BOX 1

CHECK ITEM DBQ.005:
IF SP AGE <= 6, CONTINUE.
OTHERWISE, GO TO BOX 2.

DBQ.010 Now I’m going to ask you some general questions about (SP’s) eating habits.

Was (SP) ever breastfed or fed breastmilk?

YES ............................................................... 1
NO ................................................................. 2 (DBQ.040)
REFUSED ..................................................... 7 (DBQ.040)
DONT KNOW ............................................... 9 (DBQ.040)

DBQ.020 How old was (SP) when (he/she) was first fed something other than breastmilk or water?

INCLUDE FORMULA, JUICE, SOLID FOODS

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER .......................................................... 2 (BOX 2)
REFUSED ..................................................... 777 (BOX 2)
DONT KNOW ............................................... 999 (BOX 2)

ENTER UNIT

DAYS............................................................. 1
WEEKS ......................................................... 2
MONTHS....................................................... 3
YEARS .......................................................... 4
REFUSED ..................................................... 7
DONT KNOW ............................................... 9

DBQ.030 How old was (SP) when (he/she) completely stopped breastfeeding or being fed breastmilk?

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

STILL BREASTFEEDING........................ 6666
REFUSED ............................................... 7777
DONT KNOW ......................................... 9999

ENTER UNIT

DAYS............................................................. 1
WEEKS ......................................................... 2
MONTHS....................................................... 3
YEARS .......................................................... 4
REFUSED ..................................................... 7
DONT KNOW ............................................... 9
DBQ.040  How old was (SP) when (he/she) was **first** fed formula on a **daily basis**?

INCLUDE CHILDREN RECEIVING FORMULA AND THOSE RECEIVING FORMULA AND BREASTMILK AT THE SAME TIME

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS..........................  2  (DBQ.060)
REFUSED ...............................................  7777
DON'T KNOW .........................................  9999

ENTER UNIT

DAYS................................................................  1
WEEKS .....................................................  2
MONTHS....................................................  3
YEARS .....................................................  4
REFUSED ..................................................  7
DON'T KNOW ..........................................  9

DBQ.050  How old was (SP) when (he/she) **completely stopped** drinking formula?

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

STILL DRINKING FORMULA..................  6666
REFUSED ...............................................  7777
DON'T KNOW .........................................  9999

ENTER UNIT

DAYS......................................................  1
WEEKS ..................................................  2
MONTHS................................................  3
YEARS ..................................................  4
REFUSED ...............................................  7
DON'T KNOW ..........................................  9
DBQ.060
How old was (SP) when (he/she) was first fed milk on a daily basis?

INCLUDE LACTAID AS MILK
DO NOT INCLUDE BREASTMILK OR FORMULA

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS..........................  2 (DBQ.080)
REFUSED ...............................................  7777
DON'T KNOW .........................................  9999

ENTER UNIT

DAYS.............................................................  1
WEEKS .........................................................  2
MONTHS.......................................................  3
YEARS ..........................................................  4
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

DBQ.072
What type of milk was (SP) first fed on a daily basis? Was it . . .

CODE ALL THAT APPLY

whole or regular, ..............................................  10
2% fat or reduced-fat milk....................................  11
1% fat or low-fat milk (includes 0.5% fat milk or
"low-fat milk" not further specified),..................  12
fat-free, skim or nonfat milk or .........................  13
another type?.................................................  30
REFUSED .....................................................  77
DON'T KNOW ...............................................  99

DBQ.080
How old was (SP) when (he/she) started eating solid foods [such as strained foods like baby food or any other
non-liquid foods] on a daily basis?

|___|___|___|___|
ENTER AGE IN DAYS, WEEKS, MONTHS OR YEARS

NEVER ON A DAILY BASIS..........................  2
REFUSED ...............................................  7777
DON'T KNOW .........................................  9999

ENTER UNIT

DAYS.............................................................  1
WEEKS .........................................................  2
MONTHS.......................................................  3
YEARS ..........................................................  4
REFUSED .....................................................  7
DON'T KNOW ...............................................  9
Next I have some questions about {your/SP's} eating habits.

In general, how healthy is {your/his/her} overall diet? Would you say . . .

- excellent, ....................................................... 1
- very good, ...................................................... 2
- good, ............................................................ 3
- fair, or .......................................................... 4
- poor? ............................................................ 5
- REFUSED ..................................................... 7
- DON'T KNOW ................................................ 9
(Next I have some questions about {SP’s} eating habits.)

(First/Next) I’m going to ask a few questions about milk products. Do not include their use in cooking.

In the past 30 days, how often did {you/SP} have milk to drink or on {your/his/her} cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to coffee or tea. Would you say . . .

**HAND CARD DBQ1**

**CAPI INSTRUCTION:**
THIS SHOULD NOT BE A GATE QUESTION ANYMORE.

**CAPI DISPLAY INSTRUCTIONS:** IF SP AGE 7-15 YEARS OLD, DISPLAY “(Next I have some questions about {SP’s} eating habits.) First, I’m going to ask about milk products. Do not include their use in cooking.”

IF SP AGE <= 6 OR => 16 YEARS OLD. DISPLAY “Next I’m going to ask a few questions about milk products. Do not include their use in cooking.”

- never, ............................................................ 0 (BOX 6)
- rarely – less than once a week, .......................... 1
- sometimes – once a week or more, but
  - less than once a day, or........................................ 2
- often – once a day or more?.............................. 3
- VARIED ......................................................... 4
- REFUSED ..................................................... 7 (BOX 6)
- DON’T KNOW ............................................... 9 (BOX 6)

**DBQ.222 What type of milk was it? Was it usually . . .**

IF RESPONDENT CANNOT PROVIDE USUAL TYPE, CODE ALL THAT APPLY

- whole or regular, ............................................. 10
- 2% fat or reduced-fat milk................................. 11
- 1% fat or low-fat milk (includes 0.5% fat milk or
  “low-fat milk” not further specified),.................. 12
- fat-free, skim or nonfat milk or ......................... 13
- another type?............................................... 30
- REFUSED ..................................................... 77
- DON’T KNOW ............................................... 99

**BOX 6**

**CHECK ITEM DBQ.225:**
IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO BOX 9.
The next question is about regular milk use.

A regular milk drinker is someone who uses any type of milk at least 5 times a week. Using this definition, which statement best describes you?

HAND CARD DBQ2

I've been a regular milk drinker for most or all of my life, including my childhood;............ 1
I've never been a regular milk drinker;................................................ 2 (BOX 8A)
My milk drinking has varied over my life – sometimes I've been a regular milk drinker and sometimes I have not been a regular milk drinker ......................... 3
REFUSED ..................................................... 7 (BOX 8A)
DON'T KNOW ............................................... 9 (BOX 8A)
Now, I’m going to ask you how often {you/SP} drank milk at different times in {your/his/her} life.

How often did {you/SP} drink any type of milk, including milk added to cereal, when {you were/s/he was} . . .

HAND CARD DBQ3

IF NECESSARY, PROBE FOR USUAL OR MOST COMMON AMOUNT FOR THIS TIME PERIOD

CAPI INSTRUCTION:
THESE (A-C) SHOULD NOT BE GATE QUESTIONS ANYMORE.

a. a child between the ages of 5 and 12 years old? Would you say . . .

never, ............................................................ 0
rarely – less than once a week, ..................... 1
sometimes – once a week or more, but
  less than once a day, or............................ 2
often – once a day or more?....................... 3
VARIED ......................................................... 4
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9

b. a teenager between the ages of 13 and 17 years old? Would you say . . .

never, ............................................................ 0
rarely – less than once a week, ..................... 1
sometimes – once a week or more, but
  less than once a day, or............................ 2
often – once a day or more?....................... 3
VARIED ......................................................... 4
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9

c. a young adult between the ages of 18 and 35 years old? Would you say . . .

never, ............................................................ 0
rarely – less than once a week, ..................... 1
sometimes – once a week or more, but
  less than once a day, or............................ 2
often – once a day or more?....................... 3
VARIED ......................................................... 4
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9

BOX 8A

CHECK ITEM DBQ.265A:
IF SP AGE >= 60, CONTINUE.
OTHERWISE, GO TO BOX 11.
DBQ.301  The next questions are about meals provided by community or government programs.

In the past 12 months, did (you/SP) receive any meals delivered to (your/his/her) home from community programs, “Meals on Wheels”, or any other programs?

YES ...............................................................  1
NO .................................................................  2
REFUSED ...........................................................  7
DON'T KNOW ....................................................  9

DBQ.330  In the past 12 months, did (you/SP) go to a community program or senior center to eat prepared meals?

INCLUDE ADULT DAY CARE

YES ...............................................................  1
NO .................................................................  2
REFUSED ...........................................................  7
DON'T KNOW ....................................................  9

BOX 8B
CHECK ITEM DBQ.335:
GO TO BOX 11.

BOX 9
CHECK ITEM DBQ.355:
IF SP AGE 4-19, CONTINUE.
OTHERWISE, GO TO BOX 10.

DBQ.360  During the school year, (do you/does SP) attend a kindergarten, grade school, junior or high school?

YES ...............................................................  1
NO .................................................................  2 (BOX 10)
REFUSED ...........................................................  7 (BOX 10)
DON'T KNOW ....................................................  9 (BOX 10)

DBQ.370  Does (your/SP's) school serve school lunches? These are complete lunches that cost the same every day.

YES ...............................................................  1
NO .................................................................  2 (DBQ.400)
REFUSED ...........................................................  7 (DBQ.400)
DON'T KNOW ....................................................  9 (DBQ.400)
**DBQ.381**
During the **school year**, about how many times a week {do you/does SP} usually get a complete school lunch?

Enter number of times:

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

**DBQ.390**
{Do you/Does SP} get these lunches free, at a reduced price, or {do you/does he/she} pay full price?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free</td>
<td>1</td>
</tr>
<tr>
<td>Reduced price</td>
<td>2</td>
</tr>
<tr>
<td>Full price</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

**DBQ.400**
Does {your/SP's} school serve a **complete** breakfast that costs **the same every day**?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

**DBQ.411**
During the **school year**, about how many times a week {do you/does SP} usually get a complete breakfast at school?

Enter number of times:

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

**DBQ.421**
{Do you/Does SP} get these breakfasts free, at a reduced price, or {do you/does he/she} pay full price?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free</td>
<td>1</td>
</tr>
<tr>
<td>Reduced price</td>
<td>2</td>
</tr>
<tr>
<td>Full price</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

**BOX 9A**

CHECK ITEM DBQ.422:
IF DBQ.390 = CODE 1 OR CODE 2 OR DBQ.421 = CODE 1 OR CODE 2, CONTINUE.
OTHERWISE, GO TO BOX 10.
DBQ.424 {Do you/Does SP} get a free or reduced price meal at any summer program {you/he/she} attends?

YES ...............................................................  1
NO .................................................................  2
DID NOT ATTEND SUMMER PROGRAM ....  3
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

BOX 10

CHECK ITEM DBQ.425A:
IF SP AGE >= 6, GO TO BOX 11.
OTHERWISE, CONTINUE.

FSQ.651 Next are a few questions about the WIC program.

Did (SP) receive benefits from WIC, that is, the Women, Infants, and Children program, in the past 12 months?

YES ...............................................................  1
NO.................................................................  2 (BOX 11)
REFUSED .....................................................  7 (BOX 11)
DON'T KNOW ...............................................  9 (BOX 11)

BOX 10A

CHECK ITEM DBQ.701:
IF SP AGE > 5, GO TO FSQ.671.
OTHERWISE, CONTINUE.

FSQ.661 Is {SP} now receiving benefits from the WIC program?

YES ...............................................................  1
NO.................................................................  2
REFUSED .....................................................  7
DON'T KNOW ...............................................  9
How long {did SP receive/has SP been receiving} benefits from the WIC program?

CAPI INSTRUCTION:
HARD EDIT: NUMBER SHOULD NOT BE HIGHER THAN SP’S AGE.

|___|___|
| ENTER NUMBER (OF MONTHS OR YEARS) |

REFUSED ..................................................... 77
DON'T KNOW ............................................... 99

ENTER UNIT

MONTHS....................................................... 1
YEARS .......................................................... 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

BOX 11

CHECK ITEM DBQ.709:
IF SP AGE < 1 OR SP AGE 12-15, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

Next, I’m going to ask you about meals. By meal, I mean breakfast, lunch and dinner. On average, how many meals per week {do you/does SP} get that were not prepared at a home? Please include meals from both dine-in and carry out restaurants, restaurants that deliver food to your home, cafeterias, fast-food places, food courts, food stands, meals prepared at a grocery store, and meals from vending machines.

{Please do not include meals provided as part of the school lunch or school breakfast./ Please do not include meals provided as part of the community programs you reported earlier.)

CAPI INSTRUCTION:
IF DBQ381G=1 OR DBQ.411G=1, DISPLAY {Please do not include meals provided as part of the school lunch or school breakfast.)
IF DBQ.301=1 OR DBQ.330=1, DISPLAY {Please do not include meals provided as part of the community programs you reported earlier.)

|___|___|
| ENTER NUMBER PER WEEK |

NEVER ......................................................... 2
LESS THAN WEEKLY................................. 666
REFUSED ..................................................... 777
DON'T KNOW ............................................... 999
CHECK ITEM DBQ.719:
IF SP AGE <= 15 OR IF SP AGE => 16 AND PROXY INTERVIEW, GO TO END OF
SECTION.
OTHERWISE, CONTINUE.

DBQ.720 Have you heard of “The Dietary Guidelines for Americans”?

YES ...............................................................  1
NO ...............................................................  2
REFUSED .....................................................  7
DON’T KNOW ................................................  9

DBQ.730 [Have you heard of] “The Food Guide Pyramid”?

YES ...............................................................  1
NO ...............................................................  2
REFUSED .....................................................  7
DON’T KNOW ................................................  9


YES ...............................................................  1
NO ...............................................................  2
REFUSED .....................................................  7
DON’T KNOW ................................................  9

DBQ.750 Here is an example of a food label. [HAND CARD DBQ4]

This part of the food label is called the “Nutrition Facts” panel. 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?

HAND CARD DBQ5

ALWAYS ........................................................  1
MOST OF THE TIME .......................................  2
SOMETIMES ...............................................  3
RARELY .....................................................  4
NEVER ......................................................  5
NEVER SEEN .............................................  6
REFUSED ...................................................  77
DON’T KNOW .............................................  99
DBQ.760  How about the list of ingredients?
[How often do you use the list of ingredients when deciding to buy a food product? Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ5

ALWAYS ....................................................... 1
MOST OF THE TIME ................................... 2
SOMETIMES ............................................. 3
RARELY .................................................... 4
NEVER ...................................................... 5
NEVER SEEN ............................................ 6
REFUSED ................................................... 77
DON'T KNOW ............................................ 99

DBQ.770  How about the information on the size of a serving?
[How often do you use information on the size of a serving when deciding to buy a food product? Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ5

ALWAYS ....................................................... 1
MOST OF THE TIME ................................... 2
SOMETIMES ............................................. 3
RARELY .................................................... 4
NEVER ...................................................... 5
NEVER SEEN ............................................ 6
REFUSED ................................................... 77
DON'T KNOW ............................................ 99

DBQ.780  Some food packages contain health claims about the benefits of nutrients or foods like the examples on this card.  [HAND CARD DBQ6]  How often do you use this kind of health claim when deciding to buy a product?

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

HAND CARD DBQ7

ALWAYS ....................................................... 1
MOST OF THE TIME ................................... 2
SOMETIMES ............................................. 3
RARELY .................................................... 4
NEVER ...................................................... 5
NEVER SEEN ............................................ 6
REFUSED ................................................... 77
DON'T KNOW ............................................ 99
CHECK ITEM DBQ.789:
IF (DBQ.750 = 1-4) OR (DBQ.760 = 1-4) OR (DBQ.770 = 1-4) OR (DBQ.780 = 1-4), CONTINUE.
OTHERWISE, GO TO DBQ.890.

DBQ.790 When you use the food label to decide about a food product, how often do you look for information about calories? Would you say always, most of the time, sometimes, rarely, or never?

HAND CARD DBQ7

ALWAYS .......................................................  1
MOST OF THE TIME ........................................  2
SOMETIMES ..................................................  3
RARELY ......................................................  4
NEVER .........................................................  5
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

DBQ.800 [When you use the food label to decide about a food product, how often do you look for information about calories from fat? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .......................................................  1
MOST OF THE TIME ........................................  2
SOMETIMES ..................................................  3
RARELY ......................................................  4
NEVER .........................................................  5
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

DBQ.810 [When you use the food label to decide about a food product, how often do you look for information about total fat? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS .......................................................  1
MOST OF THE TIME ........................................  2
SOMETIMES ..................................................  3
RARELY ......................................................  4
NEVER .........................................................  5
REFUSED .....................................................  7
DON'T KNOW ...............................................  9
DBQ.820  [When you use the food label to decide about a food product, how often do you look for information about] **trans fat**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

- ALWAYS ....................................................... 1
- MOST OF THE TIME .................................... 2
- SOMETIMES ................................................. 3
- RARELY ........................................................ 4
- NEVER .......................................................... 5
- REFUSED ..................................................... 7
- DON'T KNOW ............................................... 9

DBQ.830  [When you use the food label to decide about a food product, how often do you look for information about] **saturated fat**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

- ALWAYS ....................................................... 1
- MOST OF THE TIME .................................... 2
- SOMETIMES ................................................. 3
- RARELY ........................................................ 4
- NEVER .......................................................... 5
- REFUSED ..................................................... 7
- DON'T KNOW ............................................... 9

DBQ.840  [When you use the food label to decide about a food product, how often do you look for information about] **cholesterol**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

- ALWAYS ....................................................... 1
- MOST OF THE TIME .................................... 2
- SOMETIMES ................................................. 3
- RARELY ........................................................ 4
- NEVER .......................................................... 5
- REFUSED ..................................................... 7
- DON'T KNOW ............................................... 9

DBQ.850  [When you use the food label to decide about a food product, how often do you look for information about] **sodium**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

- ALWAYS ....................................................... 1
- MOST OF THE TIME .................................... 2
- SOMETIMES ................................................. 3
- RARELY ........................................................ 4
- NEVER .......................................................... 5
- REFUSED ..................................................... 7
- DON'T KNOW ............................................... 9
DBQ.860 [When you use the food label to decide about a food product, how often do you look for information about] **carbohydrates**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS ....................................................... 1
MOST OF THE TIME .................................... 2
SOMETIMES ................................................. 3
RARELY ........................................................ 4
NEVER .......................................................... 5
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

DBQ.870 [When you use the food label to decide about a food product, how often do you look for information about] **fiber**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS ....................................................... 1
MOST OF THE TIME .................................... 2
SOMETIMES ................................................. 3
RARELY ........................................................ 4
NEVER .......................................................... 5
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

DBQ.880 [When you use the food label to decide about a food product, how often do you look for information about] **sugars**? [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD DBQ7

ALWAYS ....................................................... 1
MOST OF THE TIME .................................... 2
SOMETIMES ................................................. 3
RARELY ........................................................ 4
NEVER .......................................................... 5
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
Would you say you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statement: “Some people are born to be fat and some thin; there is not much you can do to change this”?

HAND CARD DBQ8

STRONGLY AGREE .....................................  1
SOMewhat AGREE .....................................  2
NEITHER AGREE NOR DISAGREE .............  3
SOMewhat DISAGREE ..................................  4
STRONGLY DISAGREE ..............................  5
REFUSED .....................................................  7
DON'T KNOW ...............................................  9