

NATIONAL ANALYSTS
Division of Booz, Allen &
Hamilton, Inc.
Philadelphia, Pa.

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1977-78 NATIONWIDE FOOD CONSUMPTION STUDY

- Screening Form -

Segment #: _____ Housing Unit #: _____

Screening Respondent's Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ / _____
Area Code

Interviewer Name: _____ Interviewer #: _____

Date: _____

Time Screening Began: _____	A.M.	1
	P.M.	2
Time Screening Ended: _____	A.M.	1
	P.M.	2

IF BOX AT THE RIGHT IS CHECKED, THIS HOUSING UNIT CONTAINS MORE THAN ONE EATING UNIT. COMPLETE A "B" SCREENING FORM FOR EACH GROUP OF PEOPLE WHO BUY AND STORE THEIR FOOD SEPARATELY FROM THE REST OF THE HOUSEHOLD.

Q.3

INTRODUCTION: Hello, my name is _____. I represent National Analysts. We are conducting a survey for the United States Department of Agriculture. We are talking with many different people in this area about their families, their homes, community services and the like. Although you are not required to answer, this survey is authorized by law (7 U.S.C. 427) and your cooperation is needed to make the results of the survey accurate. Everything you tell me will be kept confidential.

① Counting yourself and those related to you, how many people regularly live here? Be sure to include infants as well as those who are temporarily absent -- traveling, in the hospital, or the like.

OF PEOPLE _____

② In addition to these (NUMBER IN Q.1) related people, how many other people regularly live here?

OF PEOPLE _____

IF THE TOTAL OF Q'S 1 AND 2 IS "1", USE ONE PERSON SCREENING FORM INSERT. OTHERWISE, CONTINUE.

3. Do any of the (TOTAL OF Q.1 & Q.2) people living here have separate food supplies? That is, do any of them buy and store food separately from you or the rest of the household?

PUT A CHECK IN THE BOX ON THE FRONT COVER, AND GO TO Q.4

Yes	1
No	2

RECORD IN BOX ON FLAP TOTAL OF NUMBERS IN Q'S 1 & 2, THEN SKIP TO Q.5

4. (IF "YES" IN Q.3) Let's talk only about the household members with whom you share your food supplies. How many people, including yourself, is that? (IF THE ANSWER IS "1", USE ONE PERSON SCREENING FORM INSERT. OTHERWISE, RECORD IN BOX ON FLAP.)

5. Has your household received or purchased food stamps during the past month?

SCREENING COMPLETED. MAKE AN APPOINTMENT TO INTERVIEW

Yes	1
No	2

6. (SHOW CARD A) Did any of the (NUMBER IN BOX ON FLAP) people who share your food supplies receive benefits from any of these programs in the past month?

SKIP TO Q.8

Yes	1
No	2

7. Did all of these (NUMBER IN BOX ON FLAP) people receive benefits in the past month?

SCREENING COMPLETED. MAKE AN APPOINTMENT TO INTERVIEW

Yes	1
No	2

8. Think about the usual sources of income for the (NUMBER IN BOX ON FLAP) people who share your household food supply. Think of take-home pay, Social Security, welfare payments, child payments and other income.

(SHOW CARD B) Which letter on this card shows the total amount of money all these people received in the last month? (LOOK AT THE TABLE BELOW. CIRCLE THE CODE LETTER AND CORRESPONDING DOLLAR AMOUNT. RECORD BOTH CODE LETTER AND DOLLAR AMOUNT ON THE FLAP. GO TO Q.9.)

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
\$250	\$325	\$450	\$570	\$680	\$810	\$900	\$1020	\$1150	\$1280	\$1400	\$1530	\$1660	\$1780	\$1910	\$2040	\$2170

9. INTERVIEWER: SELECT THE INTERVIEWER'S CARD WHICH CORRESPONDS TO THE NUMBER OF PEOPLE ON THE FLAP. FOLLOW INSTRUCTIONS ON THE TOP OF THE CARD.

10. Last month, did any of these (NUMBER IN BOX ON FLAP) people who were working or looking for work pay for child or day care services, including care of an elderly or disabled adult? (IF ASKED, SAY: This includes day care paid by any of the (NUMBER IN BOX ON FLAP) people for any of these same people.)

Yes	1
No	2

11. Last month, did any of these people pay for medical expenses of any kind for which they will not be reimbursed? (IF ASKED, SAY: These include payments for doctors, nurses, dentists, hospital care, prescription drugs, health insurance premiums, X-rays, lab work, equipment rental, and the like for which you will not be repaid.)

Yes	1
No	2

IF "YES" TO EITHER Q.10 OR Q.11, ASK Q.12. OTHERWISE, SKIP TO Q.13.

12. Altogether, how much money was paid for these (day care/medical services) expenses in the last month? RECORD ANSWER TO THE NEAREST DOLLAR ON LINE A ON THE FLAP AND FOLLOW INSTRUCTIONS BELOW LINE A.

13. Do any of the (NUMBER IN BOX ON FLAP) people living in this household and sharing your food supply own this property or is it rented by them?

OWN	1
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RENT	2
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SOMEONE ELSE OWNS/RENDS	3
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14. About how much was paid last month for mortgage payment and utilities? Please include electricity, gas, oil, coal and the like.

RECORD ANSWER TO THE NEAREST DOLLAR ON LINE B ON FLAP.
GO TO Q.15.

14. About how much was paid pay last month for rent and utilities? Please include electricity, gas, oil, coal and the like.

RECORD ANSWER TO THE NEAREST DOLLAR ON LINE B ON FLAP. GO TO Q.15..

TERMINATE. HOUSEHOLD IS NOT ELIGIBLE.

15. INTERVIEWER: ADD LINE A TO LINE B AND RECORD SUM ON THE TOTAL LINE ON THE FLAP. FOLLOW INSTRUCTIONS BELOW TOTAL LINE.

16. Are any of the (NUMBER IN BOX ON FLAP) people who purchase and store their food together age 60 or older?

Yes	1
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No	2
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17. Altogether, would you say the people who share your household food supplies have \$3,000 or less in cash, saving or checking accounts, stocks, bonds, or other things like that, or would they have more than \$3,000?

17. Altogether, would you say the people who share your household food supplies have \$1,500 or less in cash, saving or checking accounts, stocks, bonds, or other things like that, or would they have more than \$1,500?

SCREENING COMPLETED.

MAKE AN APPOINTMENT TO INTERVIEW	\$3,000 or less	1
TERMINATE. HOUSEHOLD IS NOT ELIGIBLE	More than \$3,000	2

SCREENING COMPLETED.

MAKE AN APPOINTMENT TO INTERVIEW	\$1,500 or less	1
TERMINATE. HOUSEHOLD IS NOT ELIGIBLE	More than \$1,500	2

RECORD RESULT OF CALL ON CALL REPORT FORM. LOOK AT FRONT COVER TO SEE IF A "B" FORM MUST BE COMPLETED.

F L A P

NUMBER OF PEOPLE

INCOME CODE

INCOME DOLLAR AMOUNT \$ _____

BOX I

A. \$ _____
DAY CARE/MEDICAL



IF SAME OR LARGER THAN BOX I, SKIP TO Q.16.

IF SMALLER, CONTINUE TO Q.13.

B. \$ _____
HOUSING COSTS

BOX II

A+B \$ _____
TOTAL



IF SAME OR LARGER THAN BOX II, CONTINUE TO Q.16.

IF SMALLER, TERMINATE. HOUSEHOLD IS NOT ELIGIBLE.

LOOK AT FRONT COVER TO SEE IF A "B" FORM MUST BE COMPLETED.