Attachment G. Initial Household Interview

ADMINISTERED IN CAPI FOR ENGLISH

I1. Thank you for completing the screener. Your household is eligible for the study, but I need to speak with the **person who does the most shopping for food in your household.**

Are you the person who does most of the <u>shopping for food </u>in your household?
IF RESPONDENT ANSWERS "50/50", "SOMETIMES", OR EQUIVALENT, ENTER YES.
      (1) YES
      (0) NO
      (97) DON'T KNOW
      (98) REFUSED

I2. Are you the person who does most of the meal planning or meal preparation in your household?
IF RESPONDENT ANSWERS "50/50" OR EQUIVALENT, ENTER YES.
      (1) YES
      (0) NO
      (97) DON'T KNOW
      (98) REFUSED

Variable name: CHECK5
INTERVIEWER CHECK #5: IS RESPONDENT THE FOOD SHOPPER (I1=YES) OR MEAL PLANNER (I2=YES)?
      (1) YES→ **GO TO I6**
      (0) NO→ **GO TO I3**

I3. Your household is eligible to take part in the study, but I need to speak with the person who does most of the food shopping or meal planning in your household. What is the name of the person who does <u>most</u> of the food shopping or meal planning?
FIRST NAME _____

I4. May I speak with [FILL I3 NAME]?
      (1) YES → GO TO I6_0
      (0) NO →GO TO I5
      (97) DON'T KNOW →GO TO I5
      (98) REFUSED→GO TO I5

[IF I4 =1, GO TOI6_0; ELSE IF I4 IN (0, 97,98), GO TO I5.]
I5. As I mentioned, your household is eligible for the study, but I need to speak with the Food Shopper or Meal Planner. I'd like to schedule a time to come back.
What is the best telephone number to reach [FILL Q.I3 NAME]?
      (_____) - _____ - _____
      Area Code
      I5_1   I5_2 I5_3
      (0) NO TELEPHONE
      (97) DON'T KNOW

(98) REFUSED

IF PHONE NUMBER PROVIDED: I will call [FILL Q.I3 NAME] at the phone number you provided to schedule a time to come back. When is a good time to call?
IF PHONE NUMBER NOT PROVIDED: When is a good time to come back and speak with [FILL Q.I3 NAME]?
WHEN YOU RETURN TO TALK TO THE NEW RESPONDENT START AT I6_0.

I6_0. [NEW RESPONDENT INFORMATION] 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 will help the USDA improve American households' access to healthy and affordable food by answering questions about where households get food and how much they pay for food. The addresses we visit are scientifically selected to represent all households in the country. Taking part is completely voluntary and any information that you provide will be kept completely confidential. We will use your information only for statistical purposes and your responses will not have any effect on any services you currently receive or may apply for in the future.
[GO TO I6]

I6. In this study, you will be asked to complete one 30-minute interview now or as soon as we can schedule the time, keep track of foods you get during the week, and complete a brief final 10-minute interview at the end. If you complete the entire study, your household will receive an incentive of $105 or more at the end of the week.

I'd like to get your contact information before we continue.
What is your name?
      I6FNAME FIRST NAME _____
      I6LNAME LAST NAME _____

I7. What is the best telephone number to reach you?
      (_____) - _____ - _____
      Area Code
      I7_1   I7_2   I7_3
      (0)   NO TELEPHONE →GO TO I10
      (97) DON'T KNOW →GO TO I10
      (98) REFUSED →GO TO I10

I7a. Is this your cell phone number?
      (1) YES
      (0) NO

I8. Is there another number where you can be reached?
      (_____) - _____ - _____
      Area Code
      I8_1   I8_2   I8_3
      (0)   NO TELEPHONE →GO TO I10
      (97) DON'T KNOW →GO TO I10
      (98) REFUSED →GO TO I10

I8a. Is this a cell phone number?

(1) YES
(0) NO

I10. Do you have time now to discuss the study and learn about what you'll be doing for the week? This will take about 30 minutes.
     (1) YES
     (2) NO, NO TIME NOW
     (3) NO, REFUSED TO PARTICIPATE

[IF I10=1, CONTINUE TO Q1A.]

[IF I10=2, SCHEDULE A TIME FOR THE INITIAL INTERVIEW AND TRAINING. RECORD CASE STATUS AS APPOINTMENT.]

[IF I10=3, ASK JA1.

JA1. 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) TOO MUCH WORK TO ENTER INFORMATION ABOUT FOOD/DRINKS
       OBTAINED

   (5) DO NOT HAVE INTERNET ACCESS/COMPUTER/SMARTPHONE

   (6) CONCERN ABOUT PRIVACY/CONFIDENTIALITY

   (7) CAN'T USE A SMARTPHONE/COMPUTER

   (8) OTHER (SPECIFY: _____)

THEN RECORD AS REFUSAL TO INITIAL INTERVIEW.]

Consent

Q1a. INTERVIEWER INSTRUCTION:
DO NOT READ THIS QUESTION TO RESPONDENT.

CHOOSE YES OR NO BASED ON WHETHER HOUSEHOLD CHECKED THE BOX
UNDER ITEM 10 ON THE CONSENT FORM.
DID THE HOUSEHOLD PROVIDE CONSENT FOR USE OF SNAP ADMINISTRATIVE
DATA BY INITIALING THE CONSENT FORM?
     (1) YES
     (0) NO

Q2. As I said earlier, taking part in this study is completely voluntary. 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 members of your household. You do not have to answer any questions that make you feel uncomfortable. There are no risks for participating, but if you have any questions you can always call the telephone number on the letter. Now I'd like to ask you about the people living in your household, where you usually shop for food, and food programs you may participate in. Some of these questions will help me determine how many of you will need to record food purchases and acquisitions for the study week, and some of the questions will be used by researchers to help them understand how households like yours acquire food. These questions will take about 30 minutes to answer, and you will receive $40 as an incentive at the end of the week for completing this interview and training on how to participate. May I begin?

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

[IF Q2=1, GO TO A1.]
[IF Q2=2, SCHEDULE AN APPOINTMENT AND EXIT THE INSTRUMENT.]
[IF Q2=3, ASK JA1B.

JA1B. 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) TOO MUCH WORK TO ENTER INFORMATION ABOUT FOOD/DRINKS OBTAINED

    (5) DO NOT HAVE INTERNET ACCESS/COMPUTER/SMARTPHONE

    (6) CONCERN ABOUT PRIVACY/CONFIDENTIALITY

    (7) CAN'T USE A SMARTPHONE/COMPUTER

    (8) OTHER (SPECIFY: _____)

THEN RECORD AS REFUSAL TO INITIAL INTERVIEW.]

SECTION A: HH enumeration

We will begin the interview with questions about who lives at your household. I need to make a list of all the people who live or stay at your address and have no other place they usually live, or those who will be living or staying here over the next week.

A1. Let's start with you.

IF I6FNAME IS BLANK: **What is your name or initials?**
IF I6FNAME IS NOT BLANK: **I have your name as [I6FNAME].**
INTERVIEWER: FILL HOUSEHOLD ROSTER

A1_CK. Does anyone else consider this address as their main home, live or stay here and have no other place where they usually live? Include any babies or small children.
        (1) YES – **(Please give me the names of everyone else who considers this address as their main home, lives or stays here and has no other place where they usually live.)**
        (0) NO →SKIP TO A1d
        (97) DON'T KNOW→SKIP TO A1d
        (98) REFUSED→SKIP TO A1d

A1d. **I have listed living here [READ NAMES FROM HOUSE ROSTER]. Have I missed anyone who USUALLY lives here, but is now away from home for reasons such as traveling for vacation or for work, in the military, or in the hospital?**
        (1) YES – (**Please give me the names of people who usually live here but are now away from home**.**)**
        (0) NO →SKIP TO A1e
        (97) DON'T KNOW→SKIP TO A1e
        (98) REFUSED→SKIP TO A1e

A1e. **Have I missed anyone who lives here and for whom food is provided such as lodgers, boarders or persons you employ?**

        (1) YES – **(Please give me the names of people who live here and for whom food is provided.)**
        (0) NO →SKIP TO A1f
        (97) DON'T KNOW→SKIP TO A1f
        (98) REFUSED→SKIP TO A1f

A1f. **Have I missed anyone who does not usually live here but will be living or staying here over the next week?**
        (1) YES – **(Please give me the names of people who do not usually live here but will be living or staying here over the next week.)**
        (0) NO
        (97) DON'T KNOW
        (98) REFUSED

[LOOP THROUGH NAMES PROVIDED IN A1F]
A2b. Is there another place where (NAME) lives and sleeps most of the time?
        (1) YES →ASK A2C
        (0) NO →GO TO NEXT PERSON
        (97) DON'T KNOW →GO TO NEXT PERSON
        (98) REFUSED →GO TO NEXT PERSON

A2c. I am going to read a list of reasons why people may have another place where they live or sleep most of the time. Please tell me which is the main reason for (NAME). SELECT ONE.

> (1) A college student who usually lives away at school
> (2) A boarding school student who usually lives away at school but is home for break or vacation
> (3) A boarding school student who usually lives away at school during the week but is here on weekends
> (4) In the Armed Forces, stationed locally
> (5) In the Armed Forces, stationed elsewhere
> (6) In an institution such as a home for the aged, mental hospital, or prison
> (7) Temporarily absent on vacation or in hospital
> (8) Temporarily on the road for a job or work
> (9) Absent in connection with a job – lives both here and elsewhere, but does not stay here often
> (10) Has another home and sleeps in other home more often
> (97) DON'T KNOW
> (98) REFUSED

[IF A2C IN (4,5) THEN ASK A2C2. ELSE GO TO NEXT PERSON OR A2D]
A2c2. Does (NAME) get mail here?
> (1) YES
> (0) NO

[LOOP THROUGH NAMES PROVIDED IN A1D AND A1E]
A2d. Will (NAME) be here for the next week?
> (1) PRESENT
> (0) NOT PRESENT
> (97) DON'T KNOW
> (98) REFUSED

[CAPI INSTRUCTIONS TO DETERMINE WHETHER A PERSON SHOULD BE COUNTED IN HOUSEHOLD SIZE, ELIGIBLE FOR FOOD LOG, AND ELIGIBLE FOR INCOME QUESTIONNAIRE
- CAPI system first consolidates names collected at A1-A1f.
  - For names collected at A1 and A1_CK, count in household size calculation, eligible for food log, and eligible for profile and income questionnaires
  - For names collected in A1d, count in household size calculations, eligible for profile and income questionnaires
    - If a2d=1 (present at day collection week), eligible for food log
    - If a2d=0, 97, 98, not eligible for food log
  - For names collected in A1e, do not count in household size calculations, not eligible for profile and income questionnaires
    - If a2d=1 (present at day collection week), eligible for food log
    - If a2d=0, 97, 98, not eligible for food log
  - For names collected in a1f,
    - Eligible for food log

- IF A2C=4 OR 5 (military)
  - If A2c2=1 (getting mail at sampled address), count in household size calculation and eligible for profile and Income questionnaires.
    - If A2c2=0 (does not get mail at sampled address), not counted in household size calculation, not eligible for Profile or Income Worksheet.
- IF A2C=3 (boarding students staying home on weekends), 7 (vacation or hospital), 8 (on road for job), OR 9 (temporarily away), count in household size calculation, eligible for Profile and Income questionnaires
- IF A2C=1 (college students), 2 (boarding students), 6 (institutionalized),10 (other home), 97 (don't know),98 (refused), do not count in household size calculation, not eligible for profile and Income questionnaires

	Counted in Household Size	Eligible for Food Log	Eligible for Profile and Income Questionnaires
Person who lives or stays at sampled address most of time (names collected in a1 and a1ck)	Yes	Yes	Yes
Person usually here but away (names collected in a1d)			
-present during data collection week	Yes	Yes	Yes
-not present during data collection week	Yes	No	Yes
Person staying at address and for whom food provided (names collected in a1e)			
-present during data collection week	No	Yes	No
-not present during data collection week	No	No	No
Person in military (name collected in a1e and A2c=4 or 5)			
-gets mail at sampled address	Yes	Yes	Yes
-does not get mail at sampled address	No	Yes	No
Boarding student staying home on weekends, person on vacation or in hospital, person on road for job, or person temporarily away (name provided in A1e and A2c =3,7,8,9)	Yes	Yes	Yes
Student usually living away at school, person in institution (e.g., nursing home, mental hospital, prison), or person who has another home and sleeps in another home more often (name provided in a1e and a2c =1,2,6,10, 97,98)	No	Yes	No

(IF HHIZE=1 (SINGLE-PERSON HH, THEN ASSIGN THAT PERSON TO 1 AND THEN GO TO A4)

A3D1. Next, I want to know whether or not people living at this address share food. For the purpose of this study, by "sharing food," we mean people who purchase and prepare meals together as a household. I've recorded [ALL NAMES FROM THE NEW HOUSEHOLD ROSTER] living or staying here at this address. Do they all share food together as a household?

[IF NEEDED:] IF PEOPLE SHARE FOOD FOR HALF OF THE TIME OR MORE, SELECT YES.

    (1) YES →CAPI ASSIGN FSG=1 TO EVERYONE IN THE ROSTER, THEN SKIP TO A4
    (2) NO→GO TO A3D2
    (97)   DON'T KNOW→ GO TO A3D2
    (98)   REFUSED→ GO TO A3D2

A3D2. Remember, by sharing food, we mean people who purchase and prepare meals together as a household. Can you tell me who lives and shares foods with you?
SHOW HOUSEHOLD ROSTER IN A GRID AS BELOW

[IF NEEDED:] Who shares foods with [SELECT THE NEXT HOUSEHOLD MEMBER FROM THE HOUSEHOLD ROSTER NOT ASSIGNED TO A FOOD SHARING GROUP]?

Household Member Name	Food Sharing Group
PR	1 (PRE-ASSIGNED)
HHM1	
HHM2	

CAPI PROGRAMMER INSTRUCTION:
    1. PRE-ASSIGN 1 TO PR
    2. IF A3D1=1, ASSIGN 1 TO EVERYONE ELSE.
    3. EVERYONE SELECTED TO SHARE FOODS WITH PR, ASSIGN 1 TO THEM. ASSIGN 2TO NEXT FOOD SHARING GROUP UNTIL EVERYONE ON THE ROSTER HAS A NON-MISSING FOOD SHARING GROUP NUMBER.

 [INTERVIEWER: GO TO A4.]

[Demographics of HH members]

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

[Loop through each person.]

A4. **(Are you / Is NAME) male or female?**
    (1) MALE
    (2) FEMALE
    (97) DON'T KNOW
    (98) REFUSED

A5. What is (NAME's) relationship to you?

       (0) Respondent
       (1) Spouse
       (2) Unmarried Partner
       (3) Child/Step-child/Adopted child
       (4) Grandchild
       (5) Parent
       (6) Brother/Sister
       (7) Other Relative (e.g. cousin, in-law)
       (8) Foster Child
       (9) Housemate/Roommate
       (10) Roomer/Boarder/Lodger/Employed Person
       (11) Other non-relative
       (97) DON'T KNOW
       (98) REFUSED

A6. How old (are you/is NAME)? ENTER AGE IN YEARS. ENTER 0 IF (NAME) IS LESS THAN 1 YEAR OLD.

       _____YEARS

       (97) DON'T KNOW
       (98) REFUSED

[IF A6 < =18, GO TO A6a.]

A6a What is (your/ NAME's) month and year of birth?

       MONTH: _____
       YEAR: _____
          (97) DON'T KNOW
          (98) REFUSED

[Loop ends]

[IF A6 IS DON'T KNOW OR REFUSED FOR ANYONE, ASK A6C UNTIL WE GET AN AGE CATEGORY FOR ALL WHO PROVIDED MISSING DATA TO A6.]

A6C. If the study does not have a person's exact age, can you tell us if [you are/NAME is] less than 11 years old, at least 11 but less than 16 years old, at least 16 but less than 18 years old, at least 18 but less than 65 years old, or 65 years or older?

       (1) LESS THAN 11 YEARS OLD
       (2) AT LEAST 11 BUT LESS THAN 16 YEARS OLD
       (3) AT LEAST 16 BUT LESS THAN 18 YEARS OLD
       (4) AT LEAST 18 BUT LESS THAN 65 YEARS OLD
       (5) 65 YEARS OR OLDER
       (97) DON'T KNOW
       (98) REFUSED

We'd like to know if you might need extra help with this survey because of physical, mental, or emotional conditions.
A9. Because of a physical, mental, or emotional condition, do you have difficulty using a computer?
> (1) YES
> (0) NO
> (97) DON'T KNOW
> (98) REFUSED

A9a. Because of a physical, mental, or emotional condition, do you have difficulty using a smartphone?
> (1) YES
> (0) NO
> (97) DON'T KNOW
> (98) REFUSED

[IF A9 = 1 or A9a =1, GO TO A9d. ELSE GO TO A11]
A9d. This survey requires you to track (your/your household's) food acquisitions by completing forms on smartphones or computers, and scanning barcodes on the food items you get. We will provide you with some training on how to do this, but it does assume some prior experience with smartphones and computers. Do you believe you will be able to do these things on your own or is there someone else who can help you complete the survey requirements? PROBE: This might be someone who lives with you, a friend, or someone like a social worker or caseworker.
> (1) YES – ON THEIR OWN
> (2) NO – SOMEONE CAN HELP
> (3) NO – NO ONE CAN HELP
> (98) REFUSED
> (97) DON'T KNOW

[IF A9d=1, GO TO A11. IF A9d=2, GO TO A9e1. IF A9d IN (3, 97, 98), FLAG FOR TELEPHONE MODE AND GO TO A11.]
A9e1. What is the name of the person who can help?
> FIRST NAME: _____
> LAST NAME: _____
> (97) DON'T KNOW
> (98) REFUSED

A9e1a ASK IF (IF A9E1 HAS A NAME, SHOW NAME; IF A9E1=97, 98, SHOW "THAT PERSON") IS AVAILABLE TO CONTINUE INTERVIEW NOW
> (1) YES → GO TO A11
> (0) NO → SCHEDULE A TIME TO RETURN FOR TRAINING.
> THEN CONTINUE INTERVIEW

INTERVIEWER: ASK QUESTION FOR EACH PERSON <u>AGE 16 AND OLDER</u>, THEN MOVE TO NEXT COLUMN.

[Loop through each person if A6 > =16 OR A6C =3, 4, 5]

A11. (Just to confirm,) (Are you/ Is NAME) currently married, widowed, divorced, separated or never married?

        (1) MARRIED
        (2) WIDOWED
        (3) DIVORCED
        (4) SEPARATED
        (5) NEVER MARRIED
        (6) OTHER (VOLUNTEERED)
        (97) DON'T KNOW
        (98) REFUSED

[IF A11=1, GO TO A11b.]
A11b. Is (NAME's) spouse a member of this household?
INTERVIEWER INSTRUCTION:
IF R HAS ALREADY MENTIONED SPOUSE NAME TO A5 (RELATIONSHIP QUESTION), CHECK SPOUSE NAME FROM THE NAME LIST BELOW AND VERIFY BY ASKING : **Just to confirm, is [SPOUSE NAME] your spouse?**
WHEN THIS QUESTION LOOPS TO SPOUSE, NO NEED TO ASK AGAIN, CHOOSE R NAME FROM THE NAME LIST.
        ENTER "NO" or SPOUSE'S PERSON #

        _____

Section B: [Participate in nutrition programs?]

B1. (Have you/Has anyone in your household) received benefits from [FILL IN STATE SNAP NAME] in the past 30 days? This program is also known as food stamps and it puts money on an EBT card that you can use to buy food.
        (1) YES
        (0) NO ->SKIP TO B3
        (97) DON'T KNOW-> SKIP TO B3
        (98) REFUSED ->SKIP TO B3

B1B. Who receives benefits from the [FILL STATE SNAP NAME] program?
SHOW HOUSEHOLD MEMBERS AS RESPONSE OPTIONS FOR INTERVIEWERS TO CHOOSE FROM

B1C. Are the people who receive benefits part of one single SNAP unit, or are there multiple SNAP units for the benefits received each month?
        (1) ONE SNAP UNIT ->CAPI INSTRUCTION: MARK HHM SELECTED IN B1B AS 1 THEN SKIP TO B1F
        (2) MULTIPLE SNAP UNITS
        (97) DON'T KNOW->SKIP TO B1F
        (98) REFUSED->SKIP TO B1F

[IF B1C=2 THEN ASK B1D. ELSE GO TO B1E.]
B1D. How many SNAP units are there in your household?

_____NUMBER OF SNAP CASE NUMBERS

B1E. Who receive benefits under the (first/next) SNAP unit?
[INTERVIEWER READ WHEN THERE ARE KIDS IN HOUSEHOLD:] Please include children who are also covered under this account.
SHOW HOUSEHOLD MEMBERS IN A GRID FOR INTERVIEWERS TO CHOOSE FROM

INTERVIEWER INSTRUCTION: MARK EVERYONE COVERED UNDER THE FIRST CASE NUMBER AS 1 AND EVERYONE COVERED UNDER SECOND CASE NUMBER AS 2 AND SO ON…

[ASK B1F TO B2B ONLY FOR THE SNAP ACCOUNT THAT PR IS PART OF]
B1F. On what date did [FILL IN NAMES FROM B1E] <u>last</u> receive [FILL IN STATE SNAP NAME] benefits?
        MONTH: _____
        DAY: _____
        YEAR: _____
        (97) DON'T KNOW
        (98) REFUSED

[INTERVIEWERS CHECK TO MAKE SURE DATE IS WITHIN THE LAST 30-31 DAYS. IF BEYOND 31 DAYS, RECONCILE AS TO WHETHER HH IS CURRENTLY ACTIVE.]
B2. How many dollars were put on your EBT card the last time you received [FILL IN STATE SNAP NAME] benefits?
        $: _____
        (97) DON'T KNOW
        (98) REFUSED

B2B. Is that the amount usually added each month, more than the usual amount, or less than the usual amount?
        (1) THE USUAL AMOUNT
        (2) MORE THAN THE USUAL AMOUNT
        (3) LESS THAN THE USUAL AMOUNT
        (97) DON'T KNOW
        (98) REFUSED
[END LOOP]

[GO TO B5.]

B3. Have (you/anyone in your household) <u>ever</u> received benefits from [FILL IN STATE SNAP NAME]?
        (1) YES
        (0) NO
        (97) DON'T KNOW
        (98) REFUSED

[IF B3=1, GO TO B3a. IF B3 IN (0, 97, 98), GO TO B4.]

B3a. Did (you/anyone in your household) receive benefits FROM [FILL IN STATE SNAP NAME] in the last 12 months?

      (1) YES
      (0) NO
      (97) DON'T KNOW
      (98) REFUSED

B3b. Who received benefits from [FILL IN STATE SNAP NAME] during the last 12 months?
SHOW HOUSEHOLD MEMBERS AS RESPONSE OPTIONS FOR INTERVIEWERS TO CHOOSE FROM

INTERVIEWER INSTRUCTION: MARK EVERYONE COVERED UNDER THE FIRST CASE NUMBER AS 1 AND EVERYONE COVERED UNDER SECOND CASE NUMBER AS 2 AND SO ON…

B3F. On what date did you or your household last receive benefits from [FILL IN STATE SNAP NAME]?

      MONTH: _____
      DAY: _____
      YEAR: _____
      (97) DON'T KNOW
      (98) REFUSED

B3G. How many dollars were put on the EBT card at that time?

      $: _____
      (97) DON'T KNOW
      (98) REFUSED

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

[Loop through each person if AGE 4-19 ((A6 <=19 and A6>=4) OR A6D IN (1,2,3).]
B5. (Are you/Is NAME) currently attending kindergarten, grade school, middle school, junior or high school? Include both virtual learning and in-person learning.

      (0) NO
      (1) KINDERGARTEN
      (2) ELEMENTARY/GRADE SCHOOL
      (4) MIDDLE SCHOOL
      (5) JUNIOR HIGH SCHOOL
      (6) HIGH SCHOOL
      (7) OTHER SCHOOL (COLLEGE, TECHNICAL SCHOOL, ETC.)
      (97) DON'T KNOW
      (98) REFUSED

B5a. What is the reason (you/NAME) is not currently attending school?
      (1) Summer Vacation/Summer Break
      (2) Other school Break
      (3) Home Schooled
      (5) Disabled
      (6) Not Old Enough
      (7) OTHER
      (97) DON'T KNOW
      (98) REFUSED

[IF B5A =1 OR 2, GO TO B5A2]

B5A2. What is the level of school that (you/NAME) attended before (summer break/school break): kindergarten, grade school, middle school, junior or high school?
      (0) DID NOT ATTEND SCHOOL
      (1) KINDERGARTEN
      (2) ELEMENTARY/GRADE SCHOOL
      (4) MIDDLE SCHOOL
      (5) JUNIOR HIGH SCHOOL
      (6) HIGH SCHOOL
      (7) OTHER SCHOOL (COLLEGE, TECHNICAL SCHOOL, ETC.)
      (97) DON'T KNOW
      (98) REFUSED

[IF B5 IN (1, 2, 4, 5, 6) or B5a2 in (1,2,4,5,6), GO TO B5b. ELSE GO TO NEXT PERSON]

B5b. Is that school a public school, private school, or charter school?
(1) PUBLIC SCHOOL
(2) PRIVATE SCHOOL
(3) CHARTER SCHOOL
(4) OTHER SCHOOL TYPE
(97) DON'T KNOW
(98) REFUSED

[IF B5b IN (1,2, 3, 4), GO TO B5c. ELSE GO TO B6]

B5c. What is the name of that school? [IF NEEDED: } The study will be gathering cafeteria menus from all identified schools.

_____

[IF B5 IN (1, 2, 4, 5, 6, 7) or (B5=0 and B5a IN (1, 2)), GO TO B6.]
B6. Is (NAME)'s school in session now through the next 10 days, or is it on break or vacation?
      (1) IN SESSION
      (2) SUMMER BREAK
      (3) OTHER BREAK
      (97) DON'T KNOW
      (98) REFUSED

[IF B6 IN (2, 3), GO TO B6a.]
B6a What are the first and last days of the school break or vacation?

FIRST DAY (MM/DD):_____
LAST DAY (MM/DD):_____
DON'T KNOW
REFUSED

B6a1. **During the school year, does NAME's school serve school lunches? These are complete lunches that are free or cost the same every day.**
      (1) YES
      (0) NO →SKIP TO B6D
      (97) DON'T KNOW→SKIP TO B6D
      (98) REFUSED→SKIP TO B6D

B6b. During the school year, about how many days a week does (NAME) usually get a complete school lunch? SELECT THAT ONE ONLY.

    (0) NONE

    (1) ONE

    (2) TWO

    (3) THREE

    (4) FOUR

    (5) FIVE

    (97) DON'T KNOW
    (98) REFUSED

[IF B6B IN (1,2,3,4,5) ASK B6C. ELSE GO TO B6D]
B6C. Does (NAME) get these lunches free, at a reduced price, or does he/she pay full price?
      (1) FREE
      (2) REDUCED-PRICE
      (3) FULL PRICE
      (4) INCLUDED IN TUITION
      (97) DON'T KNOW
      (98) REFUSED

B6D. During the school year, does NAME's school serve school breakfasts? These are complete breakfasts that are free or cost the same every day.
      (1) YES
      (0) NO →SKIP TO B9
      (97) DON'T KNOW→SKIP TO B9
      (98) REFUSED→SKIP TO B9

B6E. During the school year, about how many days a week does (NAME) usually get a complete school breakfast? SELECT THAT ONE ONLY.

    (0) NONE

    (1) ONE

    (2) TWO

(3) THREE

        (4) FOUR

        (5) FIVE

        (97) DON'T KNOW
        (98) REFUSED

[IF B6E IN (1,2,3,4,5), ASK B6F. ELSE GO TO B9.]
B6F. Does (NAME) get these breakfasts free, at a reduced price, or does he/she pay full price?
        (1) FREE
        (2) REDUCED-PRICE
        (3) FULL PRICE
        (4) INCLUDED IN TUITION
         (97) DON'T KNOW
        (98) REFUSED
[Loop ends.]

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

COMPLETE FOR CHILDREN WHO ARE IN SCHOOL (K-12) (b5=1,2,4,5,6 OR ON SCHOOL BREAK (B5a2=1,2,4,5,6)

[Loop through each person]
IF B9 IN (3, 4, 5, 6) ASK B9a IMMEDIATELY AFTER, THEN GO TO NEXT NAME
B9. During the school year, where does (NAME) usually go right after school is over?
        (1) YOUR HOME OR ANOTHER HOME WITH AN ADULT THERE

        (2) YOUR HOME OR ANOTHER HOME, WITHOUT AN ADULT THERE

        (3) A PARK OR RECREATION PROGRAM

        (4) A COMMUNITY OR CHURCH GROUP

        (5) STAYS AT SCHOOL FOR AN AFTER-SCHOOL PROGRAM

        (6) STAYS AT SCHOOL FOR TUTORING OR A SPECIAL CLASS

        (7) SOME OTHER PLACE
        (97) DON'T KNOW
        (98) REFUSED

        [IF B9 IN (3, 4, 5, 6), GO TO B9a.]
        B9a. Does (NAME) receive a snack from this program?
                (1) YES
                (0) NO
                (97) DON'T KNOW
                (98) REFUSED

[IF B5a=1 (SUMMER BREAK) THEN GO TO B10.]
B10. Does (NAME) get a free meal or snack at any summer program or summer camp (he/she) attends?
        (1) YES, GETS FREE MEALS, DRINKS OR SNACKS

(2) NO, GETS FOOD OR DRINK BUT IT IS NOT FREE
(3) NO, DOES NOT GET FOOD OR DRINK
(4) DOES NOT ATTEND A SUMMER PROGRAM
(97) DON'T KNOW
(98) REFUSED

[IF B10=1, THEN ASK B10A.]
B10A. Are the free meals provided to [NAME] at no cost or are they covered by the tuition paid for the summer program or summer camp?
(1) PROVIDED AT NO COST
(2) COVERED BY TUITION
(97) DON'T KNOW
(98) REFUSED

[IF B5A=2 (OTHER SCHOOL BREAK, ASK B10B. ELSE MOVE TO NEXT PERSON OR GO TO INSTRUCTION BEFORE B11.]
B10B. **Does (NAME) get free meals or snacks provided by the school system during school breaks?**
(1) YES
(2) NO
(97) DON'T KNOW
(98) REFUSED

[Loop ends]

[Loop through each person if AGE (A6) ≤ 5 FOR B11 TO B11B.]

INTERVIEWER: IF B11=1, 2, 3, 4 ASK B11a & B11b IMMEDIATELY AFTER, THEN GO TO NEXT NAME.

B11. Does (NAME) attend a child care center, in home day care, Head Start, or Early Head Start?
 (1) CHILD CARE CENTER
(2) IN HOME DAY CARE
(3) HEAD START
(4) EARLY HEAD START
(0) NO
(97) DON'T KNOW
(98) REFUSED

[IF B11=1,2,3,4 ASK B11a & B11b IMMEDIATELY, BEFORE GOING TO NEXT NAME]

[IF B11 IN (1, 2, 3, 4), GO TO B11a.]
B11a. How many meals does (NAME) usually receive from (his/her) child care provider per week? ENTER #
_____

B11b. How many snacks per week does (NAME) usually receive from (his/her) child care provider? ENTER #
_____

[Loop ends.]

SKIP QUESTIONS B12 – B14C IF HOUSEHOLD HAS NO FEMALES BETWEEN 12 AND 50 AND NO CHILDREN < AGE 6.

IN OTHER WORDS: SHOW THE NEXT STATEMENT IF HOUSEHOLD HAS FEMALES BETWEEN 12 AND 50 OR CHILDREN < AGE 6.

READ: **Next are a few questions about the WIC program - the Women, Infants, and Children program. WIC provides healthy foods and other services to low-income pregnant, breastfeeding or postpartum (non-breast feeding) women, and infants, and children up to age 5.**
(IF NEEDED: WIC regulations define a postpartum woman as a non-breast feeding new mother. A postpartum mother is eligible to participate in WIC for up to 6 months after the end of her pregnancy.)

[IF ANY FEMALES BETWEEN 12 AND 50 ((A4=2 and 12=<A6<=50) or (A4=2 and A6c=2,3,4)), ASK B12, ELSE GO TO B13.]

B12. Before I ask these questions, could you tell me: Is anyone in your household currently pregnant?
        (1) YES
        (0) NO
        (97) DON'T KNOW
        (98) REFUSED

[Look through each person]

        [IF B12 =1 GO TO B12a. IF B12 IN (0, 97, 98), GO TO B13]
        B12a. Who is that? Anyone else?
        SHOW FEMALE HOUSEHOLD MEMBERS BETWEEN 12 AND 50 AS RESPONSE OPTIONS FOR INTERVIEWERS TO CHOOSE FROM

[IF AGE (A6) ≤ 2:]

B13. Is (NAME) currently breastfeeding?
        (1) Yes
        (0) No
        (97) DON'T KNOW
        (98) REFUSED

[Loop ends.]

SHOW B14 IF HOUSEHOLD HAS FEMALES BETWEEN 12 AND 50 OR CHILDREN < AGE 6. OTHERWISE GO TO C1.

B14. Is anyone in your household now receiving benefits from WIC?
        (1) YES

(0) NO
(97) DON'T KNOW
(98) REFUSED

[IF B14=1, GO TO B14a. IF B14 IN (0, 97, 98), GO TO B15.]

B14a. Who is that? Anyone else?
SHOW FEMALE HOUSEHOLD MEMBERS BETWEEN 12 AND 50 AND CHILDREN <AGE 6 AS RESPONSE OPTIONS FOR INTERVIEWERS TO CHOOSE FROM

[IF HOUSEHOLD HAS CHILDREN < AGE 6 AND NO CHILDREN IS CHECKED AT B14A. LOOK THROUGH B14B AND B14B1 FOR EACH PERSON CHECKED IN B14A. THEN GO TO NEXT PERSON]

B14b. Is (NAME) receiving WIC for herself, for a child, or for both herself and a child?
  (1) HERSELF→SKIP TO B14C
  (2) A CHILD→GO TO SKIP INSTRUCTION BEFORE B14B1
  (3) BOTH→GO TO SKIP INSTRUCTION BEFORE B14B1
  (97) DON'T KNOW →SKIP TO B14C
  (98) REFUSED →SKIP TO B14C

[IF HH HAS MORE THAN ONE CHILD LESS THAN 5, ASK B14B1. IF HH HAS ONLY ONE CHILD LESS THAN 5, CAPI AUTOMATICALLY RECORDS CHILD'S NAME TO B14B1 AND GOES TO B14C]

B14B1. For which child or which children?
SHOW HOUSEHOLD MEMBERS <=6 AS RESPONSE OPTIONS FOR INTERVIEWERS TO CHOOSE FROM

B14c. For how many months has (NAMES FROM B14a, B14b1) received benefits from the WIC program? ENTER NUMBER OF MONTHS OR YEARS
_____MONTHS
 OR
_____YEARS

[Loop ends.]

Section C: [Where do you get food?]

The next questions are about where you get food.

C1. Where (do you/does your household) do most of your food shopping?

_____
[STORE NAME, ADDRESS IS SAVED IN C1.]

C1b. What are your main reasons for shopping at this store?
CHECK ALL THAT APPLY.

(1) LOW PRICES
(2) CLOSE TO HOME
(3) CLOSE TO WORK
(4) VARIETY OF GOODS (GENERAL)
(5) GOOD QUALITY FOOD
(6) PRODUCE SELECTION
(7) MEAT DEPARTMENT
(8) VARIETY OF SPECIAL FOODS (SUCH AS GLUTEN FREE, ORGANIC)
(9) LOYALTY/FREQUENT SHOPPING PROGRAM
(10) ONLINE/CONVENIENCE
(11) I WORK/FAMILY MEMBER WORKS THERE
(12) OTHER
(97) DON'T KNOW
(98) REFUSED

C1b1. **How often do you shop at that store in a typical month? Would you say….**
(1) Daily
(2) Multiple times per week, but not daily
(3) Weekly
(4) Every other week
(5) About once a month, or
(6) Less often than once a month?
(97) DON'T KNOW
(98) REFUSED

[IF B14^=1 THEN GO TO C4.]
C3C. Where (do you/does your household) go to shop for most of your WIC items?
PROGRAMMER: SHOW A LIST OF LOCAL WIC-AUTHORIZED STORES AS A DROP-DOWN MENU.
STORE NAME: _____
STORE ADDRESS: _____

C3. Besides {store named in C1 and C3C if WIC household},
where else {do you/does your household} **do most of your food shopping**?"

_____
STORE NAME AND ADDRESS SAVED IN C3.

C3b. What's the main reason you shop at this store or place? CHECK ALL THAT APPLY.
(1) LOW PRICES
(2) CLOSE TO HOME
(3) CLOSE TO WORK
(4) VARIETY OF GOODS (GENERAL)
(5) GOOD QUALITY FOOD
(6) PRODUCE SELECTION

(7) MEAT DEPARTMENT
(8) VARIETY OF SPECIAL FOODS (SUCH AS GLUTEN FREE, ORGANIC)
(9) LOYALTY/FREQUENT SHOPPING PROGRAM
(10) ONLINE/CONVENIENCE
(11) I WORK/FAMILY MEMBER WORKS THERE
(13) OTHER
(97) DON'T KNOW
(98) REFUSED

C4. (Do you/does anyone in your household) ever shop anywhere else even for just a few items?
(1) YES
(0) NO
(97) DON'T KNOW
(98) REFUSED

[IF C4 =1, GO TO C4a. IF C4 IN (0, 97, 98), GO TO C5.]
C4a. In a typical month, how many different places (do you/does your household) shop for food or groceries?
NUMBER: _____ (Range 1-25)
(97) DON'T KNOW
(98) REFUSED

C5. During the past 30 days, (did you/did anyone in your household) spend money on food at stores other than supermarkets or grocery stores? ?
INTERVIEWERS: TURN COMPUTER AROUND TO SHOW RESPONDENTS THE LIST AND SELECT ALL THAT APPLY.
(1) DISCOUNT OR BIG BOX STORE LIKE TARGET OR WALMART
(2) WHOLESALE CLUB LIKE B.J.'S, COSTCO, OR SAM'S CLUB
(3) CONVENIENCE STORE
(4) DOLLAR STORE
(5) SPECIALTY STORES SUCH AS MEAT OR FISH MARKETS, BAKERIES
(6) ONLINE RETAILER OR STORE
(7) OTHER: _____
(8) NO, NO STORES OTHER THAN SUPERMARKETS OR GROCERY STORES
(97) DON'T KNOW
(98) REFUSED

C6. Sometimes people need help getting food for their household. There are many programs in the community that can help.

During the past 30 days, have you or anyone in your household gotten *free groceries* from a food pantry, food bank, church, or other place that helps with free food?

(1) YES
(0) NO
(97) DON'T KNOW
(98) REFUSED

[FEEDING AMERICA]

C6a. During the past 30 days, have you or anyone in your household received a *free meal* from a church, shelter, home-delivered meal service like Meals on Wheels, or other place that helps with free meals?
       (1) YES
       (0) NO
       (97) DON'T KNOW
       (98) REFUSED

C7a. When in season, (do you/does your household) have a fruit or vegetable garden?
       (1) YES
       (0) NO
       (97) DON'T KNOW
       (98) REFUSED

C7b. Do you receive fruits or vegetables from anyone else's garden or orchard (or trees)?
       (1) YES
       (0) NO
       (97) DON'T KNOW
       (98) REFUSED

C7d. (Do you/does anyone in your household) get food by hunting or fishing?
       (1) YES
       (0) NO
       (97) DON'T KNOW
       (98) REFUSED

C7c. When in season, do you ever get food from a Farmer's Market or farm stand or community supported agriculture?
        (1) YES
        (0) NO
        (97) DON'T KNOW
        (98) REFUSED

C9d. Thinking about all the places your household gets groceries, in a typical week, about how much does your household spend on groceries? Your best guess is fine.
        $_____._____ WEEKLY
             (97) DON'T KNOW
             (98) REFUSED

C9e. How often do you shop with a grocery list?
        (1) Never
        (2) Seldom
        (3) Sometimes
        (4) Most of the time
        (5) Almost always
        (97) DON'T KNOW
        (98) REFUSED

[Transportation to store]

C10. Now I have questions about [FILL IN PRIMARY STORE NAME FROM C1], the store where you buy most of your food. How do you usually get to [FILL IN PRIMARY STORE NAME FROM C1]?
        (1) DRIVE OWN CAR
        (2) USE SOMEONE ELSE'S CAR
        (3) SOMEONE ELSE DRIVES ME
        (4) WALK
        (5) BUS, SUBWAY, OR PUBLIC TRANSPORTATION
        (6) TAXI OR RIDESHARE, LIKE UBER OR LYFT(7) RIDE BICYCLE
        (8) STORE DELIVERS GROCERIES TO MY HOME
        (9) OTHER, SPECIFY: _____
        (97) DON'T KNOW
        (98) REFUSED

        [IF C10 IN (1, 2, 3), GO TO C11. IF C10 IN (5, 6), GO TO C10a. IF C10 IN (4,7, 8, 97, 98), GO TO C10b.]

        C10a. How much do you usually pay out of pocket for a single one-way trip to this store?
             $____.__
             (97) DON'T KNOW
             (98) REFUSED
             GO TO C11

C10b. Do you or someone in your household have access to a car when you need one?
> (1) YES
> (0) NO
> (97) DON'T KNOW
> (98) REFUSED

[IF C10=8, GO TO C10c. ELSE GO TO C11.]

C10c. On average, for one order, how much do you pay for the delivery?
> $_____.__
> (97) DON'T KNOW
> (98) REFUSED

GO TO D1

C11. How long does it take to go one way from home to this store??
> MINUTES: _____
> (97) DON'T KNOW
> (98) REFUSED

SECTION D

D1. **Those are all the questions I have for this interview. Thank you. Now I'll tell you about the information we want you to collect during the week and explain the incentive you will receive for keeping track of the food you get and completing our interviews. To be able to stay in touch with ~~your~~ household members as they record food acquisitions throughout the data collection week, I will need the cell phone numbers and email addresses from all adults in the household, if they have one.**

[LIST ADULT HOUSEHOLD MEMBERS (a6>=18 or a6c=4, 5) HERE]

D2. Who has a cell phone and what is the number? May we send (you/them) text messages about the study?

[IF NEEDED:] We may want to send {you/you and other adult household members} short text messages about the study. These messages will not contain confidential information, but will contain reminders about your participation and the amount of incentives your household has accumulated. There may be fees to get a text message, depending on your plan.

D3. What is (your/[PERSON'S] email address that we can use to contact you/[PERSON]?

ADULT HOUSEHOLD MEMBER	D2. CELL PHONE	D2. May we send you text messages about the study?	D3. What is your email address?
ADULT1	ENTER CELL PHONE NUMBER HERE OR CHECK 'NO CELL PHONE', 'REFUSED'	YES NO DON'T KNOW REFUSED	ENTER EMAIL OR CHECK 'NO EMAIL ADDRESS,'

		NO CELL PHONE	'REFUSED'
ADULT2			
ADULT3			

D4. What is the best phone number to reach you at in case we need to contact you?

_____

CLOSE
Thank you very much.

Now let me show you how to record food and drinks using the app or the web site.