

# **NATIONAL FOOD STUDY**

## **FINAL INTERVIEW**

**ADMINISTERED IN CAPI FOR ENGLISH AND SPANISH  
ADMINISTERED ON PAPER FOR KOREAN AND VIETNAMESE**

## NATIONAL FOOD STUDY Final Interview– Section A

### INTRODUCTION

I have your address listed as (READ FROM CONTACT SHEET). Is that your exact address?

- (1) YES, CONTINUE
- (2) NO, WRONG ADDRESS QUICK EXIT

In this interview I'll ask you about your household's eating habits, dietary needs, health status, income and nonfood expenditures. This information is important to understanding your household's food acquisitions. Taking part in this study is completely voluntary. You can skip any question you do not wish to answer or that makes you feel uncomfortable. Remember, 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 your family. Your responses will not affect any benefits or services you may receive from any government agency, now or in the future. It will take about 40 minutes to answer these questions. I'd like to begin now unless you have any questions for me. May I begin?

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

### SECTION A

A1 During the past 7 days, how many times did (you/ you or someone else in your family) prepare food for dinner or supper at home? Include times spent putting the ingredients together for a meal, but do not include heating up leftovers.

NUMBER: \_\_\_\_\_ (Range 0-20)

- (0) NEVER
- (r) REFUSED
- (d) DON'T KNOW

A1a How often do you shop with a grocery list?

- (1) Never
- (2) Seldom
- (3) Sometimes
- (4) Most of the time
- (5) Almost always
- (r) REFUSED
- (d) DON'T KNOW

IF HH SIZE >1, ASK A2

A2 During the past 7 days, how many meals did all or most of your family sit down and eat together? THIS INCLUDES MEALS EATEN AWAY FROM HOME.

NUMBER: \_\_\_\_\_ (Range 0-30)

- (r) REFUSED
- (d) DON'T KNOW

A3 During the past 7 days, did any guests come to your home for meals or snacks?

- (1) YES → GO TO A3a
  - (0) NO
  - (r) REFUSED
  - (d) DON'T KNOW
- GO TO B1

**NATIONAL FOOD STUDY Final Interview– Section A**

A3a How many days last week did guests come to your home for a meal or snack?

NUMBER: \_\_\_\_\_ (Range 0-7)

(r) REFUSED  GO TO B1  
 (d) DON'T KNOW  GO TO B1

INTERVIEWER: FILL GRID IF A3a > 0

Day of Week	A3b	IF A3b=√	
	Which day(s) did guests come to your home last week?  CHECK (√) ALL DAYS THAT GUESTS VISITED.	A3c On (DAY FROM A3b) what meals or snack did your guests have at your home?  B=BREAKFAST D=DINNER L= LUNCH S=SNACK	A3d How many guests came to your house on (DAY FROM A3b) for (MEAL FROM A3c)?  ENTER # GUESTS
(1) SUNDAY	<input type="checkbox"/>		
(2) MONDAY	<input type="checkbox"/>		
(3) TUESDAY	<input type="checkbox"/>		
(4) WEDNESDAY	<input type="checkbox"/>		
(5) THURSDAY	<input type="checkbox"/>		
(6) FRIDAY	<input type="checkbox"/>		
(7) SATURDAY	<input type="checkbox"/>		
(r) REFUSED	<input type="checkbox"/>		
(d) DON'T KNOW	<input type="checkbox"/>		

A3e Did any guests come to your home for any other meals or snacks during the past 7 days?

(1) YES → UPDATE A3b-A3d ABOVE

(0) NO  GO TO B1  
 (r) REFUSED  GO TO B1  
 (d) DON'T KNOW  GO TO B1

**NATIONAL FOOD STUDY Final Interview– Section B**

**SECTION B**

B1 Thinking only about yourself, in general, how healthy is your overall diet? Would you say . . .

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (r) REFUSED
- (d) DON'T KNOW

IF HH SIZE >1, ASK B2

B2 In general, how healthy is your family's overall diet? Would you say . . . IF NEEDED: When we say "family" we mean all of the members of your household.

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (r) REFUSED
- (d) DON'T KNOW

I am going to read a series of statements. Tell me whether you agree or disagree with each one of them.

B3a It costs too much for (me/my family) to eat healthy foods.  
PROMPT: Do you agree or disagree?

- (1) AGREE (r) REFUSED
- (2) DISAGREE (d) DON'T KNOW

B3b I'm too busy to take the time to prepare healthy foods.  
PROMPT: Do you agree or disagree?

- (1) AGREE (r) REFUSED
- (2) DISAGREE (d) DON'T KNOW

B3c I don't think healthy foods taste good.  
PROMPT: Do you agree or disagree?

- (1) AGREE (r) REFUSED
- (2) DISAGREE (d) DON'T KNOW

IF HH SIZE >1, ASK B3d

B3d People in my family don't think healthy foods taste good.  
PROMPT: Do you agree or disagree?

- (1) AGREE (r) REFUSED
- (2) DISAGREE (d) DON'T KNOW

B3e The things that (I/my family) eat and drink now are healthy so there is no reason for (me/us) to make changes.  
PROMPT: Do you agree or disagree?

- (1) AGREE (r) REFUSED
- (2) DISAGREE (d) DON'T KNOW

B4 Next I'm going to ask a few questions about the nutritional guidelines recommended for Americans by the federal government. Have you heard of MyPlate?

- (1) YES → GO TO B4a
  - (0) NO
  - (r) REFUSED
  - (d) DON'T KNOW
- GO TO B5

B4a Have you tried to follow the MyPlate guidelines?

- (1) YES (r) REFUSED
- (0) NO (d) DON'T KNOW

**NATIONAL FOOD STUDY Final Interview– Section B**

B5 Have you heard of MyPyramid?

(1) YES → GO TO B6

(0) NO

(r) REFUSED

(d) DON'T KNOW

→ GO TO B5a

B5a Have you heard of the Food Pyramid or the Food Guide Pyramid?

(1) YES → GO TO B6a

(0) NO

(r) REFUSED

(d) DON'T KNOW

→ GO TO B10

B6 Have you looked up the MyPyramid plan for a (man/woman) your age on the internet?

(1) YES → GO TO B6a

(0) NO

(r) REFUSED

(d) DON'T KNOW

→ GO TO B10

B6a Have you tried to follow the MyPyramid Plan or Pyramid plan recommended for you?

(1) YES

(0) NO

(r) REFUSED

(d) DON'T KNOW

INTERVIEWER:

BREAK IN QUESTION NUMBERS.

NEXT QUESTION IS B10, NEXT COLUMN.

B10 Do you think you eat the right amount of fruits and vegetables now, or do you think you should eat more?

(1) EAT RIGHT AMOUNT

(2) SHOULD EAT MORE

(3) SHOULD EAT LESS

(r) REFUSED

(d) DON'T KNOW

B11 The "Nutrition Facts panel" of a food label is everything on this page. SHOW HAND CARD OF NUTRIENT PANEL. When choosing between different food items at the grocery store, how often do you use the Nutrition Facts panel to help you decide which item to buy? 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 SEEN

(r) REFUSED

(d) DON'T KNOW

B12 In the past two months, have you participated in any events, lectures or demonstrations about how to shop for or prepare nutritious food and meals?

(1) YES

(r) REFUSED

(0) NO

(d) DON'T KNOW

B13 In the past two months, have you searched the internet for nutritional information or information about how to shop for or prepare nutritious foods and meals?

(1) YES

(r) REFUSED

(0) NO

(d) DON'T KNOW

**NATIONAL FOOD STUDY Final Interview– Section C**

Person #	<b>C1</b> Do you consider (yourself/any members of your household) to be vegetarian?	IF C1=YES: <b>C1a</b> Who is that? PROBE: Anyone else? CHECK (✓) ALL THAT APPLY	<b>C2</b> (Are you/Is anyone in your household) lactose intolerant?	IF C2= YES: <b>C2a</b> Who is that? PROBE: Anyone else?  CHECK (✓) ALL THAT APPLY	<b>C3</b> (Do you/Does anyone in your household) have any food allergies? IF NEEDED: A food allergy is a reaction causing a skin rash, hives, difficulty breathing, wheezing, or itching of the eyes, mouth, throat or skin.	IF C3= YES: <b>C3a</b> Who has food allergies? PROBE: Anyone else?  CHECK (✓) ALL THAT APPLY	IF C3a = ✓: <b>C3b</b> SHOW HAND CARD What foods (are you/is NAME) allergic to?  ENTER CODE(S) FOR ALL THAT APPLY	<b>C4</b> (Are you/Is anyone in your household) on any kind of diet, either to lose weight or for some other health-related reason? IF NEEDED: Examples of special diets include diet for weight loss, low carbohydrate, high protein, Atkins, low cholesterol, gluten-free, low sodium, diabetic diet, etc.	IF C4= YES: <b>C4a</b> Who is that? PROBE: Anyone else?  CHECK (✓) ALL THAT APPLY
		<input type="checkbox"/> YES → C1a <input type="checkbox"/> NO <input type="checkbox"/> REF. → C2 <input type="checkbox"/> D.K. → C2		<input type="checkbox"/> YES → C2a <input type="checkbox"/> NO <input type="checkbox"/> REF. → C3 <input type="checkbox"/> D.K. → C3		<input type="checkbox"/> YES → C3a <input type="checkbox"/> NO <input type="checkbox"/> REF. → C4 <input type="checkbox"/> D.K. → C4			<input type="checkbox"/> YES → C4a <input type="checkbox"/> NO <input type="checkbox"/> REF → D1 <input type="checkbox"/> DK → D1
1		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
2		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
3		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
4		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
5		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
6		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
7		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			

- C3b. FOOD ALLERGIES?**
- (10) WHEAT (GLUTEN)
  - (11) COW'S MILK
  - (12) EGGS
  - (13) FISH
  - (14) SHELLFISH (SHRIMP, CRAB, OR LOBSTER)
  - (15) CORN
  - (16) PEANUT
  - (17) OTHER NUTS
  - (18) SOY PRODUCTS
  - (19) OTHER
  - (r) REFUSED
  - (d) DON'T KNOW

**NATIONAL FOOD STUDY Final Interview– Section D**

INTERVIEWER: ASK QUESTION FOR EACH PERSON THEN GO TO NEXT QUESTION.

Person #	D1	D2	IF D2=1:	The next questions are about the height and weight of each member of your household. I'll start by asking about height.				INTERVIEWER: D4_ALT ARE IN CAPI ONLY		
	In general, would you say (your/NAME) health is excellent, very good, good, fair, or poor?  ENTER CODE	(Do you/does anyone who lives here) smoke cigarettes, cigars, or pipes, or chews tobacco?  <input type="checkbox"/> YES → GO TO D2a <input type="checkbox"/> NO → GO TO D3 <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW	D2a	D3		D4_Weight		D4_Alt1	D4_Alt2	
			Who smokes or chews tobacco?  CHECK ALL THAT APPLY	How tall (are you/NAME) without shoes? IF AGE < 2 YRS: How tall is (NAME) when lying down and measured from head to toe?  ENTER # (IN FEET & INCHES OR METERS OR CENTIMETERS)		How much (do you/does NAME) weigh without clothes or shoes?  ENTER POUNDS OR KILOGRAMS				IF AGE>18 AND D4_WEIGHT = r,d and D3 is not missing:
			FEET	INCHES	METERS	CENTI-METERS	LBS	KG	(Do you/does NAME) weigh more or less than [XX] without clothes or shoes? IF MORE, GO TO E1.	(Do you/does NAME) weigh more or less than [YY] without clothes or shoes?
1			<input type="checkbox"/>							
2			<input type="checkbox"/>							
3			<input type="checkbox"/>							
4			<input type="checkbox"/>							
5			<input type="checkbox"/>							
6			<input type="checkbox"/>							
7			<input type="checkbox"/>							

<b>D3. HEIGHT</b> (r) REFUSED (d) DON'T KNOW	<b>D4_Weight</b> (r) REFUSED (d) DON'T KNOW	<b>D4_Alt1 and D4_Alt2</b> (1) MORE (2) LESS (r) REFUSED (d) DON'T KNOW
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NOTE: XX AND YY ARE CAPI FILLS BASED ON HEIGHT REPORTED IN D3. XX IS THE CUTOFF BETWEEN OVERWEIGHT AND OBESITY; YY IS THE CUTOFF BETWEEN NORMAL WEIGHT AND OVERWEIGHT. THE FILL VALUES POPULATE D4\_CAT1 (OBESITYMEASURE) AND D4\_CAT2 (OVERWEIGHTMEASURE).

**NATIONAL FOOD STUDY Final Interview– Section E**

**SECTION E**

These next questions are about the food eaten in your household in the last 30 days, and whether you were able to afford the food you need.

E1 Which of these statements best describes the food eaten in your household in the last 30 days?

- (1) Enough of the kinds of food (I/we) want to eat
- (2) Enough, but not always the kinds of food (I/we) want to eat
- (3) Sometimes not enough to eat
- (4) Often not enough to eat
- (r) REFUSED
- (d) DON'T KNOW

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 30 days.

E2 The first statement is “(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.” Was that often true, sometimes true, or never true for (you/your household) in the last 30 days?

- (1) OFTEN TRUE (r) REFUSED
- (2) SOMETIMES TRUE (d) DON'T KNOW
- (3) NEVER TRUE

E3 “The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.” Was that often, sometimes, or never true for (you/your household) in the last 30 days?

- (1) OFTEN TRUE (r) REFUSED
- (2) SOMETIMES TRUE (d) DON'T KNOW
- (3) NEVER TRUE

E4 “(I/We) couldn't afford to eat balanced meals.” PROMPT: Was that often, sometimes, or never true for (you/your household) in the last 30 days?

- (1) OFTEN TRUE (r) REFUSED
- (2) SOMETIMES TRUE (d) DON'T KNOW
- (3) NEVER TRUE

IF (E1=3 or 4) or (E2=1 or 2) or (E3=1 or 2) or (E4=1 or 2) CONTINUE. OTHERWISE GO TO SECTION F.

E5 In the last 30 days did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- (1) YES → GO TO E5a (r) REFUSED → E6
- (0) NO → GO TO E6 (d) DON'T KNOW

E5a In the last 30 days, how many days did this happen?

- #DAYS: \_\_\_\_\_ (Range 1-30)
- (r) REFUSED (d) DON'T KNOW

		YES	NO	REF	DK
E6	In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E7	In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E8	In the last 30 days, did you lose weight because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E9	In the last 30 days, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?	<input type="checkbox"/> ↓ GO TO E9a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E9a In the last 30 days, how many days did this happen? #DAYS: \_\_\_\_\_ (Range 1-30)

- (r) REFUSED (d) DON'T KNOW

**NATIONAL FOOD STUDY Final Interview– Section F**

**SECTION: Section F**

The next questions are about your household income and expenses. This information is important for understanding the money that you have available to spend on food. I'll ask you to read the information that you put on your worksheet to make sure that I don't read anything incorrectly. This will also help you think about anything you missed. Did you have any questions about the worksheet before we begin?

F0 Did you complete the income and expenses worksheet that I left with you at the beginning of the week?

(1) YES

(0) NO

(r) REFUSED

(d) DON'T KNOW

INTERVIEWER: GO TO F1.

**NATIONAL FOOD STUDY Final Interview– Section F**

INTERVIEWER: ASK F1-F8 FOR EACH PERSON AGE 16 AND OLDER THEN MOVE TO NEXT PERSON.

Person #	F1 Did (you/ NAME) have <b>any income</b> last month?  ENTER CODE	IF F1=0, d, r:	INTERVIEWER: IF F1b=0, d, r, SKIP F2-F6 AND GO TO NEXT PERSON									
		F1b 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. Just to confirm, did [you/name] receive income from any of these sources last month?  ENTER CODE	F2 How much did (you/NAME) receive in <b>earnings from work</b> last month? IF NEEDED: How often is that received?			F3 How much did (you/NAME) receive in <b>unemployment compensation</b> last month? IF NEEDED: How often is that received?		F4 How much did (you/NAME) receive from <b>welfare, child support, or alimony</b> last month? IF NEEDED: How often is that received?		F5 How much did (you/NAME) receive from <b>retirement and disability income</b> last month? IF NEEDED: How often is that received?		
			F2 AMOUNT	F2a HOW OFTEN	F2b Is that take- home pay or the amount before taxes are taken out? ENTER CODE	F3 AMOUNT	F3a HOW OFTEN	F4 AMOUNT	F4a HOW OFTEN	F5 AMOUNT	F5a HOW OFTEN	F5b What was the source of that income? ENTER CODE
1			\$ _____			\$ _____		\$ _____		\$ _____		
2			\$ _____			\$ _____		\$ _____		\$ _____		
3			\$ _____			\$ _____		\$ _____		\$ _____		
4			\$ _____			\$ _____		\$ _____		\$ _____		
5			\$ _____			\$ _____		\$ _____		\$ _____		
6			\$ _____			\$ _____		\$ _____		\$ _____		
7			\$ _____			\$ _____		\$ _____		\$ _____		

F1 and F1b	AMOUNT	HOW OFTEN	F2b. TAKE-HOME PAY?	F5b. SOURCE OF RETIREMENT INC
(1) YES	(0) NONE	(1) PER MONTH OR MONTHLY	(1) TAKE-HOME PAY	(1) SOCIAL SECURITY RETIREMENT BENEFITS (SSA)
(0) NO	(r) REFUSED	(2) TWICE PER MONTH	(2) AMOUNT BEFORE TAXES	(2) SOCIAL SECURITY DISABILITY RELIEF (SSDI)
(r) REFUSED	(d) DON'T KNOW	(3) EVERY OTHER WEEK	(r) REFUSED	(3) PENSIONS
(d) DON'T KNOW		(4) EVERY WEEK OR WEEKLY	(d) DON'T KNOW	(4) BLACK LUNG BENEFITS
		(5) PER YEAR OR ANNUALLY		(5) WORKERS COMPENSATION
		(r) REFUSED		(6) SSI
		(d) DON'T KNOW		(7) OTHER RETIREMENT INCOME
				(r) REFUSED
				(d) DON'T KNOW

**NATIONAL FOOD STUDY Final Interview– Section F**

INTERVIEWER: ASK F1-F8 FOR EACH PERSON AGE 16 AND OLDER THEN MOVE TO NEXT PERSON.

Person #	F5c How much did (you/NAME) receive in <b>investment income</b> last month?			F6 How much <b>other income</b> did (you/NAME) receive last month?			Let me make sure that the information I have about (your / NAME's) income is correct. I have recorded (READ ALL TYPES OF INCOME AND AMOUNTS FROM F1-F6).			
	F5c1 AMOUNT	F5c2 HOW OFTEN	F5c3 What was the source of that income?  ENTER CODE	F6 AMOUNT	F6a HOW OFTEN	F6b What was the source of that income?  ENTER CODE	F7 Is this correct?  IF 'NO' ASK "Which items are incorrect?" AND CORRECT GRID	F8 Is anything missing? Did (you / NAME) have any other income last month from sources not listed above?  ENTER CODE	IF F8=1:	
									F8a What kind of income? Anything else?  ENTER CODE(S) FOR ALL THAT APPLY	F8b How much was received from [INCOME SOURCE] last month?
1	\$ _____			\$ _____						
2	\$ _____			\$ _____						
3	\$ _____			\$ _____						
4	\$ _____			\$ _____						
5	\$ _____			\$ _____						
6	\$ _____			\$ _____						
7	\$ _____			\$ _____						

AMOUNT	HOW OFTEN	F5c3. SOURCE OF INVESTMENT INCOME	F6b. SOURCE OF OTHER INCOME	F7. CORRECT?	F8. ANYTHING MISSING	F8a. INCOME SOURCE
(0) NONE	(1) PER MONTH OR MONTHLY	(1) RENTAL PROPERTIES	(1) STRIKE BENEFITS	(1) YES	(1) YES	(1) EARNINGS
(r) REFUSED	(2) TWICE PER MONTH	(2) INTEREST	(2) FUEL ASSISTANCE	(0) NO	(0) NO	(2) UNEMP COMP
(d) DON'T KNOW	(3) EVERY OTHER WEEK	(3) CAPITAL GAINS	(3) ROOMERS, LODGERS, OR TENANTS	(r) REFUSED	(r) REFUSED	(3) WELFARE, CHILD SUPPORT, OR ALIMONY
	(4) EVERY WEEK OR WEEKLY	(4) TRUST FUND PAYMENTS	(4) EDUCATIONAL GRANTS	(d) DON'T KNOW	(d) DON'T KNOW	(4) RETIREMENT/ DISABILITY
	(5) PER YEAR OR ANNUALLY	(5) OTHER INVESTMENT INCOME	(5) INSURANCE SETTLEMENT PAYMENTS			(5) INVESTMENT INCOME
	(r) REFUSED	(r) REFUSED	(6) VETERANS AFFAIRS BENEFITS			(r) REFUSED
	(d) DON'T KNOW	(d) DON'T KNOW	(7) LOTTERY WINNINGS			(d) DON'T KNOW
			(8) TRUST FUND PAYMENT			
			(9) EMPLOYMENT BONUSES			
			(r) REFUSED			
			(d) DON'T KNOW			

**NATIONAL FOOD STUDY Final Interview– Section F and G**

F9 (Do you/Does your household) have \$2,000 or more in cash, checking accounts, saving accounts, money markets, or other assets that are easily converted to cash? INTERVIEWER: WE WANT TO KNOW IF TOTAL LIQUID ASSETS ARE \$2000 OR MORE.

- (1) YES → GO TO F9a
  - (0) NO
  - (r) REFUSED
  - (d) DON'T KNOW
- } → GO TO SECTION G

F9a (Do you/Does your household) have \$3,000 or more in cash, checking accounts, saving accounts, money markets, or other assets that are easily converted to cash? INTERVIEWER: WE WANT TO KNOW IF TOTAL LIQUID ASSETS ARE \$3000 OR MORE.

- (1) YES
- (0) NO
- (r) REFUSED
- (d) DON'T KNOW

**SECTION: Section G**

The next questions are about your household expenses last month. Household expenses do not include business expenses, so you should not include business expenses in your responses.

INTERVIEWER: READ QUESTIONS IN FIRST COLUMN, RECORD RESPONSES IN COLUMNS TO THE RIGHT OF EACH QUESTION.

QUESTION	RESPONSE	
G1 (Do you/Does your household) rent or own your home?	(1) RENT (2) OWN (3) OTHER, DO NOT PAY FOR HOUSING (r) REFUSED (d) DON'T KNOW	} → GO TO G1a  } → GO TO G1c
G1a How much did (you/your household) pay for (rent/mortgage) last month?	\$ _____ (r) REFUSED (d) DON'T KNOW	<b>G1b. HOW OFTEN?</b> (1) PER MONTH OR MONTHLY (2) TWICE PER MONTH (3) EVERY OTHER WEEK (4) EVERY WEEK (5) PER YEAR OR ANNUALLY (r) REFUSED (d) DON'T KNOW
G1c Is this public housing – that is, is it owned by a local public housing authority or other public agency? DO NOT INCLUDE MILITARY HOUSING.	(1) YES (0) NO (r) REFUSED (d) DON'T KNOW	

IF OWN HOME (G1=2) GO TO G2a, ELSE GO TO G1d

**NATIONAL FOOD STUDY Final Interview– Section H**

QUESTION	RESPONSE
G1d Is the rent here subsidized by the Federal, State, or Local government? By that I mean, is the government paying part of the cost? DO NOT INCLUDE MILITARY HOUSING.	(1) YES (0) NO (r) REFUSED (d) DON'T KNOW
G2a How much do (you/your household) pay for homeowners or renters insurance?	<p>\$ _____. ____ → GO TO G2b</p> <p>(0) NOTHING (r) REFUSED (d) DON'T KNOW</p> <p>G2b. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW</p> <p>G2c. ALREADY REPORTED WITH OTHER EXPENSE (1) YES (0) NO</p>
IF OWN HOME (G1=2) ASK G3a, OTHERWISE GO TO G5a	
G3a How much (do you/does your household) pay for real estate or property tax?	<p>\$ _____. ____ → GO TO G3b</p> <p>(0) NOTHING (r) REFUSED (d) DON'T KNOW</p> <p>G3b. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW</p> <p>G3c. ALREADY REPORTED WITH OTHER EXPENSE? (1) YES (0) NO</p>
G4 (Do you/does anyone in your household) own or lease a car or truck?	<p>(1) YES, OWN (2) YES, LEASE (3) OWN AND LEASE</p> <p>→ GO TO G4_1</p> <p>(0) NO (R) REFUSED (D) DON'T KNOW</p> <p>→ GO TO G4a</p>
G4_1 How many vehicles (do you/does your household) own or lease?	<p>NUMBER: _____</p> <p>(R) REFUSED (D) DON'T KNOW</p>

**NATIONAL FOOD STUDY Final Interview– Section H**

QUESTION	RESPONSE	
G4a Last month, how much did (you/your household) pay for public transportation or vehicle rentals?	<p>\$ _____. ____ → GO TO G4b</p> <p>(0) NOTHING</p> <p>(r) REFUSED</p> <p>(d) DON'T KNOW</p> <p>G4C. ALREADY REPORTED WITH OTHER EXPENSE</p> <p>(1) YES</p> <p>(0) NO</p>	<p>G4b.HOW OFTEN?</p> <p>(1) PER MONTH OR MONTHLY</p> <p>(2) TWICE PER MONTH</p> <p>(3) EVERY OTHER WEEK</p> <p>(4) EVERY WEEK</p> <p>(5) PER YEAR OR ANNUALLY</p> <p>(r) REFUSED</p> <p>(d) DON'T KNOW</p>
G5a How much did (you/your household) pay for electricity last month?	<p>\$ _____. ____ → GO TO G5b</p> <p>(0) NOTHING</p> <p>(r) REFUSED</p> <p>(d) DON'T KNOW</p> <p>G5C. ALREADY REPORTED WITH OTHER EXPENSE</p> <p>(1) YES</p> <p>(0) NO</p>	<p>G5b. HOW OFTEN?</p> <p>(1) PER MONTH OR MONTHLY</p> <p>(2) TWICE PER MONTH</p> <p>(3) EVERY OTHER WEEK</p> <p>(4) EVERY WEEK</p> <p>(5) PER YEAR OR ANNUALLY</p> <p>(r) REFUSED</p> <p>(d) DON'T KNOW</p>
G6a How much did (you/your household) pay for gas, oil, wood, or other heating fuels last month?	<p>\$ _____. ____ → GO TO G6b</p> <p>(0) NOTHING</p> <p>(r) REFUSED</p> <p>(d) DON'T KNOW</p> <p>G6C. ALREADY REPORTED WITH OTHER EXPENSE</p> <p>(1) YES</p> <p>(0) NO</p>	<p>G6b. HOW OFTEN?</p> <p>(1) PER MONTH OR MONTHLY</p> <p>(2) TWICE PER MONTH</p> <p>(3) EVERY OTHER WEEK</p> <p>(4) EVERY WEEK</p> <p>(5) PER YEAR OR ANNUALLY</p> <p>(r) REFUSED</p> <p>(d) DON'T KNOW</p>
G7a How much (do you/does your household) pay for sewer maintenance and/or garbage collection?	<p>\$ _____. ____ → GO TO G7b</p> <p>(0) NOTHING</p> <p>(r) REFUSED</p> <p>(d) DON'T KNOW</p> <p>G7C. ALREADY REPORTED WITH OTHER EXPENSE</p> <p>(1) YES</p> <p>(0) NO</p>	<p>G7b. HOW OFTEN?</p> <p>(1) PER MONTH OR MONTHLY</p> <p>(2) TWICE PER MONTH</p> <p>(3) EVERY OTHER WEEK</p> <p>(4) EVERY WEEK</p> <p>(5) PER YEAR OR ANNUALLY</p> <p>(r) REFUSED</p> <p>(d) DON'T KNOW</p>

**NATIONAL FOOD STUDY Final Interview– Section H**

QUESTION	RESPONSE	
<p>G8a How much (do you/does your household) pay for health insurance? Please include payments for health insurance that are automatically deducted from your pay.</p>	<p>\$ _____. ____ → GO TO G8b            (0) NOTHING            (r) REFUSED            (d) DON'T KNOW</p> <p>G8c. ALREADY REPORTED WITH OTHER EXPENSE            (1) YES            (0) NO</p>	<p>G8b. HOW OFTEN?            (1) PER MONTH OR MONTHLY (4) EVERY WEEK            (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY            (3) EVERY OTHER WEEK (r) REFUSED            (d) DON'T KNOW</p>
<p>G9a Last month, how much did (you/ your household) pay for health insurance co-pays? These are payments that you make to physicians or hospitals when your insurance pays most of the bill.</p>	<p>\$ _____. ____ → GO TO G9b            (0) NOTHING            (r) REFUSED            (d) DON'T KNOW</p> <p>G9c. ALREADY REPORTED WITH OTHER EXPENSE            (1) YES            (0) NO</p>	<p>G9b. HOW OFTEN?            (1) PER MONTH OR MONTHLY (4) EVERY WEEK            (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY            (3) EVERY OTHER WEEK (r) REFUSED            (d) DON'T KNOW</p>
<p>G10a Last month, how much did (you/your household) pay for physician or hospital bills not paid by insurance?</p>	<p>\$ _____. ____ → GO TO G10b            (0) NOTHING            (r) REFUSED            (d) DON'T KNOW</p> <p>G10c. ALREADY REPORTED WITH OTHER EXPENSE            (1) YES            (0) NO</p>	<p>G10b. HOW OFTEN?            (1) PER MONTH OR MONTHLY (4) EVERY WEEK            (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY            (3) EVERY OTHER WEEK (r) REFUSED            (d) DON'T KNOW</p>
<p>G11a Last month, how much did (you/your household) pay for prescription drugs?</p>	<p>\$ _____. ____ → GO TO G11b            (0) NOTHING            (r) REFUSED            (d) DON'T KNOW</p> <p>G11c. ALREADY REPORTED WITH OTHER EXPENSE            (1) YES            (0) NO</p>	<p>G11b. HOW OFTEN?            (1) PER MONTH OR MONTHLY (4) EVERY WEEK            (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY            (3) EVERY OTHER WEEK (r) REFUSED            (d) DON'T KNOW</p>

**NATIONAL FOOD STUDY Final Interview– Section H**

QUESTION	RESPONSE
IF (G9a>0) or (G10a>0) or (G11a>0), ASK G11d:	
<p>G11d Last month, how much of (your/your household's) out-of-pocket medical expenses were spent for household members who are older than age 59 or are disabled?</p>	<p>\$ _____. ____</p> <p>(0) NOTHING (r) REFUSED (d) DON'T KNOW</p> <p>G11e. ALREADY REPORTED WITH OTHER EXPENSE (1) YES (0) NO</p>
<p>G12a Last month, how much did (you/your household) pay for child care?</p>	<p>\$ _____. ____ → GO TO G12b</p> <p>(0) NOTHING (r) REFUSED (d) DON'T KNOW</p> <p>G12c. ALREADY REPORTED WITH OTHER EXPENSE (1) YES (0) NO</p> <p>G12b. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW</p>
<p>G13a Last month, how much did (you/your household) pay in child support?</p>	<p>\$ _____. ____ → GO TO G13b</p> <p>(0) NOTHING (r) REFUSED (d) DON'T KNOW</p> <p>G13c. ALREADY REPORTED WITH OTHER EXPENSE (1) YES (0) NO</p> <p>G13b. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW</p>
<p>G14a Last month, how much did (you/your household) pay for adult care?</p>	<p>\$ _____. ____ → GO TO G14b</p> <p>(0) NOTHING (r) REFUSED (d) DON'T KNOW</p> <p>G14c. ALREADY REPORTED WITH OTHER EXPENSE (1) YES (0) NO</p> <p>G14b. HOW OFTEN? (1) PER MONTH OR MONTHLY (4) EVERY WEEK (2) TWICE PER MONTH (5) PER YEAR OR ANNUALLY (3) EVERY OTHER WEEK (r) REFUSED (d) DON'T KNOW</p>
<p>G15 Over the past month, has your household had any unusually large and unexpected expenses that affected your spending on food during the study week?</p>	<p>(1) YES (0) NO (R) REFUSED (D) DON'T KNOW</p>

**NATIONAL FOOD STUDY Final Interview– Section H**

My next questions are about major life events

H1 Has there been a change in the number of people living in your household over the past 3 months?

- (1) YES
  - (0) NO
  - (r) REFUSED
  - (d) DON'T KNOW
- GO TO H2

H1a What caused that change? CIRCLE ALL THAT APPLY.

- (1) BIRTH OF CHILD
- (2) NEW STEP, FOSTER OR ADOPTED CHILD
- (3) SEPARATION OR DIVORCE
- (4) DEATH OF HOUSEHOLD MEMBER
- (5) MARRIAGE
- (6) NEW PARTNER
- (7) A CHILD, PARENT, OTHER RELATIVE MOVING IN OR OUT OF THE HOUSEHOLD
- (8) OTHER
- (r) REFUSED
- (d) DON'T KNOW

H2 Have you (or anyone in your family) been diagnosed with a major illness or disability in the past 3 months?

- (1) YES
  - (0) NO
  - (r) REFUSED
  - (d) DON'T KNOW
- GO TO H3

H2a Was that someone in your household or someone outside your household?

- (1) HOUSEHOLD MEMBER(S)
- (2) FAMILY MEMBER(S) OUTSIDE HOUSEHOLD
- (3) BOTH HOUSEHOLD MEMBERS AND NON-

**HOUSEHOLD MEMBERS**

- (r) REFUSED
- (d) DON'T KNOW

H3 (Have you/Has anyone in your household) changed jobs in the past 3 months?

- (1) YES → GO TO H3a
  - (0) NO
  - (r) REFUSED
  - (d) DON'T KNOW
- GO TO H4

H3a Who was that? Anyone else?

NAME(S): \_\_\_\_\_

- (r) REFUSED
- (d) DON'T KNOW

H3b FOR EACH PERSON NAMED IN H3a: (Do you/Does NAME) now earn more, less, or about the same as before changing jobs?

- (1) MORE
- (2) LESS
- (1) ABOUT THE SAME
- (r) REFUSED
- (d) DON'T KNOW

H4 Which of the following best describes (your/your household's) financial condition?

- (1) Very comfortable and secure
- (2) Able to make ends meet without much difficulty
- (3) Occasionally have some difficulty making ends meet
- (4) Tough to make ends meet but keeping your head above water
- (5) In over your head

**NATIONAL FOOD STUDY Final Interview– Section H**

Next I'll read a list of financial practices. Please tell me whether your household does them never, rarely, sometimes, usually, or always

H4a How often (do you/does your household) review your bills for accuracy?

- (1) Never (6) NOT APPLICABLE
- (2) Rarely (r) REFUSED
- (3) Sometimes (d) DON'T KNOW
- (4) Usually
- (5) Always

H4b How often (do you/does your household) pay your bills on time?

- (1) Never (6) NOT APPLICABLE
- (2) Rarely (r) REFUSED
- (3) Sometimes (d) DON'T KNOW
- (4) Usually
- (5) Always

H4c How often (do you/does your household) pay more than the "minimum payment" due on your credit card bills?

- (1) Never (6) NOT APPLICABLE
- (2) Rarely (r) REFUSED
- (3) Sometimes (d) DON'T KNOW
- (4) Usually
- (5) Always

IF QUESTION H4=3,4,5 CONTINUE TO H5a, OTHERWISE SKIP TO SECTION I

Next are questions about difficulties people sometimes have in meeting their essential household expenses for such things as mortgage or rent payments, utility bills, or important medical care.

H5a During the past 6 months, has there been a time when (you/your household member) could not pay your mortgage or rent, electricity or gas utilities, or important medical expenses?

- (1) YES (r) REFUSED
- (0) NO (d) DON'T KNOW

H5b In the past 6 months, (were you/was your household) evicted from a home or apartment for not paying the rent or mortgage?

- (1) YES (r) REFUSED
- (0) NO (d) DON'T KNOW

H5c In the past 6 months, has there been a time when (you/your household) could not pay the full amount of the gas, oil, or electricity bills?

- (1) YES (r) REFUSED
- (0) NO (d) DON'T KNOW

H5d During the last 6 months, (have you/has anyone in your household) used a cash advance service on any of your credit cards?

- (1) YES (r) REFUSED
- (0) NO (d) DON'T KNOW
- (2) NOT APPLICABLE

H5e In the last 6 months, (have you/has anyone in your household) used a payday loan or other high interest rate loan?

- (1) YES (r) REFUSED
- (0) NO (d) DON'T KNOW



**NATIONAL FOOD STUDY Final Interview– Section I**

INTERVIEWER: ASK I5 IF HOUSEHOLD DID NOT INITIAL THE BOX ON THE CONSENT FORM, OTHERWISE CLOSE

I5 When you signed the consent form at the beginning of the week you did not initial the section to allow us to obtain information from state agencies about your receipt of food program benefits. Any data that we obtain will be kept strictly confidential. Do we have your permission to obtain your administrative data from state agencies?

(1) YES (0) NO

SECTION: Interviewer Admin

Incent1 DID YOU DISTRIBUTE THE \$100 CHECK AT THE TIME OF THE INTERVIEW?

(1) YES (0) NO

Incent2 HOW MANY \$10 GIFT CARDS DID YOU PROVIDE?

NUMBER: \_\_\_\_\_ (Range 0-99)

Incent3 HOW MANY \$20 GIFT CARDS DID YOU PROVIDE?

NUMBER: \_\_\_\_\_ (Range 0-99)

Incent4 DID YOU PROVIDE MORE GIFT CARDS THAN LISTED IN THE DAY-8 EMAIL (AFTER R CALLED PHONE CENTER)?

(1) YES (0) NO (d) DON'T KNOW (f) REFUSED

CLOSE That completes your final interview. Thank you for taking the time to answer these questions.

Final  
Interview  
Question  
B11

## NUTRITION PANEL

When choosing between different food items, how often do you use the Nutrition Facts panel to help you decide which item to buy?

<b>Nutrition Facts</b>	
Serving Size 1/4 Cup (30g)	
Servings Per Container About 38	
Amount Per Serving	
<b>Calories</b> 200 Calories from Fat 150	
% Daily Value*	
<b>Total Fat</b> 17g	<b>26%</b>
Saturated Fat 2.5g	<b>13%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 120mg	<b>5%</b>
<b>Total Carbohydrate</b> 7g	<b>2%</b>
Dietary Fiber 2g	<b>8%</b>
Sugars 1g	
<b>Protein</b> 5g	
Vitamin A 0%	• Vitamin C 0%
Calcium 4%	• Iron 8%
*Percent Daily Values are based on a 2,000 calorie diet.	

Final  
Interview  
Question  
C3b

## ALLERGENS

What foods is \_\_\_\_\_ allergic to?

CODE	DESCRIPTION
10	Wheat (gluten)
11	Cow's milk
12	Eggs
13	Fish
14	Shellfish (example: shrimp, crab, or lobster)
15	Corn
16	Peanut
17	Other nut
18	Soy products
19	Other, not listed above