Attachment A.

**REVISIONS TO THE FLEXIBLE CONSUMER BEHAVIOR SURVEY (FCBS)**

OMB no. 0920-0950

Expires: 11/30/2015

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REVISIONS to the Flexible Consumer Behavior Survey (FCBS)

Target Age Group: 18+ Years

1. **Alcoholic beverages, tips, and taxes in the food expenditure questions**

***Question Contents****:* Additional probe (highlighted in CBQ.070) is added to exclude money spent on alcoholic beverages.

***Justification:*** With the additional probe, the NHANES food expenditure data will be more consistent with Current Population Survey (CPS) in excluding money spent on alcoholic beverages.

Both NHANES and CPS currently did not include probes regarding tips or taxes in the food expenditure questions. Cognitive probes will be used during in-depth interview to assess respondents’ practice in answering these questions.

***Note:*** The proposed probe will be assessed within the context of the current NHANES food expenditure questions. Therefore, 6 current food expenditure questions are included in the proposed cognitive testing.

***Current NHANES Question (w/ additional probe highlighted)***

|  |  |
| --- | --- |
| CBQ.070 Q/U | The next questions are about how much money {your family spends/you spend} on food. First I’ll ask you about money spent at supermarkets or grocery stores. Then we will talk about money spent at other types of stores. When you answer these questions, please **do not** include moneys spent on **alcohol beverages**. |

During the **past 30 days**, how much money {did your family/did you} spend at **supermarkets** or **grocery stores**? Please include purchases made with food stamps. (You can tell me per week or per month.)

INTERVIEWER: ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

$ |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

NO MONEY SPENT 0 (CBQ.100)

REFUSED 7 (CBQ.100)

DON'T KNOW 9 (CBQ.100)

ENTER UNIT

WEEK 1

MONTH 2

REFUSED 7

DON'T KNOW 9

***Current NHANES Question***

CBQ.080 Was any of this money spent on **nonfood items** such as cleaning or paper products, pet food, cigarettes or alcoholic beverages?

YES 1

NO 2 (CBQ.100)

REFUSED 7 (CBQ.100)

DON'T KNOW 9 (CBQ.100)

***Current NHANES Question***

|  |  |
| --- | --- |
| CBQ.090 Q/U | About how much money was spent on nonfood items? (You can tell me per week or per month.) |

$ |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

HARD EDIT: AMOUNT CANNOT BE MORE THAN   
THE AMOUNT ENTERED ON CBQ.070.

REFUSED 7

DON'T KNOW 9

ENTER UNIT

WEEK 1

MONTH 2

REFUSED 7

DON'T KNOW 9

***Current NHANES Question***

CBQ.100 During the **past 30 days**, {did your family/did you} spend money on **food** at stores **other** than grocery stores? Here are some examples of stores where you might buy food. Please do not include stores that you have already told me about.

HAND CARD CBQ4

YES 1

NO 2 (CBQ.120)

REFUSED 7 (CBQ.120)

DON'T KNOW 9 (CBQ.120)

***Current NHANES Question***

|  |  |
| --- | --- |
| CBQ.110 Q/U | About how much money {did your family/did you} spend on **food** at these types of stores? (Please do not include any stores you have already told me about.) (You can tell me per week or per month.) |

INTERVIEWER: ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

HAND CARD CBQ4

$ |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

REFUSED 7

DON'T KNOW 9

ENTER UNIT

WEEK 1

MONTH 2

REFUSED 7

DON'T KNOW 9

***Current NHANES Question***

|  |  |
| --- | --- |
| CBQ.120 Q/U | During the **past 30 days**,how much money {did your family/did you} spend on **eating out**? Please include money spent in cafeterias at work or at school or on vending machines, **for all family members**. (You can tell me per week or per month.) |

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

INTERVIEWER: ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

$ |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

REFUSED 7

DON'T KNOW 9

ENTER UNIT

WEEK 1

MONTH 2

REFUSED 7

DON'T KNOW 9

***Current NHANES Question***

|  |  |
| --- | --- |
| CBQ.130 Q/U | During the **past 30 days**,how much money {did your family/did you} spend on food **carried out** or **delivered**? Please do not include money you have already told me about. (You can tell me per week or per month.) |

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

INTERVIEWER: ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

$ |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

REFUSED 7

DON'T KNOW 9

ENTER UNIT

WEEK 1

MONTH 2

REFUSED 7

DON'T KNOW 9

1. **Family assets**

***Question Contents****:* Change the target group for this set of questions from low-income families only too all participants. The dollar amount in current question INQ.244 and response categories in its follow-up questions NNQ.247 were also modified to accommodate the inclusion of higher income families.

***Justification:*** Variations in individual time preferences - how much value a person places on current well-being versus future well-being - may partially explain why some individuals have greater success reaching long-term goals, such as saving towards retirement, choosing a healthy diet pattern, or budgeting time and monetary resources over the course of a month. Differences in time preferences may help to explain observed differences in dietary patterns and related health outcomes such as obesity. Literatures suggested that reported asset levels may be used as a proxy for measuring time preferences. The proposed change in target group will enable expanding the questions to all survey participants thus allowing larger sample size to be obtained for analysis on this topic.

|  |
| --- |
| **~~BOX 7A~~**  **~~CHECK ITEM INQ.242:~~**  ~~IF FAMILY ANNUAL INCOME (INQ200) EQUAL OR LESS THAN {200% POVERTY LEVEL}, CONTINUE;~~  ~~OTHERWISE, GO TO BOX 8.~~  ~~CALCULATE 200% OF THE ANNUAL POVERTY LEVEL BASED ON FAMILY SIZE: $22,340 FOR FAMILY SIZE OF 1, THEREAFTER, ADDING $7,920 FOR EACH ADDITIONAL PERSON~~ |

***Current NHANES Question (w/ revised dollar amount highlighted)***

INQ.244N Do {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} have more than $20,000 in savings at this time? Please include money in your checking accounts.

INTERVIEWER INSTRUCTION: INCLUDE CASH, SAVINGS OR CHECKING ACCOUNTS, STOCKS, BONDS, MUTUAL FUNDS, RETIREMENT FUNDS (SUCH AS PENSIONS, IRAS, 401KS, ETC), AND CERTIFICATES OF DEPOSIT.

CAPI INSTRUCTION:

DISPLAY “you” for single-person family; DISPLAY “the members of your family” for multi-persons family.

YES 1 (BOX 9)

NO 2

REFUSED 7 (BOX 9)

DON'T KNOW 9 (BOX 9)

***Current NHANES Question (w/ revised categories highlighted)***

INQ.247N Which letter on this card best represents the total savings or cash assets at this time for {you/NAMES OF OTHER FAMILY/your family}?

HAND CARD INQ3

|\_\_\_| ENTER LETTER

REFUSED 7

DON'T KNOW 9

A: $0-$3,000  
B: $3,001-$5,000  
C: $5,001-$10,000  
D: $10,001-$15,000  
E: $15,001-$20,000

1. **The Supplemental Nutrition Assistance Program (SNAP, previously known as the Food Stamp Program) participation**

***Question Contents****:* Change the order of the questions to obtain information on “current” participation first following by recent and/or past participation. Add probe to prompt respondents to include receipt of benefits on behalf of children and to include small monthly benefit levels. Add new questions were added to ask about: 1) length of benefit received in for all recipients in the household; and 2) anticipated participation.

***Justification:*** Studies suggest that respondent’s recall of current participation is more accurate than recall of past participation and that child-only cases are one SNAP group that is often unreported. Reversing the order of questions to yield information on “current” participation first will aid participants’ recall of participation in food stamp benefits program. Information on the length of receiving benefit among all household recipients will provide more complete picture on participation at household level. For a nontrivial part of the NHANES sample, there could be more than one month between the time the SNAP questions are asked, SNAP was last received, and the time of the dietary recall and medical exams (which provide key outcomes of interest for SNAP research that are unique to the NHANES). Two additional questions asking respondents if they anticipate receiving SNAP benefits within the next month (i.e. the household has applied and is waiting for benefits) will help collecting information to fill this gap. Several wording modifications were made (i.e., using the term “food stamp benefit card” and dropping the term “benefits” from questions) to avoid jargon, be more in-line with common language use, and be consistent with Current Population Survey (CPS)

***Note:*** The proposed modifications and new questions will be assessed within the context of the current NHANES SNAP participation questions. Therefore, 11 questions on SNAP participation are included in the proposed cognitive testing. To facilitate the household level SNAP questions two questions from current NHANES screener module are also included.

***Current NHANES question***

SCQ.090 To begin, how many people including you live in your household? Please do not include anyone who usually lives somewhere else.

\_\_\_\_\_\_\_\_

NUMBER

DK 99

RF 77

***Current NHANES question***

SCQ.130 What are the names and ages of all of the persons living in your household? (Please remember not to include anyone who usually lives somewhere else.)

PROBE: Any others?

\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  
 FIRST MIDDLE LAST SUFFIX GENDER AGE (Y)

DK 9

RF 7

***New Question (w/ wording adopted from current NHANES question)***

FSQ.New1 The next questions are about SNAP, the Supplemental Nutrition Assistance Program, also known as the Food Stamp Program. SNAP benefits are provided on a food stamp benefit card {called the {DISPLAY STATE NAME FOR SNAP EBT CARD} card in STATE/which is an electronic debit card}. This includes any SNAP benefits or Food Stamps, even if the amount is small and even if the benefits are received on behalf of children in the household.

Do {you/you or anyone in your household} **currently** receive SNAP benefits or Food Stamps?

**CAPI INSTRUCTIONS:**

INSERT STATE NAME FOR EBT CARD AND STATE NAME IF INTERVIEWING IN A STATE THAT HAS A SPECIFIC NAME FOR THE EBT CARD.

INSERT “WHICH IS AN ELECTRONIC DEBIT CARD” IF INTERVIEWING IN STATE WITH NO SPECIFIC NAME FOR THE EBT CARD.

YES ............................................................... 1 [FSQ.New3]

NO.................................................................. 2

REFUSED ..................................................... 7

DON’T KNOW ............................................... 9

FSQ.New1a Have {you/you or any member of your household} recently been notified that {you/they} will begin receiving SNAP benefits or Food Stamps later this month or next month?

YES ............................................................... 1

NO.................................................................. 2

REFUSED ..................................................... 7

DON’T KNOW ............................................... 9

***Current NHANES Question (w/ additional probe highlighted)***

FSQ.New2 In the **last 12 months**, did {you/you or anyone who lives here} receive SNAP benefits or Food Stamps, even if only for one month? This includes any SNAP benefits or Food Stamps received in the past year, even if the amount was small or if they were received on behalf of children in the household. {Here is the list of people who live here, let me read it to you.}

CAPI INSTRUCTION:

IF ONLY ONE PERSON HOUSEHOLD, DISPLAY “you”.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY “you or anyone who lives here” AND “Here is the list of people who live here, let me read it to you.”

IF MORE THAN ONE PERSON HOUSEHOLD, DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS.

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **NEW BOX N1**  **CHECK ITEM FSQ.New2a:**  For single-person HH (FSQ.New2=1 AND ONLY ONE PERSON IN HOUSEHOLD): FLAG THE PERSON AS RECEIVING FOOD STAMPS IN FSQ. New3, GO TO FSQ.New3a  For people who expect to receive soon but have not received food stamps in the last 12 months (FSQ.New1a=1 AND FSQ.New2 = 2, 7, or 9): GO TO FSQ.New5.  For people who have not received food stamps in the last 12 months and do not expect to receive soon (FSQ.New1a=2, 7, or 9 AND FSQ.New2= 2, 7, or 9): GO TO FSQ.New7.  OTHERWISE, CONTINUE |

***Current NHANES Question (w/ new placement)***

FSQ.New3 Including everyone who lives here, who has received SNAP benefits or Food Stamps in the past 12 months? {Here is the list of people who live here, let me read it to you, please include the ones who currently receive food stamps.}

**PROBE:** Anyone else?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL **HOUSEHOLD** MEMBERS.

IF FSQ.NEW1=1, DISPLAY “Here is the list of people who live here, let me read it to you, please include the ones who currently receive food stamps.”

HARD EDIT:

IF NO ONE IN THE ROSTER WAS SELECTED AND FSQ.New1=1, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.New1: “You said that someone who lives here currently receives Food Stamps, is that correct?”

IF “YES”, GO BACK TO FSQ.New3 AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF “NO”, GO BACK TO CODE FSQ.New1 AS “NO”.

IF NO ONE IN THE ROSTER WAS SELECTED AND FSQ.New2=1, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.New1: “You said that someone who lives here has received Food Stamps in the last 12 months, is that correct?”

IF “YES”, GO BACK TO FSQ.New3 AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF “NO”, GO BACK TO CODE FSQ.New2 AS “NO”.

INTERVIEWER INSTRUCTION: SELECT NAME(S) FROM ROSTER

SELECT 1

REFUSED 7

DON'T KNOW 9

FSQ.New3a During the past 12 months, for how many months did {you/NAME(S)} received Food Stamps?

CAPI INSTRUCTION:

IF FSQ.New3=1, THEN ACTIVATE ENTRY FOR DURATION FOR HOUSEHOLD MEMBERS.

INTERVIEWER INSTRUCTION: ENTER ‘1’ FOR LESS THAN ONE MONTH PARTICIPATION

|\_\_\_|\_\_\_|

REFUSED 7

DON'T KNOW 9

***Current NHANES Question***

FSQ.New4 On what date did {you/your household} **last** receive SNAP benefits or Food Stamps?

M/D/Y

|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

MONTH DAY YEAR

HARD EDIT: DATE MUST BE WITHIN PAST 12 MONTHS OF CURRENT MONTH.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

CAPI INSTRUCTION:

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

REFUSED 7

DON'T KNOW 9

***Current NHANES Question***

FSQ.New6 How much did {you/your household} receive in SNAP benefits or Food Stamps the last time you got them?

|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ENTER DOLLAR AMOUNT

REFUSED 77777 (END OF SECTION)

DON’T KNOW 99999 (END OF SECTION)

|  |
| --- |
| **NEW BOX 3a**  **CHECK ITEM FSQ.New6a:**  For people who expect to receive soon (FSQ.New1a=1), CONTINUE FSQ.New5.  OTHERWISE, GO TO Box 3 |

FSQ.New5 On what date do {you/you or anyone in your household} think you will next receive your SNAP benefits M/D/Y or Food Stamps?

|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_| (FSQ.New6)

MONTH DAY YEAR

HARD EDIT: DATE MUST BE AT OR AFTER CURRENT MONTH.

DATE MUST NOT BE MORE THAN TWO MONTHS FROM TODAY

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

CAPI INSTRUCTION:

SEPARATE FIELDS FOR MONTH, DAY AND YEAR, ALLOW ENTRY OF RF AND DK IN FIELDS.

REFUSED 7

DON'T KNOW 9

FSQ.New5a How much do {you/your household} expect to receive in SNAP benefits or Food Stamps at that time?

|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ENTER DOLLAR AMOUNT

REFUSED 77777 (END OF SECTION)

DON’T KNOW 99999 (END OF SECTION)

|  |
| --- |
| **BOX 3**  **CHECK ITEM FSQ.240:**  IF THIS IS A SINGLE-FAMILY HOUSEHOLD, GO TO THE END OF THE SECTION.  OTHERWISE, CONTINUE. |

***Current NHANES Question***

FSQ.245 Does the amount here also include Food Stamps received for {NAME(S)}?

CAPI INSTRUCTIONS:

DISPLAY NAMES OF HOUSEHOLD MEMBERS WHO ARE NOT IN THE SAME FAMILY, AND WERE FLAGGED IN FSQ.016.

INTERVIEWER INSTRUCTION:

IF THE AMOUNT REPORTED IN FSQ.235 ONLY INCLUDED SOME BUT NOT ALL THE NAMES LISTED, CODE THE ANSWER AS “NO”.

YES 1 (END OF SECTION)

NO 2

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

***Current NHANES Question***

FSQ.250 How much did {NAME(S)} receive in SNAP benefits or Food Stamps the last time {he/she/they} got them? Please do not include the amount you have already told me about.

CAPI INSTRUCTIONS:

DISPLAY NAMES OF HOUSEHOLD MEMBERS WHO ARE NOT IN THE SAME FAMILY, AND WERE FLAGGED IN FSQ.016.

|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ENTER DOLLAR AMOUNT

REFUSED 77777

DON’T KNOW 99999

|  |
| --- |
| **NEW BOX N2**  **CHECK ITEM FSQ.New250a:**  GO TO THE END OF THE SECTION. |

***Current NHANES Question (new placement and modifications w/ showing household roaster)***

FSQ.New7 Have {you/you or anyone in your household} **ever** received SNAP benefits or Food Stamps? {Here is the list of people who live here, let me read it to you.}

CAPI INSTRUCTION:

IF ONLY ONE PERSON HOUSEHOLD, DISPLAY “you”.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY “you or anyone who lives here” AND “Here is the list of people who live here, let me read it to you.”

IF MORE THAN ONE PERSON HOUSEHOLD, DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS.

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

|  |
| --- |
| **NEW BOX N3**  **CHECK ITEM FSQ.New7b:**  IF FSQ.New7=1 AND ONLY ONE PERSON IN HOUSEHOLD, FLAG THE PERSON AS RECEIVING FOOD STAMPS IN FSQ. New7a, GO TO THE END OF SECTION  OTHERWISE, CONTINUE |

FSQ.New7a Who in the household has **ever** received SNAP benefits or Food Stamps?

**PROBE:** Anyone else?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL **HOUSEHOLD** MEMBERS.

INTERVIEWER INSTRUCTION: SELECT NAME(S) FROM ROSTER

SELECT 1

REFUSED 7

DON'T KNOW 9

HARD EDIT:

IF NO ONE IN THE ROSTER WAS SELECTED, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.New7: “You said that someone who lives here has ever received Food Stamps, is that correct?”

IF YES, GO BACK TO FSQ.New7a AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF NO, GO BACK TO CODE FSQ.New7 AS ‘NO’.

1. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC) participation**

**D.1 Household level WIC questions**

***Question Contents****:* Add two questions to obtain information on current WIC participation.

***Justification:*** Since participation in WIC may have spillover effects on other household members; current participation is more likely to affect dietary intake than past participation. Therefore, questions are added to determine whether or not a household received WIC benefits in the past 30 days and number of people in the household receiving WIC benefits.

***Note:*** The proposed new questions will be assessed within the context of the current NHANES WIC participation question. Therefore, current question on WIC participation is included in the proposed cognitive testing.

|  |
| --- |
| **BOX 5**  **CHECK ITEM FSQ.155B:**  IF THE HOUSEHOLD INCLUDES:   * A CHILD AGED 6 YEARS OR UNDER, OR IN AN AGE RANGE THAT INCLUDES AGE 6 AND UNDER;   OR   * A FEMALE BETWEEN AGES 12 AND 59, OR IN AN AGE RANGE THAT INCLUDES ANY AGES BETWEEN 12 AND 59   CONTINUE.  OTHERWISE, GO TO THE NEXT SECTION. |

***Current NHANES Question***

FSQ.162 In the **last 12 months**, did {you/you or any member of your household} receive benefits from the WIC program, that is, the Women, Infants and Children program?

YES 1

NO 2 (Skip to next section)

REFUSED 7 (Skip to next section)

DON’T KNOW 9 (Skip to next section)

HELP SCREEN:

WIC: WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

FSQ.163a Did {you/you or anyone who lives here} receive WIC benefits in the **past 30 days**? {Here is the list of children and women who live here, let me read it to you.}

CAPI INSTRUCTION:

IF ONLY ONE PERSON HOUSEHOLD, DISPLAY “you”.

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY “you or anyone who lives here” AND “Here is the list of children and women who live here, let me read it to you.”

IF MORE THAN ONE PERSON HOUSEHOLD, DISPLAY NAMES OF ALL CHILDREN AGES 6 AND UNDER, AND WOMEN AGES 12 TO 59 IN THE HOUSEHOLD.

YES 1

NO 2 (Skip to next section)

REFUSED 7 (Skip to next section)

DON’T KNOW 9 (Skip to next section)

|  |
| --- |
| **NEW BOX**  **CHECK ITEM FSQ.New:**  IF FSQ.163a=1 AND ONLY ONE PERSON IN HOUSEHOLD, FLAG THE PERSON AS RECEIVING WIC IN FSQ.163b, GO TO THE END OF SECTION  OTHERWISE, CONTINUE |

FSQ.163b Who in the household has received WIC benefits in the past 30 days?

**PROBE:** Anyone else?

CAPI INSTRUCTION:

DISPLAY NAMES OF ALL CHILDREN AGES 6 AND UNDER, AND WOMEN AGES 12 TO 59 IN THE HOUSEHOLD.

INTERVIEWER INSTRUCTION: SELECT NAME(S) FROM ROSTER

SELECT 1

REFUSED 7

DON'T KNOW 9

HARD EDIT:

IF NO ONE IN THE ROSTER WAS SELECTED, DISPLAY THE FOLLOWING MESSAGE TO VERIFY THE ANSWER TO FSQ.163a: “You said that someone who lives here has received WIC in the past 30 days, is that correct?”

IF YES, GO BACK TO FSQ.163b AND ASK: “Who was that?” WITH ROSTER DISPLAYED.

IF NO, GO BACK TO CODE FSQ.163a AS ‘NO’.

**D.2 Infants and children WIC questions (Target: Children 0-11 years)**

***Question Contents****:* Change the time reference from “in the past 12 month” to “ever” for the first WIC participation question. Add one new question on WIC participation in the past 30 days.

***Justification:*** Since information on participation in the past 12 months is not necessary at the child level, modification was made to replace the question on whether the participant had received WIC benefits “in the past 12 months” to whether the participant “ever” received WIC benefits. Currently, literatures about obtaining information on current participation is not clear as to whether “now” or “in the past 30 days” is the better time reference. We add a new question as part of the cognitive testing to collect WIC participation both “now” and “in the past 30 days”, so we can gather more information to help us assessing the best option to collect data on current participation.

***Note:*** The proposed modifications and new questions will be assessed within the context of the current NHANES infants and children WIC participation questions. Therefore, 6 current questions are included in the proposed cognitive testing.

***SP Rule:*** For each household that has children, the 1st child listed in the family roaster who is 0-5 years old, and the 1st child listed in the family roaster who is 6-11 years old will be sampled as a SP. By this rule, one HH can have up to two children SPs sampled. The HH participant will serve as the proxy for the sampled SP and answers the questions for the children SP in the HH.

***Current NHANES Question (with time reference modification)***

FSQ.651N Next are a few questions about the WIC program.

Has {SP} **ever** received benefits from WIC, that is, the Women, Infants, and Children program?

YES 1

NO 2 (FSQ.690)

REFUSED 7 (FSQ.690)

DON'T KNOW 9 (FSQ.690)

HELP SCREEN:

WIC: WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

|  |
| --- |
| **BOX 14a**  **CHECK ITEM DBQ.710aNew:**  IF SP AGE 6-11, GO TO FSQ.675.  OTHERWISE, CONTINUE. |

***Current NHANES Question***

FSQ.673 Is {SP} **now** receiving benefits from the WIC program?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

FSQ.673a In the past 30 days, have you used WIC benefits to buy formula or other food for {SP}?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 14B**  **CHECK ITEM DBQ.710b:**  IF SP AGE < 1, GO TO FSQ.685.  OTHERWISE, CONTINUE. |

***Current NHANES Question***

FSQ.675 Did {SP} receive benefits from WIC when {he/she} was less than one year old?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

|  |
| --- |
| **BOX 14C**  **CHECK ITEM DBQ.710cNew:**  IF SP AGE = 1, and FSQ.673 = 1, GO TO FSQ.685.  IF SP AGE = 2-5, and FSQ.673 = 1, GO TO FSQ.685.  OTHERWISE, CONTINUE. |

***Current NHANES Question***

FSQ.682 Did {SP} receive benefits from WIC when {he/she} {was/is} between the ages of {1 to {SP AGE/4} years old/12 to {SP AGE} months old}?

CAPI INSTRUCTION:

If SP age = 1, DISPLAY “12 to {the current age of the SP in months} months old”;

If SP age = 2 or 3, DISPLAY “1 to {the current age of the SP in years} years old”;

If SP age >3, DISPLAY “1 to 4 years old”.

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

***Current NHANES Question***

FSQ.685 How long {did SP receive/has SP been receiving} benefits from the WIC program?

Q/U

CAPI INSTRUCTION:

IF FSQ.673 = 1, DISPLAY "HAS SP BEEN RECEIVING"

OTHERWISE, DISPLAY "DID SP RECEIVE"

SOFT EDIT: NUMBER CANNOT BE MORE THAN SP’S AGE.

|\_\_|\_\_|

ENTER NUMBER (OF MONTHS OR YEARS)

REFUSED 777

DON'T KNOW 999

ENTER UNIT

MONTHS 1

YEARS 2

REFUSED 7

DON'T KNOW 9

***Current NHANES Question***

FSQ.690 Did {SP’s} mother receive benefits from WIC, while she was pregnant with {SP}?

YES 1

NO 2 (BOX 15)

REFUSED 7 (BOX 15)

DON'T KNOW 9 (BOX 15)

***Current NHANES Question***

FSQ.695 What month of the pregnancy did {SP’s} mother begin to receive WIC benefits?

|\_\_|\_\_|

ENTER NUMBER

REFUSED 777

DON'T KNOW 999

**D.3 Women WIC questions (Target Women 18-59 years)**

***Question Contents****:* Modifications and new questions were made to separately determine WIC participation in pregnant and postpartum women and to capture the start of their participations.

A new RHQ question capturing the month and year of last birth was added to replace two current questions (i.e., RHQ190, RHQ197).

***Justification:*** The new questions will determine WIC participation for women during pregnancy and postpartum period. In addition, new questions for postpartum women will make it possible to determine whether a woman participated prenatally and/or postnatally. The new questions (FSQ.671) will also provide information on time of enrollment which in turn provides duration of enrollment and may also serve as an indicator of women’s health concerns/interest. Further to obtain information on current participation, we have added new question to include WIC participation both “now” and “in the past 30 days” to gather more information to assess cognitively the best option to collect data on current participation. The proposed questions were adapted from ECLS-B.

Modifications on RHQ are made to simplify the exclusion of women who are categorically ineligible to receive WIC benefit.

***Note:*** Categorical requirement for WIC program:

Women: pregnant - during pregnancy and up to 6 weeks after the birth of an infant or the end of the pregnancy

postpartum - up to six months after the birth of the infant or the end of the pregnancy

breastfeeding - up to the infant's first birthday

Infants: up to the infant's first birthday

Children: up to the child's fifth birthday

***Current NHANES Question***

RHQ.131 Have you **ever** been pregnant? Please include current pregnancy, live births, miscarriages, stillbirths, tubal pregnancies and abortions.

HELP SCREEN SHOULD READ: Miscarriage: Refers to a pregnancy that terminates naturally during the first 6 months of pregnancy. Stillbirth: Refers to a baby that is born dead after 7 or more months of pregnancy. Tubal Pregnancy: Refers to a pregnancy that occurs in the fallopian tube. Abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

***Current NHANES Question***

RHQ.143 Are you pregnant **now**?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

***Current NHANES Question***

RHQ.160 How many times have you been pregnant? Again, be sure to count all your pregnancies including (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies, or abortions.

HELP SCREEN SHOULD READ: Miscarriage: Refers to a pregnancy that terminates naturally during the first 6 months of pregnancy. Stillbirth: Refers to a baby that is born dead after 7 or more months of pregnancy. Tubal Pregnancy: Refers to a pregnancy that occurs in the fallopian tube. Abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. Methods include D&C, vacuum extraction, suction, and saline injections.

|\_\_\_|\_\_\_|

ENTER NUMBER OF PREGNANCIES

REFUSED 77

DON’T KNOW 99

|  |
| --- |
| **BOX 24a**  **CHECK ITEM RHQ.New1a:**   * IF SP CURRENTLY PREGNANT (CODED ‘1’) IN RHQ.143, GO TO FSQ.652a. * OTHERWISE, CONTINUE. |

RHQ.New1 What’s the year and month you gave birth to your last child?

|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

MONTH YEAR

REFUSED 7 (END OF SECTION)

DON'T KNOW 9 (END OF SECTION)

***Current NHANES Question***

RHQ.200 Are you **now** breast feeding a child?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 24**  **CHECK ITEM RHQ.New1b:**   * IF THE MONTH AND YEAR REPORTED IN RHQ.NEW1 IS WITHIN THE LAST 24 MONTHS OF THE INTERVIEW, GO TO FSQ.652b. * OTHERWISE, GO TO END OF SECTION |

FSQ.652a These next questions are about participation in WIC, that is, the Women, Infants, and Children Program.

During this pregnancy have you used WIC benefits to buy food for yourself?

YES 1

NO 2 (END OF SECTION)

REFUSED 7 (END OF SECTION)

DON’T KNOW 9 (END OF SECTION)

FSQ.672a How many months pregnant were you when you first started to receive WIC benefit to buy food for yourself?

HARD EDIT: THE ENTRY CAN ONLY BE 1-9.

|\_\_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

|  |
| --- |
| **BOX New**  GO TO FSQ.661. |

FSQ.652b These next questions are about participation in WIC, that is, the Women, Infants, and Children Program.

During your last pregnancy, did you use WIC benefits to buy food for yourself?

YES 1

NO 2 (FSQ.652c)

REFUSED 7 (FSQ.652c)

DON’T KNOW 9 (FSQ.652c)

FSQ.672b How many months pregnant were you when you first started to receive WIC benefit to buy food for yourself?

HARD EDIT: THE ENTRY CAN ONLY BE 1-9.

|\_\_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

FSQ.652c After your last child was born, did you use WIC benefits to buy food for yourself?

CAPI INSTRUCTION:

IF RHQ.160 = 1, DISPLAY {CHILD}.

IF RHQ.160 > 1, DISPLAY {LAST CHILD}.

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

|  |
| --- |
| **BOX 26**  **CHECK ITEM RHQ.641a:**   * IF THE MONTH AND YEAR REPORTED IN RHQ.NEW1 IS WITHIN THE LAST 12 MONTHS OF THE INTERVIEW, CONTINUE WITH FSQ.661. * OTHERWISE, GO TO END OF SECTION. |

***Current NHANES Question***

FSQ.661 Are you **now** receiving benefits from the WIC Program?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

FSQ.661a In the past 30 days, have you use WIC benefits to buy food for yourself?

YES 1

NO 2

REFUSED 7

DON’T KNOW 9

1. **Household’s vehicle availability**

***Question Contents****:* A new questions was added to assess household’s access to a vehicle to buy food.

***Justification:*** The question was added to assess whether a household has access to a vehicle for food shopping. Limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food may make it harder for some Americans to eat a healthy diet. One key indicator of food store access is whether or not the household has a vehicle that can be used to access stores. This question will be used to further understand how food store access and the food environment affect dietary and healthy outcomes.

***Note:*** The new question is closely related to existing NHANES questions about access to grocery stores.

INQ.New1 Now I will ask you a question about how your family usually travels to the store for your grocery shopping.

Please look at the Hand Card INQ1. How do you or anyone who live in the household usually get to the store (or stores) where you do most of your grocery shopping?

DRIVE OWN CAR 1

USE SOMEONE ELSE’ CAR 2

SOMEONE ELSE DRIVES ME 3

WALK 4

RIDE BICYCLE 5

BUS, SUBWAY OR OTHER PUBLIC TRANSIT 6

TAXI OR OTHER PAID DRIVER 7

SOMEONE ELSE DELIVERS GROCERIES 8

OTHER 9

REFUSED 77

DON’T KNOW 99

**Attachment B**

Consent Form

***Reading Level: 8.9***

# Consent to be in the Cognitive Testing for Questions Planned for the National Health and Nutrition Examination Survey

You are being asked to take part in a research study conducted by the Centers for Disease Control and Prevention (CDC). This study is to help us test questions about people’s behavior related to the food shopping. There are also some questions related to your participation in government assisted food programs such as Supplemental Nutrition Assistance Program (SNAP) and Women, Infant and Children (WIC). Before we can use these questions in a survey, we need to test them. It is important to make sure that the questions make sense, are easy to answer, and that everyone understands the questions the same way. If you agree to take part in this test, we will ask you to answer the survey questions. Then, we will ask you to explain what you were thinking and how you came up with your answers. We are also interested in finding the words used in the questions that you felt confusing. Your interview will show us how to improve these questions. The interview will last up to 90 minutes. You will be given $50.00 as a token of appreciation.

We would also like to audio tape your interview. The taping allows us to more carefully study the questions. At the bottom of this form, you will be asked if you are willing to have the interview taped. If you agree, you may ask to stop the recording at any time, and we will turn off the machine. If you decide to stop taping, we will ask your consent to retain the portion already taped. When the interview is finished, you may also listen to the recording. If you agree to record the interview, we will keep it in a locked room or in the safe keeping of a staff person from the Centers for Disease Control and Prevention to keep your personal data private. Only persons working directly on this project will have access to this tape.

You may take part in this study or not. The choice is yours. You will not lose any benefits if you say no. If you choose to take part, you may choose not to answer any question, and you may choose to end the interview at any time, and still receive the full $40. While the interview is going on, researchers from CDC and USDA who are working with us on this project may watch the interview.

There are no known risks to you for taking part in this interview. All the data we collect will be kept strictly private. We protect all information as required by Federal laws. The Public Health Service Act (42 USC 242k) authorizes collection. Section 308(d) of the Public Health Service Act (42 USC 242m), the Privacy Act of 1974 (5 USC 552A), and the Confidential Information Protection and Statistical Efficiency Act (PL 107-347) prohibit us from giving out information that can be used to identify you. CDC staff and agents are not allowed to reveal that any person participated in this survey. We will not provide information linking your identity to the answers you give to the survey questions.

If you have questions about the study, please call Dr. Joseph Woodring, at the U.S. Public Health Service at: 1-800-452-6115. If you have questions about your rights as a participant, you can call the National Center for Health Statistics (NCHS) Research Ethics Review Board at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol # 2011-17. Your call will be returned as soon as possible.

I have read the information above. I freely choose to participate in the interview.

* I agree to have my interview audio-taped.
* I decline to have my interview audio-taped.

## Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

## Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of staff member present when this form was signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_