

DRAFT 2022-23 EHM Questionnaire

**INTRO:**

I would now like to ask you some questions about eating and health. We're interested in finding out more about how people fit meals and snacks into their schedules.

[Go to EAT]

Secondary eating:

**EAT:**

[Fill: Yesterday, you reported eating or drinking between [read times].]

[Fill: You did not report any eating or drinking as a main activity yesterday.]

Were there any [fill: other] times you were eating any meals or snacks yesterday, for example while you were doing something else?

When thinking about meals or snacks, also consider any fruits, veggies, sweets, salty snacks, or any other small meal or snack that you ate while doing something else.

1. Yes [Go to EATSUM]
2. No [Go to FDPRP]
- Don't know/Refused [Go to FDPRP]

**EATSUM:**

During which activities?

*\*Read if necessary: Were there any other times you were eating yesterday?*

1. Respondent reports activities [Go to EATWHN]
2. None/no more eating activities [Go to FDPRP]
- Don't know/Refused [Go to FDPRP]

**EATWHN:**

Were you eating the entire time you were [fill: ACTIVITY]?

1. Yes [Go to next activity with secondary eating]
2. No [Go to DUR]
- Don't know/Refused [Go to next activity with secondary eating]

**DUR:**

About how long would you say you were eating while you were [fill: ACTIVITY]?

\_\_\_\_\_ hours \_\_\_\_\_ minutes

[If additional activities identified in EATSUM, Go to EATWHN]

[If no more activities identified in EATSUM, Go to FDPRP]

Grocery shopping & food preparation:

**FDPRP:**

Now I'd like to ask some questions about grocery shopping and food preparation.

All entries: [Go to GROSHP2]

**GROSHP2:**

How much of the grocery shopping in the household are you usually responsible for?

[note for interviewers: "grocery shopping" includes both in-store shopping for groceries, and shopping for groceries online or by phone, and either picking them up or asking for them to be delivered to you]

1. None
2. A little
3. Some
4. A lot
5. All

Don't know/Refused

Entries of 1 or DK/R: [Go to FASTFD2]

Entries of 2-5: [Go to GROSHP3]

**GROSHP3:**

How much do you enjoy doing the grocery shopping for your household?

1. Not at all
2. A little
3. Somewhat
4. A lot

Don't know/Refused

All entries: [Go to STORES]

**STORES:**

Where do you get the majority of your groceries when shopping in person? Do you get them at the...

READ ALOUD ITEMS IN **BOLD** [interviewers select one]:

1. **Grocery store** [Go to STREASON]
2. **Supercenter, such as Wal-Mart or Target** [Go to STREASON]
3. **Warehouse club, such as Costco, Sam's or BJ's, or** [Go to STREASON]
4. **Drugstore or convenience store?** [Go to STREASON]
5. Other

Don't know/Refused

[Go to ONLINE1]

**STREASON:**

What is the main reason you shop there? Is it because of...

READ ALOUD ITEMS IN **BOLD** [interviewers select one]:

1. **Price**
2. **Location**
3. **Convenience**
4. **Quality of products**
5. **Variety of products, or**
6. **Customer service**
7. Other

Don't know/Refused

All entries: [Go to ONLINE1]

**ONLINE1:**

Thinking back over the last 30 days, how many times did you purchase groceries online for pick up or delivery?

(*Read if necessary:* Examples of online grocery shopping include grocery delivery, in-app purchases, curbside pickup, or meal kit delivery and subscriptions)

\_\_\_\_\_ Number of times

[If zero, Go to ONLINE4]

[If 1 or more, Go to ONLINE2]

[If Don't know/Refused, Go to FASTFD2]

**ONLINE2:**

Did you usually pick up your online grocery order or did you have it delivered?

1. Usually pickup
2. Usually delivered
3. About equal between pickup and delivery

Don't know/Refused

All entries: [Go to ONLINE3]

**ONLINE3:**

What is the main reason you chose to purchase groceries online instead of in person?

[Interviewers field code response options and select **one**]:

1. Price
2. Quality of products
3. Variety of products
4. Convenience
5. Customer service
6. Needing specialty foods (such as gluten free or vegan, etc.)
7. Easier to compare prices across stores
8. Transportation limitations
9. Time constraints
10. Safety concerns
11. Other reason

Don't know/Refused

All entries: [Go to FASTFD2]

#### **ONLINE4:**

What is the main reason you did not buy groceries online?

[Interviewers field code response options and select **one**]:

1. Delivery fee
2. Higher prices online
3. I can't find the products I like online
4. I like being able to see and touch products in person
5. I can't wait for the delivery
6. I don't like missing, or wrong items in the delivery
7. It is difficult to get substitutions I like if an item isn't available
8. It takes too long to put an order together
9. The grocery websites or apps are too hard to use
10. I don't have access to the technology to place an order
11. Delivery is not available in my neighborhood
12. Other reason

Don't know/Refused

All entries: [Go to FASTFD2]

#### **FASTFD2:**

In the last 7 days, how many times did you purchase prepared, ready-to-eat food from a deli, carryout, delivery food, fast food place, or restaurant?

[Read if necessary: "Prepared foods from a deli" include ready-to-eat foods from a grocery store deli department, such as rotisserie chicken, pizza, sandwiches, and salads from a salad

bar. Frozen foods, including frozen meals, are not included.]

\_\_\_\_\_ Number of times

Don't know/Refused

All entries: [Go to FASTFD\_YEST2]

**FASTFD\_YEST2:**

Yesterday, did you eat food prepared by any food service provider, such as a deli, restaurant, fast food place, cafeteria, or any other type of eatery?

[*Read if necessary:* "Prepared foods from a deli" include ready-to-eat foods from a grocery store deli department, such as rotisserie chicken, pizza, sandwiches, and salads from a salad bar. Frozen foods, including frozen meals, are not included.]

1. Yes
  2. No
- Don't know/Refused

All entries: [Go to PRPMEL2]

**PRPMEL2:**

How much of the meal preparation in the household are you usually responsible for?

1. None
2. A little
3. Some
4. A lot
5. All

Don't know/Refused

Entries of 1 or DK/R: [Go to FDSIT2]

Entries of 2 to 5: [Go to PRPMEL3]

**PRPMEL3:**

How much do you enjoy doing the food preparation for your household?

1. Not at all
2. A little
3. Somewhat
4. A lot

Don't know/Refused

All entries: [Go to FDSIT2]

**FDSIT2:**

[if HH size = 1, fill "I"; if HH size > 1, fill "we"]

The next question is about the food eaten in your household. Which of the following statements best describes the amount of food eaten in your household in the last 30 days—enough of the kinds of food [fill: I/we] want, enough but not always the kinds of food [fill: I/we] want, sometimes not enough to eat, or often not enough to eat?

1. Enough of the kinds of food we want to eat
2. Enough, but not always the kinds of food we want to eat
3. Sometimes not enough to eat
4. Often not enough to eat

Don't know/Refused

All entries: [Go to FDSTP]

**FDSTP:**

In the past 30 days, did you or any member of this household receive [fill State SNAPNAME], SNAP, or food stamp benefits?

*\*Read if Necessary: SNAP is the Supplemental Nutrition Assistance Program that was formerly known as the Food Stamp Program; it provides benefits for the purchase of groceries.*

NOTE: The fill <SNAPNAME> is the State program name. If the State name is SNAP or Food Stamps, then the question reads, "...receive SNAP or food stamp benefits."

Interviewer instruction: Do NOT include WIC, the School Lunch Program, or assistance from food banks.

1. Yes
2. No

Don't Know/Refused

All entries: [Go to WIC if household has a woman ages 15-50 or a child age 0-5]  
[Else go to DIET]

**WIC:**

**Universe: Households that have at least one woman between the ages of 15-50 or at least one child age 0-5**

In the last 30 days, did [fill: you/you or any member of your household] receive benefits from the WIC program, that is, the Women, Infants and Children program?

*\*Read if Necessary: 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.*

1. Yes
2. No

Don't Know/Refused

All entries: [Go to DIET]

### **DIET:**

In general, would you say that the quality of your diet is...

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Don't know/Refused

All entries: [Go to HLTHINT]

### Physical health:

#### **HLTHINT:**

Alright, we're almost done here. I'm going to switch topics and ask you a few final questions about your physical health that might affect how you use your time.

[Go to HEALTH]

#### **HEALTH:**

In general, would you say that your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Don't Know/Refused

All entries: [Go to EXERCISE]

#### **EXERCISE:**

During the past seven days, other than your regular job, did you participate in any leisure-time

physical activities or exercises for fitness and health such as running, bicycling, working out in a gym, walking for exercise, or playing sports?

1. Yes [Go to EXFREQ]
  2. No [Go to HEIGHT]
- Don't Know/Refused [Go to HEIGHT]

**EXFREQ:**

How many times over the past seven days did you take part in these activities?

\_\_\_\_\_ Times per past seven days

Don't Know/Refused

All entries: [Go to EXINT]

**EXINT:**

How much of this leisure-time physical activity and exercise was vigorous enough to cause a large increase in breathing or heart rate?

1. None
2. A little
3. Some
4. A lot
5. All

Don't Know/Refused

All entries: [Go to HEIGHT]

**HEIGHT:**

How tall are you without shoes?

All entries: [Go to WGHT]

**WGHT:**

How much do you weigh without shoes? [fill: Since pregnancy affects weight, please let me know if you are currently pregnant.\*\*]

\*\*If the respondent is a woman ages 18 to 50, fill "Since pregnancy affects weight, please let me know if you are currently pregnant"

All entries: [Go to INCOME]

**INCOME:**

The next question is about your household income.



All entries: [Go to INCOME3]

**INCOME3:**

Last month, was your total household income before taxes more or less than [fill: 200 percent of poverty threshold\*\*] per month?

1. More
2. Less
3. Equal

Don't know/refused

\*\*Amount for fill depends on the number of household members.

All entries: [Go to THANKYOU]