

Appendix J: Self Administered Student Questionnaire and Food Diary

Students in non-FFVP schools will be given a version of the Student Questionnaire that excludes questions 16a through 19. There will be no difference in the 1-Day Food Record for students at FFVP and non-FFVP schools.



Self Administered Student Questionnaire

Please answer the questions below. **Please check the box or fill in the blanks.**

- ☺ This is not a test! There are no right or wrong answers. We want to know about you and what you like to eat.
- ☺ If you have any questions, please ask the interviewer.

Many of these questions are about the foods you ate or drank during the past 7 days (weekdays and weekend days). Think about all meals, snacks, and drinks you had each day and evening for all 7 days. Be sure to include food you ate at home, school, restaurants and anywhere else.

1. During the past 7 days, how many times did you drink any punch, Kool-Aid, sports drinks, energy drinks, vitamin water, or other fruit-flavored drinks?

Do **NOT** count 100% fruit juice or soda.



Mark only ONE box.

- | | | | |
|---------------------------------------|--|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not drink fruit-flavored drinks during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-xxxx. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, VA 22302.

2. During the past 7 days, how many times did you drink any regular (NOT diet) sodas or soft drinks?



Mark only ONE box.

- | | | | |
|---------------------------------------|--|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not drink <i>regular</i> soda during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

3. During the past 7 d or soft drinks?



Mark only ONE box.

- | | | | |
|---------------------------------------|---|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not drink <i>diet</i> soda during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

4. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice?

Do **NOT** count fruit punch, Kool-Aid, sports drinks, energy drinks, vitamin water or other fruit-flavored drinks.



Mark only ONE box.

- | | | | |
|---------------------------------------|---|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not drink 100% fruit juice during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

5. During the past 7 days, how many times did you eat fruit? Include fresh, canned, frozen and dried fruit.

Do **NOT** count fruit juice.



Mark only ONE box.

- | | | | |
|---------------------------------------|--|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not eat fruit during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

6. During the past 7 days, how many times did you eat green salad?



Mark only ONE box.

- | | | | |
|---------------------------------------|--|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not eat green salad during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

7. During the past 7 days, how many times did you eat French fries, fried potatoes, or chips? Chips are potato chips, tortilla chips, Cheetos, puffs, corn chips, or other snack chips.



Mark only ONE box.

- | | | | |
|---------------------------------------|--|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not eat French fries, fried potatoes or chips during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

8. During the past 7 days, how many times did you eat other salty snacks? Other salty snacks include cheese nibs, chex mix, gold fish crackers, Ritz, or other snack chips.

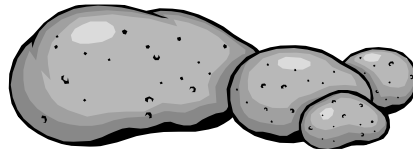


Mark only ONE box.

- | | | | |
|---------------------------------------|---|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not eat other salty snacks during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

9. During the past 7 days, how many times did you eat other kinds of potatoes?

Do **NOT** count French fries, fried potatoes, or potato chips.



Mark only ONE box.

- | | | | |
|---------------------------------------|---|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not eat potatoes during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

10. During the past 7 days, how many times did you eat carrots? Include cooked or raw carrots.



Mark only ONE box.

- | | | | |
|---------------------------------------|--|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not eat carrots during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

11. During the past 7 days, how many times did you eat other vegetables? Include fresh, canned and frozen vegetables.

Do **NOT** count green salad, potatoes or carrots.



Mark only ONE box.

- | | | | |
|---------------------------------------|---|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not eat other vegetables during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

12. During the past 7 days, how many times did you eat a frozen dessert? A frozen dessert is a cold, sweet food like ice cream, sherbet, milk shake, frozen yogurt, an ice cream bar or a Popsicle.



Mark only ONE box.

- | | | | |
|---------------------------------------|--|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not eat frozen desserts during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

13. During the past 7 days, how many times did you eat sweet rolls, doughnuts, Pop Tarts, Twinkies, Ho Hos, cookies, brownies, pies or cake?



Mark only ONE box.

- | | | | |
|---------------------------------------|--|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not eat things like cookies during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

14. During the past 7 days, how many times did you eat any candy? Count chocolate candy, candy bars, jelly bellies, gummies and Lifesavers.



Do NOT count cookies or gum.

Mark only ONE box.

- | | | | |
|---------------------------------------|--|---------------------------------------|-------------------------|
| <input type="checkbox"/> ₁ | I did not eat candy during the past 7 days | <input type="checkbox"/> ₅ | 2 times per day |
| <input type="checkbox"/> ₂ | 1 to 3 times during the past 7 days | <input type="checkbox"/> ₆ | 3 times per day |
| <input type="checkbox"/> ₃ | 4 to 6 times during the past 7 days | <input type="checkbox"/> ₇ | 4 or more times per day |
| <input type="checkbox"/> ₄ | 1 time per day | | |

15. In a usual school week (weekdays), how often do you eat the following school meals? Mark only ONE box for each statement.

	Less than once a week or never	1 to 2 times a week	3 to 4 times a week	Every day
A. I usually eat the school lunch...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. I usually bring lunch from home...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. I usually eat the school breakfast....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Your school offers free fresh fruit and vegetable snacks BETWEEN meals.

16a. When they are offered, how often do you usually take the free fresh FRUIT snack? Mark only ONE box.

- ₁ Every time offered
- ₂ Most times offered
- ₃ Occasionally
- ₄ Never
- ₅ Haven't seen it offered

16b. When they are offered, how often would you take the free fresh VEGETABLE snack? Mark only ONE box.

- ₁ Every time offered
- ₂ Most times offered
- ₃ Occasionally
- ₄ Never
- ₅ Haven't seen it offered

16c. If you take the free fresh FRUIT snack when it is offered, how much of it do you usually eat? Mark only ONE box.

- ₁ I usually eat all of it
- ₂ I usually eat most of it
- ₃ I usually eat some of it
- ₄ I don't usually eat any of it
- ₅ I don't usually take the free fresh fruit

16d. If you take the free fresh VEGETABLE snack when it is offered, how much of it

do you usually eat? Mark only ONE box.

- ₁ I usually eat all of it
- ₂ I usually eat most of it
- ₃ I usually eat some of it
- ₄ I don't usually eat any of it
- ₅ I don't usually take the free fresh vegetable

16e. If you do not take the fruit or vegetable snacks when they are offered, why not? Check ALL that apply.

- ₁ I already take them every time they are offered
- ₂ I don't like fruits and vegetables
- ₃ I'm not hungry when they are offered
- ₄ I don't like the look of the fruits and vegetables offered
- ₅ Another reason (please write why): _____

17a. Have you heard or seen any information around school about the free fresh fruit and vegetable snacks? Mark only ONE box.

- ₁ Yes
- ₂ No





If no, skip to question 18

17b. If you answered yes to question 17a, where did you see or hear the information? Check ALL that apply.

- ₁ School cafeteria staff
- ₂ Announcement over the loud speaker
- ₃ Poster around school
- ₄ Teacher/classroom
- ₅ Other (please describe where) _____

18. How much do you agree or disagree with the following statements?

Mark only ONE box for each statement.

	I agree very much 	I agree a little 	I disagree a little 	I disagree a lot 
A. I eat more fruits and vegetables on days when free fresh fruits and vegetable snacks are given at school than on other days	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. The free fresh fruits and vegetables they give us for school snacks look good and taste good.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. I wish they would give us different kinds of fresh fruits and vegetables to eat for school snacks.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. On days when I eat a free fresh fruit or a vegetable snack at school, I don't eat other kinds of snacks.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. I hope the free fresh fruit and vegetable snack program continues at our school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

19. If you could change anything about the free fresh fruit and vegetable snack program, what changes would you make?

—

—




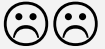
—

20. How many servings of fruits and vegetables do you think are healthy to eat each day? Mark only ONE box.

- ₁ At least 1 serving
- ₂ 1-2 servings
- ₃ 3-4 servings
- ₄ 5 servings or more
- ₅ Don't know

21. How much do you agree or disagree with each of the following statements?

Mark only ONE box for each statement.

	I agree very much 	I agree a little 	I disagree a little 	I disagree a lot 
A. I like most fruits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. I like most vegetables	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. I like to try new kinds of fruits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

D. I like to try new kinds of vegetables	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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22. For each fresh fruit or vegetable, mark how much you like it. Even if you can't eat one of these foods now (for example, you have braces or some other reason) answer whether you like or don't like it. Mark only ONE box for each fruit or vegetable.




	A lot 	A little 	Don't like it 	Don't Know Never tasted
A. Apples	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. Bananas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. Strawberries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. Kiwi Fruits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. Oranges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
F. Pears	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
G. Grapes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
H. Cantaloupe	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I. Peaches	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
J. Pineapple	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
K. Plums	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
L. Watermelon	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

M. Nectarines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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22. Continued

For each fresh fruit or vegetable, mark how much you like it.

Mark only ONE box for each fruit or vegetable.

	A lot 	A little 	Don't like it 	Don't Know Never tasted
N. Blueberries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
O. Tomatoes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
P. Carrots	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Q. Bell peppers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
R. Zucchini	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
S. Celery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
T. Broccoli	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
U. Cauliflower	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
V. Cucumbers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
W. Lettuce	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
X. Snow peas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

You are nearly finished! Just a couple of questions about you...

23. Are you Hispanic or Latino?

₁ Yes

₂ No

24. How do you describe yourself? Mark all that apply

₁ American Indian or Alaska Native White

₂ Asian

₃ Black or African American

₄ Native Hawaiian or Other Pacific Islander

₅ White

25. What language do you use with your parents most of the time?

₁ English

₂ Spanish

₃ Other (please describe) _____

Thank you for completing this questionnaire!

My 1-Day Food Record



YOUR NAME _____

TIME TO START RECORDING _____

TIME TO STOP RECORDING _____

Please ask your parent or caregiver to help you fill in the details of foods and drinks that you have at home.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-xxx. The time required to complete this information collection is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, VA 22302.

My 1-Day Food Record



Please carry this booklet every place you go today (all day) and tomorrow morning and record your food and drinks. Also, please fill in the blanks below:

TODAYS' DATE: ____/____/____
Month Day Year

DAY OF THE WEEK _____

Are you a boy or girl? **Boy** **Girl**

Age: ____ **years old** **Grade:** ____

Name of School _____

Your Teacher's Name _____

Your appointment is scheduled for
_____ **at** _____ **am/pm**

BE SURE TO BRING THIS COMPLETED RECORD WITH YOU TO SCHOOL TOMORROW FOR YOUR APPOINTMENT WITH THE INTERVIEWER. If you have any questions, please call

[School interviewer]

Thank you!

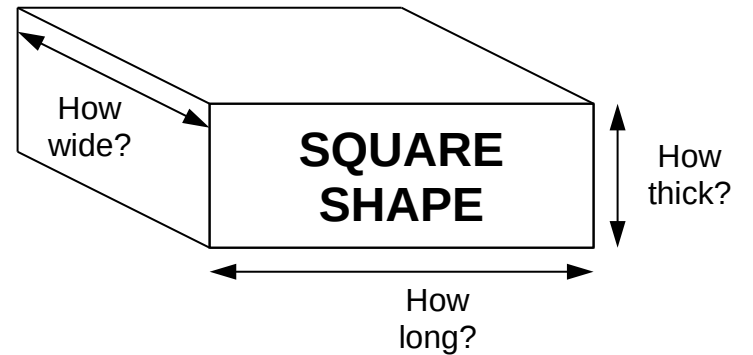
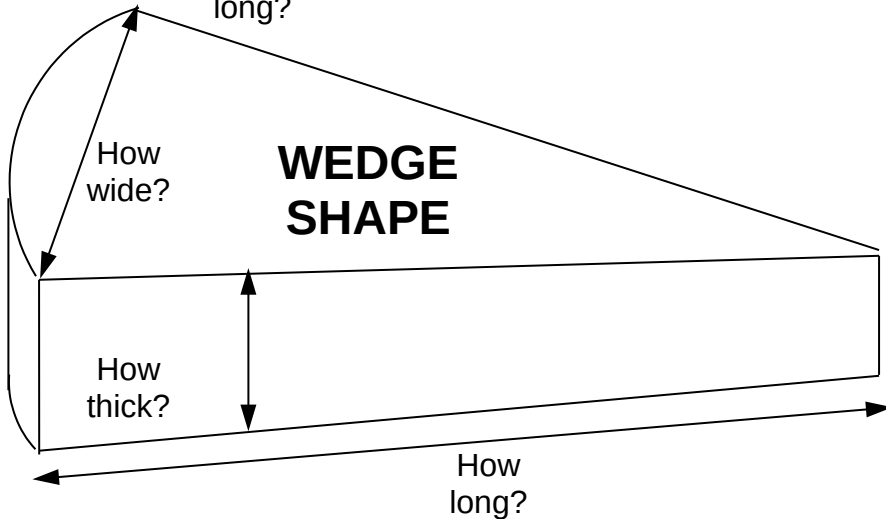
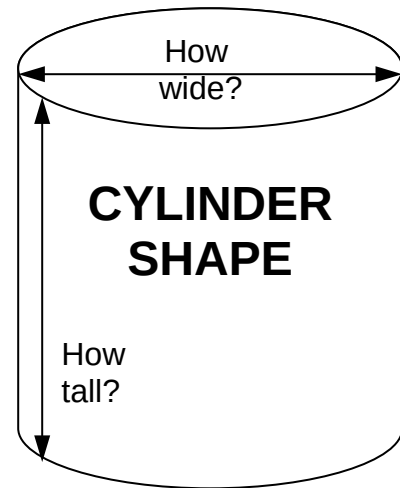
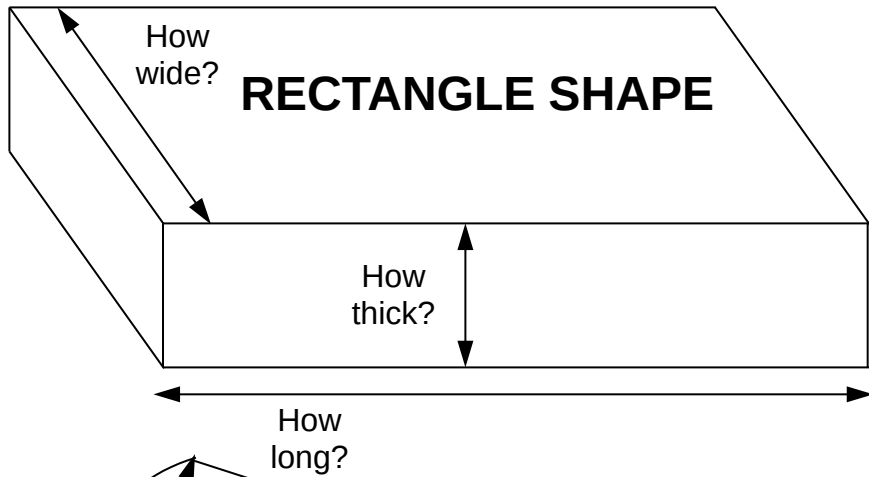
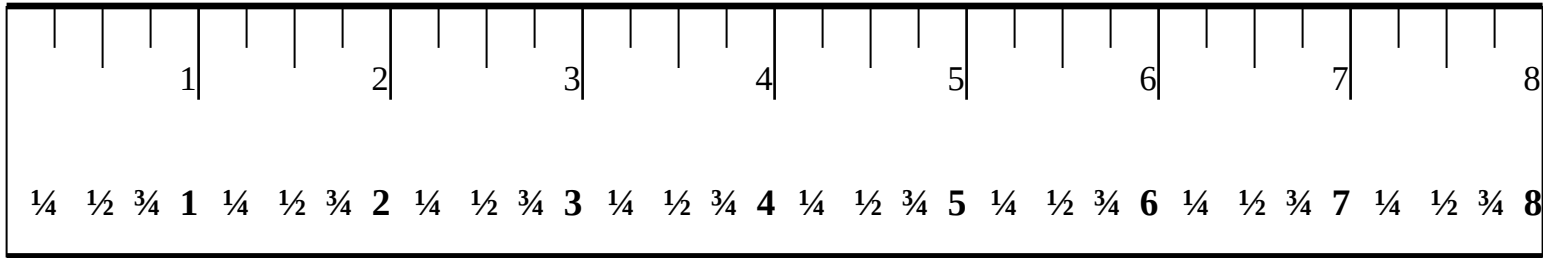
START RIGHT AFTER THIS CLASS

- ✓ Write down in your booklet **everything you eat and drink** from now until you go to bed tonight, and **anything you eat or drink tomorrow morning** up to the time you bring your diary to the interviewer.
- ✓ **Each time** you start eating or drinking, write down the time and circle if MORNING, AFTERNOON-EVENING
- ✓ Check off the **type of meal** (breakfast, lunch, dinner or snack).
- ✓ Check or write down the **place** where your food was eaten (home, friend's house, school, restaurant), etc.).
- ✓ Write only **one** food or drink on each line.
- ✓ **Describe** your food and drinks. Give **brand names** and **list ingredients** in homemade dishes. Ask your parents/caregivers to help you with this at home
- ✓ **Describe** how your food was prepared (fried, baked, broiled, grilled, boiled, microwaved, etc.).
- ✓ Write down if fruits and vegetables were fresh, canned, dried, or frozen (e.g. frozen peas, boiled).
- ✓ **Measure** your food and drinks using your **cups, spoons, ruler or shapes** whenever possible.
- ✓ Be sure to tell us how much you **actually** eat or drink, even if you did not finish it all.
- ✓ Write down any **snacks, candy or drinks** you have.

Keeping Your 1-Day Food Record



Use your cups, spoons, and the drawings of the ruler or shape pictures below to describe how much you ate or drank, (or you may draw the size of your food on the back of your records pages)



Use your cups, spoons, and the drawings below to describe how much you ate or drank

**3 INCH
ACROSS**

**2 ½ INCH
ACROSS**

**4 INCH
ACROSS**

**Use your ruler or these
pictures to help you
with sizes.**

**1 ½ INCH
ACROSS**

**5 INCH
ACROSS**

**3 ½ INCH
ACROSS**

**2 INCH
ACROSS**

**1
INCH
ACROSS**

FOOD DESCRIPTION GUIDE

Find the food you are trying to describe and record as much information as you can. Ask your parent/caregiver to help you. Even if you cannot describe a food be sure to write it in your diary.

DRINKS- type? Amount? Any ice?

Juice- 100%/Juice Drinks/Juice Blends

- brand name, flavor
- regular or low calorie, added calcium or other fortified
- juice or drink?

Milk

- white, chocolate, other flavor
- whole, 2%, 1%, ½%, skim (nonfat)

Soda/Sparkling Water/Vitamin Waters

- brand name
- Sweetened/flavored or unsweetened/unflavored
- regular or diet

Water

- tap or bottled

Sports drinks, Energy drinks

- brand

BREADS/ BAGELS/ BISCUITS/ MUFINS

- type: white, whole wheat, cornbread,bagel
- store bought (give brand name), bakery, or homemade
- any additions? (butter, margarine, mayo, jelly)
- muffins: bran, carrot, blueberry, choc chip
- measure diameter of top and bottom and give height
- tortilla: corn or flour, plain or fried, diameter

RICE/PASTA/NOODLES/SPAGHETTI

- rice: white, brown, convenience mix brand(eg. Rice A Roni
- pasta/noodles: regular, or wholegrain
- any additions? (butter, oil, gravy, sauce, cheese, etc.)

SNACKS

Chips/Snackfoods/crackers

- brand name, package weight ,or measure with cups
- type (potato, tortilla, rice cakes, pork rinds, cheese curls, etc.) and brand name
- regular, or baked?
- any additions? (dips, cheese auce, salsa, etc.)

Popcorn

- type (air, oil, microwaved, or commercial packaged)
- microwaved/commercial packaged: give brand name, regular or light
- plain, butter flavored, or butter/margarine added
- weight from bag, number of cups

DESSERT OR SNACKS

Cookies/Cakes/Donuts/Pastries

-brand name, description, measurements

- type (chocolate chip, yellow cake,)
- store bought (give brand name), bakery, homemade
 - mix or scratch?
- any frosting? (flavor; from mix, scratch or can)
- number of cake layers, shape, measurements

Candy/Chocolate

- brand name and/or description
- weight from package
- bars: package size (funsize, snacksize,,kingsize)

Ice Cream/Frozen Yogurt/Frozen Dessert

- brand name, regular or softserve
- flavor, any additions? (nuts, sprinkles, whipped cream, sauce, etc.)
- regular or lowfat, yogurt or ice cream

Pies

- type (fruit, cream, custard, sweet potato,
- crust (dough, graham cracker) homemade or store bought, single or double crust
- any additions? (ice cream, whipped cream)

CASSEROLES/RECIPES

- name of dish or recipe, (spaghetti, tacos, Hamburger Helper)
- list and describe all or main ingredients
- preparation (baked, fried, stir fried, etc.)
- any sauce? (tomato, cream, soy)
- any vegetables? type?
- Any meat? Type?
- Noodles or rice or potato?
- Any additions- sour cream, hot sauce, cheese

FAST FOODS

- name of restaurant
- name of food (Big Mac, BK Broiler, Pepperoni Pizza,
- add anything or take anything off? (ketchup, mustard, lettuce, tomato,
- size of order (small, medium, large)

FATS/SALAD DRESSINGS/SPREADS

Butter, Margarine, Lard, Pork Fat

- brand name
- butter: regular, whipped, butter/margarine blend
- margarine: stick, tub or squeeze, regular, light, fat free or ultra-light,

Oil and Shortening

- brand name
- oil: type (canola, soybean, vegetables, etc.)
- shortening: regular or butter flavor

Salad Dressing

- type (French, Honey Mustard, Italian, Ranch, etc.)
- store bought (give brand name) or homemade (give ingredients if known)
- regular, low calorie, lowfat, or nonfat
- Mayonaisse: brand name; real or mayo-type; regular, lowfat or nonfat

MEATS/CHICKEN/FISH

Meat

- type (beef, pork, veal, etc.)
- cut (ribs, chops, steak, ground, pigs feet, liver)
- marinated or basted with fat (specify type)
- fat eaten or trimmed away
- preparation (fried, baked, grilled, broiled, etc.)
- give measurements including thickness, with or without bone
- any additions? (steak sauce, garlic butter, gravy, etc.)
- luncheon meats: deli or store bought (give brand name); regular, thin sliced or shaved; regular, lowfat or fat free
- hot dogs (beef, pork, turkey, chicken; regular, lowfat or fat free)

Chicken

- piece (breast, wing, thigh, drumstick, etc.) or type meat (light or dark)
- breading or coating, skin eaten or removed, with or without bone
- marinated or basted with fat (specify type)
- preparation (fried, baked, stewed, barbequed, pan or deep fried, etc.)
- for nuggets give number eaten for chicken strips give number and measurements
- any additions (BBQ sauce, gravy, etc.)
- skin eaten? (If removed, before or after cooking?)

Fish/Shellfish

- type (catfish, sole, salmon, shrimp, bass, etc.)
- fresh, frozen, canned (oil or water pack, drained or rinsed)
- breaded or batter dipped, marinated or basted with fat (specify type)
- preparation (fried, baked, broiled, steamed, etc.)
- crabs: type (Alaskan, blue, Softshell, etc.) give number of legs or whole crabs; any additions? (tartar sauce, melted butter, cocktail sauce, etc.)

VEGETABLES/BEANS

- type vegetable: squash, corn, greens, okra, broccoli, etc.
- type beans: pinto, kidney, blackeyed peas, refried, etc.
- preparation (boiled, microwaved, steamed, stir fried,)
- **canned, fresh, frozen**
- seasoned with meat? (bacon, hamhocks, fatback, etc.)
- fat in preparation or at tables (specify type)
- potatoes: with or without skin

Frozen Meals

- brand name and description of foods
- package weight and amount eaten

SAMPLE

REMINDER: WRITE ONE FOOD PER LINE.

Time/Meal (write in time, circle time of day, check meal)	Place Eaten (check)	Food or Drink (Write Type, brand, description)	Amount I Ate or Drank (Write in cups, inches, ounces from packages)
12: 30 pm MORNING <u>AFTERNOON</u> EVENING <input type="checkbox"/> 1 Breakfast <input checked="" type="checkbox"/> 2 Lunch <input type="checkbox"/> 3 Dinner <input type="checkbox"/> 4 Snack	<input checked="" type="checkbox"/> 1 School <input type="checkbox"/> 2 Home <input type="checkbox"/> 3 Restaurant <input type="checkbox"/> 4 Friend's home <input type="checkbox"/> 5 Other _____	Grilled cheese sandwich – white bread, American cheese	Bread – 4 inches square Cheese – 3 inches square Left the crusts
12: 30 pm MORNING <u>AFTERNOON</u> EVENING <input type="checkbox"/> 1 Breakfast <input checked="" type="checkbox"/> 2 Lunch <input type="checkbox"/> 3 Dinner <input type="checkbox"/> 4 Snack	<input checked="" type="checkbox"/> 1 School <input type="checkbox"/> 2 Home <input type="checkbox"/> 3 Restaurant <input type="checkbox"/> 4 Friend's home <input type="checkbox"/> 5 Other _____	Chocolate milk, 1% fat	1 carton 8 fl oz of milk
12: 30 pm MORNING <u>AFTERNOON</u> EVENING <input type="checkbox"/> 1 Breakfast <input checked="" type="checkbox"/> 2 Lunch <input type="checkbox"/> 3 Dinner <input type="checkbox"/> 4 Snack	<input checked="" type="checkbox"/> 1 School <input type="checkbox"/> 2 Home <input type="checkbox"/> 3 Restaurant <input type="checkbox"/> 4 Friend's home <input type="checkbox"/> 5 Other _____	Pears, canned, tasted sweet	½ cup Left about half of it
12: 30 pm MORNING <u>AFTERNOON</u> EVENING <input type="checkbox"/> 1 Breakfast <input checked="" type="checkbox"/> 2 Lunch <input type="checkbox"/> 3 Dinner <input type="checkbox"/> 4 Snack	<input checked="" type="checkbox"/> 1 School <input type="checkbox"/> 2 Home <input type="checkbox"/> 3 Restaurant <input type="checkbox"/> 4 Friend's home <input type="checkbox"/> 5 Other _____	Strawberry vanilla yogurt (Yoplait Lite)	4 oz - one carton
3: 15 pm MORNING <u>AFTERNOON</u> EVENING <input type="checkbox"/> 1 Breakfast <input type="checkbox"/> 2 Lunch <input type="checkbox"/> 3 Dinner <input checked="" type="checkbox"/> 4 Snack	<input type="checkbox"/> 1 School <input checked="" type="checkbox"/> 2 Home <input type="checkbox"/> 3 Restaurant <input type="checkbox"/> 4 Friend's home <input type="checkbox"/> 5 Other _____	Nestle crunch bar	2.5 x 1 x .5 in- 1 oz on wrapper

SAMPLE

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Time/Meal (write in time, circle time of day, check meal)	Place Eaten (check)	Food or Drink (Write Type, brand, description)	Amount I Ate or Drank (Write in cups, inches, ounces from packages)
7:30 pm MORNING/ AFTERNOON/ <u>EVENING</u> <input type="checkbox"/> 1 Breakfast <input type="checkbox"/> 2 Lunch <input checked="" type="checkbox"/> 3 Dinner <input type="checkbox"/> 4 Snack	<input type="checkbox"/> 1 School <input checked="" type="checkbox"/> 2 Home <input type="checkbox"/> 3 Restaurant <input type="checkbox"/> 4 Friend's home <input type="checkbox"/> 5 Other _____	Spaghetti – homemade Spaghetti noodles, meat sauce (made with ground beef, onion, tomato paste, tomato sauce), grated cheese on top	Spaghetti noodles - $\frac{3}{4}$ cup Meat sauce - $\frac{1}{2}$ cup Grated cheese 1tbsp Ate it all!
7:30 pm MORNING/ AFTERNOON/ <u>EVENING</u> <input type="checkbox"/> 1 Breakfast <input type="checkbox"/> 2 Lunch <input checked="" type="checkbox"/> 3 Dinner <input type="checkbox"/> 4 Snack	<input type="checkbox"/> 1 School <input checked="" type="checkbox"/> 2 Home <input type="checkbox"/> 3 Restaurant <input type="checkbox"/> 4 Friend's home <input type="checkbox"/> 5 Other _____	Coke, diet	12 oz – 1 can
7:30 am <u>MORNING</u> / AFTERNOON/ EVENING <input checked="" type="checkbox"/> 1 Breakfast <input type="checkbox"/> 2 Lunch <input type="checkbox"/> 3 Dinner <input type="checkbox"/> 4 Snack	<input type="checkbox"/> 1 School <input checked="" type="checkbox"/> 2 Home <input type="checkbox"/> 3 Restaurant <input type="checkbox"/> 4 Friend's home <input type="checkbox"/> 5 Other _____	Honey Nut Cheerios, Kelloggs	$\frac{3}{4}$ cup
7:30 am <u>MORNING</u> / AFTERNOON/ EVENING <input checked="" type="checkbox"/> 1 Breakfast <input type="checkbox"/> 2 Lunch <input type="checkbox"/> 3 Dinner <input type="checkbox"/> 4 Snack	<input type="checkbox"/> 1 School <input checked="" type="checkbox"/> 2 Home <input type="checkbox"/> 3 Restaurant <input type="checkbox"/> 4 Friend's home <input type="checkbox"/> 5 Other _____	1% milk	7 fl oz
10:00 am <u>MORNING</u> / AFTERNOON/ EVENING <input type="checkbox"/> 1 Breakfast <input type="checkbox"/> 2 Lunch <input type="checkbox"/> 3 Dinner <input checked="" type="checkbox"/> 4 Snack	<input checked="" type="checkbox"/> 1 School <input type="checkbox"/> 2 Home <input type="checkbox"/> 3 Restaurant <input type="checkbox"/> 4 Friend's home <input type="checkbox"/> 5 Other _____	Blueberries, fresh	$\frac{1}{3}$ cup

PRACTICE SHEET

REMINDER: WRITE ONE FOOD PER LINE.

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Coder	_____
Interviewer	_____

Participant ID: _____ Age: _____ Gender: _____

Day of the week: _____

Date: _____ / _____ / _____
 Month Day Year

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Use your cups, spoons, ruler or shape pictures for how much you ate or drank, or you may draw the size of your food on the back of this page.

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