OMB #: 0925-xxxx Expiration Date: xx/xxxx

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3-Day Dietary Checklist

Public reporting burden for this collection of information 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.





National Children's Study 3-Day Food Checklist

Instructions

Fill out one Food Checklist throughout the day on the three days marked below:

Sunday, Monday, Tuesday 🛛 Thursday, Friday, Saturday

- 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.
- \longrightarrow Complete each Food Checklist by marking \square each time you eat a food on that day.
- ➡ Use only black or blue pen to mark your foods. If you make a mistake, mark 📓 on the wrong answer.

How to Complete this Form

→ Mark ⊠ a box for every food you eat at a different meal or snack.

Example:

"I drank 1/2 glass of whole milk for breakfast and 1 glass for a snack in the afternoon."

Milk whole

|--|--|--|

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."

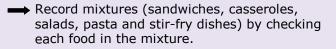
Corn cereal, cornbread, or corn tortilla

Example:

"I ate lasagna with tomato sauce and ground beef."

Pasta noodles Beef Tomatoes

$\boxtimes \square \square \square \square \square \square$



Example:

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

Bread, white	
Turkey	
Lettuce	
Tomatoes	

Example:

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

Lettuce Onion Cucumber Carrots

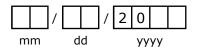
\boxtimes
$\boxtimes \square \square \square \square \square$
$\boxtimes \square \square \square \square \square$
\blacksquare



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1. Please enter today's DATE



2. What day is TODAY?

□ Sunday

□ Monday

🗖 Tuesday

□ Thursday

🛛 Friday

□ Saturday

3. Mark a box for each time you eat any of the foods listed.

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	
Cheese, all kinds	

Beverages	
Apple juice	
Grape juice	
Orange juice	
Wine	
Beer	
Coffee, regular	
Soda or pop	
Green Tea - hot or iced	
Water, tap	
Water, filtered	
Water, bottled	

Cereal, Breads and Grains

Corn cereal, corn bread, or corn tortilla	
Oatmeal or oat cereal	
White rice or rice cereal	
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	

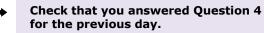
Sweets	
Ice cream	
Cookies	
Sugar	
Hard candy	
Other sweets	

Eggs, Fish, Poultry and Meat	
Eggs	
Fish or shellfish	
Chicken	
Turkey	
Beef	
Pork	
Venison, pheasant, duck, or other meats	

Peanut Butter and Nuts		
Peanut butter		
Nuts - all kinds		

- 4. Think about the fruits and vegetables you ate today. About how many of those foods were labeled "organic"?
 - All
 Most
 Some
 None
 Don't Know





1. Please enter today's DATE



2. What day is TODAY?

□ Sunday

□ Monday

🗖 Tuesday

□ Thursday

□ Friday

□ Saturday

3. Mark a box for each time you eat any of the foods listed.

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	
Cheese, all kinds	

Beverages	
Apple juice	
Grape juice	
Orange juice	
Wine	
Beer	
Coffee, regular	
Soda or pop	
Green Tea - hot or iced	
Water, tap	
Water, filtered	
Water, bottled	

Cereal, Breads and Grains

Corn cereal, corn bread, or corn tortilla	
Oatmeal or oat cereal	
White rice or rice cereal	
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

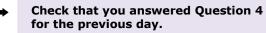
Eggs	
Fish or shellfish	
Chicken	
Turkey	
Beef	
Pork	
Venison, pheasant, duck, or other meats	

Peanut Butter and Nuts	

Peanut butter	
Nuts - all kinds	

- 4. Think about the fruits and vegetables you ate today. About how many of those foods were labeled "organic"?
 - All
 Most
 Some
 None
 Don't Know





1. Please enter today's DATE



2. What day is TODAY?

□ Sunday

□ Monday

🛛 Tuesday

□ Thursday

□ Friday

□ Saturday

3. Mark a box for each time you eat any of the foods listed.

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	
Cheese, all kinds	

Beverages	
Apple juice	
Grape juice	
Orange juice	
Wine	
Beer	
Coffee, regular	
Soda or pop	
Green Tea - hot or iced	
Water, tap	
Water, filtered	
Water, bottled	

Cereal, Breads and Grains

Corn cereal, corn bread, or corn tortilla	
Oatmeal or oat cereal	
White rice or rice cereal	
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	

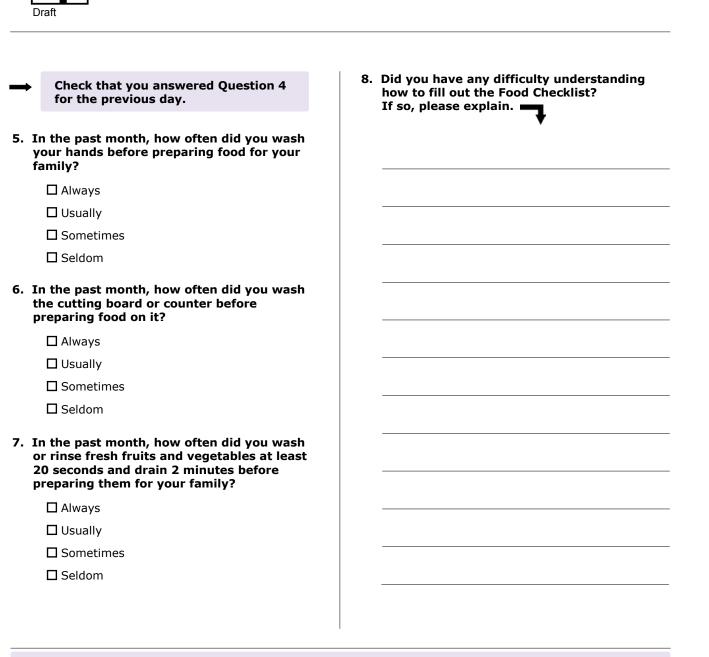
Sweets	
Ice cream	
Cookies	
Sugar	
Hard candy	
Other sweets	

or other meats	
Peanut Butter and Nuts	
Peanut butter	

- 4. Think about the fruits and vegetables you ate today. About how many of those foods were labeled "organic"?
 - □ All □ Most □ Some □ None □ Don't Know

Nuts - all kinds

To finish, go to question 5 on the next page.



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

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