

APPENDIX G

CHANGES TO HOUSEHOLD INTERVIEW #1

HOUSEHOLD INTERVIEW #1

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 19 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.

INTERVIEWER: ENTER HOUSEHOLD SIZE FROM SCREENER

|__|__ |HOUSEHOLD SIZE

INTRODUCTION (Note: this interview follows screener)

As I said earlier, taking part in this study is completely voluntary. The information you give us is strictly confidential. Your name will not be attached to any of your answers. Your name and responses will not be shared with anyone and your responses will not have any effect on services you may now 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 always call the telephone number in the letter and brochure.

Now I'd like to ask you about the people living in your household, where you usually shop for food, and food programs you may participate in. It will take about [IF HHSIZE 1-2=15, IF HHSIZE >2 = 30] minutes to answer these questions.

Is now a good time to do the interview? I'd like to continue now unless you have any questions for me.

- (1) YES → CONTINUE
 (0) NO

SECTION A. HOUSEHOLD ROSTER

We will begin the interview with questions about who lives here.

READ AS NEEDED: I understand that you may have already provided some of this information, but I need to read the whole series of questions on this sheet.

I also want to stress that all the information you provide is completely confidential. [SIPP04wc1, BEGINT]

- A1. I need to make a list of all the people who are living or staying here at this address over the next week or two. Be sure to include:
- People who stay here only some of the time,
 - non-relatives who live here,
 - and of course any babies and small children.

Please mention someone even if you're not sure they should be included. Let's start with you. What is your name?

INTERVIEWER: ENTER FIRST NAME AND SEX IN RESPONDENT ROW.

First Name	Sex	Relationship to R	Household member, absent at time of survey ¹	Non-household member, staying in sample unit at time of survey ²

¹Absent household members will be included on roster for questions about demographics and income; these members do not receive food diaries.

²Non-household members will be included on roster for questions about demographics, but not income; these non-members will receive food diaries if they reside with the household for the full data collection week.

Please give me the names of everyone else who lives or stays here most of the time. Anyone else? [SIPP04W1C, PREROST]

INTERVIEWER: ENTER FIRST NAME IN ROSTER. ENTER SEX AND RELATIONSHIP IF OFFERED.

IF ONE PERSON IN HOUSEHOLD, SKIP TO A3. ELSE ASK:

A5. What is NAME's relationship to you?

[SIPP04W1C, RELRP]

[NEED TO ADD CAPI VALIDATION CHECKS ON RELATIONSHIP CODES. SEE SIPP.]

- (0) Respondent
- (1) Spouse
- (2) Unmarried Partner
- (3) Child/Step-child/Adopted child
- (4) Grandchild
- (5) Parent
- (6) Brother/Sister
- (7) Other Relative (e.g. uncle, cousin, in-law)
- (8) Foster Child
- (9) Housemate/Roommate
- (10) Roomer/Boarder
- (11) Other non-relative
- (77) REFUSED
- (99) DON'T KNOW

A6. How old is NAME?

|_|_|_| ENTER AGE IN YEARS

A6a. IF UNDER 18 – What is NAME's month and year of birth?

|_|_| MONTH
|_|_|_| YEAR

CAPI CHECK: NEED AT LEAST ONE PERSON IN THE HOUSEHOLD AGE 18 YEARS OR OLDER, ELSE END INTERVIEW. IF NO ONE AGE 18 AND OLDER, INTERVIEWER READS: I'm sorry, your household is not eligible for the study. We need to speak with someone age 18 or older.

FOR A7-A8, ASK EACH QUESTION (WITH FOLLOW-UP, IF APPLICABLE) FOR EVERY NAME ON ROSTER, THEN MOVE TO NEXT QUESTION.

A7. (Are you/Is NAME) Spanish, Hispanic, or Latino? (How about/And) NAME?
READ IF NECESSARY: such as Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or some other Spanish, Hispanic, or Latino group.

[SIPP04W1C, ORIGIN]

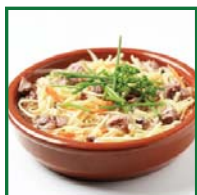
- (1) No, not Spanish, Hispanic, or Latino
- (2) Yes, Mexican, Mexican American, or Chicano
- (3) Yes, Puerto Rican
- (4) Yes, Cuban
- (5) Yes, other Spanish, Hispanic, Latino
- (77) REFUSED
- (99) DON'T KNOW

APPENDIX I
CHANGES TO SINGLE BOOK FOR REPORTING
FOOD ACQUISITIONS



OMB Control Number:
Expiration Date:

The U.S. Department of Agriculture's



The National Food Study Household Food Book

Don't forget to include foods acquired by all participating household members.

First Day: _____

Last Day: _____

Your household has been selected at random to participate in this study. Each household member should decide whether or not to participate. If you agree to participate, we ask you to keep track of the foods that you get away from home for 7 days and to save receipts from your food purchases. It will take about one hour of your time during the week and you will get a gift card at the end of the week. Participation 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. If you decide not to take part it will not affect any benefits or services received by anyone in your household. **If over age 10, please initial next to your name if you agree to take part in this study.**

	Name	Initials
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____



APPENDIX K
CHANGES TO ADULT FOOD BOOKLET



OMB Control Number:
Expiration Date:

The U.S. Department of Agriculture's



The National Food Study



Foods You Eat-Out and Take-Out Adult Booklet



First Day: _____

Last Day: _____

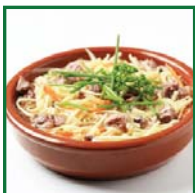
Booklet for: _____



Your household has been selected at random to participate in this study. If you agree to participate, we ask you to keep track of the foods that you get away from home for 7 days and to save receipts from your food purchases. It will take about one hour of your time during the week and you will get a gift card at the end of the week. Participation 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. If you decide not to take part it will not affect any benefits or services received by anyone in your household. Your information will be kept private and will not be released in a form that might identify you.

Please sign below if you agree to take part in this study.

Signature: _____



APPENDIX L
CHANGES TO YOUTH FOOD BOOKLET



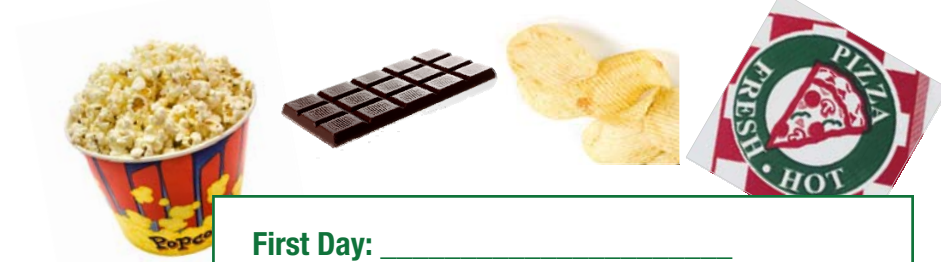
OMB Control Number:
Expiration Date:

The U.S. Department of Agriculture's

The National Food Study

Youth Booklet

For foods you get when not with a parent or guardian



First Day: _____

Last Day: _____

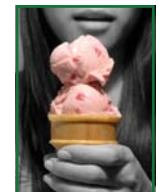
Booklet for: _____



Your household has been selected at random to participate in this study. If you agree to participate, we ask you to keep track of the meals and snacks that you get away from home for 7 days and to save receipts from your food purchases. It will take about one hour of your time during the week and you will get a gift card at the end of the week. Participation 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.

Please sign below if you agree to take part in this study.

Signature: _____



About the Study

The **National Food Study** is collecting information from households throughout the United States. This study will answer questions like:

- Where do people get their food?
- What types of food do people get?
- How often do people get food?
- How much money do people spend on food?

Your family has agreed to take part in this national study.

Help us make sure that kids count!
We need your help!

For the next week we want you to keep track of all the foods and drinks you buy or get for free.

- **Use** this book to track foods and drinks that you get when you are not with a parent or guardian
- **Give** your book to your parent or guardian on days 2, 5, and 7 when they call us to report the foods your family got
- **Get** a gift card at the end of the week for completing this book
- **Help** us to make the National Food Study a big success!

Remember ... the information that you provide will be kept confidential. Your name will be removed from your book after it is received. Your answers, and all the information provided by your household, will be grouped with others.

Meals, Snacks, and Drinks

Complete one **RED** page each time you get food or drinks outside your home

(√) DAY you got food	<input type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Name of PLACE where you got food:	McDonalds						
(√) CHECK the meal or snack	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input checked="" type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink			
TOTAL PAID (including tax)	\$	<input type="text" value="3"/>	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="checkbox"/> (√) if free		

Complete this section if you DO NOT have a receipt or the receipt DOES NOT list each food item

Write each food and drink on a separate line	Write size or amount if you know it (S,M, L or ounces, grams, lbs, etc.)	How many?	Amount paid
French fries	Large	1	\$1.89
Coke	Large	1	\$1.59

QUESTIONS? Call 1-866-275-8659

APPENDIX N
CHANGES TO HOUSEHOLD INTERVIEW #2

CASE ID: _____

HOUSEHOLD INTERVIEW #2

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 26 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

As you may remember, this study is designed to help the U.S. Department of Agriculture understand households’ food choices and America’s food needs. To understand households’ food choices, we need to gather detailed information about households’ financial situations. In this interview I’ll ask you about household expenses, income, and assets – which include things you own or money you may have saved.

Taking part in this study is voluntary - you can skip any question you do not want to answer or that makes you feel uncomfortable. 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 affect any benefits or services you may receive from any other government agency, now or in the future. It will take about 30 minutes to answer these questions.

Is now a good time to do the interview? I’d like to continue now unless you have any questions for me.

- (1) YES → CONTINUE
- (0) NO

SECTION A. NON-FOOD EXPENDITURES

We’re going to start with some questions about your household expenses.

A1. Are your living quarters ...

[SIPP]

- (1) Owned or being bought by you or someone in your household → SKIP TO A2
- (2) Rented, or
- (3) Occupied without paying rent? → SKIP TO A4
- (77)REFUSED → SKIP TO A1b
- (99)DON’T KNOW → SKIP TO A1b

A1a. How much did (you/your household) pay for rent last month?

\$|_|_|_|_|·|_|_|_|

(77)REFUSED

(99)DON’T KNOW

A1b. Is this **public housing** – that is, is it owned by a local public housing authority or other public agency? DO NOT INCLUDE MILITARY HOUSING [SIPP]

- (1) YES → SKIP TO A4
- (0) NO
- (77)REFUSED → SKIP TO A4
- (99)DON’T KNOW → SKIP TO A4

A1c. Is the rent here subsidized by the Federal, State, or Local government? By that I mean, is the government paying part of the cost? DO NOT INCLUDE MILITARY HOUSING

- (1) YES → SKIP TO A4
- (0) NO → SKIP TO A4
- (77)REFUSED → SKIP TO A4
- (99)DON’T KNOW → SKIP TO A4

A18. How many cars, trucks, minivans, vans or SUVs (do you/ does your household) have? Do not include vehicles used entirely for business.

|__|__| NUMBER

- (0) NONE → SKIP TO A26
- (77) REFUSED → SKIP TO A26
- (99) DON'T KNOW → SKIP TO A26

A18a. What are the years, makes, and models of each vehicle?

#	Year	Make	Model
1			
2			
3			

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

FOR EACH VEHICLE ASK:

A19. (Do you/Does your household) own or lease the [YEAR] [MAKE] [MODEL]?

- (1) OWN
- (2) LEASE → SKIP TO A20
- (77) REFUSED
- (99) DON'T KNOW

A19a. Approximately how many monthly payments are left on [YEAR] [MAKE] [MODEL]?

PROBE: How many monthly payments are needed to pay off the vehicle?

- |__|__| MONTHLY PAYMENTS LEFT
- (0) NONE → SKIP TO A22
 - (77) REFUSED
 - (99) DON'T KNOW

A20. How much (do you/does your household) pay in car/truck payments for [YEAR] [MAKE] [MODEL]?

\$|__|__|__|__|. |__|__|

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

A20a. ASK IF NECESSARY: What period is covered by each payment?

- (0) WEEK
- (1) 2 WEEKS
- (2) MONTH
- (3) QUARTER
- (4) SEMIANNUALLY
- (5) ANNUALLY
- (6) ONE TIME PAYMENT
- (7) OTHER, SPECIFY: _____
- (77) REFUSED
- (99) DON'T KNOW

ASK IF A17 = 0, 77, 99

A21. (Do you / Does your household) have any automobile expenses?

PROBE: Expenses might include gasoline, insurance, parking, rental cars, or expenses for tolls.

- (1) YES
- (0) NO → SKIP TO A26
- (77) REFUSED → SKIP TO A26
- (99) DON'T KNOW → SKIP TO A26

A22. What is (your / your household's) average monthly expense for gasoline and other fuels (including gasohol) for all vehicles?

\$|__|__|__|__|. |__|__|

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

B5. For the following types of income, just tell me yes or no, did (you / anyone in your household) receive income from any of the following in [LAST MONTH]? CHECK ALL THAT APPLY.

- (1) Rental properties?
- (2) Roomers or boarders?
- (3) Job training, work study, or internship?
- (4) Strike benefits?
- (5) Workers' compensation?
- (6) Unemployment compensation?
- (7) Provision of day care services in the home?
- (8) Sale of home-prepared food (such as sandwiches, beverages, baked goods) from a kiosk or truck, or to another vendor?
- (9) Catering?
- (10)NONE
- (77)REFUSED
- (99)DON'T KNOW

FOR EACH INCOME REPORTED IN B5, ASK:

B5a. How much was received from [INCOME] in [LAST MONTH]?

\$|_|_|_|_|_|. |_|_|_|
 (77) REFUSED → SKIP TO B6
 (99) DON'T KNOW → SKIP TO B6

B5b. ASK IF NECESSARY: Was that weekly, every other week, two times per month, or monthly?

- (1) DAILY
- (2) WEEKLY
- (3) EVERY OTHER WEEK OR BI-WEEKLY
- (4) TWO TIMES PER MONTH
- (5) MONTHLY
- (77)REFUSED
- (99)DON'T KNOW

SECTION C. UNEARNED INCOME

C1. I have another list of income sources. Again, just tell me yes or no, did (you / anyone in your household) receive income from any of the following in [LAST MONTH]? CHECK ALL THAT APPLY

- (1) Social Security Retirement Benefits (SSA)
- (2) Social Security Disability Benefits also known as SSDI
- (3) Supplemental Security Income or SSI
- (4) Temporary Assistance for Needy Families (TANF/STATE NAME)
- (5) General Assistance, General Relief, or the GA program
- (6) Veteran's benefits or military allotments
- (7) Black Lung Benefits
- (8) Child support
- (9) Alimony
- (10)Foster Care
- (11)Pensions, civil service annuities, retirement benefits, survivor's benefits, or Railroad Retirement Benefits
- (12)Interest, dividends, or capital gains income
- (13)Money from a person who is not in your household (not alimony or child support)
- (14)Educational grants, loans, or stipends
- (0) NONE → SKIP TO C2
- (77)REFUSED → SKIP TO C2
- (99)DON'T KNOW → SKIP TO C2

C1a. FOR EACH INCOME REPORTED IN C1, ASK: How much was received from [INCOME] in [LAST MONTH]?

\$|_|_|_|_|_|. |_|_|_|
 (77) REFUSED
 (99) DON'T KNOW

ENTER 'C' FOR A COMBINED INCOME

APPENDIX O
CHANGES TO HOUSEHOLD INTERVIEW #3

CASE ID: _____

HOUSEHOLD INTERVIEW #3

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In this interview I'll ask you about your household's eating habits, dietary needs, and general health status.

Taking part in this study is completely voluntary. You can decide to take part or not. You can skip any question you do not wish to answer or that makes you feel uncomfortable. 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 affect any benefits or services you may receive from any government agency, now or in the future. It will take about 30 minutes to answer these questions. At the end of this interview, I will collect all booklets, receipts, magnet, and the scanner.

It will take about 30 minutes to answer these questions. Is now a good time to do the interview? I'd like to continue now unless you have any questions for me.

- (1) YES → CONTINUE
(0) NO

Section A. Consumer Behavior

A1. During the past 7 days, how many times did you/someone else in your family) cook food for dinner or supper **at home**? This includes time spent putting the ingredients together to cook a meal. Do not include heating up leftovers or frozen meals.

[NHANES, CBQ.160]

|__|__| ENTER NUMBER
(0) NEVER
(77) REFUSED
(99) DON'T KNOW

IF HHSIZE=1 SKIP TO A3.

A2. IF HHSIZE>1: During the past 7 days, how many meals did all or most of your family sit down and eat together?

[NHANES, CBQ.180]

PROBE: This includes meals eaten away from home.

|__|__| ENTER NUMBER

- (0) NONE → SKIP TO SECTION B
(77) REFUSED → SKIP TO SECTION B
(99) DON'T KNOW → SKIP TO SECTION B

A3. During the past 7 days, did any guests come to your home for a meal or snack?

- (1) YES
(0) NO → SKIP TO B1
(77) REFUSED → SKIP TO B1
(99) DON'T KNOW → SKIP TO B1

A3a. How many times last week did guest(s) come to your home for a meal or snack?

|__|__| ENTER NUMBER
(77) REFUSED
(99) DON'T KNOW

Section F. Previous Residence

My last questions are about your current and previous residence.

ASK QUESTIONS F1-F4 FOR ALL ADULTS IN HOUSEHOLD.

F1. When did (you / NAME) move into this (house / apartment / mobile home), that is, in what year?

IF LIVED HERE MORE THAN ONCE, ENTER YEAR OF MOST RECENT MOVE.

(A) Always lived here

|__|__|__|__| YR → SKIP TO F2

(r) REFUSED → SKIP TO F2

(d) DON'T KNOW → SKIP TO F2

F1a. So (you / NAME) lived here since birth - is that correct?

(1) YES

(0) NO – SKIP TO F3a

(r) REFUSED – SKIP TO F3a

(d) DON'T KNOW – SKIP TO F3a

F1 NOT ALWAYS LIVED HERE

F2. Was (your /NAME'S) previous home also located in [STATE], or was it in some other state?

(1) YES, SAME STATE → GO TO F3

(0) NO, NOT IN THE SAME STATE

(r) REFUSED

(d) DON'T KNOW

F2a. ASK IF NECESSARY: What state was that?

|__|__|[PICK FROM LIST OF STATES]

(66) NOT IN THE U.S. – GO TO F3a

(r) REFUSED – GO TO F3a

(d) DON'T KNOW – GO TO F3a

F3. Were (you / NAME) born in [STATE FROM F2a OR STATE FROM SAMPLE]?

(1) YES → SKIP TO F4

(0) NO

(r) REFUSED

(d) DON'T KNOW

F3a. Where were (you / NAME) born?

[PICK FROM LIST OF STATES] → SKIP TO NEXT ADULT IN HH LOOP

(72) NOT IN THE U.S.

(r) REFUSED

(d) DON'T KNOW

IF BORN OUTSIDE US (F3a=NOT IN U.S.):

F3b. Are (you /is NAME) a U.S. citizen? PROBE: We are not interested in your immigration status. We are asking about citizenship because it helps to determine whether people are eligible for Food Stamps.

(1) YES

(0) NO

(r) REFUSED

(d) DON'T KNOW

END: That completes your final interview. Thank you for taking the time to answer these questions.