

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).

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bread, white
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turkey
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomato

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasta noodles
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beef
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomato

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cucumber
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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?

b. Wash the cutting board or counter before preparing food on it for your family?

c. Wash or rinse fresh fruits and vegetables at least 20 seconds and drain 2 minutes before preparing them for your family?



Comments

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

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)