CONSUMER BEHAVIOR – CBQ
Target Group: Family Questionnaire

BOX NEW 1A

NEW CHECK ITEM:
IF ONE PERSON FAMILY, GO TO CBQ.020.
OTHERWISE, CONTINUE.

CBQ.010  Is anyone in this family on any kind of diet, either to lose weight or for some other health-related reason?

HELP SCREEN:
Examples of special diets include diet for weight loss, low carbohydrate, high protein, Atkins, to lower cholesterol, gluten-free, low sodium, diabetic diet, etc.

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

CBQ.020  The next questions ask how often {your family has/you have} certain types of food available at home.

How often {does your family/do you} have fruits available at home? This includes fresh, dried, canned and frozen fruits. Would you say always, most of the time, sometimes, rarely, or never?

HAND CARD CBQ1

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

CBQ.030  How often {does your family/do you} have any of these dark green vegetables available at home? This includes fresh, dried, canned, and frozen vegetables. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ2 and HAND CARD CBQ3.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE ICEBERG, BUTTERHEAD, BOSTON, AND MANOA LETTUCE

ALWAYS ......................................................  1
MOST OF THE TIME ....................................... 2
SOMETIMES ................................................ 3
RARELY ......................................................  4
NEVER .......................................................  5
REFUSED .....................................................  7
DON'T KNOW ............................................... 9
CBQ.040 How often {does your family/do you} have **salty snacks** such as chips and crackers available at home? Do not include nuts. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

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

CBQ.050 How often {does your family/do you} have **1% fat, skim or fat-free milk** available at home? Please do not include 2% milk. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

INTERVIEWER INSTRUCTION: DO NOT INCLUDE SOY MILK

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

CBQ.060 How often {does your family/do you} have **soft drinks, fruit-flavored drinks, or fruit punch** available at home? Please do not include diet drinks, 100 percent juice or sports drinks. [Would you say always, most of the time, sometimes, rarely, or never?]

HAND CARD CBQ3

ALWAYS ...................................................... 1
MOST OF THE TIME ................................... 2
SOMETIMES ................................................ 3
RARELY ....................................................... 4
NEVER ....................................................... 5
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
The next questions are about how much money (your family spends/you spend) on food. First I'll ask you about money spent at supermarkets or grocery stores. Then we will talk about money spent at other types of stores.

During the **past 30 days**, how much money (did your family/did you) spend at supermarkets or grocery stores? Please include purchases made with food stamps. (You can tell me per week or per month.)

INTERVIEWER: ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

$ |___|___|___|___|___|___|___|___|___|

NO MONEY SPENT ...................................... 0 (CBQ.100)
REFUSED ..................................................... 7 (CBQ.100)
DON'T KNOW ............................................... 9 (CBQ.100)

ENTER UNIT

WEEK ............................................................ 1
MONTH ......................................................... 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

Was any of this money spent on nonfood items such as cleaning or paper products, pet food, cigarettes or alcoholic beverages?

YES ............................................................... 1
NO ................................................................. 2 (CBQ.100)
REFUSED ..................................................... 7 (CBQ.100)
DON'T KNOW ............................................... 9 (CBQ.100)

About how much money was spent on nonfood items? (You can tell me per week or per month.)

$ |___|___|___|___|___|___|___|___|___|

HARD EDIT: AMOUNT CANNOT BE MORE THAN THE AMOUNT ENTERED ON CBQ.070.

REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

ENTER UNIT

WEEK ............................................................ 1
MONTH ......................................................... 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
CBQ.100 During the **past 30 days**, {did your family/did you} spend money on **food** at stores **other** than grocery stores? Here are some examples of stores where you might buy food. Please do not include stores that you have already told me about.

HAND CARD CBQ4

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>2 (CBQ.120)</td>
</tr>
</tbody>
</table>

CBQ.110 About how much money {did your family/did you} spend on **food** at these types of stores? (Please do not include any stores you have already told me about.) (You can tell me per week or per month.)

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

HAND CARD CBQ4

<table>
<thead>
<tr>
<th>$</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

ENTER UNIT

<table>
<thead>
<tr>
<th>WEEK</th>
<th>MONTH</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

CBQ.120 During the **past 30 days**, how much money {did your family/did you} spend on **eating out**? Please include money spent in cafeterias at work or at school or on vending machines, **for all family members**. (You can tell me per week or per month.)

INTERVIEWER INSTRUCTION: IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

INTERVIEWER: ENTER "0" IF SP SAYS NO MONEY WAS SPENT.

<table>
<thead>
<tr>
<th>$</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>7</td>
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</tbody>
</table>

ENTER UNIT

<table>
<thead>
<tr>
<th>WEEK</th>
<th>MONTH</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>
CBQ.130 During the **past 30 days**, how much money {did your family/did you} spend on food **carried out** or **delivered**? Please do not include money you have already told me about. (You can tell me per week or per month.)

**INTERVIEWER INSTRUCTION:** IF RESPONDENT KNOWS ONLY AMOUNT FOR SELF, CODE DK.

**INTERVIEWER:** ENTER “0” IF SP SAYS NO MONEY WAS SPENT.

| $ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |
|---------------------------------------------|
| REFUSED .....................................................  7 |
| DON'T KNOW ............................................... 9 |

**ENTER UNIT**

| _______________________________ | 1 |
|______________________________  |
| WEEK ............................................................ 1 |
| MONTH ......................................................... 2 |
| REFUSED .....................................................  7 |
| DON'T KNOW ................................. 9 |

CBQ.140 How often {do you/do you or someone else} do the major food shopping for {yourself/your family}? Please do not include times when {you buy/someone buys} only a few items.

Would you say...

**CAPI INSTRUCTIONS:**
IF FAMILY IS COMPRISED OF ONLY ONE ADULT SP, SELECT FIRST PREFILLS FOR THE THREE ALTERNATIVE PHRASINGS.

| _______________________________ | 1 |
|______________________________  |
| more than once a week, ......................... |
| once a week, ........................................ |
| once every two weeks, or ............. 3 |
| once a month or less? ......................... 4 |
| RARELY MAKE ANY MAJOR SHOPPING TRIPS, ONLY SMALL TRIPS ........... 5 |
| RARELY SHOP FOR FOOD ..................... 6 |
| REFUSED ..................................................... 7 |
| DON'T KNOW ............................................... 9 |
How much time does it usually take to get to the grocery store for food shopping?

INTERVIEWER INSTRUCTION: IF MORE THAN ONE STORE SAY: Please tell me about the one you go to most often.

INTERVIEWER INSTRUCTION: IF MORE THAN ONE PERSON DOES THE FOOD SHOPPING SAY: Please tell me about the one who does most of the shopping.

INTERVIEWER INSTRUCTION: THE AMOUNT OF TIME RECORDED HERE REFERS TO A “ONE-WAY” TRIP.

SOFT EDIT: < 2 MINUTES, OR ≥120 MINUTES, OR ≥2 HOURS.

|___|___|
ENTER NUMBER OF MINUTES OR HOURS

REFUSED ....................................................... 777
DON'T KNOW .................................................. 999

ENTER UNIT

MINUTES .................................................. 1
HOURS .................................................... 2

During the past 7 days, how many times did (you or someone else in your family/you) cook food for dinner or supper at home?

HELP SCREEN:
This includes time spent putting the ingredients together to cook a meal. Do not include heating up leftovers.

CAPI INSTRUCTIONS:
SOFT EDIT: 1-7.

|___|___|
ENTER NUMBER

NEVER ........................................................ 0 (BOX 1B)
REFUSED .................................................. 77
DON'T KNOW ............................................. 99
CBQ.170 How much time do you (you or someone else in your family/you) usually spend on cooking dinner or supper and cleaning up after the cooking? Please do not include time spent eating.

SOFT EDIT: < 5 MINUTES, OR > 240 MINUTES, OR > 4 HOURS.

|___|___|
Enter number of minutes or hours

REFUSED ............................................. 777
DON'T KNOW ......................................... 999

ENTER UNIT

MINUTES .............................................. 1
HOURS ............................................... 2

BOX 1B

CHECK ITEM CBQ.175:
IF ONLY 1 PERSON IN FAMILY, GO TO END OF SECTION.

CBQ.180 During the past 7 days, how many meals did all or most of your family sit down and eat together at home?

|___|___|
Enter number

NEVER .................................................. 0 (END OF SECTION)
REFUSED .............................................. 777 (END OF SECTION)
DON'T KNOW ........................................ 999 (END OF SECTION)

CAPI INSTRUCTIONS:
SOFT EDIT: 0-21.
MESSAGE: VERIFY FAMILY EATS AT HOME MORE THAN 3 MEALS PER DAY.

CBQ.190 How many of these meals were cooked at home?

|___|___|
Enter number

REFUSED .............................................. 777
DON'T KNOW ........................................ 999