

**APPENDIX O**  
**YOUTH FOOD BOOK**

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OMB Control Number:  
Expiration Date:

The U.S. Department of Agriculture's

# The National Food Study

## Youth Book

For foods you get when not with a parent or guardian



**First Day:** \_\_\_\_\_

**Last Day:** \_\_\_\_\_

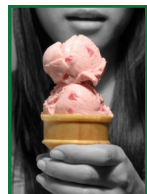
**Book for:** \_\_\_\_\_



Your household has been selected at random to participate in this study. If you agree to participate, we ask you to keep track of the meals and snacks that you get away from home for 7 days and to save receipts from your food purchases. It will take about one hour of your time during the week and you will get a gift card at the end of the week. Participation is voluntary. We are required by law to use your information for statistical research only and to keep it confidential. The law prohibits us from giving anyone any information that may identify you or your family.

**Please sign below if you agree to take part in this study.**

**Signature:** \_\_\_\_\_



# About the Study

The **National Food Study** is collecting information from households throughout the United States. This study will answer questions like:

- Where do people get their food?
- What types of food do people get?
- How often do people get food?
- How much money do people spend on food?

Your family has agreed to take part in this national study.

**Make sure that kids count!**  
**We need your help!**

For the next week we want you to keep track of all the foods and drinks you buy or get for free.

- **Use** this book to track foods and drinks that you get (don't include foods that your parent/guardian writes in their book)
- **Give** your book to your parent or guardian on days 2, 5, and 7 when they call us to report the foods your family got
- **Get** a gift card at the end of the week for completing this book
- **Help** us to make the National Food Study a big success!

Remember ... the information that you provide will be kept confidential. Your name will be removed from your book after it is received. Your answers, and all the information provided by your household, will be grouped with others.

# HOW to USE This Food Book

Follow these easy **STEPS** every day!

**1**

**START** a new **red page** for each place where get food from outside your home

**2**

**WRITE CLEARLY** and be careful when writing numbers

**3**

**DESCRIBE** each food and drink that you get

**4**

**SAVE** receipts and place them in the back pocket

**QUESTIONS? Call 1-866-275-8659**

## Remember ...

- Write down foods and drinks you got (don't include foods that your parent/guardian writes in their book)
- Write each food and drink on a separate line
- Don't tell us what you EAT, tell us what you GET!

## Ways to Describe Food and Drinks

<i>What to look for...</i>	<i>Examples...</i>
√ The <b>BRAND</b> or product name	Pepsi, Doritos, Gatorade, Dannon Yogurt
√ The <b>TYPE</b> of food	White or whole wheat bread, chicken nuggets or grilled chicken breast
√ The <b>FORM</b> of the food	Raw carrots or cooked carrots
√ The <b>FLAVOR</b>	Chocolate milk, oatmeal cookie, or vanilla yogurt
√ The <b>FAT</b> and <b>SUGAR</b>	Whole milk or 1% milk; regular or diet soda; 100% juice or fruit-flavored drink
√ Things you <b>ADDED</b>	Butter on bread, ketchup on fries, dressing on salad

Write down the **size** or **weight** if it is on the package (such as 12 oz can of soda) and how many you got (such as 2 cookies).

**Save receipts** in pocket at back page

# Meals, Snacks, and Drinks

Complete one **RED** page each time you get food or drinks outside your home

(√) DAY you got food	<input type="checkbox"/> Mon	<input checked="" 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:	School cafeteria						
Location:	School						
(√) CHECK the meal or snack	<input type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink			
TOTAL PAID (including tax)	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		<input checked="" type="checkbox"/> (√) if free				

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	Write size or amount if you know it (S,M, L or ounces, grams, lbs, etc.)	How many?	Amount paid
Bean & Cheese burrito with salsa & sour cream		1	
Spanish rice		1	
Chocolate milk - 1%	8 oz	1	

**SAMPLE**

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Name of PLACE where you got food:	McDonalds						
Location:	Cedar Street						
(√) CHECK the meal or snack	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input checked="" type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink			
TOTAL PAID (including tax)	\$	<input type="text" value="3"/>	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="checkbox"/> (√) if free		

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	Write size or amount if you know it (S,M, L or ounces, grams, lbs, etc.)	How many?	Amount paid
French fries	Large	1	\$1.89
Diet Coke	Large	1	\$1.59

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Location:							
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TOTAL PAID (including tax)	\$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input type="checkbox"/> (√) if free						

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TOTAL PAID (including tax)	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="checkbox"/> (√) if free						

Complete this section if you DO NOT have a receipt or the receipt DOES NOT list each food item

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Write down the **size** or **weight** if it is on the package (such as 12 oz can of soda) and how many you got (such as 2 cookies).

**Save receipts** in pocket at back page



# Meals, Snacks, and Drinks

Complete one **RED** page each time you get food or drinks outside your home

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Location:							
(√) CHECK the meal or snack	<input type="checkbox"/> Breakfast		<input type="checkbox"/> Lunch		<input type="checkbox"/> Dinner/Supper		<input type="checkbox"/> Snack/drink
TOTAL PAID (including tax)	\$		<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
					<input type="checkbox"/> (√) if free		

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	Write size or amount if you know it (S, M, L or ounces, grams, lbs, etc.)	How many?	Amount paid

**QUESTIONS? Call 1-866-275-8659**

## Remember ...

- Write down foods and drinks you got (don't include foods that your parent/guardian writes in their book)
- Write each food and drink on a separate line
- Don't tell us what you EAT, tell us what you GET!

## Ways to Describe Food and Drinks

<i>What to look for...</i>	<i>Examples...</i>
√ The <b>BRAND</b> or product name	Pepsi, Doritos, Gatorade, Dannon Yogurt
√ The <b>TYPE</b> of food	White or whole wheat bread, chicken nuggets or grilled chicken breast
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# Questions and Answers

**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 you get anything for free at school, from your friends, or from any other place? If yes, write that down.

**Q: What if all the food I ate came from our kitchen?**

A: Then you do not need to write anything in the book.

**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 **red page**.

**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** get during the study period. Your parent or guardian will keep track of groceries and other food that they bring home, and meals and snacks that they get away from home.

You need to track foods and drinks that you get. Don't forget the small items! Sometimes people have just chips or a drink for lunch—we want to know about that.

**Q: Who needs to fill out a book?**

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

# Questions and Answers *(continued)*

**Q: Should I estimate or guess 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 you did not pay anything.

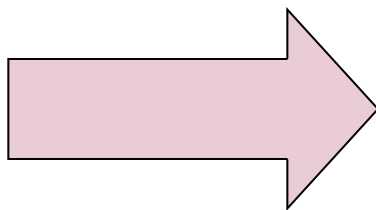
**Q: What should I do if I only paid for part of the meal?**

A: If you have a receipt but you only paid for part of the meal, 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**

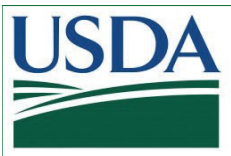
**SAVE** receipts in  
pocket







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 7 minutes per day, 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](http://www.usdafoodstudy.org).