

**APPENDIX N**  
**ADULT FOOD BOOK**

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OMB Control Number:  
Expiration Date:

The U.S. Department of Agriculture's



# The National Food Study



# Adult Book



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

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

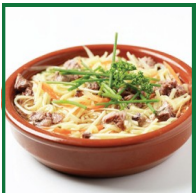
**Book for:** \_\_\_\_\_



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 foods 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. If you decide not to take part it will not affect any benefits or services received by anyone in your household. Your information will be kept private and will not be released in a form that might identify you.

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

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





# HOW to USE This Food Book

Follow these easy **STEPS** every day!

**1**

**COMPLETE** a green Daily List page. 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 primary respondent's book.

**4**

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

## **DON'T FORGET:**

**CHILDREN UNDER AGE 11** An adult member in the household must use his or her book 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 book. There is a place to write the names of each person at that meal.

# 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	Street vendor
Club	Mobile food vendor	Take-out
Coffee shop	Movie theater	Take-out meals from markets
Concession stand	Relative's home	Tavern, bar, pub
Delivery	Restaurant	Vending machines
Fast food place	Sandwich shop	

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

**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 for Household — 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)

WHO got the food	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)

WHO got the food	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	Street vendor
Club	Mobile food vendor	Take-out
Coffee shop	Movie theater	Take-out meals from markets
Concession stand	Relative's home	Tavern, bar, pub
Delivery	Restaurant	Vending machines
Fast food place	Sandwich shop	

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

**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 for Household — 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)

WHO got the food	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)

WHO got the food	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"/>

QUESTIONS? Call 1-866-275-8659

Office Use

# 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	Street vendor
Club	Mobile food vendor	Take-out
Coffee shop	Movie theater	Take-out meals from markets
Concession stand	Relative's home	Tavern, bar, pub
Delivery	Restaurant	Vending machines
Fast food place	Sandwich shop	

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

**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 for Household — 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)

WHO got the food	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)

WHO got the food	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"/>

QUESTIONS? Call 1-866-275-8659

Office Use

# 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	Street vendor
Club	Mobile food vendor	Take-out
Coffee shop	Movie theater	Take-out meals from markets
Concession stand	Relative's home	Tavern, bar, pub
Delivery	Restaurant	Vending machines
Fast food place	Sandwich shop	

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

**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 for Household — 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)

WHO got the food	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)

WHO got the food	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"/>

QUESTIONS? Call 1-866-275-8659

Office Use

# 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	Street vendor
Club	Mobile food vendor	Take-out
Coffee shop	Movie theater	Take-out meals from markets
Concession stand	Relative's home	Tavern, bar, pub
Delivery	Restaurant	Vending machines
Fast food place	Sandwich shop	

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

**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 for Household — 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)

WHO got the food	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)

WHO got the food	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"/>

QUESTIONS? Call 1-866-275-8659

Office Use

# 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	Street vendor
Club	Mobile food vendor	Take-out
Coffee shop	Movie theater	Take-out meals from markets
Concession stand	Relative's home	Tavern, bar, pub
Delivery	Restaurant	Vending machines
Fast food place	Sandwich shop	

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

**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 for Household — 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)

WHO got the food	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)

WHO got the food	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"/>

QUESTIONS? Call 1-866-275-8659

Office Use

# 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	Street vendor
Club	Mobile food vendor	Take-out
Coffee shop	Movie theater	Take-out meals from markets
Concession stand	Relative's home	Tavern, bar, pub
Delivery	Restaurant	Vending machines
Fast food place	Sandwich shop	

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

**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 for Household — 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)

WHO got the food	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)

WHO got the food	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"/>

QUESTIONS? Call 1-866-275-8659

Office Use

# 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	Street vendor
Club	Mobile food vendor	Take-out
Coffee shop	Movie theater	Take-out meals from markets
Concession stand	Relative's home	Tavern, bar, pub
Delivery	Restaurant	Vending machines
Fast food place	Sandwich shop	

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

**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 for Household — 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)

WHO got the food	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)

WHO got the food	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"/>

QUESTIONS? Call 1-866-275-8659

Office Use

# If you do not have a receipt, or foods are 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

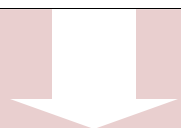
- √ If the food or drink came in a **PACKAGE** or **CONTAINER** → write down the ounces or grams listed on the container
- √ If the food or drink came in **SIZES** → write down the size you got. For example, small, medium, large, super gulp, or double gulp
- √ If the number of ounces or grams or the 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**

# 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:							
<b>(√) Check the meal or snack</b>				 <p><b>TAPE RECEIPT HERE</b></p>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <input type="text"/> <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"/> <input type="text"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
Write each food and drink on a separate line <small>Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal</small>				Write size or amount if known <small>(Ounces, grams, lbs, etc.)</small>		How many?	Amount paid

**PRACTICE**

# If you do not have a receipt, or foods are not listed on the receipt...

## Write each food and drink on a separate line

Describe each food and drink:

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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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

Office Use

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Describe each food and drink:

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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)
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## AND DON'T FORGET ...

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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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

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Office Use

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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

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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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

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Name of PLACE where you got food:							
Names of PEOPLE who ate this meal, snack, or drink:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

Office Use

# If you do not have a receipt, or foods are 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**

# 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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

Office Use

# If you do not have a receipt, or foods are 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**

# 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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

Office Use

# If you do not have a receipt, or foods are 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**



# 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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

Office Use

# If you do not have a receipt, or foods are 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**

# 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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <input type="text"/> <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"/> <input type="text"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

Office Use

# If you do not have a receipt, or foods are 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)
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- √ 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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

Office Use

# If you do not have a receipt, or foods are 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 **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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

# If you do not have a receipt, or foods are not listed on the receipt...

## Write each food and drink on a separate line

Describe each food and drink:

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- √ 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)
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- √ If the food or drink came in a **PACKAGE** or **CONTAINER** → write down the ounces or grams listed on the container
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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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

Office Use

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- √ If the food or drink came in a **PACKAGE** or **CONTAINER** → write down the ounces or grams listed on the container
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- » **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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

Office Use

# If you do not have a receipt, or foods are 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**

# 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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

Office Use

# If you do not have a receipt, or foods are 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)
- √ 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)
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- √ 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:							
<b>(√) Check the meal or snack</b>				 <b>TAPE RECEIPT HERE</b>			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
<b>(√) How did you pay? Check ALL that apply</b>							
<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					
<b>TOTAL paid</b>							
Total paid including tax and tip \$ <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"/>					
<b>(√) Did you buy food or drinks for anyone who is not in your household?</b>							
<input type="checkbox"/> No	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
<b>Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.</b>							
<b>Write each food and drink on a separate line</b> Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				<b>Write size or amount if known</b> (Ounces, grams, lbs, etc.)	<b>How many?</b>	<b>Amount paid</b>	

QUESTIONS? Call 1-866-275-8659

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. Just check the day at the top of the Daily List and leave the page blank.

### **Q: What if I got food that I didn't pay for?**

A: People get food that they don't pay for all the time. For example, cups of coffee at work, food at a friend's or relative's, etc. We want to know about these foods. List the place where you got the food and complete a red or blue page.

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

A: Remember it's not about what you eat it's about what you got. Just 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 a red or blue page.

### **Q: Do I write food on the Daily List?**

A: Use the Daily List to write the names of places where you get food. Write the foods you get on the **Red** and **Blue** pages.

### **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 week. 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 book?**

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



# 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**

**Questions? Call our toll free number: 1-866-275-8659**

<b>The field interviewer will return to give you your thank you gift and collect the books on:</b>			
_____	_____/_____ <b>2012</b>	_____:_____	<b>a.m./p.m.</b>
<b>DAY</b>	<b>DATE</b>	<b>TIME</b>	

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).