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Policy Research, Inc.

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 a survey for the U.S. Department of Agriculture.

SHOW ID CARD

We recently sent a post card to this address explaining the survey, which is called the National Food Study.

- 1. Did you get our post card?
 - 1 ☐ YES
 - 0 □ NO
 - d ☐ DON'T KNOW
 - r□ REFUSED

OFFER THE STUDY BROCHURE

This study is about food in the United States. We are looking at the foods households get over the course of a week, in order to understand where households get food and how much they pay for food. This information will help the USDA improve its programs and ensure that all residents of the U.S. have access to a healthy diet at affordable prices.

The addresses we visit were scientifically selected to represent all households in the country. I am here to see if you are eligible and interested in participating.

Please accept this \$5 as a token of our appreciation for considering this important survey.

OFFER UNCONDITIONAL \$5 INCENTIVE

If your household is eligible and you participate you will receive \$100 or more for completing the survey activities.

I need to ask you some questions to find out if you are eligible for the survey. Eligibility is based on household size, program participation, and income. It will take less than 5 minutes to answer these questions.

Taking part is completely voluntary. We are required by law to use your information for statistical research only and to keep it confidential. Your responses will not have any effect on services you may receive or may apply for in the future.

Do you have any questions before we start?

OBTAIN PERMISSION

2. May I begin?

- 1 ☐ YES
- □ NO → PROVIDE MORE INFO ABOUT STUDY AND INCENTIVES. IF REFUSAL, THANK AND TERMINATE.
 STATUS ON CONTACT SHEET 220.

VERIFY ADDRESS

- 3. I have this address as [READ ADDRESS ON CONTACT SHEET]. Is that your exact address?
 - 1 ☐ YES. EXACTLY AS LISTED → GO TO Q.4
 - 2 ☐ MOSTLY CORRECT, BUT NEEDS MINOR CHANGES → MAKE CHANGES ON CONTACT SHEET
 - 3 ☐ INCORRECT ADDRESS → TERMINATE INTERVIEW AND FIND CORRECT ADDRESS

4.	Is your <u>mailing address</u>	·	address? PROBE: Do	you get your mail sent to this address	ss?
	4a. F	Please give me your comp	olete mailing address	(including apartment number).	
	5	STREET ADDRESS:			
	F	P.O. BOX OR RURAL ROU	TE:		
	(CITY:			
	Ş	STATE: Z	ZIP:		
5.	SKIP TO Q6. Are there a address? A separate ho	any other housing units oousing unit has either (1) on equipment for the exclusion.	r living quarters—eitl direct access from th	R SINGLE DETACHED HOUSE, ELS her occupied or vacant—at this e outside or from a common hallw ants.	
	2 ☐ YES, MORE THAN C	NE OTHER UNIT			
	o□ NO ———————————————————————————————————	→GO TO Q.6			
	<u> </u>	What is the <u>exact address</u>	of the (first) unit or l	iving quarters?	
		☐ SAME → GO TO Q.5b		9 4	
	0	□ NOT SAME → WRITE	E ADDRESS BELOW		
		□ DON'T KNOW □ REFUSED	GO TO Q.5b		
	=	IST UNIT:			
	F	2.O. BOX OR RURAL ROU	ITE:		
		CITY:			
	5	STATE: Z	ZIP:		
	2	ND UNIT:			
	Ş	STREET ADDRESS:			
	F	P.O. BOX OR RURAL ROU	TE:		
	(CITY:			
	\$	STATE: Z	ZIP:		

	5b. Do the occupants of the additional units or living quarters live <u>separately</u> from the people in your household?
	TES → THIS IS A SEPARATE UNIT AND WILL BE ELIGIBLE FOR SELECTION IN A LATER SAMPLE RELEASE. CONTINUE WITH CURRENT RESPONDENT.
6.	Do you or a member of your household live or stay at this address year round?
υ.	
	$_{0}$ □ NO $_{0}$ GO TO Q.7
	d □ DON'T KNOW → GO TO Q.6a 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
	□ 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. 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.
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	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
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INTERVIEWER: ENTER HH SIZE AND CHECK OPEN QUOTA GROUPS LISTED ON CONTACT SHEET

НН	INCOME				
SIZE	CATEGORY	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.

¬□ CHILD SUPPORT

- 2 ☐ UNEMPLOYMENT COMPENSATION 8 ☐ ALIMONY
- 3 ☐ WORKERS COMPENSATION 9 ☐ CASH WELFARE (LIKE TANF OR GENERAL ASSISTANCE)
 - 10 INVESTMENT INCOME
- 4 □ DISABILITY OR SSI 11 □ OTHER
- $_5$ \square SOCIAL SECURITY $_{\rm d}$ \square DON'T KNOW
- 6 ☐ PENSIONS AND RETIREMENT INCOME ☐ REFUSED

10. Including your household's income from [LIST INCOME SOURCES IN Q9], which group (A, B or C) corresponds to your household total income <u>before taxes</u>? SHOW HAND CARD FOR THE HOUSEHOLD SIZE.

1 🗆	GROUP A —]
2 🔲	GROUP B	FILL INCOME CATEGORY BOX ABOVE AND GO TO Q.11
з 🔲	GROUP C —	
d \square	DON'T KNOW	¬,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
r 🔲	REFUSED	→ GO TO Q.10a

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

- 1 ☐ YES → GO TO Q.10b
- □ 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
- ¬□ 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			

1□ YES → GO TO	INT CHECK #1	> INTERVIEWER CHECK #1
₀□ NO ———— ₀□ DON'T KNOW ₁□ REFUSED ———	GO TO INT CHECK #2 —	IS QUOTA GROUP D OPEN?
rLI KEFUSED ———	_	1 YES → GO TO "ELIGIBLE" SECTION
FILL FOR QUESTION 11		□ NO → GO TO "NOT ELIGIBLE" SECTION
ROW STATE	FILL STATE SNAP NAME	
1		NATERVIEWER OUTOK #0
2		INTERVIEWER CHECK #2:
4		IS THE HOUSEHOLD'S INCOME CATEGORY AN OPEN QUOTA GROUP?
5		1 YES → GO TO "ELIGIBLE" SECTION
6		NO → GO TO "NOT ELIGIBLE" SECTION
8		d DON'T KNOW → TERMINATE. STATUS ON CONTACT SHEET 220.
9 10		REFUSED → TERMINATE. STATUS ON CONTACT SHEET 220.
11		
READ IF NECESSARY: In Based on your responses	you are not eligible at this time.	tive sample we only take households with certain characteristics.
TELEPHONE: (
o□ NO TELEPHONE		
r □ REFUSED		
23. WHAT LANGUAGE W	VAS USED FOR THIS INTERV	IEW?
₁ ☐ ENGLISH ₂ ☐ SPANISH		
3 ☐ KOREAN		
3 ☐ KOREAN 4 ☐ VIETNAMESE 5 ☐ CHINESE		
3 ☐ KOREAN 4 ☐ VIETNAMESE 5 ☐ CHINESE	OTHER HH MEMBER	
3 ☐ KOREAN 4 ☐ VIETNAMESE 5 ☐ CHINESE 6 ☐ TRANSLATED BY	OTHER HH MEMBER MINATE. STATUS ON CONTA	CT SHEET 023.

E	ELIGIBLE CONTINUE HERE
12. Are you the person who does most of the state of the	he <u>shopping for food</u> in your household?
IF RESPONDENT ANSWERS "SOMETIN	he planning or preparing of meals in your household? MES" OR "50/50," ENTER YES. VIEWER CHECK #3
IS RESPONDENT THE FOOD SHOPPER (Q1	
the shopping for food in your househol food? FIRST NAME	n the study, but I need to speak with the person who does most of d. What is the name of the person who does <u>most</u> of the shopping for
15. Can I speak with [FILL Q.14 NAME]?	INTRO
16. What is the best telephone number to re () o □ NO TELEPHONE d □ DON'T KNOW T□ REFUSED	each [FILL Q.14 NAME] at?
As I mentioned, your household is eligible for Planner. I'd like to schedule a time to come	or the study, but I need to speak with the Food Shopper or Meal 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 <u>NOT</u> PROVIDED:	When is a good time to come back?
WHEN YOU RETURN TO TALK TO THE RES	PONDENT 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 a survey for the U.S. Department of Agriculture. SHOW ID CARD.

We are looking at the foods households get over the course of a week in order to understand where households get food and how much they pay for food. This information will help the USDA improve its programs and ensure that all residents of the U.S. have access to a healthy diet at affordable prices.

The addresses we visit are scientifically selected to represent all households in the country. Taking part is completely voluntary. We are required by law to use your information for statistical research only and to keep it confidential. Your responses will not have any effect on services you may receive or may apply for in the future.

GO TO CONTACT INFORMATION

CONTACT INFORMATION:

inter rece of yo	r household is eligible for this study! In this study, you will be asked to complete one 30-minute interview and one 35-minute view, 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 ive 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 our household can receive gift cards if they report the foods they get during the week. ke 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
	□ NO TELEPHONE □ DON'T KNOW □ REFUSED
	Is there another number where you can be reached?
	() Area Code
	O NO TELEPHONE
	d DON'T KNOW 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.
	$_1\square$ YES \longrightarrow CONTINUE TO INITIAL INTERVIEW AND TRAINING. STATUS ON CONTACT SHEET 021.
	2 □ NO → NO. SCHEDULE ALTERNATIVE TIME FOR INTITIAL INTERVIEW AND TRAINING. STATUS ON CONTACT SHEET 021.
	3 □ NO → REFUSED TO PARTICIPATE. GO TO LAST PAGE (Q.24). STATUS ON CONTACT SHEET 022.

REFUSALS

COMPLETE THIS SECTION ONLY IF THE HOUSEHOLD IS ELIGIBLE AND REFUSES TO TAKE PART.

I respect your decision not to take part in this study. I would like to ask a few questions that will provide us with information about households that choose not to participate. This will help us better understand food choices by <u>all</u> households in this area. I remind you that we are required by law to use your information for statistical research only and to keep it confidential. The law prohibits us from giving anyone any information that may identify you or your household.

24.	May I begin?
25.	Where do you do most of your food shopping?
	PROBE: Where do you spend the most money shopping for food?
	NAME OF STORE:
25a.	ASK IF NECESSARY: What type of store is that? READ CATEGORIES IF NECESSARY SUPERMARKET SMALL GROCERY STORE CONVENIENCE STORE (7-11 OR MINIMART) DOLLAR STORE DISCOUNT OR BIG BOX STORE (KMART, TARGET, OR WALMART) WHOLESALE CLUB (COSTCO, BJ'S OR SAM'S CLUB) TO THER DON'T KNOW REFUSED

26. In the past 30 days did you or anyone in your household get any food from a...

	YES	NO	DON'T KNOW	REF
a. Supermarket	1 🗆	0 🗆	d 🗆	r 🗆
b. Small grocery store	1 🗆	o 🗆	d 🗆	r 🗆
c. Convenience store	1 🗆	0 🗆	d 🗆	r 🗆
d. Dollar store	1 🗆	о 🗆	d \square	r 🗆
e. Discount or big box store (Kmart, Target, or Walmart)	1 🗆	0 🗆	d 🗆	r 🗆
f. Wholesale club (Costco, BJ's, or Sam's Club)	1 🗆	0 🗆	d 🗆	r 🗆
g. Bakeries	1 🗆	0 🗆	d 🗆	r 🗆
h. Meat or fish markets	1 🗆	0 🗆	d 🗆	r 🗆
i. Produce store or vegetable stand	1 🗆	0 🗆	dП	r 🗆
j. Pharmacy or drug store	1 🗆	о 🗆	d 🗆	r 🗆
k. Food pantry or food bank	1 🗆	0 🗆	d 🗆	r 🗆

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

	NUM	DON'T KNOW	REF
Under age 5	#	d 🗆	r 🗆
Age 5-9	#	d 🗆	r 🗆
Age 10-13	#	d 🗆	r 🗆
Age 14-18	#	d \square	r 🗆
Over 18 years old	#	d 🗆	r 🗆

28. How many people over 18 years old in your household are...

	NUM	DON'T KNOW	REF
Employed full time	#	d 🗆	r 🗆
Employed part time	#	d \square	r 🗆
Disabled and unable to work	#	d 🗆	r 🗆
Retired	#	d 🗆	r 🗆

Those are all the questions I have. Thank you for your time. 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!