## BOX 0

**CHECK ITEM FSQ.005:**
IF THIS IS THE FIRST NHANES FAMILY IN THE HOUSEHOLD, CONTINUE. OTHERWISE, GO TO END OF SECTION.

## BOX 1

OMITTED

## BOX 1A

OMITTED
Now I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was **often** true, **sometimes** true, or **never** true for (you/your household) in the **last 12 months**, that is since last (DISPLAY CURRENT MONTH).

**CAPI INSTRUCTION:**
CHECK SCREENER: ASK D AND E ONLY IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <=17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17).
DISPLAY INSTRUCTIONS FOR (YOU/YOUR HOUSEHOLD):
  - IF ONLY ONE PERSON IN HOUSEHOLD, DISPLAY "YOU".
  - IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY "YOUR HOUSEHOLD".
DISPLAY INSTRUCTIONS FOR (I/WE), (MY/OUR) AND (I WAS/WE WERE):
  - IF ONLY ONE PERSON IN HOUSEHOLD, DISPLAY "I" AND "MY".
  - IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY "WE" AND "OUR".
DISPLAY INSTRUCTIONS FOR (NAME/THES CHILDREN):
  - IF ONLY ONE CHILD IN THE HOUSEHOLD AGE <=17, DISPLAY CHILD’S NAME.
  - IF MORE THAN ONE CHILD IN HOUSEHOLD AGE <=17, DISPLAY "THE CHILDREN".

RESPONSES: OFTEN TRUE = 1, SOMETIMES TRUE = 2, NEVER TRUE = 3, REFUSED = 7, DON'T KNOW = 9

a. (I/WE) worried whether (my/our) food would run out before (I/WE) got money to buy more.  

b. the food that (I/WE) bought just didn’t last, and (I/WE) didn’t have money to get more.  

c. (I/WE) couldn’t afford to eat balanced meals.  

d. (I/WE) relied on only a few kinds of low-cost foods to feed (NAME/the children) because (I was/we were) running out of money to buy food.  

e. (I/WE) couldn’t feed (NAME/the children) a balanced meal, because (I/WE) couldn’t afford that.  

---

**BOX 2**

CHECK ITEM FSQ.038B:
IF THE RESPONSE TO FSQ.032 'A', 'B', 'C', 'D' OR 'E' IS 'OFTEN TRUE' (CODE 1) OR 'SOMETIMES TRUE' (CODE 2), CONTINUE.
OTHERWISE, GO TO FSQ.151.

---

**BOX 3**

CHECK ITEM FSQ.039A:
IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17), CONTINUE WITH ITEM F.
OTHERWISE, GO TO FSQ.041.

f. (NAME was/the children were) not eating enough because (I/WE) just couldn’t afford enough food.
FSQ.041  In the **last 12 months**, since last {DISPLAY CURRENT MONTH}, did {you/you or other adults in your household} *ever* cut the size of your meals or skip meals because there wasn't enough money for food?

YES ............................................................ 1
NO ............................................................ 2 (FSQ.061)
REFUSED .................................................. 7 (FSQ.061)
DONT KNOW ............................................... 9 (FSQ.061)

FSQ.052  How often did this happen?

Almost every month, ...................................... 1
some months but not every month, or .......... 2
in only 1 or 2 months? ................................. 3
REFUSED .................................................. 7
DONT KNOW ............................................... 9

FSQ.061  In the **last 12 months**, did you *ever* eat *less* than you felt you should because there wasn't enough money to buy food?

YES ............................................................ 1
NO ............................................................ 2
REFUSED .................................................. 7
DONT KNOW ............................................... 9

FSQ.071  [In the **last 12 months**], were you *ever* hungry but didn't eat because you couldn't afford enough food?

YES ............................................................ 1
NO ............................................................ 2
REFUSED .................................................. 7
DONT KNOW ............................................... 9

FSQ.081  [In the **last 12 months**], did you lose weight because you didn't have enough money for food?

YES ............................................................ 1
NO ............................................................ 2
REFUSED .................................................. 7
DONT KNOW ............................................... 9

**BOX 5**

**CHECK ITEM FSQ.086A:**
IF FSQ.032F IS OFTEN TRUE (CODE 1) OR SOMETIMES TRUE (CODE 2), OR IF 'YES' (CODE 1) IN FSQ.041, FSQ.061, FSQ.071, OR FSQ.081, CONTINUE.
OTHERWISE, GO TO FSQ.151.
FSQ.092 [In the last 12 months], did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?

YES .............................................................. 1
NO ............................................................... 2 (BOX 4A)
REFUSED .................................................. 7 (BOX 4A)
DON'T KNOW ........................................... 9 (BOX 4A)

FSQ.102 How often did this happen?

Almost every month, ...................................... 1
some months but not every month, or ........... 2
in only 1 or 2 months? ................................. 3
REFUSED ................................................ 7
DON'T KNOW .......................................... 9

BOX 4A

CHECK ITEM FSQ.085A:
IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17), CONTINUE.
OTHERWISE, GO TO FSQ.151.

FSQ.111 The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since (DISPLAY CURRENT MONTH) of last year, did you ever cut the size of {CHILD'S NAME's/any of the children's} meals because there wasn't enough money for food?

CAPI INSTRUCTION:
IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

YES .............................................................. 1
NO ............................................................... 2
REFUSED .................................................. 7
DON'T KNOW ........................................... 9

FSQ.121 [In the last 12 months], did {CHILD'S NAME/any of the children} ever skip meals because there wasn't enough money for food?

CAPI INSTRUCTION:
IF ONLY 1 CHILD IN HOUSEHOLD <= 17, DISPLAY CHILD'S NAME.

YES .............................................................. 1
NO ............................................................... 2 (FSQ.141)
REFUSED .................................................. 7 (FSQ.141)
DON'T KNOW ........................................... 9 (FSQ.141)
FSQ.132  How often did this happen?

Almost every month, ..........................................  1
some months but not every month, or ............  2
in only 1 or 2 months? .........................................  3
REFUSED .................................................  7
DON'T KNOW ...............................................  9

FSQ.141  In the last 12 months, {was CHILD'S NAME/were the children} ever hungry but you just couldn't afford more food?

CAPI INSTRUCTION:
IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

YES ...............................................................  1
NO ..................................................................  2
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

FSQ.146 [In the last 12 months], did {CHILD'S NAME/any of the children} ever not eat for a whole day because there wasn't enough money for food?

CAPI INSTRUCTION:
IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

YES ...............................................................  1
NO ..................................................................  2
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

FSQ.151 In the last 12 months, did {you/you or any member of your household} ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

YES ...............................................................  1
NO ..................................................................  2
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

BOX 6

CHECK ITEM FSQ.155B:
IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <=5 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 5) OR THERE IS A FEMALE IN THE HOUSEHOLD WHO IS BETWEEN 12 AND 59 (OR IN THE AGE RANGE THAT INCLUDES OR IS GREATER THAN THE ONE THAT INCLUDES 12 AND IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 59), CONTINUE. OTHERWISE, GO TO FSQ.170.
FSQ.162 [In the last 12 months], did you or any member of your household receive benefits from the WIC program, that is, the Women, Infants and Children program?

YES ............................................................ 1
NO ............................................................. 2
REFUSED .................................................... 7
DON'T KNOW ............................................... 9

FSQ.170 [In the last 12 months], were you or any member of your household authorized to receive Food Stamps [which includes a food stamp card or voucher, or cash grants from the state for food]?

AN AUTHORIZED PERSON IS ONE WHOSE NAME APPEARS ON A CERTIFICATION CARD

YES ............................................................ 1
NO ............................................................. 2 (END OF SECTION)
REFUSED .................................................... 7 (END OF SECTION)
DON'T KNOW ............................................... 9 (END OF SECTION)

**BOX 7**

CHECK ITEM FSQ.175:
IF ONLY ONE PERSON IN HOUSEHOLD, FLAG PERSON AS RECEIVING FOOD STAMPS IN FSQ.180 AND GO TO BOX 8 (ASK FSQ.190 AND FSQ.200 FOR THIS PERSON).
OTHERWISE, CONTINUE.

FSQ.180 Who was authorized to receive Food Stamps?

PROBE: Anyone else?

CAPI INSTRUCTION:
DISPLAY NAMES OF ALL HOUSEHOLD MEMBERS.

SELECT NAME(S) FROM ROSTER

REFUSED .................................................... 7 (END OF SECTION)
DON'T KNOW ............................................... 9 (END OF SECTION)

**BOX 8**

LOOP 1:
ASK FSQ.190 AND FSQ.200 FOR EACH PERSON FLAGGED IN FSQ.180 AS RECEIVING FOOD STAMPS.
FSQ.190  In the last 12 months, about how many months {were you/was PERSON NAME} authorized to receive Food Stamps?

IF LESS THAN 1 MONTH, ENTER 1

|__|__|__|  
ENTER NUMBER OF MONTHS

REFUSED .................................................... 77
DON'T KNOW ............................................... 99

FSQ.200  {Are you/Is PERSON NAME} now authorized to receive Food Stamps?

YES ............................................................ 1
NO ............................................................ 2
REFUSED ............................................................. 7
DON'T KNOW ............................................................. 9

BOX 9
END LOOP 1:
ASK FSQ.190 AND FSQ.200 FOR NEXT PERSON.
IF NO NEXT PERSON, CONTINUE.

BOX 10
CHECK ITEM FSQ.209:
IF FSQ.200 = 1 (YES) FOR ANY HH MEMBER, GO TO FSQ.210.
OTHERWISE, GO TO FSQ.220.

FSQ.210  How much did {you/your household} receive in food stamps benefits last month?

|__|__|__|   (END OF SECTION)
ENTER DOLLAR AMOUNT

REFUSED .................................................... 77777 (END OF SECTION)
DON'T KNOW ............................................... 99999 (END OF SECTION)

FSQ.220  How much did {you/your household} receive the last month anyone got food stamps benefits?

|__|__|__|   
ENTER DOLLAR AMOUNT

REFUSED .................................................... 77777
DON'T KNOW ............................................... 99999
POST-DIETARY RECALL QUESTIONNAIRE
Target Group: SPs Birth +
(Individual Food Security Questions)

Note:
The set of individual food security questions was asked as part of the post-recall questionnaire administered in the Mobile Exam Center (MEC) after the 24-hour dietary recall interview. Please refer to the following link at: http://www.cdc.gov/nchs/about/major/nhanes/nhanes2005-2006/questexam05_06.htm for more detailed description on the examination component of dietary recall and the complete post-recall questionnaire.

BOX 2
If the response to FSQ.030 "A', 'B', 'C', 'D' or 'E' is ' often true' (code 1), 'sometimes true' (code 2), ' refuse' (code 7), 'don't know' (code 9), continue with Box 3.
Otherwise, go to Box 5.

BOX 3
If SP 16 years or older, continue;
If SP less than 12 years old, go to the second FSQ.421 listed.
Otherwise, go to the end of the section.

USDA-FNS
FSQ.401   The next questions are about whether you were always able to afford enough food in the last 30 days.

In the last 30 days, did you cut the size of your meals because there wasn't enough money for food?

Often.............................. 1
Sometimes...................... 2
Never..............................3
Refused ......................... 7
Don't Know ................... 9

USDA-FNS
FSQ.411   In the last 30 days, did you skip meals because there wasn't enough money for food?

Often.............................. 1
Sometimes...................... 2
Never..............................3
Refused ......................... 7
Don't Know ................... 9

USDA-FNS
FSQ.421   In the last 30 days, did you eat less than you felt you should because there wasn't enough money for food?

Often.............................. 1
2005-06 Questionnaire

Sometimes ...................... 2
Never .............................. 3
Refused .......................... 7
Don't Know ........................ 9

**USDA-FNS**
FSQ.431 In the last 30 days, were you hungry but didn't eat because you couldn't afford enough food?

Often ........................................ 1
Sometimes ............................ 2
Never ...................................... 3
Refused .............................. 7
Don't Know ............................ 9

**USDA-FNS**
FSQ.440 In the last 30 days, did you lose weight because you didn't have enough money for food?

Yes ........................................ 1
No ........................................ 2
Refused .............................. 7
Don't Know ............................ 9

**BOX A**
IF (FSQ401 OR FSQ411 OR FSQ421 OR FSQ431 = 1 or 2) OR IF (FSQ440=1), CONTINUE;
OTHERWISE, GO TO THE END OF THE SECTION.

**USDA-FNS**
FSQ.451 In the last 30 days, did you not eat for a whole day because there wasn't enough money for food?

Often ........................................ 1
Sometimes ............................ 2
Never ...................................... 3
Refused .............................. 7
Don't Know ............................ 9

**BOX 4**
Go to the end of the section.

**USDA-FNS**
FSQ.421 The next questions are about whether you were always able to afford enough food for (NAME) in the last 30 days.

In the last 30 days, did (NAME) eat less than you felt (he/she) should because there wasn't enough money for food?

Often ........................................ 1
Sometimes ............................ 2
Never ...................................... 3
Refused .............................. 7
Don't Know ............................ 9

**USDA-FNS**
2005-06 Questionnaire

**FSQ.401** In the last 30 days, did you cut the size of (NAME’s) meals because there wasn't enough money for food?

- Often............................... 1
- Sometimes.......................... 2
- Never.................................. 3
- Refused............................... 7
- Don’t Know............................ 9

**USDA-FNS**

**FSQ.491** In the last 30 days, was (NAME) hungry but you just couldn't afford more food?

- Often............................... 1
- Sometimes.......................... 2
- Never.................................. 3
- Refused............................... 7
- Don’t Know............................ 9

**USDA-FNS**

**FSQ.501** In the last 30 days, did (NAME) skip a meal because there wasn't enough money for food?

- Often............................... 1
- Sometimes.......................... 2
- Never.................................. 3
- Refused............................... 7
- Don’t Know............................ 9

**BOX B**

IF (FSQ421 OR FSQ401 OR FSQ491 OR FSQ501 = 1 OR 2), CONTINUE; OTHERWISE, GO TO THE END OF THE SECTION.

**USDA-FNS**

**FSQ.521** In the last 30 days, did (NAME) not eat for a whole day because there wasn't enough money for food?

- Often............................... 1
- Sometimes.......................... 2
- Never.................................. 3
- Refused............................... 7
- Don’t Know............................ 9
2005-06 Questionnaire

REPRODUCTIVE HEALTH – RHQ

Note:
The set of WIC questions for women was asked as part of the Reproductive Health (RHQ) section administered in the Mobile Exam Center (MEC) to female participants 12 years and older. Please refer to the following link at: http://www.cdc.gov/nchs/about/major/nhanes/nhanes2005-2006/questexam05_06.htm for the complete MEC Reproductive Health questionnaire.

SBOX 24

CHECK ITEM RHQ.640A:

■ IF SP CURRENTLY PREGNANT (CODED ‘1’) IN RHQ.143, CONTINUE WITH FSQ.651.
■ IF THE AGE DIFFERENCE BETWEEN SP’s CURRENT AGE AND AGE AT LAST LIVE BIRTH IN RHQ.190 IS ZERO OR 1, CONTINUE WITH FSQ.651.
■ IF SP CURRENTLY LACTATING (CODED ‘1’) IN RHQ.200, CONTINUE WITH FSQ.651.
■ IF SP 14-49 YEARS OLD, GO TO RHQ.740.
■ OTHERWISE, GO TO END OF SECTION.

FSQ.651 These next questions are about participation in programs for women with young children.

Did (you/SP) personally receive benefits from WIC, that is, the Women, Infants, and Children Program, in the past 12 months?

YES ............................................................... 1
NO ............................................................... 12 (SBOX 25)
REFUSED ...................................................... 7 (SBOX 25)
DON’T KNOW ................................................. 9 (SBOX 25)

FSQ.660 (Are you/Is SP) now receiving benefits from the WIC Program?

YES ............................................................... 1
NO ............................................................... 2
REFUSED ...................................................... 7
DON’T KNOW ................................................. 9
Thinking about your most recent pregnancy or delivery, how long have you been receiving benefits from the WIC Program?

CAPI INSTRUCTION:
IF SP CURRENTLY RECEIVING WIC BENEFITS (CODED '1') IN FSQ.660, DISPLAY HAVE YOU BEEN RECEIVING/HAS SHE BEEN RECEIVING.
OTHERWISE, DISPLAY DID YOU RECEIVE/DID SHE RECEIVE.

<table>
<thead>
<tr>
<th></th>
<th>ENTER QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>⬑</td>
<td>REFUSED</td>
</tr>
<tr>
<td>⬑</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

ENTER UNIT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTHS</td>
<td>1</td>
</tr>
<tr>
<td>YEARS</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>
Note: The set of WIC questions for children was asked as part of the Diet Behavior and Nutrition (DBQ) section to participants less than 6 years old. Please refer to the following link at: http://www.cdc.gov/nchs/about/major/nhanes/nhanes2005-2006/questexam05_06.htm for the complete Diet Behavior and Nutrition questionnaire.

BOX 10

CHECK ITEM DBQ.425A:
IF SP AGE >= 6, GO TO BOX 11.
OTHERWISE, CONTINUE.

FSQ.651 Next are a few questions about the WIC program.

Did (SP) receive benefits from WIC, that is, the Women, Infants, and Children program, in the past 12 months?

YES ............................................................... 1
NO ............................................................... 2 (BOX 11)
REFUSED .................................................... 7 (BOX 11)
DON'T KNOW ............................................... 9 (BOX 11)

BOX 10A

CHECK ITEM DBQ.701:
IF SP AGE > 5, GO TO FSQ.671.
OTHERWISE, CONTINUE.

FSQ.661 Is (SP) now receiving benefits from the WIC program?

YES ............................................................... 1
NO ............................................................... 2
REFUSED .................................................... 7
DON'T KNOW ............................................... 9
How long (did SP receive/has SP been receiving) benefits from the WIC program?

CAPI INSTRUCTION:
HARD EDIT: NUMBER SHOULD NOT BE HIGHER THAN SP’S AGE.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER NUMBER (OF MONTHS OR YEARS)</td>
<td></td>
</tr>
</tbody>
</table>

REFUSED .................................................... 77
DON'T KNOW ............................................... 99

ENTER UNIT

MONTHS......................................................... 1
YEARS .......................................................... 2
REFUSED ....................................................... 7
DON'T KNOW ............................................... 9