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# Food and Health: Time Spent Eating, Acquiring Food, Preparing Meals, and Being Physically Active Among U.S. Adults, 2022–2023

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## Abstract

In this report, we examine how U.S. adults allocate their time to eating, food acquisition, meal preparation, and physical activity using data from the 2022–2023 Eating and Health Module (EHM) of the American Time Use Survey. We analyze how these behaviors vary across sociodemographic and health-related groups. On an average day in 2022–2023, adults spent 67.5 minutes eating and drinking as a main activity and 16.4 minutes eating while engaged in another activity, with differences across age, employment status, and household structure. Prepared, ready-to-eat foods obtained from restaurants, fast-food places, grocery store delis, and other establishments (including takeout and delivery) were purchased an averaged 2.2 times per week, and 36.8 percent of adults consumed food prepared away from home on a typical day. Grocery shopping and meal preparation were common activities, although responsibility for these tasks varied by sex, income, and household composition. Complementing these food-related behaviors, 64 percent of adults reported participating in physical activity during the past week, with higher participation among those reporting better health status and diet quality. These descriptive statistics provide national benchmarks on food- and health-related behaviors and highlight differences across population groups.

**Keywords**: time use, eating and drinking, grocery shopping, meal preparation, physical activity

## Acknowledgments

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*A report summary from the Economic Research Service*

# Food and Health: Time Spent Eating, Acquiring Food, Preparing Meals, and Being Physically Active Among U.S. Adults, 2022–2023

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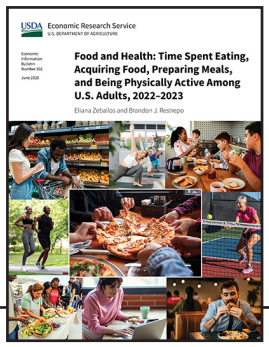



## Key Points

- On an average day, U.S. adults spent 67.5 minutes eating as a primary activity and 16.4 minutes eating while multitasking.
- The time spent on primary eating and drinking decreased by 5 percent from 2006–2008 to 2014–2016 and then increased by 5 percent from 2014–2016 to 2022–2023.
- A larger share of total time spent on primary eating and drinking now occurs at home, increasing from 64.6 percent in 2006–2008 to 74.4 percent in 2022–2023.
- Prepared food consumption and grocery shopping patterns vary across demographic and health groups, including sex, income, household type, and self-assessed diet quality and health status.
- Nearly 90 percent of adults reported some responsibility for grocery shopping, but women were almost twice as likely as men to be fully responsible.
- Adults reported purchasing prepared, ready-to-eat food 2.2 times per week, with adults with higher obesity risk more commonly purchasing these meals.
- Nearly two-thirds of adults (64.1 percent) engaged in physical activity at least once during the past week. Physical activity was more frequent and vigorous among adults with a healthy body mass index (BMI) and higher self-assessed diet quality and health status. Among adults surveyed, 17.3 percent reported all their physical activity was vigorous.

## Why Does This Matter?

Time is a finite resource. How adults allocate time to eating, food-related tasks like grocery shopping and meal preparation, and physical activity offers relevant insights into their diet- and health-related behaviors and outcomes. This report explores how factors such as age, income, sex, employment status, health characteristics, and family structure influence what, where, and how people eat, shop, cook, and move. These behaviors, in turn, may shape diet quality and chronic disease risk. Adults with less discretionary time tend to spend less time preparing meals at home and more time consuming prepared, ready-to-eat foods, which on average are higher in calories, sodium, saturated fats, added sugars, and refined grains. Time constraints may also reduce opportunities for physical activity and increase the likelihood of eating while multitasking, a behavior associated with lower diet quality and reduced awareness or memory of food intake. By identifying these behavioral patterns and differences, the report provides an evidence base to inform policies and programs that could improve access to nutritious foods, support meal preparation practices, and promote opportunities for physical activity—especially for time- and resource-constrained populations.

## A Few More Details

This report provides updated, nationally representative descriptive estimates of U.S. adults' eating patterns and food- and health-related activities, using the 2022–2023 Eating and Health Module (EHM) supplement to the U.S. Department of Labor, Bureau of Labor Statistics American Time Use Survey (ATUS).

The EHM was first fielded in 2006–2008, again in 2014–2016, and the latest round in 2022–2023. This report analyzes pooled data from the 2022–2023 EHM, which provides nationally representative estimates for an average day over this period. For time spent eating and drinking, which is consistently measured across EHM rounds, we also compare findings with pooled data from the two earlier EHM rounds (2006–2008 and 2014–2016) to examine changes over time. We pool data across 2 consecutive years for the 2022–2023 EHM and 3 consecutive years for the previous EHM rounds (2006–2008 and 2014–2016) to increase the precision and therefore detect more statistically significant differences between groups. All information was self-reported by respondents. EHM survey-sampling weights were used in all analyses to produce nationally representative estimates. Statistically significant differences between populations of interest and their time-use patterns are discussed in this report.

Additional findings from this report include:

On average, adults spent 67.5 minutes daily on eating as a main activity and 16.4 minutes daily on eating while multitasking. The most common primary activities while eating were working or watching television and movies.

- Older adults and non-employed individuals were among the groups who spent the most time eating as a main activity and the least time eating while multitasking.
- Single parents and adults aged 25–54 were among the groups who spent the least amount of time eating as a main activity and while at home.

Adults purchased prepared, ready-to-eat food from a grocery store deli department, restaurant, fast food place, or other type of food establishment (including takeout and delivery) an average of 2.2 times per week.

- Just over one-third of adults (36.8 percent) consumed prepared, ready-to-eat food the day before their survey interview.
- Prepared food purchases and consumption were more common among adults with higher-risk obesity (BMI of 35 and above) and poor or fair self-assessed diets.

Grocery shopping varies by sex, income, and household type.

- Almost 9 in 10 adults (88.4 percent) reported some responsibility for grocery shopping in their household.
- Nearly twice as many women than men were fully responsible for grocery shopping.
- Adults living in households that receive USDA Supplemental Nutrition Assistance Program (SNAP) benefits most often cited location and price as their main reasons for purchasing the majority of their in-person groceries.
- About 1 in 5 adults (19.5 percent) shopped online with higher rates among those who were younger, women, and parents.

Meal preparation and home cooking vary by self-assessed diet quality and health status.

- The vast majority of adults (90.1 percent) prepared meals; among those who did, 39.5 percent reported enjoying preparing meals "a lot."
- Adults who were responsible for and enjoyed meal preparation had higher self-assessed health status and diet quality.
- More women than men reported being fully responsible for meal preparation in their households (43.4 percent for women and 22.3 percent for men). A slightly higher share of men reported enjoying meal preparation at least "a little" (93.2 percent for men compared with 91.6 percent for women).

# Food and Health: Time Spent Eating, Acquiring Food, Preparing Meals, and Being Physically Active Among U.S. Adults, 2022–2023

## Introduction

Everyone has the same 24 hours in a day. How individuals and households allocate that time, especially to food-related activities, provides insights into behaviors associated with nutritional status and diet-related health outcomes. Time-use decisions—such as preparing meals, obtaining prepared foods, grocery shopping, eating, and physical activity—reflect not only personal preferences but also time constraints and tradeoffs related to work schedules, caregiving responsibilities, and income.[1] These choices shape eating patterns and daily routines that may influence overall diet quality and health.

Both food-at-home (FAH) and food-away-from-home (FAFH) consumption play important roles in modern diets. FAFH and ready-to-eat foods can reduce time required for meal preparation and cleanup, expand food access for individuals facing time constraints, and provide convenience and variety. At the same time, studies have found that, on average, FAFH meals tend to contain more calories and sodium than meals prepared at home, though nutritional content varies widely across foods and settings (Okrent & Kumcu, 2016; Lachat et al., 2012; Todd et al., 2010). Conversely, FAH foods, including many packaged and ultra-processed items available in retail stores, can also be high in calories, added sugar, sodium, and saturated fats (Monteiro et al., 2019). These patterns highlight that dietary outcomes depend not only on where food is obtained but also on the food choices made by consumers within each setting.

Time constraints influence how households navigate these tradeoffs. Individuals with limited discretionary time may rely more on prepared foods, multitask while eating, or adjust time spent on grocery shopping and meal preparation (Jabs & Devine, 2006; Mills et al., 2017; Wolfson & Bleich, 2015). These behavioral adaptations can affect eating patterns and opportunities for physical activity, which together contribute to diet-related health outcomes.

Although spending on FAFH has risen over time in the United States (USDA, Economic Research Service (ERS), 2025a), most calories consumed by U.S. adults are still obtained from FAH. Both FAH and FAFH contribute to energy needs and diet quality (USDA, ERS, 2025b). Understanding how individuals allocate time across various food-related activities—cooking, grocery shopping, and eating—therefore provides a more complete picture of daily behaviors than focusing on food source alone.

To track these behaviors at the national level, USDA's Economic Research Service (ERS) developed the Eating and Health Module (EHM) as a supplement to the nationally representative American Time Use Survey (ATUS). The EHM was fielded in 2006–2008, 2014–2016, and most recently in 2022–2023. The module complements the ATUS activity diaries with additional information related to eating patterns, food acquisition, and health-related behaviors among U.S. adults.

[1] The USDA, Economic Research Service's Eating and Health Module does not collect information on respondents' food-related beliefs—such as perceptions of meal healthfulness or caloric content—limiting our ability to assess how beliefs may shape time use and eating behaviors.

In this report, we use the 2022–2023 EHM data to update and extend findings from earlier USDA, ERS reports (Zeballos & Restrepo, 2018; Anekwe & Zeballos, 2019; Zeballos & Anekwe, 2018) by presenting current national estimates on eating patterns and food- and health-related activities among U.S. adults aged 18 and older. We examine three eating behaviors: (1) time spent eating and drinking as a primary (or main) activity; (2) eating as a secondary activity (eating while engaged in another activity considered primary by the respondent); and (3) frequency of purchasing and consuming prepared, ready-to-eat foods. We also analyze complementary behaviors—grocery shopping, meal preparation, and physical activity—and examine changes over time using earlier EHM waves.

To better understand the potential factors shaping these behaviors, we examine differences across sociodemographic groups including sex, age, household composition, education, race/ethnicity, veteran status, employment status, participation in USDA food and nutrition assistance programs (Supplemental Nutrition Assistance Program or SNAP and the Special Supplemental Nutrition Program for Women, Infants, and Children or WIC). We also explored how food- and health-related behaviors differ across diet- and health-related indicators like food sufficiency status (i.e., having or not having enough food to meet desired intake levels), body mass index (BMI) category, self-assessed health status, and self-assessed diet quality. These comparisons help identify behavioral patterns and potential constraints reflected in daily time allocations.

By pooling 2 years of recent EHM data (2022–2023), this report provides national estimates across sociodemographic groups while ensuring sufficient sample sizes to detect meaningful differences over time and across different populations. Time-use analysis offers insight into how individuals navigate the tradeoffs of a limited 24-hour day in meeting their dietary needs and making food- and health-related choices. The analysis also informs the design of food and nutrition policies and programs aimed at improving access, feasibility, and effectiveness across a variety of populations.

## Data, Measurements, and Methods

For this analysis, we use self-reported data from the American Time Use Survey's (ATUS) Eating and Health Module (EHM). ATUS is a nationally representative survey that has been conducted annually since 2003 by the U.S. Department of Commerce, Bureau of the Census on behalf of the U.S. Department of Labor, Bureau of Labor Statistics (BLS). An individual aged 15 or older from each sampled household is interviewed about their activities during the 24-hour "time diary" period (from 4 a.m. the previous day to 4 a.m. on the interview day). Respondents report each primary (or main) activity (if more than one activity was done simultaneously), the location of the activity, and who was present. All ATUS respondents are drawn from the Current Population Survey (CPS), a monthly BLS survey that collects a range of labor force data,[2] enabling individual and household sociodemographic and labor force data to be linked with their time-use diary. EHM was developed by USDA, ERS. EHM collects detailed information on: (1) eating patterns (e.g., time spent eating, including secondary eating, and frequency of prepared food purchases and consumption); (2) food-related responsibilities and frequency (e.g., grocery shopping and meal preparation); and (3) health behaviors and outcomes (e.g., exercise participation/frequency and intensity, BMI,[3] self-assessed health status, food sufficiency status, and self-assessed diet quality).

[2] Specifically, individuals are randomly selected for ATUS from a subset of households that have completed their eighth and final month of interviews for the CPS (BLS, 2017a).

[3] Individuals are asked to report their height and weight, and BMI is calculated as weight (kilogram)/height (meters)$^2$.

We primarily analyze pooled data from the 2022–2023 EHM, which provides nationally representative estimates for an average day over this 2-year period. For time spent eating and drinking, which is consistently measured across all waves,[4] we also include comparisons with pooled data from the 2006–08 and 2014–16 EHM waves to examine changes over time. Pooling across waves—2 years for 2022–2023 and 3 years for the earlier waves—improves the precision of our estimates and allows for better detection of statistically significant differences across population groups.

In line with economic theory on the opportunity cost of time—where individuals allocate their time based on their potential market value—we examine differences in time use across sociodemographic groups that may face varying time constraints. Becker's (1965) theory of time allocation introduced the concept of time as a finite, tradable resource, forming the basis for much of the subsequent research on household production, including food preparation. Under this framework, individuals with higher wage potential—often proxied by educational attainment—are expected to spend less time on home production tasks such as cooking, as the opportunity cost of their time is higher.

Empirical studies support this theory. Hamermesh (2007) finds that when the opportunity cost of time increases, people allocate less time to meal preparation and more time to eating food prepared away from home (FAFH). Similarly, research using ATUS shows that time spent preparing meals, grocery shopping, and prepared food consumption varies across the educational spectrum and by employment status (Cawley & Liu, 2007; Zick et al., 2011; Zeballos & Restrepo, 2018). These patterns reinforce the importance of considering time constraints as an important factor shaping food choices, especially among those balancing work and caregiving responsibilities.[5] As Todd et al. (2010) observed, these time pressures often result in greater reliance on FAFH, which is typically more processed and associated with lower diet quality.

Moreover, variation in the availability and proximity of grocery stores, supermarkets, and foodservice establishments across geographic areas may influence the time people spend eating, their dietary choices, and how they access food. Research has consistently shown that individuals living in rural or nonmetropolitan areas often have reduced access to full-service grocery stores and must travel greater distances to reach food retailers, which could shape food choices, grocery shopping, and meal patterns (Ver Ploeg et al., 2015; Morton et al., 2005; Walker et al., 2010). These limited food access environments may contribute to lower diet quality, as the nutritional value of products purchased at grocery stores tends to be higher than that of items bought at discount variety stores or similar oulets (Ver Ploeg et al., 2024).

Because time constraints and daily routines vary across population groups, we examine how eating and food-related activities differ among adults aged 18 and older by:

- Demographics: sex, age group, race and ethnicity, and veteran status,
- Socioeconomic status: educational attainment, household income, food and nutrition assistance program participation, and employment status,
- Household structure: co-habitation, marital status, and presence of children,
- Geographic context: urbanicity/rurality,
- Health and diet status and food hardship: food hardship,[6] BMI category (age 20+), self-assessed health status, and diet quality.

[4] A question matrix of the three EHM waves shows which questions are common across the three waves and can be found in the Eating and Health Module (ATUS) data product page on the USDA, ERS website.

[5] Time constraints are not strictly exogenous—employment, family structure, and other commitments are chosen by individuals and influence available time. The results presented here are descriptive and not intended to imply causality.

[6] Food hardship, enough food to eat: Individuals who had enough of the kind of food or enough but not always the kinds of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: Individuals who sometimes or often did not have enough food in the past 30 days.

All analyses apply EHM survey sampling weights to obtain nationally representative estimates for an average day over 2022–2023 (or over 2006–2008 and 2014–2016 in across-time comparisons).[7] All group comparisons are presented in the tables; however, for clarity and readability, the narrative highlights only the most notable or statistically meaningful differences. Unless otherwise indicated, all differences we discuss in the text between groups of individuals or over time are statistically significant at the 90-percent confidence level.[8] Because not all between-group comparisons are discussed in the text, it is important to note that it is possible to assess whether two reported means differ significantly by calculating a t-statistic using Welch's two-sample t-test for independent estimates:

$$t = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}}$$

This test provides an assessment of whether the difference between two sample means $\bar{x}_1$ and $\bar{x}_2$ and with sample variances $s_1^2$ and $s_2^2$ and sample sizes $n_1$ and $n_2$, respectively, is statistically indistinguishable from zero. The computed t-statistic can be compared to a critical value from a t-distribution table based on the degrees of freedom calculated using the Welch-Satterthwaite equation:

$$df = \frac{\left(\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}\right)^2}{\frac{\left(\frac{s_1^2}{n_1}\right)^2}{n_1 - 1} + \frac{\left(\frac{s_2^2}{n_2}\right)^2}{n_2 - 1}}$$

At a significance level of $\boldsymbol{\alpha} = 0.10$, if $|t|$ exceeds the critical value, the difference between the means would be considered statistically significant at the 90-percent confidence level.

Appendix table 1.A presents the sociodemographic composition of the 2022–2023 EHM sample, and appendix table 2.A lists all the EHM variables used in the analysis. For all analyses, with the exception of BMI,[9] we present estimates using data on individuals aged 18 and older. For BMI, we follow Centers for Disease Control and Prevention (CDC) guidelines and restrict estimates to individuals aged 20 and older. While we highlight statistically significant differences across sociodemographic groups in the main text,[10] full results for all groups are available in tables 1–9.

[7] The CPS has both a stratified and clustered sampling procedure and thus is nonrandom; ATUS follows a similar sampling procedure. Following Hamrick (2016), we performed the balanced repeated replication (BRR) method using the final EHM and replicate weights and a Fay coefficient of 0.5 to generate standard errors that are more precise than a method assuming a random sample. Please see Hamrick (2016) for additional information.

[8] All analyses in this report were guided by BLS standards. BLS analyses are generally conducted at the 90-percent confidence level (BLS, 2017b), so we also follow this convention in our analyses. Also, BLS determined that 77 observations was the minimum number of respondents who could support an ATUS cell estimate (Hamrick, 2016). Thus, all statistics presented in this report are based on at least 77 respondents and 10 or more people who reported doing the activity. We present participation rates only in cases with fewer than 10 people who reported doing the activity, and we verified that the estimated standard error is less than 5 percent. For all other statistics where 10 or more people reported doing the activity, we verified that either the estimated standard error is less than 5 percent or that the estimated coefficient of variation is less than 0.3.

[9] In this report, we provide national statistics associated with the following body weight categories: underweight (BMI of less than 18.5), healthy weight (BMI of 18.5–24.9), overweight but not obese (BMI of 25–29.9), low-risk obesity (BMI of 30–34.9, or Class I obesity), and higher risk obesity (BMI of 35 and above, or Class II and III obesity).

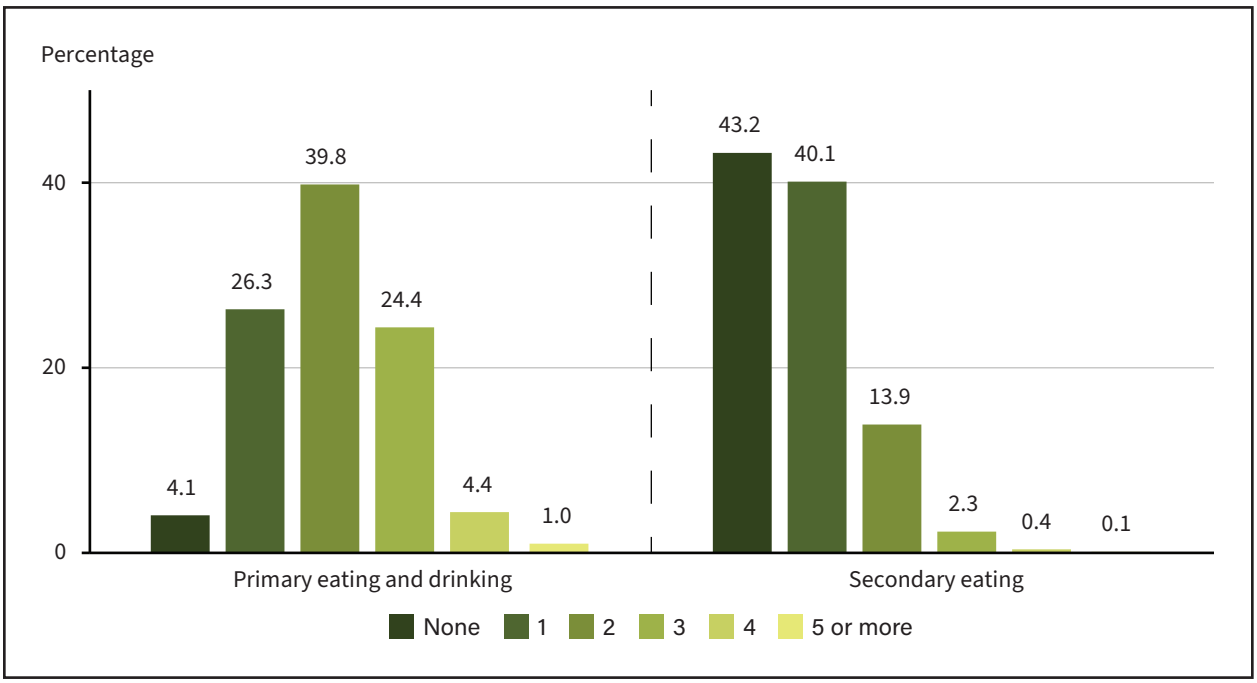
[10] Note that all data used in our analysis are based on self-reports. Respondents may answer survey questions based on how they would like to be perceived rather than on how they actually behaved. Thus, the self-reported data used here may have been influenced by social desirability concerns. In addition, some variables—such as participation in food and nutrition assistance program—are likely understated, as underreporting of assistance receipt is common in survey data.

# Eating Patterns

## Time Spent Eating and Drinking

Table 1 shows that, on an average day over 2022–2023, nearly all individuals aged 18 and older (95.9 percent) reported engaging in primary eating and drinking activities, spending an average of just over an hour on these activities (67.5 minutes). Additionally, just over half of adults (56.8 percent) engaged in secondary eating (i.e., eating while engaged in another primary activity such as watching television or working) with an average of 16.4 minutes spent on these occasions.[11] Figure 1 shows that the most common pattern among adults was having two primary eating and drinking occasions (39.9 percent) and no secondary eating occasions (43.2 percent). Although the ATUS-EHM may not capture as many total eating occasions as other dietary surveys like the National Health and Nutrition Examination Survey (NHANES), prior research has shown that it effectively captures the eating occasions that are longer and contribute most to daily caloric intake. For example, Zeballos et al. (2019) found that when smaller and more easily forgotten eating occasions—drinks and snacks—were excluded from NHANES, the difference in eating frequency between the two surveys was reduced. ATUS-EHM even captured more eating occasions than NHANES during certain times of day, such as between 3 p.m. and 6 p.m. and around midnight. These findings show that while the ATUS-EHM may undercount brief eating events, it provides a reliable account of when and how much time adults spend in meaningful eating activities.

Figure 1
**Distribution of the number of primary eating and drinking and secondary eating occasions on an average day in 2022–2023, aged 18 and older**




Note: The bars for each activity represent the distribution of responses and sum to 100 percent.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

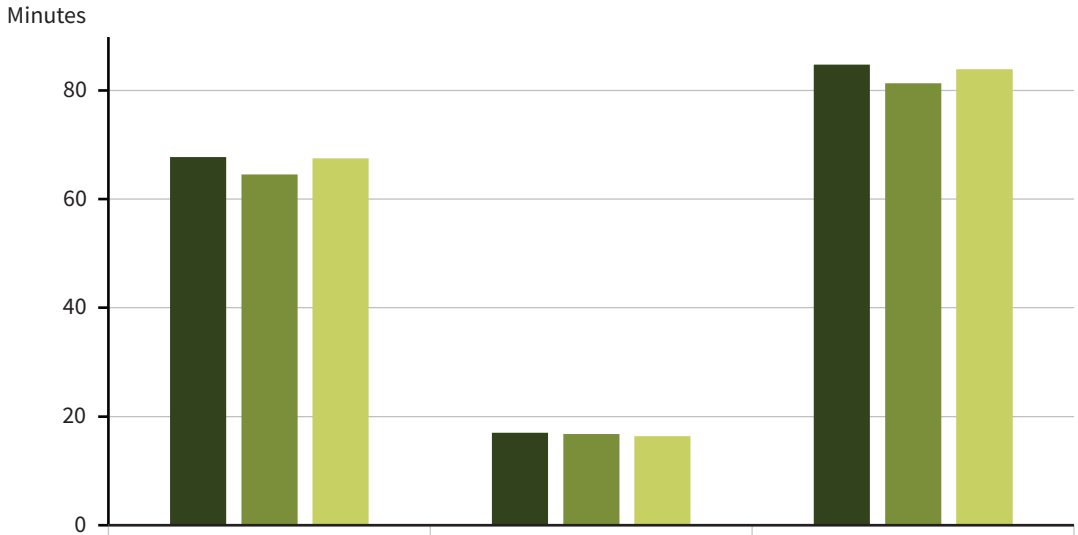
[11] Primary activities are defined by respondents as the main activity at a given time; secondary eating is reported only when eating occurs while another activity is primary. As part of the EHM, participants were asked if they were eating any meals or snacks while doing something else. They were also asked during which activities and for how long they were eating while they were doing the other activity. To help EHM respondents remember secondary eating occasions, the respondents in the 2022–2023 wave were prompted to consider consumption of snacks (e.g., any fruits, vegetables, sweets, or salty snacks) while doing something else.

Time spent in primary and secondary eating and drinking has fluctuated over time. Zick and Stevens (2011) found a slight decline in time spent on primary eating and drinking from 1975 to 2007, accompanied by a significant increase in secondary eating over the same period. Examining more recent time periods, figure 2 shows that time spent on primary eating and drinking decreased by 5 percent from 2006–2008 to 2014–2016, followed by a 5-percent increase from 2014–2016 to 2022–2023. For comparison, changes of this magnitude are similar or smaller than shifts observed in major ATUS categories such as household activities, food preparation, and paid work. Thus, the observed 5-percent decline and subsequent 5-percent rebound in eating time is best interpreted as a modest variation around a stable long-run level, rather than a major behavioral change. Over the same period, the share of total time spent on primary eating and drinking that took place at home increased significantly from 64.6 percent in 2006–2008 to 74.4 percent in 2022–2023. By contrast, the time spent on secondary eating did not significantly change over time. Nearly one-third of primary eating and drinking time in 2022–2023 occurred with a spouse or unmarried partner (30.9 percent), followed by eating alone (25.8 percent), and with household children (18.0 percent). The share of primary eating and drinking time spent alone increased from 20.6 percent in 2006–2008 and 20.8 percent in 2014–2016 to 25.8 percent in 2022–2023.

Research indicates that slower eating is associated with more favorable anthropometric outcomes. Specifically, slower eating has been linked to lower BMI, smaller waist circumference, and a reduced risk of developing obesity (Hurst & Fukuda, 2018; Garcidueñas-Fimbres et al., 2023; and Kolay et al., 2021). It is possible that the rebound in time devoted to primary eating and drinking, along with more time spent eating at home, may provide adults with opportunities to reduce their food intake and lower their risk of obesity. However, the relationship between time spent eating and weight management is complex and multifaceted.

Figure 2

**Time spent on primary eating and drinking and secondary eating on an average day in 2006–2008, 2014–2016, and 2022–2023, age 18 and older**




| | Primary eating and drinking | Secondary eating | Primary eating and drinking and secondary eating |
|---|---|---|---|
| 2006–2008 | 67.8 ± | 17.0 | 84.8 ± |
| 2014–2016 | 64.5 | 16.8 | 81.3 |
| 2022–2023 | 67.5 ± | 16.4 | 83.9 ± |

Note: ± denotes the means of these two time periods are statistically significantly different from each other at the 90-percent confidence level.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2006–2008, 2014–2016, and 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

Sociodemographic factors could influence how individuals value and allocate their time based on their unique circumstances, constraints, and responsibilities. Specifically, observable individual characteristics (e.g., age, educational attainment, employment status, race and ethnicity) and their household composition and geographic characteristics (e.g., metropolitan/nonmetropolitan area) are associated with eating patterns. In general, there are more statistically significant differences across these sociodemographic groups in time spent on primary eating and drinking than on time spent on secondary eating (table 1).

### *Age*

A person's life stage may have implications for the time available for eating activities, as individuals at different stages of life face varying demands from work, family, and personal responsibilities. Prior research has shown that time scarcity related to employment and caregiving affects how much time people devote to food-related behaviors, including eating and meal preparation (Jabs & Devine, 2006). We find a clear positive gradient between educational attainment and time spent eating and drinking. Adults aged 65 and older spent the most time on primary eating and drinking (75.7 minutes per day) and the second-least amount of time on secondary eating (14.7 minutes) compared to younger adults. They also spent the highest share of time on primary eating and drinking that took place at home (85.0 percent). These patterns may reflect differences in time constraints across life stages. Compared with younger adults, older adults may face fewer work- and caregiving-related demands on their time, which may contribute to greater time spent eating as a primary activity and a higher share of meals consumed at home (Hamrick & McClelland, 2016; Devine et al., 2009).

By contrast, adults aged 25 to 54—who are in their prime working years—spent less time eating and drinking as a primary activity compared to older age groups (65.4 minutes), but more time eating as a secondary activity (17.9 minutes). Nearly 60 percent of people in this group engaged in secondary eating, compared to only 51 percent of adults aged 65 and older. This aligns with existing literature showing that multitasking while eating increases during high-demand life phases, when people are juggling multiple responsibilities (Beshara et al., 2010).

Notably, adults aged 18 to 24 spent the least amount of time on primary eating and drinking. This could be due to a combination of irregular schedules, higher FAFH consumption, and lower prioritization of structured meals, which are all common among this age group (Guthrie et al., 2002; Larson et al., 2009a). Social and lifestyle factors—such as college attendance, living independently, or eating on the go—may also contribute to shorter eating durations.

### *Race and Ethnicity*

Cultural norms and practices, which may vary by race and ethnicity, may affect how much time is devoted to eating and related food behaviors. A growing body of research suggests that differences in food-related time use across racial and ethnic groups reflect not only socioeconomic factors but also cultural preferences and social norms around eating, family meals, and multitasking (Sobal & Bisogni, 2009; Devine et al., 2006). The heterogeneity across racial/ethnic groups supports this hypothesis. For instance, non-Hispanic Black individuals spent the least amount of time on eating and drinking (52.1 minutes) and on secondary eating (13.8 minutes). While non-Hispanic American Indian, Alasakan Native, Asian, Hawaiian/Pacific Islander, or multi-race individuals (AIAN, Asian, HPI, and MR) spent the most time eating and drinking (78.4 minutes), they also reported the highest share of eating and drinking that took place at home (77.5 percent). Hispanic individuals reported the lowest share of eating and drinking time that took place at home compared to non-Hispanic individuals (69.3 percent).

Furthermore, engagement in secondary eating also varied: only 52.7 percent of non-Hispanic Black individuals reported eating while doing other activities, compared to 58.5 percent of non-Hispanic White individuals. These patterns support earlier findings that cultural food norms and routines—including where, when, and with whom meals are consumed—play an important role in shaping dietary behaviors and their health implications (Kaufman & Karpati, 2007).

### *Educational Attainment*

Educational attainment may also play a role in eating patterns. Higher-educated individuals may have a greater awareness of mindful eating practices and healthier food choices (Wardle et al., 2000). Interestingly, there is a clear positive gradient between educational attainment and time spent eating and drinking, including secondary eating. Individuals with more than a bachelor's degree (i.e., a master's degree, professional school degree, or doctoral degree) spent more time eating and drinking as a primary activity (75.5 minutes) compared to those with less education. Those with more than a bachelor's degree also spent more time engaged in secondary eating (18.0 minutes) compared to those with less education.

Conversely, adults with less than a high school degree spent less time engaged in primary eating and drinking and secondary eating than adults with more education (63.2 minutes for primary eating and 13.0 minutes for secondary eating, respectively). A larger proportion of adults with a bachelor's degree or higher engaged in secondary eating (60.9 percent) than those with a high school diploma (50.7 percent).

### *Household Composition*

Co-habitation with a spouse or partner and the presence of their own children may affect the amount of time available for eating activities for various reasons, including the possibility of sharing responsibilities with household members. Couples without children spent the most time engaged in primary eating and drinking (75.0 minutes). Single parents, on the other hand, spent the least amount of time engaged on primary eating and drinking (56.7 minutes) and on secondary eating (15.1 minutes). Single-parent households also devoted the smallest share of their eating time to meals at home (70.0 percent).

### *Body Weight*

Body weight also appears to be associated with both the duration and context of eating. Underweight adults spent more time eating and drinking as a primary activity (79.3 minutes) compared to adults with low- and higher-risk obesity (64.5 minutes and 62.2 minutes, respectively). Individuals with higher-risk obesity reported the lowest share of eating and drinking time occurring at home (72.2 percent), while healthy-weight individuals reported the highest share (76.3 percent). These patterns show that body weight may be linked not only to how long individuals spend eating but also to where they eat, which may have implications for energy intake, dietary quality, and the development or maintenance of obesity.

### *Employment Status*

In line with Becker's (1965) theory of time allocation, we examine differences in time spent eating across sociodemographic groups that may face varying time constraints. Under this framework, individuals with greater wage potential—often, but not exclusively, those employed full-time—face a higher opportunity cost of time, as time spent on activities like cooking or grocery shopping comes at the expense of other potentially valuable uses such as paid work or rest. Therefore, we might expect

heterogeneity in time spent eating by employment status. Individuals who were not employed spent more time eating and drinking as a primary activity compared to employed individuals (72.0 minutes versus 65.2 minutes). Conversely, individuals who were not employed spent less time in secondary eating activities (14.2 minutes versus 17.5 minutes).

About half of the individuals who were not employed engaged in secondary eating (50.9 percent), which is lower compared to those who were employed (59.8 percent for full-time employees and 59.9 percent for part-time employees). Additionally, individuals who were not employed had the highest share of primary eating and drinking time that took place at home (85.6 percent), which is higher compared to part-time employees (76.2 percent) and full-time employees (67.0 percent).

Table 1
**Time spent on primary eating and drinking and secondary eating on an average day in 2022–2023, aged 18 and older by sociodemographic characteristics**

| | Primary eating and drinking | | Primary eating and drinking at home | Secondary eating | |
|---|---|---|---|---|---|
| | (minutes) | (percentage) | (percentage) | (minutes) | (percentage) |
| All | 67.5 (0.514) | 95.9 (0.191) | 74.4 (0.364) | 16.4 (0.447) | 56.8 (0.526) |
| Sex | | | | | |
| Male | 68.4 (0.781) | 96.0 (0.290) | 72.7 (0.578) | 15.8 (0.664) | 53.5 (0.769) |
| Female | 66.7 (0.655) | 95.9 (0.258) | 76.2 (0.491) | 17.0 (0.605) | 59.9 (0.720) |
| Age | | | | | |
| 18–24 | 59.4 (1.999) | 95.4 (0.824) | 67.1 (1.702) | 16.0 (1.399) | 59.1 (2.186) |
| 25–54 | 65.4 (0.690) | 95.3 (0.293) | 71.2 (0.548) | 17.9 (0.738) | 59.6 (0.745) |
| 55–64 | 68.7 (1.300) | 96.0 (0.426) | 74.5 (0.805) | 14.4 (0.786) | 54.5 (1.252) |
| 65 and older | 75.7 (0.800) | 97.4 (0.256) | 85.0 (0.471) | 14.7 (0.718) | 51.0 (0.853) |
| Race and ethnicity | | | | | |
| Hispanic | 69.8 (1.347) | 97.0 (0.461) | 69.3 (1.088) | 15.7 (1.319) | 54.9 (1.584) |
| Non-Hispanic White | 68.5 (0.592) | 96.0 (0.231) | 75.0 (0.417) | 16.9 (0.543) | 58.5 (0.603) |
| Non-Hispanic Black | 52.1 (1.487) | 93.3 (0.830) | 76.7 (1.261) | 13.8 (0.849) | 52.7 (1.603) |
| Non-Hispanic AIAN, Asian, HPI, and MR | 78.4 (1.712) | 97.1 (0.686) | 77.5 (1.244) | 17.5 (1.808) | 53.0 (1.926) |

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| | Primary eating and drinking | | Primary eating and drinking at home | Secondary eating | |
|---|---|---|---|---|---|
| | (minutes) | (percentage) | (percentage) | (minutes) | (percentage) |
| Education level | | | | | |
| Less than high school | 63.2 (1.880) | 96.4 (0.647) | 74.0 (1.596) | 13.0 (1.567) | 49.1 (2.157) |
| High school diploma or GED | 63.0 (1.007) | 95.3 (0.419) | 75.5 (0.815) | 14.7 (0.913) | 50.7 (1.086) |
| Some college or associate degree | 64.1 (0.867) | 95.5 (0.413) | 73.8 (0.776) | 17.7 (1.081) | 57.7 (1.030) |
| Bachelor's degree | 73.0 (1.102) | 96.1 (0.359) | 74.2 (0.670) | 17.4 (0.832) | 60.9 (0.958) |
| More than a bachelor's degree | 75.5 (1.224) | 97.1 (0.347) | 74.1 (0.802) | 18.0 (0.891) | 65.1 (1.087) |
| Household type | | | | | |
| Lives alone | 62.4 (0.937) | 95.4 (0.398) | 74.1 (0.801) | 17.3 (1.042) | 53.3 (0.987) |
| Lives with spouse or partner, no children | 75.0 (0.832) | 96.8 (0.366) | 77.7 (0.621) | 15.4 (0.689) | 57.0 (0.857) |
| Lives with children, no spouse or partner | 56.7 (2.670) | 92.7 (1.409) | 70.0 (2.074) | 15.1 (1.657) | 55.0 (2.901) |
| Lives with children and spouse or partner | 68.1 (0.958) | 96.7 (0.365) | 73.8 (0.770) | 18.1 (1.141) | 60.6 (1.044) |
| Veteran status | | | | | |
| Veteran | 70.6 (1.829) | 94.9 (0.723) | 79.0 (1.142) | 15.1 (1.305) | 51.5 (1.775) |
| Non-veteran | 67.3 (0.522) | 96.0 (0.190) | 74.1 (0.376) | 16.5 (0.478) | 57.2 (0.546) |
| SNAP participation | | | | | |
| SNAP participant | 61.0 (1.772) | 95.2 (0.663) | 82.8 (1.326) | 13.8 (1.177) | 48.9 (1.899) |
| Low-income SNAP nonparticipant | 65.9 (1.109) | 95.6 (0.466) | 76.6 (0.855) | 16.3 (1.287) | 51.3 (1.225) |
| Higher income SNAP nonparticipant | 69.1 (0.628) | 96.1 (0.240) | 72.3 (0.476) | 17.0 (0.518) | 60.7 (0.597) |
| WIC participation | | | | | |
| WIC participant | 66.9 (3.654) | 92.0 (1.889) | 74.8 (2.803) | 18.1 (2.294) | 58.7 (3.796) |
| Low-income WIC nonparticipants | 63.3 (1.391) | 95.0 (0.651) | 74.2 (1.210) | 16.3 (1.713) | 54.3 (1.699) |
| Higher income WIC nonparticipants | 66.7 (0.941) | 95.8 (0.383) | 70.6 (0.729) | 17.6 (0.699) | 63.0 (0.835) |
| Food hardship | | | | | |
| Enough food to eat | 68.1 (0.530) | 96.0 (0.194) | 74.4 (0.369) | 16.2 (0.405) | 57.6 (0.516) |
| Not enough food to eat | 54.7 (2.498) | 93.8 (1.313) | 75.9 (2.522) | 22.8 (5.662) | 42.2 (3.117) |

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| | Primary eating and drinking | | Primary eating and drinking at home | Secondary eating | |
|---|---|---|---|---|---|
| | (minutes) | (percentage) | (percentage) | (minutes) | (percentage) |
| Body weight category | | | | | |
| Underweight | 79.3 (4.834) | 98.8 (0.586) | 75.1 (3.300) | 18.2 (3.863) | 57.2 (4.989) |
| Healthy weight | 71.8 (0.938) | 97.2 (0.295) | 76.3 (0.705) | 16.8 (0.849) | 59.2 (0.971) |
| Overweight | 68.9 (0.800) | 96.2 (0.324) | 75.0 (0.618) | 16.8 (0.805) | 56.7 (0.909) |
| Low-risk obesity | 64.5 (1.118) | 95.3 (0.516) | 73.2 (1.003) | 17.3 (1.244) | 55.9 (1.081) |
| Higher risk obesity | 62.2 (1.329) | 93.2 (0.781) | 72.2 (1.144) | 15.3 (1.185) | 55.3 (1.412) |
| Self-assessed health status | | | | | |
| Good or excellent health | 68.8 (0.540) | 96.3 (0.203) | 73.6 (0.401) | 16.7 (0.516) | 58.0 (0.610) |
| Poor or fair health | 61.6 (1.256) | 93.9 (0.565) | 78.1 (0.908) | 15.5 (0.911) | 52.5 (1.213) |
| Self-assessed diet status | | | | | |
| Good or excellent diet | 69.8 (0.532) | 96.6 (0.199) | 75.2 (0.402) | 16.7 (0.492) | 57.7 (0.558) |
| Poor or fair diet | 57.9 (1.237) | 92.8 (0.684) | 70.9 (1.097) | 15.5 (1.116) | 54.0 (1.250) |
| Employment status | | | | | |
| Employed full time | 65.8 (0.721) | 95.7 (0.269) | 67.0 (0.555) | 17.6 (0.684) | 59.8 (0.723) |
| Employed part time | 62.5 (1.211) | 94.7 (0.736) | 76.2 (1.208) | 17.1 (1.277) | 59.9 (1.522) |
| Not employed | 72.0 (0.780) | 96.7 (0.285) | 85.6 (0.493) | 14.2 (0.584) | 50.9 (0.900) |
| Urbanicity | | | | | |
| Metropolitan area | 67.9 (0.557) | 96.0 (0.213) | 74.3 (0.387) | 16.8 (0.476) | 57.3 (0.558) |
| Nonmetropolitan area | 64.7 (1.156) | 95.8 (0.515) | 75.8 (0.971) | 13.0 (0.812) | 53.4 (1.333) |
| Day of the week | | | | | |
| Weekday | 65.5 (0.643) | 96.0 (0.245) | 73.7 (0.451) | 15.8 (0.584) | 57.4 (0.686) |
| Weekend | 72.3 (0.705) | 95.8 (0.279) | 76.1 (0.532) | 17.8 (0.610) | 55.2 (0.708) |

AIAN = American Indian, Alasakan Native; HPI = Hawiian/Pacific Islander; MR = mixed race; SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: Minutes indicates the number of minutes engaged in the activity per day and percentage indicates the share of individuals engaged in the activity. All: includes all adults age 18 and older. SNAP participants: individuals living in households that received benefits under SNAP in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received benefits under USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. Food hardship, enough food to eat: individuals who had enough of the kind of food or enough, but not always the kinds, of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: individuals who

sometimes or often did not have enough food in the past 30 days. The body mass index (BMI) is calcuated for individuals aged 20 and older, BMI values associated with the body weight categories are: underweight, BMI of less than 18.5; healthy weight, BMI of 18.5–24.9; overweight but not obese, BMI of 25–29.9; low-risk obesity, BMI of 30–34.9; and higher risk obesity, BMI of 35 and above. Good health/diet: individuals who reported their general health/diet status to be good, very good, or excellent; bad health/diet: individuals who reported their general health/diet status to be poor or fair. "Other household types" are not included in this table. Standard errors are in parenthesis.

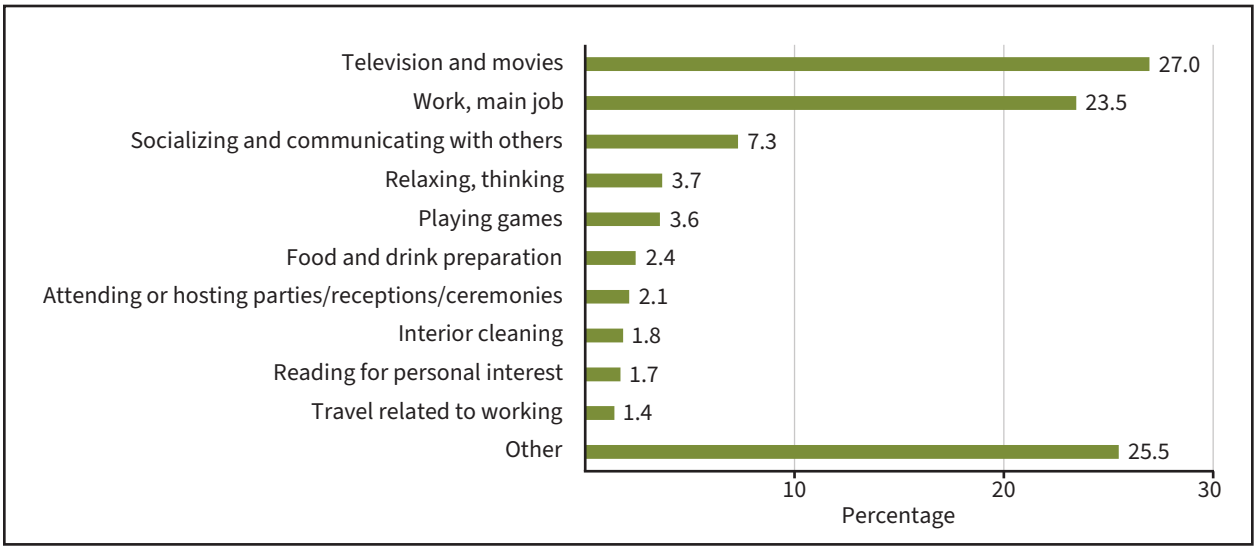
Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

## What Main Activity Were People Doing While Engaged in Secondary Eating?

Further investigation of eating while multitasking is relevant because some co-activities may not promote a healthy lifestyle. Indeed, understanding the context in which secondary eating occurs may signal patterns of mindless eating—consuming food without full attention—which has been associated with increased caloric intake, lower dietary quality, and reduced awareness of internal hunger and satiety cues (Wansink, 2004; Hetherington et al., 2006; Higgs & Woodward, 2008). Eating while watching television, in particular, has been shown to promote overconsumption of snacks and processed foods and disrupt memory of what and how much was eaten, contributing to overeating later in the day (Bellisle et al., 2004; Blass et al., 2006; Incollingo-Rodrigez et al., 2025). Analyzing the activities that accompany secondary eating provides insight into behavioral patterns that may undermine healthy dietary habits, particularly among individuals who routinely multitask during meals or snacks.

Figure 3 shows that, among adults who reported engaging in secondary eating over 2022–2023, the most common primary activity was watching television and movies (27.0 percent of respondents), followed by working a main job (23.5 percent), and socializing and communicating with others (7.3 percent). Seven additional categories each accounted for less than 5 percent of responses (listed in descending order of prevalence): relaxing/thinking, playing games, food and drink preparation, attending and hosting parties/receptions/ceremonies, interior cleaning, reading for personal interest, and travel related to working. An "other" category, which aggregates all the other 281 activities that adults reported doing while engaged in secondary eating, accounted for the remaining 25.5 percent of responses.

Figure 3
**Primary activity while engaged in secondary eating on an average day in 2022–2023, age 18 and older (percentages)**




Note: The "other" category aggregates all the other 282 activities that adults reported doing while engaged in secondary eating.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

## Prepared, Ready-to-Eat Food Purchases and Consumption

Table 2 shows that, on an average day over 2022–2023, adults aged 18 and older reported purchasing prepared, ready-to-eat food from a grocery store deli department, restaurant, fast food place, or other type of food establishments (including takeout and delivery) an average of 2.2 times in the last 7 days.[12] For brevity, we refer to these purchases collectively as "prepared food purchases."

USDA, ERS research has found that food prepared away from home (FAFH) and many types of prepared or ready-to-eat foods tend to be higher in calories, sodium, and added sugars, and lower in overall nutrient density compared to food prepared at home. For example, Todd et al. (2010) estimated that each FAFH meal consumed increased average daily caloric intake by approximately 134 calories and lowered diet quality—as measured by the USDA's Healthy Eating Index (HEI)—by about 2 points, or roughly 4 percent of the average HEI score (51.50 out of a maximum score of 100). Higher FAFH consumption has also been associated with higher intakes of sugar, saturated fat, and sodium as well as lower intakes of fiber and calcium (Nguyen & Powell, 2014; Lin & Guthrie, 2012). Similarly, frequent purchases and consumption of prepared foods, which often overlap with FAFH but also include packaged ready-to-eat items, have been linked to less healthy dietary patterns and a higher risk of obesity and diet-related chronic diseases (Hall et al., 2019; Poti et al., 2015).

Given these findings, exploring how the frequency of prepared food purchases varies by some health indicators such as BMI and self-rated diet quality is of interest. Understanding these relationships could help identify populations that may be at greater nutritional risk and inform targeted interventions that aim to promote healthier eating behaviors that emphasize home cooking and nutrient-rich foods.

Evidence based on the 2022–2023 EHM is consistent with the relationship between prepared food purchases and diet and health outcomes. Healthy-weight adults aged 20 and older reported purchasing prepared food 2.0 times in the past week, whereas those with higher-risk obesity (BMI of 35 and above) reported purchasing prepared food 2.5 times in the past week. Similarly, adults aged 18 and older who self-reported their diet quality to be good, very good, or excellent ("good diet") reported purchasing prepared food the least (2.1 times in the past week), whereas those who self-reported their diet quality to be poor or fair ("bad diet") reported purchasing prepared food the most (2.6 times in the past week).

On an average day over 2022–2023, just over one-third of individuals aged 18 and older reported eating food prepared by a foodservice provider (e.g., a grocery store deli department, restaurant, fast food place, or other type of food establishment including takeout and delivery) the day before their interview (36.8 percent). The patterns in the differences in past-day prepared food consumption by BMI category and self-rated diet quality are similar to previously discussed differences in past-week prepared food purchasing behavior. Adults aged 20 and older with higher-risk obesity reported a higher past-day prepared food consumption rate (40.3 percent) than did those at a healthy weight (34.3 percent). Adults aged 18 and older with a "bad diet" reported a higher past-day prepared food consumption rate (41.5 percent) than did those with a "good diet" (35.8 percent). Interestingly, adults who self-assessed their health good, very good, or excellent reported higher past-day prepared food consumption rate (37.7 percent) than those who rated their health as poor or fair (33.2 percent).

[12] EHM asked if the participant purchased any prepared, ready-to-eat food from a grocery store deli department, carry-out, delivery food, fast food place, or restaurant over the last 7 days. Note that carry-out or delivery food could refer to food from sit-down or full-service restaurants. Moreover, foods can range from healthy to unhealthy, but the question does not allow us to examine further.

Not surprisingly, individuals who consumed prepared food also spent significantly less time preparing food on their diary day—just 17.7 minutes on average—compared to 39.5 minutes among those who did not consume prepared food. This suggests that reliance on prepared foods may be linked to time-saving strategies around meal preparation, which could have implications for diet quality and time use tradeoffs, particularly among time-constrained individuals or households. Note that both consumption of prepared foods and food preparation refer to the same time period, as the time diary collects information about activities performed from 4 a.m. the previous day to 4 a.m. on the interview day.

Table 2

**Prepared food purchases in the previous week and consumption in the previous day in 2022–2023, age 18 and older by sociodemographic characteristics**

| | In the last 7 days, excluding frozen foods, how many times did you purchase prepared, ready-to-eat food from a deli, carryout, delivery food, fast food place, or restaurant? | Yesterday, did you eat food prepared by any food service provider, such as a deli, restaurant, fast food place, cafeteria, or any other type of eatery? |
|---|---|---|
| | (times) | (percentage) |
| All | 2.2<br>(0.023) | 36.8<br>(0.459) |
| Sex | | |
| Male | 2.3<br>(0.037) | 38.2<br>(0.726) |
| Female | 2.0<br>(0.031) | 35.4<br>(0.630) |
| Age | | |
| 18–24 | 2.4<br>(0.096) | 41.8<br>(2.090) |
| 25–54 | 2.5<br>(0.037) | 40.4<br>(0.662) |
| 55–64 | 1.9<br>(0.044) | 34.7<br>(1.070) |
| 65 and older | 1.5<br>(0.032) | 27.6<br>(0.667) |
| Race and ethnicity | | |
| Hispanic | 2.0<br>(0.066) | 35.5<br>(1.357) |
| Non-Hispanic White | 2.2<br>(0.028) | 37.6<br>(0.593) |
| Non-Hispanic Black | 2.1<br>(0.091) | 35.4<br>(1.454) |
| Non-Hispanic AIAN, Asian, HPI, and MR | 2.1<br>(0.085) | 34.7<br>(1.748) |
| Education level | | |
| Less than high school | 1.6<br>(0.098) | 28.5<br>(1.947) |
| High school diploma or GED | 2.0<br>(0.048) | 32.3<br>(0.850) |
| Some college or associate degree | 2.2<br>(0.046) | 38.4<br>(1.032) |
| Bachelor's degree | 2.4<br>(0.043) | 40.3<br>(0.873) |
| More than a bachelor's degree | 2.4<br>(0.051) | 41.9<br>(1.070) |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| | In the last 7 days, excluding frozen foods, how many times did you purchase prepared, ready-to-eat food from a deli, carryout, delivery food, fast food place, or restaurant? | Yesterday, did you eat food prepared by any food service provider, such as a deli, restaurant, fast food place, cafeteria, or any other type of eatery? |
|---|---|---|
| | (times) | (percentage) |
| Household type | | |
| Lives alone | 2.1<br>(0.048) | 34.5<br>(0.893) |
| Lives with spouse or partner, no children | 2.1<br>(0.039) | 36.0<br>(0.791) |
| Lives with children, no spouse or partner | 2.2<br>(0.131) | 38.1<br>(2.671) |
| Lives with children and spouse or partner | 2.4<br>(0.051) | 38.7<br>(1.014) |
| Veteran status | | |
| Veteran | 2.0<br>(0.075) | 35.9<br>(1.625) |
| Non-veteran | 2.2<br>(0.023) | 36.8<br>(0.465) |
| SNAP participation | | |
| SNAP participant | 1.5<br>(0.077) | 28.7<br>(1.776) |
| Low-income SNAP nonparticipant | 1.8<br>(0.048) | 29.3<br>(0.970) |
| Higher income SNAP nonparticipant | 2.4<br>(0.031) | 40.9<br>(0.629) |
| WIC participation | | |
| WIC participant | 2.1<br>(0.206) | 32.4<br>(3.646) |
| Low-income WIC nonparticipants | 1.9<br>(0.068) | 30.6<br>(1.333) |
| Higher income WIC nonparticipants | 2.6<br>(0.042) | 43.9<br>(0.933) |
| Food hardship | | |
| Enough food to eat | 2.2<br>(0.024) | 37.4<br>(0.461) |
| Not enough food to eat | 1.7<br>(0.106) | 24.5<br>(2.238) |
| Body weight category | | |
| Underweight | 2.3<br>(0.262) | 31.6<br>(4.142) |
| Healthy weight | 2.0<br>(0.041) | 34.3<br>(0.853) |
| Overweight | 2.2<br>(0.043) | 38.0<br>(0.857) |
| Low-risk obesity | 2.2<br>(0.052) | 36.7<br>(1.117) |
| Higher risk obesity | 2.5<br>(0.073) | 40.3<br>(1.403) |

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| | In the last 7 days, excluding frozen foods, how many times did you purchase prepared, ready-to-eat food from a deli, carryout, delivery food, fast food place, or restaurant? | Yesterday, did you eat food prepared by any food service provider, such as a deli, restaurant, fast food place, cafeteria, or any other type of eatery? |
|---|---|---|
| | (times) | (percentage) |
| Self-assessed health status | | |
| Good or excellent health | 2.2<br>(0.025) | 37.7<br>(0.511) |
| Poor or fair health | 2.1<br>(0.059) | 33.2<br>(1.158) |
| Self-assessed diet status | | |
| Good or excellent diet | 2.1<br>(0.025) | 35.8<br>(0.513) |
| Poor or fair diet | 2.6<br>(0.074) | 41.5<br>(1.239) |
| Employment status | | |
| Employed full time | 2.5<br>(0.034) | 41.7<br>(0.706) |
| Employed part time | 2.2<br>(0.067) | 36.3<br>(1.625) |
| Not employed | 1.6<br>(0.032) | 29.1<br>(0.716) |
| Urbanicity | | |
| Metropolitan area | 2.2<br>(0.026) | 37.0<br>(0.521) |
| Nonmetropolitan area | 2.0<br>(0.058) | 34.4<br>(1.225) |
| Day of the week | | |
| Weekday | 2.1<br>(0.029) | 35.1<br>(0.607) |
| Weekend | 2.3<br>(0.030) | 40.7<br>(0.659) |

AIAN = American Indian, Alasakan Native; HPI = Hawiian/Pacific Islander; MR = mixed race; SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received benefits under USDA's Supplemental Nutrition Assistance Program (SNAP) in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received benefits under USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. Food hardship, enough food to eat: individuals who had enough of the kind of food or enough, but not always the kinds, of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: individuals who sometimes or often did not have enough food in the past 30 days. The body mass index (BMI) is calcuated for individuals aged 20 and older, BMI values associated with the body weight categories are: underweight, BMI of less than 18.5; healthy weight, BMI of 18.5–24.9; overweight but not obese, BMI of 25–29.9; low-risk obesity, BMI of 30–34.9; and higher risk obesity, BMI of 35 and above. Good health/diet: individuals who reported their general health/diet status to be good, very good, or excellent; bad health/diet: individuals who reported their general health/diet status to be poor or fair. "Other household types" are not included in this table. Standard errors are in parenthesis.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

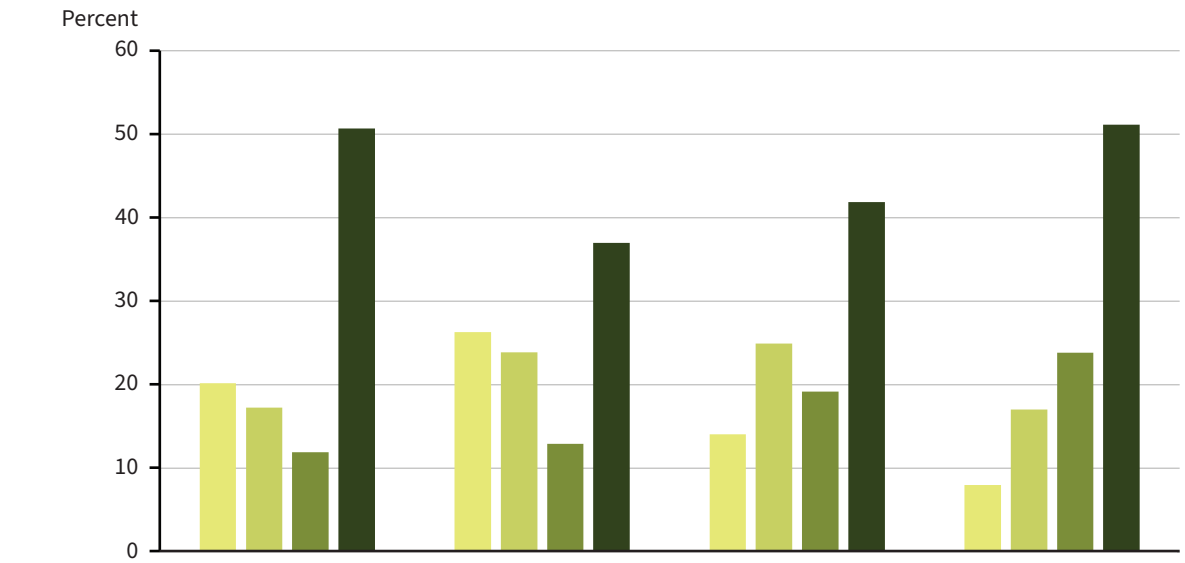
# Food and Health-Related Activities

## Grocery Shopping

Grocery shopping plays a role in shaping household food choices, diet quality, and, ultimately, nutrition and health outcomes. Understanding who takes on this responsibility—and how much they enjoy it—offers insights into household dynamics, time burdens, and potential barriers to accessing and choosing healthy foods. These considerations have taken on new relevance in recent years, as grocery shopping patterns have shifted due to changes in work-from-home arrangements, public health concerns, and supply chain disruptions during and after the Coronavirus (COVID–19) pandemic.

As shown in table 3, 88.4 percent of adults aged 18 and older reported that they usually do at least some portion of the grocery shopping in their household, ranging from a little (13.9 percent), somewhat (19.0 percent), a lot (16.0 percent), or all (39.5 percent). These individuals are referred to as "grocery shoppers." Table 4 shows that among grocery shoppers, 14.8 percent said they do not enjoy grocery shopping at all, 18.3 percent enjoy it a little, 41.3 percent enjoy it somewhat, and 25.7 percent enjoy it a lot. Individuals with greater responsibility for grocery shopping report higher enjoyment of this activity. For example, 51.1 percent of those doing all the grocery shopping reported enjoying it "a lot," compared with only 8.0 percent among those doing "a little." This pattern may reflect that households allocate shopping tasks to those who enjoy them more, at least to some extent (figure 4).

Figure 4
**Grocery shopping enjoyment by level of household responsibility (percentages)**




| Level of household reponsibilty | Not at all | A little | Somewhat | A lot |
|---|---|---|---|---|
| A little | 20.2 | 26.3 | 14.1 | 8.0 |
| Some | 17.2 | 23.9 | 24.9 | 17.0 |
| A lot | 11.9 | 12.9 | 19.2 | 23.8 |
| All | 50.7 | 37.0 | 41.8 | 51.1 |

How much do you enjoy doing the grocery shopping?

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

Analyzing grocery shopping responsibility by sex reveals persistent differences. While only 28.2 percent of men reported being fully responsible for grocery shopping in their household, half of women reported doing all of it (50.3 percent). However, this difference in responsibility is not mirrored by enjoyment: The share of men and women who reported enjoying grocery shopping "a lot" was closer—23.7 percent and 27.4 percent, respectively. This indicates that women take on a disproportionate share of grocery shopping duties, even when their enjoyment of that task is comparable to men's. This suggests the burden of food acquisition appears to be driven more by factors other than intrinsic motivation.

Household structure also plays a role. Adults living alone overwhelmingly reported full responsibility for grocery shopping (84.3 percent), yet the proportion who said they enjoy it is lower than those in multi-person households. Just 23.7 percent of adults living alone said they enjoy grocery shopping a lot, compared to 26.1 percent among those in other household structures. This may reflect practical burdens rather than preferences.

For adults in households participating in food and nutrition assistance programs such as SNAP and WIC, those benefits supplement their limited food budgets but can only be redeemed at authorized grocery stores and other food retailers. Adults living in households receiving food and nutrition assistance from SNAP or WIC report higher rates of full grocery shopping responsibility and higher rates of reporting enjoyment "a lot" compared to nonparticipants. For example, 49.3 percent of adults living in households receiving SNAP benefits reported being fully responsible for grocery shopping, compared with 44.2 percent of low-income adults not living in SNAP households (individuals with household income that was at or below 200 percent of the Federal poverty level) and 36.7 percent of higher-income adults not living in SNAP households (individuals with household income that was above 200 percent of the Federal poverty level). Interestingly, adults in SNAP households also reported a higher share of adults who enjoyed grocery shopping "a lot" (32.2 percent) compared with both low-income (27.3 percent) and higher-income (24.0 percent) SNAP nonparticipant households.[13] Similar patterns were observed among adults living in households receiving WIC benefits. Interestingly, individuals reporting good, very good, or excellent health were more likely to report higher levels of enjoyment than those reporting poor or fair health. Similar patterns were observed when individuals self-assess the quality of their diet.

Table 3
**Level of grocery shopping responsibility in 2022–2023, age 18 and older by sociodemographic characteristics**

| | How much of the grocery shopping in the household do you usually do? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| All | 11.6 (0.357) | 13.9 (0.347) | 19.0 (0.412) | 16.0 (0.393) | 39.5 (0.440) |
| Sex | | | | | |
| Male | 15.7 (0.635) | 18.9 (0.592) | 22.6 (0.622) | 14.6 (0.564) | 28.2 (0.647) |
| Female | 7.7 (0.428) | 9.1 (0.402) | 15.6 (0.517) | 17.3 (0.567) | 50.3 (0.666) |

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[13] Future analysis could explore whether higher enjoyment of grocery shopping among SNAP participants reflects non-pecuniary benefits of participation, such as increased sense of agency or improved food security.

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| | How much of the grocery shopping in the household do you usually do? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| **Age** | | | | | |
| Age 18–24 | 26.5 (2.216) | 24.0 (1.638) | 22.5 (1.834) | 10.3 (1.298) | 16.8 (1.381) |
| Age 25–54 | 8.2 (0.387) | 13.3 (0.503) | 20.5 (0.570) | 17.8 (0.582) | 40.3 (0.652) |
| Age 55–64 | 9.1 (0.688) | 12.0 (0.789) | 17.6 (0.847) | 18.1 (0.911) | 43.2 (0.991) |
| Age 65 and older | 13.5 (0.628) | 11.5 (0.528) | 15.1 (0.575) | 13.4 (0.557) | 46.6 (0.766) |
| **Race and ethnicity** | | | | | |
| Hispanic | 13.1 (1.051) | 14.1 (1.015) | 20.5 (1.330) | 13.4 (1.032) | 38.9 (1.313) |
| Non-Hispanic White | 11.2 (0.425) | 13.5 (0.405) | 18.5 (0.477) | 16.9 (0.466) | 39.9 (0.534) |
| Non-Hispanic Black | 12.3 (1.118) | 14.9 (1.246) | 16.3 (1.122) | 13.2 (1.091) | 43.3 (1.574) |
| Non-Hispanic AIAN, Asian, HPI, and MR | 10.2 (1.475) | 14.8 (1.469) | 24.5 (1.544) | 18.5 (1.303) | 32.0 (1.669) |
| **Education level** | | | | | |
| Less than high school | 17.6 (1.660) | 13.8 (1.474) | 18.7 (1.722) | 7.9 (1.021) | 42.0 (2.039) |
| High school diploma or GED | 15.0 (0.834) | 14.0 (0.719) | 18.7 (0.815) | 13.5 (0.752) | 38.8 (1.054) |
| Some college or associate degree | 13.3 (0.824) | 15.1 (0.785) | 18.4 (0.831) | 14.4 (0.650) | 38.7 (0.888) |
| Bachelor's degree | 6.5 (0.412) | 13.8 (0.629) | 19.9 (0.729) | 19.7 (0.753) | 40.1 (0.804) |
| More than a bachelor's degree | 6.8 (0.516) | 12.0 (0.769) | 19.5 (0.883) | 21.9 (0.987) | 39.8 (1.105) |
| **Household type** | | | | | |
| Lives alone | 4.2 (0.376) | 4.8 (0.428) | 3.9 (0.354) | 2.8 (0.361) | 84.3 (0.714) |
| Lives with spouse or partner, no children | 10.7 (0.541) | 13.6 (0.519) | 23.9 (0.733) | 21.8 (0.682) | 30.1 (0.783) |
| Lives with children, no spouse or partner | 0.8 (0.451) | 3.6 (1.108) | 7.9 (1.704) | 8.6 (1.577) | 79.1 (2.473) |
| Lives with children and spouse or partner | 9.7 (0.662) | 14.6 (0.725) | 22.7 (0.893) | 21.5 (0.849) | 31.6 (0.937) |
| **Veteran status** | | | | | |
| Veteran | 14.7 (1.213) | 15.8 (1.136) | 20.0 (1.331) | 14.6 (1.363) | 34.9 (1.472) |
| Non-veteran | 11.4 (0.367) | 13.7 (0.377) | 19.0 (0.443) | 16.1 (0.418) | 39.9 (0.460) |

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| | How much of the grocery shopping in the household do you usually do? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| **SNAP participation** | | | | | |
| SNAP participant | 10.2 (1.015) | 9.7 (1.087) | 18.7 (1.528) | 12.1 (1.211) | 49.3 (1.641) |
| Low-income SNAP nonparticipant | 11.8 (0.729) | 13.4 (0.804) | 18.2 (0.939) | 12.4 (0.810) | 44.2 (1.171) |
| Higher income SNAP nonparticipant | 11.3 (0.447) | 14.4 (0.451) | 19.6 (0.464) | 18.1 (0.473) | 36.7 (0.522) |
| **WIC participation** | | | | | |
| WIC participant | 9.2 (2.485) | 15.7 (3.242) | 15.8 (2.584) | 13.9 (2.461) | 45.4 (3.531) |
| Low-income WIC nonparticipants | 10.2 (0.919) | 12.7 (1.130) | 22.6 (1.407) | 15.0 (1.271) | 39.5 (1.477) |
| Higher income WIC nonparticipants | 12.5 (0.680) | 15.6 (0.660) | 21.9 (0.679) | 20.8 (0.780) | 29.2 (0.749) |
| **Food hardship** | | | | | |
| Enough food to eat | 11.7 (0.375) | 13.9 (0.364) | 18.9 (0.425) | 16.1 (0.385) | 39.3 (0.437) |
| Not enough food to eat | 5.3 (1.183) | 14.5 (2.216) | 22.2 (2.585) | 13.5 (2.557) | 44.5 (2.963) |
| **Body weight category** | | | | | |
| Underweight | 21.1 (5.078) | 13.6 (3.026) | 18.8 (3.744) | 11.2 (2.671) | 35.3 (4.604) |
| Healthy weight | 10.6 (0.671) | 12.8 (0.629) | 18.9 (0.735) | 16.4 (0.742) | 41.2 (0.812) |
| Overweight | 10.0 (0.571) | 14.1 (0.584) | 19.7 (0.783) | 17.0 (0.676) | 39.2 (0.900) |
| Low-risk obesity | 10.9 (0.765) | 13.7 (0.799) | 18.6 (0.870) | 16.9 (0.931) | 39.9 (1.031) |
| Higher risk obesity | 11.4 (0.987) | 14.1 (1.122) | 17.9 (1.189) | 14.0 (0.946) | 42.7 (1.371) |
| **Self-assessed health status** | | | | | |
| Good or excellent health | 10.7 (0.388) | 13.7 (0.392) | 19.3 (0.476) | 16.9 (0.421) | 39.4 (0.489) |
| Poor or fair health | 15.4 (0.984) | 14.8 (0.859) | 17.8 (0.949) | 11.8 (0.813) | 40.2 (1.118) |
| **Self-assessed diet status** | | | | | |
| Good or excellent diet | 11.4 (0.383) | 13.3 (0.389) | 18.8 (0.419) | 16. (0.428) | 39.6 (0.461) |
| Poor or fair diet | 12.2 (0.846) | 16.4 (0.927) | 20.3 (1.158) | 12.0 (0.934) | 39.0 (1.224) |
| **Employment status** | | | | | |
| Employed full time | 9.8 (0.437) | 15.0 (0.539) | 21.4 (0.633) | 17.3 (0.586) | 36.5 (0.656) |
| Employed part time | 13.3 (1.302) | 15.8 (1.155) | 18.2 (1.256) | 15.3 (1.070) | 37.4 (1.416) |
| Not employed | 13.8 (0.624) | 11.4 (0.575) | 15.6 (0.618) | 14.1 (0.589) | 45.1 (0.777) |

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| | How much of the grocery shopping in the household do you usually do? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| Urbanicity | | | | | |
| Metropolitan area | 11.8 (0.393) | 14.1 (0.388) | 19.3 (0.458) | 16.1 (0.412) | 38.8 (0.480) |
| Nonmetropolitan area | 10.3 (0.891) | 12.9 (0.906) | 17.9 (1.010) | 15.0 (0.958) | 43.9 (1.309) |
| Day of the week | | | | | |
| Weekday | 11.5 (0.487) | 13.8 (0.484) | 19.1 (0.542) | 16.0 (0.519) | 39.6 (0.568) |
| Weekend | 11.8 (0.488) | 14.0 (0.494) | 18.9 (0.492) | 15.9 (0.475) | 39.3 (0.637) |

AIAN = American Indian, Alasakan Native; HPI = Hawiian/Pacific Islander; MR = mixed race; SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received benefits under USDA's Supplemental Nutrition Assistance Program (SNAP) in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received benefits under USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. Food hardship, enough food to eat: individuals who had enough of the kind of food or enough, but not always the kinds, of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: individuals who sometimes or often did not have enough food in the past 30 days. The body mass index (BMI) is calcuated for individuals aged 20 and older, BMI values associated with the body weight categories are: underweight, BMI of less than 18.5; healthy weight, BMI of 18.5–24.9; overweight but not obese, BMI of 25–29.9; low-risk obesity, BMI of 30–34.9; and higher risk obesity, BMI of 35 and above. Good health/diet: individuals who reported their general health/diet status to be good, very good, or excellent; bad health/diet: individuals who reported their general health/diet status to be poor or fair. "Other household types" are not included in this table. Standard errors are in parenthesis.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

Table 4

**Level of grocery shopping enjoyment in 2022–2023, age 18 and older by sociodemographic characteristics**

| | How much do you enjoy doing the grocery shopping? | | | |
|---|---|---|---|---|
| | Not at all | A little | Somewhat | A lot |
| | (percentage) | | | |
| All | 14.8 (0.380) | 18.3 (0.411) | 41.3 (0.498) | 25.7 (0.442) |
| Sex | | | | |
| Male | 13.6 (0.552) | 20.2 (0.654) | 42.5 (0.771) | 23.7 (0.656) |
| Female | 15.8 (0.490) | 16.6 (0.521) | 40.2 (0.704) | 27.4 (0.666) |
| Age | | | | |
| Age 18–24 | 11.2 (1.600) | 17.9 (1.816) | 50.5 (2.493) | 20.4 (1.871) |
| Age 25–54 | 15.5 (0.515) | 17.8 (0.569) | 41.6 (0.651) | 25.1 (0.645) |
| Age 55–64 | 14.8 (0.884) | 19.6 (0.915) | 39.5 (1.223) | 26.1 (1.116) |
| Age 65 and older | 14.5 (0.647) | 18.5 (0.691) | 38.0 (0.840) | 29.0 (0.834) |

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| | How much do you enjoy doing the grocery shopping? | | | |
|---|---|---|---|---|
| | Not at all | A little | Somewhat | A lot |
| | (percentage) | | | |
| **Race and ethnicity** | | | | |
| Hispanic | 8.0 | 18.2 | 39.5 | 34.3 |
| | (0.764) | (1.275) | (1.398) | (1.392) |
| Non-Hispanic White | 16.9 | 18.7 | 43.1 | 21.3 |
| | (0.436) | (0.457) | (0.641) | (0.482) |
| Non-Hispanic Black | 16.2 | 16.8 | 34.7 | 32.2 |
| | (1.212) | (1.069) | (1.442) | (1.500) |
| Non-Hispanic AIAN, Asian, HPI, and MR | 10.2 | 17.3 | 40.4 | 32.1 |
| | (1.075) | (1.530) | (2.013) | (1.672) |
| **Education level** | | | | |
| Less than high school | 11.0 | 23.2 | 30.6 | 35.3 |
| | (1.352) | (1.980) | (1.929) | (1.951) |
| High school diploma or GED | 16.9 | 17.8 | 39.6 | 25.7 |
| | (0.718) | (0.852) | (1.148) | (1.003) |
| Some college or associate degree | 16.3 | 18.3 | 41.2 | 24.1 |
| | (0.810) | (0.819) | (1.032) | (0.866) |
| Bachelor's degree | 13.6 | 17.1 | 45.0 | 24.3 |
| | (0.653) | (0.703) | (0.964) | (0.868) |
| More than a bachelor's degree | 12.4 | 18.6 | 43.8 | 25.2 |
| | (0.733) | (0.914) | (1.160) | (0.979) |
| **Household type** | | | | |
| Lives alone | 18.2 | 19.2 | 38.9 | 23.7 |
| | (0.798) | (0.844) | (0.966) | (0.811) |
| Lives with spouse or partner, no children | 14.1 | 18.8 | 41.6 | 25.5 |
| | (0.597) | (0.661) | (0.909) | (0.715) |
| Lives with children, no spouse or partner | 20.6 | 16.4 | 35.6 | 27.5 |
| | (1.992) | (1.835) | (2.572) | (2.651) |
| Lives with children and spouse or partner | 13.1 | 17.3 | 43.0 | 26.6 |
| | (0.725) | (0.837) | (1.115) | (1.086) |
| **Veteran status** | | | | |
| Veteran | 17.9 | 18.7 | 39.4 | 24.0 |
| | (1.350) | (1.276) | (1.789) | (1.579) |
| Non-veteran | 14.5 | 18.3 | 41.4 | 25.8 |
| | (0.391) | (0.445) | (0.500) | (0.450) |
| **SNAP participation** | | | | |
| SNAP participant | 15.2 | 15.8 | 36.7 | 32.2 |
| | (1.338) | (1.252) | (1.771) | (1.813) |
| Low-income SNAP nonparticipant | 13.1 | 20.8 | 38.8 | 27.3 |
| | (0.781) | (1.062) | (1.041) | (1.002) |
| Higher income SNAP nonparticipant | 15.1 | 17.8 | 43.2 | 24.0 |
| | (0.462) | (0.474) | (0.607) | (0.552) |

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| | How much do you enjoy doing the grocery shopping? | | | |
|---|---|---|---|---|
| | Not at all | A little | Somewhat | A lot |
| | (percentage) | | | |
| **WIC participation** | | | | |
| WIC participant | 11.5 | 14.7 | 39.1 | 34.8 |
| | (2.337) | (2.229) | (3.873) | (3.832) |
| Low-income WIC nonparticipants | 12.5 | 19.0 | 39.0 | 29.4 |
| | (1.017) | (1.385) | (1.536) | (1.585) |
| Higher income WIC nonparticipants | 14.9 | 17.1 | 44.4 | 23.6 |
| | (0.646) | (0.667) | (0.894) | (0.881) |
| **Food hardship** | | | | |
| Enough food to eat | 14.5 | 18.0 | 41.8 | 25.7 |
| | (0.384) | (0.394) | (0.512) | (0.467) |
| Not enough food to eat | 19.3 | 26.3 | 30.1 | 24.3 |
| | (2.422) | (3.372) | (2.926) | (2.632) |
| **Body weight category** | | | | |
| Underweight | 9.7 | 25.6 | 39.1 | 25.7 |
| | (2.804) | (4.944) | (4.506) | (4.242) |
| Healthy weight | 14.8 | 18.2 | 41.8 | 25.2 |
| | (0.706) | (0.764) | (0.998) | (0.856) |
| Overweight | 13.9 | 17.9 | 41.8 | 26.4 |
| | (0.586) | (0.656) | (0.905) | (0.807) |
| Low-risk obesity | 15.2 | 18.2 | 40.5 | 26.1 |
| | (0.753) | (0.923) | (1.251) | (1.152) |
| Higher risk obesity | 17.9 | 17.6 | 40.6 | 23.9 |
| | (1.222) | (1.210) | (1.447) | (1.324) |
| **Self-assessed health status** | | | | |
| Good or excellent health | 13.8 | 18.0 | 42.0 | 26.2 |
| | (0.406) | (0.442) | (0.541) | (0.515) |
| Poor or fair health | 19.2 | 20.3 | 37.8 | 22.8 |
| | (1.026) | (1.030) | (1.213) | (1.115) |
| **Self-assessed diet status** | | | | |
| Good or excellent diet | 13.3 | 18.2 | 42.0 | 26.5 |
| | (0.398) | (0.433) | (0.563) | (0.503) |
| Poor or fair diet | 20.8 | 18.9 | 38.4 | 21.9 |
| | (0.983) | (1.050) | (1.334) | (1.154) |
| **Employment status** | | | | |
| Employed full time | 16.2 | 18.5 | 42.1 | 23.2 |
| | (0.562) | (0.608) | (0.704) | (0.639) |
| Employed part time | 11.2 | 18.2 | 42.7 | 27.9 |
| | (0.963) | (1.296) | (1.512) | (1.348) |
| Not employed | 13.6 | 17.9 | 39.4 | 29.0 |
| | (0.574) | (0.584) | (0.770) | (0.764) |
| **Urbanicity** | | | | |
| Metropolitan area | 14.0 | 18.3 | 41.5 | 26.2 |
| | (0.416) | (0.458) | (0.533) | (0.477) |
| Nonmetropolitan area | 19.4 | 18.9 | 39.3 | 22.5 |
| | (1.044) | (1.056) | (1.410) | (1.130) |

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| | How much do you enjoy doing the grocery shopping? | | | |
|---|---|---|---|---|
| | Not at all | A little | Somewhat | A lot |
| | (percentage) | | | |
| Day of the week | | | | |
| Weekday | 14.9<br>(0.458) | 18.1<br>(0.524) | 41.4<br>(0.635) | 25.6<br>(0.558) |
| Weekend | 14.4<br>(0.505) | 18.7<br>(0.534) | 41.1<br>(0.627) | 25.8<br>(0.607) |

AIAN = American Indian, Alasakan Native; HPI = Hawiian/Pacific Islander; MR = mixed race; SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received benefits under USDA's Supplemental Nutrition Assistance Program (SNAP) in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received benefits under USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. Food hardship, enough food to eat: individuals who had enough of the kind of food or enough, but not always the kinds, of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: individuals who sometimes or often did not have enough food in the past 30 days. The body mass index (BMI) is calcuated for individuals aged 20 and older, BMI values associated with the body weight categories are: underweight, BMI of less than 18.5; healthy weight, BMI of 18.5–24.9; overweight but not obese, BMI of 25–29.9; low-risk obesity, BMI of 30–34.9; and higher risk obesity, BMI of 35 and above. Good health/diet: individuals who reported their general health/diet status to be good, very good, or excellent; bad health/diet: individuals who reported their general health/diet status to be poor or fair. "Other household types" are not included in this table. Standard errors are in parenthesis.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

### *Shopping Locations and Factors Influencing Store Choice*

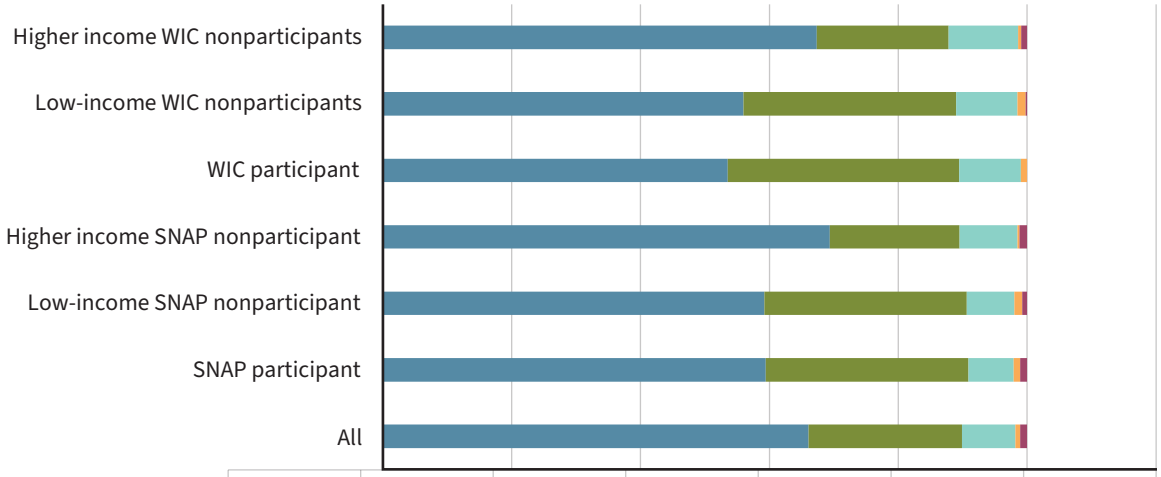
The type of retail food outlet consumers rely on plays a central role in shaping diet quality, food access, and health outcomes. Research in the food access literature has found that access to supermarkets, supercenters (large retails stores that combine grocery and general merchandise), and other large-format stores is associated with greater availability of healthy foods and more affordable prices (Volpe & Okrent, 2012; Larson et al., 2009b; Leibtag, 2005). Conversely, limited access to such outlets could contribute to lower diet quality, as the nutritional value of products purchased at grocery stores tends to be higher than that of items bought at discount variety stores or similar oulets (Ver Ploeg et al., 2024). Understanding where people shop is relevant to identifying structural barriers to healthy food access and differences in consumer behavior across demographic groups.

When grocery shoppers were asked where they purchased the majority of their groceries when shopping in person, 66.1 percent reported obtaining the majority of their groceries from a grocery store, while 23.8 percent relied primarily on supercenters. These patterns are similar from those observed in the previous EHM wave (Zeballos & Restrepo, 2018).

Shopping patterns differ by household income and participation in food and nutrition assistance programs. A higher share of adults living in households that receive SNAP benefits or low-income SNAP nonparticipants reported doing their in-person shopping primarily at supercenters compared with higher-income SNAP nonparticipant households (31.5 percent and 31.4 percent, respectively, versus 20.2 percent). Similarly, 35.9 percent of adults living in households receiving WIC benefits and 33.0 percent of low-income WIC nonparticipants reported primarily shopping at supercenters, compared with just 20.5 percent of higher-income WIC nonparticipant households (figure 5). These differences likely stem from price sensitivity, as supercenters have been shown to reduce retail prices relative to competing retailers, which can be especially important for low-income or assistance-participating households (Leibtag, 2005; Lehner et al., 2024) but may also reflect constraints related to program rules, transportation access, or local store availability.

Figure 5

**Where grocery shoppers get the majority of their groceries when shopping in person in 2022–2023, age 18 and older (percentages)**




| | All | SNAP participant | Low-income SNAP nonparticipant | Higher income SNAP nonparticipant | WIC participant | Low-income WIC nonparticipant | Higher income WIC nonparticipant |
|---|---|---|---|---|---|---|---|
| Grocery store | 66.1 | 59.4 ± | 59.2 ± | 69.4 ± | 53.5 ± | 56.0 ± | 67.3 ± |
| Supercenter | 23.8 | 31.5 ± | 31.4 ± | 20.2 ± | 35.9 ± | 33.0 ± | 20.5 ± |
| Warehouse | 8.3 | 7.0 | 7.4 ± | 9.0 ± | 9.6 | 9.5 | 10.7 |
| Convenience store | 0.7 | 1.0 | 1.2 ± | 0.4 ± | 1.0 | 1.3 ± | 0.5 ± |
| Other | 1.1 | 1.1 | 0.8 ± | 1.2 | - | 0.2 ± | 0.9 ± |

SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

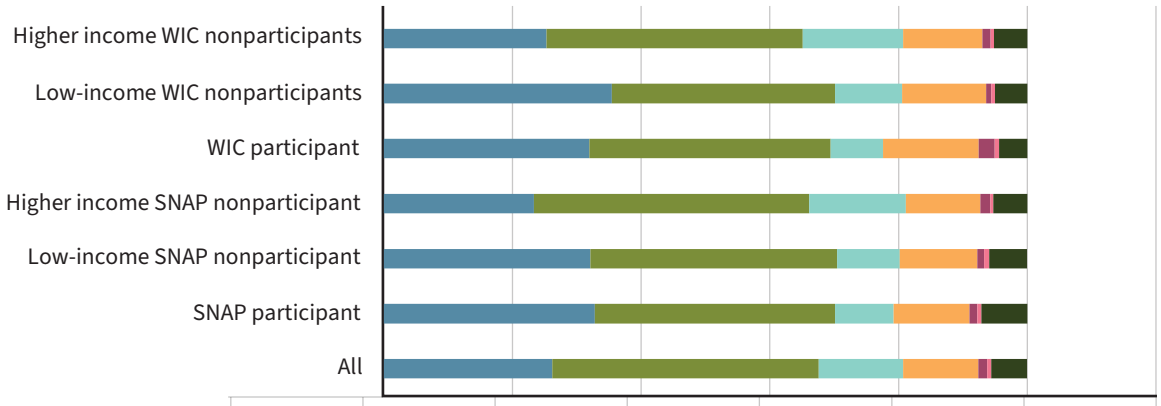
Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received SNAP benefits in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received WIC benefits in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. ± denotes the mean of this population is statistically significantly different from the mean of the other populations pooled together at the 90-percent confidence level.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

When grocery shoppers were asked for the main reason why they chose to shop at the brick-and-mortar stores where they got the majority of their groceries, a plurality said location (41.4 percent) followed by price (26.2 percent) and quality of products (13.1 percent). When homing in on SNAP and WIC participants, location was also the most common primary reason for in-person grocery shopping decisions (37.3 percent and 37.5 percent, respectively). However, price was cited more often for food and nutrition assistance participants compared to higher-income nonparticipants. For example, 32.8 percent of SNAP participants (versus 23.3 percent of higher-income SNAP nonparticipants) and 32.0 percent of WIC participants (versus 25.3 percent of higher-income WIC nonparticipants) said price was the main reason for in-person grocery shopping decisions (figure 6).

Figure 6

**Main reason motivating grocery shoppers to shop at the brick-and-mortar place where they get the majority of their groceries in 2022–2023, age 18 and older (percentages)**




| | All | SNAP participant | Low-income SNAP nonparticipant | Higher income SNAP nonparticipant | WIC participant | Low-income WIC nonparticipant | Higher income WIC nonparticipant |
|---|---|---|---|---|---|---|---|
| Price | 26.2 | 32.8 ± | 32.1 ± | 23.3 ± | 32.0 | 35.5 ± | 25.3 ± |
| Location | 41.4 | 37.3 ± | 38.3 ± | 42.8 ± | 37.5 | 34.7 ± | 39.8 ± |
| Quality of products | 13.1 | 9.1 ± | 9.7 ± | 15.0 ± | 8.1± | 10.4 ± | 15.6 ± |
| Variety of products | 11.7 | 11.8 | 12.1 | 11.6 | 14.9 | 13.1 | 12.3 |
| Customer service | 1.4 | 1.3 | 1.0 ± | 1.5 ± | 2.5 | 0.8 ± | 1.3 |
| Physical safety | 0.6 | 0.6 | 0.8 | 0.5 | 0.7 | 0.6 | 0.5 |
| Other | 5.6 | 7.1 | 5.9 | 5.3 | 4.4 | 5.0 | 5.2 |

SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received SNAP benefits in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received WIC benefits in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

## *Online Grocery Shopping*

The COVID–19 pandemic reshaped food shopping behaviors in the United States, speeding the adoption of online grocery shopping as consumers sought safer and more convenient ways to access food (Okrent & Zeballos, 2025; Restrepo & Zeballos, 2022; Restrepo & Zeballos, 2024). How people purchase groceries—whether in-person or online—can affect the types of products purchased and ultimately diet quality (Zatz, 2021). Table 5 shows that, among grocery shoppers aged 18 and older, nearly one in five reported shopping for groceries online in the past month, highlighting the growing role of digital platforms in food acquisitions.[14]

[14] A recent USDA, ERS report by Restrepo and Zeballos (2024) used the 2022 EHM to provide an in-depth discussion of online grocery shopping prevalence and frequency, and their sociodemographic determinants.

Mirroring the grocery shopping responsibility by sex, the prevalence of online grocery shopping was higher among women (23.0 percent) than men (15.5 percent). The prevalence of online shopping was highest among adults aged 25–54 (26 percent). This group includes working-age adults who tend to face greater time constraints due to employment and caregiver responsibilities. These factors contribute to relatively higher opportunity costs and enhance the appeal of labor-saving technology, such as online shopping. Online shopping rates were lowest among older adults, those aged 65 and older (9.2 percent), who face fewer time constraints and for whom online shopping may be less familiar or less commonly adopted. Similarly, there are positive gradients in online shopping prevalence rates by education, income, and employment status.

Parents often must juggle school activities for their children and work responsibilities, so time constraints may make online grocery shopping an attractive option. Indeed, people aged 18 and older with children reported a higher rate of online grocery shopping than did those without children. For instance, while 29.8 percent of people who live with children and a spouse/partner reported shopping for groceries online in the last month, only 14.8 percent of people who live alone reported doing so.

Some research suggests that food baskets chosen online tend to contain healthier food products than those chosen in store (Chintala et al., 2023; Harris-Lagoudakis, 2022; Huyghe et al., 2017). We find a slightly higher share of people aged 18 and older who rated their diet quality as good, very good, or excellent said they had shopped online in the last month (19.8 percent) than did those who rated their diet quality as poor or fair (18.0 percent). Moreover, individuals with higher-risk obesity were more likely to shop for groceries online (25.1 percent) than those with lower BMI—possibly reflecting preferences for convenience, reduced physical effort, or easier planning of purchases. This pattern highlights potential opportunities to support healthier food choices through online grocery platforms.

About 16.4 percent of SNAP participants reported purchasing groceries online at least once in the past 30 days, compared with 14.4 percent of low-income SNAP nonparticipants (those with a monthly income below 200 percent of the Federal poverty line). These patterns are consistent with research showing that the SNAP Online Purchasing Pilot (SNAP OPP) increased both the frequency of online grocery transactions and the nutritional quality of food-at-home purchases among SNAP households (Kuan et al., 2025). Together, these findings indicate that SNAP participants' growing use of online grocery shopping may be associated with healthier purchasing patterns as access to online options expands.

Table 5

**Online grocery shopping prevalence in the last month in 2022–2023, age 18 and older by sociodemographic characteristics**

| | Thinking back over the last 30 days, did you purchase groceries online? |
|---|---|
| | (percentage) |
| All | 19.5<br>(0.437) |
| Sex | |
| Male | 15.5<br>(0.575) |
| Female | 23.0<br>(0.585) |

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| | |
|---|---|
| Age | |
| Age 18–24 | 19.2<br>(1.815) |
| Age 25–54 | 26.0<br>(0.727) |
| Age 55–64 | 13.1<br>(0.721) |
| Age 65 and older | 9.2<br>(0.450) |
| Race and ethnicity | |
| Hispanic | 16.4<br>(1.266) |
| Non-Hispanic White | 20.8<br>(0.488) |
| Non-Hispanic Black | 17.0<br>(1.227) |
| Non-Hispanic AIAN, Asian, HPI, and MR | 19.8<br>(1.432) |
| Education level | |
| Less than high school | 8.0<br>(1.251) |
| High school diploma or GED | 13.3<br>(0.722) |
| Some college or associate degree | 20.4<br>(0.824) |
| Bachelor's degree | 24.1<br>(0.906) |
| More than a bachelor's degree | 27.5<br>(1.110) |
| Household type | |
| Lives alone | 14.8<br>(0.849) |
| Lives with spouse or partner, no children | 16.8<br>(0.683) |
| Lives with children, no spouse or partner | 24.8<br>(2.214) |
| Lives with children and spouse or partner | 29.8<br>(0.928) |
| Veteran status | |
| Veteran | 13.9<br>(1.163) |
| Non-veteran | 19.9<br>(0.471) |
| SNAP participation | |
| SNAP participant | 16.4<br>(1.399) |
| Low-income SNAP nonparticipant | 14.4<br>(0.904) |
| Higher income SNAP nonparticipant | 22.0<br>(0.528) |

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| | Thinking back over the last 30 days, did you purchase groceries online? |
|---|---|
| | (percentage) |
| **WIC participation** | |
| WIC participant | 23.7 (3.478) |
| Low-income WIC nonparticipants | 18.8 (1.255) |
| Higher income WIC nonparticipants | 29.1 (0.866) |
| **Food hardship** | |
| Enough food to eat | 19.6 (0.445) |
| Not enough food to eat | 16.7 (2.582) |
| **Body weight category** | |
| Underweight | 21.5 (4.210) |
| Healthy weight | 19.6 (0.820) |
| Overweight | 17.8 (0.791) |
| Low-risk obesity | 19.4 (0.983) |
| Higher risk obesity | 25.1 (1.167) |
| **Self-assessed health status** | |
| Good or excellent health | 19.7 (0.468) |
| Poor or fair health | 18.7 (1.031) |
| **Self-assessed diet status** | |
| Good or excellent diet | 19.8 (0.468) |
| Poor or fair diet | 18.0 (0.994) |
| **Employment status** | |
| Employed full time | 22.5 (0.634) |
| Employed part time | 18.8 (1.178) |
| Not employed | 14.8 (0.629) |
| **Urbanicity** | |
| Metropolitan area | 20.0 (0.494) |
| Nonmetropolitan area | 16.2 (0.887) |

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| | Thinking back over the last 30 days, did you purchase groceries online? |
|---|---|
| | (percentage) |
| Day of the week | |
| Weekday | 19.9<br>(0.563) |
| Weekend | 18.6<br>(0.524) |

AIAN = American Indian, Alasakan Native; HPI = Hawiian/Pacific Islander; MR = mixed race; SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received SNAP benefits in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received WIC benefits in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. Food hardship, enough food to eat: individuals who had enough of the kind of food or enough, but not always the kinds, of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: individuals who sometimes or often did not have enough food in the past 30 days. The body mass index (BMI) is calcuated for individuals aged 20 and older, BMI values associated with the body weight categories are: underweight, BMI of less than 18.5; healthy weight, BMI of 18.5–24.9; overweight but not obese, BMI of 25–29.9; low-risk obesity, BMI of 30–34.9; and higher risk obesity, BMI of 35 and above. Good health/diet: individuals who reported their general health/diet status to be good, very good, or excellent; bad health/diet: individuals who reported their general health/diet status to be poor or fair. "Other household types" are not included in this table. Standard errors are in parenthesis.

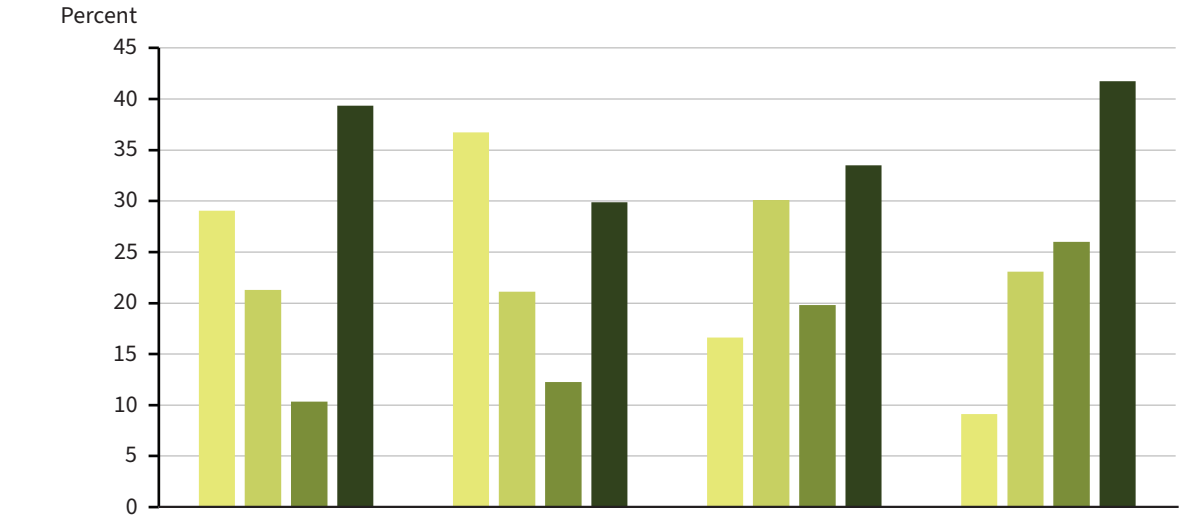
Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

## Meal Preparation

Studying meal preparation is relevant because home-cooked meals are consistently linked to better diet quality and lower risk of obesity compared to meals prepared away from home or convenience foods (Mills et al., 2017; Monsivais et al., 2014; Wolfson & Bleich, 2015). The COVID–19 pandemic brought shifts in eating and cooking behaviors, with many households spending more time preparing meals at home due to restaurant closures and health concerns, potentially improving dietary patterns for some populations (Okrent & Zeballos, 2025). Understanding who is responsible for meal preparation, how much they enjoy it, and how much time they have available for it helps identify both the opportunities and constraints shaping food choices.

Table 6 shows that, on an average day over 2022–2023, the vast majority (90.1 percent) of individuals aged 18 and older reported being usually responsible for at least some portion of meal preparation in their household—ranging from a little (16.0 percent), some (22.7 percent), a lot (18.4 percent), or all (33.1 percent). These individuals are referred to "meal preparers." We find variation in enjoyment of meal preparation, with 7.7 percent of meal preparers reporting they do not enjoy it at all, 15.4 percent enjoying it a little, 37.5 percent somewhat enjoying it, and 39.5 percent enjoying it a lot (table 7). Among those responsible for all meal preparation, 41.8 percent reported enjoying cooking a lot, compared with just 9.1 percent among those doing a little. This pattern shows that meal-preparation responsibility may be preference-driven (figure 7).

Figure 7
**Meal preparation enjoyment by level of household responsibility**




| Level of household reponsibilty | How much do you enjoy doing the food preparation? | | | |
|---|---|---|---|---|
| | Not at all | A little | Somewhat | A lot |
| A little | 29.0 | 36.7 | 16.6 | 9.1 |
| Some | 21.3 | 21.1 | 30.1 | 23.1 |
| A lot | 10.3 | 12.3 | 19.8 | 26.0 |
| All | 39.3 | 29.9 | 33.5 | 41.8 |

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

While the vast majority of men aged 18 and older reported that they did at least a little of the meal preparation in their household (85.0 percent), an even higher share of women reported being in charge of at least a little of their household's meal-preparation responsiblities (95.1 percent). Although more men than women reported doing a little or some of the meal preparation, a larger share of women reported doing a lot of the meal preparation (13.6 percent for men and 22.9 percent for women) or being fully responsible for meal preparation in their households (22.3 percent for men and 43.4 percent for women). Interestingly, a slightly higher share of men reported enjoying meal preparation at least a little (93.2 percent for men compared with 91.6 percent for women).

Previous research has shown that home cooking is associated, on average, with better diet quality (Monsivais et al., 2014). Consistent with this pattern, adults aged 18 and older who self-assessed their diet quality to be good, very good, or excellent ("good diet") reported a slightly higher likelihood of being responsible for at least a little of their household's meal-preparation responsibilities (90.8 percent) than did those who had poor or fair diets ("bad diet") (87.2 percent).

A similar pattern appears when examining differences by self-assesed health status and body weight. Among adults aged 18 and older, 90.5 percent of those reporting good, very good, or excellent health ("good health") were responsible for at least a little of their household's meal-preparation responsibilities, compared with 88.6 percent of those reporting poor or fair health ("bad health"). Among adults aged 20 and older, individuals at a healthy weight (BMI of 18.5–24.9) reported the highest share

with full responsibility for meal preparation (35.1 percent), while those who were overweight (BMI of 25–29.9) reported the lowest (32.4 percent).

Differences in enjoyment of meal preparation may somewhat explain these differences by diet quality and health status. For example, 41.4 percent those with a "good diet" reported enjoying meal preparation a lot, while 30.7 percent of those with a "bad diet" reported this maximal enjoyment level of meal preparation. Similarly, 40 percent those with "good health" reported enjoying meal preparation a lot, while 36.9 percent those with "bad health" reported this maximal enjoyment level of meal preparation.

Table 6

**Meal preparation responsibilities in the household in 2022–2023, age 18 and older by sociodemographic characteristics**

| | How much of the meal preparation in the household do you usually do? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| All | 9.9 (0.396) | 16.0 (0.381) | 22.7 (0.441) | 18.4 (0.391) | 33.1 (0.405) |
| Sex | | | | | |
| Male | 15.0 (0.672) | 22.1 (0.563) | 27.0 (0.688) | 13.6 (0.491) | 22.3 (0.569) |
| Female | 4.9 (0.388) | 10.1 (0.470) | 18.6 (0.532) | 22.9 (0.593) | 43.4 (0.686) |
| Age | | | | | |
| 18–24 | 24.6 (2.109) | 24.6 (1.759) | 27.5 (1.951) | 10.4 (1.259) | 13.0 (1.304) |
| 25–54 | 7.0 (0.421) | 15.4 (0.530) | 24.4 (0.664) | 21.8 (0.586) | 31.4 (0.695) |
| 55–64 | 8.8 (0.725) | 14.2 (0.790) | 21.0 (0.918) | 18.6 (0.888) | 37.5 (0.979) |
| 65 and older | 9.6 (0.453) | 14.0 (0.499) | 17.9 (0.655) | 14.7 (0.532) | 43.8 (0.777) |
| Race and ethnicity | | | | | |
| Hispanic | 12.6 (1.144) | 20.1 (1.291) | 22.0 (1.231) | 14.1 (0.942) | 31.2 (1.184) |
| Non-Hispanic White | 8.3 (0.412) | 15.0 (0.473) | 23.0 (0.475) | 20.5 (0.462) | 33.3 (0.525) |
| Non-Hispanic Black | 12.6 (1.106) | 14.0 (1.156) | 19.9 (1.414) | 14.3 (1.118) | 39.3 (1.477) |
| Non-Hispanic AIAN, Asian, HPI, and MR | 12.1 (1.629) | 17.9 (1.502) | 26.7 (1.654) | 17.1 (1.202) | 26.2 (1.628) |
| Education level | | | | | |
| Less than high school | 15.0 (1.766) | 20.2 (1.836) | 17.7 (1.627) | 8.6 (1.179) | 38.5 (2.011) |
| High school diploma or GED | 13.9 (0.865) | 15.9 (0.795) | 20.1 (0.777) | 16.0 (0.721) | 34.1 (1.036) |
| Some college or associate degree | 10.2 (0.739) | 16.6 (0.826) | 24.0 (0.908) | 17.5 (0.732) | 31.7 (0.798) |
| Bachelor's degree | 5.4 (0.432) | 15.0 (0.716) | 25.3 (0.901) | 22.0 (0.800) | 32.2 (0.797) |
| More than a bachelor's degree | 5.6 (0.555) | 14.3 (0.775) | 24.7 (1.020) | 24.0 (1.004) | 31.5 (1.080) |

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| | How much of the meal preparation in the household do you usually do? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| **Household type** | | | | | |
| Lives alone | 3.5 (0.420) | 3.6 (0.349) | 4.4 (0.361) | 4.8 (0.446) | 83.8 (0.792) |
| Lives with spouse or partner, no children | 8.8 (0.427) | 16.7 (0.624) | 27.2 (0.791) | 23.8 (0.699) | 23.5 (0.715) |
| Lives with children, no spouse or partner | 0.8 (0.337) | 6.1 (1.402) | 12.6 (2.563) | 15.4 (1.823) | 65.1 (2.750) |
| Lives with children and spouse or partner | 7.0 (0.547) | 17.3 (0.817) | 28.2 (0.938) | 26.0 (0.962) | 21.5 (0.881) |
| **Veteran status** | | | | | |
| Veteran | 11.5 (1.161) | 18.8 (1.163) | 26.4 (1.470) | 14.9 (1.249) | 28.3 (1.609) |
| Non-veteran | 9.7 (0.405) | 15.7 (0.407) | 22.5 (0.469) | 18.6 (0.415) | 33.4 (0.469) |
| **SNAP participation** | | | | | |
| SNAP participant | 9.2 (1.300) | 15.1 (1.578) | 19.0 (1.454) | 12.9 (1.256) | 43.8 (1.760) |
| Low-income SNAP nonparticipant | 10.0 (0.743) | 16.3 (0.839) | 20.4 (0.990) | 15.4 (0.825) | 37.9 (1.060) |
| Higher income SNAP nonparticipant | 9.6 (0.455) | 15.8 (0.465) | 24.2 (0.540) | 20.5 (0.481) | 30.0 (0.541) |
| **WIC participation** | | | | | |
| WIC participant | 7.2 (2.262) | 19.7 (2.792) | 26.3 (3.518) | 14.2 (2.728) | 32.5 (3.102) |
| Low-income WIC nonparticipants | 9.3 (0.982) | 18.9 (1.266) | 22.0 (1.380) | 18.4 (1.164) | 31.4 (1.546) |
| Higher income WIC nonparticipants | 10.9 (0.707) | 17.5 (0.681) | 27.9 (0.837) | 23.5 (0.799) | 20.2 (0.685) |
| **Food hardship** | | | | | |
| Enough food to eat | 9.9 (0.407) | 15.9 (0.381) | 22.7 (0.459) | 18.6 (0.400) | 32.9 (0.450) |
| Not enough food to eat | 9.4 (1.651) | 16.3 (2.464) | 23.7 (2.788) | 11.7 (2.017) | 38.9 (2.836) |
| **Body weight category** | | | | | |
| Underweight | 18.9 (5.628) | 18.0 (4.207) | 14.7 (2.794) | 14.0 (3.301) | 34.4 (4.665) |
| Healthy weight | 7.7 (0.640) | 15.5 (0.719) | 21.7 (0.732) | 20.0 (0.771) | 35.1 (0.825) |
| Overweight | 9.4 (0.616) | 15.2 (0.592) | 23.6 (0.734) | 19.3 (0.623) | 32.4 (0.778) |
| Low-risk obesity | 9.8 (0.817) | 16.3 (0.848) | 22.6 (0.905) | 18.3 (0.931) | 33.0 (1.022) |
| Higher risk obesity | 8.9 (0.833) | 15.9 (1.209) | 24.9 (1.286) | 16.0 (1.052) | 34.3 (1.397) |

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| | How much of the meal preparation in the household do you usually do? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| Self-assessed health status | | | | | |
| Good or excellent health | 9.5 (0.458) | 15.8 (0.446) | 22.7 (0.461) | 19.7 (0.442) | 32.3 (0.516) |
| Poor or fair health | 11.4 (0.844) | 16.6 (0.929) | 22.9 (1.066) | 12.4 (0.862) | 36.8 (1.190) |
| Self-assessed diet status | | | | | |
| Good or excellent diet | 9.2 (0.404) | 15.2 (0.398) | 23.3 (0.445) | 19.6 (0.432) | 32.8 (0.495) |
| Poor or fair diet | 12.8 (0.954) | 19.0 (1.064) | 20.5 (1.091) | 13.2 (0.835) | 34.4 (1.173) |
| Employment status | | | | | |
| Employed full time | 9.3 (0.531) | 17.3 (0.555) | 25.9 (0.698) | 19.9 (0.548) | 27.7 (0.614) |
| Employed part time | 12.8 (1.446) | 16.9 (1.290) | 21.1 (1.220) | 17.6 (1.082) | 31.6 (1.302) |
| Not employed | 9.8 (0.562) | 13.5 (0.562) | 18.4 (0.619) | 16.2 (0.564) | 42.1 (0.785) |
| Urbanicity | | | | | |
| Metropolitan area | 10.1 (0.447) | 16.2 (0.424) | 22.9 (0.481) | 18.2 (0.418) | 32.6 (0.474) |
| Nonmetropolitan area | 8.2 (0.867) | 14.3 (0.953) | 21.8 (1.083) | 19.4 (1.118) | 36.2 (1.243) |
| Day of the week | | | | | |
| Weekday | 10.3 (0.548) | 15.6 (0.485) | 22.6 (0.600) | 18.2 (0.523) | 33.4 (0.584) |
| Weekend | 8.9 (0.446) | 16.9 (0.509) | 23.2 (0.647) | 18.7 (0.475) | 32.3 (0.584) |

AIAN = American Indian, Alasakan Native; HPI = Hawiian/Pacific Islander; MR = mixed race; SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received SNAP benefits in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received WIC benefits in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. Food hardship, enough food to eat: individuals who had enough of the kind of food or enough, but not always the kinds, of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: individuals who sometimes or often did not have enough food in the past 30 days. The body mass index (BMI) is calcuated for individuals aged 20 and older, BMI values associated with the body weight categories are: underweight, BMI of less than 18.5; healthy weight, BMI of 18.5–24.9; overweight but not obese, BMI of 25–29.9; low-risk obesity, BMI of 30-–34.9; and higher risk obesity, BMI of 35 and above. Good health/diet: individuals who reported their general health/diet status to be good, very good, or excellent; bad health/diet: individuals who reported their general health/diet status to be poor or fair. "Other household types" are not included in this table. Standard errors are in parenthesis.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

Table 7

**Meal preparation enjoyment in 2022–2023, age 18 and older by sociodemographic characteristics**

| | How much do you enjoy doing the food preparation? | | | |
|---|---|---|---|---|
| | Not at all | A little | Somewhat | A lot |
| | (percentage) | | | |
| All | 7.7 (0.252) | 15.4 (0.365) | 37.5 (0.500) | 39.5 (0.457) |
| Sex | | | | |
| Male | 6.8 (0.405) | 15.9 (0.588) | 37.6 (0.762) | 39.6 (0.714) |
| Female | 8.4 (0.345) | 14.9 (0.462) | 37.4 (0.670) | 39.4 (0.606) |
| Age | | | | |
| Age 18–24 | 7.2 (1.347) | 18.9 (2.001) | 41.3 (2.413) | 32.5 (2.063) |
| Age 25–54 | 7.7 (0.367) | 14.9 (0.580) | 38.0 (0.721) | 39.3 (0.682) |
| Age 55–64 | 6.6 (0.574) | 14.9 (0.841) | 35.8 (1.262) | 42.7 (1.148) |
| Age 65 and older | 8.4 (0.465) | 15.3 (0.570) | 35.8 (0.812) | 40.4 (0.801) |
| Race and ethnicity | | | | |
| Hispanic | 5.1 (0.546) | 18.3 (1.168) | 30.5 (1.344) | 46.1 (1.477) |
| Non-Hispanic White | 8.6 (0.315) | 14.9 (0.392) | 40.0 (0.615) | 36.5 (0.603) |
| Non-Hispanic Black | 8.5 (1.012) | 14.3 (1.142) | 30.9 (1.433) | 46.4 (1.652) |
| Non-Hispanic AIAN, Asian, HPI, and MR | 4.1 (0.717) | 14.0 (1.356) | 42.1 (1.778) | 39.8 (1.750) |
| Education level | | | | |
| Less than high school | 6.9 (1.030) | 20.5 (2.006) | 28.2 (1.895) | 44.4 (2.405) |
| High school diploma or GED | 7.2 (0.480) | 15.9 (0.833) | 35.0 (1.050) | 42.0 (0.929) |
| Some college or associate degree | 8.4 (0.543) | 12.6 (0.655) | 39.9 (1.037) | 39.1 (0.956) |
| Bachelor's degree | 7.8 (0.603) | 15.9 (0.715) | 39.1 (0.929) | 37.2 (0.959) |
| More than a bachelor's degree | 7.6 (0.606) | 15.1 (0.816) | 40.5 (1.174) | 36.9 (1.120) |
| Household type | | | | |
| Lives alone | 10.4 (0.602) | 16.9 (0.737) | 36.9 (0.889) | 35.8 (0.881) |
| Lives with spouse or partner, no children | 6.6 (0.398) | 13.8 (0.593) | 38.8 (0.894) | 40.8 (0.918) |
| Lives with children, no spouse or partner | 8.8 (1.292) | 15.8 (1.838) | 35.4 (2.615) | 40.0 (2.787) |
| Lives with children and spouse or partner | 6.3 (0.484) | 14.4 (0.825) | 38.6 (1.113) | 40.6 (1.143) |

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| | How much do you enjoy doing the food preparation? | | | |
|---|---|---|---|---|
| | Not at all | A little | Somewhat | A lot |
| | (percentage) | | | |
| Veteran status | | | | |
| Veteran | 8.4 (0.900) | 14.4 (1.048) | 38.6 (1.677) | 38.6 (1.862) |
| Non-veteran | 7.6 (0.262) | 15.4 (0.387) | 37.4 (0.530) | 39.6 (0.484) |
| SNAP participation | | | | |
| SNAP participant | 6.3 (0.864) | 16.4 (1.526) | 29.5 (1.837) | 47.9 (1.872) |
| Low-income SNAP nonparticipant | 7.0 (0.567) | 16.2 (0.857) | 35.8 (1.030) | 41.0 (1.053) |
| Higher income SNAP nonparticipant | 7.9 (0.314) | 15.0 (0.457) | 39.2 (0.605) | 37.9 (0.580) |
| WIC participation | | | | |
| WIC participant | 5.6 (1.808) | 15.0 (2.461) | 30.9 (3.888) | 48.5 (3.896) |
| Low-income WIC nonparticipants | 5.5 (0.683) | 15.0 (1.254) | 34.9 (1.372) | 44.6 (1.564) |
| Higher income WIC nonparticipants | 7.7 (0.489) | 15.7 (0.652) | 39.5 (0.952) | 37.1 (0.894) |
| Food hardship | | | | |
| Enough food to eat | 7.6 (0.259) | 15.1 (0.369) | 37.9 (0.507) | 39.3 (0.459) |
| Not enough food to eat | 9.7 (1.567) | 20.2 (2.479) | 27.2 (2.569) | 42.9 (2.879) |
| Body weight category | | | | |
| Underweight | 7.5 (2.920) | 27.0 (5.306) | 34.8 (4.140) | 30.7 (3.933) |
| Healthy weight | 8.3 (0.537) | 16.1 (0.659) | 38.4 (0.901) | 37.2 (0.926) |
| Overweight | 7.0 (0.424) | 14.7 (0.630) | 36.8 (0.832) | 41.4 (0.872) |
| Low-risk obesity | 6.5 (0.551) | 15.3 (0.899) | 37.5 (1.165) | 40.8 (1.136) |
| Higher risk obesity | 8.9 (0.806) | 13.3 (0.950) | 37.4 (1.358) | 40.4 (1.404) |
| Self-assessed health status | | | | |
| Good or excellent health | 6.8 (0.294) | 14.9 (0.410) | 38.3 (0.533) | 40.0 (0.522) |
| Poor or fair health | 11.5 (0.722) | 17.5 (1.009) | 34.0 (1.330) | 36.9 (1.306) |
| Self-assessed diet status | | | | |
| Good or excellent diet | 6.6 (0.279 | 14.6 (0.370) | 37.5 (0.535) | 41.4 (0.520) |
| Poor or fair diet | 12.4 (0.759) | 19.2 (1.203) | 37.7 (1.189) | 30.7 (1.201) |

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| | How much do you enjoy doing the food preparation? | | | |
|---|---|---|---|---|
| | Not at all | A little | Somewhat | A lot |
| | (percentage) | | | |
| Employment status | | | | |
| Employed full time | 7.9 (0.407) | 15.9 (0.553) | 38.8 (0.741) | 37.4 (0.650) |
| Employed part time | 6.9 (0.787) | 15.0 (1.156) | 36.2 (1.513) | 41.8 (1.528) |
| Not employed | 7.5 (0.385) | 14.6 (0.591) | 35.9 (0.757) | 42.0 (0.841) |
| Urbanicity | | | | |
| Metropolitan area | 7.7 (0.294) | 15.5 (0.405) | 37.2 (0.541) | 39.7 (0.491) |
| Nonmetropolitan area | 7.3 (0.646) | 14.5 (0.950) | 40.0 (1.213) | 38.2 (1.195) |
| Day of the week | | | | |
| Weekday | 7.8 (0.319) | 15.0 (0.461 | 37.4 (0.659) | 39.8 (0.638) |
| Weekend | 7.3 (0.369) | 16.2 (0.521) | 37.8 (0.628) | 38.7 (0.663) |

AIAN = American Indian, Alasakan Native; HPI = Hawiian/Pacific Islander; MR = mixed race; SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received SNAP benefits in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received WIC benefits in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. Food hardship, enough food to eat: individuals who had enough of the kind of food or enough, but not always the kinds, of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: individuals who sometimes or often did not have enough food in the past 30 days. The body mass index (BMI) is calcuated for individuals aged 20 and older, BMI values associated with the body weight categories are: underweight, BMI of less than 18.5; healthy weight, BMI of 18.5–24.9; overweight but not obese, BMI of 25–29.9; low-risk obesity, BMI of 30-–34.9; and higher risk obesity, BMI of 35 and above. Good health/diet: individuals who reported their general health/diet status to be good, very good, or excellent; bad health/diet: individuals who reported their general health/diet status to be poor or fair. "Other household types" are not included in this table. Standard errors are in parenthesis.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

## Physical Activity

In addition to following a healthy diet, an active lifestyle is another key component of maintaining a healthy weight and promoting health. More time devoted to physical activity is associated with improved physical and mental health outcomes, including reduced risk of chronic disease and enhanced well-being (Warburton & Bredin, 2017; Piercy et al., 2018). To complement the data on food-related behaviors, this section shifts focus to patterns of leisure-time physical activity or exercise. The EHM questionnaire first asked respondents whether they took part in any leisure-time physical activities or exercises for fitness and health during the past 7 days—such as running, bicycling, working out in a gym, walking for exercise, or playing sports. Those who said yes were further asked how many times they participated in those activities in the past 7 days, as well as how much of their leisure-time physical activity or exercise was vigorous enough to significantly raise their breathing or heart rate.

Table 8 shows that, on an average day over 2022–2023, about nearly two-thirds (64.1 percent) of individuals aged 18 and older reported they had exercised at least once during the last 7 days, and those who exercised did so an average of 4.3 times.

Exploring physical activity differences by BMI category is of interest given that exercise participation and frequency are parts of a weight management plan. Individuals aged 20 and older at a healthy weight had the highest past-week exercise particiation rate (71.2 percent), while those with higher-risk obesity had the lowest (48.5 percent). Similarly, conditional on having exercised in the past week, those at a healthy weight had a higher exercise frequency (4.6 times) than did those with higher-risk obesity (3.8 times).

There are also physical activity differences by self-rated health status and diet quality. For example, just over two-thirds of individuals 18 and older who reported their health status as good, very good, or excellent also reported exercising in the past week and did so an average of 4.3 times. By contrast, those who reported their health status as poor or fair reported an exercise participation rate of 44.2 percent and exercise frequency of 3.9 times. The differences in exercise participation and frequency by self-rated diet quality were similar.

Finally, table 9 summarizes how much each of the respondent's leisure-time physical activity or exercise in the past week was vigorous enough to increase their breathing or heart rates. About 12 percent of adults aged 18 and older said none, followed by 20.4 percent who said a little, 30.4 percent who said some, 19.9 percent who said a lot, and 17.3 percent who said all. Overall, the vast majority (88.0 percent) of individuals 18 and older who exercised in the past week did so vigorously enough to cause at least a little increase in their breathing or heart rates.

A higher share of individuals aged 20 and older who were at a healthy weight reported all their leisure-time activity or exercise was vigorous (19.4 percent), compared to those with higher-risk obesity (13.2 percent) and underweight individuals (8.1 percent). Also, a higher share of individuals aged 18 and older who self-rated their health status as good, very good, or excellent said all their leisure-time activity or exercise was vigorous (18.2 percent) than those who self-rated their health status as poor or fair (10.6 percent). The difference in the share of vigorous exercise participation by self-rated diet quality was similar.

Table 8
**Physical activity in 2022–2023, age 18 and older by sociodemographic characteristics**

| | During the past 7 days, did you participate in any leisure-time physical activities or exercises for fitness and health? | |
|---|---|---|
| | Yes | Times |
| | (percentage) | (number) |
| All | 64.1<br>(0.427) | 4.3<br>(0.032) |
| Sex | | |
| Male | 64.6<br>(0.677) | 4.3<br>(0.045) |
| Female | 63.5<br>(0.541) | 4.3<br>(0.043) |

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| | During the past 7 days, did you participate in any leisure-time physical activities or exercises for fitness and health? | |
|---|---|---|
| | Yes | Times |
| | (percentage) | (number) |
| **Age** | | |
| 18–24 | 67.5 (1.879) | 3.9 (0.116) |
| 25–54 | 66.1 (0.575) | 4.1 (0.044) |
| 55–64 | 62.6 (1.012) | 4.6 (0.078) |
| 65 and older | 59.0 (0.867) | 4.8 (0.050) |
| **Race and ethnicity** | | |
| Hispanic | 61.5 (1.299) | 3.9 (0.065) |
| Non-Hispanic White | 64.5 (0.585) | 4.5 (0.038) |
| Non-Hispanic Black | 59.6 (1.776) | 4.1 (0.135) |
| Non-Hispanic AIAN, Asian, HPI, and MR | 72.9 (1.767) | 4.1 (0.100) |
| **Education level** | | |
| Less than high school | 46.6 (1.863) | 4.1 (0.154) |
| High school diploma or GED | 52.0 (1.129) | 4.2 (0.071) |
| Some college or associate degree | 62.2 (1.006) | 4.2 (0.073) |
| Bachelor's degree | 75.8 (0.763) | 4.5 (0.057) |
| More than a bachelor's degree | 81.5 (0.932) | 4.4 (0.059) |
| **Household type** | | |
| Lives alone | 63.1 (0.894) | 4.5 (0.059) |
| Lives with spouse or partner, no children | 66.2 (0.832) | 4.6 (0.054) |
| Lives with children, no spouse or partner | 56.9 (2.804) | 4.1 (0.143) |
| Lives with children and spouse or partner | 66.3 (0.932) | 3.9 (0.050) |
| **Veteran status** | | |
| Veteran | 58.2 (1.710) | 4.4 (0.109) |
| Non-veteran | 64.5 (0.444) | 4.3 (0.033) |

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| | During the past 7 days, did you participate in any leisure-time physical activities or exercises for fitness and health? | |
|---|---|---|
| | Yes | Times |
| | (percentage) | (number) |
| **SNAP participation** | | |
| SNAP participant | 49.1<br>(1.704) | 4.0<br>(0.113) |
| Low-income SNAP nonparticipant | 54.5<br>(1.122) | 4.2<br>(0.088) |
| Higher income SNAP nonparticipant | 69.5<br>(0.593) | 4.3<br>(0.038) |
| **WIC participation** | | |
| WIC participant | 46.5<br>(3.601) | 3.8<br>(0.245) |
| Low-income WIC nonparticipants | 56.0<br>(1.535) | 3.9<br>(0.107) |
| Higher income WIC nonparticipants | 70.9<br>(0.843) | 4.1<br>(0.050) |
| **Food hardship** | | |
| Enough food to eat | 64.7<br>(0.446) | 4.3<br>(0.031) |
| Not enough food to eat | 51.7<br>(2.967) | 4.0<br>(0.243) |
| **Body weight category** | | |
| Underweight | 56.9<br>(4.815) | 4.0<br>(0.262) |
| Healthy weight | 71.2<br>(0.794) | 4.6<br>(0.061) |
| Overweight | 67.2<br>(0.781) | 4.3<br>(0.054) |
| Low-risk obesity | 58.6<br>(1.043) | 4.0<br>(0.062) |
| Higher risk obesity | 48.5<br>(1.339) | 3.8<br>(0.083) |
| **Self-assessed health status** | | |
| Good or excellent health | 68.3<br>(0.461) | 4.3<br>(0.034) |
| Poor or fair health | 44.2<br>(1.135) | 3.9<br>(0.095) |
| **Self-assessed diet status** | | |
| Good or excellent diet | 67.8<br>(0.467) | 4.4<br>(0.033) |
| Poor or fair diet | 48.2<br>(1.247) | 3.8<br>(0.106) |
| **Employment status** | | |
| Employed full time | 65.7<br>(0.649) | 4.2<br>(0.041) |
| Employed part time | 63.6<br>(1.496) | 4.0<br>(0.085) |
| Not employed | 61.6<br>(0.698) | 4.6<br>(0.048) |



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| | During the past 7 days, did you participate in any leisure-time physical activities or exercises for fitness and health? | |
|---|---|---|
| | Yes | Times |
| | (percentage) | (number) |
| Urbanicity | | |
| Metropolitan area | 66.0 (0.467) | 4.3 (0.033) |
| Nonmetropolitan area | 52.5 (1.259) | 4.3 (0.100) |
| Day of the week | | |
| Weekday | 64.2 (0.590) | 4.3 (0.041) |
| Weekend | 63.8 (0.610) | 4.4 (0.041) |

AIAN = American Indian, Alasakan Native; HPI = Hawiian/Pacific Islander; MR = mixed race; SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received SNAP benefits in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received WIC benefits in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. Food hardship, enough food to eat: individuals who had enough of the kind of food or enough, but not always the kinds, of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: individuals who sometimes or often did not have enough food in the past 30 days. The body mass index (BMI) is calcuated for individuals aged 20 and older, BMI values associated with the body weight categories are: underweight, BMI of less than 18.5; healthy weight, BMI of 18.5–24.9; overweight but not obese, BMI of 25–29.9; low-risk obesity, BMI of 30-–34.9; and higher risk obesity, BMI of 35 and above. Good health/diet: individuals who reported their general health/diet status to be good, very good, or excellent; bad health/diet: individuals who reported their general health/diet status to be poor or fair. "Other household types" are not included in this table. Standard errors are in parenthesis.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

Table 9

## Intensity of physical activity in 2022–2023, age 18 and older by sociodemographic characteristics

| | How much of this leisure-time physical activity and exercise was vigorous enough to cause a large increase in breathing or heart rate? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| All | 12.0 (0.376) | 20.4 (0.588) | 30.4 (0.598) | 19.9 (0.504) | 17.3 (0.493) |
| Sex | | | | | |
| Male | 11.2 (0.552) | 19.8 (0.847) | 27.9 (0.897) | 21.0 (0.758) | 20.0 (0.749) |
| Female | 12.8 (0.544) | 20.9 (0.778) | 32.8 (0.807) | 18.8 (0.692) | 14.7 (0.607) |
| Age | | | | | |
| 18–24 | 10.8 (1.569) | 20.0 (2.424) | 28.1 (2.434) | 20.9 (2.140) | 20.2 (1.924) |
| 25–54 | 10.3 (0.513) | 18.8 (0.726) | 28.8 (0.809) | 21.2 (0.741) | 20.9 (0.773) |
| 55–64 | 13.8 (1.007) | 20.1 (1.298) | 34.4 (1.411) | 19.3 (1.206) | 12.4 (0.804) |
| 65 and older | 15.8 (0.723) | 24.9 (0.975) | 32.6 (1.010) | 16.4 (0.837) | 10.4 (0.628) |

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| | How much of this leisure-time physical activity and exercise was vigorous enough to cause a large increase in breathing or heart rate? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| **Race and ethnicity** | | | | | |
| Hispanic | 17.9 (1.333) | 21.5 (1.774) | 26.7 (1.741) | 19.0 (1.644) | 14.9 (1.258) |
| Non-Hispanic White | 10.2 (0.420) | 19.8 (0.619) | 31.5 (0.699) | 20.7 (0.555) | 17.8 (0.530) |
| Non-Hispanic Black | 14.0 (1.411) | 21.3 (1.846) | 28.9 (1.805) | 17.1 (1.641) | 18.7 (1.844) |
| Non-Hispanic AIAN, Asian, HPI, and MR | 11.9 (1.412) | 21.3 (1.994) | 31.2 (2.075) | 19.2 (1.804) | 16.4 (1.592) |
| **Education level** | | | | | |
| Less than high school | 28.3 (2.713) | 23.3 (2.689) | 24.1 (2.667) | 15.4 (2.477) | 8.9 (1.560) |
| High school diploma or GED | 16.0 (1.026) | 25.4 (1.396) | 30.7 (1.400) | 16.6 (1.157) | 11.4 (0.955) |
| Some college or associate degree | 11.4 (0.771) | 20.6 (1.086) | 34.2 (1.310) | 18.2 (1.026) | 15.5 (1.008) |
| Bachelor's degree | 7.8 (0.595) | 17.7 (0.883) | 29.5 (1.112) | 22.0 (0.932) | 23.0 (0.938) |
| More than a bachelor's degree | 8.9 (0.727) | 17.0 (0.890) | 28.8 (0.946) | 24.2 (1.025) | 21.1 (1.109) |
| **Household type** | | | | | |
| Lives alone | 12.5 (0.844) | 19.9 (0.958) | 30.4 (1.050) | 18.9 (0.966) | 18.3 (0.966) |
| Lives with spouse or partner, no children | 10.1 (0.645) | 19.7 (0.882) | 32.4 (0.883) | 21.1 (0.818) | 16.8 (0.756) |
| Lives with children, no spouse or partner | 14.9 (2.495) | 15.8 (2.407) | 28.2 (3.000) | 21.4 (3.010) | 19.8 (2.541) |
| Lives with children and spouse or partner | 11.3 (0.810) | 19.9 (1.135) | 29.4 (1.169) | 20.1 (1.143) | 19.2 (0.989) |
| **Veteran status** | | | | | |
| Veteran | 11.3 (1.226) | 23.1 (1.864) | 31.2 (2.132) | 17.8 (1.676) | 16.6 (1.564) |
| Non-veteran | 12.1 (0.390) | 20.2 (0.605) | 30.4 (0.625) | 20.0 (0.524) | 17.4 (0.513) |
| **SNAP participation** | | | | | |
| SNAP participant | 18.3 (1.958) | 24.7 (2.349) | 29.6 (2.610) | 19.0 (2.574) | 8.3 (1.308) |
| Low-income SNAP nonparticipant | 16.6 (1.184) | 24.1 (1.569) | 30.8 (1.516) | 16.9 (1.145) | 11.6 (1.052) |
| Higher income SNAP nonparticipant | 10.0 (0.417) | 18.7 (0.612) | 30.3 (0.638) | 21.0 (0.542) | 20.0 (0.616) |

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| | How much of this leisure-time physical activity and exercise was vigorous enough to cause a large increase in breathing or heart rate? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| **WIC participation** | | | | | |
| WIC participant | 23.7 (4.680) | 19.9 (4.937) | 31.4 (5.413) | 13.7 (4.447) | 11.3 (3.737) |
| Low-income WIC nonparticipants | 15.4 (1.478) | 24.9 (2.110) | 30.8 (2.015) | 17.7 (1.621) | 11.2 (1.138) |
| Higher income WIC nonparticipants | 9.6 (0.586) | 17.9 (0.837) | 28.9 (0.921) | 21.8 (0.825) | 21.8 (0.875) |
| **Food hardship** | | | | | |
| Enough food to eat | 11.8 (0.376) | 20.2 (0.589) | 30.5 (0.588) | 20.0 (0.486) | 17.6 (0.506) |
| Not enough food to eat | 17.9 (2.825) | 25.8 (3.833) | 28.1 (3.690) | 18.4 (3.621) | 9.8 (2.291) |
| **Body weight category** | | | | | |
| Underweight | 12.2 (2.925) | 27.7 (5.344) | 38.8 (5.227) | 13.3 (3.826) | 8.1 (3.220) |
| Healthy weight | 12.0 (0.798) | 17.9 (0.929) | 29.7 (1.100) | 21.0 (0.894) | 19.4 (0.923) |
| Overweight | 12.0 (0.683) | 19.3 (0.935) | 29.5 (0.967) | 21.5 (0.860) | 17.7 (0.787) |
| Low-risk obesity | 12.8 (1.046) | 22.2 (1.481) | 30.7 (1.499) | 17.8 (1.303) | 16.5 (1.160) |
| Higher risk obesity | 10.9 (1.318) | 24.0 (1.948) | 34.2 (1.949) | 17.7 (1.686) | 13.2 (1.427) |
| **Self-assessed health status** | | | | | |
| Good or excellent health | 11.3 (0.388) | 19.5 (0.618) | 30.2 (0.618) | 20.7 (0.519) | 18.2 (0.521) |
| Poor or fair health | 16.9 (1.423) | 27.3 (1.672) | 31.5 (1.820) | 13.7 (1.546) | 10.6 (1.300) |
| **Self-assessed diet status** | | | | | |
| Good or excellent diet | 11.6 (0.408) | 19.3 (0.613) | 30.5 (0.657) | 20.8 (0.551) | 17.8 (0.511) |
| Poor or fair diet | 15.0 (1.343) | 26.7 (1.934) | 30.1 (1.757) | 14.0 (1.491) | 14.2 (1.435) |
| **Employment status** | | | | | |
| Employed full time | 9.8 (0.529) | 18.3 (0.760) | 28.9 (0.757) | 21.7 (0.689) | 21.3 (0.737) |
| Employed part time | 12.4 (1.201) | 19.6 (1.926) | 32.7 (1.845) | 20.6 (1.641) | 14.7 (1.388) |
| Not employed | 15.7 (0.822) | 24.3 (0.932) | 32.0 (1.052) | 16.5 (0.871) | 11.5 (0.663) |
| **Urbanicity** | | | | | |
| Metropolitan area | 12.2 (0.407) | 20.5 (0.639) | 29.7 (0.617) | 20.0 (0.524) | 17.6 (0.539) |
| Nonmetropolitan area | 11.1 (1.005) | 19.1 (1.440) | 36.4 (1.796) | 19.0 (1.600) | 14.4 (1.377) |

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| | How much of this leisure-time physical activity and exercise was vigorous enough to cause a large increase in breathing or heart rate? | | | | |
|---|---|---|---|---|---|
| | None | A little | Some | A lot | All |
| | (percentage) | | | | |
| Day of the week | | | | | |
| Weekday | 12.1<br>(0.480) | 20.8<br>(0.778) | 29.9<br>(0.775) | 20.0<br>(0.648) | 17.1<br>(0.635) |
| Weekend | 11.8<br>(0.538) | 19.3<br>(0.660) | 31.5<br>(0.801) | 19.6<br>(0.635) | 17.7<br>(0.639) |

AIAN = American Indian, Alasakan Native; HPI = Hawiian/Pacific Islander; MR = mixed race; SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received SNAP benefits in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received WIC benefits in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. Food hardship, enough food to eat: individuals who had enough of the kind of food or enough, but not always the kinds, of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: individuals who sometimes or often did not have enough food in the past 30 days. The body mass index (BMI) is calcuated for individuals aged 20 and older, BMI values associated with the body weight categories are: underweight, BMI of less than 18.5; healthy weight, BMI of 18.5–24.9; overweight but not obese, BMI of 25–29.9; low-risk obesity, BMI of 30-–34.9; and higher risk obesity, BMI of 35 and above. Good health/diet: individuals who reported their general health/diet status to be good, very good, or excellent; bad health/diet: individuals who reported their general health/diet status to be poor or fair. "Other household types" are not included in this table. Standard errors are in parenthesis.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

## Discussion and Implications for Future Research

This report documents differences in eating behavior, food acquisition patterns, and physical activity patterns across sociodemographic and health-related groups in 2022–2023. The national statistics presented in this report provide descriptive evidence that may help inform food, nutrition, and health policies and programs. However, the analysis is correlational and does not establish causal relationships between EHM behavior measures and health outcomes. Observed associations may reflect underlying differences in time constraints, income, preferences, work schedules, access to food outlets, nutrition knowledge, or other unobserved characteristics rather than the direct effects of a specific behavior. For example, the relationship between FAFH consumption and obesity risk may arise through multiple pathways. FAFH meals may differ in portion size or caloric density, individuals who frequently eat out may differ systematically in lifestyle behaviors such as physical activity or sleep, and time constraints may simultaneously affect both food choices and health outcomes. Similarly, individuals reporting lower diet quality or higher body weight may already have dietary patterns that influence both where they obtain food and what foods they select. These complexities highlight that behavioral patterns should not be interpreted as causes but as indicators of broader lifestyles and environmental factors. Future researchers may consider investigating these patterns further using multivariate methods and causal estimation frameworks. Additional research could also examine the distribution and variability of these behaviors to capture nuances that mean estimates may obscure. A related avenue for future work is a deeper examination of labor market work and eating dynamics.

The areas highlighted below were selected because they represent behaviors that were consistently measured across EHM waves, show notable differences across population groups, and relate directly to daily time allocation decisions—eating duration, prepared food purchases, and food acquisition mode.

**1. Eating duration and body weight outcomes**

Previous research suggests eating speed may influence satiety and energy intake (Hurst & Fukuda, 2018). In this report, adults aged 20 and older at a healthy weight spent about 10 more minutes per day in primary eating and drinking than adults with higher-risk obesity (i.e., BMI of 35 and above). This difference is descriptive and may reflect multiple mechanisms. Longer eating time may indicate slower eating pace, but it could also capture differences in meal structure, social eating, work schedules, or multitasking during meals.

Future research could investigate whether eating duration itself influences weight outcomes or whether it serves as a proxy for other behavioral factors, such as structured meals, distractions while eating, or occupational schedules that affect meal timing.

**2. Prepared food purchases and obesity risk**

Consistent with prior research showing associations between FAFH consumption and higher caloric intake (Todd et al., 2010), adults aged 20 years and older with obesity reported somewhat higher frequencies of prepared food purchases and consumption than adults at a healthy weight. Adults reporting higher self-assessed diet quality also reported lower frequencies of prepared food purchases.

These associations should be interpreted cautiously. Prepared food consumption may be linked to obesity risk through a variety of mechanisms, including portion sizes, meal composition, time constraints, or broader lifestyle patterns rather than a single characteristic such as the level of food processing. In addition, individuals with different health status levels or dietary preferences may select into different food environments, making it difficult to distinguish behavioral effects from underlying individual characteristics.

Future research could examine how meal composition, portion size, time constraints, and physical activity jointly contribute to the relationship between prepared food consumption and health outcomes.

**3. Online grocery shopping and food choices**

Consistent with recent USDA, ERS research (Restrepo & Zeballos, 2024), online grocery shopping prevalence varies across sociodemographic groups such as age, income, and household composition. These findings are potentially relevant for food policymakers and program developers aiming to increase online shopping among groups with lower usage rates. This is especially relevant because emerging evidence suggests that online grocery shopping could lead to healthier food purchases, with consumers selecting more nutrient-rich foods and fewer ultra-processed items (Chintala et al., 2023; Harris-Lagoudakis, 2022; Huyghe et al., 2017).

Online shopping could influence food choices through several channels, including greater use of nutrition information, reduced impulse purchasing, differences in search behaviors, or retailer platform design. However, these relationships remain correlational and may also reflect differences in consumer preferences or other factors among households choosing to shop online.

Future research could explore whether online platforms affect decision-making processes—such as use of nutrition labels or default sorting available on some food retailer websites to find foods with certain attributes—and whether these mechanisms differ across populations groups, including participants in food and nutrition assistance programs.

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# Appendix

Table A.1
**Sociodemographic statistics in 2022–2023, aged 18 and older**

| | | Number of observations | Mean | Standard errors |
|---|---|---|---|---|
| Sex | | | | |
| Male | Percentage | 15,911 | 48.9 | (0.100) |
| Female | | | 51.1 | (0.100) |
| Age | | | | |
| Age (continuous) | Number | 15,911 | 48.2 | (0.061) |
| 18–24 | Percentage | | 11.4 | (0.175) |
| 25–54 | | | 49.8 | (0.099) |
| 55–64 | | | 16.3 | (0.032) |
| 65 and older | | | 22.5 | (0.044) |
| Race and ethnicity | | | | |
| Hispanic | Percentage | 15,911 | 17.2 | (0.140) |
| Non-Hispanic White | | | 62.7 | (0.323) |
| Non-Hispanic Black | | | 12.0 | (0.135) |
| Non-Hispanic AIAN, Asian, HPI, and MR | | | 8.0 | (0.289) |
| Education level | | | | |
| Less than high school | Percentage | 15,911 | 8.4 | (0.312) |
| High school diploma or GED | | | 29.6 | (0.331) |
| Some college or associate degree | | | 23.2 | (0.330) |
| Bachelor's degree | | | 23.5 | (0.358) |
| More than a bachelor's degree | | | 15.4 | (0.297) |
| Household type | | | | |
| Lives alone | Percentage | 15,911 | 17.1 | (0.311) |
| Lives with spouse or partner, no children | | | 27.3 | (0.354) |
| Lives with children, no spouse or partner | | | 3.3 | (0.180) |
| Lives with children and spouse or partner | | | 22.6 | (0.287) |
| Other household types | | | 29.6 | (0.436) |
| Veteran status | | | | |
| Veteran | Percentage | 15,907 | 6.9 | (0.220) |
| Non-veteran | | | 93.1 | (0.220) |
| SNAP participation | | | | |
| SNAP participant | Percentage | 15,328 | 8.6 | (0.282) |
| Low-income SNAP nonparticipant | | | 24.6 | (0.431) |
| Higher income SNAP nonparticipant | | | 66.7 | (0.446) |
| WIC participation | | | | |
| WIC participant | Percentage | 6,475 | 4.1 | (0.312) |
| Low-income WIC nonparticipants | | | 27.2 | (0.630) |
| Higher income WIC nonparticipants | | | 68.7 | (0.633) |

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| | | Number of observations | Mean | Standard errors |
|---|---|---|---|---|
| Food hardship | | | | |
| Enough food to eat | Percentage | 15,773 | 96.1 | (0.236) |
| Not enough food to eat | | | 3.9 | (0.236) |
| Body weight category | | | | |
| Underweight | Percentage | 15,150 | 1.7 | (0.154) |
| Healthy weight | | | 30.7 | (0.444) |
| Overweight | | | 34.4 | (0.494) |
| Low-risk obesity | | | 19.9 | (0.402) |
| Higher risk obesity | | | 13.3 | (0.329) |
| Self-assessed health status | | | | |
| Good or excellent health | Percentage | 15,757 | 82.6 | (0.358) |
| Poor or fair health | | | 17.4 | (0.358) |
| Self-assessed diet status | | | | |
| Good or excellent diet | Percentage | 15,777 | 81.3 | (0.429) |
| Poor or fair diet | | | 18.7 | (0.429) |
| Employment status | | | | |
| Employed full time | Percentage | 15,911 | 53.9 | (0.458) |
| Employed part time | | | 12.1 | (0.363) |
| Not employed | | | 33.9 | (0.395) |
| Urbanicity | | | | |
| Metropolitan area | Percentage | 15,729 | 87.0 | (0.547) |
| Nonmetropolitan area | | | 13.0 | (0.547) |
| Day of the week | | | | |
| Weekend | Percentage | 15,911 | 30.1 | (0.162) |
| Weekday | | | 69.9 | (0.162) |

AIAN = American Indian, Alasakan Native; HPI = Hawiian/Pacific Islander; MR = mixed race; SNAP = USDA's Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Note: All: includes all adults age 18 and older. SNAP participants: individuals living in households that received SNAP benefits in the past month. High (low)-income, SNAP nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received SNAP benefits in the past month. WIC participants: individuals living in households that received WIC benefits in the past month. High (low)-income, WIC nonparticipants: individuals with household income that was above (at or below) 200 percent of the Federal poverty level who had not received WIC benefits in the past month. Food hardship, enough food to eat: individuals who had enough of the kind of food or enough, but not always the kinds, of food they want to eat in the household in the past 30 days. Food hardship, not enough food to eat: individuals who sometimes or often did not have enough food in the past 30 days. The body mass index (BMI) is calcuated for individuals aged 20 and older, BMI values associated with the body weight categories are: underweight, BMI of less than 18.5; healthy weight, BMI of 18.5–24.9; overweight but not obese, BMI of 25–29.9; low-risk obesity, BMI of 30-–34.9; and higher risk obesity, BMI of 35 and above. Good health/diet: individuals who reported their general health/diet status to be good, very good, or excellent. Bad health/diet: individuals who reported their general health/diet status to be poor or fair.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module (EHM). EHM survey sampling weights were used to compute nationally representative estimates.

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Table A.2

**Summary statistics in 2022–2023, age 18 and older**

| | | Number of observations | Mean | Standard errors |
|---|---|---|---|---|
| Primary eating | Minutes | 15,911 | 67.5 | (0.514) |
| Secondary eating | Minutes | 15,911 | 16.4 | (0.447) |
| Primary and secondary eating | Minutes | 15,911 | 83.9 | (0.615) |
| In the last 7 days, excluding frozen foods, how many times did you purchase prepared, ready-to-eat food from a deli, carryout, delivery food, fast food place, or restaurant, for your household or yourself? | Number | 15,804 | 2.2 | (0.023) |
| Yesterday, did you eat food prepared by any food service provider, such as a deli, restaurant, fast food place, cafeteria, or any other type of eatery? Yes… | Percentage | 15,845 | 36.8 | (0.459) |
| How much of the grocery shopping in the household do you usually do? | | | | |
| None | Percentage | 15,897 | 11.6 | (0.357) |
| A little | | | 13.9 | (0.347) |
| Some | | | 19.0 | (0.412) |
| A lot | | | 16.0 | (0.393) |
| All | | | 39.5 | (0.440) |
| How much do you enjoy doing the grocery shopping for your household? | | | | |
| Not at all | Percentage | 14,303 | 14.8 | (0.380) |
| A little | | | 18.3 | (0.411) |
| Somewhat | | | 41.3 | (0.498) |
| A lot | | | 25.7 | (0.442) |
| Where do you get the majority of your groceries? Do you get them at the: | | | | |
| Grocery store | Percentage | 14,303 | 66.1 | (0.486) |
| Supercenter | | | 23.8 | (0.430) |
| Warehouse club | | | 8.3 | (0.267) |
| Drugstore or convenience store | | | 0.7 | (0.111) |
| Other | | | 1.1 | (0.091) |
| What is the primary reason you shop there? Is it because of: | | | | |
| Price | Percentage | 14,253 | 26.2 | (0.478) |
| Location | | | 41.4 | (0.545) |
| Quality of products | | | 13.1 | (0.362) |
| Variety of products | | | 11.7 | (0.362) |
| Costumer service | | | 1.4 | (0.123) |
| Physical safety | | | 0.6 | (0.082) |
| Other | | | 5.6 | (0.230) |

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| | | Number of observations | Mean | Standard errors |
|---|---|---|---|---|
| Thinking back over the last 30 days, how many times did you purchase groceries online for pick up or delivery for your household? | | | | |
| None | Percentage | 14,362 | 80.5 | (0.437) |
| 1 | | | 5.9 | (0.246) |
| 2 | | | 4.6 | (0.204) |
| 3 | | | 2.5 | (0.176) |
| 4 | | | 3.7 | (0.190) |
| 5 | | | 1.1 | (0.121) |
| 6 | | | 0.5 | (0.070) |
| 7 | | | 0.1 | (0.037) |
| 8 | | | 0.4 | (0.065) |
| 9 | | | 0.6 | (0.082) |
| Did you usually pick up your online grocery order or did you have it delivered? | | | | |
| Usually pickup | Percentage | 2,724 | 50.6 | (1.210) |
| Usually delivered | | | 46.2 | (1.204) |
| About equal between pickup and delivery | | | 3.2 | (0.432) |
| What is the main reason you chose to purchase groceries online instead of in person? | | | | |
| Price | Percentage | 2,720 | 5.3 | (0.631) |
| Quality of products | | | 0.9 | (0.158) |
| Variety of products | | | 2.6 | (0.470) |
| Customer service | | | 1.9 | (0.328) |
| Needing specialty foods | | | 3.3 | (0.378) |
| Easier to compare prices across stores | | | 3.0 | (0.496) |
| Transportation limitations | | | 4.5 | (0.512) |
| Time constraints | | | 44.1 | (1.181) |
| Physical safety concerns | | | 5.2 | (0.520) |
| Convenience | | | 12.2 | (0.733) |
| Sick with Covid or other illness | | | 2.3 | (0.323) |
| Concerns about Covid and pandemic | | | 1.2 | (0.216) |
| Don’t enjoy shopping | | | 2.9 | (0.412) |
| Disability or physical limitation | | | 2.3 | (0.364) |
| Childcare issues | | | 1.7 | (0.318) |
| Other reason | | | 6.7 | (0.568) |

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| | | Number of observations | Mean | Standard errors |
|---|---|---|---|---|
| What is the main reason you did not buy groceries online? | | | | |
| Delivery fee | Percentage | 11,598 | 2.5 | (0.211) |
| Higher prices online | | | 4.5 | (0.240) |
| I can't find the products I like online | | | 0.7 | (0.108) |
| I like being able to see and touch products in person | | | 49.5 | (0.628) |
| I can't wait for the delivery | | | 1.0 | (0.124) |
| I don't like missing, or wrong items in the delivery | | | 1.6 | (0.189) |
| It is difficult to get substitutions I like if an item isn't available | | | 0.5 | (0.086) |
| It takes too long to put an order together | | | 1.4 | (0.132) |
| The grocery websites or apps are too hard to use | | | 1.1 | (0.115) |
| I don't have access to the technology to place an order | | | 4.8 | (0.229) |
| Delivery is not available in my neighborhood | | | 1.7 | (0.129) |
| Other | | | 30.8 | (0.551) |
| How much of the meal preparation in the household are you usually responsible for? | | | | |
| None | Percentage | 15,844 | 9.9 | (0.396) |
| A little | | | 16.0 | (0.381) |
| Some | | | 22.7 | (0.441) |
| A lot | | | 18.4 | (0.391) |
| All | | | 33.1 | (0.450) |
| How much do you enjoy doing the food preparation for your household? | | | | |
| Not at all | Percentage | 14,669 | 7.7 | (0.252) |
| A little | | | 15.4 | (0.365) |
| Somewhat | | | 37.5 | (0.500) |
| A lot | | | 39.5 | (0.457) |
| Which of the following statements best describes the amount of food eaten in your household in the last 30 days? | | | | |
| Enough of the kinds of food I want to eat | Percentage | 15,773 | 79.2 | (0.453) |
| Enough, but not always the kinds of food I want to eat | | | 16.9 | (0.393) |
| Sometimes not enough to eat | | | 3.1 | (0.221) |
| Often not enough to eat | | | 0.8 | (0.109) |
| In the past 30 days, did you or any member of this household receive SNAP, or food stamp benefits? Yes… | Percentage | 15,774 | 8.7 | (0.275) |
| In the last 30 days, did {you/you or any member of your household} receive benefits from the WIC program, that is, the Women, Infants and Children program? Yes… | Percentage | 6,524 | 4.1 | (0.308) |
| In general, would you say that the quality of your diet is… | | | | |
| Excellent | Percentage | 15,777 | 12.5 | (0.303) |
| Very good | | | 30.9 | (0.420) |
| Good | | | 37.9 | (0.515) |
| Fair | | | 16.0 | (0.443) |
| Poor | | | 2.7 | (0.185) |

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| | | Number of observations | Mean | Standard errors |
|---|---|---|---|---|
| In general, would you say that your health is… | | | | |
| Excellent | Percentage | 15,757 | 11.3 | (0.303) |
| Very good | | | 33.5 | (0.486) |
| Good | | | 37.8 | (0.475) |
| Fair | | | 14.6 | (0.333) |
| Poor | | | 2.8 | (0.150) |
| During the past 7 days, other than your regular job, did you participate in any leisure-time physical activities or exercises for fitness and health such as running, bicycling, working out in a gym, walking for exercise, or playing sports? Yes... | Percentage | 15,771 | 64.1 | (0.427) |
| How many times over the past 7 days did you take part in these activities? | Number | 10,234 | 4.3 | (0.032) |
| How much of this leisure-time physical activity and exercise was vigorous enough to cause a large increase in breathing or heart rate? | | | | |
| None | Percentage | 10,186 | 12.0 | (0.376) |
| A little | | | 20.4 | (0.588) |
| Some | | | 30.4 | (0.598) |
| A lot | | | 19.9 | (0.504) |
| All | | | 17.3 | (0.493) |
| BMI | Number* | | 28.3 | (0.061) |
| Underweight | Percentage* | 15,150 | 1.7 | (0.154) |
| Healthy weight | | | 30.7 | (0.444) |
| Overweight | | | 34.4 | (0.494) |
| Low-risk obesity | | | 19.9 | (0.402) |
| Higher risk obesity | | | 13.3 | (0.329) |

SNAP = USDA's Supplemental Nutrition Assistance Program (formerly the Food Stamp Program). WIC = USDA's Special Supplemental Nutrition Program for Women, Infants, and Children. BMI = body mass index.

* For participants aged 20 and older.

Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics 2022–2023 American Time Use Survey and Eating and Health Module. Survey weights were used to compute nationally representative estimates.