

APPENDIX Q

FINAL HOUSEHOLD INTERVIEW AND HAND CARDS

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Final Interview

INTRODUCTION

I have your address listed as (READ FROM CONTACT SHEET). Is that your exact address?

- (1) YES, CONTINUE
- (2) NO, WRONG ADDRESS QUICK EXIT

In this interview I'll ask you about your household's eating habits, dietary needs, health status, income and nonfood expenditures. This information is important to understanding your household's food acquisitions. Taking part in this study is completely voluntary. You can skip any question you do not wish to answer or that makes you feel uncomfortable. Remember, 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. 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 40 minutes to answer these questions. I'd like to begin now unless you have any questions for me. May I begin?

- (1) YES, CONTINUE
- (2) NO, RESCHEDULE ALTERNATE TIME
- (3) NO, DECLINE TO TAKE PART/REFUSAL

SECTION A

A1 During the past 7 days, how many times did (you/ you or someone else in your family) prepare food for dinner or supper at home? Include times spent putting the ingredients together for a meal, but do not include heating up leftovers.

NUMBER: _____ (Range 0-20)

- (0) NEVER
- (r) REFUSED
- (d) DON'T KNOW

A1a How often do you shop with a grocery list?

- (1) Never
- (2) Seldom
- (3) Sometimes
- (4) Most of the time
- (5) Almost always
- (r) REFUSED
- (d) DON'T KNOW

IF HH SIZE >1, ASK A2

A2 During the past 7 days, how many meals did all or most of your family sit down and eat together? THIS INCLUDES MEALS EATEN AWAY FROM HOME.

NUMBER: _____ (Range 0-30)

- (r) REFUSED
- (d) DON'T KNOW



A3 During the past 7 days, did any guests come to your home for meals or snacks?

- (1) YES → GO TO A3a
 - (0) NO
 - (r) REFUSED
 - (d) DON'T KNOW
- GO TO B1

Final Interview – GRID A3b

A3a How many days last week did guests come to your home for a meal or snack?

NUMBER: _____ (Range 0-7)

(r) REFUSED  GO TO B1
 (d) DON'T KNOW  GO TO B1

INTERVIEWER: FILL GRID IF A3a > 0

Day of Week	A3b	IF A3b=√	
	Which day(s) did guests come to your home last week? CHECK (√) ALL DAYS THAT GUESTS VISITED.	A3c On (DAY FROM A3b) what meals or snack did your guests have at your home? B=BREAKFAST D=DINNER L= LUNCH S=SNACK	A3d How many guests came to your house on (DAY FROM A3b) for (MEAL FROM A3c)? ENTER # GUESTS
(1) SUNDAY	<input type="checkbox"/>		
(2) MONDAY	<input type="checkbox"/>		
(3) TUESDAY	<input type="checkbox"/>		
(4) WEDNESDAY	<input type="checkbox"/>		
(5) THURSDAY	<input type="checkbox"/>		
(6) FRIDAY	<input type="checkbox"/>		
(7) SATURDAY	<input type="checkbox"/>		
(r) REFUSED	<input type="checkbox"/>		
(d) DON'T KNOW	<input type="checkbox"/>		

A3e Did any guests come to your home for any other meals or snacks during the past 7 days?

(1) YES → UPDATE A3b-A3d ABOVE

(0) NO  GO TO B1
 (r) REFUSED  GO TO B1
 (d) DON'T KNOW  GO TO B1

SECTION B

B1 Thinking only about yourself, in general, how healthy is your overall diet? Would you say . . .

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (r) REFUSED
- (d) DON'T KNOW

IF HH SIZE >1, ASK B2

B2 In general, how healthy is your family's overall diet? Would you say . . . IF NEEDED: When we say "family" we mean all of the members of your household.

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (r) REFUSED
- (d) DON'T KNOW

I am going to read a series of statements. Tell me whether you agree or disagree with each one of them.

B3a It costs too much for (me/my family) to eat healthy foods.
PROMPT: Do you agree or disagree?

- (1) AGREE (r) REFUSED
- (2) DISAGREE (d) DON'T KNOW

B3b I'm too busy to take the time to prepare healthy foods.
PROMPT: Do you agree or disagree?

- (1) AGREE (r) REFUSED
- (2) DISAGREE (d) DON'T KNOW

B3c I don't think healthy foods taste good.
PROMPT: Do you agree or disagree?

- (1) AGREE (r) REFUSED
- (2) DISAGREE (d) DON'T KNOW

IF HH SIZE >1, ASK B3d

B3d People in my family don't think healthy foods taste good.
PROMPT: Do you agree or disagree?

- (1) AGREE (r) REFUSED
- (2) DISAGREE (d) DON'T KNOW

B3e The things that (I/my family) eat and drink now are healthy so there is no reason for (me/us) to make changes.
PROMPT: Do you agree or disagree?

- (1) AGREE (r) REFUSED
- (2) DISAGREE (d) DON'T KNOW

B4 Next I'm going to ask a few questions about the nutritional guidelines recommended for Americans by the federal government. Have you heard of MyPlate?

- (1) YES → GO TO B4a
 - (0) NO
 - (r) REFUSED
 - (d) DON'T KNOW
- GO TO B5

B4a Have you tried to follow the MyPlate guidelines?

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

Final Interview – Section B

B5 Have you heard of MyPyramid?

(1) YES → GO TO B6

(0) NO

(r) REFUSED

(d) DON'T KNOW

→ GO TO B5a

B5a Have you heard of the Food Pyramid or the Food Guide Pyramid?

(1) YES → GO TO B6a

(0) NO

(r) REFUSED

(d) DON'T KNOW

→ GO TO B10

B6 Have you looked up the MyPyramid plan for a (man/woman) your age on the internet?

(1) YES → GO TO B6a

(0) NO

(r) REFUSED

(d) DON'T KNOW

→ GO TO B10

B6a Have you tried to follow the MyPyramid Plan or Pyramid plan recommended for you?

(1) YES

(0) NO

(r) REFUSED

(d) DON'T KNOW

INTERVIEWER:

BREAK IN QUESTION NUMBERS.

NEXT QUESTION IS B10, NEXT COLUMN.

B10 Do you think you eat the right amount of fruits and vegetables now, or do you think you should eat more?

(1) EAT RIGHT AMOUNT

(2) SHOULD EAT MORE

(3) SHOULD EAT LESS

(r) REFUSED

(d) DON'T KNOW

B11 “The “Nutrition Facts panel” of a food label is everything on this page. SHOW HAND CARD OF NUTRIENT PANEL. When choosing between different food items at the grocery store, how often do you use the Nutrition Facts panel to help you decide which item to buy? Would you say always, most of the time, sometimes, rarely, or never?

(1) ALWAYS

(2) MOST OF THE TIME

(3) SOMETIMES

(4) RARELY

(5) NEVER

(6) NEVER SEEN

(r) REFUSED

(d) DON'T KNOW

B12 In the past two months, have you participated in any events, lectures or demonstrations about how to shop for or prepare nutritious food and meals?

(1) YES

(r) REFUSED

(0) NO

(d) DON'T KNOW

B13 In the past two months, have you searched the internet for nutritional information or information about how to shop for or prepare nutritious foods and meals?

(1) YES

(r) REFUSED

(0) NO

(d) DON'T KNOW

INTERVIEWER: ASK QUESTION.

Person #	C1	IF HH SIZE > 1		C2b	IF C2b=1:	C3	IF C3=1:	IF C3a = √:	C4	IF C4=1:
	Do you consider yourself to be a vegetarian?	C2 Do you consider any members of your household to be vegetarian?	C2a Who is that? PROBE: Anyone else? CHECK (√) ALL THAT APPLY	(Are you/Is anyone in your household) lactose intolerant?	C2c Who is that? PROBE: Anyone else? CHECK (√) ALL THAT APPLY	(Do you/Does anyone in your household) have any food allergies? IF NEEDED: A food allergy is a reaction causing a skin rash, hives, difficulty breathing, wheezing, or itching of the eyes, mouth, throat or skin.	Who has food allergies? PROBE: Anyone else? CHECK (√) ALL THAT APPLY	C3b SHOW HAND CARD What foods (are you/is NAME) allergic to? ENTER CODE	(Are you/Is anyone in your household) on any kind of diet, either to lose weight or for some other health-related reason? IF NEEDED: Examples of special diets include diet for weight loss, low carbohydrate, high protein, Atkins, low cholesterol, gluten-free, low sodium, diabetic diet, etc.	C4a Who is that? PROBE: Anyone else? CHECK (√) ALL THAT APPLY
1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES → C2a <input type="checkbox"/> NO <input type="checkbox"/> REF. → C2b <input type="checkbox"/> D.K. → C2b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REF. → C3 <input type="checkbox"/> D.K. → C3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES → C3a <input type="checkbox"/> NO <input type="checkbox"/> REF. → C4 <input type="checkbox"/> D.K. → C4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES → C4a <input type="checkbox"/> NO <input type="checkbox"/> REF. → D1 <input type="checkbox"/> DK → D1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	<input type="checkbox"/> REF.									
3	<input type="checkbox"/> D.K.									
4										
5										
6										
7										

- C3b. FOOD ALLERGIES?**
- (10) WHEAT (GLUTEN)
 - (11) COW'S MILK
 - (12) EGGS
 - (13) FISH
 - (14) SHELLFISH (SHRIMP, CRAB, OR LOBSTER)
 - (15) CORN
 - (16) PEANUT
 - (17) OTHER NUTS
 - (18) SOY PRODUCTS
 - (19) OTHER
 - (r) REFUSED
 - (d) DON'T KNOW

Final Interview – Section D

INTERVIEWER: ASK QUESTION FOR EACH PERSON, THEN GO TO NEXT QUESTION.

Person #	D1 In general, would you say (your/NAME) health is excellent, very good, good, fair, or poor? ENTER CODE.	D2 (Do you/does anyone who lives here) smoke cigarettes, cigars, or pipes, or chews tobacco? <input type="checkbox"/> YES → GO TO D2a <input type="checkbox"/> NO → GO TO D3 <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	IF D2=1:	The next questions are about the height and weight of each member of your household. I'll start by asking about height.					
			D2a Who smokes or chews tobacco? CHECK ALL THAT APPLY	D3 How tall (are you/NAME) without shoes? IF AGE < 2 YRS: How tall is (NAME) when lying down and measured from head to toe? ENTER # (IN FEET & INCHES OR METERS OR CENTIMETERS)	D4_Weight				
					How much (do you/does NAME) weigh without clothes or shoes? ENTER POUNDS OR KILOGRAMS		LBS	KG	
				FEET	INCHES	METERS	CENTI-METERS		
1			<input type="checkbox"/>						
2			<input type="checkbox"/>						
3			<input type="checkbox"/>						
4			<input type="checkbox"/>						
5			<input type="checkbox"/>						
6			<input type="checkbox"/>						
7			<input type="checkbox"/>						

D3. HEIGHT (r) REFUSED (D) DON'T KNOW	D4_Weight. WEIGHT (r) REFUSED (D) DON'T KNOW
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SECTION E

These next questions are about the food eaten in your household in the last 30 days, and whether you were able to afford the food you need.

E1 Which of these statements best describes the food eaten in your household in the last 30 days?

- (1) Enough of the kinds of food (I/we) want to eat
- (2) Enough, but not always the kinds of food (I/we) want to eat
- (3) Sometimes not enough to eat
- (4) Often not enough to eat
- (r) REFUSED
- (d) DON'T KNOW

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 30 days.

E2 The first statement is “(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.” Was that often true, sometimes true, or never true for (you/your household) in the last 30 days?

- (1) OFTEN TRUE
- (2) SOMETIMES TRUE
- (3) NEVER TRUE
- (r) REFUSED
- (d) DON'T KNOW

E3 “The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.” Was that often, sometimes, or never true for (you/your household) in the last 30 days?

- (1) OFTEN TRUE
- (2) SOMETIMES TRUE
- (3) NEVER TRUE
- (r) REFUSED
- (d) DON'T KNOW

E4 “(I/We) couldn't afford to eat balanced meals.” PROMPT: Was that often, sometimes, or never true for (you/your household) in the last 30 days?

- (1) OFTEN TRUE
- (2) SOMETIMES TRUE
- (3) NEVER TRUE
- (r) REFUSED
- (d) DON'T KNOW

IF (E1=3 or 4) or (E2=1 or 2) or (E3=1 or 2) or (E4=1 or 2) CONTINUE. OTHERWISE GO TO SECTION F.

E5 In the last 30 days did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- (1) YES → GO TO E5a
- (0) NO → GO TO E6
- (r) REFUSED
- (d) DON'T KNOW

E5a In the last 30 days, how many days did this happen?

- #DAYS: _____ (Range 1-30)
- (r) REFUSED
 - (d) DON'T KNOW

		YES	NO	REF	DK
E6	In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E7	In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E8	In the last 30 days, did you lose weight because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E9	In the last 30 days, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?	<input type="checkbox"/> ↓ GO TO E9a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E9a In the last 30 days, how many days did this happen? #DAYS: _____ (Range 1-30)

- (r) REFUSED
- (d) DON'T KNOW

SECTION: Section F

The next questions are about your household income and expenses. This information is important for understanding the money that you have available to spend on food. I'll ask you to read the information that you put on your worksheet to make sure that I don't read anything incorrectly. This will also help you think about anything you missed. Did you have any questions about the worksheet before we begin?

F0 Did you complete the income and expenses worksheet that I left with you at the beginning of the week?

(1) YES

(0) NO

(r) REFUSED

(d) DON'T KNOW

INTERVIEWER: GO TO GRID F1.

Final Interview – Section F

INTERVIEWER: ASK F1-F8 FOR EACH PERSON AGE 16 AND OLDER, THEN MOVE TO NEXT PERSON.
SEE CODES FOR AMOUNT & HOW OFTEN.

Person #	F1	INTERVIEWER: IF F1=NO, SKIP F2-F6 AND GO TO NEXT PERSON									
	Did (you/ NAME) have any income last month? ENTER CODE	F2 How much did (you/NAME) receive in earnings from work last month? IF NEEDED: How often is that received?			F3 How much did (you/NAME) receive in unemployment compensation last month?		F4 How much did (you/NAME) receive from welfare, child support, or alimony last month?		F5 How much did (you/NAME) receive from retirement and disability income last month?		
		F2 AMOUNT	F2a HOW OFTEN	F2b Is that take-home pay or the amount before taxes are taken out? ENTER CODE	F3 AMOUNT	F3a HOW OFTEN	F4 AMOUNT	F4a HOW OFTEN	F5 AMOUNT	F5a HOW OFTEN	F5b What was the source of that income? ENTER CODE
1		\$_____.			\$_____.		\$_____.		\$_____.		
2		\$_____.			\$_____.		\$_____.		\$_____.		
3		\$_____.			\$_____.		\$_____.		\$_____.		
4		\$_____.			\$_____.		\$_____.		\$_____.		
5		\$_____.			\$_____.		\$_____.		\$_____.		
6		\$_____.			\$_____.		\$_____.		\$_____.		
7		\$_____.			\$_____.		\$_____.		\$_____.		

ANY INCOME	AMOUNT	HOW OFTEN	F2b. TAKE-HOME PAY?	F5b. SOURCE OF RETIREMENT INC
(1) YES	(0) NONE	(1) PER MONTH OR MONTHLY	(1) TAKE-HOME PAY	(1) SOCIAL SECURITY RETIREMENT BENEFITS (SSA)
(0) NO	(r) REFUSED	(2) TWICE PER MONTH	(2) AMOUNT BEFORE TAXES	(2) SOCIAL SECURITY DISABILITY RELIEF (SSDI)
(r) REFUSED	(d) DON'T KNOW	(3) EVERY OTHER WEEK	(r) REFUSED	(3) PENSIONS
(d) DON'T KNOW		(4) EVERY WEEK OR WEEKLY	(d) DON'T KNOW	(4) BLACK LUNG BENEFITS
		(5) PER YEAR OR ANNUALLY		(5) WORKERS COMPENSATION
		(r) REFUSED		(6) SSI
		(d) DON'T KNOW		(7) OTHER RETIREMENT INCOME
				(r) REFUSED
				(d) DON'T KNOW

Final Interview – Section F

INTERVIEWER: ASK F1-F8 FOR EACH PERSON AGE 16 AND OLDER THEN MOVE TO NEXT PERSON.
SEE CODES FOR AMOUNT & HOW OFTEN.

Person #	F5c How much did (you/NAME) receive in investment income last month?			F6 How much other income did (you/NAME) receive last month?		F7, F8 Let me make sure that the information I have about (your / NAME's) income is correct. I have recorded (READ ALL TYPES OF INCOME AND AMOUNTS FROM F1-F6).		
	F5c1 AMOUNT	F5c2 HOW OFTEN	F5c3 What was the source of that income? ENTER CODE	F6 AMOUNT	F6a HOW OFTEN	F6b What was the source of that income? ENTER CODE	F7 Is this correct? IF 'NO' CORRECT GRID	F8 Is anything missing? Did (you / NAME) have any other income last month from sources not listed above? IF 'YES' CORRECT GRID
1	\$ _____			\$ _____				
2	\$ _____			\$ _____				
3	\$ _____			\$ _____				
4	\$ _____			\$ _____				
5	\$ _____			\$ _____				
6	\$ _____			\$ _____				
7	\$ _____			\$ _____				

AMOUNT	HOW OFTEN	F5c3. INCOME SOURCE	F6b. INCOME SOURCE	F7. CORRECT?	F8. ANYTHING MISSING
(0) NONE	(1) PER MONTH OR MONTHLY	(1) RENTAL PROPERTIES	(1) STRIKE BENEFITS	(1) YES	(1) YES
(r) REFUSED	(2) TWICE PER MONTH	(2) INTEREST	(2) FUEL ASSISTANCE	(0) NO	(0) NO
(d) DON'T KNOW	(3) EVERY OTHER WEEK	(3) CAPITAL GAINS	(3) ROOMERS, LODGERS, OR TENANTS	(r) REFUSED	(r) REFUSED
	(4) EVERY WEEK OR WEEKLY	(4) TRUST FUND PAYMENTS	(4) EDUCATIONAL GRANTS	(d) DON'T KNOW	(d) DON'T KNOW
	(5) PER YEAR OR ANNUALLY	(5) OTHER INVESTMENT INCOME	(5) INSURANCE SETTLEMENT PAYMENTS		
	(r) REFUSED	(r) REFUSED	(6) VETERANS AFFAIRS BENEFITS		
	(d) DON'T KNOW	(d) DON'T KNOW	(7) LOTTERY WINNINGS		
			(8) TRUST FUND PAYMENT		
			(9) EMPLOYMENT BONUSES		
			(r) REFUSED (d) DON'T KNOW		

Final Interview – Section F and G

F9 (Do you/Does your household) have \$2,000 or more in cash, checking accounts, saving accounts, money markets, or other assets that are easily converted to cash? INTERVIEWER: WE WANT TO KNOW IF TOTAL LIQUID ASSETS ARE \$2000 OR MORE.

- (1) YES → GO TO F9a
 - (0) NO
 - (r) REFUSED
 - (d) DON'T KNOW
- } → GO TO SECTION G

F9a (Do you/Does your household) have \$3,000 or more in cash, checking accounts, saving accounts, money markets, or other assets that are easily converted to cash? INTERVIEWER: WE WANT TO KNOW IF TOTAL LIQUID ASSETS ARE \$3000 OR MORE.

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

SECTION: Section G

The next questions are about your household expenses last month. Household expenses do not include business expenses, so you should not include business expenses in your responses.

INTERVIEWER: READ QUESTIONS IN FIRST COLUMN, RECORD RESPONSES IN COLUMNS TO THE RIGHT OF EACH QUESTION.

QUESTION	RESPONSE
G1 (Do you/Does your household) rent or own your home?	(1) RENT → GO TO G1a (2) OWN → GO TO G1a (3) OTHER, DO NOT PAY FOR HOUSING (r) REFUSED (d) DON'T KNOW → GO TO G1c
G1a How much did (you/your household) pay for (rent/mortgage) last month?	\$ _____ (r) REFUSED (d) DON'T KNOW
	G1b. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW
G1c Is this public housing – that is, is it owned by a local public housing authority or other public agency? DO NOT INCLUDE MILITARY HOUSING.	(1) YES (0) NO (r) REFUSED (d) DON'T KNOW

IF OWN HOME (G1=2) GO TO G2, ELSE GO TO G1d

Final Interview – Section G

QUESTION		RESPONSE	
G1d	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 (0) NO (r) REFUSED (d) DON'T KNOW	
G2	How much do (you/your household) pay for homeowners or renters insurance?	\$ _____. ____ → GO TO G2a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G2a. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW
IF OWN HOME (G1=2) ASK G3, OTHERWISE GO TO G5			
G3	How much (do you/does your household) pay for real estate or property tax?	\$ _____. ____ → GO TO G3a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G3a. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW
G5	(Do you/does anyone in your household) own or lease a car or truck?	(1) YES, OWN (2) YES, LEASE (3) OWN AND LEASE (0) NO (R) REFUSED (D) DON'T KNOW	GO TO G5a GO TO G6
G5a	How many vehicles (do you/does your household) own or lease?	NUMBER: _____ (R) REFUSED (D) DON'T KNOW	
G6	Last month, how much did (you/your household) pay for public transportation or vehicle rentals?	\$ _____. ____ → GO TO G6a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G6a. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW
G12	How much did (you/your household) pay for electricity last month?	\$ _____. ____ → GO TO G12a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G12a. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW

Final Interview – Section G

QUESTION		RESPONSE	
G13	How much did (you/your household) pay for gas, oil, wood, or other heating fuels last month?	\$ _____. ____ → GO TO G13a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G13a. HOW OFTEN? (1) PER MONTH OR MONTHLY (2) TWICE PER MONTH (3) EVERY OTHER WEEK (4) EVERY WEEK (5) PER YEAR OR ANNUALLY (r) REFUSED (d) DON'T KNOW
G14	How much (do you/does your household) pay for sewer maintenance and/or garbage collection?	\$ _____. ____ → GO TO G14a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G14a. HOW OFTEN? (1) PER MONTH OR MONTHLY (2) TWICE PER MONTH (3) EVERY OTHER WEEK (4) EVERY WEEK (5) PER YEAR OR ANNUALLY (r) REFUSED (d) DON'T KNOW
G15	How much (do you/does your household) pay for health insurance? Please include payments for health insurance that are automatically deducted from your pay.	\$ _____. ____ → GO TO G15a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G15a. HOW OFTEN? (1) PER MONTH OR MONTHLY (2) TWICE PER MONTH (3) EVERY OTHER WEEK (4) EVERY WEEK (5) PER YEAR OR ANNUALLY (r) REFUSED (d) DON'T KNOW
G16	Last month, how much did (you/ your household) pay for health insurance co-pays? These are payments that you make to physicians or hospitals when your insurance pays most of the bill.	\$ _____. ____ → GO TO G16a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G16a. HOW OFTEN? (1) PER MONTH OR MONTHLY (2) TWICE PER MONTH (3) EVERY OTHER WEEK (4) EVERY WEEK (5) PER YEAR OR ANNUALLY (r) REFUSED (d) DON'T KNOW
G17	Last month, how much did (you/your household) pay for physician or hospital bills not paid by insurance?	\$ _____. ____ → GO TO G17a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G17a. HOW OFTEN? (1) PER MONTH OR MONTHLY (2) TWICE PER MONTH (3) EVERY OTHER WEEK (4) EVERY WEEK (5) PER YEAR OR ANNUALLY (r) REFUSED (d) DON'T KNOW
G18	Last month, how much did (you/your household) pay for prescription drugs?	\$ _____. ____ → GO TO G18a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G18a. HOW OFTEN? (1) PER MONTH OR MONTHLY (2) TWICE PER MONTH (3) EVERY OTHER WEEK (4) EVERY WEEK (5) PER YEAR OR ANNUALLY (r) REFUSED (d) DON'T KNOW

Final Interview – Section G

QUESTION		RESPONSE	
IF (G16>0) or (G17>0) or (G18>0), ASK G18b:			
G18b	Last month, how much of (your/your household's) out-of-pocket medical expenses were spent for household members who are older than age 59 or are disabled?	\$ _____. ____ (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	
G19	Last month, how much did (you/your household) pay for child care?	\$ _____. ____ → GO TO G19a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G19a. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW
G20	Last month, how much did (you/your household) pay in child support?	\$ _____. ____ → GO TO G20a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G20a. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW
G21	Last month, how much did (you/your household) pay for adult care?	\$ _____. ____ → GO TO G21a (0) NOTHING (1) ALREADY REPORTED W/ OTHER EXPENSE (r) REFUSED (d) DON'T KNOW	G21a. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW
G22	Over the past month, has your household had any unusually large and unexpected expenses that affected your spending on food during the study week?	(1) YES (0) NO (R) REFUSED (D) DON'T KNOW	

Final Interview – Section H

My next questions are about major life events

H1 Has there been a change in the number of people living in your household over the past 3 months?

- (1) YES
 - (0) NO
 - (r) REFUSED
 - (d) DON'T KNOW
- GO TO H2

H1a What caused that change? CIRCLE ALL THAT APPLY.

- (1) BIRTH OF CHILD
- (2) NEW STEP, FOSTER OR ADOPTED CHILD
- (3) SEPARATION OR DIVORCE
- (4) DEATH OF HOUSEHOLD MEMBER
- (5) MARRIAGE
- (6) NEW PARTNER
- (7) A CHILD, PARENT, OTHER RELATIVE MOVING IN OR OUT OF THE HOUSEHOLD
- (8) OTHER
- (r) REFUSED
- (d) DON'T KNOW

H2 Have you (or anyone in your family) been diagnosed with a major illness or disability in the past 3 months?

- (1) YES
 - (0) NO
 - (r) REFUSED
 - (d) DON'T KNOW
- GO TO H3

H2a Was that someone in your household or someone outside your household?

- (1) HOUSEHOLD MEMBER(S)
- (2) FAMILY MEMBER(S) OUTSIDE HOUSEHOLD
- (3) BOTH HOUSEHOLD MEMBERS AND NON-

HOUSEHOLD MEMBERS

- (r) REFUSED
- (d) DON'T KNOW

H3 (Have you/Has anyone in your household) changed jobs in the past 3 months?

- (1) YES → GO TO H3a
 - (0) NO
 - (r) REFUSED
 - (d) DON'T KNOW
- GO TO H4

H3a Who was that?

NAME: _____

- (r) REFUSED
- (d) DON'T KNOW

H3b (Do you/Does NAME) now earn more, less, or about the same as before changing jobs?

- (1) MORE
- (2) LESS
- (1) ABOUT THE SAME
- (r) REFUSED
- (d) DON'T KNOW

H3a Anyone else (change jobs)?

NAME: _____

- (r) REFUSED
- (d) DON'T KNOW

H3b (Do you/Does NAME) now earn more, less, or about the same as before changing jobs?

- (1) MORE
- (2) LESS
- (1) ABOUT THE SAME
- (r) REFUSED
- (d) DON'T KNOW

Final Interview – Section H

H4 Which of the following best describes (your/your household's) financial condition?

- (1) Very comfortable and secure
- (2) Able to make ends meet without much difficulty
- (3) Occasionally have some difficulty making ends meet
- (4) Tough to make ends meet but keeping your head above water
- (5) In over your head

Next I'll read a list of financial practices. Please tell me whether your household does them never, rarely, sometimes, usually, or always

H4a How often (do you/does your household) review your bills for accuracy?

- (1) Never
- (2) Rarely
- (3) Sometimes
- (4) Usually
- (5) Always
- (6) NOT APPLICABLE
- (r) REFUSED
- (d) DON'T KNOW

H4b How often (do you/does your household) pay your bills on time?

- (1) Never
- (2) Rarely
- (3) Sometimes
- (4) Usually
- (5) Always
- (6) NOT APPLICABLE
- (r) REFUSED
- (d) DON'T KNOW

H4c How often (do you/does your household) pay more than the "minimum payment" due on your credit card bills?

- (1) Never
- (2) Rarely
- (3) Sometimes
- (4) Usually
- (5) Always
- (6) NOT APPLICABLE
- (r) REFUSED
- (d) DON'T KNOW

INTERVIEWER: IF QUESTION H4=1 OR 2 SKIP TO SECTION I, OTHERWISE CONTINUE

Next are questions about difficulties people sometimes have in meeting their essential household expenses for such things as mortgage or rent payments, utility bills, or important medical care.

H5a During the past 6 months, has there been a time when (you/your household member) could not pay your mortgage or rent, electricity or gas utilities, or important medical expenses?

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

H5b In the past 6 months, (were you/was your household) evicted from a home or apartment for not paying the rent or mortgage?

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

H5c In the past 6 months, has there been a time when (you/your household) could not pay the full amount of the gas, oil, or electricity bills?

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

H5d During the last 6 months, (have you/has anyone in your household) used a cash advance service on any of your credit cards?

- (1) YES
- (0) NO
- (2) NOT APPLICABLE
- (r) REFUSED
- (d) DON'T KNOW

H5e In the last 6 months, (have you/has anyone in your household) used a payday loan or other high interest rate loan?

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

Final Interview – Section I

INTERVIEWER: ASK QUESTION FOR EACH PERSON, THEN MOVE TO NEXT COLUMN.

READ: My last questions are about your current and previous residence.

Person #	I1 In what month and year did (you/NAME) move into this (house/apartment/mobile home)? ENTER 1 FOR ALWAYS LIVED HERE		IF I1a = 1:	IF NAME DID NOT LIVE IN CURRENT HOME SINCE BIRTH:				
	Month (1-12)	Year (1910-2011)	I1a So (you/NAME) lived here since birth - is that correct?	I2 Was (your/NAME's) previous home also located in (THIS STATE), or was it in some other state?	IF I2 = 0: I2a What state was that? ENTER STATE OR CODE	I3 If I2=1: Were you born in (THIS STATE)? If I2=0: Were you born in (I2a STATE)?	IF I3=0: I3a Where (were you/was NAME) born? ENTER STATE OR CODE	I4 ASK IF I3=72: (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 (STATE SNAP PROGRAM).
1								
2								
3								
4								
5								
6								
7								

I1. MOVE-IN DATE	I1a. SINCE BIRTH?	I2. PREVIOUS STATE	I2a. STATE?	I3. BIRTH STATE?	I4. U.S. CITIZEN?
(1) ALWAYS LIVED HERE	(1) YES	(1) YES, SAME STATE	STATE ABBREV	STATE ABBREV	(1) YES
(r) REFUSED	(0) NO	(0) NO, NOT SAME STATE	(66) NOT IN U.S.	(72) NOT IN U.S.	(2) NO
(d) DON'T KNOW	(r) REFUSED	(r) REFUSED	(r) REFUSED	(r) REFUSED	(r) REFUSED
	(d) DON'T KNOW	(d) DON'T KNOW	(d) DON'T KNOW	(d) DON'T KNOW	(d) DON'T KNOW

Final Interview – Section I

INTERVIEWER: ASK I5 IF HOUSEHOLD DID NOT INITIAL THE BOX ON THE CONSENT FORM, OTHERWISE CLOSE

I5 When you signed the consent form at the beginning of the week you did not initial the section to allow us to obtain information from state agencies about your receipt of food program benefits. Any data that we obtain will be kept strictly confidential. Do we have your permission to obtain your administrative data from state agencies?

(1) YES

(0) NO

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

NUTRITION PANEL

When choosing between different food items, how often do you use the Nutrition Facts panel to help you decide which item to buy?

Nutrition Facts	
Serving Size 2 oz. (56g)	
Servings Per Container Varied	
Amount Per Serving	
Calories 60	Calories from Fat 20
% Daily Value*	
Total Fat 2g	3%
Saturated Fat 1g	5%
Cholesterol 30mg	10%
Sodium 480mg	20%
Total Carbohydrate 1g	0%
Dietary Fiber 0g	0%
Sugars 1g	
Protein 10g	
Vitamin A 0%	• Vitamin C 10%
Calcium 0%	• Iron 0%
*Percent Daily Values are based on a 2,000 calorie diet.	

ALLERGENS

What foods is _____ allergic to?

CODE	DESCRIPTION
10	Wheat (gluten)
11	Cow's milk
12	Eggs
13	Fish
14	Shellfish (example: shrimp, crab, or lobster)
15	Corn
16	Peanut
17	Other nut
18	Soy products
19	Other, not listed above