

APPENDIX F
HOUSEHOLD SCREENER AND HAND CARDS

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National Food Study – 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 less than 5 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. My name is [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 post card to this address explaining the survey, which is called the National Food Study.

1. Did you get our post card?

- YES
 NO
 DON'T KNOW
 REFUSED

OFFER THE STUDY BROCHURE

This study is about food in the United States. We are looking at the foods households get over the course of a week, in order to understand where households get food and how much they pay for food. This information will help the USDA improve its programs and ensure that all residents of the U.S. have access to a healthy diet at affordable prices.

The addresses we visit were scientifically selected to represent all households in the country. I am here to see if you are eligible and interested in participating.

Please accept this \$5 as a token of our appreciation for considering this important survey.

OFFER UNCONDITIONAL \$5 INCENTIVE

If your household is eligible and you participate you will receive \$100 or more for completing the survey activities.

I need to ask you some questions to find out if you are eligible for the survey. Eligibility is based on household size, program participation, and income. It will take less than 5 minutes to answer these questions.

Taking part is completely voluntary. We are required by law to use your information for statistical research only and to keep it confidential. Your responses will not have any effect on services you may receive or may apply for in the future.

Do you have any questions before we start?

OBTAIN PERMISSION

2. May I begin?

- YES
 NO → PROVIDE MORE INFO ABOUT STUDY AND INCENTIVES. IF REFUSAL, THANK AND TERMINATE. STATUS ON CONTACT SHEET 220.

VERIFY ADDRESS

3. I have this address as [READ ADDRESS ON CONTACT SHEET]. Is that your exact address?

- YES. EXACTLY AS LISTED → GO TO Q.4
 MOSTLY CORRECT, BUT NEEDS MINOR CHANGES → MAKE CHANGES ON CONTACT SHEET
 INCORRECT ADDRESS → TERMINATE INTERVIEW AND FIND CORRECT ADDRESS

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

YES → GO TO Q.5

NO

DON'T KNOW → GO TO Q.5

REFUSED

4a. Please give me your complete mailing address (including apartment number).

STREET ADDRESS: _____

P.O. BOX OR RURAL ROUTE: _____

CITY: _____

STATE: _____ ZIP: _____

5. ASK IF ADDRESS APPEARS TO BE A SINGLE-FAMILY DWELLING OR SINGLE DETACHED HOUSE, ELSE SKIP TO Q6. 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

DON'T KNOW → GO TO Q.6

REFUSED

5a. What is the exact address of the (first) unit or living quarters?

SAME

NOT SAME → WRITE ADDRESS BELOW

DON'T KNOW → GO TO Q.5b

REFUSED

1ST UNIT:

STREET ADDRESS: _____

P.O. BOX OR RURAL ROUTE: _____

CITY: _____

STATE: _____ ZIP: _____

2ND UNIT:

STREET ADDRESS: _____

P.O. BOX OR RURAL ROUTE: _____

CITY: _____

STATE: _____ ZIP: _____

5b. Do the occupants of the additional units or living quarters live separately from the people in your household?

YES → THIS IS A SEPARATE UNIT AND WILL BE ELIGIBLE FOR SELECTION IN A LATER SAMPLE RELEASE.

NO → THIS UNIT IS PART OF THE HOUSEHOLD. COUNT IN HOUSEHOLD SIZE.

6. Do you or a member of your household live or stay at this address year round?

YES → GO TO Q.7

NO

DON'T KNOW

REFUSED

→ GO TO Q.6a

6a. How many months of the year do members of this household stay at this address?

6 MONTHS OR MORE → GO TO Q.7

LESS THAN 6 MONTHS → TERMINATE. READ IF NECESSARY: This study only includes people at their permanent residence. Based on your responses, you are not eligible for the study at this time. STATUS ON CONTACT SHEET 024.

HOUSEHOLD INFORMATION

7. Including yourself, how many people live in your household? Don't forget to include babies, small children, and non-relatives who live here. 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 people living away at school.

|_|_| NUMBER

DON'T KNOW

REFUSED

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

YES → FILL HH SIZE BOX ON NEXT PAGE WITH Q.7 RESPONSE. SKIP TO Q.9

NO

8a. How many people live together and share food?

|_|_| NUMBER → ENTER IN HH SIZE BOX ON NEXT PAGE

DON'T KNOW

REFUSED

INTERVIEWER: ENTER HH SIZE AND CHECK OPEN QUOTA GROUPS ON CONTACT SHEET

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

9. From now on when we refer to your household we mean the [FILL HH SIZE] people that live together and share food. The next question is about your household's income. This card [SHOW INCOME SOURCES HAND CARD] lists types of income people receive. Please tell me which types of income are received by people in your household. SNAP BENEFITS ARE NOT COUNTED AS INCOME.

- | | |
|---|---|
| <input type="checkbox"/> 1 EARNINGS FROM WORK | <input type="checkbox"/> 7 CHILD SUPPORT |
| <input type="checkbox"/> 2 UNEMPLOYMENT COMPENSATION | <input type="checkbox"/> 8 ALIMONY |
| <input type="checkbox"/> 3 WORKERS COMPENSATION | <input type="checkbox"/> 9 CASH WELFARE (LIKE TANF OR GENERAL ASSISTANCE) |
| <input type="checkbox"/> 4 DISABILITY OR SSI | <input type="checkbox"/> 10 INVESTMENT INCOME |
| <input type="checkbox"/> 5 SOCIAL SECURITY | <input type="checkbox"/> 11 OTHER |
| <input type="checkbox"/> 6 PENSIONS AND RETIREMENT INCOME | <input type="checkbox"/> d DON'T KNOW |
| | <input type="checkbox"/> r REFUSED |

10. Including your household's income from [LIST INCOME SOURCES IN Q9], which group (A, B or C) corresponds to your household total income before taxes? SHOW HAND CARD FOR THE HOUSEHOLD SIZE.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 1 GROUP A | } → FILL INCOME GROUP BOX ABOVE AND GO TO NEXT PAGE |
| <input type="checkbox"/> 2 GROUP B | |
| <input type="checkbox"/> 3 GROUP C | |
| <input type="checkbox"/> d DON'T KNOW | } → GO TO Q.10a |
| <input type="checkbox"/> r REFUSED | |

10a. Was it [FILL-Q10a] or more last year?

- 1 YES → GO TO Q.10b
 0 NO → ENTER "A" IN INCOME CATEGORY BOX ABOVE
 d DON'T KNOW
 r REFUSED

10b. Was it [FILL-Q10b] or more last year?

- 1 YES → ENTER "C" IN INCOME CATEGORY BOX ABOVE
 0 NO → ENTER "B" IN INCOME CATEGORY BOX ABOVE
 d DON'T KNOW
 r REFUSED

CATEGORIES FOR Q10a and Q10b		
HH Size	FILL-Q10a	FILL-Q10b
1	\$11,000	\$20,000
2	\$15,000	\$27,000
3	\$18,000	\$34,000
4	\$22,000	\$41,000
5	\$26,000	\$48,000
6	\$30,000	\$55,000
7	\$33,000	\$62,000
8+	\$37,000	\$68,000

11. Do you or any member of your household currently receive [FILL STATE SNAP NAME]? This program puts money on an EBT card that you can use to buy food.

- YES → GO TO INT CHECK #1
- NO
- DON'T KNOW
- REFUSED

INTERVIEWER CHECK #1

IS QUOTA GROUP D OPEN?

- YES → GO TO "ELIGIBLE" SECTION
- NO → GO TO "INTERVIEWER CHECK #2"

INTERVIEWER CHECK #2:

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

- YES → GO TO "ELIGIBLE" SECTION
- NO → GO TO "NOT ELIGIBLE" SECTION

FILL FOR QUESTION 11		
ROW	STATE	FILL STATE SNAP NAME
1	AL, AR, CT, IL, KY, LA, MS	SNAP
2	ND, NE, NM, PA, SC, SD, TX	SNAP
3	FL, KS, MI, OH	Food Assistance Program
4	AZ	Nutrition Assistance
5	CA	CalFresh
6	IN	Food Stamp or SNAP
7	NC	Food and Nutrition Services
8	NJ	NJ SNAP
9	NY	Food Stamps
10	WA	Basic Food
11	WI	FoodShare

NOT ELIGIBLE CONTINUE HERE

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

READ IF NECESSARY: In order to produce a representative sample we only take households with certain characteristics. Based on your responses you are not eligible at this time.

22. 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

23. WHAT LANGUAGE WAS USED FOR THIS INTERVIEW?

- ENGLISH
- SPANISH
- KOREAN
- VIETNAMESE
- CHINESE
- TRANSLATED BY OTHER HH MEMBER

THANK AGAIN AND TERMINATE. STATUS ON CONTACT SHEET 023.

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

- 1 YES
- 0 NO
- d DON'T KNOW
- r REFUSED

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

- 1 YES
 - 0 NO
 - d DON'T KNOW
 - r REFUSED
- GO TO INTERVIEWER CHECK #3

INTERVIEWER CHECK #3:

IS RESPONDENT THE MEAL PLANNER OR FOOD SHOPPER?

- 1 YES → GO TO CONTACT INFORMATION
- 0 NO → GO TO Q.14

14. Your household is eligible to take part in the study, but I need to speak with the person who does most of the shopping for food in your household. What is the name of the person who does most of the shopping for food?

_____ FIRST NAME

15. Can I speak with [FILL Q.14 NAME]?

- 1 YES → GO TO NEW RESPONDENT INTRO
 - 0 NO
 - d DON'T KNOW
 - r REFUSED
- GO TO Q.16

16. What is the best telephone number to reach [FILL Q.14 NAME] at?

(_____) - ____ - _____
Area Code

- 0 NO TELEPHONE
- d DON'T KNOW
- r REFUSED

As I mentioned, your household is eligible for the study, but I need to speak with the Food Shopper or Meal Planner. I'd like to schedule a time to come back.

IF PHONE NUMBER PROVIDED: I will call [FILL Q.14 NAME] at the phone number you provided to schedule a time to come back. When is a good time to call?

IF PHONE NUMBER NOT PROVIDED: When is a good time to come back?

WHEN YOU RETURN TO TALK TO THE RESPONDENT START AT THE NEW RESPONDENT INTRO ON PAGE 7.

NEW RESPONDENT INTRO:

Hello. My name is [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 are looking at the foods households get over the course of a week in order to understand where households get food and how much they pay for food. This information will help the USDA improve its programs and ensure that all residents of the U.S. have access to a healthy diet at affordable prices.

The addresses we visit are scientifically selected to represent all households in the country. Taking part is completely voluntary. We are required by law to use your information for statistical research only and to keep it confidential. Your responses will not have any effect on services you may receive or may apply for in the future.

GO TO CONTACT INFORMATION

CONTACT INFORMATION:

Your household is eligible for this study! In this study, you will be asked to complete one 30-minute interview and one 35-minute interview, and keep track of foods you get during the week. You will receive a \$100 check at the end of the week. You will also receive up to three (3) \$10 gift cards, one for each time you call us to report the foods you get during the week. Other members of your household can receive gift cards if they report the foods they get during the week.

I'd like to get your contact information before we continue.

17. What is your name?

FIRST NAME

18. What is the best telephone number to reach you at?

(_____) - _____ - _____
Area Code

- o NO TELEPHONE
 - d DON'T KNOW
 - r REFUSED
- SKIP TO Q.20

19. Is there another number where you can be reached?

(_____) - _____ - _____
Area Code

- o NO TELEPHONE
- d DON'T KNOW
- r REFUSED

20. What language would you be most comfortable using for our interviews?

- 1 ENGLISH
- 2 SPANISH
- 3 KOREAN
- 4 VIETNAMESE
- 5 OTHER (SPECIFY) _____

21. 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 → CONTINUE TO INITIAL INTERVIEW AND TRAINING. STATUS ON CONTACT SHEET 021.
- 2 NO → NO. SCHEDULE ALTERNATIVE TIME FOR INITIAL INTERVIEW AND TRAINING. STATUS ON CONTACT SHEET 021.
- 3 NO → REFUSED TO PARTICIPATE. GO TO LAST PAGE (Q.24). STATUS ON CONTACT SHEET 022.

REFUSALS

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. I would like to ask a few questions that will provide us with information about households that choose not to participate. This will help us better understand food choices by all households in this area. 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 household.

24. May I begin?

- YES
- NO → TERMINATE

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

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

NAME OF STORE:

25a. ASK IF NECESSARY: What type of store is that?
READ CATEGORIES IF NECESSARY

- SUPERMARKET
- SMALL GROCERY STORE
- CONVENIENCE STORE
(7-11 OR MINIMART)
- DOLLAR STORE
- DISCOUNT OR BIG BOX STORE
(K MART, TARGET, OR WALMART)
- WHOLESALE CLUB
(COSTCO, BJ'S OR SAM'S CLUB)
- OTHER
- DON'T KNOW
- REFUSED

26. In the past 30 days did you or anyone in your household get any food from a...

	YES	NO	DON'T KNOW	REF
a. Supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Small grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Convenience store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Dollar store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discount or big box store (Kmart, Target, or Walmart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wholesale club (Costco, BJ's, or Sam's Club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Bakeries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Meat or fish markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Produce store or vegetable stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pharmacy or drug store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Food pantry or food bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	NUM	DON'T KNOW	REF
Under age.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Age 5-9.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Age 10-13.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Age 14-18.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Over 18 years old.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>

28. How many people over 18 years old in your household are...

	NUM	DON'T KNOW	REF
Employed full time.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Employed part time.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Disabled and unable to work.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Retired.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>

Those are all the questions I have. 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!

HOUSEHOLD INCOME SOURCES

(1) Earnings from work	(7) Child support
(2) Unemployment compensation	(8) Alimony
(3) Workers compensation	(9) Cash welfare (like TANF/GA)
(4) Disability or SSI	(10) Investments
(5) Social security	(11) Other
(6) Pensions and retirement	

TOTAL HOUSEHOLD INCOME
(INGRESO TOTAL DEL HOGAR)

HH Size = 1

GROUP (Grupo)	PER WEEK (por semana)	PER MONTH (por mes)	PER YEAR (por año)
(A)	\$0 - \$210	\$0 - \$900	\$0 - \$11,000
(B)	\$210 - \$390	\$900 - \$1,700	\$11,000 - \$20,000
(C)	\$390+	\$1,700+	\$20,000+

TOTAL HOUSEHOLD INCOME
(INGRESO TOTAL DEL HOGAR)

HH Size = 2

GROUP (Grupo)	PER WEEK (por semana)	PER MONTH (por mes)	PER YEAR (por año)
(A)	\$0 - \$280	\$0 - \$1,200	\$0 - \$15,000
(B)	\$280 - \$520	\$1,200 - \$2,200	\$15,000 - \$27,000
(C)	\$520+	\$2,200+	\$27,000+

TOTAL HOUSEHOLD INCOME
(INGRESO TOTAL DEL HOGAR)

HH Size = 3

GROUP (Grupo)	PER WEEK (por semana)	PER MONTH (por mes)	PER YEAR (por año)
(A)	\$0 - \$350	\$0 - \$1,500	\$0 - \$18,000
(B)	\$350 - \$650	\$1,500 - \$2,800	\$18,000 - \$34,000
(C)	\$650+	\$2,800+	\$34,000+

TOTAL HOUSEHOLD INCOME
(INGRESO TOTAL DEL HOGAR)

HH Size = 4

GROUP (Grupo)	PER WEEK (por semana)	PER MONTH (por mes)	PER YEAR (por año)
(A)	\$0 - \$420	\$0 - \$1,800	\$0 - \$22,000
(B)	\$420 - \$780	\$1,800 - \$3,400	\$22,000 - \$41,000
(C)	\$780+	\$3,400+	\$41,000+

TOTAL HOUSEHOLD INCOME
(INGRESO TOTAL DEL HOGAR)

HH Size = 5

GROUP (Grupo)	PER WEEK (por semana)	PER MONTH (por mes)	PER YEAR (por año)
(A)	\$0 - \$500	\$0 - \$2,100	\$0 - \$26,000
(B)	\$500 - \$920	\$2,100 - \$4,000	\$26,000 - \$48,000
(C)	\$920+	\$4,000+	\$48,000+

TOTAL HOUSEHOLD INCOME
(INGRESO TOTAL DEL HOGAR)

HH Size = 6

GROUP (Grupo)	PER WEEK (por semana)	PER MONTH (por mes)	PER YEAR (por año)
(A)	\$0 - \$570	\$0 - \$2,500	\$0 - \$30,000
(B)	\$570 - \$1,050	\$2,500 - \$4,600	\$30,000 - \$55,000
(C)	\$1,050+	\$4,600+	\$55,000+

TOTAL HOUSEHOLD INCOME
(INGRESO TOTAL DEL HOGAR)

HH Size = 7

GROUP (Grupo)	PER WEEK (por semana)	PER MONTH (por mes)	PER YEAR (por año)
(A)	\$0 - \$640	\$0 - \$2,800	\$0 - \$33,000
(B)	\$640 - \$1,180	\$2,800 - \$5,100	\$33,000 - \$62,000
(C)	\$1,180+	\$5,100+	\$62,000+

TOTAL HOUSEHOLD INCOME
(INGRESO TOTAL DEL HOGAR)

HH Size = 8+

GROUP (Grupo)	PER WEEK (por semana)	PER MONTH (por mes)	PER YEAR (por año)
(A)	\$0 - \$710	\$0 - \$3,100	\$0 - \$37,000
(B)	\$710 - \$1,320	\$3,100 - \$5,700	\$37,000 - \$68,000
(C)	\$1,320+	\$5,700+	\$68,000+