

BAR CODE LABEL  
OR SUBJECT ID HERE



# National Children's Study 3-Day Food Checklist

P1/T1 and T3

## Instructions!



This booklet contains 3 Food Checklists and Instructions.



Fill out one Food Checklist throughout the day on the next:

[PUT LABEL HERE WITH DAYS]  
[EITHER TH, F, SA OR SU, M, TU]



Each Food Checklist asks about some (but NOT all) of the foods you eat.



Each Food Checklist asks about how many different times you eat a food each day (NOT how many pieces or servings you eat each time).



Complete the Checklist each day by checking a box each time you eat a food on that day.



Use only a black ball-point pen (not red ink or felt tip) to mark your foods. If you make a mistake, cross out the incorrect answer.



## How to Record Foods

Check (✓) a box for every food you eat at a different meal or snack.

**Example:** I drank 1 glass of whole milk for breakfast and 1 glass for a snack in the afternoon.

Milk whole (include chocolate milk)

Do NOT count the number of pieces or servings of the same food you eat at a meal or snack.

**Example:** I ate 2 pieces of cornbread for lunch.

Corn cereal or bread

Record mixtures (sandwiches, casseroles, salads, pasta and stir-fry dishes) by checking each food in the mixture)

**Example:** I ate a turkey sandwich (2 slices of white bread, lettuce, tomato, and mayonnaise).

Bread, white  
      Turkey  
      Lettuce  
      Tomato

**Example:** I ate lasagna with tomato sauce with ground beef.

Pasta noodles  
      Beef  
      Tomato

**Example:** I ate a lettuce salad with onion, cucumber, and carrots.

Lettuce  
      Onion  
      Cucumber  
      Carrots



Please enter today's DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

What day is **TODAY**?  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Now fill in the foods you eat today in the boxes below.

# Day 1

Dairy (include flavored milks such as chocolate milk)	
Milk whole	□ □ □ □ □ □
Milk 2%	□ □ □ □ □ □
Milk 1%	□ □ □ □ □ □
Milk skim	□ □ □ □ □ □
Other milk (soy, rice, or other milk)	□ □ □ □ □ □
Yogurt (all kinds)	□ □ □ □ □ □



Beverages	
Apple juice	□ □ □ □ □ □
Grape juice	□ □ □ □ □ □
Orange juice	□ □ □ □ □ □
Wine	□ □ □ □ □ □
Beer	□ □ □ □ □ □
Coffee, regular	□ □ □ □ □ □
Green Tea (hot or iced)	□ □ □ □ □ □
Water, tap	□ □ □ □ □ □
Water, filtered	□ □ □ □ □ □
Water, bottled	□ □ □ □ □ □

Cereal, Breads and Grains	
Corn cereal or bread	□ □ □ □ □ □
Oatmeal	□ □ □ □ □ □
Rice, white	□ □ □ □ □ □
Pasta noodles	□ □ □ □ □ □
Bread, white	□ □ □ □ □ □
Bread, whole wheat	□ □ □ □ □ □
Barley	□ □ □ □ □ □
Other grains	□ □ □ □ □ □

Fruits	
Apple with peel	□ □ □ □ □ □
Banana	□ □ □ □ □ □
Cantaloupe	□ □ □ □ □ □
Grapes	□ □ □ □ □ □
Orange	□ □ □ □ □ □
Peaches	□ □ □ □ □ □
Strawberries	□ □ □ □ □ □
Watermelon	□ □ □ □ □ □
Other fruits	□ □ □ □ □ □

Vegetables	
Beans, green	□ □ □ □ □ □
Broccoli	□ □ □ □ □ □
Carrots	□ □ □ □ □ □
Cucumber	□ □ □ □ □ □
Corn	□ □ □ □ □ □
French fries	□ □ □ □ □ □
Lettuce	□ □ □ □ □ □
Onion	□ □ □ □ □ □
Peas	□ □ □ □ □ □
Potatoes (no peel)	□ □ □ □ □ □
Potatoes (with peel)	□ □ □ □ □ □
Tomatoes	□ □ □ □ □ □
Other vegetables	□ □ □ □ □ □



Sweets	
Ice cream	□ □ □ □ □ □
Cookies	□ □ □ □ □ □
Sugar	□ □ □ □ □ □
Hard candy	□ □ □ □ □ □
Other sweets	□ □ □ □ □ □

Eggs, Fish, Poultry and Meat	
Eggs	□ □ □ □ □ □
Fish or shellfish	□ □ □ □ □ □
Chicken	□ □ □ □ □ □
Turkey	□ □ □ □ □ □
Beef	□ □ □ □ □ □
Pork	□ □ □ □ □ □
Other meats	□ □ □ □ □ □

Peanut Butter and Nuts	
Peanut butter	□ □ □ □ □ □
Nuts (all kinds)	□ □ □ □ □ □



Think about the fruits and vegetables you ate today. About how many of those foods were labeled "organic"?

- All
- Some
- Most
- None





**Day 2**



Please enter today's DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

What day is **TODAY**?  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Now fill in the foods you eat today in the boxes below.

Dairy (include flavored milks such as chocolate milk)	
Milk whole	□ □ □ □ □ □
Milk 2%	□ □ □ □ □ □
Milk 1%	□ □ □ □ □ □
Milk skim	□ □ □ □ □ □
Other milk (soy, rice, or other milk)	□ □ □ □ □ □
Yogurt (all kinds)	□ □ □ □ □ □



Beverages	
Apple juice	□ □ □ □ □ □
Grape juice	□ □ □ □ □ □
Orange juice	□ □ □ □ □ □
Wine	□ □ □ □ □ □
Beer	□ □ □ □ □ □
Coffee, regular	□ □ □ □ □ □
Green Tea (hot or iced)	□ □ □ □ □ □
Water, tap	□ □ □ □ □ □
Water, filtered	□ □ □ □ □ □
Water, bottled	□ □ □ □ □ □

Cereal, Breads and Grains	
Corn cereal or bread	□ □ □ □ □ □
Oatmeal	□ □ □ □ □ □
Rice, white	□ □ □ □ □ □
Pasta noodles	□ □ □ □ □ □
Bread, white	□ □ □ □ □ □
Bread, whole wheat	□ □ □ □ □ □
Barley	□ □ □ □ □ □
Other grains	□ □ □ □ □ □

Fruits	
Apple with peel	□ □ □ □ □ □
Banana	□ □ □ □ □ □
Cantaloupe	□ □ □ □ □ □
Grapes	□ □ □ □ □ □
Orange	□ □ □ □ □ □
Peaches	□ □ □ □ □ □
Strawberries	□ □ □ □ □ □
Watermelon	□ □ □ □ □ □
Other fruits	□ □ □ □ □ □

Vegetables	
Beans, green	□ □ □ □ □ □
Broccoli	□ □ □ □ □ □
Carrots	□ □ □ □ □ □
Cucumber	□ □ □ □ □ □
Corn	□ □ □ □ □ □
French fries	□ □ □ □ □ □
Lettuce	□ □ □ □ □ □
Onion	□ □ □ □ □ □
Peas	□ □ □ □ □ □
Potatoes (no peel)	□ □ □ □ □ □
Potatoes (with peel)	□ □ □ □ □ □
Tomatoes	□ □ □ □ □ □
Other vegetables	□ □ □ □ □ □



Sweets	
Ice cream	□ □ □ □ □ □
Cookies	□ □ □ □ □ □
Sugar	□ □ □ □ □ □
Hard candy	□ □ □ □ □ □
Other sweets	□ □ □ □ □ □

Eggs, Fish, Poultry and Meat	
Eggs	□ □ □ □ □ □
Fish or shellfish	□ □ □ □ □ □
Chicken	□ □ □ □ □ □
Turkey	□ □ □ □ □ □
Beef	□ □ □ □ □ □
Pork	□ □ □ □ □ □
Other meats	□ □ □ □ □ □

Peanut Butter and Nuts	
Peanut butter	□ □ □ □ □ □
Nuts (all kinds)	□ □ □ □ □ □



Think about the fruits and vegetables you ate today. About how many of those foods were labeled "organic"?

- All
- Some
- Most
- None



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**Day 3**



Please enter today's DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

What day is **TODAY**?  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Now fill in the foods you eat today in the boxes below.

Dairy (include flavored milks such as chocolate milk)	
Milk whole	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Milk 2%	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Milk 1%	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Milk skim	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other milk (soy, rice, or other milk)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Yogurt (all kinds)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Beverages	
Apple juice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grape juice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Orange juice	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Beer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Coffee, regular	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Green Tea (hot or iced)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Water, tap	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Water, filtered	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Water, bottled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Cereal, Breads and Grains	
Corn cereal or bread	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Oatmeal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Rice, white	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pasta noodles	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bread, white	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bread, whole wheat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Barley	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other grains	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Fruits	
Apple with peel	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Banana	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cantaloupe	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grapes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Orange	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Peaches	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Strawberries	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Watermelon	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other fruits	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Vegetables	
Beans, green	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Broccoli	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Carrots	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cucumber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Corn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
French fries	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lettuce	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Onion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Peas	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Potatoes (no peel)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Potatoes (with peel)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tomatoes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other vegetables	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Sweets	
Ice cream	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cookies	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sugar	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hard candy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other sweets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Eggs, Fish, Poultry and Meat	
Eggs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fish or shellfish	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Chicken	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Turkey	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Beef	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pork	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other meats	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Peanut Butter and Nuts	
Peanut butter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nuts (all kinds)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Think about the fruits and vegetables you ate today. About how many of those foods were labeled "organic"?

- All
- Some
- Most
- None

**Thank you!**  
To finish, go to question 5 on the next page.

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In the past month, did you always, usually, sometimes, or seldom:

	Always	Usually	Sometimes	Seldom
a. Wash your hands before preparing food for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wash the cutting board or counter before preparing food on it for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wash or rinse fresh fruits and vegetables at least 20 seconds and drain 2 minutes before preparing them for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Comments

Did you have any difficulty understanding how to fill out the Food Checklists? If so, please explain.

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Thank you very much for completing the 3-Day Food Checklists. All of your answers are very important to the study.

IF P1 OR T1: We will pick up the booklet when we return next week to pick up the air samples.

IF T3: Please return your booklet in the envelope provided.  
If your envelope has been misplaced, mail your booklet to:

(space for label)