Attachment E. In-Person Household Screener

**National Food Study**

**In-Person Household Screener**

Hello. My name is [FILL NAME]. I work for Westat and we’re conducting the **National Food Study** for the U.S. Department of Agriculture. We recently sent a letter to this address.

[SHOW ID CARD]

The National Food Study gathers information on how and where you and your household obtain food. It will help USDA make sure that all Americans can afford to get healthy food. We need your help with this important study.

I am here to conduct a 9-minute questionnaire to see if your household is eligible to participate in the study. If you are selected and you complete the study, you will receive $105 or more. All of your responses to this information collection are voluntary. The information that you provide will be kept confidential and will be used only for statistical purposes. Your responses will not have any effect on the benefits you currently receive or may apply for in the future.

As a token of our appreciation, your household will receive $5 upon completing this short survey.

**Q1. Are you a member of this household and at least 18 years of age?**

(1) YES 🡪GO TO Q2

(0) NO 🡪ASK TO SPEAK WITH AN ADULT HOUSEHOLD MEMBER, START AT INTRO AGAIN.

[Verify Address]

**Q2. I have this address as [READ ADDRESS ON CONTACT SHEET]. Is that your exact address?**

(1) YES, EXACTLY AS LISTED🡪 GO TO Q3

(2) MOSTLY CORRECT, BUT NEEDS MINOR CHANGES 🡪CORRECT ADDRESS IN CAPI THEN GO TO Q3

(3) INCORRECT ADDRESS🡪 TERMINATE INTERVIEW

[IF Q2 IN (1, 2), GO TO Q3. IF Q2=3, TERMINATE INTERVIEW]

**Q3. I am going to ask some questions about the people who consider this address as their main home. This includes people who usually stay at this address but are temporarily away on business, on vacation, in the hospital, or in the military. Do not include people living away at school or incarcerated.**

**Including yourself, how many people live at this address and have no other place they usually live?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER **Variable name: HHSIZE**

(97) DON’T KNOW 🡪READ: This information is necessary to determine if you can participate in this important study. IF R STILL GIVES DON’T KNOW, TERMINATE. RECORD CASE STATUS AS SCREENER REFUSAL.

(98) REFUSED 🡪READ: This information is necessary to determine if you can participate in this important study. IF R STILL REFUSES, TERMINATE. RECORD CASE STATUS AS SCREENER REFUSAL.

[INTERVIEWER INSTRUCTIONS:

IF R INDICATES THAT THE ADDRESS IS *NOT* THE MAIN HOME FOR ALL PEOPLE, TERMINATE AND GO TO E1. RECORD CASE STATUS AS SCREENER COMPLETE INELIGIBLE FOR MAIN STUDY.

IF R INDICATES THAT THE ADDRESS IS NOT THE MAIN HOME FOR SOME, REPEAT THE QUESTION AND ASK THEM TO EXCLUDE THOSE PEOPLE FROM THEIR COUNT.]

**Q4. From now on when we refer to your household we mean the [FILL HHSIZE] people that live together at this address. Next are questions about your household’s income in the last 12 months, since [FILL IN MONTH] 1st of [FILL IN LAST YEAR]. 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. Please look at my computer screen [TURN COMPUTER SCREEN TOWARDS RESPONDENT] and tell me which types of income were received by people in your household in the last 12 months. SELECT ALL THAT APPLY.**

**IF NECESSARY: SNAP BENEFITS ARE NOT COUNTED AS INCOME.**

1. EARNINGS FROM WORK
2. UNEMPLOYMENT COMPENSATION
3. WORKERS COMPENSATION
4. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
5. GENERAL ASSISTANCE OTHER THAN TANF
6. CHILD SUPPORT
7. ALIMONY
8. DISABILITY INCOME OR Supplemental Security Income (ssi)
9. SOCIAL SECURITY
10. RETIREMENT AND PENSIONS
11. INVESTMENT INCOME
12. OTHER SOURCES (E.G., INCOME FROM ROOMERS OR BOARDERS IN YOUR HOUSE)
13. NONE OF THE ABOVE

(97) DON’T KNOW

(98) REFUSED

**Q5. Thinking about your household’s income from [IF Q4>=1 AND Q4<=12: LIST INCOME SOURCES SELECTED IN Q4; IFQ4 IN (97,98): all sources], which range corresponds to your household’s total income in the last 12 months, before taxes? [IF MORE THAN ONE PERSON IN HOUSEHOLD: Please include income from all people in your household.]**

[INTERVIEWERS: TURN YOUR COMPUTER SCREEN TOWARDS RESPONDENTS]

**[IF HHSIZE=1]**

(1) LESS THAN $17,000🡪CAPI RECODE INCOME CATEGORY AS ‘A’AND GO TO Q6

(2) $17,000 TO LESS THAN $24,000🡪 CAPI RECODE INCOME CATEGORY AS ‘B’ AND GO TO Q6

(3) $24,000 OR MORE🡪 CAPI RECODE INCOME CATEGORY AS ‘C’ AND GO TO Q6

(97) DON’T KNOW 🡪GO TO Q5a

(98) REFUSED 🡪GO TO Q5a

**[IF HHSIZE=2]**

(1) LESS THAN $23,000🡪CAPI RECODE INCOME CATEGORY AS ‘A’AND GO TO Q6

(2) $23,000 TO LESS THAN $32,000🡪 CAPI RECODE INCOME CATEGORY AS ‘B’ AND GO TO Q6

(3) $32,000 OR MORE🡪 CAPI RECODE INCOME CATEGORY AS ‘C’ AND GO TO Q6

(97) DON’T KNOW 🡪 GO TO Q5a

(98) REFUSED 🡪 GO TO Q5a

**[IF HHSIZE=3]**

(1) LESS THAN $29,000🡪CAPI RECODE INCOME CATEGORY AS ‘A’AND GO TO Q6

(2) $29,000 TO LESS THAN $41,000🡪 CAPI RECODE INCOME CATEGORY AS ‘B’ AND GO TO Q6

(3) $41,000 OR MORE🡪 CAPI RECODE INCOME CATEGORY AS ‘C’ AND GO TO Q6

(97) DON’T KNOW 🡪 GO TO Q5a

(98) REFUSED 🡪 GO TO Q5a

**[IF HHSIZE=4]**

(1) LESS THAN $34,000🡪CAPI RECODE INCOME CATEGORY AS ‘A’AND GO TO Q6

(2) $34,000 TO LESS THAN $49,000🡪 CAPI RECODE INCOME CATEGORY AS ‘B’ AND GO TO Q6

(3) $49,000 OR MORE🡪 CAPI RECODE INCOME CATEGORY AS ‘C’ AND GO TO Q6

(97) DON’T KNOW 🡪 GO TO Q5a

(98) REFUSED 🡪 GO TO Q5a

**[IF HHSIZE=5]**

(1) LESS THAN $40,000🡪CAPI RECODE INCOME CATEGORY AS ‘A’AND GO TO Q6

(2) $40,000 TO LESS THAN $57,000🡪 CAPI RECODE INCOME CATEGORY AS ‘B’ AND GO TO Q6

(3) $57,000 OR MORE🡪 CAPI RECODE INCOME CATEGORY AS ‘C’ AND GO TO Q6

(97) DON’T KNOW 🡪 GO TO Q5a

(98) REFUSED 🡪GO TO Q5a

**[IF HHSIZE=6]**

(1) LESS THAN $46,000🡪CAPI RECODE INCOME CATEGORY AS ‘A’AND GO TO Q6

(2) $46,000 TO LESS THAN $66,000🡪 CAPI RECODE INCOME CATEGORY AS ‘B’ AND GO TO Q6

(3) $66,000 OR MORE🡪 CAPI RECODE INCOME CATEGORY AS ‘C’ AND GO TO Q6

(97) DON’T KNOW 🡪 GO TO Q5a

(98) REFUSED 🡪 GO TO Q5a

**[IF HHSIZE=7]**

(1) LESS THAN $52,000🡪CAPI RECODE INCOME CATEGORY AS ‘A’AND GO TO Q6

(2) $52,000 TO LESS THAN $74,000🡪 CAPI RECODE INCOME CATEGORY AS ‘B’ AND GO TO Q6

(3) $74,000 OR MORE🡪 CAPI RECODE INCOME CATEGORY AS ‘C’ AND GO TO Q6

(97) DON’T KNOW 🡪 GO TO Q5a

(98) REFUSED 🡪 GO TO Q5a

**[IF HHSIZE>=8]**

(1) LESS THAN $58,000🡪CAPI RECODE INCOME CATEGORY AS ‘A’AND GO TO Q6

(2) $58,000 TO LESS THAN $83,000🡪 CAPI RECODE INCOME CATEGORY AS ‘B’ AND GO TO Q6

(3) $83,000 OR MORE🡪 CAPI RECODE INCOME CATEGORY AS ‘C’ AND GO TO Q6

(97) DON’T KNOW 🡪 GO TO Q5a

(98) REFUSED 🡪 GO TO Q5a

[IF Q5 IN (1, 2, 3), GO TO Q6. IF Q5 IN (97, 98), GO TO Q5a.]

**Q5a. Was it [IF HHSIZE=1, SHOW: $17,000; ELSE IF HHSIZE=2, SHOW: $23,000; ELSE IF HHSIZE=3, SHOW: $29,000; ELSE IF HHSIZE=4, SHOW: $34,000; ELSE IF HHSIZE=5, SHOW: $40,000; ELSE IF HHSIZE=6, SHOW $46,000; ELSE IF HHSIZE=7, SHOW $52,000; ELSE IF HHSIZE>=8, SHOW $58,000] or more last year?**

(1) YES🡪 GO TO Q5b

(0) NO 🡪 CAPI RECORD “A” AS INCOME CATEGORY AND GO TO Q6

(97) DON’T KNOW🡪 GO TO Q5b

(98) REFUSED🡪 GO TO Q5b

[IF Q5a IN (1, 97, 98), GO TO Q5b. IF Q5a=0, GO TO Q6.]

**Q5b. Was it [IF HHSIZE=1, SHOW: $24,000; ELSE IF HHSIZE=2, SHOW: $32,000; ELSE IF HHSIZE=3, SHOW: $41,000; ELSE IF HHSIZE=4, SHOW: $49,000; ELSE IF HHSIZE=5, SHOW: $57,000; ELSE IF HHSIZE=6, SHOW $66,000; ELSE IF HHSIZE=7, SHOW $74,000; ELSE IF HHSIZE>=8, SHOW $83,000] or more last year?**

(1) YES 🡪CAPI RECORD “C” AS INCOME CATEGORY

(0) NO 🡪CAPI RECORD “B” AS INCOME CATEGORY

(97) DON’T KNOW 🡪CAPI RECORD “DK” AS INCOME CATEGORY

(98) REFUSED 🡪CAPI RECORD “REF” AS INCOME CATEGORY

**Q6. [IF HHSIZE=1: Do you/IF HHSIZE>1: Do you or any member of your household] currently receive [FILL STATE SNAP NAME] benefits? This program puts money on an EBT card that you can use to buy food.**

(1) YES

(0)NO

(97) DON’T KNOW

(98) REFUSED

**Q7**. **(INTERVIEWER CHECK: ) RESPONDENT GENDER**

1. MALE
2. FEMALE
3. NOT SURE

[IF HHSIZE=1 AND Q7=1 (MALE), 3 (NOT SURE), SKIP TO Q9. ELSE ASK Q8.]

**Q8. The WIC program – the Women, Infants, and Children program – provides healthy foods and other services to low-income pregnant and breastfeeding women, infants, and children up to age 5. Is anyone in your household now receiving benefits from WIC?**

(1) YES

(0)NO

(97) DON’T KNOW

(98) REFUSED

**Q9. (INTERVIEWER CHECK: ) RESPONDENT RACE/ETHNICITY: CHECK ALL THAT APPLY**

(1) WHITE

(2) BLACK OR AFRICAN AMERICAN

(3) HISPANIC

(4) AMERICAN INDIAN

(5) ASIAN

(6) OTHER

(7) NOT SURE

[IF Q8=1 THEN GO TO INTERVIEWER CHECK 1; ELSE GO TO INSTRUCTION BEFORE INTERVIEWER CHECK 2]

INTERVIEWER CHECK 1 (OR CAPI CHECK): IS SAMPLING DOMAIN “WIC HOUSEHOLDS” OPEN?

**Variable name: CHECK1**

1. YES 🡪GO TO HU1

(0) NO 🡪GO TO INSTRUCTION BEFORE INTERVIEWER CHECK2

[IF CHECK1=1, GO TO END. IF CHECK1=0, GO TO INSTRUCTION BEFORE INTERVIEWER CHECK 2.]

[IF Q6=1 GO TO INTERVIEWER CHECK 2; ELSE GO TO INSTRUCTION BEFORE INTERVIEWER CHECK 3]

INTERVIEWER CHECK 2 (OR CAPI CHECK?): IS SAMPLING DOMAIN “SNAP HOUSEHOLDS” OPEN?

**Variable name: CHECK2**

1. YES 🡪GO TO HU1
2. NO 🡪GO TO HU1

[IF INCOME CATEGORY IS A, B, OR C, THEN GO TO INTERVIEWER CHECK 3; ELSE INTERVIEWER CHECK 4]

**Variable name: CHECK3**

INTERVIEWER CHECK 3: IS INCOME SAMPLING DOMAIN OPEN?

(1) YES 🡪 GO TO HU1

1. NO 🡪GO TO HU1

[IF INCOME CATEGORY IS DK OR REF, GO TO INTERVIEWER CHECK 4]

INTERVIEWER CHECK 4: IS SAMPLING DOMAIN “INCOME CATEGORY C” OPEN?

**Variable name: CHECK4**

1. YES 🡪 GO TO HU1
2. NO 🡪GO TO HU1

**HU1**. **We want to be sure that every household in this area has been given a chance to participate in this important study. You earlier said that your household has [HHSIZE] person/people. Is there any other person or group of people who lives and receives mail {here/at ADDRESS}?**

(IF NECESSARY: ) Also include people who live here and get mail only at a P.O. Box.

(1) YES

(0)NO

(97) DON’T KNOW

(98) REFUSED

[IF CHECK2=0 OR CHECK3=0 OR CHECK4=0 THEN GO TO IE1. ELSE IF CHECK1=1 OR CHECK2=1 OR CHECK3=1 OR CHECK4=1 GO TO E1.]

**IE1. Thank you for your time. Based on the information you’ve given us, I’m sorry your household is not eligible for the study.**

(IF R INDICATES AT Q3 THAT THE ADDRESS IS *NOT* THE MAIN HOME FOR ALL PEOPLE, READ IF NECESSARY:This study only includes people at their permanent residence. Based on your responses, you are not eligible for the study at this time)

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

**IE2. May I have your name and telephone number in case my supervisor wants to confirm that I spoke with you?**

FIRST NAME**: IE1FName**

LAST NAME: **IE1LName**

TELEPHONE: (\_\_\_\_\_\_) -\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

**IE1PHONE\_1 IE1PHONE\_2 IE1PHONE\_3**

(0) NO TELEPHONE

(97) DON’T KNOW

(98) REFUSED

**IE4. Thank you again.**

RETURN TO IMS AND RECORD CASE AS SCREENER COMPLETE AND INELIGIBLE FOR MAIN STUDY.

IF HU1=1, LAUNCH HIDDEN DU PROCEDURE FROM IMS.

IF CHECK1=1 OR CHECK2=1 OR CHECK3=1 OR CHECK4=1 GO TO E1.

**E1. Thank you.**

RETURN TO IMS AND RECORD CASE AS SCREENER COMPLETE AND ELIGIBLE FOR MAIN STUDY.

IF HU1=1, LAUNCH HIDDEN DU PROCEDURE FROM IMS.

[IF RESPONDENT REFUSED THE SCREENER: ]

**Can you help us by answering just 4 quick questions? We want to know if people who participate in our study are a good representation of all households in the United States.**

**R1**. **How many people are in your household?**

\_\_\_\_\_\_\_ NUMBER OF PEOPLE

(97) DON’T KNOW

(98) REFUSED

**R2. Is your total household income greater than < AMOUNT > a year?**

(1) YES

(0)NO

(97) DON’T KNOW

(98) REFUSED

**R3. Last week, about how much did your household spend on groceries?**

$ \_\_\_\_\_\_\_.\_\_

(97) DON’T KNOW

(98) REFUSED

**R4. Last week, about how much did your household spend while eating out?**

$ \_\_\_\_\_\_\_\_.\_\_

(97) DON’T KNOW

(98) REFUSED

**JA1. Lastly, there are many reasons why people couldn’t participate in this study. Can you tell me why you chose not to participate? CHECK ALL THAT APPLY.**

**[IF NECESSARY: Are there any other reasons?]**

1. NOT INTERESTED/DIDN’T THINK IT IS IMPORTANT STUDY
2. STUDY ASKED TOO MUCH INFORMATION FROM ME
3. TOO MUCH TIME REQUIRED FROM ME/TOO BUSY
4. WEARY OF GOVERNMENT SURVEYS/NOT TRUST IN GOVERNMENT
5. CONCERNED ABOUT PRIVACY/CONFIDENTIALITY
6. OTHER (SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Those are all the questions I have. Thank you for your time. [PROVIDE $5 INCENTIVE]**

**If you change your mind about taking part in the study, please call us at the toll-free number on the letter. Have a nice day!**