

Appendix C-7: Final Interview Questions for Pretest 2

NATIONAL FOOD STUDY FINAL INTERVIEW

ADMINISTERED IN CAPI FOR ENGLISH AND SPANISH

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External pre-load data required:

- Household size
- Each HH members Name, Age (section D, E)
-

Introduction

I1. I have your address listed as (READ FROM CONTACT SHEET). Is that your exact address?

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

I2. 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 30 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: # times prepare dinner at home in 7 days

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

Section B: How healthy is your diet?

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
- (2) DISAGREE
- (r) REFUSED
- (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
- (2) DISAGREE
- (r) REFUSED

- (d) DON'T KNOW

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

- (1) AGREE
- (2) DISAGREE
- (r) REFUSED
- (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
- (2) DISAGREE
- (r) REFUSED
- (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
- (2) DISAGREE
- (r) REFUSED
- (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
- (0) NO
- (r) REFUSED
- (d) DON'T KNOW

[IF B4 =1, ASK B4a]

B4a. Have you tried to follow the MyPlate guidelines?

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

B5. Have you heard of MyPyramid?

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

[IF B5 in (0,r,d), ASK B5a, ELSE B6]

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

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

[IF B5=1, ASK B6]

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

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

[IF (B6=1) or (B5a = 1 and B5 in (0,r,d)), ASK B6a, ELSE 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

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

Section C: [Vegetarian? Lactose-intolerant? Food allergies? Weight loss diet?]

C1. Do you consider (yourself/any members of your household) to be vegetarian?

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

[IF C1 = 1, ASK C1A, Response choices are a list of HH members]

C1A. Who is that? (check all that apply)

PROBE: Anyone else?

- (fill: Person 1)
- (fill: Person 2)
- (fill: Person N)

C2. (Are you/Is anyone in your household) lactose intolerant?

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

[IF C2 = 1, ASK C2A, Response choices are a list of HH members]

C2A. Who is that? (check all that apply)

PROBE: Anyone else?

- (fill: Person 1)
- (fill: Person 2)
- (fill: Person N)

C3. (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.

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

[IF C3 = 1, ASK C3A, Response choices are a list of HH members]

C3A. Who has food allergies? (check all that apply)

PROBE: Anyone else?

- (fill: Person 1)
- (fill: Person 2)
- (fill: Person N)

[ASK C3b for each HH member checked in C3a.]

C3a. What foods (are you/is NAME) allergic to? (check all that apply)

	WHEAT	Cow's Milk	EGG	FISH	SHELLFISH	CORN	PEANUT	OTHER NUTS	SOY PRODUCTS	Other	Refused	Don't Know
Person 1	<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"/>
Person 2	<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"/>
Person N	<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"/>

C4. (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.

- (1) YES

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

[IF C4 = 1, ASK C4A]

C4A. Who is that? (check all that apply)

PROBE: Anyone else?

- (fill: Person 1)
- (fill: Person 2)
- (fill: Person N)

**Section D: [Health – excellent, good, etc.?] [Smoke? Chew tobacco?]
[Height/weight]**

D1. In general, would you say (your/NAME) health is...

	excellent	very good	good	fair	poor
(fill: Person 1)	()	()	()	()	()
(fill: Person 2)	()	()	()	()	()
(fill: Person N)	()	()	()	()	()

D2. (Do you/does anyone who lives here) smoke cigarettes, cigars, or pipes, or chews tobacco?

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

[IF D2 = 1, ASK D2A, Response choices are a list of HH members]

D2A. Who smokes or chews tobacco? (check all that apply)

- (fill: Person 1)
- (fill: Person 2)
- (fill: Person N)

The next questions are about the height and weight of each member of your household. I'll start by asking about height.

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)

	Feet	Inches	Meters	Centimeters	Refused	Don't Know
Person 1						
Person 2						
Person N						

D4. How much (do you/does NAME) weigh without clothes or shoes?

ENTER POUNDS OR KILOGRAMS

	LBS	KG	Refused	Don't Know
Person 1				
Person 2				
Person N				

[INTERVIEWER: D4_ALT ARE IN CAPI ONLY:]

NOTE: XX AND YY ARE CAPI FILLS BASED ON HEIGHT REPORTED IN D3. XX IS THE CUTOFF BETWEEN OVERWEIGHT AND OBESITY; YY IS THE CUTOFF BETWEEN NORMAL WEIGHT AND OVERWEIGHT. THE FILL VALUES POPULATE D4_CAT1 (OBESITYMEASURE) AND D4_CAT2 (OVERWEIGHTMEASURE).]

[IF AGE>18 AND D4_WEIGHT = r,d and D3 is not missing:]

D4_Alt1. (Do you/does NAME) weigh more or less than [XX] without clothes or shoes?

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

[IF MORE, GO TO E1.]

D4_Alt2. (Do you/does NAME) weigh more or less than [YY] without clothes or shoes?

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

Section E: Food Security

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

[IF E5 = 1, ASK E5A]

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?	()	()	()	()
E7	In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?	()	()	()	()
E8	In the last 30 days, did you lose weight because there wasn't enough money for food?	()	()	()	()
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?	()	()	()	()

[IF E9 = Yes, ASK E9A]

E9A. In the last 30 days, how many days did this happen?

#DAYS: _____ (Range 1-30)

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

Section F: Household Income

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?

[Placeholder question, subject to experiments]

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

[REPEAT F1-F8 FOR EACH PERSON AGE 16 AND OLDER]

F1. Did (you/ NAME) have any income last month?

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

[IF F1=0, d, r, ASK F1b]

F1b. When we say "income" we mean earnings from work, unemployment, welfare, child support, retirement income, disability income, investment income, and any type of income even if you do not get it regularly. Just to confirm, did [you/name] receive income from any of these sources last month?

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

[IF F1b=0, d, r, SKIP F2-F6 AND GO TO NEXT PERSON]

F2. How much did (you/NAME) receive in earnings from work last month?

\$_____.

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

F2a. IF NEEDED: How often is that received?

- (1) PER MONTH OR MONTHLY
- (2) TWICE PER MONTH
- (3) EVERY OTHER WEEK
- (4) EVERY WEEK OR WEEKLY
- (5) PER YEAR OR ANNUALLY

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

F2b. Is that take-home pay or the amount before taxes are taken out?

- (1) TAKE-HOME PAY
- (2) AMOUNT BEFORE TAXES
- (r) REFUSED
- (d) DON'T KNOW

F3. How much did (you/NAME) receive in unemployment compensation last month?

\$ _____.

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

F3a. IF NEEDED: How often is that received?

- (1) PER MONTH OR MONTHLY
- (2) TWICE PER MONTH
- (3) EVERY OTHER WEEK
- (4) EVERY WEEK OR WEEKLY
- (5) PER YEAR OR ANNUALLY
- (r) REFUSED
- (d) DON'T KNOW

F4. How much did (you/NAME) receive from welfare, child support, or alimony last month?

\$ _____.

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

F4a. IF NEEDED: How often is that received?

- (1) PER MONTH OR MONTHLY
- (2) TWICE PER MONTH
- (3) EVERY OTHER WEEK
- (4) EVERY WEEK OR WEEKLY
- (5) PER YEAR OR ANNUALLY
- (r) REFUSED
- (d) DON'T KNOW

F5. How much did (you/NAME) receive from retirement and disability income last month?

\$ _____.

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

F5a. IF NEEDED: How often is that received?

- (1) PER MONTH OR MONTHLY
- (2) TWICE PER MONTH
- (3) EVERY OTHER WEEK
- (4) EVERY WEEK OR WEEKLY
- (5) PER YEAR OR ANNUALLY
- (r) REFUSED
- (d) DON'T KNOW

F5b. What was the source of that income?

- (1) SOCIAL SECURITY RETIREMENT BENEFITS (SSA)
- (2) SOCIAL SECURITY DISABILITY RELIEF (SSDI)
- (3) PENSIONS
- (4) BLACK LUNG BENEFITS
- (5) WORKERS COMPENSATION
- (6) SSI
- (7) OTHER RETIREMENT INCOME
- (r) REFUSED
- (d) DON'T KNOW

[INTERVIEWER: ASK F1-F8 FOR EACH PERSON AGE 16 AND OLDER THEN MOVE TO NEXT PERSON.]

F5c1. How much did (you/NAME) receive in investment income last month?

\$ _____.

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

F5c2. How often is that received?

- (1) PER MONTH OR MONTHLY
- (2) TWICE PER MONTH
- (3) EVERY OTHER WEEK
- (4) EVERY WEEK OR WEEKLY
- (5) PER YEAR OR ANNUALLY
- (r) REFUSED
- (d) DON'T KNOW

F5c3. What was the source of that income?

- (1) RENTAL PROPERTIES
- (2) INTEREST
- (3) CAPITAL GAINS
- (4) TRUST FUND PAYMENTS
- (5) OTHER INVESTMENT INCOME
- (r) REFUSED
- (d) DON'T KNOW

F6. How much other income did (you/NAME) receive last month?

\$ _____.

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

F6a. How often is that received?

- (1) PER MONTH OR MONTHLY
- (2) TWICE PER MONTH
- (3) EVERY OTHER WEEK
- (4) EVERY WEEK OR WEEKLY
- (5) PER YEAR OR ANNUALLY
- (r) REFUSED
- (d) DON'T KNOW

F6b. What was the source of that income?

- (1) STRIKE BENEFITS
- (2) FUEL ASSISTANCE
- (3) ROOMERS, LODGERS, OR TENANTS
- (4) EDUCATIONAL GRANTS
- (5) INSURANCE SETTLEMENT PAYMENTS
- (6) VETERANS AFFAIRS BENEFITS
- (7) LOTTERY WINNINGS
- (8) TRUST FUND PAYMENT
- (9) EMPLOYMENT BONUSES
- (r) REFUSED
- (d) DON'T KNOW

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).

F7. Is this correct?

IF 'NO' ASK "Which items are incorrect?" AND CORRECT GRID

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

F8. Is anything missing? Did (you / NAME) have any other income last month from sources not listed above?

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

[IF F8 = 1, ask F8a and F8b]

F8a. What kind of income? Anything else?

(check all that apply)

- (1) EARNINGS
- (2) UNEMP COMP
- (3) WELFARE, CHILD SUPPORT, OR ALIMONY
- (4) RETIREMENT/ DISABILITY
- (5) INVESTMENT INCOME
- (r) REFUSED
- (d) DON'T KNOW

F8b. How much was received from [INCOME SOURCE] last month?

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

[IF F9= 1 then Ask F9a]

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 G: Household expenses last month

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.

G1. (Do you/Does your household) rent or own your home?

- (1) RENT
- (2) OWN
- (3) OTHER, DO NOT PAY FOR HOUSING
- (r) REFUSED
- (d) DON'T KNOW

[IF G1 = 1, 2, ASK G1A, G1B]

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
- (2) TWICE PER MONTH
- (3) EVERY OTHER WEEK
- (4) EVERY WEEK
- (5) PER YEAR OR ANNUALLY
- (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 (G1=2) GO TO G2a, ELSE GO TO G1d]

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

G2a. How much do (you/your household) pay for homeowners or renters insurance?

\$ _____ . _____ → GO TO G2b

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G2A has Amount, ASK G2b]

G2b. 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

G2c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

[IF OWN HOME (G1=2) ASK G3a/b/c, OTHERWISE GO TO G5a]

G3a. How much (do you/does your household) pay for real estate or property tax?

\$ _____ . _____

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G3A has Amount, ASK G3b]

G3b. 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

G3c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G4. (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

[IF G4= 1 or 2 or 3?, ASK G4_1]

G4_1. How many vehicles (do you/does your household) own or lease?

NUMBER: _____

- (R) REFUSED
- (D) DON'T KNOW

G4a. Last month, how much did (you/your household) pay for public transportation or vehicle rentals?

\$ _____.

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G4A has Amount, ASK G4b]

G4b. 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

G4c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G5a. How much did (you/your household) pay for electricity last month?

\$ _____.

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G5A has Amount, ASK G5b]

G5b. 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

G5c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G6a. How much did (you/your household) pay for gas, oil, wood, or other heating fuels last month?

\$ _____.

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G6A has Amount, ASK G6b]

G6b. 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

G6c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G7a. How much (do you/does your household) pay for sewer maintenance and/or garbage collection?

\$ _____.

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G7A has Amount, ASK G7b]

G7b. 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

G7c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G8a. How much (do you/does your household) pay for health insurance? Please include payments for health insurance that are automatically deducted from your pay.

\$ _____.

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G8A has Amount, ASK G8b]

G8b. 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

G8c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G9a. 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.

\$ _____.

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G9A has Amount, ASK G9b]

G9b. 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

G9c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G10a. Last month, how much did (you/your household) pay for physician or hospital bills not paid by insurance?

\$ _____.

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G10A has Amount, ASK G10b]

G10b. 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

G10c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G11a. Last month, how much did (you/your household) pay for prescription drugs?

\$ _____.

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G11A has Amount, ASK G11b]

G11b. 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

G11c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

[IF (G9a>0) or (G10a>0) or (G11a>0), ASK G11d:]

G11d. 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?

\$ _____ . _____

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

G11e. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G12a. Last month, how much did (you/your household) pay for child care?

\$ _____ . _____

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G12A has Amount, ASK G12b]

G12b. 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

G12c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G13a. Last month, how much did (you/your household) pay in child support?

\$ _____.

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G13A has Amount, ASK G13b]

G13b. 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

G13c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G14a. Last month, how much did (you/your household) pay for adult care?

\$ _____.

- NOTHING
- (r) REFUSED
- (d) DON'T KNOW

[IF G14A has Amount, ASK G14b]

G14b. 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

G14c. ALREADY REPORTED WITH OTHER EXPENSE?

- (1) YES
- (0) NO

G15a. 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

Section H: Major life events

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

[IF H1= 1 then ASK H1a]

H1a. What caused that change? CHECK 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

[IF H2= 1 then ASK H2a]

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
- (0) NO
- (R) REFUSED
- (D) DON'T KNOW

[IF H3=1 ASK H3a/b]

H3a. Who was that? Anyone else?

NAME(S): _____

- (R) REFUSED
- (D) DON'T KNOW

H3b. FOR EACH PERSON NAMED IN H3a: (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

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

[IF QUESTION H4=3,4,5 CONTINUE TO H5a, OTHERWISE SKIP TO SECTION I]

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

Section I: Residences

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

I1. In what month and year did (you/NAME) move into this (house/apartment/mobile home)?

	CHECK IF ALWAYS LIVED HERE	Month (1-12)	Year (1910-2015)
Person 1	[]	--	----
Person 2	[]	--	----
Person N	[]	--	----

[IF I1 = ALWAYS]

I1a. So (you/NAME) lived here since birth - is that correct?

	Yes	No	REFUSED	DON'T KNOW
Person 1	()	()	()	()
Person 2	()	()	()	()
Person N	()	()	()	()

[IF NAME DID NOT LIVE IN CURRENT HOME SINCE BIRTH:]

I2. Was (your/NAME's) previous home also located in (THIS STATE), or was it in some other state?

	YES, SAME STATE	NO, NOT SAME STATE	REFUSED	DON'T KNOW
Person 1	()	()	()	()

Person 2	()	()	()	()
Person N	()	()	()	()

[IF I2 = 0, ASK I2a]

I2a. What state was that?

	State Abb.	NOT IN U.S.	REFUSED	DON'T KNOW
Person 1	--	()	()	()
Person 2	--	()	()	()
Person N	--	()	()	()

I3.

If I2=1:

Were you born in (THIS STATE)?

If I2=0:

Were you born in (I2a STATE)?

	Yes	No	REFUSED	DON'T KNOW
Person 1 <state>	()	()	()	()
Person 2 <state>	()	()	()	()
Person N <state>	()	()	()	()

[IF I3 = 0]

I3a. Where (were you/was NAME) born?

	State Abb.	NOT IN U.S.	REFUSED	DON'T KNOW
Person 1	--	()	()	()
Person 2	--	()	()	()
Person N	--	()	()	()

[ASK IF I3a= "NOT IN U.S."]

I4. (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).

	Yes	No	REFUSED	DON'T KNOW
Person 1	()	()	()	()
Person 2	()	()	()	()
Person N	()	()	()	()

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

15. 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
- (r) REFUSED
- (d) DON'T KNOW

Section J: Interviewer Admin

Incent1. DID YOU DISTRIBUTE THE \$50 CHECK AT THE TIME OF THE INTERVIEW?

- (1) YES
- (0) NO

Incent2. HOW MANY \$10 GIFT CARDS DID YOU PROVIDE?

NUMBER: _____ (Range 0-99)

Incent3. HOW MANY \$20 GIFT CARDS DID YOU PROVIDE?

NUMBER: _____ (Range 0-99)

Incent4. DID YOU PROVIDE MORE GIFT CARDS THAN LISTED IN THE DAY-8 EMAIL (AFTER R CALLED PHONE CENTER)?

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

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