

**THE CONTINUING SURVEY OF FOOD INTAKES  
BY INDIVIDUALS AND THE DIET AND  
HEALTH KNOWLEDGE SURVEY**

**- 1990 -**

**SURVEY OPERATIONS REPORT**

**APPENDICES**

Prepared for:

**HUMAN NUTRITION INFORMATION SERVICE  
UNITED STATES DEPARTMENT OF AGRICULTURE**

Prepared by:

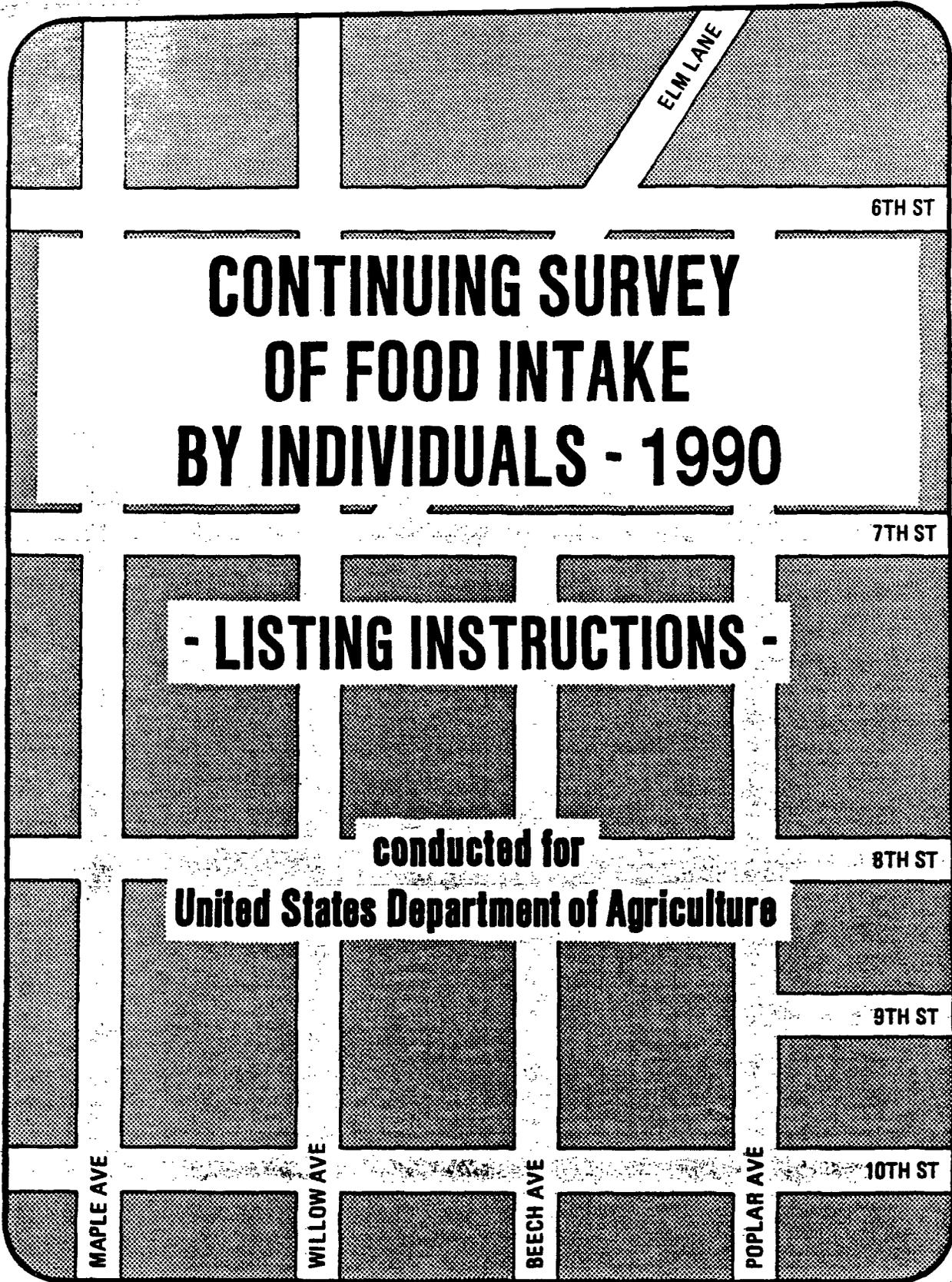
**NATIONAL ANALYSTS  
A Division of Booz • Allen & Hamilton Inc.**

**June 9, 1992**

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## **APPENDIX A**



**CONTINUING SURVEY  
OF FOOD INTAKE  
BY INDIVIDUALS - 1990**

**- LISTING INSTRUCTIONS -**

**conducted for  
United States Department of Agriculture**

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## I. INTRODUCTION

The United States Department of Agriculture (USDA) is charged by law (National Agricultural Research, Extension and Teaching Policy Act of 1977, Section 1428, 7 U.S.C. 3178) with gathering and reporting information on the nutritional status of the American public. This responsibility requires collection of food consumption data to measure nutritional well-being and the potential deficiencies in the American diet. National Analysts is collecting this information in the Continuing Survey of Food Intake by Individuals (CSFII), sponsored by the Nutrition Monitoring Division (NMD) of USDA's Human Nutrition Information Service (HNIS).

This project began for many field personnel with CSFII 1989, the first of the four surveys planned to monitor the American diet. Now is the time to begin work on CSFII 1990. Data collection for CSFII 1990 will begin in April 1990 and continue for 12 months. The overall study plan consists of four steps, as follows:

- Listing households in specified geographic areas by interviewers living in or near these locations
- Selecting sample households for interview from those listed
- Screening designated households to identify those containing eligible respondents
- Personally interviewing all eligible respondents about foods used in the home and about their individual eating patterns

Your immediate task is Step #1 -- listing all of the household or housing unit addresses within specific geographic areas called "segments." (Detailed definitions of "household," "housing unit" and the like follow.) This manual tells you how to complete the listing operation. Following the procedures outlined here will result in complete, accurate listings and a job well done!

## II. LISTING OVERVIEW

### A. Purpose

Listing is the recording of the addresses (or descriptions) of all housing units within precisely defined geographic boundaries. This operation serves two important purposes. It provides:

- A current count of the total number of units in the area. The information published by the Census Bureau was put together more than nine years ago, and the 1990 Census data won't be available for some time.
- Comprehensive housing unit descriptions for in-office sampling personnel to select households for subsequent screening/interviewing.

### B. Description of Listing Materials

To complete the listing operation, you have been given one or several packets of materials. Each packet represents an area segment, that is, a small piece of land (e.g., block) with strict borders in which all housing units are to be listed. Each packet contains the following four items in this order:

1. Segment Sketch: Shows the exact borders of the area segment, with streets, roads, streams and other recognizable landmarks.
2. Segment Map: Shows the location of the area segment to be listed (colored in red) within the larger area or neighborhood.
3. Segment Listing Forms: Are sheets for recording the addresses or descriptions of the housing units in a segment. These forms may be white or ivory-colored. Except for their color, the sheets are identical. Each packet contains approximately ten Listing Forms for listing up to 200 housing units.

4. Segment Identification Form (SIF): A brief questionnaire about the segment's general characteristics (e.g., type of housing) to be completed by you.

C. Importance of Correct Area Segment Listing Procedures

In the Basic CSFII 1990, we will complete interviews in 1,500 households. These households are to be representative of the 91,750,000 in the conterminous United States. That is, each interviewed household represents, on average, 61,165 others like it. In the low-income portion of the study, we will complete 750 household interviews. That is, each interviewed household will represent nearly 20,705 households, on average, in the U.S.

If the listings are not completed properly, then interviews will not be completed in the correct households. If this happens, then the information from the survey will not be an accurate reflection of the entire country. The soundness of the survey results is dependent on good listing of housing units in the sample of area segments.

Our sampling statisticians have used sound statistical procedures to identify the area segments, for this study. Quality checks have been employed to make sure that the sketches and materials in your packets are as accurate and complete as possible. You need to use the same care in recording all the housing unit information when in the field.

**You must read and follow all instructions in this booklet exactly.**

Working efficiently and economically is the key to success. Study your segments carefully before you begin. If you have been assigned several segments, group those that are close together. Visit these areas at the same time. This will save you time and money, since additional trips may not be necessary. This will also help us, since you should finish sooner.

D. Definition of Terms

Study the following terms carefully in order to know what you are to list.

1. Housing Unit (HU): This is a group of rooms, or single room, occupied or intended for occupancy, with common cooking facilities, forming separate living quarters. It may be a one-family dwelling (a detached house), a single apartment in an apartment building, half of a two-family dwelling, living quarters over a garage or behind a store, a shack, an alley dwelling, a trailer or a mobile home. It may be a room in a place devoted primarily to a business, a watchman's living quarters in a factory, etc. The one fixed characteristic of a housing unit is that everyone in it uses the same kitchen facilities or the same direct access from the outside or through a common hall. At the time you list a housing unit, it may or may not be occupied.
2. Group Quarters: These are such residences as: rooming houses with nine or more lodgers unrelated to the person in charge, dormitories, shelters for the homeless, hotels, "Y"s, other transient accommodations and barracks for workers or military personnel. Persons living in these kinds of places are regarded as living in group quarters. These establishments are not considered housing units.

Additionally, living quarters in institutions and general hospitals are not considered housing units except for those units in buildings containing only family quarters for staff members.

3. Household: This is the people living in an HU. It may be an ordinary family unit consisting of husband, wife and children. It may be an ordinary family unit plus relatives, or plus eight or fewer unrelated boarders and roomers. It may be a group of men living together in one HU. It may be a single woman or two women who share an apartment or house. Many different living arrangements qualify as a household.

In summary, it can be seen from these definitions that HU or DU refers specifically to the physical location (or rooms) in which the household is quartered. The household is all the occupants living in the housing unit.

\*

### III. PROCEDURE FOR LISTING SEGMENTS

This section tells you how to find your segments quickly and efficiently. Remember, if you have been sent several segments, group them and visit them in some logical order. If you can, obtain a map of your city and locate all your segments on it. Then decide the most efficient way in which to work them.

#### A. Locating Exact Boundaries

Each segment sketch shows the blocks included in the segment. Each segment is identified by its own unique segment #. The sketch may not be an accurate representation of existing streets. Existing maps are sometimes the results of projections done by the city. Some of the streets, especially in outlying parts of the city, may not be cut through all the way or may not even exist. Your segment is that portion designated on the segment map in red, regardless of whether or not the streets shown on the sketch actually exist.

You may have to use all your ingenuity to find the proper limits, which may be imaginary extensions of streets, division and section lines, and even less obvious limits. You may even find that street names have been changed from those shown on the segment map. Remember, however, that although the streets or roads within a segment may change, the geographic land area selected will not change. It will always be there in some form or another.

In reading your map or sketch, directions are clearly indicated. "North" is shown by an arrow (↑) pointing to the top of the page. The right is east; the bottom is south; and the left is west.

If possible, begin by making an exploratory trip around your segment by car or afoot. Do this before you start your actual listing in order to locate the exact boundaries. If your segment includes a large tract of apparently uninhabited land, such as a park or any undeveloped section, it is best to ask an official or local resident about possible housing units before you start to walk or drive through the area yourself.

If you find that the map is incorrect, i.e., new streets have been added or blocks are demolished, sketch and label the new streets, etc., within the original boundaries and call our office immediately for instructions.

Your area segments will be in many different kinds of areas: urban (city) areas, suburban areas and rural areas. The following hints will help you in locating the boundaries of your segments depending on the kind that you have:

- Urban (City) Area Segments -- Most often these are one or more city blocks with many multiple-unit structures and high-rise buildings. If you do not know where to find these blocks use the map attached to the segment to find major cross streets. Once you are nearby, ask residents or shopkeepers to direct you to the spot. Walk completely around, making sure you come to each street and corner shown in the sketch and at the same time are looking closely for addresses.
- Suburban Area Segments -- These are likely to be one or more blocks, although they will most probably contain single-family dwellings or low-rise structures. The houses may or may not be as compact as in urban segments, and addresses may be somewhat more difficult to find. In any case, your map should be helpful in directing you to the segment. Walk around to be certain you find all the corners and streets without difficulty.
- Rural Area Segments -- In terms of locating the boundaries, these areas are likely to be the most difficult. Street signs may not be posted, addresses may not exist, and defined markers may be hard to find. Use your map to find the general vicinity. After that, ask local residents, if any, to direct you. Once there, draw a sketch yourself as you walk around. Your sketch should match the one sent to you from the office. If it doesn't, try to determine why there is a difference. It may be that you have drawn the boundaries incorrectly or that the home office has made a mistake. In any case, call the office to discuss the difference in the sketches.

## B. Listing the Segment

To begin, go to the corner of the sample segment that is most conveniently located near you. Put an "X" on the segment map to show this is your starting point. Position yourself so that the area inside the segment is on your right. List each inhabitable housing unit regardless of whether it is currently occupied or not on the sheet in the order that you come to it. Enter one housing unit to a line. In listing, you record housing unit addresses or descriptions. Walk completely around the segment in a clockwise direction, keeping the area segment always on your right. Note that you are to list all housing units no matter what the major use of the structure is. If you come to a land barrier and find that you must begin listing on another street, put X<sub>2</sub> on the segment map to show this is your second starting point, etc.

### 1. Keep Strictly Within the Boundaries of Your Segment.

Where the boundary line follows a street, the limit of the segment is intended to run down the middle of the street. You will list all housing units on the side which falls inside your segment, but not those on the other side of the street. Remember, the part of the block inside the segment is always on your right.

### 2. Be Sure to Cover the Entire Area.

Do not miss units reached by side or rear entrances, or the units occupied by managers, janitors, night watchmen, or other employees. These units may not have a separate doorbell or mailbox. You may have to inquire in some stores, office and factory buildings, warehouses, etc., to find out whether there are unseen housing units in the structure. Such units are common in congested areas.

Be particularly careful in rural areas where addresses are hard to find. Follow all unpaved roads. If you find long rows of mailboxes, be careful. Some mailboxes may be for HUs outside boundary.

### 3. List All Housing Units in Systematic Order.

Beginning at the corner you have marked with an "X" on



C. Number of Housing Units to List

List every HU that falls within the boundaries of the segment. Sheets have been provided to accommodate up to 200 housing units. Continue listing until you are back at your starting point or have listed all of the housing units in the segment. (Sometimes you may not be able to get back to your starting point because of the geography of the segment.)

1. If a segment has no housing units, write "No housing units" on the Listing Forms, complete the Segment Information Form -- SIF -- explaining why there are no housing units, and return these materials to our office. There will be no substitutions for these segments.
2. If there are more dwelling units than lines on your Listing Forms, after using the last line, estimate the remaining number of dwelling units and write in that number on the space provided on the last listing page. This means that in the rare case where the segment contains more than 200 units -- for example, if a segment contains 500 units -- you would record the first 200 on your sheets and then write the number "300" in the box on the bottom of the last page.

D. Recording Information on the Segment Listing Form

Your listing of housing units must be sufficiently complete so that you, or any other interviewer, can find any HU at some later date. Sometimes it may be necessary to ask a resident about the neighborhood or specific housing units.

When making inquiries, do not use the term "housing unit"; this is a technical term for which we have a specific definition, which is not readily understood by the public. Instead, it may be helpful to ask questions such as: Is this a single-family house? Are there apartments?

1. Be Thorough and Neat -- Print Your Listings.

As you list, print the HU addresses or descriptions on the Segment Listing Form as neatly as possible. Do not write addresses. PRINT the street information on the form. Do not rewrite or type the listing after you return home. Many errors have been made during well-intentioned transfers of HU information from the Listing Form prepared in the field to a new Listing Form at home.

2. List Each HU on a Separate Line.

Use one and only one line for listing each HU. In a multiunit structure, for example, list each apartment on a separate line of the Segment Listing Form.

3. Record Unique Identification for Each HU.

Unique identification may be more than just a street name and number: "109 Floyd St., First Floor" distinguishes an HU separate from "109 Floyd St., Second Floor." If you cannot ascertain the location of an HU in a structure, do not guess. A unique identification always includes street name and a full address or description. In multiunit structures without A, B, C or another individual identifier, it is important to provide an exact location (e.g., "first floor on the left" or "rear of building on the right beside the garage door") so that the residence can be found later on.

a. Record Street, Road or Highway on Which the HU is Located.

Use abbreviations of street names, including "Street," "Place" or "Boulevard," "North," "South," etc. Here is a list of acceptable abbreviations:

Apartment	= Apt.	North	= N
Avenue	= Ave.	South	= S
Boulevard	= Blvd.	East	= E
Drive	= Dr.	West	= W
Place	= Pl.		
Route	= Rt.		
Road	= Rd.		
Street	= St.		

b. Record the House or Building Number.

If this cannot be ascertained, describe the building. Do not attempt to guess the number from the sequence of numbers you have observed. If no number is visible, describe the HU. Look for something permanent about it that will distinguish it from the rest of the dwelling units, particularly adjoining ones, so that another person following the same instructions could locate it. (Note that the color is not permanent. The building could be painted before the next interviewer returns to look for that HU.)

c. Describe Unnumbered Residential Buildings Completely.

Sometimes the best description is a building's location, e.g., "house between 28 and 34 Oak St." Do not depend on numbers on roadside mailboxes, since the boxes may be for houses across the street from the segment.

When describing a residential building for which there is no number, choose features which will distinguish that household from all others in the neighborhood. Good descriptive features are type and construction of house and roof: e.g., two-story, brick, central chimney, attached garage; or single-story frame with fieldstone foundation, low

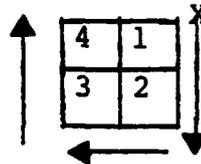
gable roof. Relatively permanent features, such as the position of doors, chimneys, garages and other buildings, distance back from the road, and so forth are other good descriptions. Descriptive features such as the color of the house or trim, lawn ornaments and children's swing sets are of little help.

d. Identify HUs in Multiunit Buildings Clearly.

When you can see from outside that a building contains more than one HU, list each HU separately in an orderly fashion. A unique identification of these HUs requires an apartment number, letter or description locating the HU within the building. Inquire about the number of HUs and specifically identify each HU in every multiunit building. If an HU does not have an apartment number or letter, give the location inside the building, or even better, the location of the door which would normally be used by a visitor at the HU. Sometimes these are fairly obvious; if they are not, consult the manager or some other responsible person regarding the number and location of HUs in the building. When this is impractical, determine as best you can the number of HUs and list the building address on the number of lines corresponding to that number.

Listing HUs in a multiunit structure requires some systematic procedure to ensure that each HU is listed once and only once. One or a combination of the following rules will satisfy most situations:

- List by number or by letter.
- List by floors, from basement to attic.
- If there are several unnumbered units on a floor, begin at the right rear then go to the right front, then the left as you face the building.



- If necessary, draw a rough floor plan to show the locations of unnumbered units.
- Be sure to obtain management information for all locked multiunit buildings.

## E. Identifying Different Types of Living Quarters

The majority of HUs are single-family houses. However, you should be familiar with all types of housing and the procedures for handling them.

### 1. Single-Family Houses

There should be few problems involved in listing single-family houses. This does not mean, however, that listing what appear to be single-family houses is always a simple and straightforward task. It is easy to overlook extra apartments in attics or basements, houses along alleys, HUs over garages, etc.

### 2. Row Houses, Town Houses, Terrace or Garden Apartment Developments

In apartment developments consisting of buildings such as row houses, town houses, village, terrace and garden-type apartments, list each HU on a separate line of the Listing Form. Sometimes these types of houses have two or more apartments in them. Check carefully to be certain no HUs are overlooked.

### 3. Small Multiunit Buildings

Even though a structure might appear to be a single-family house, be on the lookout for evidence of more than one HU in a structure, such as an extra apartment in the attic or basement, or a rear dwelling. There are a number of clues to look for in order to determine if a single structure contains more than one HU. For example: several mailboxes or doorbells; more than one gas or electric meter; more garbage cans than a single HU would be likely to require; more than one main entrance to the structure; more than one TV antenna on the roof. Look for special quarters (such as a custodian's) that have entrances on the side or back of the building.

### 4. Large Multiunit Buildings

These are not hard to find. They are obvious. Usually these buildings have doormen, intercom systems, many mailboxes or directories. What is important here is using your ingenuity to get past these barriers to list the units in these buildings. Follow the procedures specified earlier for getting the necessary information.

5. Trailers, Trailer Courts or Parks

If a trailer court or park is nontransient and non-seasonal, list each established space, whether or not it is currently occupied by a trailer. Trailer parks usually have specified spaces with electric and sewage facilities at definite locations.

If a trailer court or park is transient and/or seasonal, list any manager's or custodian's quarters that you find.

All residential trailers with permanent foundations or permanent electric and sewage tie-ins are to be listed, whether or not they are occupied. Trailers which do not meet these criteria, that is, they are not permanent, are to be listed only if they are occupied.

6. HUs in Buildings Used for Nonresidential Purposes

Even if a building appears to be strictly commercial, it may contain HUs above or behind shops and stores; the storekeepers may have their living quarters in such places, or extra space may have been converted into apartments. In churches, private schools, etc., there may be living quarters for janitors or maintenance personnel. Occasionally, manufacturing facilities or warehouse structures will contain quarters for watchmen. List all such quarters if they meet the definition of an HU.

7. Temporary Nonresidential Use of HUs

Dwellings are sometimes used temporarily for other purposes, such as professional offices or storage, and you are to list these units. Quarters which have been permanently converted for some other use, of course, are no longer HUs.

8. Vacant or Dilapidated HUs

The general rule is to list vacant HUs. If there are several in the same building, list each one separately. The rules for listing vacant living quarters are similar to those for listing occupied quarters.

If a vacant unit is unfit for human habitation and no longer considered as living quarters, do not list it. If you question whether or not a vacant unit is fit for habitation, list it.

Do not list HUs which are scheduled for demolition. Such places are usually located in urban redevelopment areas or along highways under construction. Please describe what (if anything) is planned to take the place of the structures to be demolished. If there will be more residential units -- such as housing projects or high-rise apartment buildings -- get full details and record on your segment sketch.

9. HUs Under Construction

List unfinished residential buildings on which any construction has been started. For multiunit buildings, list each HU which the building will contain when it is completed, and estimate the completion date. Describe the location of each unit. If this information cannot be obtained at the building site, try to locate the builder, contractor, or some other local source in order to secure the information.

10. Hotels and Motels

In general, include the living quarters of permanent residents in hotels, and exclude the transient population. If your segment includes a hotel or motel:

- Do not list living quarters that would be classified as transient or seasonal, but in excluded quarters, do list HUs occupied by resident managers or staff.
- For nontransient or nonseasonal hotels or motels, do list each unit that meets the HU definition.

## 11. Rooming Houses

The rule here is to determine the number of boarders and follow the rules below:

<u>IF</u>	<u>PROCEDURE</u>
<ul style="list-style-type: none"><li>● Householder/superintendent <u>plus</u> 9 or more persons (boarders) unrelated to the person in charge</li></ul>	<ul style="list-style-type: none"><li>- List only householder/superintendent's HU if he/she eats separately from boarders, and his/her quarters meet the definition of an HU</li><li>- Do not list if householder/superintendent and boarders all eat together. This qualifies as group quarters</li></ul>
<ul style="list-style-type: none"><li>● Householder/superintendent <u>plus</u> 8 or fewer persons (boarders) unrelated to the person in charge</li></ul>	<ul style="list-style-type: none"><li>- List each person's HU separately if each meets HU definition</li><li>- List rooming house on one line only if they all share same cooking facilities</li></ul>

## 12. Seasonal Housing

If you determine that scattered cottages, hunting lodges, migratory labor housing and similar units meet the HU definition, list each unit on a separate line of the Listing Form. In addition, record "Seasonal" in RED for each such unit.

## 13. Indian Reservations

Do list all private housing units on Indian reservations.

## 14. Military Installations

We do not include military installations in our sample surveys, and even though there may be HUs for civilian personnel on military bases, do not list them. If a segment falls entirely within a military installation, make a note on the segment and return it to our office. If some portion of the segment is not within the military boundaries, please indicate what part is military and list the remaining units as you would normally do.

15. Institutional Quarters

Do not list institutional quarters which are occupied or intended for occupancy by the persons for whom the facility is operated.

Remember to check carefully for HUs within institutional grounds. The following examples should make this clear.

<u>TYPE OF INSTITUTION</u>	<u>LOOK FOR AND LIST HUS FOR:</u>
● YMCAs/residential clubs	Permanent residents and directors <u>only</u> if they live there
● Missions/homeless shelters	Superintendents, directors and janitors <u>only</u> if they live there
● Mental/penal institutions	Superintendents, wardens, guards and attendants <u>only</u> if they live there
● Rest/nursing homes	Owners or managers <u>only</u> if they live there
● Dormitories/fraternities/sororities	Resident staff <u>only</u> if they live there

\*\*\*\*\*  
\*  
\* If you are unsure or have any questions about what or how \*  
\* to list, call your supervisor immediately. She has the \*  
\* answers! \*  
\*  
\*\*\*\*\*

Two examples of completed area segment listings are found in Appendix A.

In review, the important points are:

1. Make sure you stay within your segment boundaries.
2. List all housing units within these boundaries including vacants fit for habitation.
3. List only one dwelling unit to a line.
4. Print address information -- do not write.
5. Do not skip a line, or leave a blank space, or write anything in it but an address or description.

DO NOT LIST

- Institutional living quarters such as those in dormitories, asylums, penitentiaries, reformatories, convalescent homes, homes for the aged, blind, deaf, or orphans, old soldiers' homes, convents, hospitals, nurses' homes, private residential clubs, fraternities, YMCAs and YWCAs, etc.
- Hotel living quarters for transients; barracks for workers
- Rooming house (living quarters of managing family) if there are nine or more boarders unrelated to the person in charge and the manager lives and eats with the boarders
- Business facility of any type (e.g., store on first floor of multiunit building)

DO LIST

- Institutional living quarters for resident employees in buildings containing living quarters for only staff members
- Hotel living quarters if they have cooking facilities and are intended for occupancy by permanent residents (e.g., efficiency apartments)
- The living quarters of the owner or manager of a rooming house with less than nine boarders  
  
The living quarters of the owner or manager of a rooming house with nine or more boarders only if the manager lives and eats separately from the boarders
- Apartments or HUs in the same building if there are any

#### F. Problem Situations

Occasionally, you may encounter situations which may make it difficult to list your area. Do not despair, there are always solutions. If you are confronted by a locked apartment complex, a private community, or signs "Private, Keep Out," get information about the building management or the security company and contact them for permission to list the area. If you have no way of gaining admittance to an area and cannot complete your listing, call your field supervisor and discuss the situation with her.

#### G. Completing the Segment Identification Form (SIF)

- You must complete a Segment Identification Form for each segment you list. It is located in your packet of materials just before your Listing Forms.
- Record the segment #, and the county, state, zip code and post office name in the space provided. This information can be found on the segment sketch. You may need to check with the local post office to be sure this information is correct.
- Record the date and your name at the top, in the space provided.
- If your answer to Q.4 is "Yes," be sure to provide the name of the owner or renting agent, the building and the full address so that we may contact them if necessary.
- Answer all seven questions. Please give us your best impressions of the segment. In Q.5, for example, your impression of the economic status and racial composition of the segment is better than any guess we could make here in our offices.

Examples of completed SIFs are found in Appendix A.

#### H. Summary

Before returning a completely listed segment to National Analysts, check your work to make certain that nothing has been omitted. Be sure to record all identifying information including your name and the date of listing. Keep all accompanying sheets for the segment together and return it in that way to National Analysts.

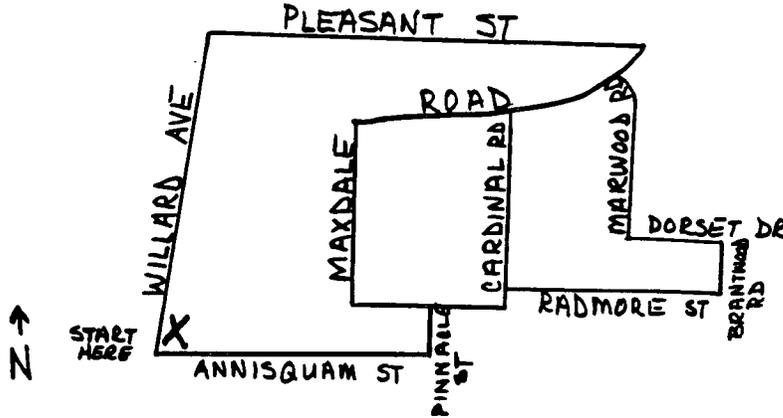
Be particularly attentive to your handwriting. If, on checking your work, you realize that your writing is unclear, clarify it.

Each completely listed segment returned to National Analysts should include:

- Segment sketch, including the X where you started listing
- Accompanying map showing location of the segment
- Segment Identification Form
- Segment Listing Forms (Do not forget to count the remaining households in the segment which are unlisted in the rare case that you have run out of Listing Forms, i.e., there are more than 200 households).

IV. QUIZ ON LISTING INSTRUCTIONS

Q.1 Look at the segment sketched below. Starting at the "X" draw arrows to indicate how you would proceed around the segment to list HUs by recording small arrows (e.g., → → → ).



Q.2 Circle one code to indicate whether the HU described should or should not be listed.

Housing Unit Description	<u>Yes</u> List	<u>No</u> Do Not List
1. Living quarters over a garage	1	2
2. Empty parking space at a nontransient trailer court	1	2
3. Migrant workers' housing	1	2
4. Summer rental units at the beach -- with kitchen but no heating unit	1	2
5. A vacant house in good condition scheduled for demolition	1	2
6. A duplex under construction	1	2
7. An apartment at the YMCA for visitors	1	2
8. Housemother's apartment at a sorority	1	2
9. Individual apartments in high-rise building for elderly and the infirmed	1	2
10. Deteriorated house which is vacant	1	2
11. Maid's quarters with bath and hot plate in a private house.	1	2
12. A renovated carriage house	1	2

Q.3 Please circle one code indicating whether each statement is "true" or "false."

	True	False
1. There is only one housing unit to every house	1	2
2. You are always to list 200 HUs -- no more and no less	1	2
3. At the starting point which you designated on the map, you are to proceed in a counterclockwise direction around the perimeter of the segment and then list any side streets	1	2
4. Each housing unit contains only one family	1	2
5. In a boarding house, the owner occupies the first floor, and his nine boarders use the bedrooms upstairs. The owner lives and eats separately from the roomers and, therefore, <u>his</u> quarters should be listed	1	2
6. A foster child living with a family is not considered part of that family	1	2
7. If there are no housing units in the designated area segment, you must list the HUs in the area adjacent to it	1	2
8. You always list one housing unit per line on the Segment Listing Form	1	2
9. If the living quarters have no direct entrance from the street and their only access is through another's yard, they should not be listed separately	1	2
10. If a church now gives meals and shelter to homeless people every night, it should be listed if the meals are cooked on the premises.	1	2
11. To list an apartment building, you first record the basement apartments, then the units on the first floor and continue up, recording the apartments on the top floor last.	1	2
12. A physical description of the dwelling can be used if there is no street address to record.	1	2

Q.4 Read the living quarters descriptions and circle the appropriate code in COL.s 1, 2 and 3.

	COL. 1		COL. 2		COL. 3	
	Direct Access		Complete Kitchen Facilities		Is a Separate HU	
	Yes	No	Yes	No	Yes	No
1. The Scotts occupy the second floor of a two-family house. They live and eat separately from the Wilsons on the first floor, but the two families share the first-floor kitchen. The Scotts have an outside stairway to reach their apartment.	1	2	1	2	1	2
2. Mrs. Hill lives in a first-floor room of the Johnsons' home. She occasionally makes coffee on her hot plate, but eats out. She goes through the Johnsons' hall and kitchen to get to her room. She is their only roomer.	1	2	1	2	1	2
3. Bill Smith is a lodger in the basement room of the Robinsons' home. He has an outside entrance to his room but no equipment for cooking or storing food. He lives and eats separately from the Robinsons.	1	2	1	2	1	2
4. There is a vacant apartment on the first floor of a three-story, three-apartment building. The former tenant took the stove with him. The vacant apartment has a separate entrance from the outside.	1	2	1	2	1	2

ANSWERS TO Q'S 1 TO 4 ARE IN APPENDIX B

**APPENDICES**

APPENDIX A  
SAMPLE LISTING MATERIALS

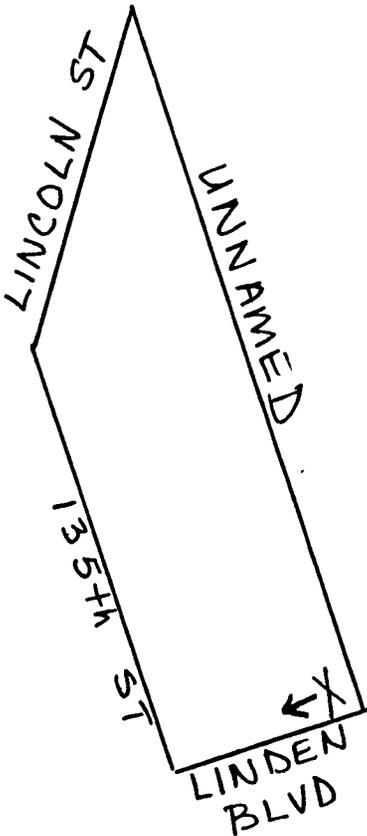
STUDY 2-856

PLACE QUEENS

COUNTY QUEENS

STATE NY

SEGMENT NUMBER 12008001





AQUEDUCT  
RACE  
TRACK  
**864**

224 122

200

252

118

150

153

260

178

170

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CSFII  
SEGMENT LISTING FORM



INTERVIEWER NAME: John Rothschild  
DATE LISTED: 12/18/89

SEGMENT #: 12008001  
POST OFFICE: Queens, N.Y.  
ZIP CODE: 10035

Housing Unit Number	Address of Description of Housing Unit	Apt. No.	Sample Housing Unit
001	101 Linden Blvd.		
002	103 Linden Blvd.		
003	105 Linden Blvd.		
004	107 Linden Blvd.		
005	109 Linden Blvd.		
006	4222 135 <sup>th</sup> St.	1A	
007	4222 135 <sup>th</sup> St.	2A	
008	4224 135 <sup>th</sup> St front		
009	4224 135 <sup>th</sup> St. back (entrance between 4224 and 4226)		
010	4226 135 <sup>th</sup> St.		
011	One story stone house corner of 135 <sup>th</sup> & Lincoln		
012	110 Lincoln		
013	112 Lincoln		
014	114 Lincoln (under construction)		
015	116 Lincoln first floor	A	
016	116 Lincoln second floor	B	
017	116 Lincoln third floor	C	
018	118 Lincoln - 2 story brick house setback about 1/2 mile from the road		
019	Unnamed - this is a paved road with no houses in segment overlooking school.		
020			

SEGMENT IDENTIFICATION FORM  
CSFII-1989

Segment #: 12008001 County: Queens  
State: New York Zip Code: 10035  
Post Office Name: Queens

1. Since the 1980 Census was taken, does it appear that:

	Yes	No	Can't Say
a. More than ten new housing units have been built?	1	2	3
b. More than ten housing units have been torn down?	1	2	3
c. More than ten single homes have been converted into multiunit structures?	1	2	3

2. The kinds of housing units in this segment are: (CIRCLE ALL THAT APPLY IN COL. Q.2)

3. Most of the housing units in this segment are: (CIRCLE ONE NUMBER IN COL. Q.3)

	Q.2	Q.3
Single-family detached dwellings	1	1
Single-family attached dwellings	2	2
Multifamily dwellings	3	3
Low-rise apartments, 4 floors or less	4	4
High-rise apartments, 5 floors or more	5	5
Mobile homes/trailers	6	6
Farms	7	7
Other (SPECIFY) _____	0	0
_____		

4. Does this segment contain any high-rise apartment buildings or other living quarters to which it may be difficult for an interviewer to gain entrance?

Yes  1      No  2

↓

OWNER/RENTING AGENT	NAME OF BUILDING	STREET ADDRESS	TELEPHONE #
1.			
2.			
3.			

5. What percent of the segment is:

INCOME	RACE		HOUSING UNIT OCCUPANCY	
	%		%	
Wealthy or well off	0	Black	50	Occupied by same persons year round 100%
Middle-income	50	White	25	Occupied by vacationers, tourists, etc. 0%
Poor or low-income	50	Other (SPECIFY) <u>Asian</u>	25	
TOTAL	100%	TOTAL	100%	TOTAL 100%

6. What language, other than English, is spoken by people in this segment?

English only  1      Other (SPECIFY) Thai  2

7. COMMENTS -- Please tell us anything that you think might be useful for conducting interviews in this area:

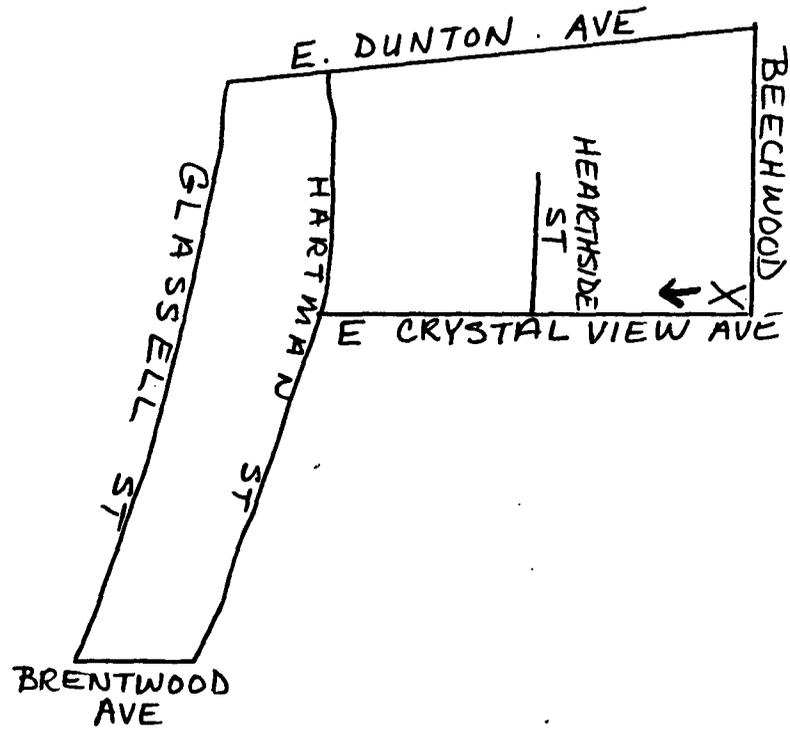
STUDY 2-856

PLACE ORANGE

COUNTY ORANGE

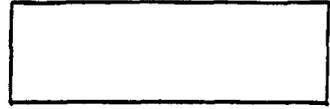
STATE CA

SEGMENT NUMBER 16145103





CSFII  
SEGMENT LISTING FORM



INTERVIEWER NAME: Scott Wilson  
DATE LISTED: 1/12/90

SEGMENT #: 16145103  
POST OFFICE: Anaheim  
ZIP CODE: 92803

Housing Unit Number	Address of Description of Housing Unit	Apt. No.	Sample Housing Unit
001	19 E. Crystal View Ave.		
002	17 E. Crystal View Ave.		
003	102 Hearthside St.		
004	104		
005	103		
006	101 Hearthside St.		
007	13 E. Crystal View Ave.		
008	827 Hartman St.		
009	829 Hartman St.		
010	828 Hartman St. - apartment on first + second floors		
011	828 Hartman St. 3rd floor apt.		
012	826		
013	824		
014	822		
015	820 Hartman St.		
016	"(no house number - the 2-story columns on front of 'The Green Columns on Brentwood' house)"		
017	820 Glassell St.	A	
018	820 Glassell St.	B	
019	822 Glassell St.		
020	824 Glassell St.		

CSFII  
SEGMENT LISTING FORM  
(CONTINUED)

Housing Unit Number	Address of Description of Housing Unit	Apt. No.	Sample Housing Unit
021	826 Glassel St.		
022	828 Glassel St. - entrance in back of house		
023	12 E. Dunton Ave.		
024	14 E. Dunton Ave.		
025	16 E. Dunton Ave		
026	Unnumbered garage apt. in back of 16 E. Dunton Ave.		
027	18 E. Dunton Ave.		
028	20 E. Dunton Ave		
029	22 E. Dunton Ave		
030	829 Beechwood - right half of duplex		
031	829 Beechwood - left half of duplex		
032	827 Beechwood		
033	825 Beechwood - right half of duplex		
034	825 Beechwood - left half of duplex		
035			
036			
037			
038			
039			
040			

SEGMENT IDENTIFICATION FORM  
CSFII-1990

Segment #: 16145103 County: Orange  
 State: CA Zip Code: 92803  
 Post Office Name: Anaheim

1. Since the 1980 Census was taken, does it appear that:

	Yes	No	Can't Say
a. More than ten new housing units have been built?	1	(2)	3
b. More than ten housing units have been torn down?	1	(2)	3
c. More than ten single homes have been converted into multiunit structures?	1	2	(3)

2. The kinds of housing units in this segment are: (CIRCLE ALL THAT APPLY IN COL. Q.2)

3. Most of the housing units in this segment are: (CIRCLE ONE NUMBER IN COL. Q.3)

	Q.2	Q.3
Single-family detached dwellings	(1)	(1)
Single-family attached dwellings	(2)	2
Multifamily dwellings	3	3
Low-rise apartments, 4 floors or less	4	4
High-rise apartments, 5 floors or more	5	5
Mobile homes/trailers	6	6
Farms	(7)	7
Other (SPECIFY) _____	0	0
_____		

4. Does this segment contain any high-rise apartment buildings or other living quarters to which it may be difficult for an interviewer to gain entrance?

Yes  1  No  2

OWNER/RENTING AGENT	NAME OF BUILDING	STREET ADDRESS	TELEPHONE #
1.			
2.			
3.			

5. What percent of the segment is:

INCOME	RACE		HOUSING UNIT OCCUPANCY	
	Wealthy or well off	40 %	Black	10 %
Middle-income	60 %	White	90 %	Occupied by vacationers, tourists, etc. %
Poor or low-income	0 %	Other (SPECIFY) _____	0	
TOTAL	100%	TOTAL	100%	TOTAL 100%

6. What language, other than English, is spoken by people in this segment?

English only  1 Other (SPECIFY) \_\_\_\_\_  2

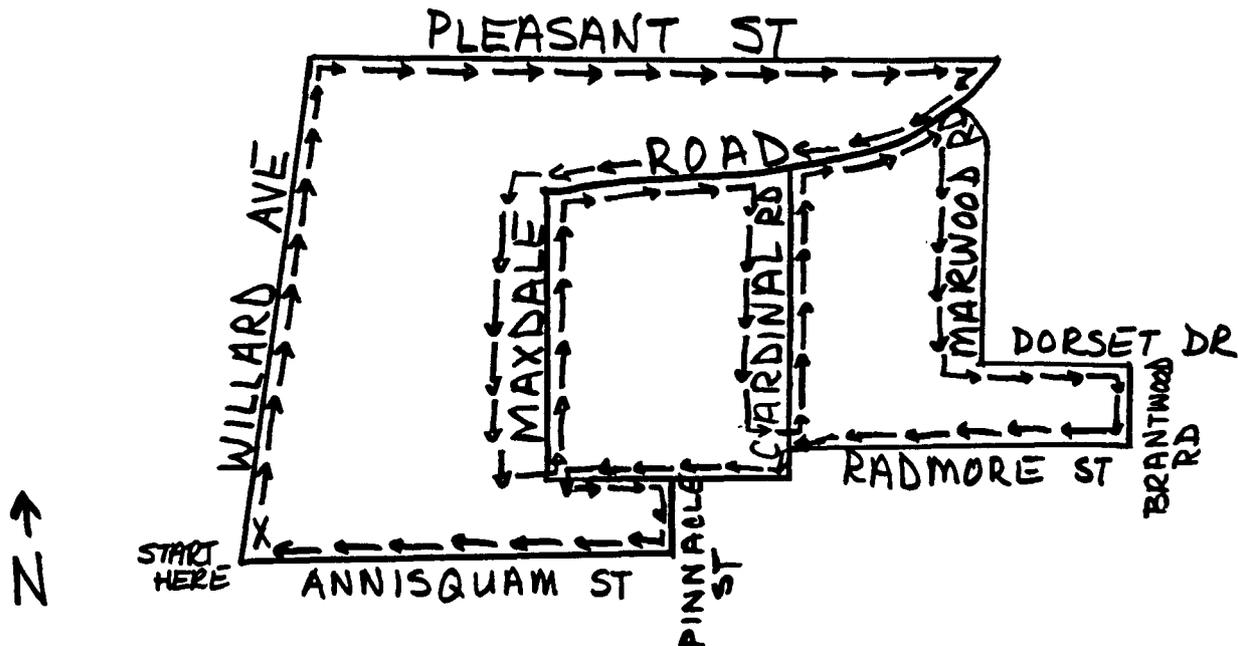
7. COMMENTS -- Please tell us anything that you think might be useful for conducting interviews in this area:

*The area is patrolled by private police, should alert them before attempting to do interviews*

**APPENDIX B**  
**ANSWERS TO QUIZ**

Answers to Quiz

Q.1



Q.2

1. 1
2. 1
3. List if separate quarters for nine or fewer persons. Do not list if "bunkhouse" or group living arrangements only.
4. 1
5. 2
6. List both units
7. 2
8. 1
9. List only units with separate kitchen facilities.
10. 1
11. 1
12. List if converted into living quarters. Do not list if fixed up for other uses.

Q.3

1. 2
2. 2
3. 2
4. 2
5. 1
6. 2
7. 2
8. 1
9. 2
10. 2
11. 1
12. 1

Q.4

1. 1, 2, 1
2. 2, 2, 2
3. 1, 2, 1
4. 1, 2, 1

## **APPENDIX B**

## APPENDIX B

### Items Added, Deleted, or Changed in Each of the the CSFII 1989 Documents for CSFII 1990

#### Household Questionnaire

Pages 4, 5, and 6 have these additional questions for all household members:

31a. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

31b. How many hours do (you/he/she) usually work?

#### Day 1 - Intake

To question 11 several categories were added. They were:

Category	8	Supermarket/Grocery Store/Deli
	9	Convenience Store
	10	Recreation/Entertainment Facility (e.g., movie theater, bowling alley, sport stadium, amusement park)
	11	At someone else's home
	12	Some other place (describe in Col. Q. 11)

Question 22 was added.

Were any of these vitamins or minerals that you usually take prescribed for you by a doctor or dentist?

Yes, all prescribed	1
No, none prescribed	2
Some prescribed, some not	3

APPENDIX B  
(continued)

Question 26 was added.

Do you consider yourself to be overweight, underweight or about the right weight at the present time?

Overweight	1
Underweight	2
About right	3

Question 30 was added.

Have you ever had your blood cholesterol checked?

Yes	1
No	2
Don't know	8

Question 32 was added.

How would you describe the condition of your natural teeth?  
Would you say they are:

	Excellent	1
	Very Good	2
	Good	3
	Fair, or	4
	Poor?	5
(DO NOT READ)	Respondent	6
	has no natural teeth	

Question 33 was also added.

Do you have dentures?	Yes	1
	No	2

APPENDIX B  
(continued)

Question 42 was added.

During the past three months, have you consumed any:

	Yes	No
Beer?	1	2
Wine?	1	2
Hard Liquor?	1	2

Questions 29, 30, 39, 40, 41, 42, and 43 from the Year 1 questionnaire were deleted and were not asked anywhere in the Year 2 questionnaire.

Day 2/3 - Intakes

The Day 2 and 3 intakes each have this question addition:

15. Did you use the measuring cups, spoons or ruler when you estimated the amounts of food you had eaten?

Yes, most of the time	1
Yes, some time	2
No, not at all	3

To question 11 several categories were added. They were:

Category	8	Supermarket/Grocery Store/Deli
	9	Convenience Store
	10	Recreation/Entertainment Facility (e.g., movie theater, bowling alley, sport stadium, amusement park)
	11	At someone else's home
	12	Some other place (describe in Col. Q. 11)

Low-Income Screener

Only income limits were changed.

APPENDIX B  
(continued)

Documents that did not change from CSFII 1989

Food Instruction Booklet (FIB)  
Sort Cards  
Day I Intake  
Slipsheet  
Basic Screener  
Fact Sheet  
Letter from USDA  
CSFII Manual

## **APPENDIX C**



S3.

Are you the person most responsible for planning or preparing the meals?

49

Yes	1
No	2

**IF YES:** RECORD NAME OF RESPONDENT: \_\_\_\_\_

**IF NO:** ASK TO SPEAK WITH PERSON MOST RESPONSIBLE FOR PLANNING OR PREPARING MEALS AND REPEAT INTRODUCTION. MAKE APPOINTMENT TO COME BACK, IF NECESSARY

BEGIN INTERVIEW WITH MEAL PLANNER/PREPARER

HOUSEHOLD RESULT OF CALL RECORD

50-51    52-55    56-59    60    61-62

CALL #	DATE	TIME	AM	PM	RESULT CODE* (SEE BELOW)	RECORD REASONS HERE
1			1	2		
2			1	2		
3			1	2		
4			1	2		
5			1	2		
6			1	2		
7			1	2		
8			1	2		
9			1	2		
10			1	2		
11			1	2		
12			1	2		

\*Household Result of Call Codes

1. Interview completed
2. Screening completed, interview appointment made
3. Screening completed, interview appointment not yet made
4. DO NOT USE
5. Screening completed, household refused participation (RECORD REASONS ABOVE)
6. Telephone busy (CALL AGAIN IN 1/2 HOUR)
7. Telephone out of order
8. Screening refused (RECORD REASONS ABOVE)
9. Screening appointment made (RECORD DATE/TIME ABOVE)
10. No one home/No answer after 10 rings
11. Language barrier (IDENTIFY LANGUAGE ABOVE)
12. Vacant/Not a housing unit
13. Other (SPECIFY ABOVE)

IF FINAL  
RESULT,  
ANSWER  
NON-  
RESPONSE  
QUESTIONS  
ON PAGE 4

END CARD 01

INDIVIDUAL INTAKE RESULT OF CALL RECORD

PERSON LINE #	PERSON'S FIRST NAME	DAY 1 RECORD (CIRCLE CODE FOR EACH PERSON)		DAY 2 & 3 RECORD (CIRCLE CODE FOR EACH PERSON)	
		OBTAINED	NOT OBTAINED: REASON	OBTAINED	NOT OBTAINED: REASON
01 10~11		1 12	2	1 13	2
02 14~15		1 16	2	1 17	2
03 18~19		1 20	2	1 21	2
04 22~23		1 24	2	1 25	2
05 26~27		1 28	2	1 29	2
06 30~31		1 32	2	1 33	2
07 34~35		1 36	2	1 37	2
08 38~39		1 40	2	1 41	2
09 42~43		1 44	2	1 45	2
10 46~47		1 48	2	1 49	2
11 50~51		1 52	2	1 53	2
12 54~55		1 56	2	1 57	2
13 58~59		1 60	2	1 61	2
14 62~63		1 64	2	1 65	2
15 66~67		1 68	2	1 69	2
16 70~71		1 72	2	1 73	2

TRANSMITTAL FORM

END CARD 02

<p><u>Cooperating Household</u></p> <p>↓</p> <p>YOU ARE ENCLOSING:</p> <p><input type="checkbox"/> Screening Form</p> <p><input type="checkbox"/> Household Questionnaire</p> <p><input type="checkbox"/> Respondent Payment Record</p> <p># _____ Day One Intake Records</p> <p># _____ Day Two/Three Intake Records</p>	<p><u>Noncooperating Household</u></p> <p>↓</p> <p>YOU ARE ENCLOSING:</p> <p><input type="checkbox"/> Screening Form only (Nonresponse questions on page 4 completed)</p>
---	---

-NONRESPONSE QUESTIONS

**INTERVIEWER: PLEASE COMPLETE THESE QUESTIONS IF FINAL HOUSEHOLD RESULT OF CALL ON PAGE 2 IS A CODE 5 THROUGH 11 OR CODE 13. ANSWER Q'S 4 TO 9 BASED ON YOUR CONTACT WITH THE HOUSEHOLD. IF YOU HAVE NOT MADE CONTACT, GET INFORMATION FROM A NEIGHBOR**

1. Describe in detail why this household is nonresponsive or not willing to participate in the survey.
  
2. Who, if anyone, did you speak with? What is this person's name and who is she/he in the household (e.g., son of female head, main meal planner/preparer)?

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

Did not/Could not speak with anyone in the household	10 1
Was refused permission to enter building -- never got to the specific housing unit	2

3. What might we do or say to complete a screening or have this household participate in the survey?

4. To the best of your knowledge, would you say this household is:

	11
White, or	1
Nonwhite?	2

5. To the best of your knowledge, would you say this household is of:

	12
Spanish origin, or	1
Non-Spanish origin?	2

**ANSWER Q'S 6 TO 9 ONLY IF YOU COULD NOT COMPLETE SCREENING QUESTIONNAIRE**

6. In your judgment, is the male head of household:

	13
Under 50 years, or	1
50 years old or older?	2

7. In your judgment, is the female head of household (woman of the house):

	14
Under 50 years, or	1
50 years old or older?	2

8. To the best of your knowledge, are there any children in the household 18 years old or less?

	15
Yes	1
No	2

9. In your judgment, is this household:

	16
Very well off,	1
Middle income, or	2
Not well off at all?	3



S2a. (CIRCLE # OF PEOPLE IN HOUSEHOLD FROM Q.S1 IN INCOME GRID BELOW) What was the total income received last month by all members of this household before taxes and other deductions? Do not include food stamps or WIC (Women, Infants and Children Program) benefits. Do include salaries and wages, Social Security, other benefit checks and the like. (RECORD AMOUNT IN BOX FOR MONTHLY INCOME BELOW NUMBER OF PERSONS CIRCLED)

<b>Number of People</b> <small>3-44</small>	1	2	3	4	5	6	7	8	9	10
Monthly Income										
Income Limit <small>45-48</small>	\$680	\$912	\$1,144	\$1,376	\$1,608	\$1,840	\$2,071	\$2,303	\$2,535	\$2,767
<b>Number of People</b>	11	12	13	14	15	16	17	18	19	20
Monthly Income										
Income Limit	\$2,999	\$3,231	\$3,463	\$3,695	\$3,927	\$4,159	\$4,391	\$4,623	\$4,855	\$5,087

- IF INCOME RECORDED IS **GREATER THAN** INCOME LIMIT FOR NUMBER OF PEOPLE IN HOUSEHOLD, **TERMINATE** -- HOUSEHOLD RESULT OF CALL CODE 4
- IF INCOME IS **SAME OR SMALLER**, CONTINUE WITH Q.S3

S3. Are you the person most responsible for planning or preparing the meals?

Yes	1
No	2

**IF YES:** RECORD NAME OF RESPONDENT: \_\_\_\_\_

**IF NO:** ASK TO SPEAK WITH PERSON MOST RESPONSIBLE FOR PLANNING OR PREPARING MEALS AND REPEAT INTRODUCTION. MAKE APPOINTMENT TO COME BACK, IF NECESSARY

BEGIN INTERVIEW WITH MEAL PLANNER/PREPARER

51-51    52-55    56-59    60    HOUSEHOLD RESULT OF CALL RECORD    61-62

CALL #	DATE	TIME	AM	PM	RESULT CODE* (SEE BELOW)	RECORD REASONS HERE
1			1	2		
2			1	2		
3			1	2		
4			1	2		
5			1	2		
6			1	2		
7			1	2		
8			1	2		
9			1	2		
10			1	2		
11			1	2		
12			1	2		

\*Household Result of Call Codes

1. Household eligible, interview completed
2. Household eligible, interview appointment made
3. Household eligible, interview appointment not yet made
4. Household ineligible, income too high (Q.S2a)
5. Household eligible, participation refused (RECORD REASONS ABOVE)
6. Telephone busy (CALL AGAIN IN 1/2 HOUR)
7. Telephone out of order
8. Screening refused before eligibility determined (RECORD REASONS ABOVE)
9. Screening appointment made (RECORD DATE/TIME ABOVE)
10. No one home/No answer after 10 rings
11. Language barrier (IDENTIFY LANGUAGE ABOVE)
12. Vacant/Not a housing unit
13. Other (SPECIFY ABOVE)

IF FINAL  
RESULT,  
ANSWER  
NON-  
RESPONSE  
QUESTIONS  
ON PAGE 4

INDIVIDUAL INTAKE RESULT OF CALL RECORD

PERSON LINE #	PERSON'S FIRST NAME	DAY 1 RECORD (CIRCLE CODE FOR EACH PERSON)			DAY 2 & 3 RECORD (CIRCLE CODE FOR EACH PERSON)		
		OBTAINED	NOT OBTAINED:	REASON	OBTAINED	NOT OBTAINED:	REASON
01 10~11		1 12	2		1 13	2	
02 14~15		1 16	2		1 17	2	
03 18~19		1 20	2		1 21	2	
04 22~23		1 24	2		1 25	2	
05 26~27		1 28	2		1 29	2	
06 30~31		1 32	2		1 33	2	
07 34~35		1 36	2		1 37	2	
08 38~39		1 40	2		1 41	2	
09 42~43		1 44	2		1 45	2	
10 46~47		1 48	2		1 49	2	
11 50~51		1 52	2		1 53	2	
12 54~55		1 56	2		1 57	2	
13 58~59		1 60	2		1 61	2	
14 62~63		1 64	2		1 65	2	
15 66~67		1 68	2		1 69	2	
16 70~71		1 72	2		1 73	2	

END CARD 02

TRANSMITTAL FORM

<p><u>Cooperating Household</u></p> <p>↓</p> <p>YOU ARE ENCLOSING:</p> <p><input type="checkbox"/> Screening Form</p> <p><input type="checkbox"/> Household Questionnaire</p> <p><input type="checkbox"/> Respondent Payment Record</p> <p># _____ Day One Intake Records</p> <p># _____ Day Two/Three Intake Records</p>	<p><u>Noncooperating Household</u></p> <p>↓</p> <p>YOU ARE ENCLOSING:</p> <p><input type="checkbox"/> Screening Form only (Nonresponse questions on page 4 completed)</p>
---	---

**INTERVIEWER: PLEASE COMPLETE THESE QUESTIONS IF FINAL HOUSEHOLD RESULT OF CALL ON PAGE 2 IS A CODE 5 THROUGH 11 OR CODE 13. ANSWER Q's 4 TO 9 BASED ON YOUR CONTACT WITH THE HOUSEHOLD. IF YOU HAVE NOT MADE CONTACT, GET INFORMATION FROM A NEIGHBOR**

1. Describe in detail why this household is nonresponsive or not willing to participate in the survey.
2. Who, if anyone, did you speak with? What is this person's name and who is she/he in the household (e.g., son of female head, main meal planner/preparer)?

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

Did not/Could not speak with anyone in the household	1 <sup>10</sup>
Was refused permission to enter building -- never got to the specific housing unit	2

3. What might we do or say to complete a screening or have this household participate in the survey?

4. To the best of your knowledge, would you say this household is:

White, or	1 <sup>11</sup>
Nonwhite?	2

5. To the best of your knowledge, would you say this household is of:

Spanish origin, or	1 <sup>12</sup>
Non-Spanish origin?	2

**ANSWER Q's 6 TO 9 ONLY IF YOU COULD NOT COMPLETE SCREENING QUESTIONNAIRE**

6. In your judgment, is the male head of household:

Under 50 years, or	1 <sup>13</sup>
50 years old or older?	2

7. In your judgment, is the female head of household (woman of the house):

Under 50 years, or	1 <sup>14</sup>
50 years old or older?	2

8. To the best of your knowledge, are there any children in the household 18 years old or less?

Yes	1 <sup>15</sup>
No	2

9. In your judgment, is this household:

Very well off,	1 <sup>16</sup>
Middle income, or	2
Not well off at all?	3

ID \_\_\_\_\_  
1-5

NATIONAL ANALYSTS  
A Division of Booz-Allen &  
Hamilton Inc.



Study #: 09010-073-002  
OMB #: 0586-0014  
Expires: Feb. 29, 1992  
CARD 04 6-7

CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS -- 1990

UNITED STATES DEPARTMENT OF AGRICULTURE

- Household Questionnaire -

23

**(TRANSFER INFORMATION FROM SCREENED INTO SHADED AREA)**

Segment #:           H.U. #:

Respondent's First Name Only: \_\_\_\_\_

Time Interview Began:	AM	1
	PM	2
19-22		
Time Interview Ended:	AM	1
	PM	2
24-27		

28

Date:

(Month) (Day) (Year)

29-30 31-32 33-34

Interviewer's Name:

Interviewer I.D. #:

35-38

**INTRODUCTION (USE IF NECESSARY):** Hello, my name is \_\_\_\_\_. I am from National Analysts. I spoke with \_\_\_\_\_ regarding the food consumption study we are conducting for the United States Department of Agriculture. Is she at home? **(IF NOT AT HOME, IDENTIFY CALLBACK TIME)**

Callback Date/Time: \_\_\_\_\_

**IF ASKED:** We are talking to people about what they eat and drink and about the characteristics of their households. This information will be used to estimate the types and amounts of foods and beverages consumed by people like you. Results will be used to help ensure an adequate and safe food supply for all. The survey is authorized by law. **(IF ASKED, SAY: National Agricultural Research, Extension and Teaching Policy Act of 1977, Section 1428, 7 U.S.C. 3178.)**

All information will be kept confidential, and results are reported as summaries only.

DUP 1-5  
 CARD 08 6-7

Line #	Col. A	Col. B	Col. C		Col. D		Col. E	Col. F		
	First Name	Relation-ship to Head of Household	Age		Sex		Race	Hispanic Origin		
			Under 12 Months	1 Year or Over						
			Enter Months	Enter Years	M	F		Yes	No	
1 10-11		12-13	14-15	16-17	1	2	18	19	20	2
2					1	2			1	2
3					1	2			1	2
4					1	2			1	2
5					1	2			1	2
6					1	2			1	2
7					1	2			1	2
8					1	2			1	2
9					1	2			1	2
10					1	2			1	2
11					1	2			1	2
12					1	2			1	2
13					1	2			1	2
14					1	2			1	2
15					1	2			1	2
16					1	2			1	2

LEFT FLAP

1. Let's begin by talking about the general food shopping practice of this household. On the average, how often does someone do a major food shopping for this household? Would you say:

3 9

CONTINUE	More than once a week,	1
	Once a week,	2
	Once every two weeks,	3
	Once a month or less, or	4
(SKIP TO Q.4)	Never?	5

2. In what kind of store is this major food shopping usually done? Is it:

4 0

(CIRCLE ONLY ONE)	A supermarket,	1
	A small store, or	2
	Someplace else?	3

3. Thinking of the (TYPE OF OUTLET NAMED IN Q.2) where the major food shopping for this household is usually done, how far from your home is this store? (PROBE FOR BLOCKS OR MILES FROM HOME)

(WRITE #) 4 1 ~ 4 4 (CIRCLE)

_____ Blocks, or	1
_____ Miles	2
Don't know	8

4. How much money has this household spent per week or per month during the last three months at the grocery store? Include purchases made with food stamps. (ENTER AMOUNT AND CIRCLE A CODE)

4 9

\$ _____ .00	Per week	1
4 6 ~ 4 8	Per month	2

5. You said this household spent (AMOUNT IN Q.4) per (week/month). About how much of this amount, if any, was for nonfood items, such as cleaning or paper products, food bought for feeding a pet or cigarettes? (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

5 3

\$ _____ .00	Per week	1
5 0 ~ 5 2	Per month	2

6. How much has this household spent per week or per month during the last three months at specialty stores -- such as bakeries, liquor stores, delicatessens, meat markets, vegetable stands, health food stores, and other similar places? Include any expenditures from carryout places when the food was brought into your home. (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

5 7

\$ _____ .00	Per week	1
5 4 ~ 5 6	Per month	2

7. What has been this household's usual amount of money spent per week or per month during the last three months for food bought and eaten away from home? Include food and beverages that never entered your home, that is, eaten at restaurants, fast-food eating places, cafeterias at work or at school, purchased from vending machines, or received from day care centers, for all household members. (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

6 1

\$ _____ .00	Per week	1
5 8 ~ 6 0	Per month	2

8. Now I have a few questions about the persons who live in this household. First, how many persons regularly live in this household? Count those who live here permanently including those who are temporarily absent, such as traveling or in the hospital.

(ENTER NUMBER HERE:  AND CIRCLE LINE #  ON FLAP) 6 2 ~ 6 3

9. Is there a male head of household?

		10
	Yes	1
(SKIP TO Q.15)	No	2

10. What is (his/your) first name?  
(RECORD ON FLAP IN COL. A.  
WRITE "MALE HEAD" IN COL. B)

11. How old (is he/are you)?  
(RECORD ON FLAP IN COL. C.  
CIRCLE "1" IN COL. D)

12. What is the highest grade or year of regular school (he has/you have) ever attended?  
(CIRCLE CODE FOR HIGHEST GRADE OR YEAR)

(SKIP TO Q.14)	Never attended school or kindergarten only:	0
	Elementary:	1 2 3 4 5 6 7 8
	High school:	9 10 11 12
11-12	College:	1 2 3 4 5+

13. Did (he/you) complete that grade or year?

		13
	Yes	1
	No	2

14. (SHOW CARD A) What is (the race of the male head of household/your race)? Just tell me the number that applies. (RECORD ON FLAP IN COL. E)

15. Is there a female head of household? (IF NECESSARY, SAY: For the purposes of this survey, the female head of household is the woman who other household members think of as being in charge of household matters, that is, the woman of the house.)

		14
	Yes	1
(SKIP TO INSTRUCTIONS BEFORE Q.22)	No	2

16. What is (your/her) first name?  
(RECORD ON FLAP IN COL. A.  
WRITE "FH" IN COL. B)

17. (IF NO MALE HEAD, SKIP TO Q.18. OTHERWISE, ASK:)

How are you (is she) related to (PERSON LISTED ON LINE 1)?

(RECORD ON FLAP IN COL. B)

18. How old (are you/is she)?  
(RECORD ON FLAP IN COL. C.  
CIRCLE "2" IN COL. D)

19. What is the highest grade or year of regular school (you have/she has) ever attended?  
(CIRCLE CODE FOR HIGHEST GRADE OR YEAR)

(SKIP TO Q.21)	Never attended school or kindergarten only:	0
	Elementary:	1 2 3 4 5 6 7 8
	High school:	9 10 11 12
15-16	College:	1 2 3 4 5+

20. Did (you/she) complete that grade or year?

		17
	Yes	1
	No	2

21. (SHOW CARD A) What is (the race of the female head of household/your race)? Just tell me the number that applies. (RECORD ON FLAP IN COL. E)

**IF NUMBER OF PERSONS RECORDED ON FLAP EQUALS NUMBER OF PERSONS GIVEN IN Q.8, SKIP TO Q.26. OTHERWISE, CONTINUE**

22. Now I would like to know about the other related people who regularly live here, starting with the oldest, and so on to the youngest. Start with the oldest.

- 1) What is his or her first name? (RECORD ON FLAP IN COL. A)
- 2) How is (NAME) related to (PERSON LISTED ON LINE 1)?  
(RECORD ON FLAP IN COL. B)
- 3) How old is (NAME)? (RECORD ON FLAP IN COL. C)
- 4) (CIRCLE CODE FOR SEX IN COL. D ON FLAP; SAY:) "Now the next oldest"

**IF NUMBER OF PERSONS RECORDED ON FLAP EQUALS NUMBER OF PERSONS GIVEN IN Q.8, SKIP TO INSTRUCTIONS BEFORE Q.24; OTHERWISE, CONTINUE**

23. Now tell me about the rest of the persons who regularly live here. (FOLLOW PROCEDURE USED IN Q.22 UNTIL NUMBER OF PEOPLE LISTED ON FLAP EQUALS NUMBER GIVEN IN Q.8)

**LOOK AT COL. E ON FLAP:**

- IF THERE ARE BOTH A MALE HEAD AND A FEMALE HEAD
  - AND THE CODE NUMBERS IN COL. E ARE DIFFERENT, SKIP TO Q.25
  - AND THE CODE NUMBERS IN COL. E ARE THE SAME, ASK Q.24
- IF THERE IS ONLY A MALE OR A FEMALE HEAD, ASK Q.24

24. Is there anyone in this household that is of a different race than the male or female head?

	18				
(SKIP TO Q.26)	<table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table>	Yes	1	No	2
Yes	1				
No	2				

25. (SHOW CARD A) Which number on this card describes the race of (NAME OF OLDEST)? (REPEAT FOR EACH PERSON AND RECORD ANSWERS ON FLAP IN COL. E)

26. Is there anyone in this household who is of Hispanic (Spanish) origin or descent?

	19				
(SKIP TO Q.28)	<table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </table>	Yes	1	No	2
Yes	1				
No	2				

27. Is (PERSON ON LISTED LINE #) of Hispanic (Spanish) origin or descent? (REPEAT FOR EACH PERSON AND CIRCLE CODE ON FLAP IN COL. F)

28. RECORD RESPONDENT'S LINE NUMBER FROM FLAP HERE: \_\_\_\_\_

20-21

LOOK AT FLAP. RECORD NAME OF MALE HEAD IN LEFT COLUMN AND FEMALE HEAD IN RIGHT COLUMN BELOW. THEN FIND ALL OTHER HOUSEHOLD MEMBERS WHO ARE 15 YEARS OLD OR OLDER AND RECORD THEIR LINE NUMBER AND NAME AT THE TOP OF THE COLUMNS ON PAGES 5 TO 6. ASK Q's 29 TO 32 IN SEQUENCE FOR EACH

<p><b>MALE HEAD'S NAME:</b> _____</p> <p>Line #: _____ 22-23</p> <p>29. (SHOW CARD B) Which of these activities best describes what (you were/<u>NAME</u> was) doing most during the last week? (CIRCLE ONLY ONE)</p> <p>(SKIP TO Q.31a) <span style="float:right">24</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">a. Working</td><td style="width:15%;">1</td></tr> <tr><td>b. Employed but not at work (e.g., on vacation, on strike, sick)</td><td>2</td></tr> <tr><td>c. Looking for work or on layoff from a job</td><td>3</td></tr> <tr><td>d. Attending school</td><td>4</td></tr> <tr><td>e. Keeping house</td><td>5</td></tr> <tr><td>f. Retired</td><td>6</td></tr> <tr><td>g. Disabled, unable to work</td><td>7</td></tr> <tr><td>h. Something else? (SPECIFY)</td><td>0</td></tr> </table> <p style="text-align:center;">C O N T I N U E</p>	a. Working	1	b. Employed but not at work (e.g., on vacation, on strike, sick)	2	c. Looking for work or on layoff from a job	3	d. Attending school	4	e. Keeping house	5	f. Retired	6	g. Disabled, unable to work	7	h. Something else? (SPECIFY)	0	<p><b>FEMALE HEAD'S NAME:</b> _____</p> <p>Line #: _____ 31-32</p> <p>29. (SHOW CARD B) Which of these activities best describes what (you were/<u>NAME</u> was) doing most during the last week? (CIRCLE ONLY ONE)</p> <p>(SKIP TO Q.31a) <span style="float:right">33</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">a. Working</td><td style="width:15%;">1</td></tr> <tr><td>b. Employed but not at work (e.g., on vacation, on strike, sick)</td><td>2</td></tr> <tr><td>c. Looking for work or on layoff from a job</td><td>3</td></tr> <tr><td>d. Attending school</td><td>4</td></tr> <tr><td>e. Keeping house</td><td>5</td></tr> <tr><td>f. Retired</td><td>6</td></tr> <tr><td>g. Disabled, unable to work</td><td>7</td></tr> <tr><td>h. Something else? (SPECIFY)</td><td>0</td></tr> </table> <p style="text-align:center;">C O N T I N U E</p>	a. Working	1	b. Employed but not at work (e.g., on vacation, on strike, sick)	2	c. Looking for work or on layoff from a job	3	d. Attending school	4	e. Keeping house	5	f. Retired	6	g. Disabled, unable to work	7	h. Something else? (SPECIFY)	0
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<p>30. In the last week, did (you/<u>NAME</u>) work at all at a paid job or in (your/his/her) own business or farm? <span style="float:right">25</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;">Yes</td><td style="width:10%;">1</td></tr> <tr><td>(SKIP TO Q.32)</td><td>No</td><td>2</td></tr> </table>		Yes	1	(SKIP TO Q.32)	No	2	<p>30. In the last week, did (you/<u>NAME</u>) work at all at a paid job or in (your/his/her) own business or farm? <span style="float:right">34</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;">Yes</td><td style="width:10%;">1</td></tr> <tr><td>(SKIP TO Q.32)</td><td>No</td><td>2</td></tr> </table>		Yes	1	(SKIP TO Q.32)	No	2																				
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<p>31a. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.</p> <p style="text-align:right"># OF HOURS: _____ 26-27</p>	<p>31a. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.</p> <p style="text-align:right"># OF HOURS: _____ 35-36</p>																																
<p>31b. How many hours do (you/he/she) usually work?</p> <p style="text-align:right"># OF HOURS: _____ 28-29</p>	<p>31b. How many hours do (you/he/she) usually work?</p> <p style="text-align:right"># OF HOURS: _____ 37-38</p>																																
<p>32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).</p> <p>1    2    3    4    5    6    7    0</p> <p style="text-align:right">30</p>	<p>32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).</p> <p>1    2    3    4    5    6    7    0</p> <p style="text-align:right">39</p>																																
GO TO NEXT PERSON OR Q.33	GO TO NEXT PERSON OR Q.33																																

<p>LINE #: <u>40-41</u> NAME: _____</p> <p>29. (SHOW CARD B) Which of these activities best describes what (you were/<u>NAME</u> was) doing <u>most</u> during the last week? (CIRCLE ONLY ONE)</p> <p>(SKIP TO Q.31a) <span style="float:right">42</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">a. Working</td><td style="width:45%;"></td><td style="width:50%; text-align:right;">1</td></tr> <tr><td>b. Employed but not at work (e.g., on vacation, on strike, sick)</td><td></td><td style="text-align:right;">2</td></tr> <tr><td>c. Looking for work or on layoff from a job</td><td></td><td style="text-align:right;">3</td></tr> <tr><td>d. Attending school</td><td></td><td style="text-align:right;">4</td></tr> <tr><td>e. Keeping house</td><td></td><td style="text-align:right;">5</td></tr> <tr><td>f. Retired</td><td></td><td style="text-align:right;">6</td></tr> <tr><td>g. Disabled, unable to work</td><td></td><td style="text-align:right;">7</td></tr> <tr><td>h. Something else? (SPECIFY)</td><td></td><td style="text-align:right;">0</td></tr> </table> <p style="text-align:center; margin-top:10px;">C O N T I N U E</p>	a. Working		1	b. Employed but not at work (e.g., on vacation, on strike, sick)		2	c. Looking for work or on layoff from a job		3	d. Attending school		4	e. Keeping house		5	f. Retired		6	g. Disabled, unable to work		7	h. Something else? (SPECIFY)		0	<p>LINE #: <u>52-53</u> NAME: _____</p> <p>29. (SHOW CARD B) Which of these activities best describes what (you were/<u>NAME</u> was) doing <u>most</u> during the last week? (CIRCLE ONLY ONE)</p> <p>(SKIP TO Q.31a) <span style="float:right">54</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">a. Working</td><td style="width:45%;"></td><td style="width:50%; text-align:right;">1</td></tr> <tr><td>b. Employed but not at work (e.g., on vacation, on strike, sick)</td><td></td><td style="text-align:right;">2</td></tr> <tr><td>c. Looking for work or on layoff from a job</td><td></td><td style="text-align:right;">3</td></tr> <tr><td>d. Attending school</td><td></td><td style="text-align:right;">4</td></tr> <tr><td>e. Keeping house</td><td></td><td style="text-align:right;">5</td></tr> <tr><td>f. Retired</td><td></td><td style="text-align:right;">6</td></tr> <tr><td>g. Disabled, unable to work</td><td></td><td style="text-align:right;">7</td></tr> <tr><td>h. Something else? (SPECIFY)</td><td></td><td style="text-align:right;">0</td></tr> </table> <p style="text-align:center; margin-top:10px;">C O N T I N U E</p>	a. Working		1	b. Employed but not at work (e.g., on vacation, on strike, sick)		2	c. Looking for work or on layoff from a job		3	d. Attending school		4	e. Keeping house		5	f. Retired		6	g. Disabled, unable to work		7	h. Something else? (SPECIFY)		0
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<p>30. In the last week, did (you/<u>NAME</u>) work at all at a paid job or in (your/his/her) own business or farm? <span style="float:right">43</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;"></td><td style="width:10%; text-align:center;">Yes</td><td style="width:10%; text-align:center;">1</td></tr> <tr><td>(SKIP TO Q.32)</td><td style="text-align:center;">No</td><td style="text-align:center;">2</td></tr> </table>		Yes	1	(SKIP TO Q.32)	No	2	<p>30. In the last week, did (you/<u>NAME</u>) work at all at a paid job or in (your/his/her) own business or farm? <span style="float:right">55</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;"></td><td style="width:10%; text-align:center;">Yes</td><td style="width:10%; text-align:center;">1</td></tr> <tr><td>(SKIP TO Q.32)</td><td style="text-align:center;">No</td><td style="text-align:center;">2</td></tr> </table>		Yes	1	(SKIP TO Q.32)	No	2																																				
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<p>31a. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.</p> <p style="text-align:right;"># OF HOURS: _____ <span style="float:right">44-45</span></p>	<p>31a. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.</p> <p style="text-align:right;"># OF HOURS: _____ <span style="float:right">56-57</span></p>																																																
<p>31b. How many hours do (you/he/she) usually work?</p> <p style="text-align:right;"># OF HOURS: _____ <span style="float:right">46-47</span></p>	<p>31b. How many hours do (you/he/she) usually work?</p> <p style="text-align:right;"># OF HOURS: _____ <span style="float:right">58-59</span></p>																																																
<p>32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).</p> <p>1    2    3    4    5    6    7    0 <span style="float:right">48</span></p>	<p>32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).</p> <p>1    2    3    4    5    6    7    0 <span style="float:right">60</span></p>																																																
<p>32a. What is the highest grade or year of regular school (<u>NAME</u>) ever attended?</p> <p>GO TO NEXT PERSON OR Q.33</p> <p>Never attended school or kindergarten only: 0</p> <p>Elementary: 1 2 3 4 5 6 7 8</p> <p>High school: 9 10 11 12</p> <p>College: 1 2 3 4 5+ <span style="float:right">49-50</span></p>	<p>32a. What is the highest grade or year of regular school (<u>NAME</u>) ever attended?</p> <p>GO TO NEXT PERSON OR Q.33</p> <p>Never attended school or kindergarten only: 0</p> <p>Elementary: 1 2 3 4 5 6 7 8</p> <p>High school: 9 10 11 12</p> <p>College: 1 2 3 4 5+ <span style="float:right">61-62</span></p>																																																
<p>32b. Did (<u>NAME</u>) complete that grade or year? <span style="float:right">51</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;"></td><td style="width:10%; text-align:center;">Yes</td><td style="width:10%; text-align:center;">1</td></tr> <tr><td></td><td style="text-align:center;">No</td><td style="text-align:center;">2</td></tr> </table>		Yes	1		No	2	<p>32b. Did (<u>NAME</u>) complete that grade or year? <span style="float:right">63</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;"></td><td style="width:10%; text-align:center;">Yes</td><td style="width:10%; text-align:center;">1</td></tr> <tr><td></td><td style="text-align:center;">No</td><td style="text-align:center;">2</td></tr> </table>		Yes	1		No	2																																				
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	No	2																																															
GO TO NEXT PERSON OR Q.33	GO TO NEXT PERSON OR Q.33																																																

<p>LINE #: <u>64-65</u> NAME: _____</p> <p>29. (SHOW CARD B) Which of these activities best describes what (you were/<u>NAME</u> was) doing most during the last week? (CIRCLE ONLY ONE)</p> <p>(SKIP TO Q.31a) <span style="float:right">66</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="8" style="text-align:center; vertical-align:middle;">C O N T I N U E</td> <td>a. Working</td> <td style="text-align:right">1</td> </tr> <tr> <td>b. Employed but not at work (e.g., on vacation, on strike, sick)</td> <td style="text-align:right">2</td> </tr> <tr> <td>c. Looking for work or on layoff from a job</td> <td style="text-align:right">3</td> </tr> <tr> <td>d. Attending school</td> <td style="text-align:right">4</td> </tr> <tr> <td>e. Keeping house</td> <td style="text-align:right">5</td> </tr> <tr> <td>f. Retired</td> <td style="text-align:right">6</td> </tr> <tr> <td>g. Disabled, unable to work</td> <td style="text-align:right">7</td> </tr> <tr> <td>h. Something else? (SPECIFY)</td> <td style="text-align:right">0</td> </tr> </table>	C O N T I N U E	a. Working	1	b. Employed but not at work (e.g., on vacation, on strike, sick)	2	c. Looking for work or on layoff from a job	3	d. Attending school	4	e. Keeping house	5	f. Retired	6	g. Disabled, unable to work	7	h. Something else? (SPECIFY)	0	<p>LINE #: <u>76-77</u> NAME: _____</p> <p>29. (SHOW CARD B) Which of these activities best describes what (you were/<u>NAME</u> was) doing most during the last week? (CIRCLE ONLY ONE)</p> <p>(SKIP TO Q.31a) <span style="float:right">78</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="8" style="text-align:center; vertical-align:middle;">C O N T I N U E</td> <td>a. Working</td> <td style="text-align:right">1</td> </tr> <tr> <td>b. Employed but not at work (e.g., on vacation, on strike, sick)</td> <td style="text-align:right">2</td> </tr> <tr> <td>c. Looking for work or on layoff from a job</td> <td style="text-align:right">3</td> </tr> <tr> <td>d. Attending school</td> <td style="text-align:right">4</td> </tr> <tr> <td>e. Keeping house</td> <td style="text-align:right">5</td> </tr> <tr> <td>f. Retired</td> <td style="text-align:right">6</td> </tr> <tr> <td>g. Disabled, unable to work</td> <td style="text-align:right">7</td> </tr> <tr> <td>h. Something else? (SPECIFY)</td> <td style="text-align:right">0</td> </tr> </table>	C O N T I N U E	a. Working	1	b. Employed but not at work (e.g., on vacation, on strike, sick)	2	c. Looking for work or on layoff from a job	3	d. Attending school	4	e. Keeping house	5	f. Retired	6	g. Disabled, unable to work	7	h. Something else? (SPECIFY)	0
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<p>30. In the last week, did (you/<u>NAME</u>) work at all at a paid job or in (your/his/her) own business or farm? <span style="float:right">67</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align:center">Yes</td> <td style="text-align:right">1</td> </tr> <tr> <td>(SKIP TO Q.32)</td> <td style="text-align:center">No</td> <td style="text-align:right">2</td> </tr> </table>		Yes	1	(SKIP TO Q.32)	No	2	<p>30. In the last week, did (you/<u>NAME</u>) work at all at a paid job or in (your/his/her) own business or farm? <span style="float:right">79</span></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="text-align:center">Yes</td> <td style="text-align:right">1</td> </tr> <tr> <td>(SKIP TO Q.32)</td> <td style="text-align:center">No</td> <td style="text-align:right">2</td> </tr> </table>		Yes	1	(SKIP TO Q.32)	No	2																						
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	No	2																																	
	Yes	1																																	
	No	2																																	
GO TO NEXT PERSON OR Q.33	GO TO NEXT PERSON (ON SLIP SHEET) OR TO Q.33																																		

33. In regard to this dwelling, is the property:

	88
Owned outright or being bought by someone living in this household,	1
Rented with payment required, or	2
Occupied without payment of rent required?	3

34. Returning to the topic of food, who usually plans the meals? (CIRCLE ONE CODE IN COL. Q.34 BELOW)

35. Who usually does the major food shopping? (CIRCLE ONE CODE IN COL. Q.35 BELOW)

36. And who usually prepares the food? (CIRCLE ONE CODE IN COL. Q.36 BELOW)

	COL. Q.34 89	COL. Q.35 90	COL. Q.36 91
The female head only	1	1	1
The male head only	2	2	2
The female and the male heads	3	3	3
The female head and someone else (SPECIFY) _____	4	4	4
The male head and someone else (SPECIFY) _____	5	5	5
Someone other than these (SPECIFY) _____	6	6	6

END CARD 05

**CHECK FLAP. IF ANY WOMEN 12 TO 55 YEARS OF AGE, ASK Q.37. ALL OTHERS, SKIP TO INSTRUCTIONS BEFORE Q.40**

37. Are any women in this household now pregnant?

	10
Yes	1
(SKIP TO INSTRUCTIONS BEFORE Q.40) No	2

38. Please tell me who. (CIRCLE CODE NUMBER IN COL. Q.38 BELOW FOR EACH PREGNANT WOMAN)

39. In which month of pregnancy (are you/is NAME)? (ENTER MONTHS IN COL. Q.39 BELOW FOR EACH PREGNANT WOMAN)

**INSTRUCTIONS**  
**CHECK FLAP. IF ANY CHILDREN 3 YEARS OLD OR LESS, ASK Q's 40 TO 42 FOR EACH. ALL OTHERS, SKIP TO Q.43**

40. Was (CHILD'S NAME) ever breast-fed? (CIRCLE CODE NUMBER IN COL. Q.40 BELOW FOR EACH CHILD)

41. (IF "YES" IN Q.40, ASK:) For how many months was (he/she) breast-fed? (ENTER MONTHS IN COL. Q.41. CIRCLE CODE "50" IF STILL BEING BREST-FED)

42. (IF STILL BEING BREAST-FED:) Please tell me the name of the woman who is breast-feeding (CHILD'S NAME). (ENTER WOMAN'S LINE NUMBER IN COL. Q.42 ON CHILD'S LINE)

43. Is any member of this household receiving benefits under the Women, Infants and Children (WIC) Program at the present time?

	11
Yes	1
(SKIP TO INSTRUCTIONS AT TOP OF PAGE 10) No	2
Don't know	8

44a. Please tell me who in this household is receiving WIC benefits. (CIRCLE CODE NUMBER IN COL. Q.44a FOR EACH PERSON WHO IS RECEIVING WIC BENEFITS)

44b. How long has (NAME) been receiving WIC benefits? (WRITE NUMBER AND CIRCLE CODE IN COL. Q.44b)

Line #	WOMEN 12 TO 55 YEARS		CHILDREN 1 TO 5 YEARS				ALL		
	COL. Q.38	COL. Q.39	COL. Q.40		COL. Q.41	COL. Q.42	COL. Q.44a	COL. Q.44b	
	Now Pregnant	Number of Months Pregnant	Child Ever Breast-Fed		Number of Months Breast-Fed	Line # of Woman Breast-Feeding	WIC Benefits	NUMBER OF:	
		Yes	No	Still Breast-Fed			Mos.	Yrs.	
1	1 21	22	1 23	2	50 24-25	26-27	1 28	29-30	1 31 2
2	1		1	2	50		1		1 2
3	1		1	2	50		1		1 2
4	1		1	2	50		1		1 2
5	1		1	2	50		1		1 2
6	1		1	2	50		1		1 2
7	1		1	2	50		1		1 2
8	1		1	2	50		1		1 2
9	1		1	2	50		1		1 2
10	1		1	2	50		1		1 2
11	1		1	2	50		1		1 2
12	1		1	2	50		1		1 2
13	1		1	2	50		1		1 2
14	1		1	2	50		1		1 2
15	1		1	2	50		1		1 2
16	1		1	2	50		1		1 2

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**CHECK FLAP. IF ANY CHILDREN BETWEEN 5 AND 18 YEARS, ASK Q's 45 TO 52 IN SEQUENCE FOR EACH AGE-ELIGIBLE CHILD. ALL OTHERS, SKIP TO INSTRUCTIONS ON PAGE 11**

45. Now I would like to talk about school breakfast and lunch programs. Does (CHILD'S NAME) attend a kindergarten, grade school, junior or high school? (CIRCLE CODE IN COL. Q.45. IF "NO," GO TO NEXT CHILD. IF LAST CHILD, SKIP TO Q.53)

46. Does (CHILD'S NAME) attend a school which serves school lunches? These are complete lunches costing a fixed price every day. (CIRCLE CODE IN COL. Q.46. IF "NO," SKIP TO Q.49)

47. During the school year, approximately how many times a week does (he/she) usually get a complete school lunch? (RECORD IN COL. Q.47. IF NONE, ENTER "0" AND SKIP TO Q.49)

48. Does (he/she) get these lunches free, at a reduced price or does (he/she) pay full price? (CIRCLE CODE IN COL. Q.48)

49. Does (CHILD'S NAME) attend a school which serves a complete breakfast costing a fixed price each day? (CIRCLE CODE IN COL. Q.49. IF "NO," SKIP TO Q.52)

CHILDREN 5 TO 18 YEARS

Line #	COL. Q.45		COL. Q.46		COL. Q.47	COL. Q.48				COL. Q.49		Line #
	Attends School		Complete Lunches		Number of Times a Week	Lunch Prices				Complete Breakfast		
	Yes	No	Yes	No		Free	Re-duced	Full Price	Don't Know	Yes	No	
1												1
2	1	2	1	2		1	2	3	8	1	2	2
3	1	2	1	2		1	2	3	8	1	2	3
4	1	2	1	2		1	2	3	8	1	2	4
5	1	2	1	2		1	2	3	8	1	2	5
6	1	2	1	2		1	2	3	8	1	2	6
7	1	2	1	2		1	2	3	8	1	2	7
8	1	2	1	2		1	2	3	8	1	2	8
9	1	2	1	2		1	2	3	8	1	2	9
10	1	2	1	2		1	2	3	8	1	2	10
11	1	2	1	2		1	2	3	8	1	2	11
12	1	2	1	2		1	2	3	8	1	2	12
13	1	2	1	2		1	2	3	8	1	2	13
14	1	2	1	2		1	2	3	8	1	2	14
15	1	2	1	2		1	2	3	8	1	2	15
16	1	2	1	2		1	2	3	8	1		16

50. During the school year, approximately how many times a week does (CHILD'S NAME) usually get a complete breakfast at school? (RECORD IN COL. Q.50. IF NONE, ENTER "0" AND SKIP TO Q.52)

51. Does (he/she) get these breakfasts free, at a reduced price or does (he/she) pay full price? (CIRCLE CODE IN COL. Q.51)

52. What is the name of the school that (CHILD'S NAME) attends? (GO TO NEXT CHILD OR INSTRUCTIONS BELOW)

**INSTRUCTIONS**

**CHECK FLAP. IF ANY CHILDREN BETWEEN 1 AND 5 YEARS, ASK Q.53. ALL OTHERS, SKIP TO Q.54.**

53. Does (CHILD'S NAME) attend a child care program which gives (him/her) any meals or snacks? (CIRCLE CODE IN COL. Q.53 FOR EACH CHILD BETWEEN 1 AND 5 YEARS)

CHILDREN 5 TO 18 YEARS									
Line #	COL. Q.50	COL. Q.51				COL. Q.52	COL. Q.53		Line #
	Number of Times a Week	Breakfast Prices					Child Care Meals/Snacks		
		Free	Re-duced	Full Price	Don't Know		Yes	No	
1									1
2		1	2	3	8		1	2	2
3		1	2	3	8		1	2	3
4		1	2	3	8		1	2	4
5		1	2	3	8		1	2	5
6		1	2	3	8		1	2	6
7		1	2	3	8		1	2	7
8		1	2	3	8		1	2	8
9		1	2	3	8		1	2	9
10		1	2	3	8		1	2	10
11		1	2	3	8		1	2	11
12		1	2	3	8		1	2	12
13		1	2	3	8		1	2	13
14		1	2	3	8		1	2	14
15		1	2	3	8		1	2	15
16		1	2	3	8		1	2	16

54. Which one of the following statements best describes the food eaten in your household:

(READ) 12

Enough of the kinds of food we want to eat,	1
Enough but not always what we want to eat,	2
Sometimes not enough to eat, or	3
Often not enough to eat?	4

55. Does anyone in this household operate a farm or ranch? 13

	Yes	1
(SKIP TO Q.57)	No	2

56. During the past calendar year (1988), did sales of crops, livestock and other farm products from this place amount to \$1,000 or more? 14

	Yes	1
	No	2

57. (HAND CARD D) Please look at this card for a moment and think about the various sources from which members of this household received income in (NAME OF LAST MONTH). Keeping all these sources in mind, what was this household's total income last month before taxes and other deductions?

\$ \_\_\_\_\_ .00 15~20

58. For each of the sources on this card, please tell me whether any member of this household received income in the last month from: **READ AND CIRCLE CODE FOR EACH IN COL. Q.58 BELOW**

59a. (FOR EACH CODE 1 IN ITEMS a THROUGH f OF Q.58, ASK:) What was the total income received last month by all members of your household -- before taxes and other deductions -- from (SOURCE)? (RECORD AMOUNT IN COL. Q.59a BELOW)

59b. (FOR EACH CODE 1 IN ITEM g OR h OF Q.58, ASK:) What was the total income received last year by all members of your household -- before taxes and other deductions -- from (SOURCE)? (RECORD AMOUNT IN COL. Q.59b BELOW)

(READ)	COL. Q.58		COL. Q.59a
	Yes	No	Amount
a. Wages or salary from a job including tips or commissions?	1 2 1	2	\$ 22 29
b. Any Social Security or Supplemental Security income?	1 2 9	2	\$ 30~35
c. Income from pension or retirement?	1 3 6	2	\$ 37~42
d. Unemployment or Workmen's Compensation?	1 4 3	2	\$ 44~49
e. AFDC, general assistance or other public assistance program? (Do not include food stamps or WIC benefits)	1 5 0	2	\$ 51~56
f. Other sources, such as alimony, child support, rent from a roomer or boarder, and the like?	1 5 7	2	\$
			COL. Q.59b
g. Spendable income from your own business or farm last year?	1 6 4	2	\$ 65~67
h. Spendable interest, dividends, annuities last year?	1 7 2	2	\$ 73~79

60. During the past year (1989), approximately how much income from all sources did you and other household members have before income taxes? Please give me your best estimate.

\$ \_\_\_\_\_ .00  
10-16

Not a household unit in the past year (1989)	1
--	---

(IF REFUSED OR DON'T KNOW, SHOW CARD E AND ASK:) Please tell me which letter on this card best represents your combined household income before taxes for the past year (1989). (CIRCLE A CODE NUMBER)

a	b	c	d	e	f	g	h	i	j	k
01	02	03	04	05	06	07	08	09	10	11

l	m	n	o	p	q	r	s	t	u
12	13	14	15	16	17	18	19	20	21

18-19 Refused 99

61. Now, consider the savings or cash assets that members of this household have. Think of cash, savings or checking accounts, stocks, bonds, mutual funds and certificates of deposits. Do the members of this household have more than \$5,000 of such savings or cash assets at this time?

(SKIP TO Q.63)	Yes	1
	No	2

62. (SHOW CARD F) What letter on this card best represents the total savings or cash assets of all household members at this time?

a	b	c	d	e	f
1	2	3	4	5	6

21

63. Did any member of your household receive food stamps in any of the past 12 months? (IF RESPONDENT IS UNCERTAIN, SAY: That is, from (NAME OF CURRENT MONTH) 1989 through (NAME OF LAST MONTH), 1990.

	Yes	1
(SKIP TO Q.70)	No	2
	Don't know	8

64. Is your household receiving food stamps at the present time?

	Yes	1
(SKIP TO Q.70)	No	2

65. Does everyone in your household receive food stamps at the present time?

(SKIP TO Q.68)	Yes	1
	No	2

66. Who receives food stamps? (RECORD NAME AND LINE # FROM FLAP)

LINE #: 25-26  
LINE #: 27-28  
LINE #: 29-30  
LINE #: 31-32  
LINE #: 33-34  
LINE #: 35-36

67. (SHOW CARD D) Think now just about these people and their income from these sources. Approximately how much income from all sources did they have before income taxes in (NAME OF LAST MONTH)? Please give me your best estimate for just these people receiving food stamps.

\$ \_\_\_\_\_ .00  
37-41

68. On about what date did your household last get food stamps?

42-43	44-45	46-47
		19
MONTH	DAY	YEAR

Don't know 46-47 8

62. (SHOW CARD F) What letter on this card best represents the total savings or cash assets of all household members at this time?

a	b	c	d	e	f
1	2	3	4	5	6

21

69. What was the total amount of stamps you received at that time? Please give me your best estimate.

\$ \_\_\_\_\_ .00  
48-51  
Don't know 8

70. During the past three months, did your household receive any USDA surplus food?

	Yes	1
(SKIP TO Q.72)	No	2

71. Please tell me what kinds of surplus food your household received.

Butter	1	53
Cheese	2	54
Peanut butter	3	55
Raisins	4	56
Other (SPECIFY) _____	0	57

NOTES

72. Is your major source of home drinking water bottled or from the tap (faucet)? 58

(SKIP TO Q.74)	Bottled	1
	Tap	2

73. What is the source of your home tap water? 59

Private or public water company	1
Private or public well	2
Spring	3
Don't know	8

74. (BY OBSERVATION:) The members of this household live in: 60

A. Single housing unit	1
B. Group quarters	2
C. Rooming house	3
D. Other (SPECIFY)	0

END CARD 07

NATIONAL ANALYSTS  
A Division of Booz·Allen  
& Hamilton Inc.

Study #: 09010-073-002  
OMB #: 0586-0014  
Expires: Feb. 29, 1992  
CARD 09 6~7

ID \_\_\_\_\_  
1~5

Segment #: \_\_\_\_\_  
8~15

Housing Unit #: \_\_\_\_\_  
16~18

Person line #: \_\_\_\_\_  
19~21

Interviewer #: \_\_\_\_\_  
21~24



FOR INTERVIEWER'S USE ONLY

Time began: \_\_\_\_\_  
25~28

AM	1
PM	2

29

Time ended: \_\_\_\_\_  
30~33

AM	1
PM	2

34

CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS — 1990  
UNITED STATES DEPARTMENT OF AGRICULTURE

Individual Intake Record

DAY ONE

This record is for: \_\_\_\_\_  
PERSON'S FIRST NAME

This person's date of birth is: \_\_\_\_\_  
MONTH DAY YEAR  
35~36 37~38 39~40

DAY ONE is from 12:00 AM to 11:59 PM yesterday. That date was:

+1

Sunday	1
Monday	2
Tuesday	3
Wednesday	4
Thursday	5
Friday	6
Saturday	7

(CIRCLE NUMBER FOR DAY OF WEEK)

\_\_\_\_\_ MONTH DAY YEAR  
42~43 44~45 46~47

Your cooperation is entirely voluntary. This information will be used to estimate the types and amounts of foods and beverages consumed by people like you. Results will be used to help ensure an adequate and safe food supply for all. This survey is authorized by law. (IF ASKED, SAY: National Agricultural Research, Extension and Teaching Policy Act of 1977, Section 1428, 7 U.S.C. 3178.)

All information will be kept confidential and will be reported as statistics only.

DAY ONE

**INSTRUCTIONS FOR EACH EATING/DRINKING OCCASION**

- ANSWER Q's 1 TO 3 ONCE
- ANSWER Q.4 BY LISTING ALL ITEMS CONSUMED
- ANSWER Q's 5 TO 8 FOR EACH ITEM LISTED IN Q.4
- ANSWER Q's 9 TO 10 IF RESPONDENT IS THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARER
- ANSWER Q.11 FOR ALL FOODS NOT FROM HOME SUPPLIES
- DRAW A LINE ACROSS ANSWER SHEET TO SEPARATE EACH OCCASION
- ANSWER Q's 12 TO 49 AT THE END OF THE RECORD

Now think about all of the foods and beverages you had yesterday, that is, beginning after 12:00 AM midnight.

**WHEN?**

1. Starting with the (first/next) time you ate or drank something yesterday, at about what time did you begin eating or drinking this? (ENTER TIME IN COL. Q.1 ON ANSWER SHEET. CIRCLE A NUMBER FOR AM OR PM. USE PM FOR 12 NOON)

**WHAT CALLED?**

2. Would you call this eating or drinking occasion: (ENTER A NUMBER IN COL. Q.2)

1. Breakfast	4. Dinner	6. Snack/beverage break/happy hour
2. Brunch	5. Supper	7. Infant feeding
3. Lunch		0. Something else (DESCRIBE IN COL. Q.2)

**WITH WHOM?**

3. With whom did you eat or drink this? (ENTER A NUMBER IN COL. Q.3)

1. Alone
2. With other household member(s)
3. With nonhousehold member(s)
4. With both household and nonhousehold members

**WHAT FOODS/DRINKS?**

4. What did you have to eat or drink on this occasion? What else? (RECORD ONE ITEM TO A LINE IN COL. Q.4. "BREAD, BUTTER" GO ON TWO LINES)
5. Describe each item further. (RECORD IN COL. Q.5, REFER TO FOOD INSTRUCTION BOOKLET -- FIB)

**QUANTITY CONSUMED?**

- 6a. How much of each item did you actually eat or drink? (ENTER AMOUNTS IN COL. Q.6a. USE MEASURING UTENSILS AND FIB)
- 6b. FOR INTERVIEWER ONLY: ENTER A NUMBER IN COL. Q.6b TO INDICATE HOW QUANTITY IN Q.6a WAS ESTIMATED

1. Measuring cup used	5. Amount reported from actual package weight
2. Measuring spoon used	6. Other (DESCRIBE IN COL. Q.6b)
3. Ruler used	7. No measuring aids used
4. Household cup, bowl, glass measured	

**FOOD SOURCE?**

7. FOR EACH ITEM LISTED: Was this item: (ENTER A NUMBER IN COL. Q.7)

1. Eaten at your home
2. Brought into your home, but later eaten away from home
3. Never brought into your home

IF ANY ITEMS WITH "1" OR "2" IN Q.7, CONTINUE.  
IF ONLY "3" FOR ALL ITEMS, GO TO Q.11

**HOME ITEMS FROM FAST-FOOD PLACES OR MEALS ON WHEELS?**

8. FOR EACH ITEM LISTED: Was this item brought into your home: (ENTER A NUMBER IN COL. Q.8)

1. From fast-food/carryout place
2. From Meals on Wheels
3. From some other place

DAY 1 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION					USE A NEW LINE FOR EACH ITEM. USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS					
Q.1		Q.2		Q.3	Q.4		Q.5		Q.6a	Q.6b
When		What Called	With Whom	Line #	Name of Food/Drink	Complete Description	Quantity Consumed	How Estimated		
Time	A M								P M	
	1	2			101					
	1	2			102					
	1	2			103					
	1	2			104					
	1	2			105					
	1	2			106					
	1	2			107					
	1	2			108					
	1	2			109					
	1	2			110					
	1	2			111					
	1	2			112					
	1	2			113					
	1	2			114					
	1	2			115					
	1	2			116					
	1	2			117					
	1	2			118					
	1	2			119					
	1	2			120					



DAY 1 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION				USE A NEW LINE FOR EACH ITEM. USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS							
Q.1		Q.2		Q.3		Q.4		Q.5		Q.6a	Q.6b
When											
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description		Quantity Consumed	How Esti- mated	
	1	2			121						
	1	2			122						
	1	2			123						
	1	2			124						
	1	2			125						
	1	2			126						
	1	2			127						
	1	2			128						
	1	2			129						
	1	2			130						
	1	2			131						
	1	2			132						
	1	2			133						
	1	2			134						
	1	2			135						
	1	2			136						
	1	2			137						
	1	2			138						
	1	2			139						
	1	2			140						



12. (SHOW CARD G) Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Have you forgotten any? (CIRCLE NUMBER FOR EACH)

(READ)

	Yes	No
<u>Snacks/desserts</u> Chips, fruits, candy, nuts, cheese, cookies	1	2
<u>Nonalcoholic drinks at meals or as snacks</u> Coffee, tea, soft drinks, juice, other drinks	1	2
<u>Alcoholic beverages</u> Beer, wine, cocktails, other drinks	1	2
<u>Accessory foods added to other foods at meals or snacks</u> Butter/margarine, sugar/sweetener, salad dressing, sauce/gravy, mustard/ketchup, relish, cream/milk, jam/jelly/syrup	1	2
<u>Side dishes</u> Crackers, bread/rolls	1	2
<u>Foods eaten or tasted while preparing meals or cleaning up</u>	1	2
<u>Other items (DESCRIBE)</u>	1	2
FOR OFFICE USE ONLY		

(IF ANY ITEM HAS BEEN FORGOTTEN ("1" CIRCLED), COMPLETE Q's 1 TO 11 AND CIRCLE "1" IN COL. Q.12 FOR EACH SUCH ITEM)

TIME Q.12 ENDED: \_\_\_\_\_

AM	1
PM	2

13a. About how many fluid ounces of water did you drink yesterday from any source other than in coffee, tea, fruitade, and the like? (IF NONE, ENTER "0" AND GO TO Q.13c)

\_\_\_\_\_ FLUID OUNCES

13b. How much of the water you drank yesterday was from your home supplies? Would you say:

None,	1
Some,	2
Most, or	3
All?	4

13c. About how many fluid ounces of water do you usually drink in a 24-hour period?

\_\_\_\_\_ FLUID OUNCES

14a. Would you say the amount of food and drink you had yesterday was:

	Less than usual,	1
(GO TO Q.15)	Usual, or	2
	More than usual for this day of the week?	3

14b. IF LESS OR MORE: Which one of the following reasons best describes why it was different? (CIRCLE ONE CODE)

Sick or ill	1
Short of money	2
Traveling	3
At a social occasion or on a special day	4
On holiday or vacation	5
Too little time or too busy	6
Not hungry or very hungry	7
Dieting	8
Some other reason? (DESCRIBE)	0

15. In general, would you say the healthfulness of your diet is: 4 8

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5

16a. What type of salt (do you/does NAME) usually add to (your/his/her) food at the table? Do you use: (READ) 4 9

Ordinary salt,	1
Lite salt, or	2
Salt substitute?	3
None	4
Don't know	8

(DO NOT READ AND SKIP TO Q.17a)

16b. How often (do you/does NAME) add (ANSWER IN Q.16a) to (your/his/her) food at the table? Is it rarely, occasionally or very often? 5 0

Rarely	1
Occasionally	2
Very often	3

17a. Are you on a special diet? 5 1

Yes	1
No	2

(GO TO Q.18)

17b. (HAND CARD H) What type of special diet are you on? Just tell me the numbers please. (CIRCLE CODE(S) IN Q.17b ROW BELOW)

17c. (HAND CARD I) (FOR EACH CODE CIRCLED IN Q.17b, ASK:) Which one of the sources on this card best explains why you are on a (ANSWER TO Q.17b) diet? Just tell me the number please. (CIRCLE SOURCE CODE FOR EACH DIET ASKED ABOUT)

		Low Calorie/ Weight Loss	Low Fat/ Cholesterol	Low Salt/ Sodium	Low Sugar/ Sugar Free	Low Fiber	High Fiber	Diabetic	Other (SPECIFY)
Q.17b	→ (CIRCLE ALL THAT APPLY)	1 5 2	2 5 3	3 5 4	4 5 5	5 5 6	6 5 7	7 5 8	0 5 9
Q.17c	Doctor, dietician, nurse prescribed	1	1	1	1	1	1	1	1
	Organized diet program -- Weight Watchers, Tops	2	2	2	2	2	2	2	2
	Diet read or heard about	3	3	3	3	3	3	3	3
	Made up the diet	4	4	4	4	4	4	4	4
	Joined another person on their special diet	5	5	5	5	5	5	5	5
	Some other source (SPECIFY)	0	0	0	0	0	0	0	0
		6 0	6 1	6 2	6 3	6 4	6 5	6 6	6 7

- IF RESPONDENT IS THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARER AND ANY ITEMS FOR THIS OCCASION ARE "1" OR "2" IN Q.7, CONTINUE
- IF RESPONDENT IS NOT THE MAIN MEAL PLANNER/PREPARER OR ALL ITEMS FOR THIS OCCASION ARE "3" IN Q.7, GO TO INSTRUCTIONS BEFORE Q.11

**FAT USED IN PREPARATION?**

9a. Think about the preparation of the foods/drinks you consumed on this occasion. By preparation, I mean the seasoning or cooking of the foods/drinks before they were brought to the table. Were any fats or oils used in preparing any of these items? (ENTER A NUMBER IN COL. Q.9a ONCE FOR THIS OCCASION)

1. Yes

2. No (GO TO Q.10)

9b. For which items from your home food supplies did you use fats or oils in the preparation? (IN COL. Q.9b CIRCLE THE APPROPRIATE NUMBER)

9c. FOR EACH ITEM WHERE FAT/OIL WAS USED: What type of fat or oil was used for this item? (ENTER A NUMBER IN COL. Q.9c)

- |  |
|--|
| 1. Olive oil   |
| 2. Corn, cottonseed, safflower or sunflower oil          |
| 3. Soybean oil or other vegetable oil (include nut oils) |
| 4. Regular tub or liquid margarine                       |
| 5. Regular stick margarine                               |

- |   |
|---|
| 6. Any diet margarine                       |
| 7. Margarine blend                          |
| 8. Butter                                   |
| 9. Animal shortening (meat/bacon drippings) |
| 10. Vegetable shortening                    |
| 11. Don't know/remember                     |

**SALT USED IN PREPARATION?**

10. For which items from your home food supplies did you use salt in the preparation? (IN COL. Q.10 CIRCLE THE APPROPRIATE NUMBER. IF SALT SUBSTITUTE USED, CIRCLE CODE 2)

- REFER TO Q.7. IF ANY ITEM FOR THIS OCCASION IS "3," CONTINUE
- IF NO ITEM IS "3," DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 FOR NEXT OCCASION. WHEN ALL OCCASIONS HAVE BEEN RECORDED, GO TO Q.12 ON NEXT PAGE

**WHERE OBTAINED/SERVICE?**

11. Where did you get this food/beverage which was not from your home food supplies?

- |   |
|---|
| 1. Restaurant with waiter/waitress service at a table or counter  |
| 2. Cafeteria or self-serve buffet restaurant  |
| 3. Restaurant where food was ordered and picked up at a counter or drive-up window (include fast-food places) |
| 4. School   |
| 5. Child-care center/Family day-care home   |
| 6. Community feeding program (include those for senior citizens, disabled, or needy persons)                  |
| 7. Vending machine (MUST RECORD ADDITIONAL NUMBER FOR LOCATION)   |
| 8. Supermarket/grocery store/deli   |
| 9. Convenience store  |
| 10. Recreation/entertainment facility (e.g., movie theater, bowling alley, sport stadium, amusement park)     |
| 11. At someone else's home  |
| 12. Some other place (describe in Col. Q.11)  |

**DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 UNTIL ALL EATING/DRINKING OCCASIONS HAVE BEEN RECORDED. IF ALL FOOD/DRINKS RECORDED, GO TO Q.12 ON NEXT PAGE**

18. Do you consider yourself to be a vegetarian? 10

Yes	1
No	2

19. How often, if at all, do you take any vitamin or mineral supplements by mouth, such as a pill or liquid? Would you say: 11

(CONTINUE)

Every day, or almost every day,	1
Every so often, or	3
Not at all?	4

(GO TO Q.23)

20. Do you usually take a:

(CIRCLE AS MANY AS APPLY)

Multivitamin,	1 12
Multivitamin with iron or other minerals,	2 13
Combination of Vitamin C and iron, or	3 14
Single vitamins/minerals?	4 15

IF CODE 4 CIRCLED, CONTINUE; OTHERWISE, SKIP TO Q.23

21. (HAND CARD J) Which of these single vitamins and minerals do you usually take? 16-34

Vitamin A	01
Vitamin B/B complex	02
Vitamin C	03
Vitamin D	04
Vitamin E	05
Calcium	06
Folacin	07
Fluoride	08
Iron	09
Zinc	10
Selenium	11
Chromium	12
Something else (SPECIFY)	20

(CIRCLE AS MANY AS APPLY)

22. Were any of these vitamins or minerals that you usually take prescribed for you by a doctor or dentist? 35

Yes, all prescribed	1
No, none prescribed	2
Some prescribed, some not	3

23. Do you take a fish oil supplement? 36

Yes	1
No	2

24. Do you take a fiber supplement? 37

Yes	1
No	2

25. About how much do you weight without shoes? 38-40

POUNDS  
38-40

26. Do you consider yourself to be overweight, underweight or about the right weight at the present time? 41

Overweight	1
Underweight	2
About right	3

27. How tall are you without shoes? 42 43-44

FEET INCHES  
42 43-44

28. In general, would you say your health is: 45

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5

29. Do you have any disability or handicap that limits your activities? 46

Yes	1
No	2

30. Have you ever had your blood cholesterol checked? 47

Yes	1
No	2
Don't know	8

31. Has a doctor ever told you that you have: (CIRCLE A NUMBER FOR EACH)

	Yes	No
Diabetes? <span style="float: right;">48</span>	1	2
High blood pressure (hypertension)? <span style="float: right;">49</span>	1	2
Heart disease? <span style="float: right;">50</span>	1	2
Cancer? <span style="float: right;">51</span>	1	2
Osteoporosis? <span style="float: right;">52</span>	1	2
High blood cholesterol? <span style="float: right;">53</span>	1	2
Stroke? <span style="float: right;">54</span>	1	2
Food allergies that make it necessary to avoid certain foods? (DESCRIBE) <span style="float: right;">55</span>	1	2

32. How would you describe the condition of your natural teeth? Would you say they are: 56

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
(DO NOT READ) Respondent has no natural teeth	6

(GO TO Q.34)

33. Do you have dentures? 57

Yes	1
No	2

34. About how many hours did you watch TV yesterday? 58

None	1
Half hour or less	2
About one hour	3
About two hours	4
About three hours	5
About four hours	6
Five hours or more	7

35. About how many hours per day do you usually watch TV? 59

None	1
Half hour or less	2
About one hour	3
About two hours	4
About three hours	5
About four hours	6
Five hours or more	7

IF RESPONDENT IS UNDER 18 YEARS OF AGE, THIS RECORD IS COMPLETED; SKIP TO Q.43  
IF RESPONDENT IS 18 YEARS OF AGE OR OLDER, CONTINUE

36. Think now about how you usually spend your leisure time, that is, other than at your job or doing housework. Would you say your usual level of physical activity is:

(READ UNDERLINED WORDS)

<u>Heavy/Rigorous</u> (running, playing tennis, swimming, doing heavy gardening, etc., three or more times per week),	1
<u>Moderate</u> (doing rigorous activities one or two times per week or doing steady walking, or other moderate activities three or more times per week), or	2
<u>Light</u> (playing golf, taking a stroll or doing nonrigorous activities occasionally)?	3
(GO TO Q.38) Bedridden	4

37. Compared with most people your age and sex, would you say that you are: 61

More active,	1
Less active, or	2
About the same?	3
(DO NOT READ) Don't know	8

38. Have you smoked 100 or more cigarettes during your entire life? 62

Yes	1
(GO TO Q.42) No	2

39. Do you smoke cigarettes now? 63

Yes	1
(GO TO Q.42) No	2

40. On average, how many cigarettes per day do you smoke?

GO TO Q.42 # \_\_\_\_\_ PER DAY  
64-66

41. How long has it been since you smoked cigarettes regularly? # \_\_\_\_\_ YEARS  
67-68

Less than one year	00
Never smoked regularly	98

42. During the past three months, have you consumed any:

	Yes	No
Beer? <span style="float: right;">69</span>	1	2
Wine? <span style="float: right;">70</span>	1	2
Hard liquor? <span style="float: right;">71</span>	1	2

INTERVIEWER COMMENTS

43. IF INTAKE IS FOR CHILD UNDER 12 YEARS OF AGE

Circle a code for the main respondent in Col. a and for all persons who assisted in responding in Col. b.

	Main Resp.	Others
	Col. a <sub>10</sub>	Col. b
Child's mother	1	1 <sub>11</sub>
Child's father	2	2 <sub>12</sub>
Child's sister	3	3 <sub>13</sub>
Child's brother	4	4 <sub>14</sub>
Child's grandparent	5	5 <sub>15</sub>
Child	6	6 <sub>16</sub>
Other person (DESCRIBE)	0	0 <sub>17</sub>

44. IF INTAKE IS FOR PERSON 12 YEARS OF AGE OR OLDER

Circle a code for the main respondent in Col. a and for all persons who assisted in responding in Col. b.

	Main Resp.	Others
	Col. a <sub>18</sub>	Col. b
Sample person	1	1 <sub>19</sub>
Mother	2	2 <sub>20</sub>
Father	3	3 <sub>21</sub>
Sister	4	4 <sub>22</sub>
Brother	5	5 <sub>23</sub>
Grandparent	6	6 <sub>24</sub>
Spouse	7	7 <sub>25</sub>
Other person (DESCRIBE)	0	0 <sub>26</sub>

45. Were the descriptions of foods/beverages consumed yesterday difficult for the respondent to answer?

	27	
Yes	1	
(GO TO Q.47) No	2	

46. What were the reasons for this difficulty?

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47. Were the amounts of foods/beverages consumed yesterday difficult for the respondent to answer?

	28	
Yes	1	
(GO TO NEXT INTAKE RECORD) No	2	

48. What were the reasons for this difficulty?

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GO TO NEXT INTAKE RECORD

OFFICE USE ONLY

CODER ID: 

--	--	--	--

  
29-31

Segment #: 

--	--	--	--	--	--	--	--



Housing Unit #: 

--	--	--	--

 6-15

Person line #: 

--	--	--

 16-18

Interviewer #: 

--	--	--	--	--

 19-20  
21-24

CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS — 1990  
UNITED STATES DEPARTMENT OF AGRICULTURE

Individual Intake Record

DAY TWO AND DAY THREE

This record is for: \_\_\_\_\_  
PERSON'S FIRST NAME

DAY TWO is from 12:00 AM to 11:59 PM today. That date is:

25

Sunday	1
Monday	2
Tuesday	3
Wednesday	4
Thursday	5
Friday	6
Saturday	7

(CIRCLE NUMBER FOR DAY OF WEEK)

MONTH	26-27

DAY	28-29

1	9	9	
YEAR	30-31		

DAY THREE is from 12:00 AM to 11:59 PM tomorrow. That date is:

32

Sunday	1
Monday	2
Tuesday	3
Wednesday	4
Thursday	5
Friday	6
Saturday	7

(CIRCLE NUMBER FOR DAY OF WEEK)

MONTH	33-34

DAY	35-36

1	9	9	
YEAR	37-38		

Your cooperation is entirely voluntary. This information will be used to estimate the types and amounts of foods and beverages consumed by people like you. Results will be used to help ensure an adequate and safe food supply for all. This survey is authorized by law (National Agricultural Research, Extension and Teaching Policy Act of 1977, Section 1428, 7 U.S.C. 3178).

All information will be kept confidential and will be reported as statistics only.

INTERVIEWER USE ONLY		CHECK BOX IF LEFT
Time Began: _____	AM 1	43
39-42	PM 2	

This record will be picked up on: \_\_\_\_\_ at \_\_\_\_\_ AM/PM  
DAY

DAY TWO

**INSTRUCTIONS FOR EACH EATING/DRINKING OCCASION**

- ANSWER Q's 1 TO 3 ONCE
- ANSWER Q.4 BY LISTING ALL ITEMS CONSUMED
- ANSWER Q's 5 TO 8 FOR EACH ITEM LISTED IN Q.4
- ANSWER Q's 9 TO 10 IF RESPONDENT IS THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARER
- ANSWER Q.11 FOR ALL FOODS NOT FROM HOME SUPPLIES
- DRAW A LINE ACROSS ANSWER SHEET TO SEPARATE EACH OCCASION
- ANSWER Q's 12 TO 17 AT THE END OF THE RECORD

Now think about all of the foods and beverages you had beginning after 12:00 AM midnight on this day.

**WHEN?**

1. Starting with the (first/next) time you ate or drank something on this day, at about what time did you begin eating or drinking this? (ENTER TIME IN COL. Q.1 ON ANSWER SHEET. CIRCLE A NUMBER FOR AM OR PM. USE PM FOR 12 NOON)

**WHAT CALLED?**

2. Would you call this eating or drinking occasion: (ENTER A NUMBER IN COL. Q.2)

1. Breakfast	4. Dinner	6. Snack/beverage break/happy hour
2. Brunch	5. Supper	7. Infant feeding
3. Lunch		0. Something else (DESCRIBE IN COL. Q.2)

**WITH WHOM?**

3. With whom did you eat or drink this? (ENTER A NUMBER IN COL. Q.3)

1. Alone
2. With other household member(s)
3. With nonhousehold member(s)
4. With both household and nonhousehold members

**WHAT FOODS/DRINKS?**

4. What did you have to eat or drink on this occasion? What else? (RECORD ONE ITEM TO A LINE IN COL. Q.4. "BREAD, BUTTER" GO ON TWO LINES)
5. Describe each item further. (RECORD IN COL. Q.5, REFER TO FOOD INSTRUCTION BOOKLET)

**QUANTITY CONSUMED?**

6. How much of each item did you actually eat or drink? (ENTER AMOUNTS IN COL. Q.6. USE MEASURING UTENSILS AND FOOD INSTRUCTION BOOKLET)

**FOOD SOURCE?**

7. FOR EACH ITEM LISTED: Was this item: (ENTER A NUMBER IN COL. Q.7)

1. Eaten at your home
2. Brought into your home, but later eaten away from home
3. Never brought into your home

IF ANY ITEMS WITH "1" OR "2" IN Q.7, CONTINUE.  
IF ONLY "3" FOR ALL ITEMS, GO TO Q.11

**HOME ITEMS FROM FAST-FOOD PLACES OR MEALS ON WHEELS?**

8. FOR EACH ITEM LISTED: Was this item brought into your home: (ENTER A NUMBER IN COL. Q.8)

1. From a fast-food/carryout place
2. From Meals on Wheels
3. From some other place

DAY 2 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION IF 12 NOON, CIRCLE PM

USE A NEW LINE FOR EACH ITEM. USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS

Q.1			Q.2	Q.3		Q.4	Q.5	Q.6
When								
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description	Quantity Consumed
	1	2			201			
	1	2			202			
	1	2			203			
	1	2			204			
	1	2			205			
	1	2			206			
	1	2			207			
	1	2			208			
	1	2			209			
	1	2			210			
	1	2			211			
	1	2			212			
	1	2			213			
	1	2			214			
	1	2			215			
	1	2			216			
	1	2			217			
	1	2			218			
	1	2			219			
	1	2			220			



DAY 2 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION IF 12 NOON, CIRCLE PM

USE A NEW LINE FOR EACH ITEM. USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS

Q.1			Q.2	Q.3		Q.4	Q.5	Q.6
When								
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description	Quantity Consumed
	1	2			221			
	1	2			222			
	1	2			223			
	1	2			224			
	1	2			225			
	1	2			226			
	1	2			227			
	1	2			228			
	1	2			229			
	1	2			230			
	1	2			231			
	1	2			232			
	1	2			233			
	1	2			234			
	1	2			235			
	1	2			236			
	1	2			237			
	1	2			238			
	1	2			239			
	1	2			240			



DAY 2

12. Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Have you forgotten any: (CIRCLE NUMBER FOR EACH)

(IF YOU HAVE FORGOTTEN ANY ITEM (NUMBER 1 CIRCLED), COMPLETE Q's 1 TO 11 FOR EACH ITEM BY USING NEXT AVAILABLE LINE ON ANSWER SHEET)

	Yes	No
<u>Snacks/desserts</u> Chips, fruits, candy, nuts, cheese, cookies	1	2
<u>Nonalcoholic drinks</u> at meals or as snacks Coffee, tea, soft drinks, juice, other drinks	1	2
<u>Alcoholic beverages</u> Beer, wine, cocktails, other drinks	1	2
<u>Accessory foods</u> added to other foods at meals or snacks Butter/margarine, sugar/sweetener, salad dressing, sauce/gravy, mustard/ketchup, relish, cream/milk, jam/jelly/syrup	1	2
<u>Side dishes</u> Crackers, bread/rolls	1	2
<u>Foods eaten or tasted</u> while preparing meals or cleaning up	1	2
<u>Other items</u> (DESCRIBE) _____	1	2

13. Would you say the amount of food and drink you had today was:

Less than usual	1
Usual	2
More than usual for this day of the week	3

14. IF LESS OR MORE: Which one of the following reasons best describes why it was different?

Sick or ill	1
Short of money	2
Traveling	3
At a social occasion or on a special day	4
On holiday or vacation	5
Too little time or too busy	6
Not hungry or very hungry	7
Dieting	8
Some other reason? (DESCRIBE) _____	0

15. Did you use the measuring cups, spoons or ruler when you estimated the amounts of food you had eaten?

Yes, most of the time	1
Yes, some time	2
No, not at all	3

DAY THREE

DAY 3 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION  
IF 12 NOON, CIRCLE PM

USE A NEW LINE FOR EACH ITEM.  
USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS

Q.1			Q.2		Q.3	Q.4	Q.5		Q.6
When									
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description		Quantity Consumed
	1	2			301				
	1	2			302				
	1	2			303				
	1	2			304				
	1	2			305				
	1	2			306				
	1	2			307				
	1	2			308				
	1	2			309				
	1	2			310				
	1	2			311				
	1	2			312				
	1	2			313				
	1	2			314				
	1	2			315				
	1	2			316				
	1	2			317				
	1	2			318				
	1	2			319				
	1	2			320				



DAY 3 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION IF 12 NOON, CIRCLE PM			USE A NEW LINE FOR EACH ITEM. USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS				
Q.1	Q.2	Q.3	Q.4	Q.5		Q.6	
When			Line #	Name of Food/Drink	Complete Description	Quantity Consumed	
Time	A M	P M					What Called
	1	2	321				
	1	2	322				
	1	2	323				
	1	2	324				
	1	2	325				
	1	2	326				
	1	2	327				
	1	2	328				
	1	2	329				
	1	2	330				
	1	2	331				
	1	2	332				
	1	2	333				
	1	2	334				
	1	2	335				
	1	2	336				
	1	2	337				
	1	2	338				
	1	2	339				
	1	2	340				



● IF YOU ARE THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARER AND ANY ITEMS FOR THIS OCCASION ARE "1" OR "2" IN Q.7 CONTINUE

● IF YOU ARE NOT THE MAIN MEAL PLANNER/PREPARER OR ALL ITEMS FOR THIS OCCASION ARE "3" IN Q.7, GO TO INSTRUCTIONS BEFORE Q.11

**FAT USED IN PREPARATION?**

9a. Think about the preparation of the foods/drinks you consumed on this occasion. By preparation, I mean the seasoning or cooking of the foods/drinks before they were brought to the table. Were any fats or oils used in preparing any of these items? (ENTER A NUMBER IN COL. Q.9a ONCE FOR THIS OCCASION)

1. Yes

2. No (GO TO Q.10)

9b. For which items from your home food supplies did you use fats or oils in the preparation? (IN COL. Q.9b CIRCLE THE APPROPRIATE NUMBER)

9c. FOR EACH ITEM WHERE FAT/OIL WAS USED: What type of fat or oil was used for this item? (ENTER A NUMBER IN COL. Q.9c)

1. Olive oil

2. Corn, cottonseed, safflower or sunflower oil

3. Soybean oil or other vegetable oil (include nut oils)

4. Regular tub or liquid margarine

5. Regular stick margarine

6. Any diet margarine

7. Margarine blend

8. Butter

9. Animal shortening (meat/bacon drippings)

10. Vegetable shortening

11. Don't know/remember

**SALT USED IN PREPARATION?**

10. For which items from your home food supplies did you use salt in the preparation? (IN COL. Q.10 CIRCLE THE APPROPRIATE NUMBER. IF SALT SUBSTITUTE USED, CIRCLE CODE 2)

● REFER TO Q.7. IF ANY ITEM FOR THIS OCCASION IS "3," CONTINUE

● IF NO ITEM IS "3," DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 FOR NEXT OCCASION. WHEN ALL OCCASIONS HAVE BEEN RECORDED, GO TO Q.12 ON NEXT PAGE

**WHERE OBTAINED/SERVICE?**

11. Where did you get this food/beverage which was not from your home food supplies?

1. Restaurant with waiter/waitress service at a table or counter

2. Cafeteria or self-serve buffet restaurant

3. Restaurant where food was ordered and picked up at a counter or drive-up window (include fast-food places)

4. School

5. Day-care center or summer day camp

6. Community feeding program (include those for senior citizens, disabled or needy persons)

7. Vending machine (MUST RECORD ADDITIONAL NUMBER FOR LOCATION)

8. Supermarket/grocery store/deli

9. Convenience store

10. Recreation/entertainment facility (e.g., movie theater, bowling alley, sport stadium, amusement park)

11. At someone else's home

12. Some other place (describe in Col. Q.11)

DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 UNTIL ALL EATING/DRINKING OCCASIONS HAVE BEEN RECORDED. IF ALL FOOD/DRINKS RECORDED, GO TO Q.12 ON NEXT PAGE

DAY 3

12. Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Have you forgotten any: (CIRCLE NUMBER FOR EACH)

	Yes	No
<u>Snacks/desserts</u> Chips, fruits, candy, nuts, cheese, cookies	1	2
<u>Nonalcoholic drinks at meals or as snacks</u> Coffee, tea, soft drinks, juice, other drinks	1	2
<u>Alcoholic beverages</u> Beer, wine, cocktails, other drinks	1	2
<u>Accessory foods added to other foods at meals or snacks</u> Butter/margarine, sugar/sweetener, salad dressing, sauce/gravy, mustard/ketchup, relish, cream/milk, jam/jelly/syrup	1	2
<u>Side dishes</u> Crackers, bread/rolls	1	2
<u>Foods eaten or tasted while preparing meals or cleaning up</u>	1	2
<u>Other items (DESCRIBE)</u> _____	1	2

(IF YOU HAVE FORGOTTEN ANY ITEM (NUMBER 1 CIRCLED), COMPLETE Q's 1 TO 11 FOR EACH ITEM BY USING NEXT AVAILABLE LINE ON ANSWER SHEET)

13. Would you say the amount of food and drink you had today was:

Less than usual	1
Usual	2
More than usual for this day of the week	3

14. IF LESS OR MORE: Which one of the following reasons best describes why it was different?

Sick or ill	1
Short of money	2
Traveling	3
At a social occasion or on a special day	4
On holiday or vacation	5
Too little time or too busy	6
Not hungry or very hungry	7
Dieting	8
Some other reason? (DESCRIBE) _____	0

15. Did you use the measuring cups, spoons or ruler when you estimated the amounts of food you had eaten?

Yes, most of the time	1
Yes, some time	2
No, not at all	3

FOODS/BEVERAGES	15. During the past three months did you <u>consume</u> :		16. FOR EACH ITEM CONSUMED: During the past three months, how many times did you eat this, on average, each day, week or month?			17. How much did you eat on average each time?  REFER TO MEASURING UTENSILS		
	Yes	No	RECORD ANSWER IN ONLY ONE BOX FOR EACH FOOD			1 Cup = 8 fl. oz.		
1. <u>Milk as a beverage or a drink made with milk...</u>	1	2	<input type="checkbox"/> 23~24	OR	<input type="checkbox"/> 25~26	OR	<input type="checkbox"/> 27~28	_____ Cup(s) 29~32
2. <u>Milk on cereal.....</u>	1	2	<input type="checkbox"/> 33~34	OR	<input type="checkbox"/> 35~36	OR	<input type="checkbox"/> 37~38	_____ Cup(s) 39~42
3. <u>Milk in coffee, tea, other.....</u>	1	2	<input type="checkbox"/> 43~44	OR	<input type="checkbox"/> 45~46	OR	<input type="checkbox"/> 47~48	_____ Cup(s) 49~52
4. <u>Poultry (chicken, turkey, duck, etc.).....</u>	1	2	<input type="checkbox"/> 53~54	OR	<input type="checkbox"/> 55~56	OR	<input type="checkbox"/> 57~58	
5. <u>Red meat (beef, pork, lamb).....</u>	1	2	<input type="checkbox"/> 59~60	OR	<input type="checkbox"/> 61~62	OR	<input type="checkbox"/> 63~64	
6. <u>Fish and shellfish (exclude canned products)</u>	1	2	<input type="checkbox"/> 65~66	OR	<input type="checkbox"/> 67~68	OR	<input type="checkbox"/> 69~70	
7. <u>Citrus fruit only (oranges, grapefruit, etc.; include raw, canned and frozen products).....</u>	1	2	<input type="checkbox"/> 71~72	OR	<input type="checkbox"/> 73~74	OR	<input type="checkbox"/> 75~76	
8. <u>Citrus fruit juices.....</u>	1	2	<input type="checkbox"/> 77~78	OR	<input type="checkbox"/> 79~80	OR	<input type="checkbox"/> 81~82	
9. <u>All other fruit only (bananas, berries, apples, grapes, etc.; include raw, canned and frozen products).....</u>	1	2	<input type="checkbox"/> 83~84	OR	<input type="checkbox"/> 85~86	OR	<input type="checkbox"/> 87~88	END CARD 13
10. <u>All other fruit juices...</u>	1	2	<input type="checkbox"/> 11~12	OR	<input type="checkbox"/> 13~14	OR	<input type="checkbox"/> 15~16	DUP 1~5 CARD 14 6~7
11. <u>Raw vegetables (include raw vegetables in salads)</u>	1	2	<input type="checkbox"/> 18~19	OR	<input type="checkbox"/> 20~21	OR	<input type="checkbox"/> 22~23	
12. <u>Cooked vegetables (exclude white and sweet potatoes).....</u>	1	2	<input type="checkbox"/> 25~26	OR	<input type="checkbox"/> 27~28	OR	<input type="checkbox"/> 29~30	
13. <u>Eggs</u>	1	2	<input type="checkbox"/> 32~33	OR	<input type="checkbox"/> 34~35	OR	<input type="checkbox"/> 36~37	

THANK YOU FOR YOUR COOPERATION

OFFICE USE ONLY

CODER 10:

38~39

LINE #: _____ NAME: _____	LINE #: _____ NAME: _____																																
<p>29. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week? (CIRCLE ONLY ONE)</p> <p>(SKIP TO Q.31)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. Working</td><td style="text-align: right;">1</td></tr> <tr><td>b. Employed but not at work (e.g., on vacation, on strike, sick)</td><td style="text-align: right;">2</td></tr> <tr><td>c. Looking for work or on layoff from a job</td><td style="text-align: right;">3</td></tr> <tr><td>d. Attending school</td><td style="text-align: right;">4</td></tr> <tr><td>e. Keeping house</td><td style="text-align: right;">5</td></tr> <tr><td>f. Retired</td><td style="text-align: right;">6</td></tr> <tr><td>g. Disabled, unable to work</td><td style="text-align: right;">7</td></tr> <tr><td>h. Something else? (SPECIFY)</td><td style="text-align: right;">0</td></tr> </table> <p style="text-align: center;">C O N T I N U E</p>	a. Working	1	b. Employed but not at work (e.g., on vacation, on strike, sick)	2	c. Looking for work or on layoff from a job	3	d. Attending school	4	e. Keeping house	5	f. Retired	6	g. Disabled, unable to work	7	h. Something else? (SPECIFY)	0	<p>29. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week? (CIRCLE ONLY ONE)</p> <p>(SKIP TO Q.31)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. Working</td><td style="text-align: right;">1</td></tr> <tr><td>b. Employed but not at work (e.g., on vacation, on strike, sick)</td><td style="text-align: right;">2</td></tr> <tr><td>c. Looking for work or on layoff from a job</td><td style="text-align: right;">3</td></tr> <tr><td>d. Attending school</td><td style="text-align: right;">4</td></tr> <tr><td>e. Keeping house</td><td style="text-align: right;">5</td></tr> <tr><td>f. Retired</td><td style="text-align: right;">6</td></tr> <tr><td>g. Disabled, unable to work</td><td style="text-align: right;">7</td></tr> <tr><td>h. Something else? (SPECIFY)</td><td style="text-align: right;">0</td></tr> </table> <p style="text-align: center;">C O N T I N U E</p>	a. Working	1	b. Employed but not at work (e.g., on vacation, on strike, sick)	2	c. Looking for work or on layoff from a job	3	d. Attending school	4	e. Keeping house	5	f. Retired	6	g. Disabled, unable to work	7	h. Something else? (SPECIFY)	0
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<p>30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="text-align: center;">Yes</td><td style="text-align: center;">1</td></tr> <tr><td>(SKIP TO Q.32)</td><td style="text-align: center;">No</td><td style="text-align: center;">2</td></tr> </table>		Yes	1	(SKIP TO Q.32)	No	2	<p>30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="text-align: center;">Yes</td><td style="text-align: center;">1</td></tr> <tr><td>(SKIP TO Q.32)</td><td style="text-align: center;">No</td><td style="text-align: center;">2</td></tr> </table>		Yes	1	(SKIP TO Q.32)	No	2																				
	Yes	1																															
(SKIP TO Q.32)	No	2																															
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(SKIP TO Q.32)	No	2																															
<p>31. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.</p> <p style="text-align: center;"># OF HOURS: _____</p>	<p>31. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.</p> <p style="text-align: center;"># OF HOURS: _____</p>																																
<p>32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).</p> <p style="text-align: center;">1   2   3   4   5   6   7   0</p>	<p>32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).</p> <p style="text-align: center;">1   2   3   4   5   6   7   0</p>																																
<p>32a. What is the highest grade or year of regular school (NAME) ever attended?</p> <p>GO TO NEXT PERSON OR Q.33</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;"><u>Never attended school or kindergarten only:</u> 0</td><td></td></tr> <tr><td><u>Elementary:</u> 1 2 3 4 5 6 7 8</td><td></td></tr> <tr><td><u>High school:</u> 9 10 11 12</td><td></td></tr> <tr><td><u>College:</u> 1 2 3 4 5+</td><td></td></tr> </table>	<u>Never attended school or kindergarten only:</u> 0		<u>Elementary:</u> 1 2 3 4 5 6 7 8		<u>High school:</u> 9 10 11 12		<u>College:</u> 1 2 3 4 5+		<p>32a. What is the highest grade or year of regular school (NAME) ever attended?</p> <p>GO TO NEXT PERSON OR Q.33</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;"><u>Never attended school or kindergarten only:</u> 0</td><td></td></tr> <tr><td><u>Elementary:</u> 1 2 3 4 5 6 7 8</td><td></td></tr> <tr><td><u>High school:</u> 9 10 11 12</td><td></td></tr> <tr><td><u>College:</u> 1 2 3 4 5+</td><td></td></tr> </table>	<u>Never attended school or kindergarten only:</u> 0		<u>Elementary:</u> 1 2 3 4 5 6 7 8		<u>High school:</u> 9 10 11 12		<u>College:</u> 1 2 3 4 5+																	
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	Yes	1																															
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	No	2																															

NATIONAL ANALYSTS  
 A Division of Booz•Allen  
 & Hamilton Inc.

Study #: 09010-073-002  
 OMB #: 0586-0014  
 Expires: Feb. 29, 1992  
 600 1-3  
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ID \_\_\_\_\_  
 6-10

DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE -- 1990

14-24

25-29

30-31

11-13 Blank

Time Began: \_\_\_\_\_  
 36-39

AM	1
PM	2

Time Ended: \_\_\_\_\_  
 41-44

AM	1
PM	2

Interviewer ID #:

--	--	--	--

INTRODUCTION: (ASK TO SPEAK WITH NAME OF MEAL PLANNER/PREPARER ON THE LABEL) Hello, I am \_\_\_\_\_ from National Analysts. We spoke with you several months ago as part of the food survey we are conducting for the United States Department of Agriculture. You will remember we promised to get back in touch with you to ask a few more questions about your opinions on your diet, health, food shopping and related topics.

Remember that everything you say will be kept confidential. This interview usually takes about 25 minutes. If you have any comments about the length, content or any other aspect of this survey, I will give you the name of someone to contact at the end of the interview.

46 CALL #	47-52 DATE	53-56 TIME	57 AM	58-59 PM	CALL REPORT FORM RESULT CODE*	COMMENTS
1	/ /		1	2		
2	/ /		1	2		
3	/ /		1	2		
4	/ /		1	2		
5	/ /		1	2		

\*Result of Call Codes

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>1. Interview complete</li> <li>2. Appointment made (RECORD TIME ABOVE)</li> <li>3. Interview refused</li> <li>4. Telephone busy (CALL AGAIN IN HALF HOUR)</li> <li>5. Telephone out of order</li> <li>6. No one home/No answer after ten rings</li> </ul> | <ul style="list-style-type: none"> <li>7. Respondent not home</li> <li>8. Language barrier</li> <li>9. Vacant/Phone disconnected</li> <li>10. New telephone number obtained (RECORD NUMBER ABOVE)</li> <li>11. Other (SPECIFY ABOVE)</li> </ul> |
|--|---|

1. Let's begin by talking about your opinion of the amount of food, such as fruits, vegetables and meats that people should eat each day for good health. How many servings of (READ ITEM) should a person eat each day if one serving equals (READ AMOUNT)?

ITEM	AMOUNT	NUMBER OF SERVINGS
a. Fruit	One piece of whole fruit?	12-13
b. Vegetables	A half cup of cooked vegetables?	14-15
c. Dairy products	One cup of milk or a slice of cheese?	16-17
d. Grain products	One slice of bread or a half cup of cooked cereal, rice or pasta?	18-19
e. Meat, poultry or fish	A piece the size of a medium hamburger?	20-21

2. Let's talk about your own diet. In your opinion, should your diet be lower or higher (in the amount of) (STATEMENT) or is it just about right compared with what is most healthful? (READ STATEMENT "a" TO "f" THEN BEGIN AT STATEMENT WITH "X" AND READ ALL OF THE REMAINING ITEMS)

STATEMENT	Lower	Higher	About Right	Don't Know
a. Meat, poultry or fish?	1	2	3	8
b. Fruits?	1	2	3	8
c. Vegetables?	1	2	3	8
d. Dairy products?	1	2	3	8
e. Breads, cereals and other grain products?	1	2	3	8
f. Eggs?	1	2	3	8
g. The variety of foods you eat?	1	2	3	8
h. Calories?	1	2	3	8
i. Calcium?	1	2	3	8
j. Iron?	1	2	3	8
k. Vitamin C?	1	2	3	8
l. Protein?	1	2	3	8
m. Fat?	1	2	3	8
n. Saturated fat?	1	2	3	8
o. Cholesterol?	1	2	3	8
p. Salt or sodium?	1	2	3	8
q. Fiber?	1	2	3	8
r. Sugar and sweets?	1	2	3	8

3. People may avoid some types of foods. Do you personally avoid:

(START AT "X")	FOOD ITEM	Avoids	Does Not Avoid Food	
	a. Meat, such as, beef or lamb?	1	2	40
	b. Rare hamburger?	1	2	41
	c. Poultry?	1	2	42
	d. Fish?	1	2	43
	e. Eggs?	1	2	44
	f. Do you personally avoid all types of milk?	1	2	45
	g. Whole milk?	1	2	46
	h. Cheese?	1	2	47
	i. Alcoholic beverages?	1	2	48
	j. Do you personally avoid starchy foods like potatoes or bread?	1	2	49
	k. Foods high in sugar?	1	2	50
	l. Raw shellfish?	1	2	51
	m. Legumes like kidney beans or split peas?	1	2	52

4. I am going to read you some advice about healthy diets. On a scale from 1 to 6, where "1" is "Not at All Important" and "6" is "Very Important," please tell me how important it is to you personally to (STATEMENT, STARTING AT "X")?

**INTERVIEWER INSTRUCTIONS SAY, AS NEEDED:** Remember, answer "1" if the statement is "Not at All Important" and "6" if the statement is "Very Important" to you, or use any number in between.

(START AT "X")	STATEMENT	Not at All Important						Very Important						
	a. Avoid <u>too much</u> salt or sodium?	1	2	3	4	5	6	1	2	3	4	5	6	53
	b. Avoid too much saturated fat?	1	2	3	4	5	6	1	2	3	4	5	6	54
	c. Eat at least five servings a day of fruits and vegetables?	1	2	3	4	5	6	1	2	3	4	5	6	55
	d. Avoid too much sugar?	1	2	3	4	5	6	1	2	3	4	5	6	56
	e. (DO NOT ASK, IF CODE "1" IN Q.3i) Limit alcoholic beverages to no more than one or two drinks a day?	1	2	3	4	5	6	1	2	3	4	5	6	57
	f. Eat foods with adequate fiber?	1	2	3	4	5	6	1	2	3	4	5	6	58
	g. Eat foods with adequate starch?	1	2	3	4	5	6	1	2	3	4	5	6	59
	h. Eat a variety of foods?	1	2	3	4	5	6	1	2	3	4	5	6	60
	i. Maintain a desirable weight?	1	2	3	4	5	6	1	2	3	4	5	6	61
	j. Avoid too much fat?	1	2	3	4	5	6	1	2	3	4	5	6	62
	k. Avoid too much cholesterol?	1	2	3	4	5	6	1	2	3	4	5	6	63
	l. Eat at least six servings a day of breads, cereals and other grain products?	1	2	3	4	5	6	1	2	3	4	5	6	64
	m. Eat at least three servings of foods rich in calcium daily?	1	2	3	4	5	6	1	2	3	4	5	6	65

INTERVIEWER INSTRUCTION:  
ASK Q. 5 AND Q. 6 FOR EACH  
BEHAVIOR BEFORE GOING TO  
NEXT BEHAVIOR

5. Have you heard about any health problems that might be related to: (READ BEHAVIOR IN TABLE BELOW BEGINNING AT "X")
6. (IF YES, SAY:) What health problems are these? Any other problems? (CIRCLE ALL THAT APPLY)

READ STARTING AT "X"	BEHAVIOR	COL. Q. 5		COL. Q. 6																													
		Yes	No	Anemia	Arteriosclerosis/Atherosclerosis	Bone Problems in adults	Bone development in children	Cancer	Clogged arteries	Colitis	Constipation	Coronary disease	Dental problems	Diabetes	Digestive problems	Diverticulitis	Hardening of the arteries	Heart attack/Heart disease	High blood pressure	High blood cholesterol	Hyperactivity	Hypertension	Iron-poor blood	Irrregularity	Kidney disease	Obesity	Osteoporosis	Overweight	Stroke	Health problem not specified	Other disease/problem		
	a. How much fat a person eats?	12 1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	0	(EXPLAIN)	24
	b. How much saturated fat a person eats?	13 1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	0	(EXPLAIN)	28
	c. How much fiber a person eats?	14 1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	0	(EXPLAIN)	32
	d. How much salt or sodium a person eats?	15 1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	0	(EXPLAIN)	36
	e. How much calcium a person eats?	16 1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	0	(EXPLAIN)	40
	f. How much cholesterol a person eats?	17 1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	0	(EXPLAIN)	44
	g. How much sugar a person eats?	18 1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	0	(EXPLAIN)	48
	h. How much iron a person eats?	19 1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	0	(EXPLAIN)	52
	i. Being overweight?	20 1	2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	0	(EXPLAIN)	56

7. Do you consider yourself to be:

(READ)

12

Overweight,	1
Underweight, or	2
About right?	3

8. On a scale from 1 to 6, where "1" is "Strongly Disagree" and "6" is "Strongly Agree," tell me how much you agree or disagree with each of these statements.

**INTERVIEWER INSTRUCTIONS SAY, AS NEEDED:** Remember, answer "1" if you "Strongly Disagree" and "6" if you "Strongly Agree" with the statement, or use any other number in between.

(START AT "X")	(READ)	Strongly Disagree	Strongly Agree	Don't Know
	a. Eating a variety of foods each day probably gives you all the vitamins and minerals you need	1 2 3 4 5 6		8 13
	b. Some people are born to be fat and some thin; there is not much you can do to change this	1 2 3 4 5 6		8 14
	c. If you take a vitamin-mineral supplement each day, eating a variety of foods is not necessary	1 2 3 4 5 6		8 15
	d. Different kinds of fiber in food have different health benefits	1 2 3 4 5 6		8 16
	e. Starchy foods, like potatoes and rice, make people fat	1 2 3 4 5 6		8 17
	f. Most starchy foods have many vitamins and minerals	1 2 3 4 5 6		8 18
	g. There are so many recommendations about healthy ways to eat, it's hard to know what to believe	1 2 3 4 5 6		8 19
	h. What you eat can make a big difference in your chance of getting a disease, like heart disease or cancer	1 2 3 4 5 6		8 20
	i. The things I eat and drink now are healthy so there is no reason for me to make changes	1 2 3 4 5 6		8 21
	j. The current laws adequately protect me from eating foods with dangerous amounts of pesticide residues in them	1 2 3 4 5 6		8 22
	k. The health risks of pesticide residues in food are well understood	1 2 3 4 5 6		8 23
	l. Pesticides should not be used on crops grown for food because the risks are greater than the benefits	1 2 3 4 5 6		8 24

9. Based on your knowledge, which has more fiber: (READ EACH PAIR STARTING AT "X" AND THEN WAIT FOR AN ANSWER)

a. Fruit or,	1	25
Meat?	2	
b. Cornflakes, or	1	26
Oatmeal?	2	
c. Whole wheat bread, or	1	27
White bread?	2	
d. Orange juice, or	1	28
An apple?	2	
e. Kidney beans, or	1	29
Lettuce?	2	
f. Popcorn, or	1	30
Pretzels?	2	

10. Ounce for ounce, which is highest in calories? Would you say butter, sugar, potatoes or straight alcohol? (CIRCLE CODE IN COL. Q.10)

11. Which is the next highest? Is it: (READ THE REMAINING CHOICES AND CIRCLE CODE IN COL. Q.11)

	31 COL. Q.10	32 COL. Q.11
Butter,	1	1
Sugar,	2	2
Potatoes, or	3	3
Straight alcohol?	4	4
(DO NOT READ) Don't know	8	8

12. Based on your knowledge, which has more cholesterol: (READ EACH PAIR STARTING AT "X" AND THEN WAIT FOR AN ANSWER)

a. Liver, or	1	33
T-bone steak?	2	
b. Butter, or	1	34
Margarine?	2	
c. Egg whites, or	1	35
Egg yolks?	2	
d. Skim milk, or	1	36
Whole milk?	2	

13. Which has more fat: (READ EACH PAIR STARTING AT "X" AND THEN WAIT FOR AN ANSWER)

a. Regular hamburger, or	1
Ground round?	2
b. Loin pork chops, or	1
Pork spare ribs?	2
c. Hot dogs, or	1
Ham?	2
d. Peanuts, or	1
Popcorn?	2
e. Yogurt, or	1
Sour cream?	2
f. Porterhouse steak, or	1
Round steak?	2
g. Ice cream, or	1
Sherbet?	2
h. Roast chicken leg, or	1
Fried chicken leg?	2

14. Which kind of fat is more likely to be a liquid rather than a solid: (READ)

	45
Saturated fats,	1
Polyunsaturated fats, or	2
Are they equally likely to be liquids?	3
(DO NOT READ) Don't know	8

15. If a food is labeled cholesterol free, is it also: (READ)

	46
Low in saturated fat,	1
High in saturated fat, or	2
It could be either high or low in saturated fat?	3
(DO NOT READ) Don't know	8

16. Is cholesterol found in: (READ)

47

Vegetables and vegetable oils,	1
Animal products like meat and dairy products, or	2
<u>All</u> foods containing fat or oil?	3
(DO NOT READ) Don't know	8

17. If a product is labeled as containing only vegetable shortening is it: (READ)

48

Low in saturated fat, or	1
High in saturated fat, or	2
It could be either high or low in saturated fat?	3
(DO NOT READ) Don't know	8

18. Think now about cooking and preparing food. About how much time do you usually spend when you make the main meal of the day?

53

# OF: 49-52

HOURS	1
MINUTES	2

19. Do you: (READ)

	Yes	No	
a. Usually add salt to foods when you prepare them for yourself or your family?	1	2	54
b. Cook meat or poultry without added fat most of the time?	1	2	55
c. Use low-fat or skim milk instead of whole milk in cooking?	1	2	56
d. Ever replace whole eggs with egg whites in recipes?	1	2	57
e. Cut the amount of sugar in recipes?	1	2	58
f. Wash fresh fruits and vegetables thoroughly with water before eating them?	1	2	59
g. Eat the outer leaves of leafy vegetables such as lettuce and cabbage?	1	2	60
h. Usually peel fresh fruits such as apples before eating them?	1	2	61
i. Usually peel fresh vegetables such as cucumbers before eating them?	1	2	62
j. Usually use products specially made to have less salt, such as those labeled "no salt added," when you have a choice between lower-salt products and regular products?	1	2	63

20. Now let's talk a little bit about grocery shopping. I'm going to read some things that may be important when a person shops for food. On a scale from 1 to 6, where "1" is "Not at All Important" and "6" is "Very Important," tell me how important each thing is to you when you shop for food. (READ, STARTING AT "X")

**INTERVIEWER INSTRUCTIONS** SAY AS NEEDED: Remember, answer "1" if the thing is "Not at All Important" to you and "6" if it is "Very Important" to you, or use any other number in between.

(START AT "X")		Not at All Important				Very Important		
		1	2	3	4	5	6	
	a. Product safety?	1	2	3	4	5	6	54
	b. Nutrition?	1	2	3	4	5	6	55
	c. Price?	1	2	3	4	5	6	56
	d. How well the food keeps?	1	2	3	4	5	6	57
	e. How easy the food is to prepare?	1	2	3	4	5	6	58
	f. Taste?	1	2	3	4	5	6	59

21.

I am going to read some types of information that may be on food packages or labels. For each, please tell me if you use that type of information often, sometimes, rarely, or never: (READ EACH STATEMENT, STARTING AT "X" AND THEN WAIT FOR AN ANSWER: SAY AFTER STATEMENT, AS NEEDED: Would you say you use that type of information often, sometimes, rarely, or never?)

(START AT "X")		Often	Some-times	Rarely	Never
	a. The list of ingredients that tells the contents of the item	1	2	3	4 70
	b. Statements about health benefits of the food	1	2	3	4 71
	c. The calories in a serving	1	2	3	4 72
	d. The sodium content of the food	1	2	3	4 73
	e. The vitamin or mineral content of the food	1	2	3	4 74
	f. The fiber content of the food	1	2	3	4 75
	g. The fat content of the food	1	2	3	4 76
	h. The cholesterol content of the food	1	2	3	4 77
	i. The sugar content of the food	1	2	3	4 78
	j. Defrosting instructions	1	2	3	4 79
	k. Cooking instructions	1	2	3	4 80
	l. Recipes	1	2	3	4 81
	m. Storage instructions	1	2	3	4 82

22. How often do you compare the nutrients, such as protein, fat or vitamins, for different brands of the same food? Would you say: (READ)

	12
Always,	1
Sometimes,	2
Rarely, or	3
(SKIP TO Q.24) Never?	4

23. When you are comparing nutrients such as protein, fat or vitamins for different brands of the same food, is it a problem that serving sizes for different brands are not always the same? Would you say that it is: (READ)

	13
Very much a problem,	1
Somewhat of a problem, or	2
Not at all a problem?	3

24. The last set of questions covers food safety. In general would you say that your concern about food safety is: (READ)

	14
Higher now than a year ago?	1
Lower now than a year ago, or	2
About the same?	3
(DO NOT READ) Don't know	8

25. Do you consider the following to be safe or not safe: (READ, STARTING AT "X")

(START AT "X")		Safe	Not Safe	Don't Know
	a. Foods that have been treated by irradiation? (IF ASKED, SAY: Irradiation is the process of applying energy in the form of X-rays, gamma rays or electrons to food in a food processing facility)	1	2	8
	b. Meat from animals that have been given antibiotics at approved levels?	1	2	8
	c. Meat from animals that have been given hormones at approved levels?	1	2	8
	d. Foods made at home with raw eggs, such as homemade ice cream or homemade mayonnaise?	1	2	8
	e. Beef that is very rare?	1	2	8
	f. Meat that has nitrite?	1	2	8
	g. Foods that have been grown using pesticides at approved levels to control insects, plant diseases, weeds, and such?	1	2	8
	h. Fruits and vegetables that have been coated with wax?	1	2	8
	i. Foods that may contain pesticide residues in amounts allowed by law?	1	2	8
	j. Foods that contain additives or preservatives?	1	2	8
	k. Foods with artificial coloring?	1	2	8
	l. Foods that have been imported from other countries?	1	2	8
	m. Cooked fish?	1	2	8
	n. Raw shellfish, like oysters and clams?	1	2	8

26. Some people are more concerned about food safety than others. Which one of the following issues, if any, concerns you the most: (READ)

(CIRCLE ONLY ONE CODE)

(DO NOT READ)

Drug residues in animal products,	1
Pesticide residues on fruit and vegetables,	2
Bacteria and parasites in foods,	3
Food additives, or	4
Are you not concerned about any of these?	5
Don't know	8

27. Do you ever buy store-prepared foods containing meat or poultry from supermarkets, that is, foods that are sold either hot or cooked and then refrigerated?

Yes	1
No	2

28. Compared with home-prepared foods, would you say that store-prepared foods are more safe, as safe or less safe?

More safe	1
As safe	2
Less safe	3

THANK RESPONDENT AND RECORD TIME ON COVER

## APPENDIX D

NATIONAL ANALYSTS

PHILADELPHIA  
March 30, 1990

TO: All CSFII Interviewers  
FROM: Mary Fontanella  
RE: Changes in the CSFII Documents for Year 2

Welcome to Year 2 of the CSFII! In order to make the transition from Year 1 to Year 2 easily, I have outlined the changes in the interviewing documents. Please review these changes before starting your interviews.

- Screening Forms

There are no changes on Screening Form 1 (the all-income screening form).

On Screening Form 2 (the income qualifying screening form), the income limits in Q.S2a have been updated. However, the instructions for using the grid and determining eligibility have remained the same.

- Household Questionnaire

In Year 1, the instructions before Q.23 were incorrect. These instructions have been corrected for Year 2.

Q.31b on the work history grids on pages 4-6 and the slipsheet is new. This question asks the number of hours the person usually works in a week.

- Day 1 Intake Record

The following questions have been added to the Day 1 Intake Record:

- Q.22 -- If the respondent takes vitamins or minerals, this questions asks if they were prescribed by a doctor or dentist. If all the vitamins or minerals the respondent takes were prescribed by a doctor or dentist, circle code "1", "Yes, All Prescribed". If none were prescribed by a doctor or dentist, circle code "2", "No, None Prescribed". If only some were prescribed by a doctor or dentist, circle code "3", "Some Prescribed, Some Not".
- Q.26 -- Asks if the respondent considers himself/herself to be overweight, underweight or about the right weight at the present time. Note that we are interested in the respondent's opinion only.

- Q.30 -- Asks if the respondent has ever had his/her blood cholesterol checked.
- Q.32 -- Asks the respondent to describe the condition of his/her natural teeth. Read the answer categories and circle the appropriate code, then skip to Q.34. If the respondent has no natural teeth, circle code "6" and go to Q.33.
- Q.33 -- Asks if the respondent has dentures. Only ask this question if you have a code "6" in Q.32.
- Q.42 -- Asks if the respondent has consumed any beer, wine or hard liquor in the past 3 months. Circle a response for each item.

The following questions have been deleted from the Day 1 Intake Record:

- Q's 29-30 -- These questions asked if the respondent had trouble biting or chewing food and the reasons for this trouble. These questions were replaced by Q's 32 and 33.
- Q's 39-43 -- These questions asked about the respondent's consumption, purchase and storage of meat and poultry dishes that were bought fully cooked. We no longer need to obtain this information.

• Day 2/3 Intake Record

Question 15 was added to the end of the Day 2 and Day 3 records (on page 6 for Day 2 and page 12 for Day 3). This question asks if the respondent used the measuring cups, spoons or ruler when estimating the amounts of food eaten. These questions will be completed by the respondent.

The questions in the grid on the last page of this document have remained the same. The list, however, has changed slightly. Furthermore, Q.17 is asked for only 2 items rather than 3. Please review this so that you are familiar with the items in case you need to clarify them for the respondent.

As you will note, the changes to the CSFII documents are minimal. Please remember that if you read each question as it is written and follow the instructions, you will have no difficulties.

Keep up the good work. I look forward to another good year on this project.

*Mary*  
M.F.

## **APPENDIX E**

NATIONAL ANALYSTS  
Field Department

TO: ALL CSFII INTERVIEWERS

FROM: Therol Johnson, Field Administrator  
1-800-342-9101 - Extension 6934

DATE: \_\_\_\_\_

RE: DHK Year 2

Congratulations! The DHK phase of the USDA/CSFII project for Year 1 is complete. Thank you for all of your hard work and cooperation throughout the year. Enclosed you will find your first DHK assignment for Year 2. You must complete your assignment by the due date that is circled on the label.

**Please note that there are significant changes in the Year 2 Questionnaire. Before you attempt to conduct an interview, it is extremely important that you set aside some time to carefully review this memo which describes the Year 2 DHK in detail.**

**Changes in the DHK Questionnaire Year 2**

The most obvious change is in the color of the questionnaire. Year 2 DHK questionnaires are yellow. I am aware that many of you have blank DHK questionnaires from Year 1. **Please throw away blank Year 1 DHK questionnaires immediately!!**

As you read through the questionnaire you will notice that the format is basically unchanged. You will notice that there are questions that require the respondent to:

- o rate a series of statements or use a scale to rank a series of statements regarding their opinions about food and nutrition.
- o identify health problems related to specific eating behaviors

- o use their knowledge about fat cholesterol and fiber.
- o answer miscellaneous questions pertaining to their knowledge and opinions about food and nutrition.

Most of the questions will be familiar to you as they have either remained basically the same or they have been updated minimally to reflect current social trends in health and nutrition. There are several questions however, that are either new to the DHK or changed significantly. Please take note of the following:

Q1 This question is concerned with respondents' opinions about the amount of different categories of food a person should eat daily.

You will be required to read a food item and a serving size, and then ask the respondent how many servings of the item a person should eat daily for good health.

For example:

"How many servings of fruit should a person eat each day if one serving equals one piece of whole fruit?"

It is important that you try to get an answer for each item. We strongly discourage "Don't Know" responses. If a respondent appears unsure, ask for their best guess.

Q3 This question concerns whether respondents avoid certain types of food. To reduce confusion, please remember to repeat the stem "**do you personally avoid**" before each item, except items "e" and "j".

Note that item "a" asks if the respondent avoids meat, such as beef or lamb. If the respondent avoids one but not the other (e.g. beef but not lamb or vice versa) use the code 2, "does not avoid." In other words, you should only use Code 1 "avoids" if the respondent avoids meat: both lamb and beef.

Q4 If you've ever conducted a DHK interview, this question will be familiar. You should note the following changes nevertheless:

- o item "e"  
Please be careful to follow the new skip pattern. If a respondent indicates in Q3 that (s)he avoids alcohol, you should skip this question.
- o Note that the scale -- for this question, and all similar ranking questions -- is reversed. For the DHK Year 1, you instructed respondents to answer "6"

if a statement was "not at all important" and "1" if a statement was "very important." We have reversed the scale for Year 2 where 1 = "Not at all important" and 6 = "Very important".

You may mention to the respondent something like "the higher up the scale you go, the more important the statement is to you."

This change should reduce the amount of confusion concerning what each end of the scale means. Repeat the scale periodically to remind the respondent even if (s)he answers with ease.

- Q19 This question concerns habits pertaining to food preparation. It is pretty straight forward. Just take a few moments to review it prior to your first interview for Year 2 as it is new to the DHK questionnaire.
- Q25 This question concerns the safeness of different foods. Many of the items in this question are new. Again, it is pretty straight forward.
- Q26 This question requires respondents' to select one of five food safety issues which concerns them most.

**I want to highlight three special considerations for Year 2. These are not changes in the DHK, rather these are points regarding interviewing techniques which I want to stress. Please be aware of these points before starting your assignment.**

### Special Considerations for DHK Year 2

- o Interviewing the correct respondent

I cannot stress enough how important it is that you verify that the person you attempt to interview for the DHK is the same person that was designated the main meal planner preparer for the original CSFII.

In most cases you will remember who you interviewed. However, I sometimes re-assign assignments and request that you conduct the DHK for a household you've never visited. Please keep this in mind before beginning each assignment. If you have any questions regarding the correct respondent for the DHK or if you recognize any errors printed on the DHK label, please contact me immediately!

o Review Q2.

This question asks respondents what their diets should be compared to what is most healthful, **not** how healthy their diet is. It is extremely important that you listen carefully for any misinterpretation when respondents' are answering this question. Lookout out for responses like:

"It (My diet) is too high" or  
"It (My intake) is just about right."

"It is" suggests that the respondent is confused. You should probably get in the habit of repeating the question at least once just to safeguard against this kind of misinterpretation.

o All questions pertaining to general knowledge about fat and cholesterol

You should only probe for an answer once before accepting a "Don't Know".

Again, thank you for your continuous cooperation. And, just to remind you of how important your contribution to the CSFII project is, I have enclosed a clipping from a USDA publication. Some of the data was derived from the CSFII and the DHK. Looking forward to another successful year!!

TJ:oc

Enclosures

## **APPENDIX F**

NATIONAL ANALYSTS  
A Division of Booz, Allen  
& Hamilton Inc.

Study #: 09010-073-002  
Spring, 1990

USDA CSFII 1990  
- National Training Conference  
Agenda

**DAY 1**

<u>Time</u>	<u>Activity</u>
8:30 AM - 9:00 AM	Sign In and Set Up
9:00 AM - 9:30 AM	Introductions and Orientation
9:30 AM - 10:15 AM	Introduction to Screening Forms
10:15 AM - 10:30 AM	<b>BREAK</b>
10:30 AM - 12:00 PM	Introduction to CSFII Household Questionnaire
12:00 PM - 1:00 PM	<b>LUNCH</b>
1:00 PM - 2:45 PM	Introduction to Individual Intake Recording
2:45 PM - 3:00 PM	<b>BREAK</b>
3:00 PM - 4:00 PM	Practice Intake Record
4:00 PM - 4:30 PM	Homework Assignment

**DAY 2**

8:30 AM - 9:00 AM	Set Up
9:00 AM - 10:15 AM	Review and Introduction to Day 2 and 3 Intake
10:15 AM - 10:30 AM	<b>BREAK</b>
10:30 AM - 12:00 PM	Review and Introduction Continued
12:00 PM - 1:00 PM	<b>LUNCH</b>
1:00 PM - 2:45 PM	Practice Interview

USDA CSF11 1990  
- National Training Conference -  
Agenda

(Continued)

**DAY 2 Continued**

2:45 PM - 3:00 PM

**BREAK**

3:00 PM - 4:00 PM

Introduction to DHK

4:00 PM - 4:30 PM

Homework Assignment

**DAY 3**

8:30 AM - 9:00 AM

Set Up

9:00 AM - 10:30 AM

One-on-One Review

10:30 AM - 11:00 AM

Group Review

11:00 AM - 12:30 PM

Role Play II

12:30 PM - 1:30 PM

**LUNCH**

1:30 PM - 2:30 PM

Sampling and Nonresponse Issues

2:30 PM - 3:00 PM

Field Issues

3:00 PM On

Review and Summation

## **APPENDIX G**

November 16, 1990

Dear CSFII Interviewer:

In our planning for future CSFII studies, USDA has asked us for some feedback on the measuring utensils and other aids used by respondents in completing the intake records, especially Day 2 and 3. As you are in the best position to observe these aids in action, we would like your help in preparing our response. We would appreciate hearing from all of you on this issue. Please take a minute to fill out these few questions and return them in the attached envelope.

As you have often told your respondents, "Everything you say will be kept confidential and reported as summary statistics only." There is no need to sign your name, just mail this back to us by November 28, 1990. Thanks!

Sincerely yours,

Lucy B. Wilson  
Vice President

LBW:hr

**NATIONAL ANALYSTS**  
**Division of Booz•Allen & Hamilton Inc.**

**Study #: 09010-073-002**  
**Fall, 1990**

ID \_\_\_\_\_  
6~10

856 1~3  
01 4~5

**INTERVIEWER DEBRIEFING**  
**QUESTIONNAIRE -- CSFII 1990**

**PLEASE RETURN BY NOVEMBER 28, 1990**

1. In about what percentage of the Day 1 intake records that you completed in person with respondents did you use the measuring cups or spoons as aids?

\_\_\_\_\_ %

11~13

2. How do you use them? (CIRCLE ALL THAT APPLY)

14

As an aid to visualize portion sizes	1
To measure capacity of bowls, cups, glasses used	2
Other ways? (SPECIFY) _____ _____	0

3. In about what percentage of the Day 1 intake records that you completed in person with respondents did you use the ruler?

\_\_\_\_\_ %

16~18

4. How do you use the ruler? (CIRCLE ALL THAT APPLY)

19

To measure dimensions of foods available at the time	1
As an aid to visualize portion sizes	2
Other ways? (SPECIFY) _____ _____	0

5. What percentage of the respondents who completed Day 2 and/or Day 3 intake records do you think used the measuring cups or spoons?

\_\_\_\_\_ %

21~23

6. Why do you say that? (CIRCLE ALL THAT APPLY)

24

Respondents told me they used the measuring cups or spoons	1
Respondents told me they did not use the measuring cups or spoons	2
I saw respondents using the measuring cups or spoons	3
Other: (SPECIFY) _____ _____	0

25

7. How do you think respondents used the measuring cups or spoons when completing Day 2 and/or Day 3 records? (CIRCLE ALL THAT APPLY)

26

To measure volume of food before it is eaten	1
As an aid to visualize portion sizes	2
To serve food	3
To measure capacity of bowls, cups, glasses used	4
Other ways? (SPECIFY) _____ _____	0

27

8. What percentage of the respondents who completed Day 2 and/or Day 3 intake records do you think used the ruler?

\_\_\_\_\_%  
28~30

9. How do you think respondents used the ruler? (CIRCLE ALL THAT APPLY)

31

To measure dimensions of foods before it is eaten	1
As an aid to visualize portion sizes	2
Other ways? (SPECIFY) _____ _____	0

32

10. For respondents who used the measuring cups, spoons and rulers, when do you think they used them? (CIRCLE CODE FOR MOST TYPICAL)

33

Before eating the food item	1
After eating the food item	2
At the end of each meal	3
At the end of each day	4
At the end of entire recording period	5
Later (e.g., after the 2-day recording period)	6

**FOR CLASSIFICATION PURPOSES ONLY**

11. Are you:

	34
Male, or	1
Female	2

12. What is the highest grade or year of regular school you have ever attended?

Elementary:	35	1	2	3	4	5	6	7	8
High school:	36	9	10	11	12				
College:	37	1	2	3	4	5	6+		

13. Did you complete that grade or year?

	38
Yes	1
No	2

14. For how many years or months have you been an interviewer?

NUMBER OF: \_\_\_\_\_

	39
Years	1
Months	2

15. What other (USDA) food studies have you ever worked on?

	40
Continuing Survey of Food Intake By Individuals begun in 1989	1
Nationwide Food Consumption Study Conducted in 1987 and 1988	2
Continuing Survey of Food Intake By Individuals conducted in 1985 and 1986	3
Nationwide Food Consumption Study Conducted in 1977 and 1978	4
Other USDA food studies	5
Other food surveys	6
None	0

16. Do you speak any languages other than English?

4 1	
Yes (which languages?)	1
_____	4 2
_____	4 3
No	2

17. Other than what you have learned from working on the USDA food surveys, what background or training do you have in food and nutrition matters?

(CIRCLE AS MANY AS APPLY)

4 4	
College level training in nutrition or other related topics	1
Other training in nutrition/related topics	2
Training or professional experience in food preparation (e.g., professional cook or chef, catering)	
Homemaker's knowledge of food preparation	3
Other (EXPLAIN)	0
_____	
_____	

4 5

18. Date:

4 6 - 4 7

--	--

MONTH

4 8 - 4 9

--	--

DAY

9	0
---	---

YEAR

**THANK YOU!**

## **APPENDIX H**



RECORD NUMBER FIELD\_NUM FILTER F.MIN.. F.MAX.. F.TYPE ERR.MIN ERR.MAX W.MIN.. W.MAX..

RECORD NUMBER	FIELD_NUM	FILTER	F.MIN..	F.MAX..	F.TYPE	ERR.MIN	ERR.MAX	W.MIN..	W.MAX..
124	I37					1	2		
						8	9		
125	I38	I37	1	1	FIRST	1	2		
126	I39	I37	1	1	FIRST	1	2		
127	I40	I37	1	1	FIRST	1	2		
128	I41	I37	1	1	FIRST	1	2		
129	I42	I37	1	1	FIRST	1	2		
130	I43	I37	1	1	FIRST	1	2		
131	I44	I37	1	1	FIRST	1	2		
132	I45	I37	1	1	FIRST	1	2		
133	I46					1	2		
						8	9		
134	I47					1	1		
						3	3		
						4	4		
						8	9		
221	I51	I55	1	1	FIRST	1	2		
						8	9		
211	I52	I55	1	1	FIRST	1	2		
						8	9		
217	I53	I55	1	1	FIRST	1	2		
						8	9		
214	I54	I55	1	1	FIRST	1	2		
						8	9		
222	I56					0	999		
223	I57					0	9		
224	I58					0	11		
						98	99		
141	I59					1	5		
						8	9		
142	I60					1	2		
						9	9		
143	I61					1	2		
						9	9		
144	I62					1	2		
						9	9		
145	I63					1	2		
						9	9		
146	I64					1	2		
						9	9		
147	I65					1	2		
						9	9		
151	I66					1	2		
						9	9		
152	I67	I66	1	1	FIRST	1	2		
						8	9		
153	I68	I66	1	1	FIRST	1	2		
						8	9		
154	I69	I66	1	1	FIRST	1	2		
						8	9		
157	I70	I311	18	99	FIRST	1	4		
						8	9		
159	I75	I311	18	99	FIRST	1	2		
						8	9		
160	I76	I75	1	1	FIRST	1	2		
						9	9		

RECORD NUMBER FIELD\_NUM FILTER F.MIN.. F.MAX.. F.TYPE ERR.MIN ERR.MAX W.MIN.. W.MAX..

161	I77	I75	1	1	FIRST	1	999
		I76	1	1	AND		
162	I78	I75	1	1	FIRST	00	99
		I77	NA	NA	AND		
139	I103					0000	9999
140	I111					0	7
170	I112	I111	1	7	FIRST	01	12
171	I113	I111	1	7	FIRST	01	31
172	I114	I111	1	7	FIRST	89	93
226	I115	I111	1	7	FIRST	1	2
						8	9
227	I116	I111	1	7	FIRST	1	2
						8	9
228	I117	I111	1	7	FIRST	1	2
						8	9
229	I118	I111	1	7	FIRST	1	2
						8	9
230	I119	I111	1	7	FIRST	1	2
						8	9
231	I120	I111	1	7	FIRST	1	2
						8	9
232	I121	I111	1	7	FIRST	1	2
						8	9
233	I122	I111	1	7	FIRST	1	3
						9	9
234	I123	I111	1	7	FIRST	0	9
		I122	1	1	AND		
		I122	3	3	OR		
173	I125					0	7
174	I126	I125	1	7	FIRST	01	12
175	I127	I125	1	7	FIRST	01	31
176	I128	I125	1	7	FIRST	89	93
235	I129	I125	1	7	FIRST	1	2
						8	9
236	I130	I125	1	7	FIRST	1	2
						8	9
237	I131	I125	1	7	FIRST	1	2
						8	9
238	I132	I125	1	7	FIRST	1	2
						8	9
239	I133	I125	1	7	FIRST	1	2
						8	9
240	I134	I125	1	7	FIRST	1	2
						8	9
241	I135	I125	1	7	FIRST	1	2
						8	9
242	I136	I125	1	7	FIRST	1	3
						9	9
243	I137	I125	1	7	FIRST	0	9
		I136	1	1	AND		
		I136	3	3	OR		
177	I138	I125	1	7	FIRST	1	2
						8	9
181	I139	I125	1	7	FIRST	1	2
						8	9
185	I140	I125	1	7	FIRST	1	2

RECORD NUMBER FIELD\_NUM FILTER F.MIN.. F.MAX.. F.TYPE ERR.MIN ERR.MAX W.MIN.. W.MAX..

244	I141	I125	1	7	FIRST	8	9
						1	2
245	I142	I125	1	7	FIRST	8	9
						1	2
246	I143	I125	1	7	FIRST	8	9
						1	2
247	I144	I125	1	7	FIRST	8	9
						1	2
248	I145	I125	1	7	FIRST	8	9
						1	2
249	I146	I125	1	7	FIRST	8	9
						1	2
250	I147	I125	1	7	FIRST	8	9
						1	2
251	I148	I125	1	7	FIRST	8	9
						1	2
178	I149	I125	1	7	FIRST	8	9
		I138	1	1	AND	01	99
		I150	NA	NA	AND		
		I151	NA	NA	AND		
179	I150	I125	1	7	FIRST	01	99
		I138	1	1	AND		
		I151	NA	NA	AND		
		I149	NA	NA	AND		
180	I151	I125	1	7	FIRST	01	99
		I138	1	1	AND		
		I149	NA	NA	AND		
		I150	NA	NA	AND		
182	I152	I125	1	7	FIRST	01	99
		I139	1	1	AND		
		I153	NA	NA	AND		
		I154	NA	NA	AND		
183	I153	I125	1	7	FIRST	01	99
		I139	1	1	AND		
		I152	NA	NA	AND		
		I154	NA	NA	AND		
184	I154	I125	1	7	FIRST	01	99
		I139	1	1	AND		
		I152	NA	NA	AND		
		I153	NA	NA	AND		
252	I185	I125	1	7	FIRST	1	2
						8	9
253	I189	I125	1	7	FIRST	1	2
						8	9
209	I279	155	1	1	FIRST	1	2
						8	9
138	I281	155	1	1	FIRST	1	2
						8	9
212	I283	155	1	1	FIRST	1	2
						8	9
213	I284	155	1	1	FIRST	1	2
						8	9
215	I285	155	1	1	FIRST	1	2
						8	9
216	I286	155	1	1	FIRST	1	2



RECORD NUMBER FIELD\_NUM FILTER F.MIN.. F.MAX.. F.TYPE ERR.MIN ERR.MAX W.MIN.. W.MAX..

RECORD NUMBER	FIELD_NUM	FILTER	F.MIN..	F.MAX..	F.TYPE	ERR.MIN	ERR.MAX	W.MIN..	W.MAX..
81	13					98	99		
						1	2		
1	14					8	9		
						1	5		
2	15	14	1	4	FIRST	8	9		
						1	3		
3	16					8	9		
4	17	14	1	4	FIRST	01	999		
		16	1	97	AND	1	2		
		16	998	999	OR	8	9		
5	18					000	999		
6	19	18	000	999	FIRST	0	2		
						8	9		
7	20					000	999		
8	21	20	000	999	FIRST	0	2		
						8	9		
9	22					000	999		
10	23	22	000	999	FIRST	0	2		
						8	9		
13	24					01	97		
						99	99		
14	25					1	2		
						9	9		
15	26					1	2		
						9	9		
17	28					1	2		
						9	9		
18	29					01	10		
19	30					1	3		
						8	9		
20	31					1	6		
						9	9		
21	32					1	6		
						9	9		
22	33					1	6		
						9	9		
26	36					1	2		
						8	9		
27	37	36	1	1	FIRST	1	2		
						8	9		
29	39					0000000	9999999		
30	40	39	99999998	99999999	FIRST	01	21		
						98	99		
32	41	102	2	2	FIRST	0	6		
						8	9		
33	42					1	2		
						8	9		
34	43	42	1	1	FIRST	1	2		
						8	9		
35	44	42	1	1	FIRST	1	2		
		43	1	1	AND	8	9		
38	45	42	1	1	FIRST	01	12		
		43	1	1	AND	NA	NA		
		47	87	89	OR				
		47	98	99	OR				



RECORD NUMBER	FIELD_NUM	FILTER	F.MIN..	F.MAX..	F.TYPE	ERR.MIN	ERR.MAX	W.MIN...	W.MAX..
---------------	-----------	--------	---------	---------	--------	---------	---------	----------	---------

63	75	74	1	1	FIRST	0	5		
						8	9		
64	76	75	01	05	FIRST	1	3		
		75	08	09	OR	8	9		
56	80	68	1	1	FIRST	01	99		
57	81	80	1	99	FIRST	1	2		
						8	9		
65	83	53	1	5	FIRST	1	2		
						8	9		
28	84					000000	999999		
83	85					1	2		
						8	9		
84	86	85	1	1	FIRST	0	999999		
85	87					1	2		
						8	9		
86	88	87	1	1	FIRST	0	999999		
87	89					1	2		
						8	9		
88	90	89	1	1	FIRST	0	999999		
89	91					1	2		
						8	9		
90	92	91	1	1	FIRST	0	999999		
91	93					1	2		
						8	9		
92	94	93	1	1	FIRST	0	999999		
93	95					1	2		
						8	9		
94	96	95	1	1	FIRST	0	999999		
95	97					1	2		
						8	9		
96	98	97	1	1	FIRST	0	999999		
97	99					1	2		
						8	9		
98	100	99	1	1	FIRST	0	999999		
31	102					1	2		
						8	9		
37	103	42	1	1	FIRST	00000	99999		
		43	1	1	AND				
		44	2	2	AND				
42	104					1	2		
						8	9		
99	105	104	1	1	FIRST	1	1		
						8	9		
100	106	104	1	1	FIRST	1	1		
						8	9		
101	107	104	1	1	FIRST	1	1		
						8	9		
102	108	104	1	1	FIRST	1	1		
						8	9		
103	109	104	1	1	FIRST	1	1		
						8	9		
104	110					1	2		
						9	9		
105	111	110	2	2	FIRST	1	3		
						8	9		
25	112					1	4		

PAGE 9

09:17:32 23 APR 1991

RECORD NUMBER FIELD\_NUM FILTER F.MIN.. F.MAX.. F.TYPE ERR.MIN ERR.MAX W.MIN.. W.MAX..

8 9

237 Records Processed

## **APPENDIX I**

1990 CSFII HOUSEHOLD FILE FORMAT, 02/27/91  
RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
1-2	2		RECORD IDENTIFICATION NO.	15
3-7	5		HOUSEHOLD IDENTIFICATION NO.	
8-9	2		BLANK	
10-13			SEGMENT CODE (FOR CSFII 1990):	
10	1		DESIGNATION OF SAMPLE CODE	1 - BASIC 2 - LOW INCOME
11	1		WAVE OF SEGMENT	1 - 8
12	1		PSU REPLICATE WITHIN STRATUM	1 - 1ST REPLICATE 2 - 2ND REPLICATE
			STRATUM (THREE FIELDS):	
13	1		URBANIZATION CODE	1 - CENTRAL CITIES 2 - SUBURBAN (METRO) AREAS 3 - NON-METRO AREAS
14			GEOGRAPHIC DIVISION	1 - NEW ENGLAND 2 - MIDDLE ATLANTIC 3 - EAST NORTH CENTRAL 4 - WEST NORTH CENTRAL 5 - SOUTH ATLANTIC 6 - EAST SOUTH CENTRAL 7 - WEST SOUTH CENTRAL 8 - MOUNTAIN 9 - PACIFIC
15	1		STRATUM WITHIN URBANIZATION / GEOGRAPHIC DIVISION MATRIX	1 - 6
16-17	2		AREA SEGMENT WITHIN PSU	01 - 99
18-20	3		HOUSING UNIT NUMBER WITHIN AREA SEGMENT	001 - 999
21	1		QUARTER	0 - CSFII DRESS REHEARSAL 1 - FIRST QUARTER 2 - SECOND QUARTER 3 - THIRD QUARTER 4 - FOURTH QUARTER

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
 RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
22	1		REGION	1- NORTHEAST 2- MIDWEST 3- SOUTH 4- WEST
23-24	2		HOUSEHOLD SIZE - HH Q8 (ACTUAL NUMBER OF PERSONS IN HOUSEHOLD INCLUDING ROOMERS, BOARDERS AND EMPLOYEES	
25-27	3		INDIVIDUAL SAMPLING WEIGHT  DATE OF HOUSEHOLD INTERVIEW	
28-29	2		MONTH	01 - 12
30-31	2		DAY	01 - 31
32	1		YEAR	7 - 1987 8 - 1988 9 - 1989 0 - 1990
33	1		DAY OF WEEK	1 - SUNDAY 2 - MONDAY 3 - TUESDAY 4 - WEDNESDAY 5 - THURSDAY 6 - FRIDAY 7 - SATURDAY
34	1		BLANK	

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
 RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
35-41	6	0	INCOME BEFORE TAXES FOR PREVIOUS YEAR HH Q60	0 - 9999996 9999997 - NOT HOUSEHOLD IN PREVIOUS YEAR 9999998 - DON'T KNOW 9999999 - NO ANSWER
42-43	2		INCOME CODE - HH Q60 (SELECTED BY RESPONDENT WHEN ACTUAL LAST YEAR'S INCOME NOT GIVEN)	00 - ZERO INCOME 01 - UNDER 1000 02 - 1000 - 1999 03 - 2000 - 2999 04 - 3000 - 3999 05 - 4000 - 4999 06 - 5000 - 5999 07 - 6000 - 6999 08 - 7000 - 7999 09 - 8000 - 8999 10 - 9000 - 9999 11 - 10000 - 12499 12 - 12500 - 14999 13 - 15000 - 17499 14 - 17500 - 19499 15 - 20000 - 24999 16 - 25000 - 29999 17 - 30000 - 34999 18 - 35000 - 39999 19 - 40000 - 44999 20 - 45000 - 49999 21 - 50000 - OR MORE 98 - DON'T KNOW 99 - NO ANSWER/REFUSED SPACE - NOT APPLICABLE
44-46	3		BLANK	
47-50	4		INTERVIEWER NUMBER	0001 - 9999

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
 RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
51	1		BLANK	
52-53	2		TOTAL HOUSEHOLD MEMBERS EXCLUDING ROOMERS, BOARDERS, AND EMPLOYEES (CALCULATED VARIABLES)	ACTUAL COUNT
54	1		IS HOUSEHOLD RECEIVING FOOD STAMPS AT PRESENT TIME    HH Q64	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
55-68	15		BLANK	

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
69	1		HOW OFTEN DOES SOMEONE DO A MAJOR FOOD SHOPPING HH Q1.	1 - MORE THAN ONCE A WEEK 2 - ONCE A WEEK 3 - ONCE EVERY TWO WEEKS 4 - ONCE A MONTH OR LESS 5 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
70	1		WHAT KIND OF STORE IS THIS FOOD SHOPPING DONE. HH Q2. (BLANK IF COLUMN 69 IS A 5,8 OR 9)	1 - SUPERMARKET 2 - SMALL STORE 3 - SOME PLACE ELSE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
71-73	3	0	HOW FAR FROM YOUR HOME IS THIS STORE HH Q3 (BLANK IF COLUMN 69 IS A 5,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
74	1		UNITS AWAY HH Q3 (BLANK IF COLUMN 69 IS A 5,8 OR 9)	1 - BLOCKS 2 - MILES 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
75-77	3	0	HOW MUCH WAS SPENT AT GROCERY STORE IN THE LAST THREE MONTHS HH Q4	000-997 998- DON'T KNOW 999- NO ANSWER
78	1		UNIT OF TIME HH Q4	1 - PER WEEK 2 - PER MONTH 8 - DON'T KNOW 9 - NO ANSWER 0 - NONE
79-81	3	0	HOW MUCH WAS SPENT ON NON-FOOD ITEMS HH Q5	000-997 998- DON'T KNOW 999- NO ANSWER
82	1		UNIT OF TIME HH Q5	1 - PER WEEK 2 - PER MONTH 8 - DON'T KNOW 9 - NO ANSWER 0 - NONE

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
 RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
83-85	3	0	HOW MUCH WAS SPENT AT SPECIALTY STORE IN THE LAST THREE MONTHS HH Q6	000-997 998- DON'T KNOW 999- NO ANSWER
86	1		UNIT OF TIME HH Q6	1 - PER WEEK 2 - PER MONTH 8 - DON'T KNOW 9 - NO ANSWER 0 - NONE
87-89	3	0	HOW MUCH WAS SPENT ON FOOD BROUGHT AND EATEN AWAY FROM HOME IN THE LAST THREE MONTHS HH Q7	000-997 998- DON'T KNOW 999- NO ANSWER
90	1		UNIT OF TIME HH Q7	1 - PER WEEK 2 - PER MONTH 8 - DON'T KNOW 9 - NO ANSWER 0 - NONE

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
 RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
91-92	2	0	HOW MANY PERSON REGULARLY LIVE IN THIS HOUSEHOLD HH Q8	00-97 99- NO ANSWER
93	1		IS THERE A MALE HEAD OF HOUSEHOLD HH Q9	1 - YES 2 - NO 9- NO ANSWER
94	1		IS THERE A FEMALE HEAD OF HOUSEHOLD HH Q15	1 - YES 2 - NO 9- NO ANSWER
95	1		IS THERE ANYONE THAT IS OF DIFFERENT RACE THAN THE MALE OR FEMALE HEAD HH Q24	1 - YES 2 - NO 9- NO ANSWER
96	1		IS THERE ANYONE IN THIS HOUSEHOLD WHO IS OF HISPANIC ORIGIN OR DESCENT HH Q26	1 - YES 2 - NO 9- NO ANSWER
97-98	2	0	HOUSEHOLD RESPONDENT'S LINE NUMBER HH Q28	01-16

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
 RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
99	1		IN REGARD TO THIS DWELLING, IS THE PROPERTY: HH Q33	1 - OWNED OUTRIGHT OR BEING BOUGHT BY SOMEONE IN HOUSEHOLD 2 - RENTED WITH PAYMENT REQUIRED 3 - OCCUPIED WITHOUT PAYMENT OF RENT 8 - DON'T KNOW 9 - NO ANSWER
100	1		PLANS MEALS HH Q34	1 - FEMALE HEAD ONLY 2 - MALE HEAD ONLY 3 - FEMALE AND MALE HEAD 4 - FEMALE HEAD AND SOMEONE ELSE 5 - MALE HEAD AND SOMEONE ELSE 6 - SOMEONE OTHER THAN THESE 9 - NO ANSWER
101	1		WHO DOES FOOD SHOPPING HH Q35	1 - FEMALE HEAD ONLY 2 - MALE HEAD ONLY 3 - FEMALE AND MALE HEAD 4 - FEMALE HEAD AND SOMEONE ELSE 5 - MALE HEAD AND SOMEONE ELSE 6 - SOMEONE OTHER THAN THESE 9 - NO ANSWER
102	1		WHO PREPARES FOOD HH Q36	1 - FEMALE HEAD ONLY 2 - MALE HEAD ONLY 3 - FEMALE AND MALE HEAD 4 - FEMALE HEAD AND SOMEONE ELSE 5 - MALE HEAD AND SOMEONE ELSE 6 - SOMEONE OTHER THAN THESE 9 - NO ANSWER

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
 RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
103	1		ARE ANY WOMEN IN THIS HOUSEHOLD PREGNANT HH Q37	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
104	1		IS ANY MEMBER OF THIS HOUSEHOLD RECEIVING WIC BENEFITS HH Q43	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
105	1		WHICH BEST DESCRIBES THE FOOD EATEN IN YOUR HOUSEHOLD HH Q54	1 - ENOUGH OF THE KINDS OF FOOD WE WANT TO EAT 2 - ENOUGH BUT NOT ALWAYS WHAT WE WANT TO EAT 3 - SOMETIMES NOT ENOUGH TO EAT 4 - OFTEN NOT ENOUGH TO EAT 8 - DON'T KNOW 9 - NO ANSWER
106	1		DOES ANYONE IN THIS HOUSEHOLD OPERATE A FARM OR RANCH HH Q55	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
107	1		DURING THE PAST YEAR, DID SALES OR CROPS LIVESTOCK AND OTHER FARM PRODUCTS AMOUNT TO \$1,000 OR MORE HH Q56 (BLANK IF COLUMN 106 IS A 2, 8, OR 9)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
108-113	6	0	WHAT WAS THE TOTAL HOUSEHOLD INCOME LAST MONTH BEFORE TAXES HH Q57	000000-999997 999998 - DON'T KNOW 999999 - NO ANSWER

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
114	1		INCOME FROM WAGES OR SALARY HH Q58a	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
115-121	7	0	AMOUNT FROM WAGES HH Q59a,a (BLANK IF COLUMN 114 IS A 2,8, OR 9)	0000000-9999997 9999998 - DON'T KNOW 9999999 - NO ANSWER SPACE - NOT APPLICABLE
122	1		INCOME FROM SS/SSI HH Q58b	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
123-128	6	0	AMOUNT FROM SS/SSI HH Q59a,b (BLANK IF COLUMN 122 IS A 2,8, OR 9)	000000-999997 999998 - DON'T KNOW 999999 - NO ANSWER SPACE - NOT APPLICABLE
129	1		INCOME FROM PENSION HH Q58c	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
130-135	6	0	AMOUNT FROM PENSION HH Q59a,c (BLANK IF COLUMN 129 IS A 2,8, OR 9)	000000-999997 999998 - DON'T KNOW 999999 - NO ANSWER SPACE - NOT APPLICABLE
136	1		INCOME FROM UNEMPLOYMENT HH Q58d	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
137-142	6	0	AMOUNT FROM UNEMPLOYMENT HH Q59a,d (BLANK IF COLUMN 136 IS A 2,8, OR 9)	000000-999997 999998 - DON'T KNOW 999999 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
143	1		INCOME FROM AFDC/ PUBLIC ASSISTANCE HH Q58e	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
144-149	6	0	AMOUNT FROM AFDC/ PUBLIC ASSISTANCE HH Q59a,e (BLANK IF COLUMN 143 IS A 2,8, OR 9)	000000-999997 999998 - DON'T KNOW 999999 - NO ANSWER SPACE - NOT APPLICABLE
150	1		INCOME FROM OTHER SOURCE HH Q58f	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
151-156	6	0	AMOUNT FROM OTHER SOURCE HH Q59a,f (BLANK IF COLUMN 150 IS A 2,8, OR 9)	000000-999997 999998 - DON'T KNOW 999999 - NO ANSWER SPACE - NOT APPLICABLE
157	1		SPENDABLE INCOME FROM OWN BUSINESS OR FARM HH Q58g	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
158-164	7	0	AMOUNT OF SPENDABLE INCOME HH Q59b,i (BLANK IF COLUMN 157 IS A 2,8, OR 9)	0000000-9999997 9999998 - DON'T KNOW 9999999 - NO ANSWER SPACE - NOT APPLICABLE
165	1		SPENDABLE INTEREST,DIVIDENDS,ANNUITIES HH Q58h	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
166-172	7	0	AMOUNT OF SPENDABLE INTEREST,DIVIDENDS ANNUITIES HH Q59b,h (BLANK IF COLUMN 165 IS A 2,8, OR 9)	0000000-9999997 9999998 - DON'T KNOW 9999999 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
173-174	2		BLANK	
175	1		DOES ANY MEMBER HAVE SAVINGS OR ASSETS MORE THAN \$5,000 HH Q61	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
176	1		WHICH OF THE FOLLOWING BEST REPRESENTS THE TOTAL SAVINGS OR ASSETS OF ALL HOUSEHOLD MEMBERS HH Q62 (BLANK IF COLUMN 175 IS A 1,8, OR 9)	0 - NONE 1 - LESS THAN \$500 2 - 501 TO 1000 3 - 1001 TO 2000 4 - 2001 TO 3000 5 - 3001 TO 4000 6 - 4001 TO \$5000 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
			COL. 178 TO 194 BLANK IF COL. 77 = 2,8,OR 9	
177	1		DID ANY MEMBER RECEIVE FOOD STAMPS IN THE PAST 12 MONTH HH Q63	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
178	1		IS HOUSEHOLD RECEIVING FOOD STAMPS AT THE PRESENT TIME HH Q64	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
179	1		DOES EVERYONE IN YOUR HOUSEHOLD RECEIVE FOOD STAMPS AT THE PRESENT HH Q65 (BLANK IF COLUMN 178 IS A 2,8,9	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
180-184	5	0	HOW MUCH INCOME FROM ALL SOURCES DID THE PEOPLE WHO RECEIVE FOOD STAMPS HAVE, BEFORE TAXES HH Q67 (BLANK IF COLUMN 179 IS A 1 OR 178 IS A 2,8, OR 9)	00000 - 99997 99998 - DON'T KNOW 99999 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII HOUSEHOLD FILE FORMAT, 02/28/91  
 RECORD TYPE 15

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
185-186	2	0	FOOD STAMP MON1H HH Q68 (BLANK IF COLUMN 177 OR 178 IS A 2,8, OR 9) (BLANK IF COLUMN 189-190 IS A 98 OR 99)	01 - 12 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
187-188	2	0	FOOD STAMP DAY HH Q68 (BLANK IF COLUMN 177 OR 178 IS A 2,8, OR 9) (BLANK IF COLUMN 189-190 IS A 98 OR 99)	01 - 31 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
189-190	2	0	FOOD STAMP YEAR HH Q68 (BLANK IF COLUMN 177 OR 178 IS A 2,8, OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
191-194	4	0	AMOUNT OF FOOD STAMPS HH Q69 (BLANK IF COLUMN 177 OR 178 IS A 2,8, OR 9)	0001 - 9997 9998 - DON'T KNOW 9999 - NO ANSWER SPACE - NOT APPLICABLE

206	1	VALIDATED BY	1 - MAIL 2 - PHONE SPACE - NOT APPLICABLE
207-208	2	BLANK	
209	1	WAS VALIDATION COMPLETE	1 - YES 2 - NO SPACE - NOT APPLICABLE
210-211	2	BLANK	
212	1	WAS A CALL BACK REQUIRED	1 - YES 2 - NO SPACE - NOT APPLICABLE
213-215	2	BLANK	
216	1	CALLBACK MADE TO (BLANK IF COLUMN 212 IS 2)	1 - INTERVIEWER BY MAIL 2 - INTERVIEWER BY PHONE 3 - RESPONDENT BY PHONE 4 - RESPONDENT BY MAIL
217-550		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
1-2	2		RECORD IDENTIFICATION NO.	20
3-7	5		HOUSEHOLD IDENTIFICATION NO.	
8-9	2		PERSON NUMBER - HH Q22 (LINE NUMBER)	
10-13			SEGMENT CODE (FOR CSFII 1990):	
10	1		DESIGNATION OF SAMPLE CODE	1 - BASIC 2 - LOW INCOME
11	1		WAVE OF SEGMENT	1 - 8
12	1		PSU REPLICATE WITHIN STRATUM	1 - 1ST REPLICATE 2 - 2ND REPLICATE
			STRATUM (THREE FIELDS):	
13	1		URBANIZATION CODE	1 - CENTRAL CITIES 2 - SUBURBAN (METRO) AREAS 3 - NON-METRO AREAS
14			GEOGRAPHIC DIVISION	1 - NEW ENGLAND 2 - MIDDLE ATLANTIC 3 - EAST NORTH CENTRAL 4 - WEST NORTH CENTRAL 5 - SOUTH ATLANTIC 6 - EAST SOUTH CENTRAL 7 - WEST SOUTH CENTRAL 8 - MOUNTAIN 9 - PACIFIC
15	1		STRATUM WITHIN URBANIZATION / GEOGRAPHIC DIVISION MATRIX	1 - 6
16-17	2		AREA SEGMENT WITHIN PSU	01 - 99
18-20	3		HOUSING UNIT NUMBER WITHIN AREA SEGMENT	001 - 999
21	1		QUARTER	0 - CSFI DRESS REHERRSAL 1 - FIRST QUARTER 2 - SECOND QUARTER 3 - THIRD QUARTER 4 - FOURTH QUARTER

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
22	1		REGION	1- NORTHEAST 2- MIDWEST 3- SOUTH 4- WEST
23-24	2		HOUSEHOLD SIZE - HH Q8 (ACTUAL NUMBER OF PERSONS IN HOUSEHOLD INCLUDING ROOMERS, BOARDERS AND EMPLOYEES	
25-27	3		INDIVIDUAL SAMPLING WEIGHT  DATE OF HOUSEHOLD INTERVIEW	
28-29	2		MONTH	01 - 12
30-31	2		DAY	01 - 31
32	1		YEAR	7 - 1987 8 - 1988 9 - 1989 0 - 1990
33	1		DAY OF WEEK	1 - SUNDAY 2 - MONDAY 3 - TUESDAY 4 - WEDNESDAY 5 - THURSDAY 6 - FRIDAY 7 - SATURDAY
34	2		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
35	7	0	INCOME BEFORE TAXES FOR PREVIOUS YEAR HH Q60	0 - 9999996 9999997 - NOT HOUSEHOLD IN PREVIOUS YEAR 9999998 - DON'T KNOW 9999999 - NO ANSWER
42-43	2		INCOME CODE - HH Q60 (SELECTED BY RESPONDENT WHEN ACTUAL LAST YEAR'S INCOME NOT GIVEN)	00 - ZERO INCOME 01 - UNDER 1000 02 - 1000 - 1999 03 - 2000 - 2999 04 - 3000 - 3999 05 - 4000 - 4999 06 - 5000 - 5999 07 - 6000 - 6999 08 - 7000 - 7999 09 - 8000 - 8999 10 - 9000 - 9999 11 - 10000 - 12499 12 - 12500 - 14999 13 - 15000 - 17499 14 - 17500 - 19999 15 - 20000 - 24999 16 - 25000 - 29999 17 - 30000 - 34999 18 - 35000 - 39999 19 - 40000 - 44999 20 - 45000 - 49999 21 - 50000 - 49999 98 - DON'T KNOW 99 - NO ANSWER/REFUSED SPACE - NOT APPLICABLE
44	1		IS RESPONDENT FEMALE HEAD	1 - YES 2 - NO
45-46	2		BLANK	
47-50	4		INTERVIEWER NUMBER	0001 - 9999

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
51	1		IS RESPONDENT RECEIVING FOOD STAMPS (CALCULATED FROM HH Q65 AND Q66)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
52-53	2		TOTAL HOUSEHOLD MEMBERS EXCLUDING ROOMERS, BOARDERS, AND EMPLOYEES (CALCULATED VARIABLES)	ACTUAL COUNT
54	1		IS HOUSEHOLD RECEIVING FOOD STAMPS AT THE PRESENT TIME. HH Q64	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
55	1		NUMBER OF DAYS INTAKE WAS REPORTED	0 - 3
56-57	2		RELATIONSHIP TO HEAD CODE HH Q22.2	01 - MALE HEAD 02 - FEMALE HEAD, NO MALE HEAD OR UNABLE TO DETERMINE RELATIONSHIP TO MALE HEAD 03 - CHILD 04 - PARENT 05 - SIBLING 06 - GRANDPARENT 07 - GRANDCHILD 08 - AUNT, UNCLE 09 - OTHER RELATED 10 - SPOUSE 11 - FOSTER CHILD 12 - ROOMATE, FRIEND 13 - ROOMER, BOARDER 14 - EMPLOYEE 15 - OTHER UNRELATED 98 - DON'T KNOW 99 - NO ANSWER

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
58-59	2	0	AGE - HH Q22.2 (UNDER 12 MONTHS)	00-11 ACTUAL MONTHS 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
60-62	3	0	AGE - HH Q22.2 (1 YEAR AND OVER)	001-997 ACTUAL AGE IN YEARS 998 - DON'T KNOW 999 - NO ANSWER SPACE - NOT APPLICABLE
63	1		SEX CODE	1 - MALE 2 - FEMALE
64	1		PREGNANT/LACTATING WOMAN OR BREAST-FED CHILD (AT PRESENT)	1 - PREGNANT 2 - LACTATING 3 - BOTH PREGNANT AND LACTATING 4 - NOT PREGNANT OR LACTATING (1-4, APPLICABLE ONLY TO WOMEN AGE 12-55) 5 - BREAST-FED 6 - NOT BREAST-FED (5-6, APPLICABLE ONLY TO CHILDREN AGE 3 OR LESS) 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
65	1		RACE HH Q25	1 - WHITE 2 - BLACK 3 - ASIAN/PACIFIC ISLANDER 4 - ALEUT, ESKIMO, AMERICAN INDIAN 5 - SOME OTHER RACE 8 - DON'T KNOW 9 - NO ANSWER
66	1		ORIGIN (CALCULATED FROM HH Q26 AND Q27)	1 - SPANISH 2 - OTHER THAN SPANISH 8 - DON'T KNOW 9 - NO ANSWER
67	1		IS RESPONDENT MAIN MEAL PLANNER/PREPARER (ANSWERS II Q9,Q10)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER

1987 NFCS INDIVIDUAL FILE FORMAT, 02/28/91 FORMAT, 04/01/89  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
68-69	2	0	IF RESPONDENT IS PREGNANT, HOW MANY MONTHS HAS SHE BEEN PREGNANT HH Q39	01 - 09 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
70	1		WAS CHILD EVER BREAST-FED - HH Q40 (APPLIES TO RESPONDENTS AGE 3 AND UNDER)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
71-72	2	0	HOW MANY MONTHS WAS CHILD BREAST-FED - HH Q41 (APPLIES TO RESPONDENTS AGE 3 AND UNDER)	01 - 47 MONTHS 50 - STILL BREAST-FED 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
73-74	2		IF CHILD IS BEING BREAST-FED AT PRESENT, PERSON NUMBER OF WOMAN BREAST-FEEDING CHILD - HH Q42 (APPLIES TO RESPONDENTS AGE 3 AND UNDER)	01 - 49 50 - NOT MEMBER OF HOUSEHOLD 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
			DATE OF BIRTH OF RESPONDENT:	
75-76	2		MONTH	01 - 12 98 - DON'T KNOW 99 - NO ANSWER
77-78	2		DAY	01 - 31 98 - DON'T KNOW 99 - NO ANSWER
79-80	2		YEAR (LAST TWO DIGITS)	00 - 88 97- BEFORE 1900 98 - DON'T KNOW 99 - NO ANSWER
81	1		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			COLUMNS 82-87 APPLY TO RESPONDENTS 15 YEARS OF AGE AND OLDER:	
82	1		ACTIVITY LAST WEEK HH Q29	1 - WORKING 2 - EMPLOYED BUT NOT AT WORK 3 - LOOKING FOR WORK OR ON LAYOFF 4 - ATTENDING SCHOOL 5 - KEEPING HOUSE 6 - RETIRED 7 - DISABLED, UNABLE TO WORK 8 - SOMETHING ELSE 0 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
83	1		IF NOT WORKING MOST OF LAST WEEK, WORK AT ALL? HH Q30 (BLANK IF COLUMN 82 IS 1)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
84-86	3	0	HOURS WORKED LAST WEEK HH Q31 ONLY ANSWER IF 82 = 1 OR 83 = 1	ACTUAL NUMBER OF HOURS 998 - DON'T KNOW 999 - NO ANSWER SPACE - NOT APPLICABLE
87	1		OCCUPATION HH Q32	1 - PROFESSIONAL AND TECHNICAL 2 - MANAGERS, OFFICERS AND PROPRIETORS 3 - FARMERS 4 - CLERICAL OR SALES WORKERS 5 - CRAFTSMEN AND FOREMEN 6 - OPERATIVES 7 - SERVICE WORKERS 0 - OTHER 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			COLUMNS 88-90 APPLY TO RESPONDENTS 15 YEARS OF AGE AND OLDER:	
88-89	2		HIGHEST GRADE OR YEAR OF OF SCHOOL ATTENDED HH Q12/19/32A	00 - NEVER ATTENDED SCHOOL, KINDERGARTEN ONLY 01-12 - GRADES 1 THROUGH 12 13 - FIRST YEAR OF COLLEGE 14 - SECOND YEAR OF COLLEGE 15 - THIRD YEAR OF COLLEGE 16 - FOURTH YEAR OF COLLEGE 17 - FIFTH YEAR OF COLLEGE 18 - MORE THAN FIVE YEARS OF COLLEGE 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
90	1		LAST YEAR WAS COMPLETED HH Q13/20/32B (BLANK IF COLUMNS 88-89 ARE 00, 98, 99)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
COLUMNS 91-103 APPLY TO RESPONDENTS 5 TO 18 YEARS:				
91	1		ATTENDS SCHOOL HH Q45	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
92	1		ATTENDS SCHOOL SERVING SCHOOL LUNCH HH Q46 (BLANK IF COLUMN 91 IS 2,8 OR 9)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
93	1		USUAL NUMBER OF SCHOOL LUNCHES PER WEEK HH Q47 (BLANK IF COLUMN 92 IS 2,8, OR 9)	0 - 7 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
94	1		LUNCHES PRICE HH Q48 (BLANK IF COLUMN 93 IS 0,8, OR 9)	1 - FREE 2 - REDUCED 3 - FULL PRICE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
95-97	3		BLANK	
98	1		ATTENDS SCHOOL SERVING SCHOOL BREAKFAST HH Q49 (BLANK IF COLUMN 91 IS 2,8 OR 9)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
99	1		USUAL NUMBER OF SCHOOL BREAKFASTS PER WEEK HH Q50 (BLANK IF COLUMN 98 IS 2,8, OR 9)	0 - 7 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			INFORMATION FOR RESPONDENTS 5 TO 18 YEARS OLD CONTINUED:	
100	1		BREAKFASTS PRICE HH Q51 (BLANK IF COLUMN 99 IS 0,8, OR 9)	1 - FREE 2 - REDUCED 3 - FULL PRICE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
101	1		CHILD CARE MEALS/SNACKS ANSWERED FOR CHILD BETWEEN 1 & 5Q53 HH Q53	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
102-103	2		BLANK	
104	1		RECEIVED WIC BENEFITS HH Q44A	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
105-106	2		HOW LONG, RECEIVING WIC BENEFITS (BLANK IF COLUMN 104 IS 2,8, OR 9) HH Q44B	00 - 97 98 - DON'T KNOW 99 - NO ANSWER
107	1		UNIT OF TIME WIC (BLANK IF COLUMN 104 IS 2,8, OR 9) HH Q44B	1 - MONTHS 2 - YEARS 8 - DON'T KNOW 9 - NO ANSWER
108-109	2		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			INFORMATION FOR MALE HEAD OF HOUSEHOLD IN COLUMNS 110-125. ALL COLUMNS BLANK IF NO MALE HEAD.	
110-111	2		PERSON NUMBER - HH Q10 (LINE NUMBER)	01 - 10 SPACE - NOT APPLICABLE
112-114	3	0	AGE IN YEARS HH Q11	ACTUAL AGE SPACE - NOT APPLICABLE
115	1		ACTIVITY LAST WEEK HH Q29	1 - WORKING 2 - EMPLOYED BUT NOT AT WORK 3 - LOOKING FOR WORK OR ON LAYOFF 4 - ATTENDING SCHOOL 5 - KEEPING HOUSE 6 - RETIRED 7 - DISABLED, UNABLE TO WORK 8 - SOMETHING ELSE 0 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
116	1		IF NOT WORKING MOST OF LAST WEEK, WORK AT ALL? HH Q30 (BLANK IF COLUMN 115 IS 1)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
117-119	3	0	HOURS WORKED LAST WEEK HH Q31 (BLANK IF COLUMN 116 IS 2,8 OR 9)	ACTUAL NUMBER OF HOURS 998 - DON'T KNOW 999 - NO ANSWER SPACE - NOT APPLICABLE
120	1		OCCUPATION HH Q32	1 - PROFESSIONAL AND TECHNICAL 2 - MANAGERS, OFFICERS AND PROPRIETORS 3 - FARMERS 4 - CLERICAL OR SALES WORKERS 5 - CRAFTSMEN AND FOREMEN 6 - OPERATIVES 7 - SERVICE WORKERS 0 - OTHER 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			INFORMATION FOR MALE HEAD OF HOUSEHOLD CONTINUED:	
121-122	2		HIGHEST GRADE OR YEAR OF OF SCHOOL ATTENDED HH Q12	00 - NEVER ATTENDED SCHOOL, KINDERGARTEN ONLY 01-12 - GRADES 1 THROUGH 12 13 - FIRST YEAR OF COLLEGE 14 - SECOND YEAR OF COLLEGE 15 - THIRD YEAR OF COLLEGE 16 - FOURTH YEAR OF COLLEGE 17 - FIFTH YEAR OF COLLEGE 18 - MORE THAN FIVE YEARS OF COLLEGE 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
123	1		LAST YEAR WAS COMPLETED HH Q13 (BLANK IF COLUMNS 121-122 ARE 00, 98, 99 )	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
124	1		RACE HH Q14	1 - WHITE 2 - BLACK 3 - ASIAN/PACIFIC ISLANDER 4 - ALEUT, ESKIMO, AMERICAN INDIAN 5 - SOMETHING ELSE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
125	1		ORIGIN (CALCULATED FROM HH Q26 AND Q27)	1 - SPANISH 2 - OTHER THAN SPANISH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
126	1		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			INFORMATION FOR FEMALE HEAD OF HOUSEHOLD IN COLUMNS 127 - 144. ALL COLUMNS BLANK IF NO FEMALE HEAD.	
127-128	2		RELATIONSHIP TO MALE HEAD HH Q22.2	02 - FEMALE HEAD, UNABLE TO DETERMINE RELATIONSHIP TO MALE HEAD 03 - CHILD 04 - PARENT 05 - SIBLING 06 - GRANDPARENT 07 - GRANDCHILD 08 - AUNT 09 - OTHER RELATED 10 - WIFE 11 - FOSTER CHILD 12 - ROOMMATE, FRIEND 13 - ROOMER, BOARDER 14 - EMPLOYEE 15 - OTHER UNRELATED PERSON 16 - NO MALE HEAD, FEMALE HEAD 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
129-130	2		LINE NUMBER HH Q16	01 -10 SPACE - NOT APPLICABLE
131-133	3	0	AGE IN YEARS HH Q18	ACTUAL AGE SPACE - NOT APPLICABLE
134	1		ACTIVITY LAST WEEK HH Q29	1 - WORKING 2 - EMPLOYED BUT NOT AT WORK 3 - LOOKING FOR WORK OR ON LAYOFF 4 - ATTENDING SCHOOL 5 - KEEPING HOUSE 6 - RETIRED 7 - DISABLED, UNABLE TO WORK 8 - SOMETHING ELSE 0 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
135	1		IF NOT WORKING MOST OF LAST WEEK, WORK AT ALL? HH Q30 (BLANK IF COLUMN 134 IS 1)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			INFORMATION FOR FEMALE HEAD OF HOUSEHOLD CONTINUED:	
136-138	3	0	HOURS WORKED LAST WEEK HH Q31 (BLANK IF COLUMN 135 IS 2,8, OR 9)	ACTUAL NUMBER OF HOURS 998 - DON'T KNOW 999 - NO ANSWER SPACE - NOT APPLICABLE
139	1		OCCUPATION HH Q32	1 - PROFESSIONAL AND TECHNICAL 2 - MANAGERS, OFFICERS AND PROPRIETORS 3 - FARMERS 4 - CLERICAL OR SALES WORKERS 5 - CRAFTSMEN AND FOREMEN 6 - OPERATIVES 7 - SERVICE WORKERS 0 - OTHER 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
140-141	2		HIGHEST GRADE OR YEAR OF SCHOOL ATTENDED HH Q19	00 - NEVER ATTENDED SCHOOL, KINDERGARTEN ONLY 01-12 - GRADES 1 THROUGH 12 13 - FIRST YEAR OF COLLEGE 14 - SECOND YEAR OF COLLEGE 15 - THIRD YEAR OF COLLEGE 16 - FOURTH YEAR OF COLLEGE 17 - FIFTH YEAR OF COLLEGE 18 - MORE THAN FIVE YEARS OF COLLEGE 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
142	1		LAST YEAR WAS COMPLETED HH Q20 (BLANK IF COLUMNS 140-141 ARE 00, 98, 99)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			INFORMATION FOR FEMALE HEAD OF HOUSEHOLD CONTINUED:	
143	1		RACE HH Q21	1 - WHITE 2 - BLACK 3 - ASIAN/PACIFIC ISLANDER 4 - ALEUT, ESKIMO, AMERICAN INDIAN 5 - SOMETHING ELSE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
144	1		ORIGIN (CALCULATED FROM HH Q26 AND Q27)	1 - SPANISH 2 - OTHER THAN SPANISH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
145-146	2		BLANK	
			COLUMNS 147 - 254 ARE BLANK IF COLUMN 269 IS 9:	
147	1		HEALTHFULNESS OF DIET II-1 Q15	1 - EXCELLENT 2 - VERY GOOD 3 - GOOD 4 - FAIR 5 - POOR 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
148	1		HOW OFTEN DO YOU ADD SALT TO YOUR FOOD AT THE TABLE (BLANK IF COLUMN 149 IS 4,8,9) II-1 Q16A	1 - RARELY 2 - OCCASIONALLY 3 - VERY OFTEN 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
149	1		WHEN YOU USE SALT AT THE TABLE IS IT II-1 Q16B	1 - ORDINARY SALT 2 - LITE SALT 3 - SALT SUBSTITUTE 4 - NONE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
150	1		ARE YOU ON A SPECIAL DIET II-1 Q17A	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			TYPE OF SPECIAL DIET: (COLUMNS 151 - 166 ALL BLANK IF COLUMN 150 IS 2,8 OR 9)	
151	1		LOW CALORIE/WEIGHT LOSS II-1 Q17B	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
152	1		SOURCE OF LOW CALORIE (BLANK IF COL 151 IS 2,8 OR 9)	1 - DOCTOR, DIETICIAN 2 - ORGANIZED DIET PROGRAM 3 - DIET READ OR HEARD ABOUT 4 - MADE UP DIET 5 - JOIN ANOTHER PERSON ON THEIR DIET 0 - SOME OTHER SOURCE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
153	1		LOW FAT/CHOLESTEROL II-1 Q17B	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
154	1		SOURCE OF LOW FAT (BLANK IF COL 153 IS 2,8 OR 9)	1 - DOCTOR, DIETICIAN 2 - ORGANIZED DIET PROGRAM 3 - DIET READ OR HEARD ABOUT 4 - MADE UP DIET 5 - JOIN ANOTHER PERSON ON THEIR DIET 0 - SOME OTHER SOURCE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
155	1		LOW SALT/SODIUM II-1 Q17B	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
156	1		SOURCE OF LOW SALT (BLANK IF COL 155 IS 2,8 OR 9)	1 - DOCTOR, DIETICIAN 2 - ORGANIZED DIET PROGRAM 3 - DIET READ OR HEARD ABOUT 4 - MADE UP DIET 5 - JOIN ANOTHER PERSON ON THEIR DIET 0 - SOME OTHER SOURCE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
157	1		LOW SUGAR/SUGAR FREE II-1 Q17B	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
158	1		SOURCE OF LOW SUGAR (BLANK IF COL 157 IS 2,8 OR 9)	1 - DOCTOR, DIETICIAN 2 - ORGANIZED DIET PROGRAM 3 - DIET READ OR HEARD ABOUT 4 - MADE UP DIET 5 - JOIN ANOTHER PERSON ON THEIR DIET 0 - SOME OTHER SOURCE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
159	1		DIABETIC II-1 Q17B	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
160	1		SOURCE OF DIABETIC (BLANK IF COL 159 IS 2,8 OR 9)	1 - DOCTOR, DIETICIAN 2 - ORGANIZED DIET PROGRAM 3 - DIET READ OR HEARD ABOUT 4 - MADE UP DIET 5 - JOIN ANOTHER PERSON ON THEIR DIET 0 - SOME OTHER SOURCE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
161	1		OTHER II-1 Q17B	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
162	1		SOURCE OF OTHER (BLANK IF COL 161 IS 2,8 OR 9)	1 - DOCTOR, DIETICIAN 2 - ORGANIZED DIET PROGRAM 3 - DIET READ OR HEARD ABOUT 4 - MADE UP DIET 5 - JOIN ANOTHER PERSON ON THEIR DIET 0 - SOME OTHER SOURCE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
163	1		LOW FIBER II-1 Q17B	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
164	1		SOURCE OF LOW FIBER (BLANK IF COL 163 IS 2,8 OR 9)	1 - DOCTOR, DIETICIAN 2 - ORGANIZED DIET PROGRAM 3 - DIET READ OR HEARD ABOUT 4 - MADE UP DIET 5 - JOIN ANOTHER PERSON ON THEIR DIET 0 - SOME OTHER SOURCE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
165	1		HIGH FIBER II-1 Q17B	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
166	1		SOURCE OF HIGH FIBER (BLANK IF COL 165 IS 2,8 OR 9)	1 - DOCTOR, DIETICIAN 2 - ORGANIZED DIET PROGRAM 3 - DIET READ OR HEARD ABOUT 4 - MADE UP DIET 5 - JOIN ANOTHER PERSON ON THEIR DIET 0 - SOME OTHER SOURCE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
167	1		ARE YOU A VEGETARIAN II-1 Q18	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
168	1		HOW OFTEN DO YOU TAKE VITAMIN OR MINERAL SUPPLEMENTS II-1 Q19	1 - EVERY DAY 3 - EVERY SO OFTEN 4 - NOT AT ALL 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
TYPE OF VITAMIN/MINERAL SUPPLEMENTS: (COLUMNS 169-185 ALL BLANK IF COLUMN 168 IS 4)				
169	1		MULTIVITAMIN II-1 Q20	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
170	1		MULTIVITAMIN WITH IRON OR OTHER MINERALS II-1 Q20	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
171	1		COMBINATION OF VITAMIN C AND IRON II-1 Q20	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
172	1		SINGLE VITAMINS AND MINERALS II-1 Q20	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
			TYPE OF SINGLE VITAMINS/MINERALS (COLUMNS 173-185 ALL BLANK IF COLUMN 172 IS A 2,8,OR 9)	
173	1		VITAMIN A II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
174	1		VITAMIN B/B COMPLEX II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
175	1		VITAMIN C II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
176	1		VITAMIN D II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
177	1		VITAMIN E II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
178	1		CALCIUM II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
179	1		FOLACIN II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
180	1		FLUORIDE II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
181	1		IRON II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
182	1		ZINC II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
183	1		SELENIUM II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
184	1		CHROMIUM II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
185	1		OTHER SINGLE VITAMINS/MINERALS II-1 Q21	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
186	1		FISH OIL SUPPLEMENTS II-1 Q23	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
187	1		FIBER SUPPLEMENTS II-1 Q24	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
188-190	3	0	PERSON'S WEIGHT IN POUNDS II-1 Q25	1 - 997 POUNDS 998 - DON'T KNOW 999 - NO ANSWER SPACE - NOT APPLICABLE
191-192	2	0	PERSON'S HEIGHT IN INCHES II-1 Q27	01 - 97 INCHES 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
193	1		IN GENERAL IS YOUR HEALTH II-1 Q28	1 - EXCELLENT 2 - VERY GOOD 3 - GOOD 4 - FAIR 5 - POOR 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
194	1		ANY DISABILITY OR HANDICAP THAT LIMITS YOUR ACTIVITIES II-1 Q29	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
195	1		HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE: DIABETES II-1 Q31	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
196	1		HIGH BLOOD PESSURE (HYPERTENSION) II-1 Q31	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
197	1		HEART DISEASE II-1 Q31	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
198	1		CANCER II-1 Q31	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
199	1		OSTEOPOROSIS II-1 Q31	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
200	1		HIGH BLOOD CHOLESTEROL II-1 Q31	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
201	1		STROKE II-1 Q31	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
202	1		FOOD ALLERGIES II-1 Q31	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
203	1		DESCRIBE THE CONDITION OF YOUR NATURAL TEETH II-1 Q32	1 - EXCELLENT 2 - VERY GOOD 3 - GOOD 4 - FAIR 5 - POOR 6 - NO NATURAL TEETH 8 - DON'T KNOW 9 - NO ANSWER
204	1		DO YOU HAVE DENTURES II-1 Q33 (BLANK IF COLUMN 203 IS 1,2,3,4,5,8 OR 9)	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
205-206	2		BLANK	
207	1		HOURS WATCH TV YESTERDAY II-1 Q34	1 - NONE 2 - HALF HOUR OR LESS 3 - ONE HOUR 4 - TWO HOUR 5 - THREE HOUR 6 - FOUR HOUR 7 - FIVE OR MORE HOUR 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
208	1		HOURS WATCH TV PER DAY USUALLY II-1 Q35	1 - NONE 2 - HALF HOUR OR LESS 3 - ONE HOUR 4 - TWO HOUR 5 - THREE HOUR 6 - FOUR HOUR 7 - FIVE OR MORE HOUR 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
COLUMNS 209-226 APPLY TO RESPONDENTS 18 YEARS OR OLDER:				
209	1		IN YOUR LEISURE TIME IS YOUR USUAL LEVEL OF ACTIVITY II-1 Q36	1 - HEAVY/RIGOROUS 2 - MODERATE 3 - LIGHT 4 - BEDRIDDEN 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
210	1		COMPARED MOST PEOPLE YOUR AGE AND SEX WOULD YOU SAY YOU ARE? II-1 Q37 (BLANK IF COLUMN 209 IS 4)	1 - MORE ACTIVE 2 - LESS ACTIVE 3 - ABOUT THE SAME 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
211	1		HAVE YOU SMOKED 100 OR MORE CIGARETTES IN YOUR LIFETIME II-1 Q38	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
212	1		DO YOU SMOKE CIGARETTES NOW II-1 Q39 (BLANK IF COLUMN 211 2,8 OR 9)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
213-215	3	0	IF YOU SMOKE NOW, HOW MANY CIGARETTES DO YOU SMOKE A DAY ON THE AVERAGE II-1 Q40 (BLANK IF COLUMN 212 IS 2,8 OR 9)	001 - 997 998 - DON'T KNOW 999 - NO ANSWER SPACE - NOT APPLICABLE
216-217	2	0	HOW LONG HAS IT BEEN SINCE YOU SMOKED REGULARLY II-1 Q41 (BLANK IF COLUMN 212 IS 1, OR COLUMN 211 IS 2,8,9)	00 - LESS THAN ONE YEAR 01 - 96 YEARS 97 - NEVER SMOKED REGULARLY 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
218	1		DURING THE PAST THREE MONTHS, HAVE YOU CONSUMED ANY BEER II-1 Q42	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
219	1		DURING THE PAST THREE MONTHS, HAVE YOU CONSUMED ANY WINE II-1 Q42	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
220	1		DURING THE PAST THREE MONTHS, HAVE YOU CONSUMED ANY HARD LIQUOR II-1 Q42	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
221	1		WERE ANY OF THESE VITAMINS OR MINERALS PRESCRIBED BY DOCTOR OR DENTIST II-1 Q22 (BLANK IF COLUMN 168 IS 4, 8, OR 9) (BLANK IF COLUMN 172 IS 2, 8, OR 9)	1 - YES, ALL PRESCRIBED 2 - NO, NONE PRESCRIBED 3 - SOME PRESCRIBED, SOME NOT 9 - NO ANSWER SPACE - NOT APPLICABLE
222	1		CONSIDER YOURSELF TO BE OVERWEIGHT, UNDERWEIGHT, OF ABOUT THE RIGHT WEIGHT II-1 Q26	1 - OVERWEIGHT 2 - UNDERWEIGHT 3 - ABOUT RIGHT 9 - NO ANSWER
223	1		HAVE YOU EVER HAD YOUR BLOOD CHOLESTEROL CHECKED II-1 Q30	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
224-226	3		BLANK	

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
227	1		IF PERSON IS UNDER 12 YEARS OF AGE, MAIN RESPONDENT II-1 Q43	1 - MOTHER 2 - FATHER 3 - SISTER 4 - BROTHER 5 - GRANDPARENT 6 - CHILD 7 - OTHER PERSON 9 - NO ANSWER SPACE - NOT APPLICABLE
			IF PERSON IS UNDER 12 YEARS OF AGE ARE ANY OF THE FOLLOWING SECONDARY RESPONDENTS: II-1 Q43	
228	1		MOTHER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
229	1		FATHER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
230	1		SISTER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
231	1		BROTHER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
232	1		GRANDPARENT	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
233	1		CHILD (SELF)	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
234	1		INTERVIEWER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
235	1		OTHER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
236	1		IF PERSON IS 12 YEARS OF AGE OR OLDER, MAIN RESPONDENT II-1 Q44	1 - RESPONDENT (SAMPLE PERSON) 2 - MOTHER 3 - FATHER 4 - SPOUSE 5 - SISTER 6 - BROTHER 7 - GRANDPARENT 0 - OTHER PERSON 9 - NO ANSWER SPACE - NOT APPLICABLE OR NFCS
			IF PERSON IS 12 YEARS OR OLDER ANY OF THE FOLLOWING SECONDARY RESPONDENTS II-1 Q44	
237	1		RESPONDENT (SAMPLE PERSON)	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
238	1		MOTHER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
239	1		FATHER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
240	1		SPOUSE	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
241	1		SISTER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
242	1		BROTHER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
243	1		GRANDPARENT	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
244	1		INTERVIEWER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
245	1		OTHER	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
246	1		WERE THE DESCRIPTIONS OF FOODS/BEVERAGES CONSUMED YESTERDAY DIFFICULT FOR THE RESPONDENT TO ANSWER II-1 Q45	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
247	1		WERE THE AMOUNTS OF FOODS/BEVERAGES CONSUMED YESTERDAY DIFFICULT FOR THE RESPONDENT TO ANSWER II-1 Q47	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
248-250	3	0	HOW MUCH WATER DID YOU DRINK YESTERDAY OTHER THAN IN COFFEE, TEA, ETC. II-1 Q13A	000 - NONE 001 - 997 - FLUID OUNCES 998 - DON'T KNOW 999 - NO ANSWER SPACE - NOT APPLICABLE
251	1		HOW MUCH OF THIS WATER WAS FROM YOUR HOME SUPPLY II-1 Q13B (BLANK IF COLUMNS 248-250 ARE 0,998 OR 999)	1 - NONE 2 - SOME 3 - MOST 4 - ALL 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
252-254	3	0	HOW MUCH WATER DO YOU USUALLY DRINK IN A 24 HOUR PERIOD II-1 Q13C	000 - NONE 001 - 997 - FLUID OUNCES 998 - DON'T KNOW 999 - NO ANSWER SPACE - NOT APPLICABLE
255	1		PRIMARY SOURCE OF HOME DRINKING WATER HH Q72	1 - BOTTLED 2 - TAP OR COMMUNITY WATER SUPPLY 8 - DON'T KNOW 9 - NO ANSWER
256	1		IF TAP, WHAT IS THE SOURCE HH Q73 (BLANK IF COLUMN 255 IS A 1,8, OR 9)	1 - WATER COMPANY 2 - WELL 3 - SPRING 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
257-258	2		BLANK	

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			COL 259 TO 268 BLANK IF 269 = 9	
			TIME INDIVIDUAL INTERVIEW BEGAN:	
259-260	2		HOUR	01 - 12 99 - NO ANSWER SPACE - NOT APPLICABLE
261-262	2		MINUTES	00 - 59 99 - NO ANSWER SPACE - NOT APPLICABLE
263	1		AM / PM	1 - AM 2 - PM 9 - NO ANSWER SPACE - NOT APPLICABLE
			TIME INDIVIDUAL INTERVIEW ENDED:	
264-265	2		HOUR	01 - 12 99 - NO ANSWER SPACE - NOT APPLICABLE
266-267	2		MINUTES	00 - 59 99 - NO ANSWER SPACE - NOT APPLICABLE
268	1		AM / PM	1 - AM 2 - PM 9 - NO ANSWER SPACE - NOT APPLICABLE

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POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			DAY OF INTAKE DAY 1	
269	1		DAY OF WEEK	1 - SUNDAY 2 - MONDAY 3 - TUESDAY 4 - WEDNESDAY 5 - THURSDAY 6 - FRIDAY 7 - SATURDAY 9 - DAY 1 INTAKE NOT REPORTED
270-271	2		(COLUMNS 270-289, BLANK IF COLUMNS 269 IS 9) MONTH	01 - 12 SPACE - NOT APPLICABLE
272-273	2		DAY	01 - 31 SPACE - NOT APPLICABLE
274	1		YEAR	7 - 1987 8 - 1988 9 - 1989 0 - 1990 SPACE - NOT APPLICABLE
275-276	2		NUMBER OF FOOD INTAKE RECORDS NUMBER OF LINES OF FOOD ITEMS (CALCULATED VARIABLE)	00 - 99 SPACE - NOT APPLICABLE
277	1		EXPLANATION FOR NO OR ONLY A FEW FOOD RECORDS	1 - INTAKE RECORD WAS NOT ACCEPTABLE (WHOLE MEALS NOT RECORDED, FOOD DESCRIPTIONS NOT COMPLETE ENOUGH TO BE CODED, AMOUNTS MISSING OR VAGUE RESULTING IN LARGE NUMBER OF "NOT SPECIFIED" SERVINGS, ETC.) 2 - NO RECORD OF THIS DAY'S INDIVIDUAL INTAKE (REFUSED, LOST IN MAIL, ETC.) 3 - ILL, NO FOOD OR BEVERAGE CONSUMED ON THIS DAY 4 - FASTING 5 - ILL, ONLY A FEW ITEMS CONSUMED 6 - NO FOOD OR BEVERAGE/VERY FEW FOOD OR BEVERAGE ITEMS CONSUMED BECAUSE OF LACK OF MONEY 7 - NO FOOD OR BEVERAGE/VERY FEW FOOD OR BEVERAGE ITEMS CONSUMED FOR OTHER REASONS SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
278	1		EXPLANATION WHEN INTAKE DATA COLLECTED FOR A PERIOD OTHER THAN THE 24-HOUR PERIOD BEFORE THE HOUSEHOLD INTERVIEW	1 - DAY OF INTAKE IS ONE DAY LATER THAN IT SHOULD BE 2 - DAY OF INTAKE IS TWO DAYS LATER THAN IT SHOULD BE 3 - DAY OF INTAKE IS THREE DAYS LATER THAN IT SHOULD BE 4 - DAY OF INTAKE IS FOUR DAYS LATER THAN IT SHOULD BE 5 - DAY OF INTAKE IS FIVE DAYS LATER THAN IT SHOULD BE 6 - DAY OF INTAKE IS SIX DAYS LATER THAN IT SHOULD BE 7 - DAY OF INTAKE IS SEVEN DAYS LATER THAN IT SHOULD BE 8 - DAY OF INTAKE IS EIGHT DAYS LATER THAN IT SHOULD BE 9 - DAY OF INTAKE IS NINE OR MORE DAYS LATER THAN IT SHOULD BE SPACE - NOT APPLICABLE
279	1		WERE ANY OF THE FOLLOWING INITIALLY FORGOTTEN AND ADDED LATER: II-1 Q12 SNACKS / DESSERTS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
280	1		NONALCOHOLIC DRINKS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
281	1		ALCOHOLIC BEVERAGES	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
282	1		ACCESSORY FOODS ADDED TO OTHER FOODS AT MEALS OR SNACKS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
283	1		SIDE DISHES	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
284	1		FOODS EATEN OR TASTED WHILE PREPARING MEALS OR CLEANING UP	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
285	1		OTHER ITEMS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
286	1		FOR THIS DAY OF THE WEEK WAS THE AMOUNT OF FOOD AND DRINK YOU HAD II-1 Q14A	1 - LESS THAN USUAL 2 - USUAL 3 - MORE THAN USUAL 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
287	1		WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON FOR THE DIFFERENCE II-1 Q14B (BLANK IF COLUMN 286 IS 2,8 OR 9)	1 - SICK OR ILL 2 - SHORT OF MONEY 3 - TRAVELLING 4 - AT A SOCIAL OCCASION OR ON A SPECIAL DAY 5 - ON HOLIDAY OR VACATION 6 - TOO LITTLE TIME OR TOO BUSY 7 - NOT HUNGRY OR VERY HUNGRY 8 - DIETING 0 - OTHER 9 - DON'T KNOW/NO ANSWER SPACE - NOT APPLICABLE
288-289	2		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			DAY 2:	
			DAY OF INTAKE	
290	1		DAY OF WEEK	1 - SUNDAY 2 - MONDAY 3 - TUESDAY 4 - WEDNESDAY 5 - THURSDAY 6 - FRIDAY 7 - SATURDAY 9 - DAY 2 INTAKE NOT REPORTED
			COLUMNS 291 - 308 ARE BLANK IF COLUMN 290 IS 9:	
291-292	2		MONTH	01 - 12 SPACE - NOT APPLICABLE
293-294	2		DAY	01 - 31 SPACE - NOT APPLICABLE
295	1		YEAR	7 - 1987 8 - 1988 9 - 1989 0 - 1990 SPACE - NOT APPLICABLE
296-297	2		NUMBER OF FOOD INTAKE RECORDS NUMBER OF LINES OF FOOD ITEMS (CALCULATED VARIABLE)	00 - 99 SPACE - NOT APPLICABLE
298	1		EXPLANATION FOR NO OR ONLY A FEW FOOD RECORDS	1 - INTAKE RECORD WAS NOT ACCEPTABLE (WHOLE MEALS NOT RECORDED, FOOD DESCRIPTIONS NOT COMPLETE ENOUGH TO BE CODED, AMOUNTS MISSING OR VAGUE RESULTING IN LARGE NUMBER OF "NOT SPECIFIED" SERVINGS, ETC.) 2 - NO RECORD OF THIS DAY'S INDIVIDUAL INTAKE (REFUSED, LOST IN MAIL, ETC.) 3 - ILL, NO FOOD OR BEVERAGE CONSUMED ON THIS DAY 4 - FASTING 5 - ILL, ONLY A FEW ITEMS CONSUMED 6 - NO FOOD OR BEVERAGE/VERY FEW FOOD OR BEVERAGE ITEMS CONSUMED BECAUSE OF LACK OF MONEY 7 - NO FOOD OR BEVERAGE/VERY FEW FOOD OR BEVERAGE ITEMS CONSUMED FOR OTHER REASONS SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
299	1		EXPLANATION WHEN INTAKE DATA COLLECTED FOR A PERIOD OTHER THAN THE 24-HOUR PERIOD BEFORE THE HOUSEHOLD INTERVIEW	1 - DAY OF INTAKE IS ONE DAY LATER THAN IT SHOULD BE 2 - DAY OF INTAKE IS TWO DAYS LATER THAN IT SHOULD BE 3 - DAY OF INTAKE IS THREE DAYS LATER THAN IT SHOULD BE 4 - DAY OF INTAKE IS FOUR DAYS LATER THAN IT SHOULD BE 5 - DAY OF INTAKE IS FIVE DAYS LATER THAN IT SHOULD BE 6 - DAY OF INTAKE IS SIX DAYS LATER THAN IT SHOULD BE 7 - DAY OF INTAKE IS SEVEN DAYS LATER THAN IT SHOULD BE 8 - DAY OF INTAKE IS EIGHT DAYS LATER THAN IT SHOULD BE 9 - DAY OF INTAKE IS NINE OR MORE DAYS LATER THAN IT SHOULD BE SPACE - NOT APPLICABLE
			WERE ANY OF THE FOLLOWING INITIALLY FORGOTTEN AND ADDED LATER : II-2 Q12	
300	1		SNACKS / DESSERTS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
301	1		NONALCOHOLIC DRINKS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
302	1		ALCOHOLIC BEVERAGES	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
303	1		ACCESSORY FOODS ADDED TO OTHER FOODS AT MEALS OR SNACKS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
304	1		SIDE DISHES	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
305	1		FOODS EATEN OR TASTED WHILE PREPARING MEALS OR CLEANING UP	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
306	1		OTHER ITEMS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
307	1		FOR THIS DAY OF THE WEEK WAS THE AMOUNT OF FOOD AND DRINK YOU HAD II-2 Q14A	1 - LESS THAN USUAL 2 - USUAL 3 - MORE THAN USUAL 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
308	1		WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON FOR THE DIFFERENCE II-2 Q14B (BLANK IF COLUMN 307 IS 2,8 OR 9)	1 - SICK OR ILL 2 - SHORT OF MONEY 3 - TRAVELLING 4 - AT A SOCIAL OCCASION OR ON A SPECIAL DAY 5 - ON HOLIDAY OR VACATION 6 - TOO LITTLE TIME OR TOO BUSY 7 - NOT HUNGRY OR VERY HUNGRY 8 - DIETING 0 - OTHER 9 - DON'T KNOW/NO ANSWER SPACE - NOT APPLICABLE
309	1		DID YOU USE MEASURING CUPS, SPOONS OR RULER WHEN YOU ESTIMATED THE AMOUNTS OF FOOD YOU HAD EATEN II-2 Q15	1 - YES, MOST OF THE TIME 2 - YES, SOME TIME 3 - NO, NOT AT ALL 8 - DON'T KNOW 9 - NO ANSWER
310	1		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			DAY 3:	
			DAY OF INTAKE	
311	1		DAY OF WEEK	1 - SUNDAY 2 - MONDAY 3 - TUESDAY 4 - WEDNESDAY 5 - THURSDAY 6 - FRIDAY 7 - SATURDAY 9 - DAY 3 INTAKE NOT REPORTED
			COLUMNS 312 - 391 ARE BLANK IF COLUMN 311 IS 9:	
312-313	2		MONTH	01 - 12 SPACE - NOT APPLICABLE
314-315	2		DAY	01 - 31 SPACE - NOT APPLICABLE
316	1		YEAR	7 - 1987 8 - 1988 9 - 1989 0 - 1990 SPACE - NOT APPLICABLE
317-318	2		NUMBER OF FOOD INTAKE RECORDS (NUMBER OF LINES OF FOOD ITEMS) (CALCULATED VARIABLE)	00 - 99 SPACE - NOT APPLICABLE
319	1		EXPLANATION FOR NO OR ONLY A FEW FOOD RECORDS	1 - INTAKE RECORD WAS NOT ACCEPTABLE (WHOLE MEALS NOT RECORDED, FOOD DESCRIPTIONS NOT COMPLETE ENOUGH TO BE CODED, AMOUNTS MISSING OR VAGUE RESULTING IN LARGE NUMBER OF "NOT SPECIFIED" SERVINGS, ETC.) 2 - NO RECORD OF THIS DAY'S INDIVIDUAL INTAKE (REFUSED, LOST IN MAIL, ETC.) 3 - ILL, NO FOOD OR BEVERAGE CONSUMED ON THIS DAY 4 - FASTING 5 - ILL, ONLY A FEW ITEMS CONSUMED 6 - NO FOOD OR BEVERAGE/VERY FEW FOOD OR BEVERAGE ITEMS CONSUMED BECAUSE OF LACK OF MONEY 7 - NO FOOD OR BEVERAGE/VERY FEW FOOD OR BEVERAGE ITEMS CONSUMED FOR OTHER REASONS SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
320	1		EXPLANATION WHEN INTAKE DATA COLLECTED FOR A PERIOD OTHER THAN THE 24-HOUR PERIOD BEFORE THE HOUSEHOLD INTERVIEW	1 - DAY OF INTAKE IS ONE DAY LATER THAN IT SHOULD BE 2 - DAY OF INTAKE IS TWO DAYS LATER THAN IT SHOULD BE 3 - DAY OF INTAKE IS THREE DAYS LATER THAN IT SHOULD BE 4 - DAY OF INTAKE IS FOUR DAYS LATER THAN IT SHOULD BE 5 - DAY OF INTAKE IS FIVE DAYS LATER THAN IT SHOULD BE 6 - DAY OF INTAKE IS SIX DAYS LATER THAN IT SHOULD BE 7 - DAY OF INTAKE IS SEVEN DAYS LATER THAN IT SHOULD BE 8 - DAY OF INTAKE IS EIGHT DAYS LATER THAN IT SHOULD BE 9 - DAY OF INTAKE IS NINE OR MORE DAYS LATER THAN IT SHOULD BE SPACE - NOT APPLICABLE
			WERE ANY OF THE FOLLOWING INITIALLY FORGOTTEN AND ADDED LATER: II-3 Q12	
321	1		SNACKS / DESSERTS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
322	1		NONALCOHOLIC DRINKS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
323	1		ALCOHOLIC BEVERAGES	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
324	1		ACCESSORY FOODS ADDED TO OTHER FOODS AT MEALS OR SNACKS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
325	1		SIDE DISHES	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
326	1		FOODS EATEN OR TASTED WHILE PREPARING MEALS OR CLEANING UP	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
327	1		OTHER ITEMS	1 - YES 2 - NO 9 - NO ANSWER SPACE - NOT APPLICABLE
328	1		FOR THIS DAY OF THE WEEK WAS THE AMOUNT OF FOOD AND DRINK YOU HAD II-3 Q14A	1 - LESS THAN USUAL 2 - USUAL 3 - MORE THAN USUAL 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
329	1		WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON FOR THE DIFFERENCE II-3 Q14B (BLANK IF COLUMN 328 IS 2,8 OR 9)	1 - SICK OR ILL 2 - SHORT OF MONEY 3 - TRAVELLING 4 - AT A SOCIAL OCCASION OR ON A SPECIAL DAY 5 - ON HOLIDAY OR VACATION 6 - TOO LITTLE TIME OR TOO BUSY 7 - NOT HUNGRY OR VERY HUNGRY 8 - DIETING 0 - OTHER 9 - DON'T KNOW/NO ANSWER SPACE - NOT APPLICABLE
330	1		DID YOU USE MEASURING CUPS, SPOONS OR RULER WHEN YOU ESTIMATED THE AMOUNTS OF FOOD YOU HAD EATEN II-3 Q15	1 - YES, MOST OF THE TIME 2 - YES, SOME TIME 3 - NO, NOT AT ALL 8 - DON'T KNOW 9 - NO ANSWER
331-333	3		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
			DURING THE LAST THREE MONTHS DID YOU CONSUME THE FOLLOWING AND IF SO, ON THE AVERAGE, HOW OFTEN AND HOW MUCH:	
334	1		MILK AS A BEVERAGE OR A DRINK MADE WITH MILK II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
335 336	2	0	NUMBER OF TIMES (BLANK IF COLUMN 334 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
337	1		UNIT OF TIME (BLANK IF COLUMN 334 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
			HOW MUCH WAS EATEN EACH TIME: II-3 Q17	
338-339	2		NUMBER OF CUPS (BLANK IF COLUMN 334 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
340	1		MILK ON CEREAL II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
341-342	2	0	NUMBER OF TIMES (BLANK IF COLUMN 340 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
343	1		UNIT OF TIME (BLANK IF COLUMN 340 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
			HOW MUCH WAS EATEN EACH TIME: II-3 Q17	
344-345	2		NUMBER OF CUPS (BLANK IF COLUMN 340 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
346	1		MILK IN COFFEE,TEA,OTHER II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
347-348	2	0	NUMBER OF TIMES (BLANK IF COLUMN 346 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
349	1		UNIT OF TIME (BLANK IF COLUMN 346 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
			HOW MUCH WAS EATEN EACH TIME: II-3 Q17	
350-351	2		NUMBER OF CUPS (BLANK IF COLUMN 346 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
352	1		POULTRY II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
353-354	2	0	NUMBER OF TIMES (BLANK IF COLUMN 352 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
355	1		UNIT OF TIME (BLANK IF COLUMN 352 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
356	1		RED MEAT II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
357 358	2	0	NUMBER OF TIMES (BLANK IF COLUMN 356 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
359	1		UNIT OF TIME (BLANK IF COLUMN 356 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
360	1		FISH II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
361-362	2	0	NUMBER OF TIMES (BLANK IF COLUMN 360 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
363	1		UNIT OF TIME (BLANK IF COLUMN 360 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
364	1		FRUIT CITRUS II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
365-366	2	0	NUMBER OF TIMES (BLANK IF COLUMN 364 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
367	1		UNIT OF TIME (BLANK IF COLUMN 364 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
368	1		CITRUS JUICE II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
369-370	2	0	NUMBER OF TIMES (BLANK IF COLUMN 368 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
371	1		UNIT OF TIME (BLANK IF COLUMN 368 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
372	1		ALL OTHER FRUITS II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
373-374	2	0	NUMBER OF TIMES (BLANK IF COLUMN 372 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
375	1		UNIT OF TIME (BLANK IF COLUMN 372 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
376	1		ALL OTHER FRUIT JUICES II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
377-378	2	0	NUMBER OF TIMES (BLANK IF COLUMN 376 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
379	1		UNIT OF TIME (BLANK IF COLUMN 376 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
380	1		RAW VEGETABLES II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
381 382	2	0	NUMBER OF TIMES (BLANK IF COLUMN 380 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
383	1		UNIT OF TIME (BLANK IF COLUMN 380 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
384	1		COOKED VEGETABLES II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
385-386	2	0	NUMBER OF TIMES (BLANK IF COLUMN 384 IS 2,8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
387	1		UNIT OF TIME (BLANK IF COLUMN 384 IS 2,8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 20

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
388	1		EGGS II-3 Q15	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			HOW MANY TIMES WAS THIS CONSUMED EACH DAY, WEEK, MONTH: II-3 Q16	
389-390	2	0	NUMBER OF TIMES (BLANK IF COLUMN 388 IS 2, 8 OR 9)	01 - 97 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
391	1		UNIT OF TIME (BLANK IF COLUMN 388 IS 2, 8 OR 9)	1 - DAY 2 - WEEK 3 - MONTH 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
392	2		HOW MANY HOURS DOES RESPONDENT USUALLY WORK HH Q31b (BLANK IF 83 = 2, 8 OR 9)	ACTUAL NUMBER OF HOURS 98 - DON'T KNOW 99 - NO ANSWER
394	2		HOW MANY HOURS DOES MALE HEAD USUALLY WORK HH Q31b (BLANK IF 116 = 2, 8 OR 9)	ACTUAL NUMBER OF HOURS 98 - DON'T KNOW 99 - NO ANSWER
396	2		HOW MANY HOURS DOES FEMALE HEAD USUALLY WORK HH Q31b (BLANK IF 135 = 2, 8 OR 9)	ACTUAL NUMBER OF HOURS 98 - DON'T KNOW 99 - NO ANSWER
398-550			BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
1-2	2		RECORD IDENTIFICATION NO.	30 DAY 1 RECORDS 32 DAY 2 RECORDS 33 DAY 3 RECORDS
3-7	5		HOUSEHOLD IDENTIFICATION NO.	
8-9	2		PERSON NUMBER - HH Q22 (LINE NUMBER)	
10-13			SEGMENT CODE (FOR CSFII 1990):	
10	1		DESIGNATION OF SAMPLE CODE	1 - BASIC 2 - LOW INCOME
11	1		WAVE OF SEGMENT	1 - 8
12	1		PSU REPLICATE WITHIN STRATUM	1 - 1ST REPLICATE 2 - 2ND REPLICATE
			STRATUM (THREE FIELDS):	
13	1		URBANIZATION CODE	1 - CENTRAL CITIES 2 - SUBURBAN (METRO) AREAS 3 - NON-METRO AREAS
14	1		GEOGRAPHIC DIVISION	1 - NEW ENGLAND 2 - MIDDLE ATLANTIC 3 - EAST NORTH CENTRAL 4 - WEST NORTH CENTRAL 5 - SOUTH ATLANTIC 6 - EAST SOUTH CENTRAL 7 - WEST SOUTH CENTRAL 8 - MOUNTAIN 9 - PACIFIC
15	1		STRATUM WITHIN URBANIZATION / GEOGRAPHIC DIVISION MATRIX	1 - 6
16-17	2		AREA SEGMENT WITHIN PSU	01 - 99
18-20	3		HOUSING UNIT NUMBER WITHIN AREA SEGMENT	001 - 999
21	1		QUARTER	0 - CSFI DRESS REHERRSAL 1 - FIRST QUARTER 2 - SECOND QUARTER 3 - THIRD QUARTER 4 - FOURTH QUARTER

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
22	1		REGION	1- NORTHEAST 2- MIDWEST 3- SOUTH 4- WEST
23-24	2		HOUSEHOLD SIZE - HH Q8 (ACTUAL NUMBER OF PERSONS IN HOUSEHOLD INCLUDING ROOMERS, BOARDERS AND EMPLOYEES	
25-27	3		INDIVIDUAL SAMPLING WEIGHT  DATE OF HOUSEHOLD INTERVIEW	
28-29	2		MONTH	01 - 12
30-31	2		DAY	01 - 31
32	1		YEAR	7 - 1987 8 - 1988 9 - 1989 0 - 1990
33	1		DAY OF WEEK	1 - SUNDAY 2 - MONDAY 3 - TUESDAY 4 - WEDNESDAY 5 - THURSDAY 6 - FRIDAY 7 - SATURDAY
34	1		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
35-41	7	0	INCOME BEFORE TAXES FOR PREVIOUS YEAR HH Q60	0 - 9999996 9999997 - NOT HOUSEHOLD IN PREVIOUS YEAR 9999998 - DON'T KNOW 9999999 - NO ANSWER
42-43	2		INCOME CODE - HH Q60 (SELECTED BY RESPONDENT WHEN ACTUAL LAST YEAR'S INCOME NOT GIVEN)	00 - ZERO INCOME 01 - UNDER 1000 02 - 1000 - 1999 03 - 2000 - 2999 04 - 3000 - 3999 05 - 4000 - 4999 06 - 5000 - 5999 07 - 6000 - 6999 08 - 7000 - 7999 09 - 8000 - 8999 10 - 9000 - 9999 11 - 10000 - 12499 12 - 12500 - 14999 13 - 15000 - 17499 14 - 17500 - 19999 15 - 20000 - 24999 16 - 25000 - 29999 17 - 30000 - 34999 18 - 35000 - 39999 19 - 40000 - 44999 20 - 45000 - 49999 21 - 50000 - 49999 98 - DON'T KNOW 99 - NO ANSWER/REFUSED SPACE - NOT APPLICABLE
44	1		IS RESPONDENT FEMALE HEAD	1 - YES 2 - NO
45-46	2		BLANK	
47-50	4		INTERVIEWER NUMBER	0001 - 9999

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
51	1		IS RESPONDENT RECEIVING FOOD STAMPS (CALCULATED FROM HH Q65 AND Q66)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
52-53	2		TOTAL HOUSEHOLD MEMBERS EXCLUDING ROOMERS, BOARDERS, AND EMPLOYEES (CALCULATED VARIABLES)	ACTUAL COUNT
54	1		IS HOUSEHOLD RECEIVING FOOD STAMPS HH Q64	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
55	1		NUMBER OF DAYS INTAKE WAS REPORTED	0 - 3
56-57	2		RELATIONSHIP TO HEAD CODE HH Q22.2	01 - MALE HEAD 02 - FEMALE HEAD, NO MALE HEAD OR UNABLE TO DETERMINE RELATIONSHIP TO MALE HEAD 03 - CHILD 04 - PARENT 05 - SIBLING 06 - GRANDPARENT 07 - GRANDCHILD 08 - AUNT, UNCLE 09 - OTHER RELATED 10 - SPOUSE 11 - FOSTER CHILD 12 - ROOMATE, FRIEND 13 - ROOMER, BOARDER 14 - EMPLOYEE 15 - OTHER UNRELATED 98 - DON'T KNOW 99 - NO ANSWER

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
58-59	2	0	AGE - HH Q22.2 (UNDER 12 MONTHS)	00-11 ACTUAL MONTHS 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
60-62	3	0	AGE - HH Q22.2 (1 YEAR AND OVER)	001-997 ACTUAL AGE IN YEARS 998 - DON'T KNOW 999 - NO ANSWER SPACE - NOT APPLICABLE
63	1		SEX CODE	1 - MALE 2 - FEMALE
64	1		PREGNANT/LACTATING WOMAN OR BREAST-FED CHILD (AT PRESENT)	1 - PREGNANT 2 - LACTATING 3 - BOTH PREGNANT AND LACTATING 4 - NOT PREGNANT OR LACTATING (1-4, APPLICABLE ONLY TO WOMEN AGE 12-55) 5 - BREAST-FED 6 - NOT BREAST-FED (5-6, APPLICABLE ONLY TO CHILDREN AGE 3 OR LESS) 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
65	1		RACE HH Q25	1 - WHITE 2 - BLACK 3 - ASIAN/PACIFIC ISLANDER 4 - ALEUT, ESKIMO, AMERICAN INDIAN 5 - SOME OTHER RACE 8 - DON'T KNOW 9 - NO ANSWER
66	1		ORIGIN (CALCULATED FROM HH Q26 AND Q27)	1 - SPANISH 2 - OTHER THAN SPANISH 8 - DON'T KNOW 9 - NO ANSWER
67	1		IS RESPONDENT MAIN MEAL PLANNER/PREPARER - HH Q28 (ANSWERS II Q9,Q10)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
68-69	2		BLANK	
70	1		DAY CODE	1 - DAY 1 2 - DAY 2 3 - DAY 3
71	1		DAY OF WEEK OF INTAKE	1 - SUNDAY 2 - MONDAY 3 - TUESDAY 4 - WEDNESDAY 5 - THURSDAY 6 - FRIDAY 7 - SATURDAY
72-78	7		FOOD CODE (CALCULATED FROM II Q5)	
79-84	6	2	AMOUNT IN GRAMS (CALCULATED FROM II Q6A)	BLANK IF FOOD CODE IS 1100000 (HUMAN MILK)
85-87	3		LINE ITEM NUMBER	101 - 399
			TIME EATING OCCASION BEGAN:	
88-89	2		HOUR	01 - 12 97 - EXTENDED CONSUMPTION / TIME UNKNOWN 98 - DON'T KNOW 99 - NO ANSWER
90-91	2		MINUTES	00 - 59 97 - EXTENDED CONSUMPTION / TIME UNKNOWN 98 - DON'T KNOW 99 - NO ANSWER
92	1		AM / PM	1 - AM 2 - PM 7 - EXTENDED CONSUMPTION / TIME UNKNOWN 8 - DON'T KNOW 9 - NO ANSWER

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
93	1		ADDITIONAL IDENTIFICATION OF FOOD ITEM (CALCULATED VARIABLE)	0 - SINGLE ITEM 1 - PART OF A SANDWICH 3 - PART OF A SALAD 4 - PART OF A MIXTURE 5 - PART OF A SOUP 6 - PART OF A BEVERAGE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
94	1		AMOUNT VERIFICATION (VARIABLE ADDED AT CLEANING STAGE)	1 - NOT AN EXTREME VALUE 2 - EXTREME VALUE, VERIFIED AS ACURATE 3 - EXTREME VALUE, CORRECTED AND STILL EXTREME 4 - INITIALLY AN EXTREME VALUE, BUT CORRECTED AND NO LONGER EXTREME
95-97	3		INITIALS OF PERSON WHO VERIFIED EXTREME VALUE (VARIABLE ADDED AT CLEANING STAGE)  DATE EXTREME VALUE VERIFIED: (VARIABLE ADDED AT CLEANING STAGE)	SPACE - IF NOT AN EXTREME VALUE
98-99	2		MONTH	01 - 12 SPACE - IF NOT AN EXTREME VALUE
100-101	2		DAY	01 - 31 SPACE - IF NOT AN EXTREME VALUE
102	1		YEAR	7 - 1987 8 - 1988 SPACE - IF NOT AN EXTREME VALUE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
103-104	2		NAME OF EATING OCCASION II -Q2	01 - BREAKFAST 02 - BRUNCH 03 - LUNCH 04 - DINNER 05 - SUPPER 06 - SNACK / BEVERAGE BREAK 07 - INFANT FEEDING 00 - OTHER 97 - EXTENDED CONSUMPTION 98 - DON'T KNOW 99 - NO ANSWER
105	1		WITH WHOM DID YOU EAT OR DRINK THIS ITEM II Q3	1 - NO ONE 2 - OTHER HOUSEHOLD MEMBERS 3 - NONHOUSEHOLD MEMBERS 4 - BOTH HOUSEHOLD AND NONHOUSEHOLD MEMBERS 8 - DON'T KNOW 9 - NO ANSWER

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
106	1		HOW WAS FOOD QUANTITY ESTIMATED (DAY ONE ONLY) II-1 Q6A	1 - MEASURING CUP 2 - MEASURING SPOON 3 - RULER 4 - HOUSEHOLD CUP, BOWL, GLASS MEASURED 5 - AMOUNT REPORTED FROM ACTUAL PACKAGE WEIGHT 6 - OTHER 7 - NO MEASURING AIDS USED 9 - NO ANSWER SPACE - NOT APPLICABLE
107	1		SOURCE OF FOOD II Q7	1 - EATEN AT HOME 2 - BROUGHT HOME , BUT LATER EATEN AWAY FROM HOME 3 - NEVER BROUGHT HOME 8 - DON'T KNOW 9 - NO ANSWER
108	1		HOME ITEMS FROM FAST-FOOD PLACES OR MEALS ON WHEELS II QB (BLANK IF COLUMN 107 IS 3,8 OR 9)	1 - FROM FAST FOOD/CARRY OUT PLACE 2 - FROM MEALS ON WHEELS 3 - FROM SOME OTHER PLACE 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
109	1		WERE ANY FATS OR OILS USED IN PREPARATION OF ANY FOOD FROM THIS EATING OCCASION II Q9A	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
110	1		WERE ANY FATS OR OILS USED IN PREPARATION OF THIS FOOD II Q9B	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
111-112	2		FAT OR OIL USED II Q9C	01 - OLIVE OIL 02 - CORN, COTTONSEED, SAFFLOWER OR SUNFLOWER OIL 03 - SOYBEAN OR OTHER VEGETABLE OR NUT OIL 04 - REGULAR TUB OR LIQUID MARGARINE 05 - REGULAR STICK MARGARINE 06 - ANY DIET MARGARINE 07 - MARGARINE BLEND 08 - BUTTER 09 - ANIMAL SHORTENING; (MEAT/ BACON DRIPPINGS) 10 - VEGETABLE SHORTENING 98 - DON'T KNOW/REMEMBER 99 - NO ANSWER SPACE - NOT APPLICABLE
113	1		WAS SALT USED IN PREPARATION OF THIS ITEM II Q10	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
114-115	2		IF ITEM WAS NOT FROM HOME, WHERE WAS ITEM OBTAINED II Q11	01 - RESTAURANT WITH WAITER/WAITRESS SERVICE 02 - CAFETERIA OR SELF-SERVE RESTAURANT 03 - RESTAURANT WHERE FOOD WAS ORDERED AND PICKED UP AT COUNTER OR WINDOW 04 - SCHOOL 05 - DAY-CARE CENTER OR SUMMER DAY CAMP 06 - COMMUNITY FEEDING PROGRAM 07 - VENDING MACHINE 08 - SUPERMARKET/GROCERY STORE/DELI 09 - CONVENIENCE STORE 10 - RECREATION/ENTERTAINMENT FACILITY 11 - AT SOMEONE'S HOME 12 - SOME OTHER PLACE 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
116-117	2		IF SOURCE WAS VENDING MACHINE, LOCATION OF VENDING MACHINE II Q11	01 - RESTAURANT WITH WAITER/WAITRESS SERVICE 02 - CAFETERIA OR SELF-SERVE RESTAURANT 03 - RESTAURANT WHERE FOOD WAS ORDERED AND PICKED UP AT COUNTER OR WINDOW 04 - SCHOOL 05 - DAY-CARE CENTER OR SUMMER DAY CAMP 06 - COMMUNITY FEEDING PROGRAM 08 - SUPERMARKET/GROCERY STORE/DELI 09 - CONVENIENCE STORE 10 - RECREATION/ENTERTAINMENT FACILITY 11 - AT SOMEONE'S HOME 12 - SOME OTHER PLACE 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
118	1		WAS ITEM ADDED AFTER Q12 PROBE FOR FORGOTTEN FOOD TEMS (DAY 1 ONLY) II-1 Q12	1 - YES SPACE - NO OR NO ANSWER
119-124	6	2	AMOUNT IN CALCIUM EQUIVALENTS (DAIRY PRODUCTS ONLY) (CALCULATED VARIABLE)	AMOUNT IN GRAMS * CALCIUM CONVERSION FACTOR SPACE - FOOD CODE DOES NOT BEGIN WITH 1 (NOT DAIRY PRODUCT) OR FOOD CODE IS 1100000 (HUMAN MILK)
125-126	2		FAT CODE (USED TO DETERMINE NUTRIENT VALUES) (CALCULATED FROM II Q9C OR DEFAULT USED)	01 - OLIVE OIL 02 - CORN OIL 03 - SOYBEAN OIL 04 - REGULAR TUB MARGARINE 05 - REGULAR STICK MARGARINE 06 - DIET MARGARINE 07 - MARGARINE BLEND 08 - BUTTER 09 - ANIMAL SHORTENING 10 - VEGETABLE SHORTENING 11 - DEFAULT FAT USED
127	1		SALT CODE ( USED TO DETERMINE NUTRIENT VALUES) II Q10	1 - SALT ADDED/DON'T KNOW/ NOT APPLICABLE (DEFAULT VALUE) 2 - NO SALT ADDED 9 - NO ANSWER SPACE - SAMPLE B MANUAL
128-179	52		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
128-179	52		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
			NUTRIENT VALUES: (CALCULATED VARIABLES)	
180-191	12	3	WATER - GRAMS	
192-203	12	3	FOOD ENERGY - KILOCALORIES	
204-215	12	3	PROTEIN - GRAMS	
216-227	12	3	TOTAL FAT - GRAMS	
228-239	12	3	SATURATED FATTY ACIDS - GRAMS	
240-251	12	3	MONOUNSATURATED FATTY ACIDS - GRAMS	
252-263	12	3	POLYUNSATURATED FATTY ACIDS - GRAMS	
264-275	12	3	CHOLESTEROL - MILLIGRAMS	
276-287	12	3	CARBOHYDRATE - GRAMS	
288-299	12	3	TOTAL DIETARY FIBER - GRAMS	
300-311	12	3	ALCOHOL - GRAMS	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
			NUTRIENT VALUES: (CALCULATED VARIABLES)	
312-323	12	3	VITAMIN A - IU (INTERNATIONAL UNITS)	
324-335	12	3	VITAMIN A - RE (MICROGRAMS RETINOL EQUIVALENTS)	
336-347	12	3	CAROTENES - RE (MICROGRAMS RETINOL EQUIVALENTS)	
348-359	12	3	VITAMIN E - ALPHA-TE (MILLIGRAMS ALPHA-TOCOPHEROL EQUIVALENTS)	
360-371	12	3	VITAMIN C - MILLIGRAMS	
372-383	12	3	THIAMIN - MILLIGRAMS	
384-395	12	3	RIBOFLAVIN - MILLIGRAMS	
396-407	12	3	NIACIN - MILLIGRAMS	
408-419	12	3	VITAMIN B-6 - MILLIGRAMS	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 30

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
			NUTRIENT VALUES: (CALCULATED VARIABLES)	
420-431	12	3	FOLATE - MICROGRAMS	
432-443	12	3	VITAMIN B-12 - MICROGRAMS	
444-455	12	3	CALCIUM - MILLIGRAMS	
456-467	12	3	PHOSPHORUS - MILLIGRAMS	
468-479	12	3	MAGNESIUM - MILLIGRAMS	
480-491	12	3	IRON - MILLIGRAMS	
492-503	12	3	ZINC - MILLIGRAMS	
504-515	12	3	COPPER - MILLIGRAMS	
516-527	12	3	SODIUM - MILLIGRAMS	
528-539	12	3	POTASSIUM - MILLIGRAMS	
540-550	11		BLANK	

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1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 40

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
1-2	2		RECORD IDENTIFICATION NO.	40
3-7	5		HOUSEHOLD IDENTIFICATION NO.	
8-9	2		PERSON NUMBER - HH Q22 (LINE NUMBER)	
10-13			SEGMENT CODE (FOR CSFII 1990):	
10	1		DESIGNATION OF SAMPLE CODE	1 - BASIC 2 - LOW INCOME
11	1		WHICH SAMPLE	1 = FIRST 2 = SECOND
12	1		PSU REPLICATE WITHIN STRATUM	1 - 1ST REPLICATE 2 - 2ND REPLICATE
			STRATUM (THREE FIELDS):	
13	1		URBANIZATION CODE	1 - CENTRAL CITIES 2 - SUBURBAN (METRO) AREAS 3 - NON-METRO AREAS
14			GEOGRAPHIC DIVISION	1 - NEW ENGLAND 2 - MIDDLE ATLANTIC 3 - EAST NORTH CENTRAL 4 - WEST NORTH CENTRAL 5 - SOUTH ATLANTIC 6 - EAST SOUTH CENTRAL 7 - WEST SOUTH CENTRAL 8 - MOUNTAIN 9 - PACIFIC
15	1		STRATUM WITHIN URBANIZATION / GEOGRAPHIC DIVISION MATRIX	1 - 6
16-17	2		AREA SEGMENT WITHIN PSU	01 - 99
18-20	3		HOUSING UNIT NUMBER WITHIN AREA SEGMENT	001 - 999
21	1		QUARTER	0 - CSFI DRESS REHEARSAL 1 - FIRST QUARTER 2 - SECOND QUARTER 3 - THIRD QUARTER 4 - FOURTH QUARTER

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 40

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
22	1		REGION	1- NORTHEAST 2- MIDWEST 3- SOUTH 4- WEST
23-24	2		HOUSEHOLD SIZE - HH Q8 (ACTUAL NUMBER OF PERSONS IN HOUSEHOLD INCLUDING ROOMERS, BOARDERS AND EMPLOYEES	
25-27	3		INDIVIDUAL SAMPLING WEIGHT  DATE OF HOUSEHOLD INTERVIEW	
28-29	2		MONTH	01 - 12
30-31	2		DAY	01 - 31
32	1		YEAR	7 - 1987 8 - 1988 9 - 1989 0 - 1990
33	1		DAY OF WEEK	1 - SUNDAY 2 - MONDAY 3 - TUESDAY 4 - WEDNESDAY 5 - THURSDAY 6 - FRIDAY 7 - SATURDAY
34	1		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 40

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
35-41	7	0	INCOME BEFORE TAXES FOR PREVIOUS YEAR HH Q60	0 - 9999996 9999997 - NOT HOUSEHOLD IN PREVIOUS YEAR 9999998 - DON'T KNOW 9999999 - NO ANSWER
42-43	2		INCOME CODE - HH Q60 (SELECTED BY RESPONDENT WHEN ACTUAL LAST YEAR'S INCOME NOT GIVEN)	00 - ZERO INCOME 01 - UNDER 1000 02 - 1000 - 1999 03 - 2000 - 2999 04 - 3000 - 3999 05 - 4000 - 4999 06 - 5000 - 5999 07 - 6000 - 6999 08 - 7000 - 7999 09 - 8000 - 8999 10 - 9000 - 9999 11 - 10000 - 12499 12 - 12500 - 14999 13 - 15000 - 17499 14 - 17500 - 19999 15 - 20000 - 24999 16 - 25000 - 29999 17 - 30000 - 34999 18 - 35000 - 39999 19 - 40000 - 44999 20 - 45000 - 49999 21 - 50000 - 49999 98 - DON'T KNOW 99 - NO ANSWER/REFUSED SPACE - NOT APPLICABLE
44	1		IS RESPONDENT FEMALE HEAD	1 - YES 2 - NO
45-46	2		BLANK	
47-50	4		INTERVIEWER NUMBER	0001 - 9999

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 40

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
51	1		IS RESPONDENT RECEIVING FOOD STAMPS (CALCULATED FROM HH Q65 AND Q66)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
52-53	2		TOTAL HOUSEHOLD MEMBERS EXCLUDING ROOMERS, BOARDERS, AND EMPLOYEES (CALCULATED VARIABLES)	ACTUAL COUNT
54	1		IS HOUSEHOLD RECEIVING FOOD STAMPS HH Q64	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
55	1		NUMBER OF DAYS INTAKE WAS REPORTED	0 - 3
56-57	2		RELATIONSHIP TO HEAD CODE HH Q22.2	01 - MALE HEAD 02 - FEMALE HEAD, NO MALE HEAD OR UNABLE TO DETERMINE RELATIONSHIP TO MALE HEAD 03 - CHILD 04 - PARENT 05 - SIBLING 06 - GRANDPARENT 07 - GRANDCHILD 08 - AUNT, UNCLE 09 - OTHER RELATED 10 - SPOUSE 11 - FOSTER CHILD 12 - ROOMATE, FRIEND 13 - ROOMER, BOARDER 14 - EMPLOYEE 15 - OTHER UNRELATED 98 - DON'T KNOW 99 - NO ANSWER

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 40

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODE & RANGES
58-59	2	0	AGE - HH Q22.2 (UNDER 12 MONTHS)	00-11 ACTUAL MONTHS 98 - DON'T KNOW 99 - NO ANSWER SPACE - NOT APPLICABLE
60-62	3	0	AGE - HH Q22.2 (1 YEAR AND OVER)	001-997 ACTUAL AGE IN YEARS 998 - DON'T KNOW 999 - NO ANSWER SPACE - NOT APPLICABLE
63	1		SEX CODE	1 - MALE 2 - FEMALE
64	1		PREGNANT/LACTATING WOMAN OR BREAST-FED CHILD (AT PRESENT)	1 - PREGNANT 2 - LACTATING 3 - BOTH PREGNANT AND LACTATING 4 - NOT PREGNANT OR LACTATING (1-4, APPLICABLE ONLY TO WOMEN AGE 12-55) 5 - BREAST-FED 6 - NOT BREAST-FED (5-6, APPLICABLE ONLY TO CHILDREN AGE 3 OR LESS) 8 - DON'T KNOW 9 - NO ANSWER SPACE - NOT APPLICABLE
65	1		RACE HH Q25	1 - WHITE 2 - BLACK 3 - ASIAN/PACIFIC ISLANDER 4 - ALEUT, ESKIMO, AMERICAN INDIAN 5 - SOME OTHER RACE 8 - DON'T KNOW 9 - NO ANSWER
66	1		ORIGIN (CALCULATED FROM HH Q26 AND Q27)	1 - SPANISH 2 - OTHER THAN SPANISH 8 - DON'T KNOW 9 - NO ANSWER
67	1		IS RESPONDENT MAIN MEAL PLANNER/PREPARER - HH Q28 (ANSWERS II Q9,Q10)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
RECORD TYPE 40

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
68-69	2		BLANK	
70	1		DAY CODE	1 - DAY 1 TOTALS 2 - DAY 2 TOTALS 3 - DAY 3 TOTALS 4 - AVERAGE OF DAY 1, DAY 2 AND DAY 3 5 - AVERAGE OF DAY 1 AND DAY 2 6 - AVERAGE OF DAY 1 AND DAY 3 7 - AVERAGE OF DAY 2 AND DAY 3

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 40

RECORD TYPE 40

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
			RDA PERCENTAGES: (CALCULATED VARIABLES)	
71-76	6	2	FOOD ENERGY	
77-82	6	2	PROTEIN	
83-88	6	2	VITAMIN A - IU (INTERNATIONAL UNITS)	
89-94	6	2	VITAMIN A - RE (MICROGRAMS RETINOL EQUIVALENTS)	
95-100	6	2	VITAMIN E - ALPHA-TE (ALPHA-TOCOPHEROL EQUIVALENTS)	
101-106	6	2	VITAMIN C	
107-112	6	2	THIAMIN	
113-118	6	2	RIBOFLAVIN	
119-124	6	2	NIACIN	
125-130	6	2	VITAMIN B-6	
131-136	6	2	FOLATE	
137-142	6	2	VITAMIN B-12	
143-148	6	2	CALCIUM	
149-154	6	2	PHOSPHORUS	
155-160	6	2	MAGNESIUM	
161-166	6	2	IRON	
167-172	6	2	ZINC	
173-179	7		BLANK	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 40

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
			NUTRIENT VALUES: CALCULATED VARIABLES)	
180-191	12	3	WATER - GRAMS	
192-203	12	3	FOOD ENERGY - KILOCALORIES	
204-215	12	3	PROTEIN - GRAMS	
216-227	12	3	TOTAL FAT - GRAMS	
228-239	12	3	SATURATED FATTY ACIDS - GRAMS	
240-251	12	3	MONOUNSATURATED FATTY ACIDS - GRAMS	
252-263	12	3	POLYUNSATURATED FATTY ACIDS - GRAMS	
264-275	12	3	CHOLESTEROL - MILLIGRAMS	
276-287	12	3	CARBOHYDRATE - GRAMS	
288-299	12	3	TOTAL DIETARY FIBER - GRAMS	
300-311	12	3	ALCOHOL - GRAMS	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 40

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
			NUTRIENT VALUES: (CALCULATED VARIABLES)	
312-323	12	3	VITAMIN A - IU (INTERNATIONAL UNITS)	
324-335	12	3	VITAMIN A - RE (MICROGRAMS RETINOL EQUIVALENTS)	
336-347	12	3	CAROTENES - RE (MICROGRAMS RETINOL EQUIVALENTS)	
348-359	12	3	VITAMIN E - ALPHA-TE (MILLIGRAMS ALPHA-TOCOPHEROL EQUIVALENTS)	
360-371	12	3	VITAMIN C - MILLIGRAMS	
372-383	12	3	THIAMIN - MILLIGRAMS	
384-395	12	3	RIBOFLAVIN - MILLIGRAMS	
396-407	12	3	NIACIN - MILLIGRAMS	
408-419	12	3	VITAMIN B-6 - MILLIGRAMS	

1990 CSFII INDIVIDUAL FILE FORMAT, 02/28/91  
 RECORD TYPE 40

POSITION	WIDTH	DECIMAL PLACES	DESCRIPTION & COMMENTS	CODES & RANGES
			NUTRIENT VALUES: (CALCULATED VARIABLES)	
420-431	12	3	FOLATE - MICROGRAMS	
432-443	12	3	VITAMIN B-12 - MICROGRAMS	
444-455	12	3	CALCIUM - MILLIGRAMS	
456-467	12	3	PHOSPHORUS - MILLIGRAMS	
468-479	12	3	MAGNESIUM - MILLIGRAMS	
480-491	12	3	IRON - MILLIGRAMS	
492-503	12	3	ZINC - MILLIGRAMS	
504-515	12	3	COPPER - MILLIGRAMS	
516-527	12	3	SODIUM - MILLIGRAMS	
528-539	12	3	POTASSIUM - MILLIGRAMS	
540-550	11		BLANK	

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RECORD NUMBER FIELD\_NUM FILTER F.MIN.. F.MAX.. F.TYPE ERR.MIN ERR.MAX W.MIN.. W.MAX..

RECORD NUMBER	FIELD_NUM	FILTER	F.MIN..	F.MAX..	F.TYPE	ERR.MIN	ERR.MAX	W.MIN..	W.MAX..
161	I77	I75	1	1	FIRST	1	999		
		I76	1	1	AND				
162	I78	I75	1	1	FIRST	00	99		
		I77	NA	NA	AND				
139	I103					0000	9999		
140	I111					0	7		
170	I112	I111	1	7	FIRST	01	12		
171	I113	I111	1	7	FIRST	01	31		
172	I114	I111	1	7	FIRST	89	93		
226	I115	I111	1	7	FIRST	1	2		
						8	9		
227	I116	I111	1	7	FIRST	1	2		
						8	9		
228	I117	I111	1	7	FIRST	1	2		
						8	9		
229	I118	I111	1	7	FIRST	1	2		
						8	9		
230	I119	I111	1	7	FIRST	1	2		
						8	9		
231	I120	I111	1	7	FIRST	1	2		
						8	9		
232	I121	I111	1	7	FIRST	1	2		
						8	9		
233	I122	I111	1	7	FIRST	1	3		
						9	9		
234	I123	I111	1	7	FIRST	0	9		
		I122	1	1	AND				
		I122	3	3	OR				
173	I125					0	7		
174	I126	I125	1	7	FIRST	01	12		
175	I127	I125	1	7	FIRST	01	31		
176	I128	I125	1	7	FIRST	89	93		
235	I129	I125	1	7	FIRST	1	2		
						8	9		
236	I130	I125	1	7	FIRST	1	2		
						8	9		
237	I131	I125	1	7	FIRST	1	2		
						8	9		
238	I132	I125	1	7	FIRST	1	2		
						8	9		
239	I133	I125	1	7	FIRST	1	2		
						8	9		
240	I134	I125	1	7	FIRST	1	2		
						8	9		
241	I135	I125	1	7	FIRST	1	2		
						8	9		
242	I136	I125	1	7	FIRST	1	3		
						9	9		
243	I137	I125	1	7	FIRST	0	9		
		I136	1	1	AND				
		I136	3	3	OR				
177	I138	I125	1	7	FIRST	1	2		
						8	9		
181	I139	I125	1	7	FIRST	1	2		
						8	9		
185	I140	I125	1	7	FIRST	1	2		

## **APPENDIX J**

Table Showing the Recoding of the Responses to Question 6 on the 1990 DHK

Code # on Questionnaire	Description	Code # in File
1	Anemia	2
2	Arteriosclerosis/Atherosclerosis	3
3	Bone Problems in Adults	15
4	Bone Development in children	15
5	Cancer	6
6	Clogged arteries	3
7	Colitis	7
8	Constipation	7
9	Coronary disease	3
10	Dental problems	8
11	Diabetes	9
12	Digestive problems	7
13	Diverticulitis	7
14	Hardening of the arteries	3
15	Heart Attack/Heart Disease	3
16	High Blood Pressure	11
17	High blood cholesterol	3
18	Hyperactivity	12
19	Hypertension	11
20	Iron-poor blood	2
21	Irregularity	7
22	Kidney disease	14
23	Obesity	16
24	Osteoporosis	15
25	Overweight	16
26	Stroke	11
27	Health problem not specified	1
0	Other disease/problem	20
99	No answer/DK	

## **APPENDIX K**

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
1-2	2		RECORD TYPE	50
3-7	5		HOUSEHOLD IDENTIFICATION NUMBER	1ST DIGIT "5" - BASIC HOUSEHOLD 1ST DIGIT "6" - LOW INCOME HOUSEHOLD
8-9	2		DHK RESPONDENT HOUSEHOLD LINE NUMBER	01 - 16
10-17	8		SEGMENT NUMBER	
18-20	3		HOUSING UNIT	
21	1		QUARTER	0 - DRESS REHEARSAL 1 - FIRST QUARTER 2 - SECOND QUARTER 3 - THIRD QUARTER 4 - FOURTH QUARTER
22	1		BLANK	
23-26	4		DHK INTERVIEWER	

DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
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 \* ALL FIELDS FROM COLUMNS 27-387 APPLY TO \*  
 \* RESULT OF CALL CODE 01 (388-389) \*  
 \*\*\*\*\*

DATE OF DHK INTERVIEW:

27-28	2		MONTH	01 - 12 99 - NO ANSWER
29-30	2		DAY	01 - 31 99 - NO ANSWER
31	1		YEAR	9 - 1989 0 - 1990 1 - 1991 2 - 1992 3 - 1993
32-35	4		TIME INTERVIEW BEGAN: MILITARY TIME	0001 - 2400 9999 - NO ANSWER
36	1		BLANK	
37-40	4		TIME INTERVIEW ENDED: MILITARY TIME	0001 - 2400 9999 - NO ANSWER
41	1		BLANK	
42-44	3		LENGTH OF INTERVIEW IN MINUTES	000 - 997 MINUTES 999 - NO ANSWER

DHK Q1. OPINION OF AMOUNT OF FOOD EACH DAY FOR GOOD HEALTH IS:

45-46	2		FRUIT	00 - 97 98 - DON'T KNOW 99 - NO ANSWER
47-48	2		VEGETABLES	00 - 97 98 - DON'T KNOW 99 - NO ANSWER

DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2  
FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
49-50	2		DAIRY PRODUCTS	00 - 97 98 - DON'T KNOW 99 - NO ANSWER
51-52	2		GRAIN PRODUCTS	00 - 97 98 - DON'T KNOW 99 - NO ANSWER
53-54	2		MEAT, FISH, OR POULTRY	00 - 97 98 - DON'T KNOW 99 - NO ANSWER

DHK Q2. OPINION OF SHOULD DIET BE LOWER  
OR HIGHER:

55	1		MEAT, FISH, OR POULTRY	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
56	1		FRUITS	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
57	1		VEGETABLES	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
58	1		DAIRY PRODUCTS	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER

## DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
59	1		GRAIN PRODUCTS	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
60	1		EGGS	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
61	1		VARIETY OF FOODS YOU EAT	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
62	1		CALORIES	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
63	1		CALCIUM	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
64	1		IRON	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
65	1		VITAMIN C	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER

## DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
66	1		PROTEIN	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
67	1		FAT	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
68	1		SATURATED FAT	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
69	1		CHOLESTEROL	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
70	1		SALT/SODIUM	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
71	1		FIBER	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
72	1		SUGAR/SWEETS	1 - LOWER 2 - HIGHER 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
DHK Q3. DO YOU PERSONALLY AVOID				
73	1		MEAT (LAMB OR BEEF)	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
74	1		RARE HAMBURGER	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
75	1		POULTRY	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
76	1		FISH	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
77	1		EGGS	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
78	1		ALL TYPES OF MILK	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
79	1		WHOLE MILK	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
80	1		CHEESE	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
81	1		ALCOHOLIC BEVERAGES	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
82	1		STARCHY FOOD (POTATOES, BREAD)	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
83	1		FOODS HIGH IN SUGAR	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
84	1		RAW SHELL FISH	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
85	1		LEGUMES (KIDNEY BEANS)	1 - AVOIDS 2 - DOES NOT AVOID 8 - DON'T KNOW 9 - NO ANSWER
DHK Q4. IMPORTANT ADVICE ABOUT HEALTHY DIETS				
86	1		AVOID TOO MUCH SALT OR SODIUM	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER
87	1		AVOID TOO MUCH SATURATED FAT	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER
88	1		EAT AT LEAST FIVE SERVINGS A DAY OF FRUITS AND VEGETABLES	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER
89	1		AVOID TOO MUCH SUGAR	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER

DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
90	1		DRINK ALCOHOLIC BEVERAGES IN MODERATION IF AT ALL (COLUMN 90 BLANK IF COLUMN 81 = 1)	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER
91	1		EAT FOODS WITH ADEQUATE FIBER	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER
92	1		EAT FOODS WITH ADEQUATE STARCH	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER
93	1		EAT A VARIETY OF FOODS	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER
94	1		MAINTAIN A DESIRABLE WEIGHT	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
95	1		AVOID TOO MUCH FAT	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER
96	1		AVOID TOO MUCH CHOLESTROL	1 - NOT IMPORANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER
97	1		EAT AT LEAST SIX SERVINGS A DAY OF BREADS,CEREALS AND OTHER GRAIN PRODUCTS	1 - NOT IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER
98	1		EAT AT LEAST THREE SERVINGS A DAY OF FOOD RICH IN CALICUM	1 - NOT IMPORANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT AT ALL 8 - DONT KNOW 9 - NO ANSWER

DHK Q5 & Q6. AWARE OF HEALTH PROBLEMS RELATED TO CERTAIN  
BEHAVIORS AND WHAT THOSE PROBLEMS ARE:

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
99	1		A. HOW MUCH FAT A PERSON EATS  PROBLEMS: (COULMNS 100 TO 120 ARE BLANK IF COLUMN 99 NOT EQUAL TO 1)	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
100	1		NO SPECIFIC HEALTH PROBLEM	1 - YES 2 - NO SPACE - NOT APPLICABLE
101	1		ANEMIA/IRON-POOR BLOOD	1 - YES 2 - NO SPACE - NOT APPLICABLE
102	1		CIRCULATION AND HEART	1 - YES 2 - NO SPACE - NOT APPLICABLE
103	1		ARTHRITIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
104	1		BREATHING PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
105	1		CANCER	1 - YES 2 - NO SPACE - NOT APPLICABLE
106	1		BOWEL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
107	1		DENTAL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
108	1		DIABETES/HIGH BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
109	1		FATIGUE/TIREDNESS/LACK OF ENERGY	1 - YES 2 - NO SPACE - NOT APPLICABLE
110	1		HIGH BLOOD PRESSURE/HYPERTENSION	1 - YES 2 - NO SPACE - NOT APPLICABLE
111	1		HYPERACTIVITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
112	1		HYPOGLYCEMIA/LOW BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
113	1		KIDNEY DISEASE/RENAL DISEASE	1 - YES 2 - NO SPACE - NOT APPLICABLE
114	1		BONE PROBLEMS/OSTEOPOROSIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
115	1		OVERWEIGHT/OBESITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
116	1		WATER RETENTION/EDEMA	1 - YES 2 - NO SPACE - NOT APPLICABLE
117	1		LOW BLOOD PRESSURE	1 - YES 2 - NO SPACE - NOT APPLICABLE
118	1		THYROID PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
119	1		OTHER	1 - YES 2 - NO SPACE - NOT APPLICABLE

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
120	1		DON'T KNOW/NO ANSWER	1 - YES 2 - NO SPACE - NOT APPLICABLE
121	1		B. HOW MUCH SATURATED FAT A PERSON EATS	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
			PROBLEMS: (COULMNS 122 TO 142 ARE BLANK IF COLUMN 121 NOT EQUAL TO 1)	
122	1		NO SPECIFIC HEALTH PROBLEM	1 - YES 2 - NO SPACE - NOT APPLICABLE
123	1		ANEMIA/IRON-POOR BLOOD	1 - YES 2 - NO SPACE - NOT APPLICABLE
124	1		CIRCULATION AND HEART	1 - YES 2 - NO SPACE - NOT APPLICABLE
125	1		ARTHRITIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
126	1		BREATHING PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
127	1		CANCER	1 - YES 2 - NO SPACE - NOT APPLICABLE
128	1		BOWEL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
129	1		DENTAL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
130	1		DIABETES/HIGH BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
131	1		FATIGUE/TIREDNESS/LACK OF ENERGY	1 - YES 2 - NO SPACE - NOT APPLICABLE
132	1		HIGH BLOOD PRESSURE/HYPERTENSION	1 - YES 2 - NO SPACE - NOT APPLICABLE
133	1		HYPERACTIVITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
134	1		HYPOGLYCEMIA/LOW BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
135	1		KIDNEY DISEASE/RENAL DISEASE	1 - YES 2 - NO SPACE - NOT APPLICABLE
136	1		BONE PROBLEMS/OSTEOPOROSIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
137	1		OVERWEIGHT/OBESITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
138	1		WATER RETENTION/EDEMA	1 - YES 2 - NO SPACE - NOT APPLICABLE
139	1		LOW BLOOD PRESSURE	1 - YES 2 - NO SPACE - NOT APPLICABLE
140	1		THYROID PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
141	1		OTHER	1 - YES 2 - NO SPACE - NOT APPLICABLE
142	1		DON'T KNOW/NO ANSWER	1 - YES 2 - NO SPACE - NOT APPLICABLE
143	1		C. HOW MUCH FIBER A PERSON EATS	1 - YES 2 - NO SPACE - NOT APPLICABLE
			PROBLEMS: (COLUMNS 144 TO 164 ARE BLANK IF COLUMN 143 NOT EQUAL TO 1)	
144	1		NO SPECIFIC HEALTH PROBLEM	1 - YES 2 - NO SPACE - NOT APPLICABLE
145	1		ANEMIA/IRON-POOR BLOOD	1 - YES 2 - NO SPACE - NOT APPLICABLE
146	1		CIRCULATION AND HEART	1 - YES 2 - NO SPACE - NOT APPLICABLE
147	1		ARTHRITIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
148	1		BREATHING PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
149	1		CANCER	1 - YES 2 - NO SPACE - NOT APPLICABLE
150	1		BOWEL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE

## DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
151	1		DENTAL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
152	1		DIABETES/HIGH BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
153	1		FATIGUE/TIREDNESS/LACK OF ENERGY	1 - YES 2 - NO SPACE - NOT APPLICABLE
154	1		HIGH BLOOD PRESSURE/HYPERTENSION	1 - YES 2 - NO SPACE - NOT APPLICABLE
155	1		HYPERACTIVITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
156	1		HYPOGLYCEMIA/LOW BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
157	1		KIDNEY DISEASE/RENAL DISEASE	1 - YES 2 - NO SPACE - NOT APPLICABLE
158	1		BONE PROBLEMS/OSTEOPOROSIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
159	1		OVERWEIGHT/OBESITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
160	1		WATER RETENTION/EDEMA	1 - YES 2 - NO SPACE - NOT APPLICABLE
161	1		LOW BLOOD PRESSURE	1 - YES 2 - NO SPACE - NOT APPLICABLE

## DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
162	1		THYROID PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
163	1		OTHER	1 - YES 2 - NO SPACE - NOT APPLICABLE
164	1		DON'T KNOW/NO ANSWER	1 - YES 2 - NO SPACE - NOT APPLICABLE
165	1		D. HOW MUCH SALT OR SODIUM A PERSON EATS	1 - YES 2 - NO SPACE - NOT APPLICABLE
			PROBLEMS: (COLUMNS 166 TO 186 ARE BLANK IF COLUMN 165 NOT EQUAL TO 1)	
166	1		NO SPECIFIC HEALTH PROBLEM	1 - YES 2 - NO SPACE - NOT APPLICABLE
167	1		ANEMIA/IRON-POOR BLOOD	1 - YES 2 - NO SPACE - NOT APPLICABLE
168	1		CIRCULATION AND HEART	1 - YES 2 - NO SPACE - NOT APPLICABLE
169	1		ARTHRITIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
170	1		BREATHING PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
171	1		CANCER	1 - YES 2 - NO SPACE - NOT APPLICABLE

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
172	1		BOWEL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
173	1		DENTAL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
174	1		DIABETES/HIGH BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
175	1		FATIGUE/TIREDNESS/LACK OF ENERGY	1 - YES 2 - NO SPACE - NOT APPLICABLE
176	1		HIGH BLOOD PRESSURE/HYPERTENSION	1 - YES 2 - NO SPACE - NOT APPLICABLE
177	1		HYPERACTIVITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
178	1		HYPOGLYCEMIA/LOW BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
179	1		KIDNEY DISEASE/RENAL DISEASE	1 - YES 2 - NO SPACE - NOT APPLICABLE
180	1		BONE PROBLEMS/OSTEOPOROSIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
181	1		OVERWEIGHT/OBESITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
182	1		WATER RETENTION/EDEMA	1 - YES 2 - NO SPACE - NOT APPLICABLE

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
183	1		LOW BLOOD PRESSURE	1 - YES 2 - NO SPACE - NOT APPLICABLE
184	1		THYROID PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
185	1		OTHER	1 - YES 2 - NO SPACE - NOT APPLICABLE
186	1		DON'T KNOW/NO ANSWER	1 - YES 2 - NO SPACE - NOT APPLICABLE
187	1		E. HOW MUCH CALCIUM A PERSON EATS	1 - YES 2 - NO SPACE - NOT APPLICABLE
			PROBLEMS: (COLUMNS 188 TO 208 ARE BLANK IF COLUMN 187 NOT EQUAL TO 1)	
188	1		NO SPECIFIC HEALTH PROBLEM	1 - YES 2 - NO SPACE - NOT APPLICABLE
189	1		ANEMIA/IRON-POOR BLOOD	1 - YES 2 - NO SPACE - NOT APPLICABLE
190	1		CIRCULATION AND HEART	1 - YES 2 - NO SPACE - NOT APPLICABLE
191	1		ARTHRITIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
192	1		BREATHING PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE

DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
193	1		CANCER	1 - YES 2 - NO SPACE - NOT APPLICABLE
194	1		BOWEL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
195	1		DENTAL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
196	1		DIABETES/HIGH BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
197	1		FAIGUE/TIREDNESS/LACK OF ENERGY	1 - YES 2 - NO SPACE - NOT APPLICABLE
198	1		HIGH BLOOD PRESSURE/HYPERTENSION	1 - YES 2 - NO SPACE - NOT APPLICABLE
199	1		HYPERACTIVITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
200	1		HYPOGLYCEMIA/LOW BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
201	1		KIDNEY DISEASE/RENAL DISEASE	1 - YES 2 - NO SPACE - NOT APPLICABLE
202	1		BONE PROBLEMS/OSTEOPOROSIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
203	1		OVERWEIGHT/OBESITY	1 - YES 2 - NO SPACE - NOT APPLICABLE

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
204	1		WATER RETENTION/EDEMA	1 - YES 2 - NO SPACE - NOT APPLICABLE
205	1		LOW BLOOD PRESSURE	1 - YES 2 - NO SPACE - NOT APPLICABLE
206	1		THYROID PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
207	1		OTHER	1 - YES 2 - NO SPACE - NOT APPLICABLE
208	1		DON'T KNOW/NO ANSWER	1 - YES 2 - NO SPACE - NOT APPLICABLE
209	1		F. HOW MUCH CHOLESTEROL A PERSON EATS	1 - YES 2 - NO SPACE - NOT APPLICABLE
			PROBLEMS: (COLUMNS 210 TO 230 ARE BLANK IF COLUMN 209 NOT EQUAL TO 1)	
210	1		NO SPECIFIC HEALTH PROBLEM	1 - YES 2 - NO SPACE - NOT APPLICABLE
211	1		ANEMIA/IRON-POOR BLOOD	1 - YES 2 - NO SPACE - NOT APPLICABLE
212	1		CIRCULATION AND HEART	1 - YES 2 - NO SPACE - NOT APPLICABLE
213	1		ARTHRITIS	1 - YES 2 - NO SPACE - NOT APPLICABLE

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
214	1		BREATHING PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
215	1		CANCER	1 - YES 2 - NO SPACE - NOT APPLICABLE
216	1		BOWEL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
217	1		DENTAL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
218	1		DIABETES/HIGH BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
219	1		FATIGUE/TIREDNESS/LACK OF ENERGY	1 - YES 2 - NO SPACE - NOT APPLICABLE
220	1		HIGH BLOOD PRESSURE/HYPERTENSION	1 - YES 2 - NO SPACE - NOT APPLICABLE
221	1		HYPERACTIVITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
222	1		HYPOGLYCEMIA/LOW BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
223	1		KIDNEY DISEASE/RENAL DISEASE	1 - YES 2 - NO SPACE - NOT APPLICABLE

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT

RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
224	1		BONE PROBLEMS/OSTEOPOROSIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
225	1		OVERWEIGHT/OBESITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
226	1		WATER RETENTION/EDEMA	1 - YES 2 - NO SPACE - NOT APPLICABLE
227	1		LOW BLOOD PRESSURE	1 - YES 2 - NO SPACE - NOT APPLICABLE
228	1		THYROID PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
229	1		OTHER	1 - YES 2 - NO SPACE - NOT APPLICABLE
230	1		DON'T KNOW/NO ANSWER	1 - YES 2 - NO SPACE - NOT APPLICABLE
231	1		G. HOW MUCH SUGAR A PERSON EATS	1 - YES 2 - NO SPACE - NOT APPLICABLE
			PROBLEMS: (COULMNS 232 TO 252 ARE BLANK IF COLUMN 231 NOT EQUAL TO 1)	
232	1		NO SPECIFIC HEALTH PROBLEM	1 - YES 2 - NO SPACE - NOT APPLICABLE
233	1		ANEMIA/IRON-POOR BLOOD	1 - YES 2 - NO SPACE - NOT APPLICABLE

## DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2

POSITION	WIDTH	DECIMAL PLACES	FINAL FORMAT RECORD TYPE 50 COMMENTS AND DESCRIPTIONS	CODES AND RANGES
234	1		CIRCULATION AND HEART	1 - YES 2 - NO SPACE - NOT APPLICABLE
235	1		ARTHRITIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
236	1		BREATHING PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
237	1		CANCER	1 - YES 2 - NO SPACE - NOT APPLICABLE
238	1		BOWEL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
239	1		DENTAL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
240	1		DIABETES/HIGH BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
241	1		FATIGUE/TIREDNESS/LACK OF ENERGY	1 - YES 2 - NO SPACE - NOT APPLICABLE
242	1		HIGH BLOOD PRESSURE/HYPERTENSION	1 - YES 2 - NO SPACE - NOT APPLICABLE
243	1		HYPERACTIVITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
244	1		HYPOGLYCEMIA/LOW BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE

## DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
245	1		KIDNEY DISEASE/RENAL DISEASE	1 - YES 2 - NO SPACE - NOT APPLICABLE
246	1		BONE PROBLEMS/OSTEOPOROSIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
247	1		OVERWEIGHT/OBESITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
248	1		WATER RETENTION/EDEMA	1 - YES 2 - NO SPACE - NOT APPLICABLE
249	1		LOW BLOOD PRESSURE	1 - YES 2 - NO SPACE - NOT APPLICABLE
250	1		THYROID PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
251	1		OTHER	1 - YES 2 - NO SPACE - NOT APPLICABLE
252	1		DON'T KNOW/NO ANSWER	1 - YES 2 - NO SPACE - NOT APPLICABLE
253	1		H. HOW MUCH IRON A PERSON EATS	1 - YES 2 - NO SPACE - NOT APPLICABLE
			PROBLEMS: (COLUMNS 254 TO 274 ARE BLANK IF COLUMN 253 NOT EQUAL TO 1)	
254	1		NO SPECIFIC HEALTH PROBLEM	1 - YES 2 - NO SPACE - NOT APPLICABLE

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
255	1		ANEMIA/IRON-POOR BLOOD	1 - YES 2 - NO SPACE - NOT APPLICABLE
256	1		CIRCULATION AND HEART	1 - YES 2 - NO SPACE - NOT APPLICABLE
257	1		ARTHRITIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
258	1		BREATHING PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
259	1		CANCER	1 - YES 2 - NO SPACE - NOT APPLICABLE
260	1		BOWEL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
261	1		DENTAL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
262	1		DIABETES/HIGH BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
263	1		FATIGUE/TIREDNESS/LACK OF ENERGY	1 - YES 2 - NO SPACE - NOT APPLICABLE
264	1		HIGH BLOOD PRESSURE/HYPERTENSION	1 - YES 2 - NO SPACE - NOT APPLICABLE
265	1		HYPERACTIVITY	1 - YES 2 - NO SPACE - NOT APPLICABLE

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
266	1		HYPOGLYCEMIA/LOW BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
267	1		KIDNEY DISEASE/RENAL DISEASE	1 - YES 2 - NO SPACE - NOT APPLICABLE
268	1		BONE PROBLEMS/OSTEOPOROSIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
269	1		OVERWEIGHT/OBESITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
270	1		WATER RETENTION/EDEMA	1 - YES 2 - NO SPACE - NOT APPLICABLE
271	1		LOW BLOOD PRESSURE	1 - YES 2 - NO SPACE - NOT APPLICABLE
272	1		THYROID PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
273	1		OTHER	1 - YES 2 - NO SPACE - NOT APPLICABLE
274	1		DON'T KNOW/NO ANSWER	1 - YES 2 - NO SPACE - NOT APPLICABLE
275	1		I. BEING OVERWEIGHT	1 - YES 2 - NO SPACE - NOT APPLICABLE

DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
			PROBLEMS: (COLUMNS 276 TO 296 ARE BLANK IF COLUMN 275 NOT EQUAL TO 1)	
276	1		NO SPECIFIC HEALTH PROBLEM	1 - YES 2 - NO SPACE - NOT APPLICABLE
277	1		ANEMIA/IRON-POOR BLOOD	1 - YES 2 - NO SPACE - NOT APPLICABLE
278	1		CIRCULATION AND HEART	1 - YES 2 - NO SPACE - NOT APPLICABLE
279	1		ARTHRITIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
280	1		BREATHING PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
281	1		CANCER	1 - YES 2 - NO SPACE - NOT APPLICABLE
282	1		BOWEL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
283	1		DENTAL PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
284	1		DIABETES/HIGH BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
285	1		FATIGUE/TIREDNESS/LACK OF ENERGY	1 - YES 2 - NO SPACE - NOT APPLICABLE
286	1		HIGH BLOOD PRESSURE/HYPERTENSION	1 - YES 2 - NO SPACE - NOT APPLICABLE

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
287	1		HYPERACTIVITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
288	1		HYPOGLYCEMIA/LOW BLOOD SUGAR	1 - YES 2 - NO SPACE - NOT APPLICABLE
289	1		KIDNEY DISEASE/RENAL DISEASE	1 - YES 2 - NO SPACE - NOT APPLICABLE
290	1		BONE PROBLEMS/OSTEOPOROSIS	1 - YES 2 - NO SPACE - NOT APPLICABLE
291	1		OVERWEIGHT/OBESITY	1 - YES 2 - NO SPACE - NOT APPLICABLE
292	1		WATER RETENTION/EDEMA	1 - YES 2 - NO SPACE - NOT APPLICABLE
293	1		LOW BLOOD PRESSURE	1 - YES 2 - NO SPACE - NOT APPLICABLE
294	1		THYROID PROBLEMS	1 - YES 2 - NO SPACE - NOT APPLICABLE
295	1		OTHER	1 - YES 2 - NO SPACE - NOT APPLICABLE
296	1		DON'T KNOW/NO ANSWER	1 - YES 2 - NO SPACE - NOT APPLICABLE

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
297	1		DHK Q7. DO YOU CONSIDER YOURSELF TO BE	1 - OVERWEIGHT 2 - UNDERWEIGHT 3 - ABOUT RIGHT 8 - DON'T KNOW 9 - NO ANSWER
			DHK Q8. HOW MUCH DO YOU AGREE WITH THE FOLLOWING STATEMENTS	
298	1		A. EATING A VARIETY OF FOODS EACH DAY PRBABLY GIVES YOU ALL THE VITAMINS AND MINERALS YOU NEED	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER
299	1		B. SOME PEOPLE ARE BORN TO BE FAT AND SOME THIN; THERE IS NOT MUCH YOU CAN DO TO CHANGE THIS	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER
300	1		C. IF YOU TAKE A VITAMIN-MINERAL SUPPLEMENT EACH DAY, EATING A VARIETY OF FOODS IS NOT NECESSARY	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER
301	1		D. DIFFERENT KINDS OF FIBER IN FOOD HAVE DIFFERENT HEALTH BENEFITS	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
302	1		E. STARCHY FOODS, LIKE POTATOES AND RICE, MAKE PEOPLE FAT	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER
303	1		F. MOST STARCHY FOODS HAVE MANY VITAMINS AND MINERALS	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER
304	1		G. THERE ARE SO MANY RECOMMENDATIONS ABOUT HEALTHY WAYS TO EAT, IT'S HARD TO KNOW WHAT TO BELIEVE	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER
305	1		H. WHAT YOU EAT CAN MAKE A BIG DIFFERENCE IN YOUR CHANCE OF GETTING A DISEASE, LIKE HEART DISEASE OR CANCER	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER
306	1		I. THE THINGS I EAT AND DRINK NOW ARE HEALTHLY SO THERE IS NO REASON FOR ME TO MAKE CHANGES	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER

## DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
307	1		J. THE CURRENT LAW PROTECTS ME FROM EATING FOODS WITH DANGEROUS AMOUNTS OF PESTICIDE RESIDUES IN THEM	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER
308	1		K. THE HEALTH RISK OF PESTISIDES RESIDUES IN FOODS ARE WELL UNDERSTOOD	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER
309	1		L. PESTICIDES SHOULD NOT BE USED ON CROPS	1 - STRONGLY DISAGREE 2 - 3 - 4 - 5 - 6 - STRONGLY AGREE 8 - DON'T KNOW 9 - NO ANSWER
			DHK Q9. BASED ON YOUR KNOWLEDGE WHICH HAS MORE FIBER	
310	1		A. WHICH HAS MORE FIBER	1 - FRUIT 2 - MEAT 8 - DON'T KNOW 9 - NO ANSWER
311	1		B. WHICH HAS MORE FIBER	1 - CORNFLAKES 2 - OATMEAL 8 - DON'T KNOW 9 - NO ANSWER

## DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
312	1		C. WHICH HAS MORE FIBER	1 - WHOLE WHEAT BREAD 2 - WHITE BREAD 8 - DON'T KNOW 9 - NO ANSWER
313	1		D. WHICH HAS MORE FIBER	1 - ORANGE JUICE 2 - AN APPLE 8 - DON'T KNOW 9 - NO ANSWER
314	1		E. WHICH HAS MORE FIBER	1 - KIDNEY BEANS 2 - LETTUCE 8 - DON'T KNOW 9 - NO ANSWER
315	1		F. WHICH HAS MORE FIBER	1 - POPCORN 2 - PRETZELS 8 - DON'T KNOW 9 - NO ANSWER
316	1		DHK Q10. WHICH IS HIGHEST IN CALORIES	1 - BUTTER 2 - SUGAR 3 - POTATOES 4 - STRAIGHT ALCOHOL 8 - DON'T KNOW 9 - NO ANSWER
317	1		DHK Q11. NEXT HIGHEST IN CALORIES (COLUMN 317 BLANK IF COLUMN 316 EQUALS 8 OR 9)	1 - BUTTER 2 - SUGAR 3 - POTATOES 4 - STRAIGHT ALCOHOL 8 - DON'T KNOW 9 - NO ANSWER SPACE NOT APPLICABLE
			DHK Q12:	
318	1		A. WHICH HAS MORE CHOLESTEROL	1 - LIVER 2 - T-BONE STEAK 8 - DON'T KNOW 9 - NO ANSWER
319	1		B. WHICH HAS MORE CHOLESTEROL	1 - BUTTER 2 - MARGARINE 8 - DON'T KNOW 9 - NO ANSWER

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
320	1		C. WHICH HAS MORE CHOLESTEROL	1 - EGG WHITES 2 - EGG YOLKS 8 - DON'T KNOW 9 - NO ANSWER
321	1		D. WHICH HAS MORE CHOLESTEROL	1 - SKIM MILK 2 - WHOLE MILK 8 - DON'T KNOW 9 - NO ANSWER
DHK Q13:				
322	1		A. WHICH HAS MORE FAT	1 - REGULAR HAMBURGER 2 - GROUND ROUND 8 - DON'T KNOW 9 - NO ANSWER
323	1		B. WHICH HAS MORE FAT	1 - LOIN PORK CHOPS 2 - PORK SPARE RIBS 8 - DON'T KNOW 9 - NO ANSWER
324	1		C. WHICH HAS MORE FAT	1 - HOT DOGS 2 - HAM 8 - DON'T KNOW 9 - NO ANSWER
325	1		D. WHICH HAS MORE FAT	1 - PEANUTS 2 - POPCORN 8 - DON'T KNOW 9 - NO ANSWER
326	1		E. WHICH HAS MORE FAT	1 - YOGURT 2 - SOUR CREAM 8 - DON'T KNOW 9 - NO ANSWER
327	1		F. WHICH HAS MORE FAT	1 - PORTERHOUSE STEAK 2 - ROUND STEAK 8 - DON'T KNOW 9 - NO ANSWER

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
328	1		G. WHICH HAS MORE FAT	1 - ICE CREAM 2 - SHERBET 8 - DON'T KNOW 9 - NO ANSWER
329	1		H. WHICH HAS MORE FAT	1 - ROAST CHICKEN LEG 2 - FRIED CHICKEN LEG 8 - DON'T KNOW 9 - NO ANSWER
330	1		DHK Q14. WHICH KIND OF FAT IS MORE LIKELY TO BE A LIQUID RATHER THAN A SOLID	1 - SATURATED FATS 2 - POLYUNSATURATED FATS 3 - EQUALLY LIKELY 8 - DON'T KNOW 9 - NO ANSWER
331	1		DHK Q15. IF A FOOD IS LABELED CHOLESTEROL FREE, IS IT ALSO	1 - LOW IN SATURATED FAT 2 - HIGH IN SATURATED FAT 3 - EITHER HIGH OR LOW 8 - DON'T KNOW 9 - NO ANSWER
332	1		DHK Q16. IS CHOLESTEROL FOUND IN	1 - VEGETABLES AND VEGETABLE OILS 2 - ANIMAL PRODUCTS 3 - ALL FOODS CONTAINING FAT OR OIL 8 - DON'T KNOW 9 - NO ANSWER
333	1		DHK Q17. IF A PRODUCT IS LABELED CONTAINING ONLY VEGETABLE SHORTENING IS IT	1 - LOW IN SATURATED FATS 2 - HIGH IN SATURATED FATS 3 - EITHER HIGH OR LOW 8 - DON'T KNOW 9 - NO ANSWER
334 - 337	4		DHK Q18. TIME MAKING THE MAIN MEAL IN MINUTES	0000 - 9997 9999 - NO ANSWER
338	1		BLANK	

DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2  
FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
DHK Q19: DO YOU:				
339	1		A. ADD SALT WHEN COOKING FOR YOUR FAMILY	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
340	1		B. COOK MEAT OR POULTRY WITHOUT FAT MOST OF THE TIME	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
341	1		C. USE LOW-FAT OR SKIM MILK INSTEAD OF WHOLE MILK IN COOKING	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
342	1		D. EVER REPLACE WHOLE EGGS WITH EGG WHITES IN RECIPES	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
343	1		E. CUT THE AMOUNT OF SUGAR IN RECIPES	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
344	1		F. WASH FRUIT AND VEGETABLES	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
345	1		G. EAT OUTER LEAVES OF LEAFY VEGETABLES	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
346	1		H. PEEL FRESH FRUITS BEFORE EATING	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
347	1		I. PEEL FRESH VEGETABLES BEFORE EATING	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
348	1		J. USE PRODUCTS LABELED NO SALT ADDED	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
DHK Q20. IMPORTANT IN GROCERY SHOPPING:				
349	1		A. PRODUCT SAFETY	1 - NOT AT ALL IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT 8 - DON'T KNOW 9 - NO ANSWER
350	1		B. NUTRITION	1 - NOT AT ALL IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT 8 - DON'T KNOW 9 - NO ANSWER
351	1		C. PRICE	1 - NOT AT ALL IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT 8 - DON'T KNOW 9 - NO ANSWER
352	1		D. HOW WELL THE FOOD KEEPS	1 - NOT AT ALL IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT 8 - DON'T KNOW 9 - NO ANSWER

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
353	1		E. EASE OF PREPARATION	1 - NOT AT ALL IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT 8 - DON'T KNOW 9 - NO ANSWER
354	1		F. TASTE	1 - NOT AT ALL IMPORTANT 2 - 3 - 4 - 5 - 6 - VERY IMPORTANT 8 - DON'T KNOW 9 - NO ANSWER
			DHK Q21: USE LABEL/PACKAGE INFORMATION	
355	1		A. LIST OF INGREDIENTS	1 - OFTEN 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
356	1		B. STATEMENTS ABOUT HEALTH BENEFITS	1 - OFTEN 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
357	1		C. THE CALORIES IN A SERVING	1 - OFTEN 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
358	1		D. THE SODIUM CONTENT OF THE FOOD	1 - OFTEN 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
359	1		E. THE VITAMIN OR MINERAL CONTENT OF THE FOOD	1 - ALWAYS 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
360	1		F. THE FIBER CONTENT OF THE FOOD	1 - ALWAYS 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
361	1		G. THE FAT CONTENT OF THE FOOD	1 - ALWAYS 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
362	1		H. THE CHOLESTEROL CONTENT OF THE FOOD	1 - ALWAYS 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
363	1		I. THE SUGAR CONTENT OF THE FOOD	1 - ALWAYS 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
364	1		J. THE DEFROSTING INSTRUCTIONS FOR THE FOOD	1 - ALWAYS 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
365	1		K. THE COOKING INSTRUCTIONS FOR THE FOOD	1 - ALWAYS 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
366	1		L. RECIPES	1 - ALWAYS 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
367	1		M. THE STORAGE INSTRUCTIONS FOR THE FOOD	1 - ALWAYS 2 - SOMETIMES 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
368	1		DHK Q22. HOW OFTEN DO YOU COMPARE NUTRIENTS	1 - ALWAYS 2 - SOMEWHAT 3 - RARELY 4 - NEVER 8 - DON'T KNOW 9 - NO ANSWER
369	1		DHK Q23. WHEN COMPARING NUTRIENTS IS DIFFERENT SERVING SIZES A PROBLEM (BLANK IF COLUMN 368 EQUALS 4,8,9)	1 - VERY MUCH A PROBLEM 2 - SOMEWHAT A PROBLEM 3 - NOT A PROBLEM AT ALL 8 - DON'T KNOW 9 - NO ANSWER SPACE NOT APPLICABLE

## DIET AND HEALTH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
370	1		DHK Q24. IN GENERAL IS YOUR CONCERN ABOUT FOOD SAFTY	1 - HIGHER THAN 1 YEAR AGO 2 - LOWER THAN 1 YEAR AGO 3 - ABOUT THE SAME 8 - DON'T KNOW 9 - NO ANSWER
DHK Q25. DO YOU CONSIDER SAFE OR NOT SAFE:				
371	1		A. FOODS THAT HAVE BEEN TREATED WITH IRRADIATION	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
372	1		B. MEAT FROM ANIMALS THAT HAVE BEEN GIVEN ANTIBIOTICS AT APPROVED LEVELS	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
373	1		C. MEAT FROM ANIMALS THAT HAVE BEEN GIVEN HORMONES AT APPROVED LEVELS	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
374	1		D. FOODS MADE AT HOME WITH RAW EGGS	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
375	1		E. BEEF THAT IS VERY RARE	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
376	1		F. MEAT THAT HAS NITRITE	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
377	1		G. FOOD GROWN USING PESTICIDES AT APPROVED LEVELS	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER

DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2  
 FINAL FORMAT  
 RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
378	1		H. FRUITS AND VEGETABLES COATED WITH WAX	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
379	1		I. FOODS THAT MAY CONTAIN PESTICIDE RESIDUES	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
380	1		J. FOODS THAT CONTAIN ADDITIVES OR PRESERVATIVES	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
381	1		K. FOODS WITH ARTIFICIAL COLORING	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
382	1		L. FOODS IMPORTED FROM OTHER COUNTRIES	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
383	1		M. COOKED FISH	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
384	1		N. RAW SHELL FISH (OYSTER, CLAMS)	1 - SAFE 2 - NOT SAFE 8 - DON'T KNOW 9 - NO ANSWER
385	1		DHK Q26. WHICH FOOD SAFTY ISSUE CONCERNS YOU MOST	1 - DRUG RESIDUES IN ANIMAL PRODUCTS 2 - PEATICIDE RESIDUES ON FRUIT/VEG. 3 - BACTERIA AND PARASITES IN FOOD 4 - FOOD ADDITIVES 5 - NONE OF THESE 8 - DON'T KNOW 9 - NO ANSWER

## DIET AND HEATH KNOWLEDGE QUESTIONNAIRE YEAR 2

FINAL FORMAT  
RECORD TYPE 50

POSITION	WIDTH	DECIMAL PLACES	COMMENTS AND DESCRIPTIONS	CODES AND RANGES
386	1		DHK Q27. EVER BUY STORE PREPARED FOODS CONTAINING MEAT OR POULTRY	1 - YES 2 - NO 8 - DON'T KNOW 9 - NO ANSWER
387	1		DHK Q28. STORE-PREPARED SAFER THAN HOME PREPARED	1 - MORE SAFE 2 - AS SAFE 3 - LESS SAFE 8 - DON'T KNOW 9 - NO ANSWER
388 - 389	2		RESULT OF CALL CODE	01 - INTERVIEW COMPLETE 02 - APPOINTMENT MADE 03 - INTERVIEW REFUSED 04 - TELEPHONE BUSY 05 - TELEPHONE OUT OF ORDER 06 - NO ONE HOME/NO ANSWER AFTER 10 RINGS 07 - RESPONDENT NOT HOME 08 - LANGUAGE BARRIER 09 - VACANT/PHONE DISCONNECTED 10 - NEW TELEPHONE NUMBER OBTAINED 11 - OTHER
390	1		RESPONSE CONTACT MADE BY:	1 - IN PERSON 2 - TELEPHONE