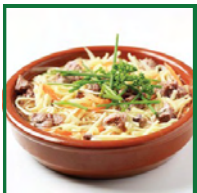


APPENDIX K
ADULT FOOD BOOKLET



OMB Control Number:
Expiration Date:

The U.S. Department of Agriculture's



The National Food Study

Foods You Eat-Out and Take-Out

Adult Booklet

First Day: _____

Last Day: _____

Booklet for: _____



HOW to USE This Food Book

Follow these easy **STEPS** every day!

1

COMPLETE a new Daily List. Write the name of each place where you got food:

- In **Box A**, enter places where you got meals, snacks, and drinks outside your home.
- In **Box B**, enter places where you got foods and drinks to be brought home.

2

For each place listed in **Box A** of the Daily List, complete one **red page** in this book.

3

For each place listed in **Box B** of the Daily List, complete one **blue page** in the scanner book and scan your foods and drinks.

4

SAVE your receipts. Attach receipts to the **red** and **blue** pages.

DON'T FORGET:

CHILDREN UNDER AGE 11 One adult member in the household must use his or her booklet to write down foods for children under age 11. This may include foods from school, child care, friend's homes, and any other places children get food on their own.

FAMILY MEALS Each family meal should appear in only one booklet. There is a place to write the names of each person at that meal.

We want to hear from you!

On the back of this book, we've listed days you should call us to report in. Please call by 8 p.m or after your last meal of the day. The toll-free number is **1-866-275-8659**.

DON'T FORGET to include . . .

Places for box



A Places to Get Meals, Snacks, and Drinks Outside Your Home

Any food prepared outside the home	Food court at mall	School store
Cafeteria at school	Food kiosk	Senior center
Cafeteria at work	Friend's home	Snack bar
Catered events	Ice cream truck	Sporting event
Church	Meals on Wheels	Store
Club	Mobile food vendor	Street vendor
Coffee shop	Movie theater	Take-out
Concession stand	Relative's home	Take-out meals from markets
Delivery	Restaurant	Tavern, bar, pub
Fast food place	Sandwich shop	Vending machines

Places for box



B Places to Get Foods and Drinks You Bring Home

Supermarket and grocery store	Wholesale club like B.J.'s, Costco, and Sam's
Big box stores like Target and Walmart	Convenience store
Pharmacy or drugstore	Farmers' market
Garden—yours or a friend's	Hunting or fishing
Bakery, deli, meat, or fish market	Liquor store

AND DON'T FORGET. . .meals, snacks, and drinks for children under age 11.

NEED HELP? HAVE QUESTIONS?

Call us any time if you have questions about how to complete pages, scan your purchases, or about the study.

Our number is 1-866-275-8659.

Daily List — Day 0

(✓) CHECK DAY Mon Tue Wed Thu Fri Sat Sun

A

Meals, snacks, and drinks you got outside your home

Write name of PLACE where you got meals, snacks, and drinks from outside your home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Red page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

Practice

B

Groceries and other foods and drinks you brought home

Write name of PLACE where you got groceries and other food and drinks to be brought home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Blue page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

DON'T FORGET to include . . .

Places for box



A Places to Get Meals, Snacks, and Drinks Outside Your Home

Any food prepared outside the home	Food court at mall	School store
Cafeteria at school	Food kiosk	Senior center
Cafeteria at work	Friend's home	Snack bar
Catered events	Ice cream truck	Sporting event
Church	Meals on Wheels	Store
Club	Mobile food vendor	Street vendor
Coffee shop	Movie theater	Take-out
Concession stand	Relative's home	Take-out meals from markets
Delivery	Restaurant	Tavern, bar, pub
Fast food place	Sandwich shop	Vending machines

Places for box



B Places to Get Foods and Drinks You Bring Home

Supermarket and grocery store	Wholesale club like B.J.'s, Costco, and Sam's
Big box stores like Target and Walmart	Convenience store
Pharmacy or drugstore	Farmers' market
Garden—yours or a friend's	Hunting or fishing
Bakery, deli, meat, or fish market	Liquor store

AND DON'T FORGET. . .meals, snacks, and drinks for children under age 11.

NEED HELP? HAVE QUESTIONS?

Call us any time if you have questions about how to complete pages, scan your purchases, or about the study.

Our number is 1-866-275-8659.

Daily List — Day 1

(✓) CHECK DAY Mon Tue Wed Thu Fri Sat Sun

A

Meals, snacks, and drinks you got outside your home

Write name of PLACE where you got meals, snacks, and drinks from outside your home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Red page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

B

Groceries and other foods and drinks you brought home

Write name of PLACE where you got groceries and other food and drinks to be brought home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Blue page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

DON'T FORGET to include . . .

Places for box



A Places to Get Meals, Snacks, and Drinks Outside Your Home

Any food prepared outside the home	Food court at mall	School store
Cafeteria at school	Food kiosk	Senior center
Cafeteria at work	Friend's home	Snack bar
Catered events	Ice cream truck	Sporting event
Church	Meals on Wheels	Store
Club	Mobile food vendor	Street vendor
Coffee shop	Movie theater	Take-out
Concession stand	Relative's home	Take-out meals from markets
Delivery	Restaurant	Tavern, bar, pub
Fast food place	Sandwich shop	Vending machines

Places for box



B Places to Get Foods and Drinks You Bring Home

Supermarket and grocery store	Wholesale club like B.J.'s, Costco, and Sam's
Big box stores like Target and Walmart	Convenience store
Pharmacy or drugstore	Farmers' market
Garden—yours or a friend's	Hunting or fishing
Bakery, deli, meat, or fish market	Liquor store

AND DON'T FORGET. . .meals, snacks, and drinks for children under age 11.

NEED HELP? HAVE QUESTIONS?

Call us any time if you have questions about how to complete pages, scan your purchases, or about the study.

Our number is 1-866-275-8659.

Daily List — Day 2

(✓) CHECK DAY Mon Tue Wed Thu Fri Sat Sun

A

Meals, snacks, and drinks you got outside your home

Write name of PLACE where you got meals, snacks, and drinks from outside your home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Red page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

B

Groceries and other foods and drinks you brought home

Write name of PLACE where you got groceries and other food and drinks to be brought home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Blue page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

DON'T FORGET to include . . .

Places for box



A Places to Get Meals, Snacks, and Drinks Outside Your Home

Any food prepared outside the home	Food court at mall	School store
Cafeteria at school	Food kiosk	Senior center
Cafeteria at work	Friend's home	Snack bar
Catered events	Ice cream truck	Sporting event
Church	Meals on Wheels	Store
Club	Mobile food vendor	Street vendor
Coffee shop	Movie theater	Take-out
Concession stand	Relative's home	Take-out meals from markets
Delivery	Restaurant	Tavern, bar, pub
Fast food place	Sandwich shop	Vending machines

Places for box



B Places to Get Foods and Drinks You Bring Home

Supermarket and grocery store	Wholesale club like B.J.'s, Costco, and Sam's
Big box stores like Target and Walmart	Convenience store
Pharmacy or drugstore	Farmers' market
Garden—yours or a friend's	Hunting or fishing
Bakery, deli, meat, or fish market	Liquor store

AND DON'T FORGET. . .meals, snacks, and drinks for children under age 11.

NEED HELP? HAVE QUESTIONS?

Call us any time if you have questions about how to complete pages, scan your purchases, or about the study.

Our number is 1-866-275-8659.

Daily List — Day 3

(✓) CHECK DAY Mon Tue Wed Thu Fri Sat Sun

A

Meals, snacks, and drinks you got outside your home

Write name of PLACE where you got meals, snacks, and drinks from outside your home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Red page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

B

Groceries and other foods and drinks you brought home

Write name of PLACE where you got groceries and other food and drinks to be brought home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Blue page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

DON'T FORGET to include . . .

Places for box



A Places to Get Meals, Snacks, and Drinks Outside Your Home

Any food prepared outside the home	Food court at mall	School store
Cafeteria at school	Food kiosk	Senior center
Cafeteria at work	Friend's home	Snack bar
Catered events	Ice cream truck	Sporting event
Church	Meals on Wheels	Store
Club	Mobile food vendor	Street vendor
Coffee shop	Movie theater	Take-out
Concession stand	Relative's home	Take-out meals from markets
Delivery	Restaurant	Tavern, bar, pub
Fast food place	Sandwich shop	Vending machines

Places for box



B Places to Get Foods and Drinks You Bring Home

Supermarket and grocery store	Wholesale club like B.J.'s, Costco, and Sam's
Big box stores like Target and Walmart	Convenience store
Pharmacy or drugstore	Farmers' market
Garden—yours or a friend's	Hunting or fishing
Bakery, deli, meat, or fish market	Liquor store

AND DON'T FORGET. . .meals, snacks, and drinks for children under age 11.

NEED HELP? HAVE QUESTIONS?

Call us any time if you have questions about how to complete pages, scan your purchases, or about the study.

Our number is 1-866-275-8659.

Daily List — Day 4

(✓) CHECK DAY Mon Tue Wed Thu Fri Sat Sun

A

Meals, snacks, and drinks you got outside your home

Write name of PLACE where you got meals, snacks, and drinks from outside your home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Red page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

B

Groceries and other foods and drinks you brought home

Write name of PLACE where you got groceries and other food and drinks to be brought home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Blue page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

DON'T FORGET to include . . .

Places for box



A Places to Get Meals, Snacks, and Drinks Outside Your Home

Any food prepared outside the home	Food court at mall	School store
Cafeteria at school	Food kiosk	Senior center
Cafeteria at work	Friend's home	Snack bar
Catered events	Ice cream truck	Sporting event
Church	Meals on Wheels	Store
Club	Mobile food vendor	Street vendor
Coffee shop	Movie theater	Take-out
Concession stand	Relative's home	Take-out meals from markets
Delivery	Restaurant	Tavern, bar, pub
Fast food place	Sandwich shop	Vending machines

Places for box



B Places to Get Foods and Drinks You Bring Home

Supermarket and grocery store	Wholesale club like B.J.'s, Costco, and Sam's
Big box stores like Target and Walmart	Convenience store
Pharmacy or drugstore	Farmers' market
Garden—yours or a friend's	Hunting or fishing
Bakery, deli, meat, or fish market	Liquor store

AND DON'T FORGET. . .meals, snacks, and drinks for children under age 11.

NEED HELP? HAVE QUESTIONS?

Call us any time if you have questions about how to complete pages, scan your purchases, or about the study.

Our number is 1-866-275-8659.

Daily List — Day 5

(✓) CHECK DAY Mon Tue Wed Thu Fri Sat Sun

A

Meals, snacks, and drinks you got outside your home

Write name of PLACE where you got meals, snacks, and drinks from outside your home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Red page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

B

Groceries and other foods and drinks you brought home

Write name of PLACE where you got groceries and other food and drinks to be brought home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Blue page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

DON'T FORGET to include . . .

Places for box



A Places to Get Meals, Snacks, and Drinks Outside Your Home

Any food prepared outside the home	Food court at mall	School store
Cafeteria at school	Food kiosk	Senior center
Cafeteria at work	Friend's home	Snack bar
Catered events	Ice cream truck	Sporting event
Church	Meals on Wheels	Store
Club	Mobile food vendor	Street vendor
Coffee shop	Movie theater	Take-out
Concession stand	Relative's home	Take-out meals from markets
Delivery	Restaurant	Tavern, bar, pub
Fast food place	Sandwich shop	Vending machines

Places for box



B Places to Get Foods and Drinks You Bring Home

Supermarket and grocery store	Wholesale club like B.J.'s, Costco, and Sam's
Big box stores like Target and Walmart	Convenience store
Pharmacy or drugstore	Farmers' market
Garden—yours or a friend's	Hunting or fishing
Bakery, deli, meat, or fish market	Liquor store

AND DON'T FORGET. . .meals, snacks, and drinks for children under age 11.

NEED HELP? HAVE QUESTIONS?

Call us any time if you have questions about how to complete pages, scan your purchases, or about the study.

Our number is 1-866-275-8659.

Daily List — Day 6

(✓) CHECK DAY Mon Tue Wed Thu Fri Sat Sun

A

Meals, snacks, and drinks you got outside your home

Write name of PLACE where you got meals, snacks, and drinks from outside your home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Red page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

B

Groceries and other foods and drinks you brought home

Write name of PLACE where you got groceries and other food and drinks to be brought home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Blue page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

DON'T FORGET to include . . .

Places for box



A Places to Get Meals, Snacks, and Drinks Outside Your Home

Any food prepared outside the home	Food court at mall	School store
Cafeteria at school	Food kiosk	Senior center
Cafeteria at work	Friend's home	Snack bar
Catered events	Ice cream truck	Sporting event
Church	Meals on Wheels	Store
Club	Mobile food vendor	Street vendor
Coffee shop	Movie theater	Take-out
Concession stand	Relative's home	Take-out meals from markets
Delivery	Restaurant	Tavern, bar, pub
Fast food place	Sandwich shop	Vending machines

Places for box



B Places to Get Foods and Drinks You Bring Home

Supermarket and grocery store	Wholesale club like B.J.'s, Costco, and Sam's
Big box stores like Target and Walmart	Convenience store
Pharmacy or drugstore	Farmers' market
Garden—yours or a friend's	Hunting or fishing
Bakery, deli, meat, or fish market	Liquor store

AND DON'T FORGET. . .meals, snacks, and drinks for children under age 11.

NEED HELP? HAVE QUESTIONS?

Call us any time if you have questions about how to complete pages, scan your purchases, or about the study.

Our number is 1-866-275-8659.

Daily List — Day 7

(✓) CHECK DAY Mon Tue Wed Thu Fri Sat Sun

A

Meals, snacks, and drinks you got outside your home

Write name of PLACE where you got meals, snacks, and drinks from outside your home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Red page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

B

Groceries and other foods and drinks you brought home

Write name of PLACE where you got groceries and other food and drinks to be brought home (include places where you bought food and places where you got food for free)

NAME of place	ENTER Total Paid (include tax and tip)	(✓) Check if free	(✓) FILL OUT Blue page
1.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
8.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
9.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
10.	\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>

If you do not have a receipt ...

And for foods not listed on the receipt ...

Write each food and drink on a separate line

Describe each food and drink:

- √ The **BRAND**, product name, or menu item
- √ The **TYPE** of food (for example, white bread or whole wheat bread; chicken nuggets or grilled chicken breast)
- √ The **FORM** of the food (for example, raw carrots or cooked carrots)
- √ The **FLAVOR** (for example, chocolate milk, oatmeal cookie, or vanilla yogurt)
- √ The **FAT** and **SUGAR** (for example, whole milk or 1% milk; regular or diet soda; 100% juice or fruit-flavored drink)
- √ Things you **ADDED** (for example, butter on bread, ketchup with French fries, dressing on salads)

Write the size/amount of food or drink, even if you did not eat or drink all of it

- √ If the food or drink came in a **PACKAGE** or **CONTAINER** → write down the ounces or grams listed on the container
- √ If the food or drink came in **SIZES** → write down the size you got. For example, small, medium, large, super gulp, or double gulp
- √ If the number of ounces or grams or the size is not clear, leave this space blank

AND DON'T FORGET ...

- » **It's not about what you eat—it's about what you get!**
- » **Do not scan items that you write on a red page**
- » **Total paid is the amount paid by members of your household**

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Meals, Snacks, and Drinks You Got Outside Your Home

Complete one **RED** page for each **PLACE** where you got food and drinks

(√) DAY you got this meal, snack, drink	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
Complete this section if you DO NOT have a receipt or the receipt DOES NOT list each food item.							
Write each food and drink on a separate line Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				Write size or amount if known (Ounces, grams, lbs, etc.)	How many?	Amount paid	

QUESTIONS? Call 1-866-275-8659

Office Use

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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
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Name of PLACE where you got food:							
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<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
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Meals, Snacks, and Drinks You Got Outside Your Home

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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
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<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
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Meals, Snacks, and Drinks You Got Outside Your Home

Complete one **RED** page for each **PLACE** where you got food and drinks

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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
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(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
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<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
Complete this section if you DO NOT have a receipt or the receipt DOES NOT list each food item.							
Write each food and drink on a separate line Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				Write size or amount if known (Ounces, grams, lbs, etc.)	How many?	Amount paid	

QUESTIONS? Call 1-866-275-8659

Office Use

If you do not have a receipt ...

And for foods not listed on the receipt ...

Write each food and drink on a separate line

Describe each food and drink:

- ✓ The **BRAND**, product name, or menu item
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- ✓ The **FORM** of the food (for example, raw carrots or cooked carrots)
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- ✓ The **FAT** and **SUGAR** (for example, whole milk or 1% milk; regular or diet soda; 100% juice or fruit-flavored drink)
- ✓ Things you **ADDED** (for example, butter on bread, ketchup with French fries, dressing on salads)

Write the size/amount of food or drink, even if you did not eat or drink all of it


- ✓ If the food or drink came in a **PACKAGE** or **CONTAINER** → write down the ounces or grams listed on the container
- ✓ If the food or drink came in **SIZES** → write down the size you got. For example, small, medium, large, super gulp, or double gulp
- ✓ If the number of ounces or grams or the size is not clear, leave this space blank

AND DON'T FORGET ...

- » **It's not about what you eat—it's about what you get!**
- » **Do not scan items that you write on a red page**
- » **Total paid is the amount paid by members of your household**

Meals, Snacks, and Drinks You Got Outside Your Home

Complete one **RED** page for each **PLACE** where you got food and drinks

(√) DAY you got this meal, snack, drink	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 <p>TAPE RECEIPT HERE</p>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
Complete this section if you DO NOT have a receipt or the receipt DOES NOT list each food item.							
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Meals, Snacks, and Drinks You Got Outside Your Home

Complete one **RED** page for each **PLACE** where you got food and drinks

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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
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Meals, Snacks, and Drinks You Got Outside Your Home

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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
Complete this section if you DO NOT have a receipt or the receipt DOES NOT list each food item.							
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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
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Meals, Snacks, and Drinks You Got Outside Your Home

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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
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TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
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Name of PLACE where you got food:							
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(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
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<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
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- √ The **TYPE** of food (for example, white bread or whole wheat bread; chicken nuggets or grilled chicken breast)
- √ The **FORM** of the food (for example, raw carrots or cooked carrots)
- √ The **FLAVOR** (for example, chocolate milk, oatmeal cookie, or vanilla yogurt)
- √ The **FAT** and **SUGAR** (for example, whole milk or 1% milk; regular or diet soda; 100% juice or fruit-flavored drink)
- √ Things you **ADDED** (for example, butter on bread, ketchup with French fries, dressing on salads)

Write the size/amount of food or drink, even if you did not eat or drink all of it


- √ If the food or drink came in a **PACKAGE** or **CONTAINER** → write down the ounces or grams listed on the container
- √ If the food or drink came in **SIZES** → write down the size you got. For example, small, medium, large, super gulp, or double gulp
- √ If the number of ounces or grams or the size is not clear, leave this space blank

AND DON'T FORGET ...

- » **It's not about what you eat—it's about what you get!**
- » **Do not scan items that you write on a red page**
- » **Total paid is the amount paid by members of your household**

Meals, Snacks, and Drinks You Got Outside Your Home

Complete one **RED** page for each **PLACE** where you got food and drinks

(√) DAY you got this meal, snack, drink	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid (including tax)							
Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
Complete this section if you DO NOT have a receipt or the receipt DOES NOT list each food item.							
Write each food and drink on a separate line Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				Write size or amount if known (Ounces, grams, lbs, etc.)	How many?	Amount paid	

If you do not have a receipt ...

And for foods not listed on the receipt ...

Write each food and drink on a separate line

Describe each food and drink:

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Names of PEOPLE who ate this meal, snack, or drink:							
(√) Check the meal or snack				 TAPE RECEIPT HERE			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? CHECK all that apply							
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
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Total paid \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		If you left a tip, how much? \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
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QUESTIONS? Call 1-866-275-8659

Office Use

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Office Use

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Office Use

Questions and Answers

General Topics and Daily List

Q: What if I don't buy any meals, snacks, or drinks on some days?

A: That's okay. Some people don't buy food every day. Did anyone in your household get free food? If yes, write that down. If no, check the day at the top of the Daily List and leave the page blank.

Q: What if all the food I ate came from my refrigerator or cupboard?

A: If everyone in your household ate food that you already had at home, check the day at the top of the Daily List and leave the page blank.

Q: Can I just save my receipts and not write in the book?

A: No, because some receipts are hard to read or don't include all the information we need. You need to save the receipt and complete the corresponding red or blue page.

Q: Do I write food on the Daily List?

A: The Daily List is only used to write the names of places where you get food. Foods are listed on the **Red** and **Blue** pages.

Q: What happens if I forget to call?

A: If you don't call us, we will call you. It's better for you to call us at a time that is good for you. If you don't call, you will not be paid for the call.

Q: What types of foods and drinks do you want to know about?

A: All of the food that **you** and **everyone in your household** acquire during the study period. Review the list of places that you should put in Box A and B to be sure you don't forget anything. Include all the food you get, even if it comes from a place not on the list.

Q: Who needs to fill out a booklet?

A: Each person age 11 and older may fill out a booklet. An adult should write foods acquired by children under age 11 in their adult booklet.

Questions and Answers *(continued)*

Red Pages

Q: Should I estimate the amount or size?

A: No. Write the amount (for example, the number of ounces or grams) or the size (for example, small, medium, large) only if it is listed on a package or menu.

Q: What should I do if someone buys food for me?

A: If someone buys food for you, list the place where they got the food and write down \$0.00 for the total paid since the food was free.

Q: What should I do if I only paid for part of the meal?

A: If the receipt is for multiple people but you only paid for some items, circle the items that you paid for and write the amount that you paid.

Still have questions? Call us! We're here to help!

1-866-275-8659

We want to hear from you!

PLEASE call us

DAY of the week	DATE	TIME
Day 2	____ / ____ / 2010	By 8 p.m.
Day 5	____ / ____ / 2010	By 8 p.m.
Day 7	____ / ____ / 2010	By 8 p.m.

PLEASE have ALL materials for ALL household members ready and available before you call.

Our toll free number is 1-866-275-8659

Your field interviewer will return to give you your thank you gift and collect the scanner, binder and booklets on:			
_____	____ / ____ 2010	____ : ____	a.m./p.m.
DAY	DATE	TIME	

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 53 minutes per week, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.



The National Food Study is a project of the United States Department of Agriculture Economic Research Service. To learn more, go to www.usdafoodstudy.org.