

APPENDIX D
HOUSEHOLD SCREENER

Case ID # _____

HOUSEHOLD SCREENER

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Hello, I'm [INTERVIEWER'S NAME]. I work for Mathematica Policy Research and we're conducting a survey for the U.S. Department of Agriculture.

SHOW ID CARD.

We recently sent a letter to this address explaining the survey, which is called the National Food Study. This study looks at the foods people get over the course of a week.

INTRO1. Did you get our letter?

- (1) YES
- (0) NO
- (77) REFUSED
- (99) DON'T KNOW

IF RESIDENT DOES NOT REMEMBER, HAND NEW COPY OF LETTER AND BROCHURE.

The addresses we visit have been scientifically selected to represent all households in our country. If you are eligible, we can start the survey today and you will receive at least

IF LOW INCENTIVE HH: \$75for completing all of the survey activities for one week.

IF HIGH INCENTIVE HH: \$125 for completing all of the survey activities for one week.

I need to ask you some questions to find out if your household is eligible for the survey.

IF HOUSEHOLD REFUSES, TRY AND PERSUADE TO DO THE SCREENER, IF FINAL REFUSAL GO TO SHORT FORM FOR REFUSAL.

Taking part is voluntary and all the information you give us will be kept in the strictest confidence. Your name will not be attached to any of your answers. Your information will be used only in combination with information from other households for statistical analyses. It will take about 10 minutes to answer these questions.

INTRO2. Do you have any questions before we begin?

- (1) YES
- (0) NO
- (77) REFUSED
- (99) DON'T KNOW

1. I have this address listed as [READ ADDRESS]. Is that your exact address?
[SIPP04W1C, VERADD]

- (1) YES, ADDRESS IS EXACTLY CORRECT AS LISTED → GO TO Q2
- (2) ADDRESS IS MOSTLY CORRECT, BUT NEEDS SOME MINOR CHANGES → MAKE CHANGES ON CONTACT SHEET
- (3) INCORRECT ADDRESS → TERMINATE INTERVIEW AND FIND CORRECT ADDRESS

2. Is your mailing address the same as your street address? Do you get your mail sent to this address?

- (1) YES → SKIP TO Q3
- (0) NO
- (77) REFUSED → SKIP TO Q3
- (99) DON'T KNOW → SKIP TO Q3

2a Please give me your complete mailing address.

STREET ADDRESS: _____

P.O. BOX OR RURAL ROUTE: _____

CITY: _____ STATE: _____ ZIP: _____

3. Are there any other housing units or living quarters - either occupied or vacant - at HH ADDRESS?

A separate housing unit has either 1) direct access from the outside or from a common hallway, or 2) a kitchen or cooking equipment for the exclusive use of the occupants.
[SIPP04W1C, ATADR]

- (1) Yes, one other unit
- (2) Yes, more than one other unit
- (0) No → Skip to Q4
- (77) REFUSED → Skip to Q4
- (99) DON'T KNOW → Skip to Q4

IF YES, ASK ABOUT ADDITIONAL LIVING QUARTERS AT THIS ADDRESS TO DETERMINE IF THEY QUALIFY AS EXTRA UNITS TO BE INTERVIEWED.

3a. What is the exact address of the (first) unit or living quarters?
[SIPP04W1C, OTHADR]

- (1) SAME → Go to 3b
- (0) NOT SAME → WRITE ADDRESS BELOW
- (77) REFUSED → Go to 3b
- (99) DON'T KNOW → Go to 3b

First Unit:

_____ Street/P.O.
Box

_____ Unit(s)

_____ City _____ Zip

[IF Q3=2, RECORD ADDITIONAL ADDRESSES ON SEPARATE SHEET]
SKIP TO 4

[AFTER COMPLETING INTERVIEW, CALL SUPERVISOR TO CHECK IF THIS ADDRESS IS IN THE FRAME. IF NOT IN FRAME, INTERVIEW WILL NOT BE ATTEMPTED AT THIS ADDRESS.]

3b. Do the occupants of the additional units or living quarters live separately from the people in your household?

[modified SIPP04W1C, LVEAT1]

- (1) YES → THIS ADDITIONAL LIVING QUARTER IS AN EXTRA UNIT AND MUST BE INTERVIEWED SEPARATELY
- (0) NO → THIS ADDITIONAL UNIT IS PART OF THE HOUSEHOLD. BE SURE TO COUNT THEM IN HOUSEHOLD SIZE.

IF YES, THIS ADDITIONAL LIVING QUARTERS IS AN EXTRA UNIT. DO NOT INCLUDE MEMBERS OF THIS EXTRA UNIT AS MEMBERS OF THE CURRENT UNIT. THEY MUST BE INTERVIEWED SEPARATELY.

- 4. Including yourself, how many people live in your household? Don't forget to include non-relatives who live here and, of course, babies and small children. Also include persons who usually live here but are temporarily away for reasons such as: vacation, traveling for work, or in the hospital. Do not include children living away at school.

_____ NUMBER
 (77) REFUSED
 (99) DON'T KNOW

- 5. Do all the people in your household live together and share food?

(1) Yes → SKIP TO HH SIZE BOX BELOW AND ENTER Q4 RESPONSE
 (0) No

5a. IF NO: How many people live together and share food?
 ENTER THIS NUMBER IN HHSIZE BOX

<u>Household Size</u>

- 6. How often (do you/does someone) go food shopping for (yourself/your household)? Would you say...
 [NHANES CBQ.140]

- (1) more than once a week,
- (2) once a week,
- (3) once every two weeks,
- (4) once every three weeks, or
- (5) once a month or less?
- (6) RARELY MAKE ANY MAJOR SHOPPING TRIPS, ONLY SMALL TRIPS
- (7) RARELY SHOP FOR FOOD
- (77) REFUSED
- (99) DON'T KNOW

IF HHSIZE = 1, SKIP TO Q8. ELSE ASK

- 7. In a typical week, how many meals do all or most of the members of your household eat together, including meals eaten away from home?

[modified, NHANES CBQ.180]

|__|__| ENTER NUMBER

- (0) NONE
- (77) REFUSED
- (99) DON'T KNOW

- 8. In a typical week, how many times (do you/does someone in the household) prepare food for dinner or supper at home? This includes putting the ingredients together for a meal. Do not include heating up leftovers or frozen meals.

[modified, NHANES CBQ.190]

|__|__| ENTER NUMBER

- (77) REFUSED
- (99) DON'T KNOW

9. Now I am going to ask about the total income for (you/your household) last month. Please think about income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives, and so forth. What category represents the total income for (you/your household) before taxes last month? SHOW HAND CARD.

IF NEEDED: Income is important in determining your eligibility for this study because we need to include a certain number of households at different levels of income. [modified, NHANES0708 INQ.200; changed last calendar year to last month]

- (1) CATEGORY A
- (2) CATEGORY B
- (3) CATEGORY C
- (77) REFUSED
- (99) DON'T KNOW

10. Do you or any member of your household currently receive benefits from [SNAP/STATE NAME]? This program used to be called food stamps. It puts money on an [EBT/STATE NAME] card that you can use to buy food.

- (1) YES → GO TO INTERVIEWER CHECK #1
- (0) NO → GO TO INTERVIEWER CHECK #2
- (77) REFUSED → GO TO INTERVIEWER CHECK #2
- (99) DON'T KNOW → GO TO INTERVIEWER CHECK #2

Table-1: Income Hand Card

For your household size, which category below matches your household's monthly income (A, B or C)?

HH Size	Below (A)	Between (B)	Above (C)
1	\$902	\$903 - \$2,527	\$2,528
2	\$1,213	\$1,214 - \$3,400	\$3,401
3	\$1,525	\$1,526 - \$4,272	\$4,273
4	\$1,837	\$1,838 - \$5,145	\$5,146
5	\$2,148	\$2,149 - \$6,018	\$6,019
6	\$2,460	\$2,461 - \$6,890	\$6,891
7	\$2,772	\$2,773 - \$7,763	\$7,764
8 or more	\$3,083	\$3,084 - \$8,636	\$8,637

Or if you think of your household income in annual amounts, which category below matches your household's annual income (A, B or C)?

HH Size	Below (A)	Between (B)	Above (C)
1	\$10,829	\$10,830 - \$30,324	\$30,325
2	\$14,569	\$14,570 - \$40,796	\$40,797
3	\$18,309	\$18,310 - \$51,268	\$51,269
4	\$22,049	\$22,050 - \$61,740	\$61,741
5	\$25,789	\$25,790 - \$72,212	\$72,213
6	\$29,529	\$29,530 - \$82,684	\$82,685
7	\$33,269	\$33,270 - \$93,156	\$93,157
8 or more	\$37,009	\$37,010 - \$103,628	\$103,629

INTERVIEWER CHECK #1:

IS QUOTA GROUP-D OPEN?

(1) YES → GO TO “ELIGIBLE”

(0) NO → GO TO “NOT ELIGIBLE”

INTERVIEWER CHECK #2:

IS THE HOUSEHOLD’S INCOME CATEGORY AN OPEN QUOTA GROUP?

(1) YES → GO TO “ELIGIBLE”

(0) NO → GO TO “NOT ELIGIBLE”

ELIGIBLE CONTINUE HERE

Thank you. Your household is eligible for the survey! I’d like to continue now and get your complete contact information and tell you about the survey.

INT: IF LOW INCENTIVE HH

In total, it will take about six to seven hours of your time during the week. After you finish, we will give you \$50.

- We will also mail \$20 to each additional member of your household (over age 5) who reports the foods they get during the week.
- If you call us to complete three short telephone interviews about the foods you get during the week we will mail you a \$25 telephone bonus.

A one-person household may get \$75 if he/she completes all survey activities; a four-person household may get up to \$135 for completing all survey activities.

INT: IF HIGH INCENTIVE HH

In total, it will take about six to seven hours of your time during the week. After you finish, we will give you \$100.

- We will also mail \$25 to each additional member of your household (over age 5) who reports the foods they get during the week.
- If you call us to complete three short telephone interviews about the foods you get during the week we will mail you a \$25 telephone bonus.

A one-person household may get \$125 if he/she completes all survey activities; a four-person household may get up to \$200 for completing all survey activities.

I have a few more questions to see who in your household is the best person to complete the survey.

I have a few more questions to see who in your household is the best person to complete the survey.

11. Are you the person who does **most** of the planning or preparing of meals in your family? [NHANES0708 DBQ.930]

INT: IF R ANSWERS "SOMETIMES" OR "50/50", ENTER YES

- (1) YES → SKIP TO Q12
- (0) NO
- (77) REFUSED → SKIP TO Q12
- (99) DON'T KNOW → SKIP TO Q12

11a. IF NO, ASK: Who does most of the planning or preparing of meals?

FIRST NAME: _____

LAST NAME: _____

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

[NHANES0708 DBQ.940]

- (1) YES → SKIP TO Q13
- (0) NO
- (77) REFUSED → SKIP TO Q13
- (99) DON'T KNOW → SKIP TO Q13

12a. IF NO, ASK: Who does most of the shopping for food?

FIRST NAME: _____

LAST NAME: _____

INTERVIEWER CHECK #3: IS R THE MEAL PLANNER OR FOOD SHOPPER?

(1) YES → CONTINUE WITH SCREENER.
 (0) NO → ASK TO SPEAK WITH FOOD SHOPPER (Q12a)
 EXPLAIN THE SURVEY AND GET CONTACT INFORMATION

IF FOOD SHOPPER AND MEAL PLANNER ARE NOT THE SAME PERSON, ASK FOR MEAL PLANNER IF FOOD SHOPPER IS NOT AVAILABLE.

IF FOOD SHOPPER/MEAL PLANNER NOT AVAILABLE, FINISH THE SCREENER TO GET FOOD SHOPPER CONTACT INFO FROM RESPONDENT.

13. What is the best telephone number to reach (you/FOOD SHOPPER) at?

() - _____ - _____

- (0) NO TELEPHONE → Skip to Q15
- (77) REFUSED → Skip to Q15
- (99) DON'T KNOW → Skip to Q15

13a. Is that a home phone, cell phone, work phone, or some other phone?

- (1) CELL PHONE
- (2) HOME PHONE → Skip to Q15
- (3) WORK PHONE → Skip to Q15
- (4) RELATIVE'S HOME → Skip to Q15
- (5) NEIGHBOR'S HOME → Skip to Q15
- (6) OTHER → Skip to Q15

14. Is there another number where (you/FOOD SHOPPER) can be reached so that you do not get cell phone charges when you talk with us?

- (1) YES → LIST BELOW, THEN SKIP TO Q16
- (0) NO → SKIP TO Q16
- (77) REFUSED → SKIP TO Q16
- (99) DON'T KNOW → SKIP TO Q16

_____ - _____ - _____ OTHER TELEPHONE NUMBER

14a. Is that a home phone, work phone, or some other phone?

- (1) CELL PHONE (DIFFERENT FROM ONE IN Q13)
 - (2) HOME PHONE
 - (3) WORK PHONE
 - (4) RELATIVE'S HOME
 - (5) NEIGHBOR'S HOME
 - (6) OTHER
- } GO TO Q16

15. Is there another number where (you/FOOD SHOPPER) can be reached?

_____ - _____ - _____ OTHER TELEPHONE NUMBER

- (0) NO → Skip to Q16
- (77) REFUSED → Skip to Q16
- (99) DON'T KNOW → Skip to Q16

15a. Is that a home phone, cell phone, work phone, or some other phone?

- (1) CELL PHONE
- (2) HOME PHONE
- (3) WORK PHONE
- (4) RELATIVE'S HOME
- (5) NEIGHBOR'S HOME
- (6) OTHER

16. What language would (you/FOOD SHOPPER) be most comfortable using for our interviews?

- (1) English
- (2) Spanish
- (3) Other: _____

17. Do you have time now to discuss the study and learn about what you'll be doing for the week? This will take a little over an hour.

- (1) YES – GO TO SURVEY INTRODUCTION IN CAPI.
- (0) NO – GO TO SCHEDULING

ASK TO GO INSIDE TO CONDUCT STUDY INTRODUCTION, SIGN CONSENT FORM, AND CONDUCT TRAINING ON DATA COLLECTION ACTIVITIES OR TO SCHEDULE VISIT.

NOT ELIGIBLE

Thank you for your time. I'm sorry your household is not eligible for the study.

18. May I have your name and telephone number in case my supervisor wants to confirm that I spoke with you?

FIRST NAME: _____

LAST NAME: _____

() - _____ - _____

(0) NO TELEPHONE

(77) REFUSED

(99) DON'T KNOW

INTERVIEWER CHECK #4: WHAT LANGUAGE WAS THIS

ADMINISTRATIVE

19. ADMINISTRATIVE ONLY: After the training, assess the level of cooperation or level of support this household may need during the study week.

(1) RED – RELUCTANT/HIGH LEVEL OF SUPPORT ANTICIPATED

(2) YELLOW – MODERATE INTEREST/MAY NEED ADDITIONAL SUPPORT

(3) GREEN – COMPLIANT/INTERESTED/LIKELY MINIMAL SUPPORT