

Profile and Income Questionnaire

(To be completed by all household members other than the PR. PR proxy reports for age <14.)

P0. Intro screen:

You will earn a \$5 gift card for completing the following questions on meals, health, work, and income.

Food related questions

P16. How many times do you get *breakfast* away from home during an average week? This includes restaurants, school and workplace cafeterias, fast-food, take-out, and delivery. Please provide your best estimate.

_____ times

P17. How many times do you get *lunch* away from home during an average week? This includes restaurants, school and workplace cafeterias, fast-food, take-out, and delivery. Please provide your best estimate.

_____ times

P18. How many times do you get dinner away from home during an average week? This includes restaurants, school and workplace cafeterias, fast-food, take-out, and delivery. Please provide your best estimate.

_____ times

Health questions

P7a. In general, would you say your health is ...

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

P7b. Do you smoke cigarettes, cigars, E-cigarettes, pipes, or chew tobacco?

1. Yes
2. No

P7c. [IF P1=1 female or blank, SHOW:] Other than during pregnancy, have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?

[OTHERWISE, SHOW:] Have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?

1. Yes
2. No
3. Don't know

P7d. Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

1. Yes
2. No
3. Don't know

P7e. Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?

1. Yes
2. No
3. Don't know

P6_UNITS: The next questions are about your height and weight.

In what units will you report your height?

1. Feet and Inches →[GO TO P6](#)
2. Meters and Centimeters →[GO TO P6](#)

P6. How tall are you? Please provide your best estimate.

___Feet ___inches

___Meters ___centimeters

Don't know my height →[GO TO P7_UNITS](#)

P7_UNITS: In what units will you report your weight?

1. Pounds (LBS) →[GO TO P7](#)
2. Kilograms (KG) →[GO TO P7](#)

P7. How much do you weigh? Please provide your best estimate.

___pounds

___kilograms

Don't know my weight →[GO TO P7_CAT1](#)

[IF P6_UNITS=3 (DON'T KNOW) AND P7_UNITS=1 OR 2, THEN CALCULATE BMI AS P7 DIVIDED BY SQUARE OF P6 IF REPORTED IN STANDARD METRICS OR P7 DIVIDED BY SQUARE OF P6 AND TIMES 703 IF REPORTED IN POUNDS AND INCHES.

IF AGE>17 AND (BMI<18 OR BMI>54),

SHOW soft edit:

Verifyhw. "Please verify your height and weight."

[allow respondent to modify height and weight but they can ignore message and move forward without correcting]

[IF AGE>18 AND P7_UNITS=3 (DON'T KNOW) AND P6_UNITS=1 OR 2, ASK P7_CAT1 AND P7_CAT2. ELSE GO TO P19.]

[PROGRAMMER NOTE: FILL IN XX BASED ON HEIGHT REPORTED IN P6. XX IS THE BMI CUTOFF BETWEEN OVERWEIGHT AND OBESITY (according to .3 33%)]

P7_CAT1. Do you weigh more or less than [XX]?

1. More →SKIP TO P19
2. Less →GO TO P7_CAT2
3. Same →SKIP TO P19
4. Don't know →GO TO P7_CAT2

[PROGRAMMER NOTE: FILL IN YY BASED ON HEIGHT REPORTED IN P6. YY IS THE BMI CUTOFF BETWEEN NORMAL WEIGHT AND OVERWEIGHT (According to .25 25%).]

P7_CAT2. Do you weigh more or less than [YY]?

1. More
2. Less
3. Same
4. Don't know

[IF AGE>=17 THEN ASK P8. ELSE GO TO G1]

P8. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

1. Yes
2. No

[P8a. If yes to P8]

P8a. Were you on active duty ONLY FOR TRAINING in the Reserves or National Guard?

1. Yes
2. No

[If no/missing to P8a]

P8b. Are you currently on active duty?

1. Yes
2. No

Note: P9C must be asked of EVERYONE over age 14. Not the age range of 5-22 as the other education questions are. This is because P9C is actually part of profile questionnaire.

P9C. Last week, were you enrolled in school as a full-time or part-time student, or were you not enrolled in school?

1. Full-time student
2. Part-time student
3. Not enrolled in school

Work related questions

The following questions ask about work-related activities last week. By last week, we mean the week beginning on Sunday, [FILL IN: DATE], and ending on Saturday, [FILL IN: DATE].

P9D. Last week, did you do any work for either pay or profit?

1. Yes
2. No

[if P9D=2 and age is >40]

P9a. Did you retire before last week?

1. Yes →GO TO P9A1
2. No →GO TO P9B

P9A1. Did you retire early because of a disability?

1. Yes
2. No
3. Rather not answer

P9D=yes or P9a=no

P9B. Do you own a business or a farm?

1. Yes
2. No

[IF P9D=1 (YES), GO TO P9E.

ELSE IF P9D =2 (NO), AND P9A=1 (yes), GO TO P9E.

ELSE ASK P9D1]

P9D1. What is the main reason you did not work last week?

1. Taking care of house/family
2. Disabled
3. On layoff (temporary or indefinitely)
4. Slack work/business conditions

5. Waiting for new job to begin
6. Vacation/personal days
7. Own illness/injury/medical problems
8. Child care problems
9. Maternity/paternity leave
10. Other family/personal obligation
11. Labor dispute
12. Weather affected job
13. School/training
14. Civic/military duty
15. Retired
16. Other, please specify: _____

P9E. Are you currently looking for a job, either full or part time?

1. Yes
2. No

[IF P9A = 1 (YES) AND P9D = 2 (NO) GO TO I1. ELSE ASK P10]

P10. Did you work for pay or profit for more than one employer last week?

1. Yes, more than one employer → [GO TO P11](#)
2. No, only one employer → [GO TO P11](#)

P11. How many hours do you normally work for pay, including paid sick time and paid leave time?

_____ Hours per week

[IF P11 = 0, GO TO I1.]

P12.

[IF P10=2 (NO),] **What shift or shifts do you work? Select all that apply.**

[IF P10=1 (YES), SHOW:] **What shift or shifts do you work across all jobs? Select all that apply.**

1. Day shift (for example morning to early evening)
2. Swing shift (for example early evening to midnight)
3. Night shift (for example midnight to morning)
4. Varying schedule (not a fixed schedule)

If P9D1 does not = 15 (Retired); does not =1 (Taking care of house/family; does not =2(Disabled); does not = 3 (On layoff (temporary or indefinitely)

P14a. [IF P10=1 YES ask 'across all jobs,' otherwise if P10 = 2, no one job, leave that phrase off): **Across all jobs, do you commute to work at least once a week?**

1. Yes, commute to work at least once a week →GO TO P14
2. No, work from home or telework every day→GO TO I1

If P9D1 does not = 15 (Retired); does not =1 (Taking care of house/family; does not =2(Disabled); does not = 3 (On layoff (temporary or indefinitely)

P14.

[IF P10=2 (NO)]

How long does it usually take you to get from home to work?

[IF P10=1 (YES), SHOW:]

For your primary job, how long does it usually take you to get from home to work?

_____ Hours
_____ Minutes

P9D – yes or P9a – no OR P9D1 does not = 15 (Retired); does not =1 (Taking care of house/family; does not =2(Disabled); does not = 3 (On layoff (temporary or indefinitely)

P15. When at work, where do you usually get food (for example, for lunch or dinner)?

1. Workplace, for purchase
2. Workplace, for free
3. Purchase from store/restaurant/food truck
4. Bring food from home
5. Do not eat food at work

Income related questions; ask income questions of those age >14; we are skipping retirement for those <40

The next set of questions asks about income that you received last month to help USDA understand how much money people have available to spend on food.

I1. Did you receive any wages, salary, commissions, bonuses, or tips last month?

1. Yes
2. No [skip to I2]

[SHOW I1_last_paycheck if I1=Yes]

I1_last_paycheck. On what date did you receive your last paycheck?

If you do not know the exact day, please use your best guess. __/__/__ mm/dd/yyyy

I1a. What is the easiest way for you to tell us about your earnings from work *before taxes and other deductions*?

1. Weekly
2. Every other week
3. Twice a month
4. Monthly
5. Yearly
6. Lump-sum or one-time payment

I1b. How much did you receive [[Response from I1a](#)] in wages, salary, commissions, bonuses, or tips from all jobs before taxes and other deductions?

\$_____.00

I1c. According to our calculations, you received [[calculate TOTAL FROM I1b and I1a by month](#)] altogether in earnings from work last month before taxes and other deductions. Is that correct?

1. Yes
2. No

[IF I1c=0 (NO), ASK I1d. ELSE GO TO NEXT question].

I1d. What is your best estimate of the correct total amount that you received in income from earnings from work before taxes and other deductions last month?

\$ _____

I2. Did you receive any self-employment income last month? Report income from own businesses (farm or non-farm) including proprietorships and partnerships.

1. Yes
2. No

[IF yes ask I2a; if no skip to I3]

I2a. What is the easiest way for you to tell us about your earnings from self-employment income?

1. Weekly
2. Every other week
3. Twice a month
4. Monthly
5. Yearly
6. Lump-sum or one-time payment

I2b. How much did you receive [[Response from I2a](#)] in self-employment income before taxes and other deductions?

\$_____.00

[Display this only if weekly, every other week, or twice a month, and yearly. Do not do it for Monthly]

I2c. According to our calculations, you received [calculate TOTAL FROM I2a and I2b by month] altogether in earnings from self-employment income last month before taxes and other deductions. Is that correct?

1. Yes
2. No

[IF I2c=0 (NO), ASK I2d. ELSE GO TO NEXT question].

I2d. What is your best estimate of the correct total amount that you received in self-employment income before taxes and other deductions last month?

\$_____.00

I3. Did you receive any Social Security or Railroad Retirement benefits last month?

1. Yes
2. No

[IF yes]

I3b. What was the amount?

\$_____.00

I4. Did you receive any Supplemental Security Income (SSI) payments last month?

1. Yes
2. No

[IF yes]

I4b. What was the amount?

\$_____.00

I5. Did you receive any Temporary Assistance for Needy Families (TANF) benefits last month?

1. Yes
2. No

[IF yes]

I5b. What was the amount?

\$_____.00

I6. Did you receive any other cash assistance from state or local welfare programs last month?

1. Yes
2. No

[IF yes]

I6b. What was the amount?

\$_____.00

I7. Did you receive any survivor or disability income last month?

1. Yes
2. No

[IF yes]

I7b. What was the amount?

\$_____.00

I9. Did you receive any payments from the Department of Veterans Affairs (VA) last month?

Do not include salary payments if employed by the VA.

1. Yes
2. No

[IF yes]

I9b. What was the amount?

\$_____.00

I8. Did you receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement last month? Do not include disability compensation from the VA.

1. Yes
2. No

[IF yes]

I8b. What was the amount?

Do not include Social Security.

\$_____.00

I10. Did you receive any income from any other sources such as unemployment compensation, child support, alimony, or investments last month?

1. Yes
2. No

[IF yes]

I10b. What was the amount from all other sources?

\$_____.00

[If no income reported above:]

I11. We do not want to miss any income sources. Please consider earnings from work, unemployment compensation, welfare, child support, alimony, retirement, disability, investment, and any other sources of income. Did you receive income last month?

- (1) Yes, I received income last month →GO TO I1, cycle through the questions one more time then got o I13.
- (2) No, I did not receive income last month →GO TO I13A.

[IF RESPONDENT IS AGED 18 OR OLDER, SELF-REPORTING, FLAGGED TO RECEIVING SNAP (B1B FROM INITIAL INTERVIEW IS CHECKED), and IS NOT IN PR'S SNAP UNIT (FROM INITIAL INTERVIEW), ASK I12A-I12Dd. ELSE GO TO SKIP to end.]

[PROGRAMMER: DISPLAY I12A, I12B, I12C, AND I12D ON ONE SCREEN]

[IN SURVEY FLOW BRANCH LOGIC: If age is greater than 18]

I12a. On what date did you last receive benefits from SNAP? This program used to be called food stamps and, in your state, it is called [FILL IN STATE SNAP NAME]. It puts money on a SNAP EBT card that you can use to buy food.

MONTH: _____

DAY: _____

I12b. How many dollars were put on your SNAP EBT card the last time you received SNAP benefits?
\$ _____

I12c. 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

I12Dd. What is the number on your SNAP EBT card?

This number will only be used for purposes of matching to program administrative records. Your data will be used for statistical purposes only and will be kept strictly confidential.

SNAP EBT CARD NUMBER: _____

RATHER NOT ANSWER

END. Thank you very much for completing the Profile & Income Survey. You've earned a \$5 gift card for completing this part of the study, which can be redeemed after your study period closes.

If you are also participating in this study by reporting your food and drinks, please report every day to earn more gift cards.