

2003 California Dietary Practices Survey
Survey Instrument
July 2, 2003

Intro

Hello, my name is _____ and I'm calling for the California State Department of Health and the Public Health Institute.

We're doing a study of California residents regarding their food and exercise habits to help in planning health, nutrition, and education programs for California. Your household has been randomly chosen by the computer to be included in the study. The information you provide will be completely confidential. Are you a member of this household and at least 18 years old? (Note: Household members are people who think of the households as their primary place of residence, that is, where they keep most of their belongings and receive their calls.)

May I speak with a member of the household who is at least 18 years old?

When speaking with a household member aged 18 and older:

Hello, my name is {intvrs□>statid}, and I'm calling from the California Department of Health Services and the Public Health Institute. We're doing a study of California residents regarding their food and exercise habits to help in planning health, nutrition, and education programs for California. Your household has been randomly chosen by the computer to be included in the study. The information you provide will be completely confidential.

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

How many are men?

How many are women?

SELECTED

The person in your household I need to speak with is the (SELECTED).

Are you the (SELECTED)?

1. Yes ----->

2.No -----> May I speak with the (SELECTED)?

When speaking with the selected respondent:

Hello, my name is _____, and I'm calling from the California Department of Health Services and the Public Health Institute. We're doing a study of California residents regarding their food and exercise habits to help in planning health, nutrition, and education programs for California. Your household has been randomly chosen by the computer to be included in the study.

Before I ask you any questions, I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. You will not be identified in any way in any reports. Your answers will be combined with the answers of the 1,400 other Californians who take part in the survey.

You may stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

In this survey, we are asking questions about eating and exercise behaviors.

We appreciate your cooperation with this survey. The only cost to you is the time needed to answer the questions. The survey takes about 20 minutes. Although you may not gain personally from taking part in this survey, the information you give will be used to improve state programs and to identify areas of need to improve the health of Californians.

If you have any questions about the survey, I can provide you with a toll free number for you to call.

While supervisory staff may monitor the interview for quality control purposes, all of the information obtained in this study will be confidential.

START

1. The first series of questions are about what you ate for your meals and snacks yesterday. When I ask about FRUITS AND VEGETABLES keep in mind that I mean ALL forms including: fresh, canned, frozen and dried, as well as fruit and vegetable juices, soups and stews made with vegetables, salads, salsa, and potatoes. When I ask about SERVINGS, a serving is whatever you think of as a normal portion for yourself.

BREAK

2. Did you eat a morning meal (breakfast) yesterday?

1. Yes
2. No (GO TO LUNCH)
8. DON'T KNOW (GO TO LUNCH)
9. REFUSED (GO TO LUNCH)

BREAKFV

3. Did you have any fruit, vegetables, salad, or juice for your morning meal (breakfast) yesterday?

1. Yes
2. No (GO TO LUNCH)
8. DON'T KNOW (GO TO LUNCH)
9. REFUSED (GO TO LUNCH)

BRKFBV1-BRKFBV10

4. Which fruit, vegetables, salad or juice did you have at your morning meal (breakfast) yesterday?

IF MIXED ITEMS: PROBE to ID the main item

- BRKFBV1
- BRKFBV2
- BRKFBV3
- BRKFBV4
- BRKFBV5
- BRKFBV6
- BRKFBV7
- BRKFBV8
- BRKFBV9
- BRKRV10

IF BRKFBV1-BRKFBV10="Green Salad, Mixed Green Salad, or Salad", go to BRKSLD else go to BRKPOT:

BRKSLD

5. Was there lettuce or any other greens in the salad?

1. Yes
2. No
8. Don't know
9. Refused

BRKSDA-BRKSDB

6. Other than lettuce, what were the main one or two ingredients? EX. [Enter INGREDIENT #1/INGREDIENT #2]

BRKSDA

BRKSDB

IF BRKFBV1-BRKFV10="POTATO" GO TO BRKPOT, ELSE GO TO BRKSV1

BRKPOT

7. How was your potato prepared?

1. Baked, Roasted
2. Mashed
3. Fried/French Fries/Hash Browns, etc
4. Other
8. DON'T KNOW
9. REFUSED

BRKSV1-BRKSV10

8. How many servings of (BRKFBV1-BRKFV10) did you eat for your morning meal?
Number of Servings? (Round up to the nearest serving)

BRKSV1

BRKSV2

BRKSV3

BRKSV4

BRKSV5

BRKSV6

BRKSV7

BRKSV8

BRKSV9

BRKSV10

LUNCH

9. Did you eat a midday meal (lunch) yesterday?

1. Yes
2. No (GO TO DINNER)
8. DON'T KNOW (GO TO DINNER)
9. REFUSED (GO TO DINNER)

LUNCHFV

10. Did you have any fruit, vegetables, salad, or juice for your midday meal (lunch) yesterday?

1. Yes
2. No (GO TO DINNER)
8. DON'T KNOW (GO TO DINNER)
9. REFUSED (GO TO DINNER)

LNCHFV1-LNCHFV10

11. Which fruit, vegetables, salad or juice did you have at your midday meal (lunch) yesterday?

IF MIXED ITEMS: PROBE to ID the main item

LNCHFV1

LNCHFV2

LNCHFV3

LNCHFV4

LNCHFV5

LNCHFV6

LNCHFV7

LNCHFV8

LNCHFV9

LNCHFV10

IF LNCHFV1-LNCHFV10="Green Salad, Mixed Green Salad, or Salad" THEN GO TO

LNCHSLD

ELSE GO TO LCHPOT

LNCHSLD

12. Was there lettuce or any other greens in the salad?

1. Yes
2. No
8. Don't know
9. Refused

LNCHSDA-LNCHSDB

13. Other than lettuce, what were the main one or two ingredients? EX. [Enter INGREDIENT #1/INGREDIENT #2]

LNCHSDA

LNCHSDB

LCHDRESS

14. Was the dressing you had on the salad regular dressing, reduced fat or reduced calorie, vinegar, lemon juice, salsa, or no dressing at all?

1. Regular
2. Light/Lowfat/Reduced Calorie/Reduced Fat (includes Low-Fat Yogurt)
3. Vinegar/Lemon Juice
4. Salsa
5. No Dressing At All
8. DON'T KNOW/NOT SURE
9. REFUSED

**IF LNCHFV1-LNCHFV10= POTATO THEN GO TO LCHPOT
ELSE GO TO LNCHSV1**

LCHPOT

15. How was your potato prepared?

1. Baked, Roasted
2. Mashed
3. Fried/French Fries/Hash Browns, etc
4. Other
8. DON'T KNOW
9. REFUSED

LNCHSV1-LNCHSV10

16. How many servings of (LNCHFV1-LNCHFV10) did you eat for your midday meal?

Number of Servings

LNCHSV1

LNCHSV2

LNCHSV3

LNCHSV4

LNCHSV5

LNCHSV6

LNCHSV7

LNCHSV8

LNCHSV9

LNCHSV10

DINNER

17. Did you eat an evening meal (dinner) yesterday?

1. Yes
2. No (GO TO SNACKS)
8. DON'T KNOW (GO TO SNACKS)
9. REFUSED (GO TO SNACKS)

DNRFV

18. Did you have any fruit, vegetables, salad, or juice for your evening meal (dinner) yesterday?

1. Yes
2. No (GO TO SNACKS)
8. DON'T KNOW (GO TO SNACKS)
9. REFUSED (GO TO SNACKS)

DINNERFV

19. Which fruit, vegetables, salad or juice did you have at your evening meal (dinner) yesterday?

IF MIXED ITEMS: PROBE to ID the main item

DNRFV1

DNRFV2

DNRFV3

DNRFV4

DNRFV5

DNRFV6

DNRFV7

DNRFV8

DNRFV9

DNRFV10

IF DNRFV1-DNRFV10="Green Salad, Mixed Green Salad, or Salad" THEN GO TO

DNRSLD

ELSE GO TO DNRPOT

DNRSLD

20. Was there lettuce or any other greens in the salad?

1. Yes
2. No
8. Don't know
9. Refused

DNRSDA-DNRSDB

21. Other than lettuce, what were the main one or two ingredients? EX. [Enter GREEN SALAD/INGREDIENT #1/INGREDIENT #2]

DNRSDA

DNRSDB

DNRDRESS

22. Was the dressing you had on the salad regular dressing, reduced fat or reduced calorie, vinegar, lemon juice, salsa, or no dressing at all?

1. Regular
2. Light/Lowfat/Reduced Calorie/Reduced Fat (includes Low-Fat Yogurt)
3. Vinegar/Lemon Juice
4. Salsa
5. No Dressing At All
8. DON'T KNOW/NOT SURE
9. REFUSED

**IF DNRV1-DNRV10= POTATO THEN GO TO DNPOT
ELSE GO TO DNRSV1**

DNPOT

23. How was your potato prepared?

1. Baked, Roasted
2. Mashed
3. Fried/French Fries/Hash Browns, etc
4. Other
8. DON'T KNOW
9. REFUSED

DNRSV1-DNRSV10

24. How many servings of (DNRV1-DNRV10) did you eat for your evening meal?

Number of Servings

- DNRSV1
- DNRSV2
- DNRSV3
- DNRSV4
- DNRSV5
- DNRSV6
- DNRSV7
- DNRSV8
- DNRSV9
- DNRSV10

SNACKS

25. Did you eat any other meals or snacks yesterday (other than the meals you just told me about)?

1. Yes
2. No (GO TO FRTVEG)
8. DON'T KNOW (GO TO FRTVEG)
9. REFUSED (GO TO FRTVEG)

SNKFV

26. Did your snacks include any fruits, vegetables, salad, or juice?

1. Yes
2. No (GO TO FRTVEG)
8. DON'T KNOW (GO TO FRTVEG)
9. REFUSED (GO TO FRTVEG)

SNACKFV

27. Which fruit, vegetables, salad or juice did you have for a snack (other meal) yesterday?

IF MIXED ITEMS: PROBE to ID the main item

SNKFV1

SNKFV2

SNKFV3

SNKFV4

SNKFV5

SNKFV6

SNKFV7

SNKFV8

SNKFV9

SNKFV10

IF SNKFV1-SNKFV10="Green Salad, Mixed Green Salad, or Salad" THEN GO TO SNKSLD ELSE GO TO SNKPOT

SNKSLD

28. Was there lettuce or any other greens in the salad?

1. Yes
2. No
8. Don't know
9. Refused

SNKSDA-SNKSDB

29. Other than lettuce, what were the main one or two ingredients? EX. [Enter INGREDIENT #1/INGREDIENT #2]

SNKSDA

SNKSDB

IF SNKFV1-SNKFV10= POTATO THEN GO TO SNKPOT ELSE GO TO SNKSV1

SNKPOT

30. How was your potato prepared?

1. Baked, Roasted
2. Mashed
3. Fried/French Fries/Hash Browns, etc
4. Other
8. DON'T KNOW
9. REFUSED

SNKSV1-SNKSV10

31. How many servings of (SNKFV1-SNKFV10) did you eat for your snack?

SNKSV1

SNKSV2

SNKSV3

SNKSV4

SNKSV5

SNKSV6

SNKSV7

SNKSV8

SNKSV9

SNKSV10

FRTVEG

32. How many total servings of fruits and vegetables do YOU think YOU should eat every day for good health? (PAUSE) That's a combined total of BOTH fruits and vegetables.

INTERVIEWER: DO NOT ALLOW RANGE. PROBE FOR SINGLE NUMBER.

1. Enter Number:
8. DON'T KNOW/NOT SURE
9. REFUSED

FTVGMORE

33. 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
8. DON'T KNOW/NOT SURE
9. REFUSED

MODIFIED IN 2001

MILK

34. Yesterday, did you drink any milk or drinks made with milk, such as chocolate milk, fast-food milk shake, chai, latte, or have milk on cereal? [INTERVIEWER: ONLY DAIRY PRODUCTS]

1. Yes
2. No (GO TO CHEESE)
8. DON'T KNOW/NOT SURE (GO TO CHEESE)
9. REFUSED (GO TO CHEESE)

PERFAT

35. Was the milk you drank or used regular, reduced fat or 2%, lowfat or 1%, or nonfat or skim?[INTERVIEWER: If more than one kind ask, "Which kind did you drink the most?"]

1. WHOLE milk
2. Reduced Fat (2%)
3. Lowfat (1%)
4. Nonfat (SKIM)
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 99 QUESTION

MILKNBR

36. How many glasses of milk, drinks made with milk, or bowls of cereal with milk did you have yesterday? A glass is 8 ounces or 1 cup.

____ enter number

8. DON'T KNOW/NOT SURE
9. REFUSED

CHEESE

37. Yesterday, did you eat any cheese, like on a cheeseburger, pizza, in a casserole, on a sandwich, or as a snack?

1. Yes
2. No (GO TO YOGURT)
8. DON'T KNOW/NOT SURE (GO TO YOGURT)
9. REFUSED (GO TO YOGURT)

CHSFAT

38. Was the cheese reduced fat, lowfat, fat free or was it regular cheese? (INTERVIEWER: IF MORE THAN 1 KIND, ASK WHICH KIND ATE THE MOST OF)

1. Reduced in fat
2. Lowfat
3. Fat free
4. Regular cheese
8. DON'T KNOW
9. REFUSED

NEW 99 QUESTION

CHSNBR

39. How many times did you have cheese yesterday?

____(enter number)

- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

YOGURT

40. Yesterday did you eat any yogurt, not including frozen yogurt?

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

MODIFIED IN 2001

DAIRDST

41. Yesterday did you eat any lowfat frozen dairy desserts like frozen yogurt, light ice cream, or soft serve? (INTERVIEWER: DOES NOT INCLUDE SHERBET)

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

NEW in 2003

SODA

42. Yesterday, how many cans or glasses of regular carbonated soft drinks (such as cola, lemon lime) or sweetened non-carbonated beverages (such as Gatorade, Snapple, Sunny Delight, or Kool-Aid) did you drink?

_____enter number here (**INTERVIEWER: ROUND UP TO THE NEAREST SERVING**)

- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

MEAT

43. When you eat red meat or chicken, how often do you trim away the fat from the meat or remove the skin from chicken? Would you say you do this always, sometimes, rarely or never?

- 1. Always
- 2. Sometimes
- 3. Rarely
- 4. Never
- 5. Doesn't eat red meat or chicken
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

MODIFIED IN 2001

GRAIN

44. Yesterday did you eat any whole-grain bread such as 100% whole wheat, wheatberry, bran bread, rye, pumpernickel, or whole wheat tortillas? [INTERVIEWER: DO NOT INCLUDE FLOUR OR CORN TORTILLAS]

1. Yes
2. No (GO TO BEANS)
8. DON'T KNOW/NOT SURE (GO TO BEANS)
9. REFUSED (GO TO BEANS)

MODIFIED IN 2001

GRNSRV

45. How many servings of whole grain breads/whole wheat tortillas did you have yesterday? A serving is one slice of bread, one tortilla, ½ an English muffin, or a small dinner roll.

_____ enter number here (**INTERVIEWER: ROUND UP TO THE NEAREST SERVING**)

8. DON'T KNOW/NOT SURE
9. REFUSED

BEANS

46. Yesterday did you eat any beans such as kidney beans, refried beans, chili beans, bean soup, bean salad, or lentils?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 2001 QUESTION

SOY

47. Yesterday, how many times did you eat soy products, such as soy beans, soy burgers, tofu, soy cheese, or soy milk?

7
_____ times

8. DON'T KNOW/NOT SURE
9. REFUSED

CEREAL

48. Yesterday did you eat a breakfast cereal?

1. Yes
2. No (GO TO PASTRY)
8. DON'T KNOW/NOT SURE (GO TO PASTRY)
9. REFUSED (GO TO PASTRY)

NEW 99 QUESTION

BOWLS

49. How many bowls of cereal did you have yesterday?

_____ enter number here **INTERVIEWER: ROUND UP TO THE NEAREST BOWL**

CERNAME

50. What was the name of the cereal you ate yesterday? (note: if more than one cereal was eaten, record the kind eaten the most)

(Brand List)

- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

PASTRY

51. Yesterday did you eat any breakfast pastries like doughnuts, danishes, sweet rolls, muffins, croissants or pop tarts? Do not include reduced fat or fat-free items.

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

FRIED

52. Yesterday did you eat any deep-fried foods like French fries, fried chicken, chicken nuggets, fried fish, fried shrimp or onion rings?

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

CHIPS

53. Yesterday, did you eat any potato chips, corn chips, cheese puffs, pork rinds or other fried snack foods? Do not include reduced fat or fat-free items.

INTERVIEWER: INCLUDE ALL FRIED SNACK FOODS.

- 1. Yes
- 2. No
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

MODIFIED IN 2001

DESSERT

54. Yesterday, did you eat any desserts like cake, pie, cookies, brownies, ice cream or chocolate candy bars? Do not include reduced fat, fat-free, or lower fat items.

(INTERVIEWER: DO NOT INCLUDE REDUCED FAT OR FAT-FREE BAKERY ITEMS OR LOWER FAT DAIRY ITEMS LIKE ICE MILK, LIGHT ICE CREAM, FROZEN YOGURT OR SHERBET.)

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

MODIFIED FOR 97

REST

55. Yesterday how many of your meals or snacks were from a restaurant, cafeteria, or fast food establishment, either eaten there or carried out?

(INTERVIEWER PROBE: DOES THAT INCLUDE SNACKS?)

1. ENTER NUMBER: (IF NONE F6 go to FFTIMES)
8. DON'T KNOW/NOT SURE (GO TO FFTIMES)
9. REFUSED (GO TO FFTIMES)

FASTFOOD

56. Were any of these meals or snacks from a fast-food restaurant (such as McDonalds, Carl's Jr, Taco Bell, Burger King, KFC, Pizza Hut, or a Food Court)?

1. Yes
2. No (GO TO RESTNBR)
8. DON'T KNOW/NOT SURE (GO TO RESTNBR)
9. REFUSED (GO TO RESTNBR)

NEW 2001 QUESTION

FFMEALS

57. What meal or meals yesterday did you eat at a fast food restaurant? (Check all that apply)

(DO NOT READ)

1. Breakfast
2. Lunch
3. Dinner
4. Snack
8. DON'T KNOW
9. REFUSED

NEW 99 QUESTION

FFNBR

58. So yesterday, how many of your meals or snacks came from a fast food restaurant?

_____ enter number

- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

NEW 2001 QUESTION

RESTNBR

59. So yesterday, how many meals or snacks came from a restaurant that is not a fast food restaurant?

_____ enter number (if answer = 0 F6, GO TO FFTIMES)

- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

[Check if FFNBR + RESTNBR = REST If not, fix]

NEW 99 QUESTION

RESTTYPE

60. Which of the following other types of restaurants did you eat at yesterday?

- 1. Cafeteria at work
- 2. Serve-yourself, buffet-style restaurants, like Hometown Buffet or Fresh Choice
- 3. Family oriented, casual table service restaurants, like Denny's, Lyons, Applebee's, or Olive Garden
- 4. White Tablecloth Restaurant, Fine Dining
- 5. Other specify: _____
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

NEW in 2003

FFTIMES

61. In the last week, how many times did you eat a meal or snack from a fast food restaurant?

_____ enter number

- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

Now some questions about fruits and vegetables.

**NEW 99 QUESTION
MODIFIED FOR 2001**

MODIFIED response categories in 2003

FRVGREAS

62. What is the one main reason you don't eat more fruits and vegetables? (do not read responses)

1. Too expensive
2. NOT SURE how to tell if the quality is good/NOT SURE how to select
3. Other people in the family don't like them
4. Take too much time to prepare and cook
5. Lots of fruits and vegetables that I'm NOT SURE how to fix
6. Don't like the taste
7. Not in habit/don't think about it/not used to eating them
8. Don't have them available, lack of access
9. They are not available at work
10. They are not available at restaurants
11. They are not available in my neighborhood
12. They are messy
13. Concerned about safety: pesticides, genetically engineered foods
14. I believe I eat enough now
12. Other (specify): _____
88. DON'T KNOW
99. REFUSED

NEW 2001 QUESTION

ADTV

63. Are you aware of advertisements currently on television about eating fruits and vegetables?

1. Yes
2. No (Go to FVMKT)
3. DON'T KNOW (Go to FVMKT)
4. REFUSED (Go to FVMKT)

NEW 2001 QUESTION

ADTVMSG

64. What is the message in the advertisements? (do not read)

1. Eat 5 A Day
2. Eat 5 A Day and do 30 minutes of Physical Activity
3. Eat Fruits and Vegetables
4. Be Active
5. Healthy Habits (Sleep, Drink Water, Don't Smoke, etc)
6. How to prepare/cook fruits and vegetables
7. Other Specify _____
8. DON'T KNOW
9. REFUSED

NEW in 2003

FVMKT

65. Is it convenient for you to get good quality fruits and vegetables at stores or markets in your neighborhood.

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

MODIFIED FOR 97 -- NEW 95 QUESTION (MODIFIED)

Now I'm going to read reasons for NOT eating many fruits and vegetables. Please say whether you agree or disagree with the following statements.

SLIGHTLY MODIFIED FOR DIET 95

MODIFIED FOR 97, MODIFIED FOR 99

FVREST

66. It's hard to get fruits and vegetables at restaurants. For yourself, do you AGREE or DISAGREE?

1. Agree
2. Disagree
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 99 QUESTION

FVFF

67. It's hard to get fruits and vegetables at fast food restaurants. For yourself, do you AGREE or DISAGREE?

1. Agree
2. Disagree
8. DON'T KNOW/NOT SURE
9. REFUSED

MODIFIED FOR 97 -- SLIGHTLY MODIFIED FOR DIET 95

FVWORK

68. It's hard to get fruits and vegetables at work, such as in the cafeteria, vending machines, food trucks or nearby restaurants. For yourself, do you AGREE or DISAGREE?

1. Agree
2. Disagree
8. DON'T KNOW/NOT SURE
9. REFUSED

FVCOST

69. Fruits and vegetables are too expensive. For yourself, do you AGREE or DISAGREE?

1. Agree
2. Disagree
8. DON'T KNOW/NOT SURE
9. REFUSED

Next I would like to ask you a few more questions about fruits and vegetables

FTVGREC

70. Have you heard of any recommendations on the total number of servings of fruits and vegetables you SHOULD eat every day for good health?

1. Yes
2. No (GO TO HRDMILK)
8. DON'T KNOW/NOT SURE (GO TO HRDMILK)
9. REFUSED (GO TO HRDMILK)

RECSRV

71. What is the number of servings recommended?

INTERVIEWER: PROBE FOR A SINGLE NUMBER. DO NOT ALLOW RANGE.

1. ENTER NUMBER:
8. DON'T KNOW/NOT SURE (Go to HRDMILK)
9. REFUSED (Go to HRDMILK)

NEW QUESTION FOR 2001

RECWHR

72. Where did you hear the recommendation of servings of fruits and vegetables you should eat everyday for good health? (Check all that apply) (do not read responses)

1. Work
2. School
3. Supermarket
4. Farmer's Market
5. TV
6. Radio
7. Church
8. Family/Friends
9. Doctor's Office/Health Care Provider's Office
10. Other
77. DON'T KNOW/NOT SURE
99. REFUSED

NEW 99 QUESTION

HRDMILK

73. Have you heard of any recommendations on the total number of servings of milk products you SHOULD have every day for good health?

1. Yes
2. No (GO TO TVAD)
8. DON'T KNOW/NOT SURE (GO TO TVAD)
9. REFUSED (GO TO TVAD)

HRDMSRV

74. What was the number of servings recommended?

INTERVIEWER: PROBE FOR A SINGLE NUMBER. DO NOT ALLOW RANGE.

1. ENTER NUMBER:
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 99 QUESTION

TVAD

75. Do you agree or disagree: TV advertising encourages people to eat too much food.

1. Agree
2. Disagree
8. DON'T KNOW/ NO OPINION
9. REFUSED

MODIFIED FOR 97 -- SLIGHTLY MODIFIED FOR DIET 95

Now I'd like to ask you some questions about shopping for food.

GROCX

76. How many times per week or month do you shop in a grocery store or supermarket?
(INTERVIEWER: RESPONDENT ONLY...NOT FAMILY OR ANYONE ELSE.)

- ___ Times per week
- ___ Times per month
- 999. Less than once per month
- 4. Never (F6) (GO TO FARMX)
- 8. DON'T KNOW/NOT SURE (GO TO FARMX)
- 9. REFUSED (GO TO FARMX)

GROCSTR

77. At which grocery store do you shop most often? (INTERVIEWER: RESPONDENT ONLY...NOT FAMILY OR ANYONE ELSE.)

- 1. Enter store name:
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

NEW 99 QUESTION

FARMX

78. How often do you buy produce at a Farmers' Market over the summer?

- ___ times per week
- ___ times per month
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

SLIGHTLY MODIFIED FOR DIET 95
SLIGHTLY MODIFIED FOR DIET 99

FVMOST

79. Where do you get MOST of your fresh fruits and vegetables? (INTERVIEWER: RESPONDENT ONLY...NOT FAMILY OR ANYONE ELSE.) (DO NOT READ)

- 1. Supermarket
- 2. Farmer's market
- 3. Co-op
- 4. Grown at home
- 5. Never shop for groceries, someone else buys (GO TO FVDYHRD)
- 6. Other (specify)
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

PRODAD

80. In the produce section of your grocery store, have you ever seen any banners, posters, pamphlets or special recipes about the number of fruits and vegetables to eat for better health?

1. Yes
2. No (GO TO GROCSHOP)
8. DON'T KNOW/NOT SURE (GO TO GROCSHOP)
9. REFUSED (GO TO GROCSHOP)

ADREAD

81. How often do you read the information or take it home with you?

1. Often
2. Sometimes
3. Rarely
4. Never
8. DON'T KNOW/NOT SURE
9. REFUSED

GROCSHOP

82. Do you usually do most of the grocery shopping in your household?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 2001 QUESTION

FVDYHRD

83. Have you heard of the 5 A Day Program?

1. Yes
2. No (GO TO COLOR)
8. DON'T KNOW/NOT SURE (GO TO COLOR)
9. REFUSED (GO TO COLOR)

NEW 2001 QUESTION

FVDYABT

84. What is the 5 A Day Program about? (DO NOT READ)

1. Eating at least 5 fruits and vegetables a day
2. Eating at least 5 fruits and vegetables a day and being active
3. Being physically active
4. Nutrition and Exercise (general)
5. Healthy Habits (Sleep, Drink Water, Don't Smoke, etc)
6. Other (specify)
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 2001 QUESTION

COLOR

85. Have you seen or read any promotions, displays, or other information in your grocery store or newspaper about eating many different colors of fruits and vegetables for good health?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

The next few questions are about exercise, recreation, or physical activities.

NEW in 2003

WATCHTV

86. How much time did you spend watching TV yesterday?

_____ Minutes

_____ Hours

8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 2001 QUESTION

EXERWORK

87. When you are at work, which of the following best describes what you do? Would you say mostly sitting or standing, mostly walking, or mostly heavy labor or physically demanding work? (IF RESPONDENTS HAVE MULTIPLE JOBS, INCLUDE ALL JOBS)

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labor or physically demanding work
4. NOT WORKING (do not read)
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 2001 QUESTION

EXERANY1

88. During the past 30 days, other than your regular job, did you participate in any PHYSICAL ACTIVITIES or EXERCISE such as running, calisthenics, golf, gardening or walking for exercise?

1. Yes
2. No (GO TO PAMINTHK)
8. DON'T KNOW/NOT SURE (GO TO PAMINTNK)
9. REFUSED (GO TO PAMINTNK)

NEW 2001 QUESTION

EXERMOD

89. We are interested in two types of physical activity: moderate and vigorous. Moderate activities cause small increases in breathing or heart rate while vigorous activities cause large increases in breathing or heart rate. Now, think about the moderate physical activities you do when you are not working. In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

1. Yes
2. No (GO TO EXERVIG)
8. DON'T KNOW/NOT SURE (GO TO EXERVIG)
9. REFUSED (GO TO EXERVIG)

NEW 2001 QUESTION

MODDAY

90. How many days per week do you do these moderate activities for at least 10 minutes at a time?

- _____ days per week
88. DON'T KNOW/NOT SURE
 99. REFUSED

NEW 2001 QUESTION

MODTIME

91. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_____ : _____ hours and minutes per day

88. DON'T KNOW/NOT SURE

99. REFUSED

NEW 2001 QUESTION

EXERVIG

92. Now think about the vigorous physical activities you do when you are not working. In a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

1. Yes

2. No (GO TO PAMINTNK)

8. DON'T KNOW/NOT SURE (GO TO PAMINTNK)

9. REFUSED (GO TO PAMINTNK)

NEW 2001 QUESTION

VIGDAY

93. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

_____ days per week

88. DON'T KNOW/NOT SURE

99. REFUSED

NEW 2001 QUESTION

VIGTIME

94. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_____ : _____ hours and minutes per day

88. DON'T KNOW/NOT SURE

99. REFUSED

NEW 2001 QUESTION

MODIFIED in 2003

PAMINTNK

95. How many minutes of moderate and vigorous physical activity do **you think** you need every day for good health?

_____ minutes

88. DON'T KNOW/NOT SURE

99. REFUSED

NEW in 2003

PAMIN

96. Yesterday, when you were not working, how many minutes of moderate and vigorous physical activity did you get?

_____ minutes

88. DON'T KNOW/NOT SURE

99. REFUSED

NEW 2001 QUESTION

MODIFIED in 2003

PAFAMOFT

97. How many times per month do you do some kind of physical activity together with your friends or family, such as gardening, cycling, going to the park or swimming?

_____ times per month

88. DON'T KNOW/NOT SURE

99. REFUSED

NEW 99 QUESTION

MODIFIED IN 2001

MODIFIED in 2003

DAYPAHRD

98. How many days per week have you heard that adults should be physically active?

_____ Enter number of days

8. DON'T KNOW/NOT SURE

9. REFUSED

NEW 99 QUESTION

MODIFIED IN 2001

MODIFIED in 2003

MINPAHRD

99. For each of those days, how many minutes have you heard that adults should be physically active?

_____ Enter minutes

DON'T KNOW/NOT SURE

999. REFUSED

NEW 2001 QUESTION

REASPA

100. What is the main reason that you are not more physically active (choose one)? (do not read)

1. Already exercise enough
2. Not enough time/too busy
3. Don't find exercise enjoyable/boring
4. Do not have parks, trails, healthclubs, etc., to exercise at
5. Unsafe Neighborhood to exercise in
6. Lack self-motivation
7. Fear of injury
8. Lack encouragement from others
9. Lack of confidence
10. Lazy
11. Health reasons/conditions
12. Other (specify): _____
88. DON'T KNOW/NOT SURE
99. REFUSED

NEW in 2003

EMPLOY

101. Are you currently: Employed for wages – full-time , Employed for wages – part-time , Self-employed, Out of work for less than 1 year , Out of work for more than 1 year, Homemaker, Student, Retired or Disabled and unable to work.?

1. Employed for wages – full-time
2. Employed for wages – part-time
3. Self-employed (GO TO SAFEWALK)
4. Out of work for less than 1 year (GO TO SAFEWALK)
5. Out of work for more than 1 year (GO TO SAFEWALK)
6. Homemaker (GO TO SAFEWALK)
7. Student (GO TO SAFEWALK)
8. Retired or (GO TO SAFEWALK)
9. Disabled and unable to work. (GO TO SAFEWALK)
88. None of the above (do not read) (GO TO SAFEWALK)
77. Don't know (do not read) (GO TO SAFEWALK)
99. Refused (do not read) (GO TO SAFEWALK)

NEW in 2003

WORKCAFE

102. Does your worksite have a cafeteria, snack bar, or food service for employees (do not include catering trucks)?

1. Yes
2. No (GO TO WORKREST)
8. DON'T KNOW/NOT SURE (GO TO WORKREST)
9. REFUSED (GO TO WORKREST)

NEW in 2003

CAFEFV

103. Does the cafeteria, snack bar, or food service provide affordable fresh fruits and vegetables on a daily basis?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW in 2003

WORKREST

104. Are there restaurants, fast food places, delis, catering trucks or markets within walking distance of your worksite?

1. Yes
2. No (GO TO WORKVEND)
8. DON'T KNOW/NOT SURE (GO TO WORKVEND)
9. REFUSED (GO TO WORKVEND)

NEW in 2003

RESTFV

105. Do these restaurants, fast food places, delis, catering trucks or markets provide affordable fresh fruits and vegetables on a daily basis?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW in 2003

WORKVEND

106. Does your worksite have vending machines for employees to access food or beverages?

1. Yes
2. No (GO TO WKFRTOFT)
8. DON'T KNOW/NOT SURE (GO TO WKFRTOFT)
9. REFUSED (GO TO WKFRTOFT)

NEW in 2003

VENDFV

107. Are affordable vegetables, fresh fruits, or dried fruits usually available in these vending machines?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW in 2003

WKFRTOFT

108. When you are at work, how often do you buy fruit either at or near your worksite? Most days, some days, rarely, or never?

1. Most days
2. Some days
3. Rarely
4. Never
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW in 2003

WKVEGOFT

109. When you are at work, how often do you buy vegetables either at or near your worksite? Most days, some days, rarely, or never?

1. Most days
2. Some days
3. Rarely
4. Never
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW in 2003

WORKFAC

110. Are indoor or outdoor facilities available at your worksite that make it easier for you to be physically active during your work hours? (examples include an indoor area set aside for exercise, aerobic or strength training equipment, walking/jogging trails, or a locker room with showers)

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW in 2003

WORKBEN

111. Does your employer provide any physical activity benefits such as a health club membership, exercise classes, release time for physical activity, or sports teams?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

Next I am going to ask you about your neighborhood.

NEW in 2003

SAFEWALK

112..In your home neighborhood, do you have access to any sidewalks, shoulders of the road, trails, or parks where you can safely walk, run, or bike?

1. Yes
2. No (GO TO SAFEGYM)
8. DON'T KNOW/NOT SURE (GO TO SAFEGYM)
9. REFUSED (GO TO SAFEGYM)

NEW in 2003

WALKCOND

113. How pleasant are the sidewalks, shoulders of the road, trails, or parks in your home neighborhood? For example, are there trees, proper lighting, and is it clean Would you say Very Pleasant, Somewhat Pleasant, Somewhat Unpleasant, or Very Unpleasant?

1. Very pleasant
2. Somewhat pleasant
3. Somewhat unpleasant
4. Very unpleasant
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW in 2003

SAFEGYM

114. In your home neighborhood, do you have access to safe public indoor or outdoor exercise facilities, such as tracks, basketball or tennis courts, swimming pools, or school gyms?

1. Yes
2. No (GO TO GARDEN)
8. DON'T KNOW/NOT SURE (GO TO GARDEN)
9. REFUSED (GO TO GARDEN)

NEW in 2003

GYMHRS

115. How convenient are the hours during which these facilities are available for you to use? Would you say Very Convenient, Somewhat Convenient, Somewhat Inconvenient, or Very Inconvenient?

1. Very convenient
2. Somewhat convenient
3. Somewhat inconvenient
4. Very inconvenient
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW in 2003

GYMCOND

116. In what kind of condition are these facilities (clean, well-maintained, proper lighting etc.)? Would you say Very Good Condition, Somewhat Good Condition, Somewhat Poor Condition, or Very Poor Condition?

1. Very good condition
2. Somewhat good condition
3. Somewhat poor condition
4. Very poor condition
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 99 QUESTION

MODIFIED IN 2001

GARDEN

117. As an adult, have you ever worked in a garden to grow fruits and vegetables?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 2001 QUESTION

SMOKE

118. Think about the last 30 days. On how many of these days did you smoke cigarettes or other tobacco products?

_____ of 30 days

88. DON'T KNOW/NOT SURE
99. REFUSED

NEW 99 QUESTION

HEIGHT

119. How tall are you without shoes?

_____ # of feet

_____ # of inches

- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

NEW 99 QUESTION

WEIGHT

120. How much do you weigh?

_____ Enter pounds

- 888. DON'T KNOW
- 999. REFUSED

NEW 99 QUESTION

MODIFIED IN 2001

WGHTTHK

121. Do you consider yourself to be overweight, underweight, or about average for your height?

- 1. Overweight
- 2. Underweight
- 3. About average
- 8. DON'T KNOW
- 9. REFUSED

NEW 99 QUESTION

LOSEWGHT

122. Are you presently trying to lose weight?

- 1. Yes
- 2. No (GO TO LOSTTEN)
- 8. DON'T KNOW (Go to LOSTTEN)
- 9. REFUSED (Go to LOSTTEN)

NEW 99 QUESTION

MODIFIED response categories in 2003

LOSEHOW

123. What is the main thing you are doing to lose weight? (do not read responses)

1. Eat less, fewer calories
2. Exercise more
3. Eat less/fewer calories and Exercise More (for respondents who say that they are doing both).
4. Behavior Modification, Self-observation (logs)
5. Taken medication prescribed by a doctor
6. Taken over-the-counter dietary supplements, vitamins, or weight loss drugs (not prescribed by a physician)
7. Laxatives, purging
8. Joined Weight Watchers, Jenny Craig, Overeaters Anonymous, etc
9. Liquid Diet i.e. Slim Fast
10. Smoke Cigarettes
11. Medical Procedures: Liposuction, Stomach Staple, etc
12. Decreasing portion sizes, eating smaller helpings.
13. Decreasing TV time
14. Atkin's diet/low carb diet
15. Other (Specify)
88. DON'T KNOW/NOT SURE (GO TO LOSTTEN)
99. REFUSED (GO TO LOSTTEN)

NEW 99 QUESTION

MODIFIED response categories in 2003

LOSEHOWB

124. What else are you doing to lose weight? (do not read responses)

1. Eat less, fewer calories
2. Exercise more
3. Eat less/fewer calories and Exercise More (for respondents who say that they are doing both).
4. Behavior Modification, Self-observation (logs)
5. Taken medication prescribed by doctor
6. Taken over-the-counter dietary supplements, vitamins, or weight loss drugs (not prescribed by a physician)
7. Laxatives, purging
8. Joined Weight Watchers, Jenny Craig, Overeaters Anonymous, etc
9. Liquid Diet i.e. Slim Fast
10. Smoke Cigarettes
11. Medical Procedures: Liposuction, Stomach Staple, etc
12. Decreasing portion sizes, eating smaller helpings
13. Decreasing TV time
14. Atkin's Diet/low carb diet
15. Other (Specify)
16. Nothing
88. DON'T KNOW/NOT SURE
99. REFUSED

NEW 99 QUESTION

LOSTTEN

125. Have you ever lost at least 10 pounds and kept it off for one year or more years?

1. Yes
2. No (GO TO AGE)
8. DON'T KNOW (GO TO AGE)
9. REFUSED (GO TO AGE)

NEW 99 QUESTION

MODIFIED response categories in 2003

LOSTHOWC

126. What did you do to lose weight and maintain your weight loss? Choose all that apply.

(DO NOT READ)

1. Eat less, fewer calories
2. Exercise more
3. Eat less/fewer calories and Exercise More (for respondents who say that they are doing both).
4. Behavior Modification, Self-observation (logs)
5. Taken medication prescribed by doctor
6. Taken over-the-counter dietary supplements, vitamins, or weight loss drugs (not prescribed by a physician)
7. Laxatives, purging
8. Joined Weight Watchers, Jenny Craig, Overeaters Anonymous, etc
9. Liquid Diet i.e. Slim Fast
10. Smoke Cigarettes
11. Medical Procedures: Liposuction, Stomach Staple, etc
12. Decreasing portion sizes, eating smaller helpings
13. Decreasing TV time
14. Atkin's Diet/low carb die)
15. Other (specify)
12. DON'T KNOW/NOT SURE
13. REFUSED

NEW 95 QUESTION

AGE

127. Now, I'd like to ask a few questions about you. How old were you on your last birthday?

INTERVIEWER: IF OLDER THAN 99 YEARS, CODE AS 99.

1. Enter age:
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 2001 QUESTION

RACEETH

128. To which of these groups do you belong? (multiple response, read responses)

1. African American or Black
2. Alaska Native
3. American Indian
4. Asian
5. Caucasian or White
6. Filipino
7. Latino or Hispanic
8. Native Hawaiian
9. Other Pacific Islander
10. Other (specify) _____
11. DON'T KNOW
12. REFUSED

[If RACEETH has more than one response GO TO RACEETHB, ELSE, GO TO LANGREAD]

NEW 2001 QUESTION

RACEETHB

129. Of these, which do you most identify with?

1. African American or Black
2. Alaska Native
3. American Indian
4. Asian
5. Caucasian or White
6. Filipino
7. Latino or Hispanic
8. Native Hawaiian
9. Other Pacific Islander
10. Other (specify) _____
11. Both/All/Multi-Racial
12. None of these
13. DON'T KNOW/NOT SURE
14. REFUSED

[IF RACEETH =7 or RACEETHB = 7, GO TO LANGREAD, ELSE GO TO EDUCA]

LANGREAD

130. I am now going to you ask a few questions about language. In general, what language(s) do you read and speak? (INTERVIEWER: READ LIST)

1. Only Spanish
2. Mostly Spanish
3. Both Spanish and English
4. Mostly English and some Spanish
5. Only English
6. Other
9. REFUSED

MODIFIED IN 2001

LANGCHD

131. What was the language you used as a child? (INTERVIEWER: READ LIST)

1. Only Spanish
2. Mostly Spanish
3. Both Spanish and English
4. Mostly English and some Spanish
5. Only English
6. Other
9. REFUSED

LANGSPK

132. What language(s) do you usually speak at home? (INTERVIEWER: READ LIST)

1. Only Spanish
2. Mostly Spanish
3. Both Spanish and English
4. Mostly English and some Spanish
5. Only English
6. Other
9. REFUSED

LANGTHNK

133. In which language(s) do you usually think? (INTERVIEWER: READ LIST)

1. Only Spanish
2. Mostly Spanish
3. Both Spanish and English
4. Mostly English and some Spanish
5. Only English
6. Other
9. REFUSED

LANGFND

134. What language(s) do you usually speak with your friends? (INTERVIEWER: READ LIST)

1. Only Spanish
2. Mostly Spanish
3. Both Spanish and English
4. Mostly English and some Spanish
5. Only English
6. Other
9. REFUSED

EDUCA

135. What is the highest year of school you completed?

1. Eighth grade or less
2. Some high school
3. High school grad or GED certificate
4. Some college
5. College graduate (Bachelor's degree)
6. Post-grad or professional degree
7. Other (specify)
8. DON'T KNOW/NOT SURE
9. REFUSED

CHILD18

136. How many persons in your household are under 18 years of age?

1. Enter number:
8. DON'T KNOW
9. REFUSED

MODIFIED IN 2001

INCOME

137. Which of the following categories best describes your annual household income from all sources before taxes:

(read responses)

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$65,000
8. \$65,000 or more
88. DON'T KNOW/NOT SURE (GO TO NUMPHON2)
99. REFUSED (GO TO NUMPHON2)

NEW in 2003

Find the point on the table where HHSIZE and INCOME intersect.
 If there is a table value and the table value is LT the "less than" value of the response to INCOM02, go to THRESH02.

THRESH02

138. Is your annual household income above _____ (table look up for income and household size)? (This is an income threshold used for statistical purposes.)

- 1. Yes
- 2. No
- 8. Don't know / Not sure
- 9. Refused

INCOME	=	1 <10K	2 10-15K	3 15-20K	4 20-25K	5 25-35K	6 35-50K	7 50-65K	8 65K+
HHSIZE=	1		11,500	16,400					
(Household Size)	2			15,500	22,100				
	3			19,550		27,800			
	4				23,550	33,500			
	5					27,550	39,200		
	6					31,550	44,900		
	7						35,550	50,600	
	8						39,550	56,300	
	9						43,550	62,000	
	10						47,550		67,650
	11							51,550	73,350
	12							55,550	79,050
	13							59,550	84,750

(130% and 185% of Federal Poverty Line; From: Federal Register, Feb 14, 2002 rounded to nearest \$50.)

NUMPHON2

138.5 How many residential telephone numbers do you have? DO NOT include dedicated fax lines, computer lines, cellular and mobile phones.

- ____ Enter number:
- 8. DON'T KNOW/NOT SURE
 - 9. REFUSED

Please answer the following questions about the food eaten in your household in the last 12 months.

NEW 2001 QUESTION

FOODLAST

139. The food that I bought just didn't last, and I didn't have money to get more. Was that often, sometimes, rarely, or never true for you or your household in the last 12 months?

- 1. Often
- 2. Sometimes
- 3. Rarely
- 4. Never True
- 8. DON'T KNOW/NOT SURE
- 9. REFUSED

NEW 2001 QUESTION

FOODBLNC

140. I couldn't afford to eat balanced meals. Was that often, sometimes, rarely, or never true for you or your household in the last 12 months?

1. Often
2. Sometimes
3. Rarely
4. Never True
8. DON'T KNOW/NOT SURE
9. REFUSED

MODIFIED FOR DIET 99

CUTMEAL

141. In the last 12 months, did 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
2. No (GO TO FOODSTMP)
8. DON'T KNOW/NOT SURE (GO TO FOODSTMP)
9. REFUSED (GO TO FOODSTMP)

MODIFIED FOR DIET 99

CUTOFT

142. How often did this happen in the last 12 months? Was it almost every month, most months, some months but not every month, or only one or two months in the last 12 months?

1. Every month
2. Most months
3. Some months but not every month
4. Only 1 or 2 months
8. DON'T KNOW/NOT SURE
9. REFUSED

FOODSTMP

143. In the last 12 months, have you or anyone in your household used food stamps to buy food?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW in 2003

FOODASST

144. In the last 12 months, have you received food assistance from a food bank, food pantry, or community kitchen?

1. Yes
2. No
8. DON'T KNOW/NOT SURE
9. REFUSED

NEW 99 QUESTION

ZIPCODE

145. What is your zip code?

NEW 2001 QUESTION

MARITAL

146. Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

1. Married
2. Living with partner
3. Widowed
4. Divorced
5. Separated
6. Never Married
8. DON'T KNOW/NOT SURE
9. REFUSED

Thank you very much. Those are all the questions I have. We really appreciate your help and the time you've given us. Good-bye.