## 3-Day Dietary Checklist

## National Children's Study 3-Day Food Checklist

## Instructions

$\longrightarrow$ Fill out one Food Checklist throughout the day on the three days marked below:
$\square$ Sunday, Monday, Tuesday $\square$ Thursday, Friday, Saturday
$\longrightarrow$ Each Food Checklist asks about some but NOT all of the foods you eat.
$\rightarrow$ 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 $\boxtimes$ each time you eat a food on that day.
$\longrightarrow$ 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 $\boxtimes$ 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


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 Tomatoes
$\boxtimes \square \square \square \square \square$
$\otimes \square \square \square \square \square$
$\otimes \square \square \square \square \square$
$\nabla \square \square \square \square \square$

## Example:

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

Lettuce
Onion
Cucumber
Carrots


## Day 1

1. Please enter today's DATE

2. What day is TODAY?
$\square$ Sunday
$\square$ Monday
$\square$ Tuesday
$\square$ Thursday
$\square$ Friday
$\square$ 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 | $\square \square \square \square \square \square$ |
| :--- | :--- |
| Milk 2\% | $\square \square \square \square \square \square$ |
| Milk 1\% | $\square \square \square \square \square \square$ |
| Milk skim | $\square \square \square \square \square \square$ |
| Other milk - soy, rice, or other milk | $\square \square \square \square \square \square$ |
| Yogurt, all kinds | $\square \square \square \square \square \square$ |
| Cheese, all kinds | $\square \square \square \square \square \square$ |


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

Cereal, Breads and Grains

| Corn cereal, corn bread, | $\square \square \square \square \square \square$ |
| :--- | :--- |
| or corn tortilla | $\square \square \square \square \square \square$ |
| Oatmeal or oat cereal | $\square \square \square \square \square \square$ |
| White rice or rice cereal | $\square \square \square \square \square \square$ |
| Pasta noodles | $\square \square \square \square \square \square$ |
| Bread, white | $\square \square \square \square \square \square$ |
| Bread, whole wheat | $\square \square \square \square \square \square$ |
| Barley | $\square \square \square \square \square \square$ |
| Other grains | $\square \square \square \square \square \square$ |

## Day 1

| Fruits |  |
| :--- | :--- |
| Apple with peel | $\square \square \square \square \square \square$ |
| Banana | $\square \square \square \square \square \square$ |
| Cantaloupe | $\square \square \square \square \square \square$ |
| Grapes | $\square \square \square \square \square \square$ |
| Orange | $\square \square \square \square \square \square$ |
| Peaches | $\square \square \square \square \square \square$ |
| Strawberries | $\square \square \square \square \square \square$ |
| Watermelon | $\square \square \square \square \square \square$ |
| Other fruits | $\square \square \square \square \square \square$ |


| Vegetables |  |
| :--- | :--- |
| Beans, green | $\square \square \square \square \square \square$ |
| Broccoli | $\square \square \square \square \square \square$ |
| Carrots | $\square \square \square \square \square \square$ |
| Cucumber | $\square \square \square \square \square \square$ |
| Corn | $\square \square \square \square \square \square$ |
| French fries | $\square \square \square \square \square \square$ |
| Lettuce | $\square \square \square \square \square \square \square$ |
| Onion | $\square \square \square \square \square \square$ |
| Peas | $\square \square \square \square \square \square$ |
| Potatoes - no peel | $\square \square \square \square \square \square \square$ |
| Potatoes - with peel | $\square \square \square \square \square \square \square$ |
| Tomatoes | $\square \square \square \square \square \square$ |
| Other vegetables | $\square \square \square \square \square$ |


| Sweets |  |
| :--- | :--- |
| Ice cream | $\square \square \square \square \square \square$ |
| Cookies | $\square \square \square \square \square \square$ |
| Sugar | $\square \square \square \square \square \square$ |
| Hard candy | $\square \square \square \square \square \square$ |
| Other sweets | $\square \square \square \square \square \square$ |

Eggs, Fish, Poultry and Meat

| Eggs | $\square \square \square \square \square \square$ |
| :--- | :--- |
| Fish or shellfish | $\square \square \square \square \square \square$ |
| Chicken | $\square \square \square \square \square \square$ |
| Turkey | $\square \square \square \square \square \square$ |
| Beef | $\square \square \square \square \square \square$ |
| Pork | $\square \square \square \square \square \square$ |
| Venison, pheasant, duck, | $\square \square \square \square \square \square$ |
| or other meats | $\square \square \square \square \square \square$ |
| Peanut Butter and Nuts |  |
| Peanut butter | $\square \square \square \square \square \square$ |

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

## Day 2

$\rightarrow \quad$ Check that you answered Question 4 for the previous day.

1. Please enter today's DATE

2. What day is TODAY?
$\square$ Sunday
$\square$ Monday
$\square$ Tuesday
$\square$ Thursday
$\square$ Friday
$\square$ 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 | $\square \square \square \square \square \square$ |
| :--- | :--- |
| Milk 2\% | $\square \square \square \square \square \square$ |
| Milk 1\% | $\square \square \square \square \square \square$ |
| Milk skim | $\square \square \square \square \square \square$ |
| Other milk - soy, rice, or other milk | $\square \square \square \square \square \square$ |
| Yogurt, all kinds | $\square \square \square \square \square \square$ |
| Cheese, all kinds | $\square \square \square \square \square \square$ |


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

## Cereal, Breads and Grains

Corn cereal, corn bread, or corn tortilla

| Oatmeal or oat cereal | $\square \square \square \square \square \square$ |
| :--- | :--- |
| White rice or rice cereal | $\square \square \square \square \square \square$ |
| Pasta noodles | $\square \square \square \square \square \square$ |
| Bread, white | $\square \square \square \square \square \square$ |
| Bread, whole wheat | $\square \square \square \square \square \square$ |
| Barley | $\square \square \square \square \square \square$ |
| Other grains | $\square \square \square \square \square \square$ |

## Day 2

| Fruits |  |
| :---: | :---: |
| Apple with peel | $\square \square \square \square \square \square$ |
| Banana | $\square \square \square \square \square \square$ |
| Cantaloupe | $\square \square \square \square \square \square$ |
| Grapes | $\square \square \square \square \square \square$ |
| Orange | $\square \square \square \square \square \square$ |
| Peaches | $\square \square \square \square \square \square$ |
| Strawberries | $\square \square \square \square \square \square$ |
| Watermelon | $\square \square \square \square \square \square$ |
| Other fruits | $\square \square \square \square \square \square$ |
| Vegetables |  |
| Beans, green | $\square \square \square \square \square \square$ |
| Broccoli | $\square \square \square \square \square \square$ |
| Carrots | $\square \square \square \square \square \square$ |
| Cucumber | $\square \square \square \square \square \square$ |
| Corn | $\square \square \square \square \square \square$ |
| French fries | $\square \square \square \square \square \square$ |
| Lettuce | $\square \square \square \square \square \square$ |
| Onion | $\square \square \square \square \square \square$ |
| Peas | $\square \square \square \square \square \square$ |
| Potatoes - no peel | $\square \square \square \square \square \square$ |
| Potatoes - with peel | $\square \square \square \square \square \square$ |
| Tomatoes | $\square \square \square \square \square \square$ |
| Other vegetables | $\square \square \square \square \square \square$ |


| Sweets |  |
| :---: | :---: |
| Ice cream | $\square \square \square \square \square \square$ |
| Cookies | $\square \square \square \square \square \square$ |
| Sugar | $\square \square \square \square \square \square$ |
| Hard candy | $\square \square \square \square \square \square$ |
| Other sweets | $\square \square \square \square \square \square$ |
| Eggs, Fish, Poultry and Meat |  |
| Eggs | $\square \square \square \square \square \square$ |
| Fish or shellfish | $\square \square \square \square \square \square$ |
| Chicken | $\square \square \square \square \square \square$ |
| Turkey | $\square \square \square \square \square \square$ |
| Beef | $\square \square \square \square \square \square$ |
| Pork | $\square \square \square \square \square \square$ |
| Venison, pheasant, duck, or other meats | $\square \square \square \square \square \square$ |
| Peanut Butter and Nuts |  |
| Peanut butter | $\square \square \square \square \square \square$ |
| Nuts - all kinds | $\square \square \square \square \square \square$ |

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

## Day 3

$\longrightarrow \quad$ Check that you answered Question 4 for the previous day.

1. Please enter today's DATE

2. What day is TODAY?
$\square$ Sunday
$\square$ Monday
$\square$ Tuesday
$\square$ Thursday
$\square$ Friday
$\square$ 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 | $\square \square \square \square \square \square$ |
| :--- | :--- |
| Milk 2\% | $\square \square \square \square \square \square$ |
| Milk 1\% | $\square \square \square \square \square \square$ |
| Milk skim | $\square \square \square \square \square \square$ |
| Other milk - soy, rice, or other milk | $\square \square \square \square \square \square$ |
| Yogurt, all kinds | $\square \square \square \square \square \square$ |
| Cheese, all kinds | $\square \square \square \square \square \square$ |


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

Cereal, Breads and Grains

| Corn cereal, corn bread, | $\square \square \square \square \square \square$ |
| :--- | :--- |
| or corn tortilla | $\square \square \square \square \square \square$ |
| Oatmeal or oat cereal | $\square \square \square \square \square \square$ |
| White rice or rice cereal | $\square \square \square \square \square \square$ |
| Pasta noodles | $\square \square \square \square \square \square$ |
| Bread, white | $\square \square \square \square \square \square$ |
| Bread, whole wheat | $\square \square \square \square \square \square$ |
| Barley | $\square \square \square \square \square \square$ |
| Other grains | $\square \square \square \square \square \square \square$ |

## Day 3

| Fruits |  |
| :--- | :--- |
| Apple with peel | $\square \square \square \square \square \square$ |
| Banana | $\square \square \square \square \square \square$ |
| Cantaloupe | $\square \square \square \square \square \square$ |
| Grapes | $\square \square \square \square \square \square$ |
| Orange | $\square \square \square \square \square \square$ |
| Peaches | $\square \square \square \square \square \square$ |
| Strawberries | $\square \square \square \square \square \square$ |
| Watermelon | $\square \square \square \square \square \square$ |
| Other fruits | $\square \square \square \square \square \square$ |
| Vegetables | $\square \square \square \square \square \square$ |
| Beans, green | $\square \square \square \square \square \square$ |
| Broccoli | $\square \square \square \square \square \square$ |
| Carrots | $\square \square \square \square \square \square$ |
| Cucumber | $\square \square \square \square \square \square$ |
| Corn | $\square \square \square \square \square \square$ |
| French fries | $\square \square \square \square \square \square$ |
| Lettuce | $\square \square \square \square \square \square$ |
| Onion | $\square \square \square \square \square \square$ |
| Peas | $\square \square \square \square \square \square$ |
| Potatoes - no peel | $\square \square \square \square \square \square$ |
| Potatoes - with peel | $\square \square \square \square \square \square$ |
| Tomatoes | $\square \square \square \square \square \square$ |
| Other vegetables |  |


| Sweets |  |
| :--- | :--- |
| Ice cream | $\square \square \square \square \square \square$ |
| Cookies | $\square \square \square \square \square \square$ |
| Sugar | $\square \square \square \square \square \square$ |
| Hard candy | $\square \square \square \square \square \square$ |
| Other sweets | $\square \square \square \square \square \square$ |


| Eggs, Fish, Poultry and Meat |  |
| :--- | ---: |
| Eggs | $\square \square \square \square \square \square$ |
| Fish or shellfish | $\square \square \square \square \square \square$ |
| Chicken | $\square \square \square \square \square \square$ |
| Turkey | $\square \square \square \square \square \square$ |
| Beef | $\square \square \square \square \square \square$ |
| Pork | $\square \square \square \square \square \square$ |
| Venison, pheasant, duck, <br> or other meats | $\square \square \square \square \square \square$ |

Peanut Butter and Nuts

| Peanut butter | $\square \square \square \square \square \square$ |
| :--- | :--- |
| Nuts - all kinds | $\square \square \square \square \square \square$ |

4. Think about the fruits and vegetables you ate today. About how many of those foods were labeled "organic"?
$\square$ All
$\square$ Most
$\square$ Some
$\square$ None
$\square$ Don't Know
[^0]Check that you answered Question 4 for the previous day.
5. In the past month, how often did you wash your hands before preparing food for your family?
$\square$ Always
$\square$ UsuallySometimesSeldom
6. In the past month, how often did you wash the cutting board or counter before preparing food on it?

## $\square$ Always

$\square$ UsuallySometimesSeldom
7. In the past month, how often did you wash or rinse fresh fruits and vegetables at least 20 seconds and drain 2 minutes before preparing them for your family?

## $\square$ Always

$\square$ UsuallySometimesSeldom
8. Did you have any difficulty understanding how to fill out the Food Checklist? If so, please explain.

$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

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

Public reporting burden for this collection of information is estimated to average (insert time) hours [or 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.


[^0]:    $\longrightarrow$ To finish, go to question 5 on the next page.

