

APPENDIX D
HOUSEHOLD SCREENER

National Household Food Acquisition and Purchase Survey
Mathematica Policy Research – 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.

INTRODUCTION

Hello, I'm [FILL 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 households get over the course of a week, and will help answer questions about how much households spend on food, where they get food and how much they pay for food.

This information will help the USDA improve its programs and ensure that all Americans have access to a healthy diet at affordable prices.

1. Did you get our letter?

- Yes
 No
 DON'T KNOW
 REFUSED

SHOW THE LETTER AND BROCHURE AGAIN, AND OFFER THEM TO THE POTENTIAL INTERVIEWEE.

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

CIRCLE INCENTIVE: \$50 (LOW); \$100 (HIGH)

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. Taking part is voluntary. We are required by law to use your information for statistical research only and to keep it confidential. The law prohibits us from giving anyone any information that may identify you or your family without your consent. Your responses will not have any effect on services you may receive or may apply for in the future. You also do not have to answer any questions that make you feel uncomfortable. There are no risks for participating but if you have any questions you can call the telephone number in the letter and brochure.

It will take about 10 minutes to answer these questions. Do you have any questions before we start?

1A. May I begin?

- YES GO TO Q.2
 NO → PROVIDE MORE INFO ABOUT STUDY AND TOTAL INCENTIVES. IF REFUSAL, THANK AND TERMINATE.

VERIFY ADDRESS

2. I have this address listed as [READ ADDRESS FROM CONTACT SHEET]. Is that your exact address?

- YES, EXACTLY CORRECT AS LISTED → GO TO Q.3
 MOSTLY CORRECT, BUT NEEDS SOME MINOR CHANGES → MAKE CHANGES ON CONTACT SHEET
 INCORRECT ADDRESS → TERMINATE INTERVIEW AND FIND CORRECT ADDRESS

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

- Yes → GO TO Q.4 ON NEXT PAGE
 No
 DON'T KNOW → GO TO Q.4
 REFUSED → GO TO Q.4

3a. Please give me your complete mailing address (including apartment number).

STREET ADDRESS: _____

P.O. BOX OR RURAL ROUTE: _____

CITY: _____ STATE: _____ ZIP: _____

4. Are there any other housing units or living quarters—either occupied or vacant—at this 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.

- Yes, one other unit
 Yes, more than one other unit
 No → GO TO Q.5
 DON'T KNOW → GO TO Q.5
 REFUSED → GO TO Q.5

4a. What is the exact address of the (first) unit or living quarters?

- SAME
 NOT SAME **WRITE ADDRESS BELOW**
 DON'T KNOW → GO TO Q.4b
 REFUSED → GO TO Q.4b

FIRST UNIT STREET / P.O. BOX: _____

UNIT: _____ CITY: _____ ZIP: _____

[IF Q4=2, WRITE ADDITIONAL ADDRESSES ON PG. 7]

4b. Do the occupants of the additional units or living quarters live separately from the people in your household?

- Yes **THIS UNIT MUST BE INTERVIEWED SEPARATELY**
 No **THIS UNIT IS PART OF THE HOUSEHOLD. BE SURE TO COUNT THEM IN HOUSEHOLD SIZE.**

[IF Q4B=1, CALL SUPERVISOR AFTER COMPLETING THE SCREENER AND BEFORE COMPLETING HOUSEHOLD INTERVIEW #1 AND TRAINING. SUPERVISOR WILL CHECK IF THE ADDITIONAL UNIT SHOULD BE INTERVIEWED.]

HOUSEHOLD INFORMATION

5. 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

- DON'T KNOW
- REFUSED

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

- Yes → FILL "HH SIZE BOX" WITH Q5 RESPONSE. SKIP TO Q.7
- No

6a. How many people live together and share food?

|_|_| NUMBER → ENTER IN HH SIZE BOX

- DON'T KNOW
- REFUSED

HH SIZE BOX

7. How often (do you/does someone) go food shopping for (yourself/your household)? Would you say...

- more than once a week,
- once a week,
- once every two weeks,
- once every three weeks, or
- once a month or less?
- RARELY SHOP FOR FOOD
- DON'T KNOW
- REFUSED

IF HHSIZE = 1, SKIP TO Q.9. ELSE ASK:

8. 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?

|_|_| ENTER NUMBER NONE

- DON'T KNOW
- REFUSED

9. 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.

|_|_| ENTER NUMBER NONE

- DON'T KNOW
- REFUSED

**INTERVIEWER:
REFER TO CONTACT SHEET AND CHECK
OPEN QUOTA GROUPS IN BOX AT RIGHT**

OPEN QUOTA GROUPS			
Group-A	Group-B	Group-C	Group-D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. 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.

- 1 CATEGORY A
- 2 CATEGORY B
- 3 CATEGORY C
- d DON'T KNOW
- r REFUSED

11. Do you or any member of your household currently receive Food Stamps? It puts money on the Families First EBT card that you can use to buy food.

- 1 Yes → **GO TO INTERVIEWER CHECK #1**
- 0 No
- d DON'T KNOW → **GO TO INT CHECK #2**
- r REFUSED

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 may take six to seven hours of time during the week.

- The primary food shopper in the household, who is asked to complete three 30-minute interviews and keep track of foods they get during the week, will receive a **\$50 check** at the end of the week.
- The primary food shopper will also receive up to **three (3) \$10 gift cards**, one for each time that you call us to report the foods you get during the week.
- Other members of your household can also get a gift card if they report the foods they get during the week.

INT: IF HIGH INCENTIVE HH

In total, it may take six to seven hours of time during the week.

- The primary food shopper in the household, who is asked to complete three 30-minute interviews and keep track of foods they get during the week, will receive a **\$100 check** at the end of the week.
- The primary food shopper will also receive up to **three (3) \$10 gift cards**, one for each time that you call us to report the foods you get during the week.
- Other members of your household can also get a gift card if they report the foods they get during the week.

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

12. AGREE TO CONTINUE?

- Yes → **CONTINUE TO Q13 ON NEXT PAGE** →
- No → **GO TO SHORT FORM – LAST PAGE**

NOT ELIGIBLE CONTINUE HERE

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

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

FIRST NAME: _____ LAST NAME: _____

TELEPHONE: (_____) - _____ - _____
Area Code

- NO TELEPHONE
 DON'T KNOW
 REFUSED

20. WHAT LANGUAGE WAS USED FOR THIS INTERVIEW?

- ENGLISH
 SPANISH
 DON'T KNOW

THANK AGAIN AND TERMINATE

IDENTIFY FOOD SHOPPER AND MEAL PLANNER

13. Are you the person who does most of the planning or preparing of meals in your family?
INTERVIEWER: IF R ANSWERS "SOMETIMES" OR "50/50," ENTER YES.

- Yes → SKIP TO Q.13a
- No → SKIP TO Q.13a
- DON'T KNOW → GO TO Q.14
- REFUSED → GO TO Q.14

13a. What is (your name / the name of the person who does most of the planning or preparing of meals)?

FIRST NAME

LAST NAME

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

- Yes → SKIP TO Q.14a
- No → SKIP TO Q.14a
- DON'T KNOW → GO TO Q.15
- REFUSED → GO TO Q.15

14a. What is (your name / the name of the person who does most of the shopping for food)?

FIRST NAME

LAST NAME

INTERVIEWER CHECK #3:

IS R THE MEAL PLANNER OR FOOD SHOPPER?

- Yes → CONTINUE WITH SCREENER
- No → ASK TO SPEAK WITH FOOD SHOPPER

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.

GET CONTACT INFORMATION

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

() - -
Area Code

- NO TELEPHONE
 - DON'T KNOW
 - REFUSED
- GO TO Q.17

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

- CELL PHONE
- HOME PHONE
- WORK PHONE
- RELATIVE'S HOME
- NEIGHBOR'S HOME
- OTHER

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

() - -
Area Code

- NO TELEPHONE
 - DON'T KNOW
 - REFUSED
- GO TO Q.17

16a. Is that a home phone, work phone, or some other phone?

- CELL PHONE
- HOME PHONE
- WORK PHONE
- RELATIVE'S HOME
- NEIGHBOR'S HOME
- OTHER

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

- English
- Spanish
- Other (Specify) _____

18. 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.

- Yes → CONTINUE TO HH1 AND TRAINING
- No → NO. SCHEDULE ALTERNATIVE TIME
- No → REFUSED TO PARTICIPATE. SKIP TO Q.B CONT.

SHORT FORM

COMPLETE THIS SECTION ONLY IF THE HOUSEHOLD IS ELIGIBLE AND REFUSES TO TAKE PART.

I respect your decision not to take part in this study. It is completely voluntary. I would like to ask a few questions that will help us provide the U.S. Department of Agriculture with important information about the households in this area, including those who choose not to participate in our study. I remind you that we are required by law to use your information for statistical research only and to keep it confidential. The law prohibits us from giving anyone any information that may identify you or your family without your consent. These questions will take less than five minutes.

B_Cont. May I begin?

- YES → GO TO Q21
- NO → TERMINATE

21. Where do you do most of your food shopping?

PROBE: Where do you spend the most money shopping for food?

NAME OF STORE:

21a. ASK IF NECESSARY: What type of store is that? READ RESPONSE CATEGORIES IF NECESSARY

- SUPERMARKET
- SMALL GROCERY STORE
- CONVENIENCE STORE (7-11 / MINIMART)
- DOLLAR STORE
- DISCOUNT OR BIG BOX STORE (KMART, TARGET, OR WALMART)
- WHOLESALE CLUB (COSTCO, B.J.'S OR SAM'S CLUB)
- OTHER
- DON'T KNOW
- REFUSED

22. In the past 30 days did you purchase food from a...

	YES	NO	DON'T KNOW
a. Supermarket	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Small grocery store	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Convenience store	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Dollar store	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Discount or big box store like Kmart, Target, or Walmart	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Wholesale club like Costco, B.J.'s, or Sam's Club	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Specialty store such as bakery, meat or fish market	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Pharmacy or drug store	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

23. During the past 30 days, did you or anyone in your household go to a food pantry or food bank for groceries?

- Yes
- No
- DON'T KNOW
- REFUSED

24. How many people in your household are...

- Children under age 5..... # _____
- Children in elementary school..... # _____
- Children in middle school/junior high .. # _____
- Children in high school..... # _____
- Adults over 18 years old..... # _____

Those are all the questions I have for you. Thank you for your time. If you change your mind about taking part in the study, please call us at the toll-free number on the brochure. **Have a nice day**