

National Food Study – Household Screener

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0536-0068. The time required to complete this information collection is estimated to average less than 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

INTRODUCTION

Hello. My name is [FILL NAME]. I work for Mathematica Policy Research and we're conducting the **National Food Study** for the U.S. Department of Agriculture. We recently sent a post card to this address.

SHOW ID CARD

The National Food Study will help the USDA improve its programs by answering questions about where households get food and how much they pay for food.

OFFER THE STUDY BROCHURE

I am here to conduct a five minute questionnaire to see if your household is eligible to participate in the study.

If you are eligible and you complete the study you will receive \$100 or more.

All of your responses to this information collection are voluntary. The information that you provide will be kept completely confidential. We will use your information only for statistical purposes and your responses will not have any effect on services you currently receive or may apply for in the future.

2. May I begin the five minute questionnaire?

- YES → GO TO Q.3
 NO → GO TO Q.2b

REFUSALS

2b. I understand if you don't want to participate in the study. You can still help us by completing just this 5 minute questionnaire. Your answers will help us know whether households that participate in the study are representative of all households.

May I begin the five minute questionnaire?

- YES → GO TO Q.3
 NO

2c. [PROVIDE \$5 INCENTIVE] I can offer you \$5 for answering these questions. It should take less than 5 minutes.

- YES → GO TO Q.3
 NO → GO TO BACK PAGE Q.R1

VERIFY ADDRESS

3. I have this address as [READ ADDRESS ON CONTACT SHEET]. Is that your exact address?

- YES. EXACTLY AS LISTED → GO TO Q.4
 MOSTLY CORRECT, BUT NEEDS MINOR CHANGES → MAKE CHANGES ON CONTACT SHEET
 INCORRECT ADDRESS → TERMINATE INTERVIEW AND FIND CORRECT ADDRESS

4. Is your mailing address the same as your street address? PROBE: Do you get your mail sent to this address?

YES → GO TO Q.5

NO

DON'T KNOW

REFUSED

→ GO TO Q.5

4a. Please give me your complete mailing address (including apartment number).

STREET ADDRESS: _____

P.O. BOX OR RURAL ROUTE: _____

CITY: _____

STATE: _____ ZIP: _____

5. ASK IF ADDRESS APPEARS TO BE A SINGLE-FAMILY DWELLING OR SINGLE DETACHED HOUSE, ELSE SKIP TO Q6. Are there any other housing units or living quarters—either occupied or vacant—at this address? A separate housing unit has either (1) direct access from the outside or from a common hallway, or (2) a kitchen or cooking equipment for the exclusive use of the occupants.

YES, ONE OTHER UNIT

YES, MORE THAN ONE OTHER UNIT

NO

DON'T KNOW

REFUSED

→ GO TO Q.6

5a. What is the exact address of the (first) unit or living quarters?

SAME → GO TO Q.5b

NOT SAME → WRITE ADDRESS BELOW

DON'T KNOW

REFUSED

→ GO TO Q.5b

1ST UNIT:

STREET ADDRESS: _____

P.O. BOX OR RURAL ROUTE: _____

CITY: _____

STATE: _____ ZIP: _____

2ND UNIT:

STREET ADDRESS: _____

P.O. BOX OR RURAL ROUTE: _____

CITY: _____

STATE: _____ ZIP: _____

5b. Do the occupants of the additional units or living quarters live separately from the people in your household?

- ₁ YES → THIS IS A SEPARATE UNIT AND WILL BE ELIGIBLE FOR SELECTION IN A LATER SAMPLE RELEASE. CONTINUE WITH CURRENT RESPONDENT.
- ₀ NO → THIS UNIT IS PART OF THE HOUSEHOLD. COUNT IN HOUSEHOLD SIZE. CONTINUE WITH CURRENT RESPONDENT.

6. Do you or a member of your household live or stay at this address year round?

- ₁ YES → GO TO Q.7
- ₀ NO
- _d DON'T KNOW
- _r REFUSED
- GO TO Q.6a

6a. How many months of the year do members of this household stay at this address?

- ₁ 6 MONTHS OR MORE → GO TO Q.7
- ₀ LESS THAN 6 MONTHS → TERMINATE. READ IF NECESSARY: This study only includes people at their permanent residence. Based on your responses, you are not eligible for the study at this time. COMPLETE OBSERVATIONS ON BACK PAGE. PROVIDE \$5 INCENTIVE IF NECESSARY. STATUS ON CONTACT SHEET 024.

HOUSEHOLD INFORMATION

7. Including yourself, how many people live in your household? Don't forget to include babies, small children, and non-relatives who live here. Also include persons who usually live here but are temporarily away for reasons such as: vacation, traveling for work, or in the hospital. Do not include people living away at school.

|_|_| NUMBER

- _d DON'T KNOW
- _r REFUSED

8. Do all the people in your household live together and share food?

- ₁ YES → FILL HH SIZE BOX ON NEXT PAGE WITH Q.7 RESPONSE. SKIP TO Q.9
- ₀ NO

8a. How many people live together and share food?

|_|_| NUMBER → ENTER IN HH SIZE BOX ON NEXT PAGE

- _d DON'T KNOW
- _r REFUSED

INTERVIEWER: ENTER HH SIZE AND CHECK OPEN QUOTA GROUPS LISTED ON CONTACT SHEET

HH SIZE	INCOME CATEGORY	OPEN QUOTA GROUPS			
		Group-A	Group-B	Group-C	Group-D
□	□	□	□	□	□

9. From now on when we refer to your household we mean the [FILL HH SIZE] people that live together and share food. The next question is about your household's income. This card [SHOW INCOME SOURCES HAND CARD] lists types of income people receive. Please tell me which types of income are received by people in your household. SNAP BENEFITS ARE NOT COUNTED AS INCOME.

- | | |
|---|---|
| 1 <input type="checkbox"/> EARNINGS FROM WORK | 7 <input type="checkbox"/> CHILD SUPPORT |
| 2 <input type="checkbox"/> UNEMPLOYMENT COMPENSATION | 8 <input type="checkbox"/> ALIMONY |
| 3 <input type="checkbox"/> WORKERS COMPENSATION | 9 <input type="checkbox"/> CASH WELFARE (LIKE TANF OR GENERAL ASSISTANCE) |
| 4 <input type="checkbox"/> DISABILITY OR SSI | 10 <input type="checkbox"/> INVESTMENT INCOME |
| 5 <input type="checkbox"/> SOCIAL SECURITY | 11 <input type="checkbox"/> OTHER |
| 6 <input type="checkbox"/> PENSIONS AND RETIREMENT INCOME | d <input type="checkbox"/> DON'T KNOW |
| | r <input type="checkbox"/> REFUSED |

10. Including your household's income from [LIST INCOME SOURCES IN Q.9], which group (A, B or C) corresponds to your household total income before taxes? SHOW HAND CARD FOR THE HOUSEHOLD SIZE.

- | | |
|---------------------------------------|---|
| 1 <input type="checkbox"/> GROUP A | } → FILL INCOME CATEGORY BOX ABOVE AND GO TO Q.11 |
| 2 <input type="checkbox"/> GROUP B | |
| 3 <input type="checkbox"/> GROUP C | |
| d <input type="checkbox"/> DON'T KNOW | } → GO TO Q.10a |
| r <input type="checkbox"/> REFUSED | |

10a. Was it [FILL-Q10a] or more last year?

- 1 YES → GO TO Q.10b
 0 NO → ENTER "A" IN INCOME CATEGORY BOX ABOVE AND GO TO Q.11
 d DON'T KNOW → GO TO Q.10b
 r REFUSED → GO TO Q.10b

10b. Was it [FILL-Q10b] or more last year?

- 1 YES → ENTER "C" IN INCOME CATEGORY BOX ABOVE
 0 NO → ENTER "B" IN INCOME CATEGORY BOX ABOVE
 d DON'T KNOW → ENTER "DK" IN INCOME CATEGORY BOX ABOVE
 r REFUSED → ENTER "REF" IN INCOME CATEGORY BOX ABOVE

CATEGORIES FOR Q10a and Q10b		
HH Size	FILL-Q10a	FILL-Q10b
1	\$11,000	\$21,000
2	\$15,000	\$28,000
3	\$19,000	\$35,000
4	\$23,000	\$43,000
5	\$27,000	\$50,000
6	\$31,000	\$57,000
7	\$35,000	\$65,000
8+	\$39,000	\$72,000

11. Do you or any member of your household currently receive [FILL STATE SNAP NAME]? This program puts money on an EBT card that you can use to buy food.

- YES → GO TO INT CHECK #1
- NO
- DON'T KNOW
- REFUSED

INTERVIEWER CHECK #1

IS QUOTA GROUP D OPEN?

- YES → GO TO "ELIGIBLE" SECTION
- NO → GO TO "NOT ELIGIBLE" SECTION

FILL FOR QUESTION 11

ROW	STATE	FILL STATE SNAP NAME
1	AL, AR, CT, IL, KY, LA, MS	SNAP
2	ND, NE, NM, PA, SC, SD, TX	SNAP
3	FL, KS, MI, OH	Benefits from the Food Assistance Program
4	AZ	Nutrition Assistance
5	CA	CalFresh
6	IN	Food Stamps or SNAP
7	NC	Benefits from the Food and Nutrition Services
8	NJ	NJ SNAP
9	NY	Food Stamps
10	WA	Benefits from the Basic Food Program
11	WI	FoodShare

INTERVIEWER CHECK #2:

IS THE HOUSEHOLD'S INCOME CATEGORY AN OPEN QUOTA GROUP?

- YES → GO TO "ELIGIBLE" SECTION
- NO → GO TO "NOT ELIGIBLE" SECTION
- DON'T KNOW
- REFUSED → **TERMINATE. COMPLETE OBSERVATIONS AND Q.R1 to Q.R4 ON BACK PAGE. STATUS ON CONTACT SHEET 220.**

NOT ELIGIBLE CONTINUE HERE

Thank you for your time. I'm sorry your household is not eligible for the study.

READ IF NECESSARY: In order to produce a representative sample we only take households with certain characteristics. Based on your responses you are not eligible at this time.

22. May I have your name and telephone number in case my supervisor wants to confirm that I spoke with you?

FIRST NAME: _____

LAST NAME: _____

TELEPHONE: (_____) - _____ - _____
Area Code

- NO TELEPHONE
- DON'T KNOW
- REFUSED

23. WHAT LANGUAGE WAS USED FOR THIS INTERVIEW?

- ENGLISH
- SPANISH
- KOREAN
- VIETNAMESE
- CHINESE
- TRANSLATED BY OTHER HH MEMBER

THANK AGAIN AND TERMINATE. COMPLETE OBSERVATIONS ON BACK PAGE. PROVIDE \$5 INCENTIVE IF NECESSARY. STATUS ON CONTACT SHEET 023.

12. Are you the person who does most of the shopping for food in your household?

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

13. Are you the person who does most of the planning or preparing of meals in your household?
IF RESPONDENT ANSWERS "SOMETIMES" OR "50/50," ENTER YES.

- 1 YES
 - 0 NO
 - d DON'T KNOW
 - r REFUSED
- GO TO INTERVIEWER CHECK #3

INTERVIEWER CHECK #3:

IS RESPONDENT THE FOOD SHOPPER (Q.12=YES) OR MEAL PLANNER (Q.13=YES)?

- 1 YES → GO TO CONTACT INFORMATION
- 0 NO → GO TO Q.14

14. Your household is eligible to take part in the study, but I need to speak with the person who does most of the shopping for food in your household. What is the name of the person who does most of the shopping for food?

_____ FIRST NAME

15. Can I speak with [FILL Q.14 NAME]?

- 1 YES → GO TO NEW RESPONDENT INTRO
 - 0 NO
 - d DON'T KNOW
 - r REFUSED
- GO TO Q.16

16. What is the best telephone number to reach [FILL Q.14 NAME] at?

(_____) - ____ - _____
Area Code

- 0 NO TELEPHONE
- d DON'T KNOW
- r REFUSED

As I mentioned, your household is eligible for the study, but I need to speak with the Food Shopper or Meal Planner. I'd like to schedule a time to come back.

IF PHONE NUMBER PROVIDED: I will call [FILL Q.14 NAME] at the phone number you provided to schedule a time to come back. When is a good time to call?

IF PHONE NUMBER NOT PROVIDED: When is a good time to come back?

IF NECESSARY, PROVIDE \$5 INCENTIVE TO CURRENT RESPONDENT. WHEN YOU RETURN TO TALK TO THE NEW RESPONDENT START AT THE NEW RESPONDENT INTRO ON PAGE 7.

NEW RESPONDENT INTRO:

Hello. My name is [FILL NAME]. I work for Mathematica Policy Research and we're conducting the National Food Study for the U.S. Department of Agriculture. We recently sent a post card to this address. SHOW ID CARD

The National Food Study will help the USDA improve its programs by answering questions about where households get food and how much they pay for food.

The addresses we visit are scientifically selected to represent all households in the country. Taking part is completely voluntary and any information that you provide will be kept completely confidential. We will use your information only for statistical purposes and your responses will not have any effect on services you currently receive or may apply for in the future.

GO TO CONTACT INFORMATION

CONTACT INFORMATION:

Your household is eligible for this study! In this study, you will be asked to complete one 30-minute interview and one 35-minute interview, and keep track of foods you get during the week. You will receive a \$100 check at the end of the week. You will also receive up to three (3) \$10 gift cards, one for each time you call us to report the foods you get during the week. Other members of your household can receive gift cards if they report the foods they get during the week.

I'd like to get your contact information before we continue.

17. What is your name?

_____ FIRST NAME

18. What is the best telephone number to reach you at?

(_____) - _____ - _____
Area Code

- o NO TELEPHONE
 - d DON'T KNOW
 - r REFUSED
- } → SKIP TO Q.20

19. Is there another number where you can be reached?

(_____) - _____ - _____
Area Code

- o NO TELEPHONE
- d DON'T KNOW
- r REFUSED

20. What language would you be most comfortable using for our interviews?

- 1 ENGLISH
- 2 SPANISH
- 3 KOREAN
- 4 VIETNAMESE
- 5 OTHER (SPECIFY) _____

21. Do you have time now to discuss the study and learn about what you'll be doing for the week? This will take a little over an hour.

- 1 YES → COMPLETE OBSERVATIONS ON BACK PAGE. PROVIDE \$5 INCENTIVE IF NECESSARY. CONTINUE TO INITIAL INTERVIEW AND TRAINING. STATUS ON CONTACT SHEET 021.
- 2 NO → NO. SCHEDULE A TIME FOR THE INITIAL INTERVIEW AND TRAINING. COMPLETE OBSERVATIONS ON BACK PAGE. PROVIDE \$5 INCENTIVE IF NECESSARY. STATUS ON CONTACT SHEET 021.
- 3 NO → REFUSED TO PARTICIPATE. COMPLETE OBSERVATIONS ON BACK PAGE. GO TO Q.25. STATUS ON CONTACT SHEET 022.

REFUSALS

IF RESPONDENT REFUSED THE SCREENER (STATUS=220)

Can you help us by answering just 4 quick questions? We want to know if people who participate in our study are a good representation of all households in the United States.

R1. How many people are in your household?

_____ DON'T KNOW
 |__|_| NUMBER OF PEOPLE REFUSED

R2. Is your total household income greater than \$30,000 a year?

YES DON'T KNOW
 NO REFUSED

R3. Last week, how much did your household spend on groceries?

\$ ____|,____|____|____|.00 DON'T KNOW
 REFUSED

R4. Last week, how much did your household spend while eating out?

\$ ____|,____|____|____|.00 DON'T KNOW
 REFUSED

Those are all the questions I have. Thank you for your time. [PROVIDE \$5 INCENTIVE IF NECESSARY.] If you change your mind about taking part in the study, please call us at the toll-free number on the brochure. Have a nice day!

STATUS ON CONTACT SHEET 220.

IF RESPONDENT IS ELIGIBLE AND REFUSES TO PARTICIPATE IN THE STUDY (STATUS=022)

I would like to ask a few questions so that we know if people who participate in our study are a good representation of all households in the United States.

25. How many people in your household are...

	NUM	DON'T KNOW	REF
Under age 5.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Age 5-9.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Age 10-13.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Age 14-18.....	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Over 18 years old	# _____	<input type="checkbox"/>	<input type="checkbox"/>

26. Last week, how much did your household spend on groceries?

\$ ____|,____|____|____|.00 DON'T KNOW
 REFUSED

27. Last week, how much did your household spend while eating out?

\$ ____|,____|____|____|.00 DON'T KNOW
 REFUSED

Those are all the questions I have. Thank you for your time. [PROVIDE \$5 INCENTIVE IF NECESSARY.] If you change your mind about taking part in the study, please call us at the toll-free number on the brochure. Have a nice day!

STATUS ON CONTACT SHEET 022.

OBSERVATIONS: ENTER OBSERVATIONS OF THE PERSON WHO COMPLETED OR REFUSED THE SCREENER	
11. RESPONDENT GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
12. RESPONDENT AGE (APPROXIMATE)	<input type="checkbox"/> 18-29 <input type="checkbox"/> 30-49 <input type="checkbox"/> 50-69 <input type="checkbox"/> Over 70
13. RESPONDENT RACE/ETHNICITY (CHECK ALL THAT APPLY)	<input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER
14. RESPONDENT LANGUAGE	<input type="checkbox"/> ENGLISH <input type="checkbox"/> KOREAN <input type="checkbox"/> CHINESE <input type="checkbox"/> SPANISH <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER / UNKNOWN
15. DID YOU TALK TO ANYONE ELSE WHO LIVES AT THIS ADDRESS BEFORE YOU TALKED TO THE RESPONDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO