Attachment 6m

Flexible Consumer Behavior Survey Instrument

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CBQELIGR	
ASK	SPs AGE 1-17 AND MEALSHOPHHQ= 1 (CBQPLANNAM OR CBQSHOPNAM ARE POPULATED IN HHQ). ONLY SPs WHO ARE 18 YEARS OR OLDER AND DO NOT HAVE A PROXY ARE ELIGIBLE FOR FCBS.
[FCBS HAPPENS AFTER DAY 1 OR DAY 2 INCENTIVES/SCHEDULING WHICH IS COMPLETED WITH THE PROXY/PARENT/GUARDIAN FOR SPs AGE 1-17. THEREFORE, YOU SHOULD ALREADY BE TALKING TO AN ADULT WHO IS 18 YEARS OR OLDER. IF NOT, ASK TO PUT THE PROXY/PARENT/GUARDIAN BACK ON THE PHONE] THE FOLLOWING HOUSEHOLD MEMBERS 18 YEARS OR OLDER ARE ELIGIBLE TO COMPLETE THE FCBS FOLLOW-UP MODULE: [DISPLAY NAMES OF HOUSEHOLD MEMBERS 18 YEARS OR OLDER SELECTED IN CBQPLANNAM AND CBQSHOPNAM] IS THE CURRENT RESPONDENT ELIGIBLE TO COMPLETE THE FCBS? 1. YES 2. NO	
SPANISH	*N/A*
QUESTION TYPE	Radio button
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF CBQELIGR=1: CBQSLCTR ELSE: CBQAVAIL

CBQAVAIL	
ASK	CBQELIGR=2
Next, I have a few questions on food choices and food shopping and need to speak to someone who prepares meals or does food shopping in {SP's NAME}'s household. Based on our records, that would be [FILL NAMES OF SELECTED HOUSEHOLD MEMBERS 18 YEARS OR OLDER FROM CBQPLANNAM AND CBQSHOPNAM]. <TEXT FILL 1> <TEXT FILL 2> available? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	A continuación, tengo algunas preguntas sobre la elección y compras de alimentos y necesito hablar con alguien que prepare las comidas o haga las compras en el hogar de {SP's NAME}. Según nuestros registros, esta(s) persona(s) sería(n) [FILL NAMES OF SELECTED HOUSEHOLD MEMBERS 18 YEARS OR OLDER FROM CBQPLANNAM AND CBQSHOPNAM]. <TEXT FILL 1> <TEXT FILL 2> disponible? 3. YES 4. NO 8. REFUSED 10. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: IF ONLY ONE HOUSEHOLD MEMBER SELECTED, FILL "Is {NAME}" ELSE, FILL IS EMPTY TEXT FILL 2: IF MORE THAN ONE SELECTED HOUSEHOLD MEMBERS, FILL "Are any of them" ELSE, FILL IS EMPTY
FILLS (SPA)	TEXT FILL 1: IF ONLY ONE HOUSEHOLD MEMBER SELECTED, FILL "¿Está {NAME}" ELSE, FILL IS EMPTY TEXT FILL 2: IF MORE THAN ONE SELECTED HOUSEHOLD MEMBERS, FILL "¿Está alguna de estas personas" ELSE, FILL IS EMPTY
NOTES	
HARD CHECK	
SOFT CHECK	

VERSION NOTES	
NEXT	IF CBQAVAIL=1: CBQSLCTR ELSE: END

CBQSLCTR	
ASK	CBQELIGR=1 OR CBQAVAIL=1 OR SP 18+
SELECT RESPONDENT FOR THE FCBS FOLLOW-UP MODULE: [DROPDOWN LIST OF ALL ELIGIBLE RESPONDENTS 18 YEARS OR OLDER]	
SPANISH	*N/A*
QUESTION TYPE	Dropdown
FILLS	
NOTES	FOR SPs AGE 18+, THE RESPONDENT MUST BE THE SP (NO PROXY RESPONDENT ALLOWED), THEREFORE, THE DROPDOWN LIST SHOULD ONLY CONTAIN THE SP'S NAME. FOR SPs AGE 1-17, DISPLAY LIST OF ELIGIBLE REPSONDENTS 18 YEARS OR OLDER FROM CBQPLANNAM AND CBQSHOPNAM
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	CBQINTRO

CBQELIGRNHH	
ASK	SPs AGE 1-17 AND MEALSHOPHHQ= 2 (CBQPLANNAM OR CBQSHOPNAM NOT POPULATED IN HHQ). ONLY SPs WHO ARE 18 YEARS OR OLDER AND DO NOT HAVE A PROXY ARE ELIGIBLE FOR FCBS.
[FCBS HAPPENS AFTER DAY 1 OR DAY 2 INCENTIVES/SCHEDULING WHICH IS COMPLETED WITH THE PROXY/PARENT/GUARDIAN FOR SPs AGE 1-17. THEREFORE, YOU SHOULD ALREADY BE TALKING TO AN ADULT WHO IS 18 YEARS OR OLDER. IF NOT, ASK TO PUT THE PROXY/PARENT/GUARDIAN BACK ON THE PHONE] There are a few questions about food choices and food shopping, so we need to speak to someone who prepares meals or does food shopping in your household at least some of the time. Would that be you? 1. YES 2. NO	
SPANISH	[FCBS HAPPENS AFTER DAY 1 OR DAY 2 INCENTIVES/SCHEDULING WHICH IS COMPLETED WITH THE PROXY/PARENT/GUARDIAN FOR SPs AGE 1-17. THEREFORE, YOU SHOULD ALREADY BE TALKING TO AN ADULT WHO IS 18 YEARS OR OLDER. IF NOT, ASK TO PUT THE PROXY/PARENT/GUARDIAN BACK ON THE PHONE] Hay algunas preguntas sobre la elección y compras de alimentos, por lo que necesitamos hablar con alguien que prepare las comidas o haga las compras en su hogar al menos parte del tiempo. ¿Es usted esa persona? 3. YES 4. NO
QUESTION TYPE	Radio button
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF CBQELIGRNHH =1: CBQSLCTRNHH ELSE: CBQAVAILNHH

CBQAVAILNHH	
ASK	SPs AGE 1-17 AND CBQELIGRNHH =2
Are any of the adults in your household who prepare meals or do food shopping available now? 1. YES 2. NO	
SPANISH	¿Está disponible ahora alguno de los adultos de su hogar que prepara las comidas o hace las compras de alimentos? 3. YES 4. NO
QUESTION TYPE	Radio button
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF CBQAVAILNHH =1: CBQSLCTRNHH ELSE: END

CBQSLCTRNHH	
ASK	SPs AGE 1-17 AND CBQAVAILNHH =1
<TEXT FILL 1> SELECT RESPONDENT FOR THE FCBS FOLLOW-UP MODULE: [DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS WHO ARE 18 YEARS OR OLDER FROM SCREENER ROSTER] <TEXT FILL 2> <TEXT FILL 3>	
SPANISH	<TEXT FILL 1> SELECT RESPONDENT FOR THE FCBS FOLLOW-UP MODULE: [DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS WHO ARE 18 YEARS OR OLDER FROM SCREENER ROSTER] <TEXT FILL 2> <TEXT FILL 3>
QUESTION TYPE	Dropdown
FILLS (ENG)	TEXT FILL 1: IF CBQELIGRNHH = 2, FILL “What is their name?” ELSE, FILL IS BLANK. TEXT FILL 2: IF CBQELIGRNHH = 2, FILL “(IF NEEDED: Can you please ask them to come to the phone?)” ELSE, FILL IS BLANK. TEXT FILL 3: IF CBQELIGRNHH = 2, FILL “WAIT FOR SELECTED PERSON TO COME TO PHONE” ELSE, FILL IS BLANK.
FILLS (SPA)	TEXT FILL 1: IF CBQELIGRNHH = 2, FILL “¿Cómo se llama?” ELSE, FILL IS BLANK. TEXT FILL 2: IF CBQELIGRNHH = 2, FILL “(IF NEEDED: ¿Puede pedirle que venga al teléfono?)” ELSE, FILL IS BLANK. TEXT FILL 3: IF CBQELIGRNHH = 2, FILL “WAIT FOR SELECTED PERSON TO COME TO PHONE” ELSE, FILL IS BLANK.
NOTES	DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS WHO ARE 18 YEARS OR OLDER FROM SCREENER ROSTER
HARD	

CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	**CBQINTRO**

CBQINTRO	
ASK	IF CBQELIGR = yes OR CBQAVAIL = yes OR SP_AGE>=18 OR CBQELIGRNHH = yes OR CBQAVAILNHH = yes
<TEXT FILL 1>, we have some questions about your knowledge and beliefs in food choices. <TEXT FILL 2>.	
SPANISH	<TEXT FILL 1>, tenemos algunas preguntas sobre su conocimiento y creencias sobre la elección de alimentos. <TEXT FILL 2>.
QUESTION TYPE	Text
FILLS (ENG)	TEXT FILL 1: IF CBQELIGR=1 or CBQELIGRNHH=1 , FILL “Next” ELSE, FILL “In this interview” TEXT FILL 2: IF CBQPROXY=1, FILL “This information will help policy makers and researchers have a better understanding from a meal planner or preparer or food shopper’s point of view.” ELSE, FILL IS EMPTY
FILLS (SPA)	TEXT FILL 1: IF CBQELIGR=1 or CBQELIGRNHH=1 , FILL “A continuación” ELSE, FILL “En esta entrevista” TEXT FILL 2: IF CBQPROXY=1, FILL “Esta información ayudará a legisladores e investigadores científicos a entender mejor el punto de vista de las personas que planifican o preparan las comidas o hacen las compras de alimentos.” ELSE, FILL IS EMPTY
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF CBQELIGR=2 or CBQELIGRNHH=2: CBQRECORD ELSE, GO TO CBQBOOKLET

CBQRECORD	
ASK	IF CBQELIGR=2 or CBQELIGRNHH=2 ELSE IF (CBQELIGR=1 or CBQELIGRNHH=1) AND CBQCHECKPREV=1, THE RECORDING SHOULD CONTINUE BECAUSE PERMISSION HAS ALREADY BEEN GIVEN DURING THE DIETARY INTERVIEW. ELSE IF (CBQELIGR=1 or CBQELIGRNHH=1) AND CBQCHECKPREV=2, THE FCBS INTERVIEW SHOULD **NOT** BE RECORDED
This call may be monitored or recorded for quality assurance purposes. The computer is now recording our conversation. Do I have your permission to continue recording? 1. YES 2. NO	
SPANISH	Esta llamada puede ser supervisada o grabada con fines de control de calidad. La computadora está grabando nuestra conversación ahora. ¿Tengo su permiso para seguir grabando? 1. YES 2. NO
QUESTION TYPE	Radio button
FILLS	
NOTES (ENG)	IF CBQRECORD in (2) 'NO', STOP RECORDING AND DISPLAY A MESSAGE: INTERVIEWER INSTRUCTION: INFORM THE RESPONDENT: "I will turn off the recording now." DO NOT ALLOW DK/REF
NOTES (SPA)	
HELP SCREEN (ENG)	**How long will the recording be kept?** The audio recording will be deleted after three years. You can call our toll free number 800-344-1386 at any time to have your audio recording deleted prior to that time. **Who will have access to my recordings?** Recordings are only used by persons authorized to work on NHANES for reviewing the quality of my work and tools and questionnaires used in the survey.
HELP SCREEN (SPA)	**¿Cuánto tiempo se conservará la grabación?** La grabación de audio se borrará después de tres años. Puede llamar a nuestra línea gratuita al 800-344-1386 en cualquier momento si quiere que la borremos antes. **¿Quién tendrá acceso a mis grabaciones?** Las grabaciones solo son usadas por las personas autorizadas a trabajar en la Encuesta Nacional de Examen de la Salud y Nutrición (NHANES), para revisar la calidad de mi trabajo y las herramientas y cuestionarios que se usan en la encuesta.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	RIQ.211
NEXT	CBQNONSPCNST

CBQNONSPCNST	
ASK	(IF CBQELIGR=2 or CBQELIGRNHH=2
This interview will take about 5 minutes. Before we begin, I'd like you to know that participating in this interview is voluntary. You may choose to skip any question you don't wish to answer or end the interview at any time without penalty. We are required by federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical purposes. All the information you provide during this interview will be confidential. Do you have any questions before we continue? [INTERVIEWER ADDRESSES QUESTIONS FROM RESPONDENT] Do you agree to proceed with the interview? 1. YES 2. NO	
SPANISH	Esta entrevista tomará como unos 5 minutos. Antes de empezar, quisiera que usted sepa que participar en esta entrevista es voluntario. Puede dejar de contestar cualquier pregunta que no desee responder o terminar la entrevista en cualquier momento sin ninguna consecuencia. La ley federal nos obliga a desarrollar y seguir procedimientos estrictos para proteger la confidencialidad de su información y a usar sus respuestas solamente con fines estadísticos. Toda la información que nos brinde durante esta entrevista será confidencial. ¿Tiene alguna pregunta antes de continuar? [INTERVIEWER ADDRESSES QUESTIONS FROM RESPONDENT] ¿Acepta continuar con la entrevista? 1. YES 2. NO
QUESTION TYPE	Radio button
FILLS	
NOTES	DO NOT ALLOW DK/REF
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF CBQNONSPCNST = 1, GO TO CBQBOOKLET ELSE: CBASSTS

CBQBOOKLET	
ASK	All respondents
Do you have the green hand card booklet? [READ IF NECESSARY: It is in the bag you were given that has the food model booklet for<TEXT FILL 1> dietary phone interview. I'll wait while you locate it. Do you have it?] 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Tiene el libro verde de tarjetas? [READ IF NECESSARY: Está en la bolsa que le dieron y que tiene el folleto de modelo de alimentos para <TEXT FILL 1> sobre la alimentación. Esperaré mientras lo encuentra. ¿Lo tiene?] 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "your" IF SP_STATUS=1 ELSE, FILL "[SP's NAME]'s"
FILLS (SPA)	TEXT FILL 1: FILL "su entrevista telefónica" IF SP_STATUS=1 ELSE, FILL "la entrevista telefónica de [SP's NAME]"
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.502
NEXT	IF CBQBOOKLET in {1}: CBQCALRUSE ELSE: CBQLABEL

CBQLABEL	
ASK	IF CBQBOOKLET = 2, 7, OR 9
Let’s go ahead with the interview anyway. Do you have a cereal box, can or package of food with a food label on the back or the side that you can use for this interview? I’ll wait while you locate it. 1. YES 2. NO 7. REFUSED 9. DON’T KNOW	
SPANISH	Sigamos adelante con la entrevista de todos modos. ¿Tiene una caja de cereal, una lata o un paquete de comida con una etiqueta de información nutricional en la parte de atrás o en los lados que pueda usar para esta entrevista? Esperaré mientras lo encuentra. 1. YES 2. NO 7. REFUSED 9. DON’T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.503
NEXT	CBQCALRUSE

CBQCALRUSE	
ASK	All respondents
<TEXT FILL 1> I am going to ask you about eating foods and beverages from <TEXT FILL 2> How often do you generally use calorie or other nutrition information when deciding what to buy at these places? 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 NOTICED ANY CALORIE OR NUTRITION INFORMATION 7. REFUSED 9. DON'T KNOW	
SPANISH	<TEXT FILL 1> Le voy a preguntar sobre comidas y bebidas que se consumen en <TEXT FILL 2> ¿Con qué frecuencia usa normalmente la información sobre las calorías u otro tipo de información nutricional cuando decide qué comprar en estos lugares? ¿Diría que siempre, la mayor parte del tiempo, a veces, rara vez o nunca? 1. SIEMPRE 2. LA MAYOR PARTE DEL TIEMPO 3. A VECES 4. RARA VEZ 5. NUNCA 6. NUNCA SE FIJA EN LA INFORMACIÓN SOBRE LAS CALORÍAS O LA NUTRICIÓN 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: IF CBQBOOKLET=1, FILL "Please open the green hand card booklet and turn to the page labeled card CB-1." ELSE, TEXT FILL 1 IS EMPTY TEXT FILL 2: IF CBQBOOKLET=1, FILL "different places listed on card CB-1 in your booklet." ELSE, FILL "fast-food or pizza places, restaurants with waiter or waitress service, all-you-can-eat buffets, places that sell mostly beverages such as a coffee shop or juice bar, movie theaters, sports arenas, or other places of recreation, grocery stores, or convenience stores."
FILLS (SPA)	TEXT FILL 1: IF CBQBOOKLET=1, FILL "Abra el libro verde de tarjetas y vaya a la página que dice tarjeta CB-1." ELSE, TEXT FILL 1 IS EMPTY TEXT FILL 2: IF CBQBOOKLET=1, FILL "diferentes lugares que se indican en la tarjeta CB-1 de su libro". ELSE, FILL "lugares de comida rápida o pizzerías; restaurantes con servicio de meseros; bufés de

	todo lo que pueda comer; lugares en los que se vendan principalmente bebidas, como cafeterías o bares de jugos; cines; estadios deportivos u otros lugares de recreación; supermercados o tiendas de conveniencia.”
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.NEW1
NEXT	IF SP_STATUS=1: CBQCALRKNW ELSE: CBQNUTRIF

CBQCALRKNW	
ASK	IF SP_STATUS=1
<TEXT FILL 1> About how many calories do you think a <TEXT FILL 2> of your age and physical activity needs to consume a day to maintain your current weight? HAND CARD CB-2 1. Less than 500 calories 2. 500-1000 calories 3. 1001-1500 calories 4. 1501-2000 calories 5. 2001-2500 calories 6. 2501-3000 calories 7. More than 3000 calories 77. REFUSED 99. DON'T KNOW	
SPANISH	<TEXT FILL 1> ¿Cómo cuántas calorías cree que <TEXT FILL 2> de su edad y nivel de actividad física debe consumir al día para mantener su peso actual? HAND CARD CB-2 1. Menos de 500 calorías 2. De 500 a 1000 calorías 3. De 1001 a 1500 calorías 4. De 1501 a 2000 calorías 5. De 2001 a 2500 calorías 6. De 2501 a 3000 calorías 7. Más de 3000 calorías 77. REFUSED 99. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Please turn to card CB-2." IF CBQBOOKLET=1 ELSE, TEXT FILL 1 IS EMPTY TEXT FILL 2: FILL "man" IF SPQGENDER=MALE ONLY FILL "woman" IF SPQGENDER=FEMALE ONLY ELSE FILL "person"
FILLS (SPA)	TEXT FILL 1: FILL "Pase a la tarjeta CB-2." IF CBQBOOKLET=1 ELSE, TEXT FILL 1 IS EMPTY TEXT FILL 2: FILL "un hombre" IF SPQGENDER=MALE ONLY

	FILL “una mujer” IF SPQGENDER=FEMALE ONLY ELSE FILL “una persona”
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.645
NEXT	CBQNUTRIF

CBQNUTRIF	
ASK	All respondents
{Please turn to card CB-3. For the next question you'll use card CB-4 to respond, but first please look at card CB-3 which shows an example of the food label. How often do **you** use the **Nutrition Facts panel** on a food label, such as the part colored in green on the sample food label on card CB-3, when deciding to buy a food product? Looking at card CB-4, would you say always, most of the time, sometimes, rarely, or never? } HAND CARDS CB-3 & CB-4 1. ALWAYS 2. MOST OF THE TIME 3. SOMETIMES 4. RARELY 5. NEVER 6. NEVER SEEN 7. REFUSED 9. DON'T KNOW	
SPANISH	{Pase a la tarjeta CB-3. Para la siguiente pregunta, usará la tarjeta CB-4 para responder, pero primero mire la tarjeta CB-3, la cual muestra un ejemplo de una etiqueta con información nutricional. ¿Con qué frecuencia usa **usted** el **panel de información nutricional** de una etiqueta de alimentos, como la parte pintada de color verde de la etiqueta de muestra en la tarjeta CB-3, cuando decide comprar un alimento? Mire la tarjeta CB-4. ¿Diría que lo usa siempre, la mayor parte del tiempo, a veces, rara vez o nunca? } HAND CARDS CB-3 & CB-4 1. SIEMPRE 2. LA MAYOR PARTE DEL TIEMPO 3. A VECES 4. RARA VEZ 5. NUNCA 6. NUNCA VE ESTA INFORMACIÓN 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	IF CBQBOOKLET = 1, DISPLAY CBQNUTRIF AS SHOWN ABOVE. IF CBQLABEL = 1, REPLACE TEXT WITH THE FOLLOWING: "Next, we have some questions about food labels. On your (cereal box, can, food package, etc.) please look for the food label that is usually on the back or the side of the package. A food label has two parts, a Nutrition Facts panel and a list of ingredients. The **"Nutrition Facts panel"** of a food label lists the amount of calories, fat, fiber, carbohydrates and some other

	nutritional information. How often do **you** use the **Nutrition Facts panel** when deciding to buy a food product? Would you say always, most of the time, sometimes, rarely, or never?" IF CBQLABEL = 2, 7, OR 9, REPLACE TEXT WITH THE FOLLOWING: "Next, we have some questions about food labels. A food label usually is on the back or the side of the food package. It has two parts, a Nutrition Facts panel and a list of ingredients. The **"Nutrition Facts panel"** of a food label lists the amount of calories, fat, fiber, carbohydrates and some other nutritional information. How often do **you** use the **Nutrition Facts panel** when deciding to buy a food product? Would you say always, most of the time, sometimes, rarely, or never?"

FILLS (SPA)	IF CBQBOOKLET = 1, DISPLAY CBQNUTRIF AS SHOWN ABOVE. IF CBQLABEL = 1, REPLACE TEXT WITH THE FOLLOWING: "A continuación, le haré algunas preguntas sobre las etiquetas de información nutricional. En su (caja de cereales, lata, paquete de alimentos, etc.), busque esta etiqueta que generalmente se encuentra en la parte de atrás o al lado del paquete. Una etiqueta de información nutricional tiene dos partes: un panel de información nutricional y una lista de ingredientes. El **"panel de información nutricional"** de la etiqueta de un alimento muestra la cantidad de calorías, grasa, fibra, carbohidratos y alguna otra información nutricional. ¿Con qué frecuencia usa **usted** el **panel de información nutricional** cuando decide comprar un producto alimenticio? ¿Diría que siempre, la mayor parte del tiempo, a veces, rara vez o nunca?" IF CBQLABEL = 2, 7, OR 9, REPLACE TEXT WITH THE FOLLOWING: "A continuación, le haré algunas preguntas sobre las etiquetas de información nutricional. Una etiqueta de información nutricional generalmente se encuentra en la parte de atrás o al costado del paquete del alimento. Tiene dos partes: un panel de información nutricional y una lista de ingredientes. El **"panel de información nutricional"** de la etiqueta de un alimento muestra la cantidad de calorías, grasa, fibra, carbohidratos y alguna otra información nutricional. ¿Con qué frecuencia usa **usted** el **panel de información nutricional** cuando decide comprar un producto alimenticio? ¿Diría que siempre, la mayor parte del tiempo, a veces, rara vez o nunca?"
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.750
NEXT	CBQINGRED
CBQINGRED	
ASK	All respondents

How often do **you** use the **list of ingredients** on a food label <TEXT FILL 2> when deciding to buy a food product?

Would you say always, most of the time, sometimes, rarely, or never?

HAND CARDS CB-3 AND CB-4

1. ALWAYS
2. MOST OF THE TIME
3. SOMETIMES
4. RARELY
5. NEVER

6. NEVER SEEN 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Con qué frecuencia usa **usted** la **lista de ingredientes** de la etiqueta de información nutricional de un alimento <TEXT FILL 2> cuando decide comprar un producto alimenticio? ¿Diría que siempre, la mayor parte del tiempo, a veces, rara vez o nunca? HAND CARDS CB-3 AND CB-4 1. SIEMPRE 2. LA MAYOR PARTE DEL TIEMPO 3. A VECES 4. RARA VEZ 5. NUNCA 6. NUNCA VE ESTA INFORMACIÓN 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 2: FILL ", such as the part colored in pink on card CB-3," IF CBQBOOKLET=1 ELSE, TEXT FILL 2 IS EMPTY.
FILLS (SPA)	TEXT FILL 2: FILL ", como la parte de color rosa en la tarjeta CB-3," IF CBQBOOKLET=1 ELSE, TEXT FILL 2 IS EMPTY.
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.760
NEXT	CBQCALORIE

CBQCALORIE	
ASK	All respondents
<TEXT FILL 1> How often do **you** use the **calorie** information on a food label <TEXT FILL 2> when deciding to buy a food product? Would you say always, most of the time, sometimes, rarely, or never? HAND CARDS CB-5 AND CB-6 1. ALWAYS 2. MOST OF THE TIME 3. SOMETIMES 4. RARELY 5. NEVER 6. NEVER SEEN 7. REFUSED 9. DON'T KNOW	
SPANISH	<TEXT FILL 1> ¿Con qué frecuencia usa **usted** la información sobre **calorías** en la etiqueta de información nutricional <TEXT FILL 2> cuando decide comprar un producto alimenticio? ¿Diría que siempre, la mayor parte del tiempo, a veces, rara vez o nunca? HAND CARDS CB-5 AND CB-6 1. SIEMPRE 2. LA MAYOR PARTE DEL TIEMPO 3. A VECES 4. RARA VEZ 5. NUNCA 6. NUNCA VE ESTA INFORMACIÓN 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 1: FILL "Please turn to cards CB-5 and CB-6." IF CBQBOOKLET=1 ELSE TEXT FILL 1 IS EMPTY. TEXT FILL 2: FILL ", such as the part colored in green on card CB-5," IF CBQBOOKLET=1 ELSE TEXT FILL 2 IS EMPTY.
FILLS (SPA)	TEXT FILL 1: FILL "Pase a las tarjetas CB-5 y CB-6." IF CBQBOOKLET=1 ELSE TEXT FILL 1 IS EMPTY. TEXT FILL 2: FILL ", como la parte de color verde en la tarjeta CB-5," IF CBQBOOKLET=1 ELSE TEXT FILL 2 IS EMPTY.
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.930
NEXT	CBQSODIUM

CBQSODIUM	
ASK	All respondents
How about information on **sodium**? [READ IF NECESSARY: How often do **you** use information on **sodium** on a food label <TEXT FILL 2> when deciding to buy a food product?] [Would you say always, most of the time, sometimes, rarely, or never?] HAND CARDS CB-5 AND CB-6 1. ALWAYS 2. MOST OF THE TIME 3. SOMETIMES 4. RARELY 5. NEVER 6. NEVER SEEN 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Y con respecto a la información sobre el **sodio**? [READ IF NECESSARY: ¿Con qué frecuencia usa **usted** la información sobre el **sodio** en la etiqueta de información nutricional <TEXT FILL 2> cuando decide comprar un producto alimenticio?] [¿Diría que siempre, la mayor parte del tiempo, a veces, rara vez o nunca?] HAND CARDS CB-5 AND CB-6 1. SIEMPRE 2. LA MAYOR PARTE DEL TIEMPO 3. A VECES 4. RARA VEZ 5. NUNCA 6. NUNCA VE ESTA INFORMACIÓN 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 2: FILL ", such as the part colored in blue on card CB-5," IF CBQBOOKLET=1 ELSE TEXT FILL 2 IS EMPTY.
FILLS (SPA)	TEXT FILL 2: FILL ", como la parte de color azul en la tarjeta CB-5," IF CBQBOOKLET=1 ELSE TEXT FILL 2 IS EMPTY.
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.945

NEXT	CBQADDSUG

CBQADDSUG	
ASK	All respondents
How about information on **added sugars**? [READ IF NECESSARY: How often do **you** use information on **added sugars** on a food label <TEXT FILL 2> when deciding to buy a food product?] [Would you say always, most of the time, sometimes, rarely, or never?] HAND CARDS CB-5 AND CB-6 1. ALWAYS 2. MOST OF THE TIME 3. SOMETIMES 4. RARELY 5. NEVER 6. NEVER SEEN 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Y con respecto a la información sobre **azúcar añadida**? [READ IF NECESSARY: ¿Con qué frecuencia usa **usted** la información sobre **azúcar añadida** en la etiqueta de información nutricional <TEXT FILL 2> cuando decide comprar un producto alimenticio?] [¿Diría que siempre, la mayor parte del tiempo, a veces, rara vez o nunca?] HAND CARDS CB-5 AND CB-6 1. SIEMPRE 2. LA MAYOR PARTE DEL TIEMPO 3. A VECES 4. RARA VEZ 5. NUNCA 6. NUNCA VE ESTA INFORMACIÓN 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS (ENG)	TEXT FILL 2: FILL ", such as the part colored in pink on card CB-5," IF CBQBOOKLET=1 ELSE TEXT FILL 2 IS EMPTY
FILLS (SPA)	TEXT FILL 2: FILL ", como la parte de color rosa en la tarjeta CB-5," IF CBQBOOKLET=1 ELSE TEXT FILL 2 IS EMPTY
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.947

NEXT	IF RESPONDENT IS AN SP: CBQLANG ELSE**:** CBQRELATN

CBQRELATN	
ASK	IF SP_STATUS=2
What is your relation with <TEXT FILL 1>? 1. PARENT OF SP 2. GRANDPARENT OF SP 3. CHILD CARE PROVIDER, CARETAKER 4. OTHER RELATIVE 5. FRIEND, NON-RELATIVE 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuál es su relación con <TEXT FILL 1>? 1. PADRE/MADRE DE LA PERSONA ENCUESTADA 2. ABUELO(A) DE LA PERSONA ENCUESTADA 3. PROVEEDOR(A) DE SERVICIOS DE CUIDADO INFANTIL, CUIDADOR(A) 4. OTRO(A) PARIENTE 5. AMIGO(A), NO PARIENTE 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	TEXT FILL 1: FILL FIRST AND LAST NAME OF SP.
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.755
NEXT	CBQPLANMST

CBQPLANMST	
ASK	IF SP_STATUS=2
Are you the person who does **most** of the planning **or** preparing of meals in your family? [INTERVIEW INSTRUCTION: IF RESPONDENT ANSWERS “SOMETIMES” OR “50/50”, ENTER YES] 1. YES 2. NO 7. REFUSED 9. DON’T KNOW	
SPANISH	¿Es usted la persona que hace la **mayor** parte de la planificación **o** preparación de las comidas en su familia? [INTERVIEW INSTRUCTION: IF RESPONDENT ANSWERS “A VECES” OR “50/50”, ENTER YES] 1. YES 2. NO 7. REFUSED 9. DON’T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.930
NEXT	CBQPLANSHR

CBQPLANSHR	
ASK	IF SP_STATUS=2
Do you share in the planning or preparing of meals with someone else? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Comparte la planificación o preparación de las comidas con otra persona? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.935
NEXT	CBQSHOPMST

CBQSHOPMST	
ASK	IF SP_STATUS=2
Are you the person who does **most** of the shopping for food in your family? [INTERVIEW INSTRUCTION: IF RESPONDENT ANSWERS “SOMETIMES” OR “50/50”, ENTER YES.] 1. YES 2. NO 7. REFUSED 9. DON’T KNOW	
SPANISH	¿Es usted la persona que hace **la mayor parte** de las compras de alimentos en su familia? [INTERVIEW INSTRUCTION: IF RESPONDENT ANSWERS “A VECES” OR “50/50”, ENTER YES.] 1. YES 2. NO 7. REFUSED 9. DON’T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.940
NEXT	CBQSHOPSHR

CBQSHOPSHR	
ASK	IF SP_STATUS=2
Do you share in the shopping for food with someone else? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Comparte las compras de alimentos con otra persona? 1. YES 2. NO 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	DBQ.945
NEXT	CBQAGE

CBQAGE	
ASK	IF SP_STATUS=2
How old are you? |___|___| YEARS ENTER AGE REFUSED.....777 DON'T KNOW.....999	
SPANISH	¿Cuántos años tiene? |___|___| YEARS ENTER AGE REFUSED.....777 DON'T KNOW.....999
QUESTION TYPE	Numeric
FILLS	
NOTES	
HARD CHECK	CBQAGE SHOULD BE BETWEEN 18-120 YEARS. IF AGE ENTERED IS LESS THAN 18 SHOW HARD CHECK MESSAGE "YOU MUST BE 18 YEARS OLD, PLEASE CHECK YOUR ANSWER"
SOFT CHECK	
VERSION NOTES	CBQ.760
NEXT	CBQEDUC

CBQEDUC	
ASK	IF SP_STATUS=2
Which of the following best describes your highest education level? 1. Less than high school 2. High school diploma (including GED), or 3. More than high school 7. REFUSED 9. DON'T KNOW	
SPANISH	¿Cuál de las siguientes opciones describe mejor el nivel de educación más alto que ha completado? 1. Menos de escuela secundaria/preparatoria o *high school* 2. Diploma de escuela secundaria/preparatoria o *high school* (incluido el GED) 3. Nivel superior a la escuela secundaria/preparatoria o *high school* 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Radio button
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.765
NEXT	CBQGENDER

CBQGENDER	
ASK	IF SP_STATUS=2
For this next question, you may give me more than one answer. Are you… INTERVIEWER INSTRUCTION: CODE ALL THAT APPLY 1. Male 2. Female 3 Transgender, non-binary, or another gender 7. REFUSED 9. DON'T KNOW	
SPANISH	Para esta siguiente pregunta puede elegir más de una respuesta. ¿Es usted…? INTERVIEWER INSTRUCTION: CODE ALL THAT APPLY 1. Hombre 2. Mujer 3 Transgénero, persona no binaria u otra identidad de género 7. REFUSED 9. DON'T KNOW
QUESTION TYPE	Select all that apply
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.770
NEXT	CBQLANG

CBQLANG	
ASK	All respondents
INTERVIEWER INSTRUCTION: THIS IS A QUESTION FOR THE INTERVIEWER TO COMPLETE BY SELECTING THE APPROPRIATE OPTION. DO NOT READ THE QUESTION TO THE SP. THE INTERVIEW WAS COMPLETED IN: 1. ENGLISH 2. SPANISH 3. ENGLISH AND SPANISH	
SPANISH	*N/A*
QUESTION TYPE	Radio button
FILLS	
NOTES	DO NOT ALLOW DK/REF
HARD CHECK	
SOFT CHECK	
VERSION NOTES	CBQ.785
NEXT	CBASSTS (NOTE: THIS IS BEHIND THE SCENES PARADATA IF COMPLETE)

CBASSTS	
ASK	PARADATA; All Respondents
1. COMPLETE 2. PARTIAL 3. NOT DONE	
SPANISH	*N/A*
QUESTION TYPE	Radio Button
FILLS	
NOTES	IF SP_STATUS = 1 AND CBQADDSUG ≠ MISSING, AUTOFILL CBASSTS = “1, COMPLETE”. GO TO END OF SECTION. IF SP_STATUS = 2 AND CBQEDUC ≠ MISSING, AUTOFILL CBASSTS = “1, COMPLETE”. GO TO END OF SECTION. ELSE IF CBQBOOKLET ≠ MISSING, AUTOFILL CBASSTS = “2, PARTIAL”. ELSE, CBASSTS = “3, NOT DONE”. IF SP AGE 18+ YEARS, AND D1D2PROXY = 1, AUTOFILL CBASSTS = “3, NOT DONE”, AND CBASCMT = “8, COMMUNICATION PROBLEM”. IF CBQNONSPCNST = 2, AUTOFILL CBASSTS = “3, NOT DONE”, AND CBASCMT = “2, REFUSAL”. IF SP LANGUAGE NE ENGLISH OR SPANISH, AUTOFILL CBASSTS = “3, NOT DONE”, AND CBASCMT = “7, LANGUAGE BARRIER”. IF SP AGE = 0, AUTOFILL CBASSTS = “3, NOT DONE”, AND CBASCMT = “90, OTHER, SPECIFY”.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF CBASSTS = 1: END SECTION ELSE: CBASCMT

CBASCMT	
ASK	IF CBASSTS = (2, 3)
SELECT COMMENT CODE 1 SAFETY EXCLUSION 2 SP REFUSAL 3 NO TIME 4 NO TIME - SP WITH OTHER HH MEMBER 5 NO TIME - CAME LATE/LEFT EARLY 6 PHYSICAL LIMITATION 7 LANGUAGE BARRIER 8 COMMUNICATION PROBLEM 9 SP UNABLE TO COMPLY 10 EQUIPMENT FAILURE 11 SP ILL/EMERGENCY 12 FAINTING EPISODE 13 EXCLUSION DUE TO CONDITIONS AFFECTING DATA INTERPRETATION 14 NO SUITABLE VEIN 15 VEIN COLLAPSED 16 PRE-TEST DATA UNAVAILABLE 17 STAFF UNAVAILABLE 18 UNABLE TO REACH THE RESPONDENT 19 UNABLE TO SCHEDULE/RESCHEDULE 90 OTHER, SPECIFY	
SPANISH	*N/A*
QUESTION TYPE	Radio Button
FILLS	
NOTES	COMMENT CODE LIST NEEDS TO BE USED FOR MEC AND DIETARY SO KEEP NUMBERING AS IS FOR ANALYSIS. FOR DIETARY ONLY SHOW (2, 6, 7, 8, 10, 11, 18, 19, 90) ON SCREEN. ELSE, SUPPRESS.
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	IF CBASCMT = 90: CBASCOT ELSE: END SECTION

CBASCOT	
ASK	IF CBASCMT = 90
OTHER, PLEASE SPECIFY TEXTBOX [200 CHARACTERS]	
SPANISH	*N/A*
QUESTION TYPE	TEXT
FILLS	
NOTES	
HARD CHECK	
SOFT CHECK	
VERSION NOTES	
NEXT	END SECTION