOW 99 (DBQ.330)

DBQ.320 When meals were delivered to {your/SP's} home, how many meals did {you/s/he} usually receive **each day**?

ENTER NUMBER (OF MEALS PER DAY)

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 (END OF SECTION)
 REFUSED 7 (END OF SECTION)
 DON'T KNOW 9 (END OF SECTION)

DBQ.340 In the **past 30 days**, how many days per week did {you/SP} go to a community program or senior center to eat prepared meals?

INCLUDE ADULT DAY CARE

|_|_|

ENTER NUMBER (OF DAYS PER WEEK)

DID NOT GO TO PROGRAM IN PAST

MONTH 0
REFUSED 77
DON'T KNOW 99

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**, approximately how many times a week {do you/does SP} usually eat 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**, approximately 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 those 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 10

CHECK ITEM DBQ.425:
IF SP AGE >= 5, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

FSQ.655 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.660 Is {SP} **now** receiving benefits from the WIC program?

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

FSQ.665 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