

APPENDIX M
PRIMARY RESPONDENT BOOK

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OMB Control Number:
Expiration Date:

The U.S. Department of Agriculture's



The National Food Study



Primary Respondent Book



First Day: _____

Last Day: _____

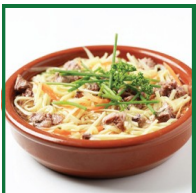
Book for: _____



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 this book and scan your foods and drinks.

4

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

DON'T FORGET:

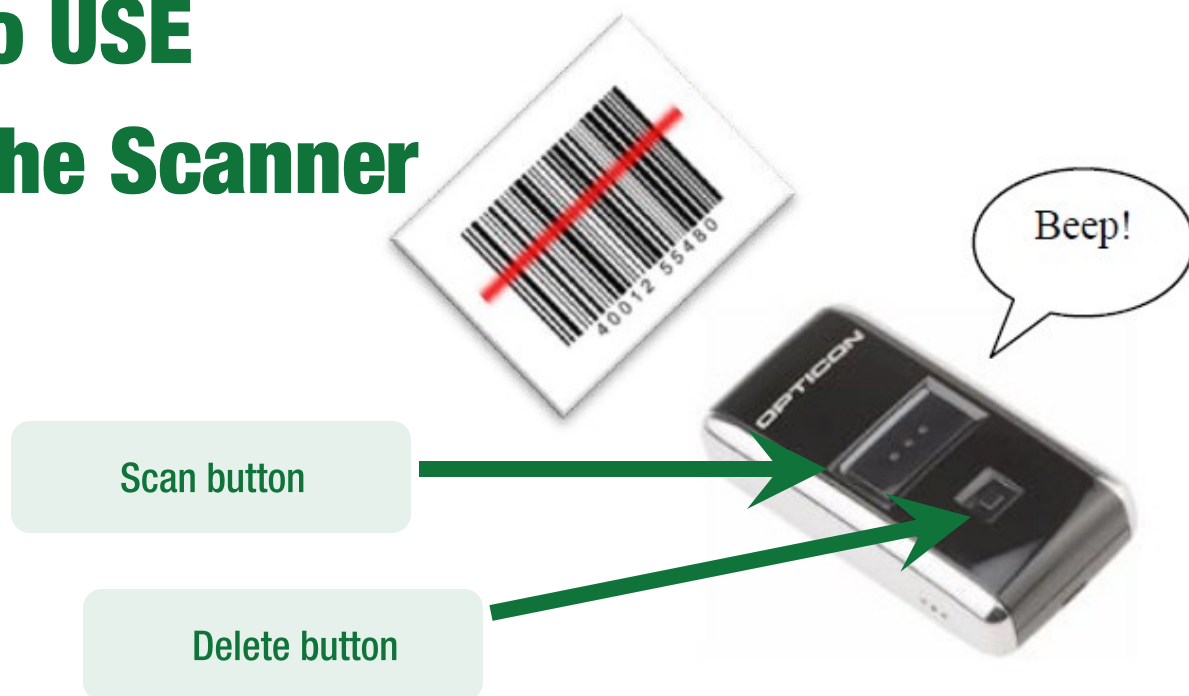
CHILDREN UNDER AGE 11 An adult member in the household must use his or her book to write down foods for children under age 11. This may include foods from school, child care, friend's homes, and any other places children get food on their own.

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.

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**.

HOW to USE the Scanner



1

POINT the scanner at a barcode. Hold it about 2 inches away and at a slight angle.

2

PRESS the scan button. Be sure the red laser line covers the entire barcode. Wait for the beep.

CAUTION: To avoid eye damage, do not stare directly into the laser beam.

DO NOT POINT THE SCANNER AT ANOTHER PERSON.

Use the DELETE button only if you scan an item more than once by mistake.

To delete, point the scanner at a barcode and press the delete button.

After you finish scanning, keep the scanner with this book until you need it again.

PRACTICE SCANNING on the Barcode Below



Practice

DAILY LIST



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"/>
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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)

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Places for box



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

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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
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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
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scan your purchases, or about the study.

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Daily List for Household — Day

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

A

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B

Groceries and other foods and drinks you brought home

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Office Use

DON'T FORGET to include . . .

Places for box



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

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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
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Places for box



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Fast food place	Sandwich shop	

Places for box



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Places for box



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Places for box



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1.		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
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3.		\$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
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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)

(√) 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

RED PAGES



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**

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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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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, or foods are not listed on the receipt...

Write each food and drink on a separate line

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(√) 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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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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							
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"/>					
(√) 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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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	

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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							
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"/>					
(√) 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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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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							
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"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
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Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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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				 <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				
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<input type="checkbox"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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, 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:							
(√) 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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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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				 <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							
Total paid including tax and tip		If you left a tip, how much?					
\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		\$ <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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
Write each food and drink on a separate line				Write size or amount if known	How many?	Amount paid	
Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal				(Ounces, grams, lbs, etc.)			

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Office Use

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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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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Office Use

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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							
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"/>					
(√) 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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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	

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Office Use

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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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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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							
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"/>					
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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							
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"/>					
(√) Did you buy food or drinks for anyone who is not in your household?							
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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)
- √ 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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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, or foods are not listed on the receipt...

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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				 <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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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(√) 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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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(√) 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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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Meals, Snacks, and Drinks You Got Outside Your Home

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(√) 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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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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							
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"/>					
(√) 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:							
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							
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"/>					
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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				 <p>TAPE RECEIPT HERE</p>			
<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"/> Other	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid							
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"/>					
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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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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, 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:							
(√) 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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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, 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)
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- √ 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

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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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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, 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 **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

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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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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Office Use

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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				 <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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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

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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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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Office Use

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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							
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"/>					
(√) 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 your receipt DOES NOT list each food item or you DO NOT have a receipt.							
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	

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Office Use

BLUE PAGES

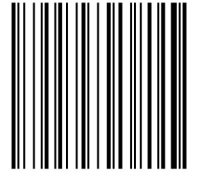


STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



Begin



- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



Oops

2

SCAN a barcode next to the picture of a **PLACE** in the “Places” section

3

SCAN ALL the **FOOD** and **DRINKS** you got from this **PLACE**



- Find the barcode on the food or drink product and scan it. If you have more than one of the same item, scan each one.
- If the product has no barcode, look for a picture of the product in this book and scan the barcode next to the picture. Scan the quantity of fruits and vegetables using the Quantity Codes.
- If the product has no barcode and it not in this book, set it aside until you get to Step 4.

4

COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

5

SCAN the **END** barcode when you are finished



End

Foods and Drinks Brought into the Home

Complete one **BLUE** page for each **PLACE** where you got food that you brought home

(√) DAY you brought food home	<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:															
Location:															
Name of PERSON who got the food:															
(√) Did you . . .				<div style="font-size: 48px; color: white; margin-bottom: 20px;">↓</div> <div style="font-size: 24px; color: white;">TAPE RECEIPT HERE</div>											
Use store or manufacturer's coupons?	<input type="checkbox"/> yes	<input type="checkbox"/> no													
Use a store loyalty card or a frequent shopper card?	<input type="checkbox"/> yes	<input type="checkbox"/> no													
Save your receipt?	<input type="checkbox"/> yes	<input type="checkbox"/> no													
Enter total paid including tax and tip	\$ _____.														
(√) How did you pay? Check ALL that apply				<div style="font-size: 48px; color: white; margin-bottom: 20px;">↓</div> <div style="font-size: 24px; color: white;">TAPE RECEIPT HERE</div>											
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card												
<input type="checkbox"/> WIC	<input type="checkbox"/> SNAP EBT amount: \$ _____.	<input type="checkbox"/> TANF EBT	<input type="checkbox"/> Free												
(√) Did you SCAN the food and drinks?								<div style="font-size: 48px; color: white; margin-bottom: 20px;">↓</div> <div style="font-size: 24px; color: white;">TAPE RECEIPT HERE</div>							
<input type="checkbox"/> ALL	<input type="checkbox"/> None	<input type="checkbox"/> Some													
List ALL foods and drinks you COULD NOT SCAN				<div style="font-size: 48px; color: white; margin-bottom: 20px;">↓</div> <div style="font-size: 24px; color: white;">TAPE RECEIPT HERE</div>											
Description (Please be as specific as possible)	Write size or amount if known (Ounces, grams, lbs, etc.)	How many?													

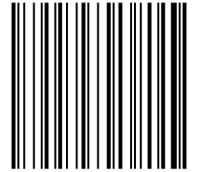
PRACTICE

STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



Begin



- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



Oops

2

SCAN a barcode next to the picture of a **PLACE** in the "Places" section

3

SCAN ALL the **FOOD** and **DRINKS** you got from this **PLACE**



- Find the barcode on the food or drink product and scan it. If you have more than one of the same item, scan each one.
- If the product has no barcode, look for a picture of the product in this book and scan the barcode next to the picture. Scan the quantity of fruits and vegetables using the Quantity Codes.
- If the product has no barcode and it not in this book, set it aside until you get to Step 4.

4

COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

5

SCAN the **END** barcode when you are finished



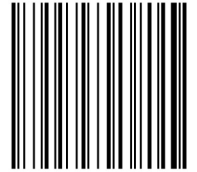
End

STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



Begin



- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



Oops

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- If the product has no barcode, look for a picture of the product in this book and scan the barcode next to the picture. Scan the quantity of fruits and vegetables using the Quantity Codes.
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COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

5

SCAN the **END** barcode when you are finished



End

Foods and Drinks Brought into the Home

Complete one **BLUE** page for each **PLACE** where you got food that you brought home

(√) DAY you brought food home	<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:							
Location:							
Name of PERSON who got the food:							
(√) Did you . . .							
Use store or manufacturer's coupons?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Use a store loyalty card or a frequent shopper card?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Save your receipt?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Enter total paid including tax and tip	\$ _____.						
(√) 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"/> WIC	<input type="checkbox"/> SNAP EBT amount: \$ _____.		<input type="checkbox"/> TANF EBT		<input type="checkbox"/> Free		
(√) Did you SCAN the food and drinks?							
<input type="checkbox"/> ALL		<input type="checkbox"/> None			<input type="checkbox"/> Some		
List ALL foods and drinks you COULD NOT SCAN							
Description (Please be as specific as possible)	Write size or amount if known (Ounces, grams, lbs, etc.)			How many?			

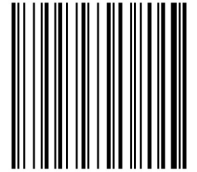


STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



Begin



- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



Oops

2

SCAN a barcode next to the picture of a **PLACE** in the “Places” section

3

SCAN ALL the **FOOD** and **DRINKS** you got from this **PLACE**



- Find the barcode on the food or drink product and scan it. If you have more than one of the same item, scan each one.
- If the product has no barcode, look for a picture of the product in this book and scan the barcode next to the picture. Scan the quantity of fruits and vegetables using the Quantity Codes.
- If the product has no barcode and it not in this book, set it aside until you get to Step 4.

4

COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

5

SCAN the **END** barcode when you are finished



End

Foods and Drinks Brought into the Home

Complete one **BLUE** page for each **PLACE** where you got food that you brought home

(√) DAY you brought food home	<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:							
Location:							
Name of PERSON who got the food:							
(√) Did you . . .							
Use store or manufacturer's coupons?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Use a store loyalty card or a frequent shopper card?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Save your receipt?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Enter total paid including tax and tip	\$ _____.						
(√) 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"/> WIC	<input type="checkbox"/> SNAP EBT amount: \$ _____.		<input type="checkbox"/> TANF EBT		<input type="checkbox"/> Free		
(√) Did you SCAN the food and drinks?							
<input type="checkbox"/> ALL		<input type="checkbox"/> None			<input type="checkbox"/> Some		
List ALL foods and drinks you COULD NOT SCAN							
Description (Please be as specific as possible)	Write size or amount if known (Ounces, grams, lbs, etc.)			How many?			

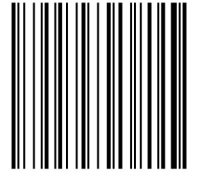


STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



Begin



- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



Oops

2

SCAN a barcode next to the picture of a **PLACE** in the “Places” section

3

SCAN ALL the **FOOD** and **DRINKS** you got from this **PLACE**



- Find the barcode on the food or drink product and scan it. If you have more than one of the same item, scan each one.
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- If the product has no barcode and it not in this book, set it aside until you get to Step 4.

4

COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

5

SCAN the **END** barcode when you are finished



End

Foods and Drinks Brought into the Home

Complete one **BLUE** page for each **PLACE** where you got food that you brought home

(√) DAY you brought food home	■ Mon	■ Tue	■ Wed	■ Thu	■ Fri	■ Sat	■ Sun
Name of PLACE where you got food:							
Location:							
Name of PERSON who got the food:							
(√) Did you . . .							
Use store or manufacturer's coupons?			<input type="checkbox"/> yes		<input type="checkbox"/> no		
Use a store loyalty card or a frequent shopper card?			<input type="checkbox"/> yes		<input type="checkbox"/> no		
Save your receipt?			<input type="checkbox"/> yes		<input type="checkbox"/> no		
Enter total paid including tax and tip			\$ _____.				
(√) 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"/> WIC		<input type="checkbox"/> SNAP EBT amount: \$ _____.		<input type="checkbox"/> TANF EBT		<input type="checkbox"/> Free	
(√) Did you SCAN the food and drinks?							
<input type="checkbox"/> ALL		<input type="checkbox"/> None			<input type="checkbox"/> Some		
List ALL foods and drinks you COULD NOT SCAN							
Description (Please be as specific as possible)					Write size or amount if known (Ounces, grams, lbs, etc.)		How many?

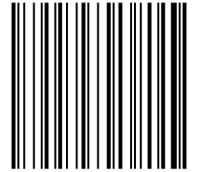


STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



Begin



- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



Oops

2

SCAN a barcode next to the picture of a **PLACE** in the “Places” section

3

SCAN ALL the **FOOD** and **DRINKS** you got from this **PLACE**



- Find the barcode on the food or drink product and scan it. If you have more than one of the same item, scan each one.
- If the product has no barcode, look for a picture of the product in this book and scan the barcode next to the picture. Scan the quantity of fruits and vegetables using the Quantity Codes.
- If the product has no barcode and it not in this book, set it aside until you get to Step 4.

4

COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

5

SCAN the **END** barcode when you are finished



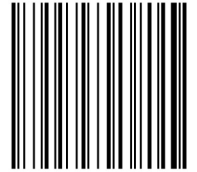
End

STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



Begin



- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



Oops

2

SCAN a barcode next to the picture of a **PLACE** in the “Places” section

3

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- Find the barcode on the food or drink product and scan it. If you have more than one of the same item, scan each one.
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- If the product has no barcode and it not in this book, set it aside until you get to Step 4.

4

COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

5

SCAN the **END** barcode when you are finished



End

Foods and Drinks Brought into the Home

Complete one **BLUE** page for each **PLACE** where you got food that you brought home

(√) DAY you brought food home	<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:							
Location:							
Name of PERSON who got the food:							
(√) Did you . . .							
Use store or manufacturer's coupons?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Use a store loyalty card or a frequent shopper card?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Save your receipt?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Enter total paid including tax and tip	\$ _____.						
(√) 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"/> WIC	<input type="checkbox"/> SNAP EBT amount: \$ _____.		<input type="checkbox"/> TANF EBT		<input type="checkbox"/> Free		
(√) Did you SCAN the food and drinks?							
<input type="checkbox"/> ALL		<input type="checkbox"/> None			<input type="checkbox"/> Some		
List ALL foods and drinks you COULD NOT SCAN							
Description (Please be as specific as possible)					Write size or amount if known (Ounces, grams, lbs, etc.)	How many?	

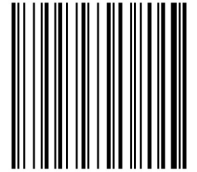


STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



Begin



- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



Oops

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COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

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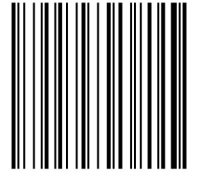
End

STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



Begin



- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



Oops

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SCAN a barcode next to the picture of a **PLACE** in the "Places" section

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COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

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SCAN the **END** barcode when you are finished



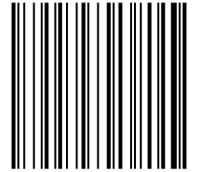
End

STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



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- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



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COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

5

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End

Foods and Drinks Brought into the Home

Complete one **BLUE** page for each **PLACE** where you got food that you brought home

(√) DAY you brought food home	<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:							
Location:							
Name of PERSON who got the food:							
(√) Did you . . .							
Use store or manufacturer's coupons?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Use a store loyalty card or a frequent shopper card?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Save your receipt?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Enter total paid including tax and tip	\$ _____.						
(√) 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"/> WIC	<input type="checkbox"/> SNAP EBT amount: \$ _____.		<input type="checkbox"/> TANF EBT		<input type="checkbox"/> Free		
(√) Did you SCAN the food and drinks?							
<input type="checkbox"/> ALL		<input type="checkbox"/> None			<input type="checkbox"/> Some		
List ALL foods and drinks you COULD NOT SCAN							
Description (Please be as specific as possible)	Write size or amount if known (Ounces, grams, lbs, etc.)			How many?			

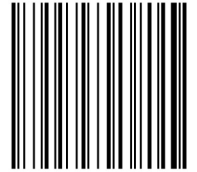


STEP-by-STEP Guide

When you bring Food and Drinks Home...

1

SCAN the **BEGIN** barcode



Begin



- If you forgot to scan BEGIN before scanning your groceries, scan here and continue to steps 2, 4 and 5. There's no need to rescan your groceries.



Oops

2

SCAN a barcode next to the picture of a **PLACE** in the "Places" section

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- Find the barcode on the food or drink product and scan it. If you have more than one of the same item, scan each one.
- If the product has no barcode, look for a picture of the product in this book and scan the barcode next to the picture. Scan the quantity of fruits and vegetables using the Quantity Codes.
- If the product has no barcode and it not in this book, set it aside until you get to Step 4.

4

COMPLETE a blue page. **LIST** the food and drinks you could not scan at the bottom of the page. **ATTACH** your receipt.

5

SCAN the **END** barcode when you are finished



End

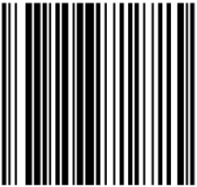


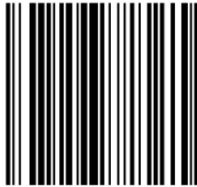

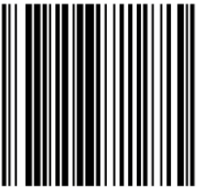



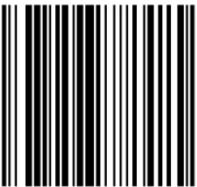

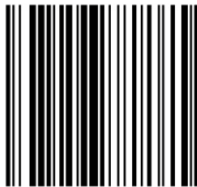

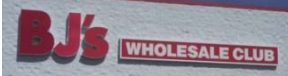
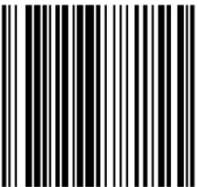

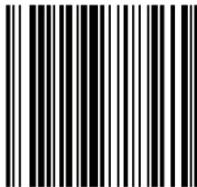






Foods and Drinks Brought into the Home

Complete one **BLUE** page for each **PLACE** where you got food that you brought home

(√) DAY you brought food home	<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:							
Location:							
Name of PERSON who got the food:							
(√) Did you . . .							
Use store or manufacturer's coupons?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Use a store loyalty card or a frequent shopper card?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Save your receipt?	<input type="checkbox"/> yes		<input type="checkbox"/> no				
Enter total paid including tax and tip	\$ _____.						
(√) 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"/> WIC	<input type="checkbox"/> SNAP EBT amount: \$ _____.		<input type="checkbox"/> TANF EBT		<input type="checkbox"/> Free		
(√) Did you SCAN the food and drinks?							
<input type="checkbox"/> ALL		<input type="checkbox"/> None			<input type="checkbox"/> Some		
List ALL foods and drinks you COULD NOT SCAN							
Description (Please be as specific as possible)					Write size or amount if known (Ounces, grams, lbs, etc.)		How many?



PLACES – Scan a place before scanning food from that place




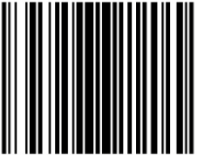
















<p>Convenience store, corner store, bodega</p>    <p>P-1001</p>	<p>Grocery store or supermarket</p>   <p>P-1006</p>
<p>Big box or discount store</p>    <p>P-1002</p>	<p>Liquor or package store</p>   <p>P-1007</p>
<p>Drug store or pharmacy</p>   <p>P-1003</p>	<p>Wholesale club</p>    <p>P-1008</p>
<p>Farmers' market / farm stand</p>   <p>P-1004</p>	<p>Garden, hunting, fishing</p>     <p>P-1009</p>
<p>Food bank or pantry</p>   <p>P-1005</p>	<p>Other place</p>  <p>Bakery, delicatessen (deli), fish or meat market, or any other store not listed.</p> <p>P-1010</p>



BULK FOODS

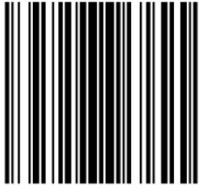


BULK FOODS: Dried Fruit

<p>Apple slices</p>  <p>M-9001</p> 	<p>Mangos</p>  <p>M-9007</p> 
<p>Apricots</p>  <p>M-9002</p> 	<p>Papayas</p>  <p>M-9008</p> 
<p>Banana chips</p>  <p>M-9003</p> 	<p>Pineapples</p>  <p>M-9009</p> 
<p>Cranberries</p>  <p>M-9004</p> 	<p>Prunes</p>  <p>M-9010</p> 
<p>Dates</p>  <p>M-9005</p> 	<p>Raisins</p>  <p>M-9011</p> 
<p>Figs</p>  <p>M-9006</p> 	

BULK FOODS: Candy

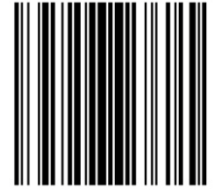
Bubblegum



M-9070



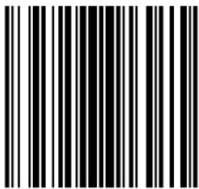
Chocolate-covered fruit



M-9075



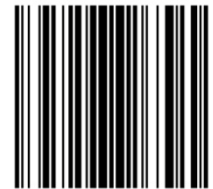
Butterscotch



M-9071



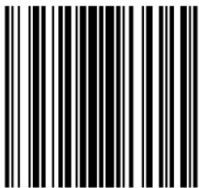
Chocolate-covered nuts



M-9076



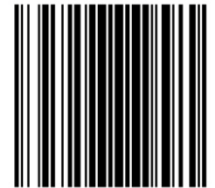
Candy corn



M-9072



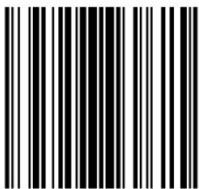
Chocolate-covered pretzels



M-9077



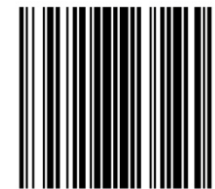
Caramels



M-9073



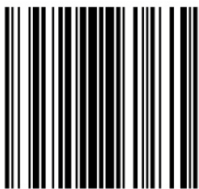
Chocolate-covered raisins



M-9078



Chocolates



M-9074



Gummies

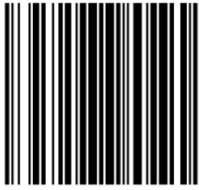


M-9079



BULK FOODS: Candy

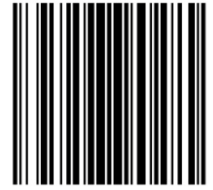
Hard candy



M-9080



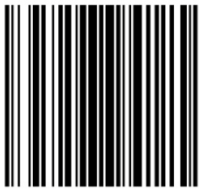
Peppermints



M-9085



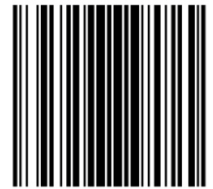
Jawbreakers



M-9081



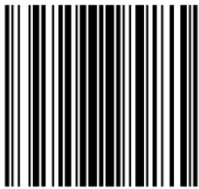
Sour balls



M-9086



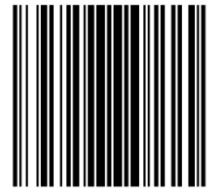
Jelly beans



M-9082



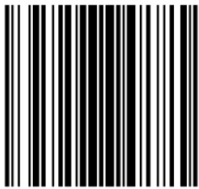
Toffee



M-9087



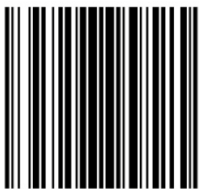
Licorice



M-9083



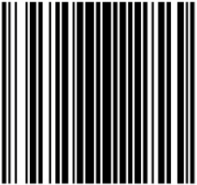

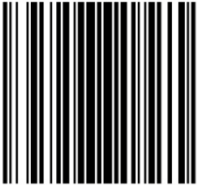
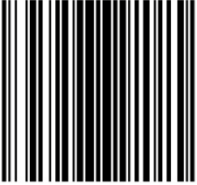
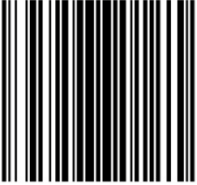

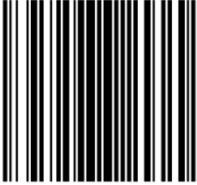
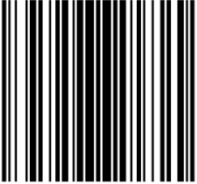


Mints



M-9084

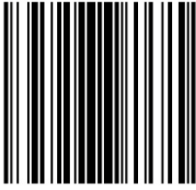


BULK FOODS: Grains & Rice

<p>Barley</p>  <p>M-9023</p>	<p>PICTURE NOT AVAILABLE</p>		<p>Flax</p>  <p>M-9028</p>
<p>Bulgur wheat</p>  <p>M-9024</p>			<p>Granola</p>  <p>M-9029</p>
<p>Buckwheat</p>  <p>M-9025</p>	<p>PICTURE NOT AVAILABLE</p>		<p>Millet</p>  <p>M-9030</p>
<p>Cornmeal</p>  <p>M-9026</p>			<p>Popcorn</p>  <p>M-9031</p>
<p>Cracked wheat</p>  <p>M-9027</p>			<p>Quinoa</p>  <p>M-9032</p>

BULK FOODS: Grains & Rice

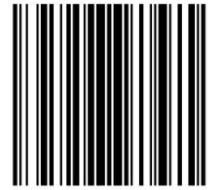
Rice, Basmati



M-9033



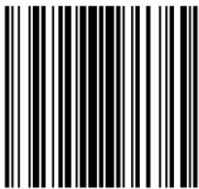
Oats, steel cut



M-9038



Rice, Brown



M-9034



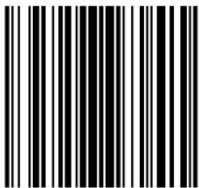
Rye



M-9039



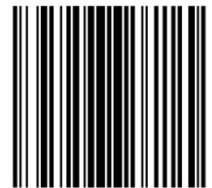
Rice, White



M-9035



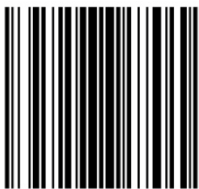
Spelt



M-9040



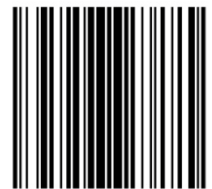
Rice, Wild



M-9036



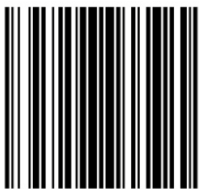
Wheat



M-9041



Oats, rolled

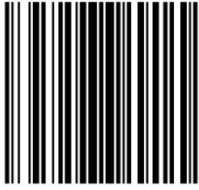


M-9037



BULK FOODS: Nuts & Seeds

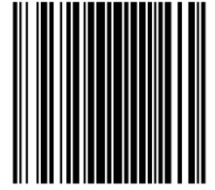
Almonds



M-9043



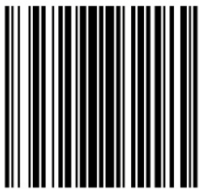
Flax seeds



M-9048



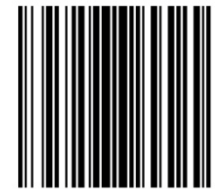
Brazil nuts



M-9044



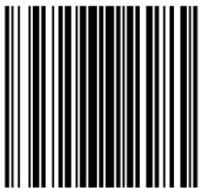
Hazelnuts / Filberts



M-9049



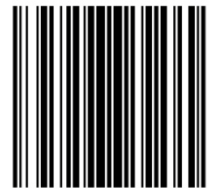
Cashews



M-9045



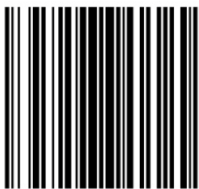
Hemp seeds



M-9050



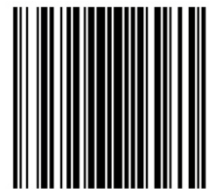
Chestnuts



M-9046



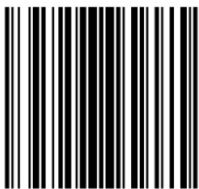
Macadamia nuts



M-9051



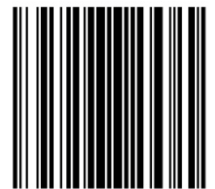
Coconut



M-9047



Mixed nuts

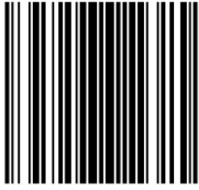


M-9052



BULK FOODS: Nuts & Seeds

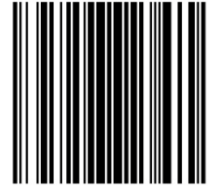
Peanuts



M-9053



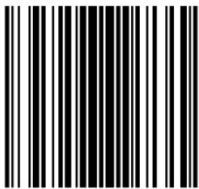
Sesame seeds



M-9058



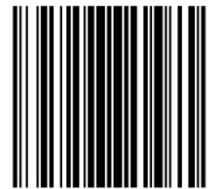
Pecans



M-9054



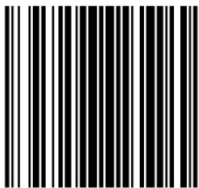
Soy nuts



M-9059



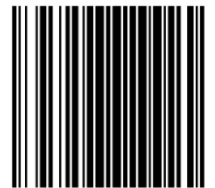
Pine nuts



M-9055



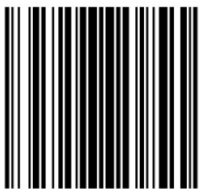
Sunflower seeds



M-9060



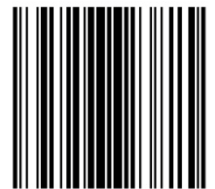
Pistachios



M-9056



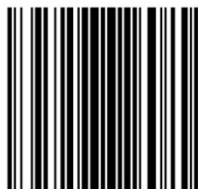
Walnuts



M-9061

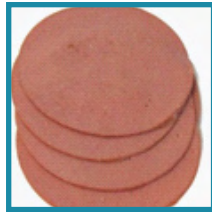


Pumpkin seeds (Pepitas)



M-9057



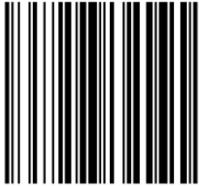


DELI FOODS



DELI CHEESE

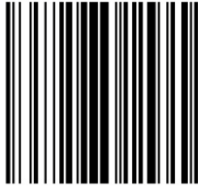
American



D-6342



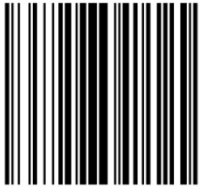
Provolone



D-6201



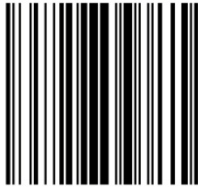
Cheddar



D-6229



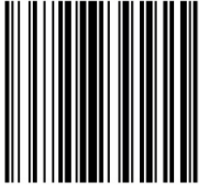
Swiss



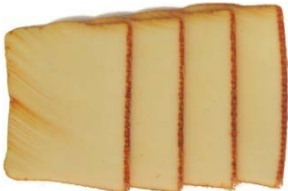
D-6297



Muenster

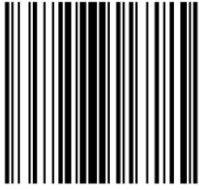


D-6155



DELI MEAT

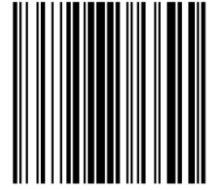
Bologna



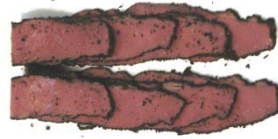
D-5571



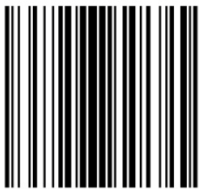
Pastrami



D-5865



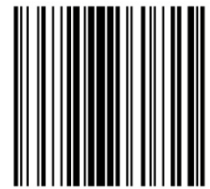
Corned beef



D-5721



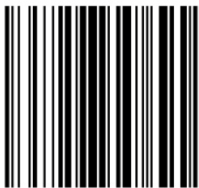
Pepperoni



D-5874



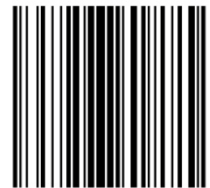
Frankfurters



D-5588



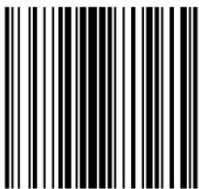
Roast beef



D-5728



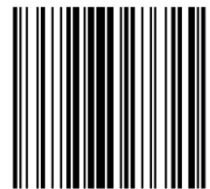
Ham



D-5738



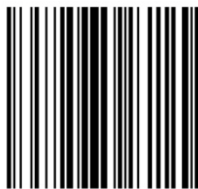
Salami



D-5641



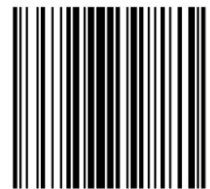
Liverwurst or Braunsweiger



D-5669



Turkey breast

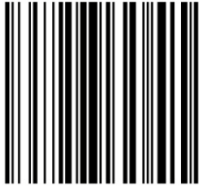


D-5827



DELI SALADS

Ambrosia Salad



D-7152



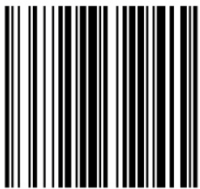
Cole Slaw



D-7072



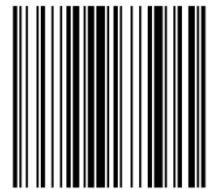
Bean Salad



D-7053



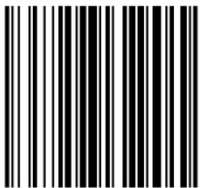
Crab Salad



D-7135



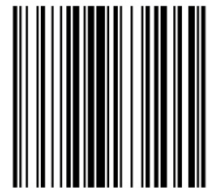
Caesar Salad



D-7153



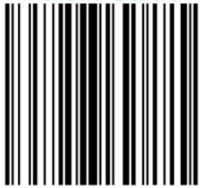
Deviled Eggs



D-7167



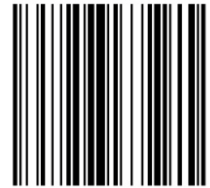
Carrot & Raisin Salad



D-7158



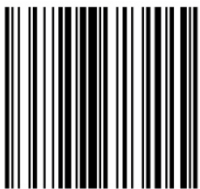
Egg Salad



D-7168



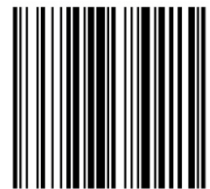
Chicken Salad



D-7061



Fruit Salad

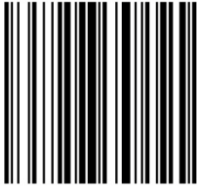


D-7081



DELI SALADS

Fruit Salad w/ Jello



D-7088



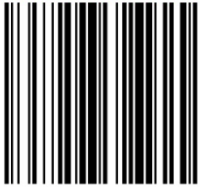
Pasta Salad, Chicken



D-7107



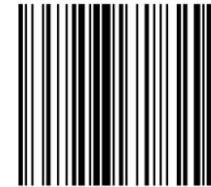
Fruit Salad w/
Jello/Marshmallows



D-7089



Pasta Salad, Ham



D-7108



Ham Salad



D-7099



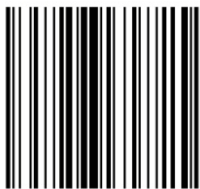
Pasta Salad,
Ham & Cheese



D-7109



Lobster Salad



D-7137



Pasta Salad, Seafood



D-7110



Pasta Salad



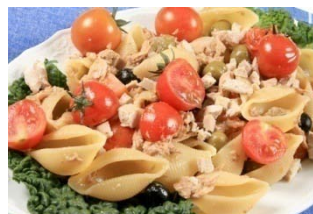
D-7105



Pasta Salad, Tuna

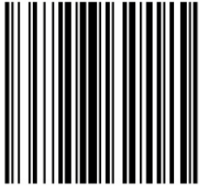


D-7111



DELI SALADS

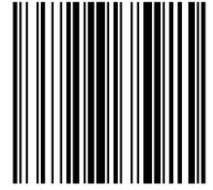
Potato Salad



D-7121



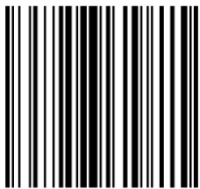
Rice Salad



D-7182



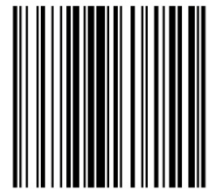
Potato Salad, Dill



D-7122



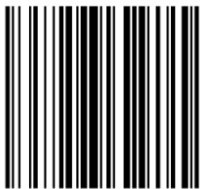
Shrimp Salad



D-7140



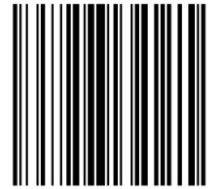
Potato Salad, German



D-7123



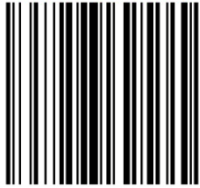
Tuna Salad



D-7142



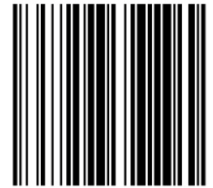
Potato Salad,
Red Potatoes



D-7127



Waldorf Salad



D-7090

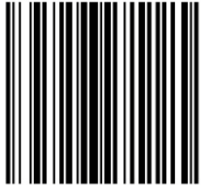


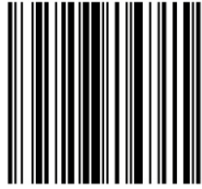
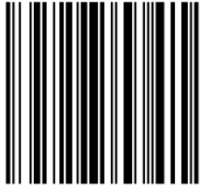


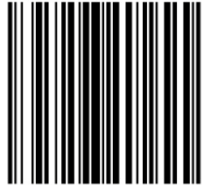
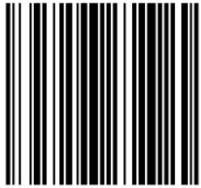


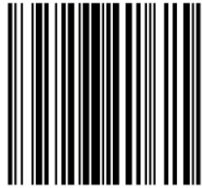
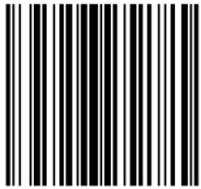


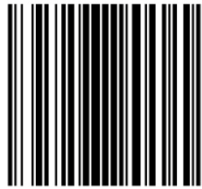
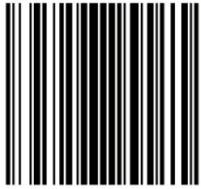







FRUITS and VEGETABLES

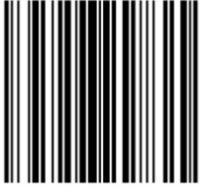


FRUITS & VEGETABLES: Alfalfa Sprouts – Bean Sprouts

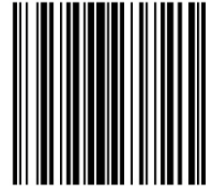
<p>Alfalfa Sprouts</p> 			<p>Asparagus</p> 
<p>Apple</p> 	 <p>Scan quantity code</p>	 <p>Scan quantity code</p>	<p>Avocado</p> 
<p>Apricot</p> 	 <p>Scan quantity code</p>	 <p>Scan quantity code</p>	<p>Banana</p> 
<p>Artichoke</p> 	 <p>Scan quantity code</p>		<p>Basil</p> 
<p>Arugula</p> 			<p>Bean Sprouts (Mung)</p> 

FRUITS & VEGETABLES: Beans – Bok Choy

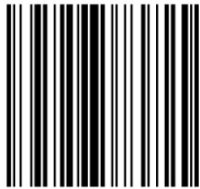
Beans, Chinese Long/Snake



Beets



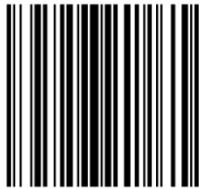
Beans, Green



**BERRIES
SEE NEXT PAGE**



Beans, Lima



Bitter Melon/
Bitter Gourd



Scan quantity code

Beans, Wax/Yellow



Bok Choy (Pak Choy)



Scan quantity code

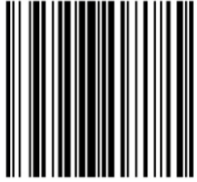
Beet Greens



FRUITS & VEGETABLES: Berries

BERRIES

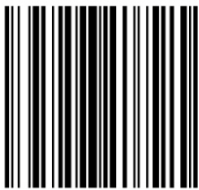
Blackberries



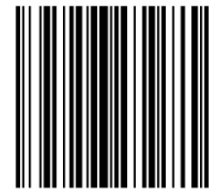
Loganberries



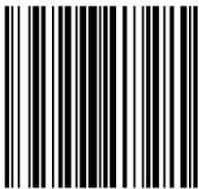
Blueberries



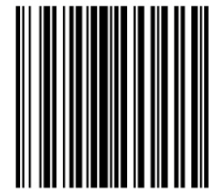
Raspberries



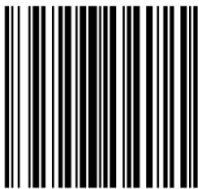
Boysenberries



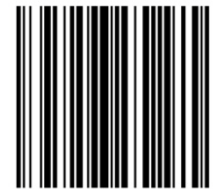
Strawberries, Pint



Cranberries



Strawberries, Quart



Gooseberries

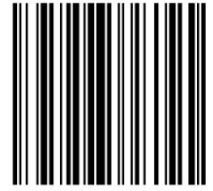


FRUITS & VEGETABLES: Broccoflower – Carrot Sticks

Broccoflower/
Caulibroccoli

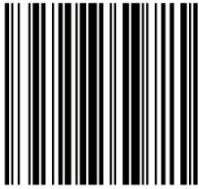


Cabbage, Green

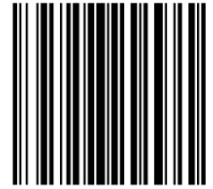


Scan quantity code

Broccoli

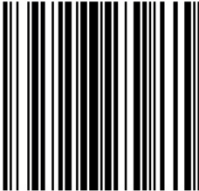


Cabbage, Red

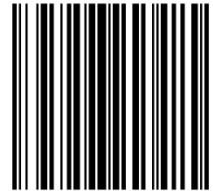


Scan quantity code

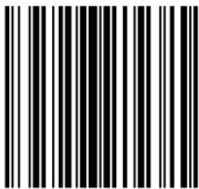
Broccoli Rabe
(Italian Rapini)



Cactus Leaves
(Nopales)



Brussels Sprouts



Cantaloupe
(Muskmelon)



Scan quantity code

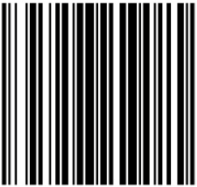


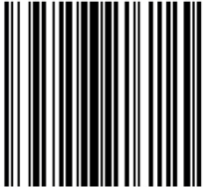
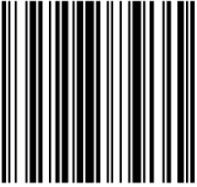







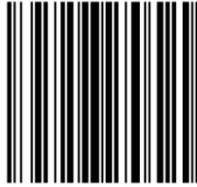


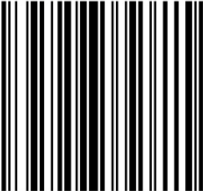
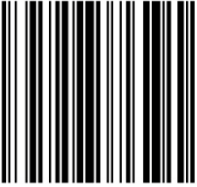


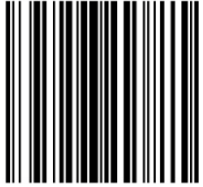
Cabbage, Chinese



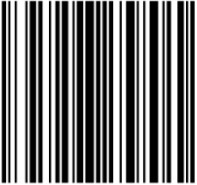


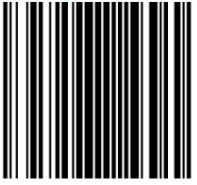
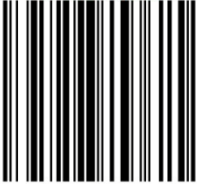


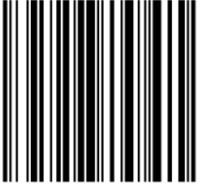
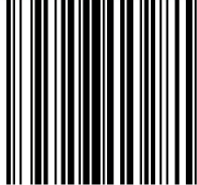









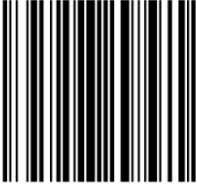
Carrot Sticks



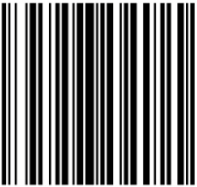

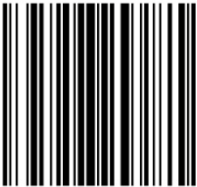

















FRUITS & VEGETABLES: Carrots – Cherries

<p>Carrot</p>   <p>Scan quantity code</p>	 <p>Celery Sticks</p> 
<p>Carrots, Baby</p>   <p>Scan quantity code</p>	 <p>Celery, Hearts</p> 
<p>Cauliflower</p>   <p>Scan quantity code</p>	 <p>Chard</p> 
<p>Celery Root/Celeriac</p>   <p>Scan quantity code</p>	 <p>Cherries, Red or black</p> 
<p>Celery, Bunch</p>   <p>Scan quantity</p>	 <p>Cherries, White</p> 

FRUITS & VEGETABLES: Chervil – Corn

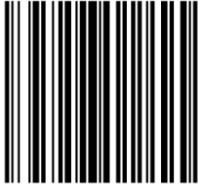
<p>Chervil</p>  	<p>Cilantro (Chinese Parsley/Coriander)</p>  
<p>Chick Peas/ Garbanzo</p>  	<p>Clementine</p>   <p>Scan quantity code</p>
<p>Chinese Okra, Red, Regular (green)</p>  	<p>Coconut</p>   <p>Scan quantity code</p>
<p>Chives</p>  	<p>Collards</p>  
<p>Choy Sum/ Pak Choy Sum</p>  	<p>Corn</p>   <p>Scan quantity code</p>

FRUITS & VEGETABLES: Cranberries – Eggplant

<p>Cranberries</p>  	<p>Daikon (Radish)</p>   <p>Scan quantity code</p>
<p>Cucumber, English/Long</p>   <p>Scan quantity code</p>	<p>Date</p>  
<p>Cucumber, Pickling/Gherkin</p>   <p>Scan quantity code</p>	<p>Dill</p>  
<p>Cucumber, Regular</p>   <p>Scan quantity code</p>	<p>Eggplant, Baby</p>   <p>Scan quantity code</p>
<p>Currants, Black or Red</p>  	<p>Eggplant, Chinese</p>   <p>Scan quantity code</p>

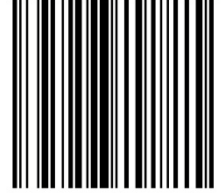
FRUITS & VEGETABLES: Eggplant (*cont.*) – Ginger Root

Eggplant, Japanese

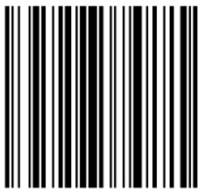


Scan quantity code

Escarole/
Batavian Chicory

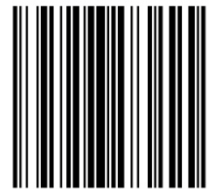


Eggplant, Regular



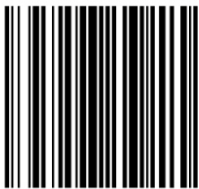
Scan quantity code

Fig



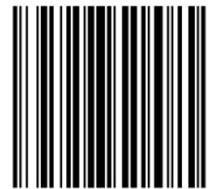
Scan quantity code

Eggplant, Thai



Scan quantity code

Filbert



Scan quantity code

Eggplant, White

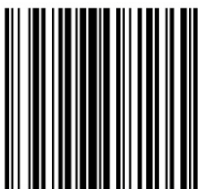


Scan quantity code

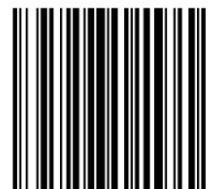
Garlic



Endive/Chicory

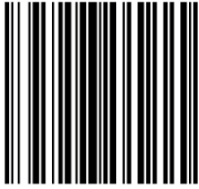


Ginger Root

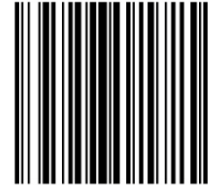


FRUITS & VEGETABLES: Gooseberries – Guava

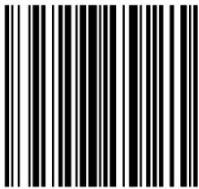
Gooseberries



Greens, Collard

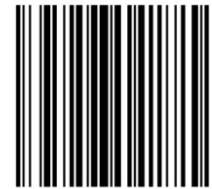


Grapefruit

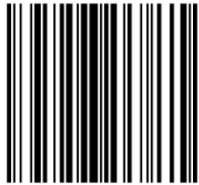


Scan quantity code

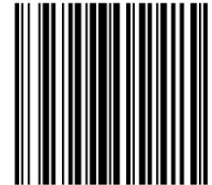
Greens, Dandelion



Grapes,
Blue/Black/Red



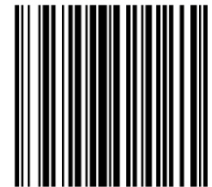
Greens, Mustard



Grapes,
White/Green



Greens, Turnip



Greens, beets

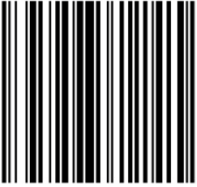


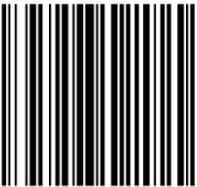

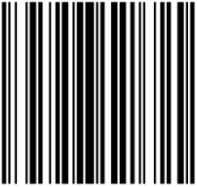
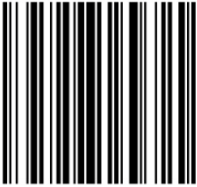

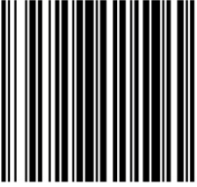

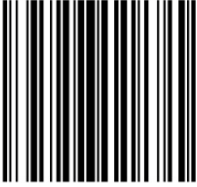
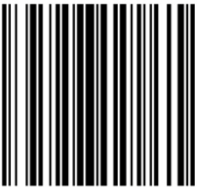

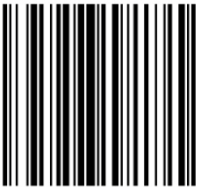
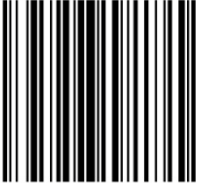


Guava

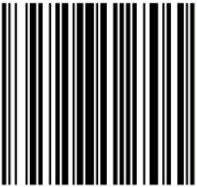


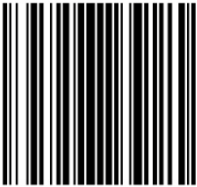
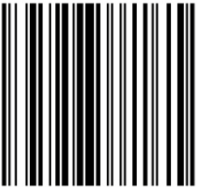


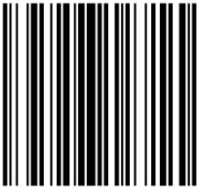
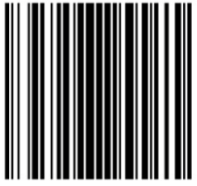


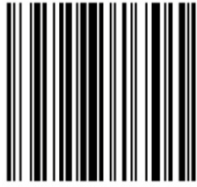
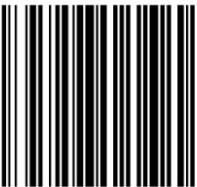


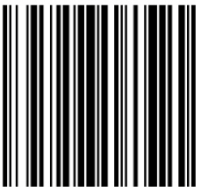



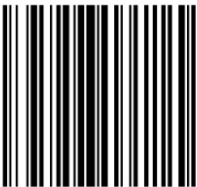


Scan quantity code

FRUITS & VEGETABLES: Guineito – Kumquat

<p>Guineito</p>  	<p>Kale</p>  
<p>Homli Fruit</p>  <p>PICTURE NOT AVAILABLE</p>	<p>Kiwano (Horned Melon)</p>  <p>Scan quantity code</p> 
<p>Honeydew melon</p>  <p>PICTURE NOT AVAILABLE</p> <p>Scan quantity code</p>	<p>Kiwifruit</p>  <p>Scan quantity code</p> 
<p>Horseradish Root</p>  	<p>Kohlrabi</p>  
<p>Jicama/Yam Bean</p>  	<p>Kumquat</p>  

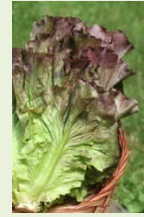
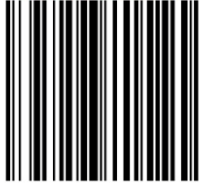
FRUITS & VEGETABLES: Leek – Lettuce

<p>Leek</p>   <p>Scan quantity code</p>	 <p>Lemon Grass</p> 
<p>Lemon</p>   <p>Scan quantity code</p>	<p>LETTUCE</p>  <p>Catalogna Lettuce</p> 
<p>LETTUCE</p> <p>Arugula/Rocket</p>  	<p>Green Leaf Lettuce</p>  <p>Scan quantity code (# heads)</p> 
<p>Bibb Lettuce</p>   <p>Scan quantity code (# heads)</p>	<p>Hydroponic</p>  <p>Scan quantity code (# heads)</p> 
<p>Boston/Butter Lettuce</p>   <p>Scan quantity code (# heads)</p>	<p>Iceberg Lettuce</p>  <p>Scan quantity code (# heads)</p> 

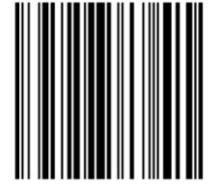
FRUITS & VEGETABLES: Lettuce (cont.) – Mint

LETTUCE

Mixed Small-Leaf Salad Lettuce

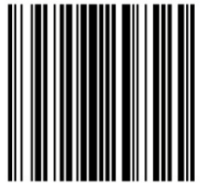


Red Leaf Lettuce



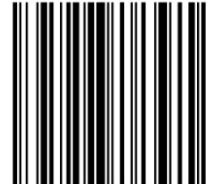
Scan quantity code (# heads)

Romaine Lettuce



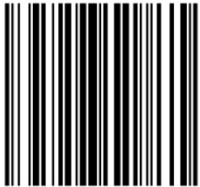
Scan quantity code (# heads)

Mango



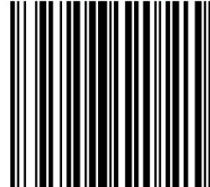
Scan quantity code

Limequat



PICTURE NOT AVAILABLE

Melon, Cantaloupe/ Muskmelon



Scan quantity code

Lime



Scan quantity code

Melon, Honeydew



Scan quantity code

Loganberries



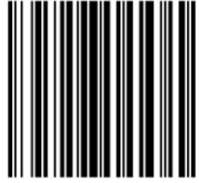
Mint



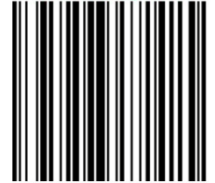
FRUITS & VEGETABLES: Mushrooms

MUSHROOMS

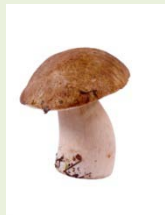
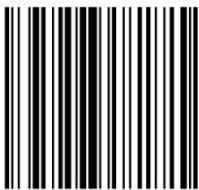
Black Forest



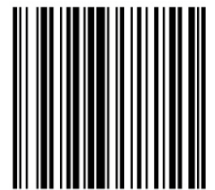
Fairy Ring
Champignon



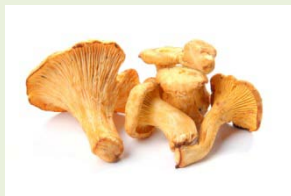
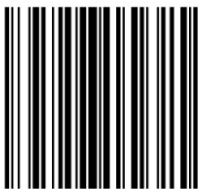
Cep



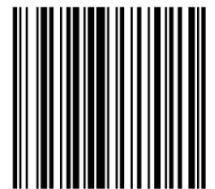
Grey



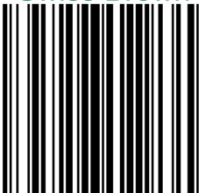
Chanterelle



Grisette



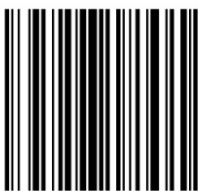
Cremini/Brown/
Swiss Brown



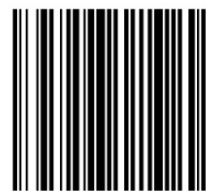
Horn of Plenty/
Black Trumpet



Enoki



Morel



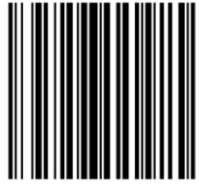
FRUITS & VEGETABLES: Mushrooms – Okra

<p>MUSHROOMS</p> <p>Oyster</p>  	<p>Mustard greens</p>  
<p>Pioppino</p>  <p>PICTURE NOT AVAILABLE</p>	<p>Nectarine</p>   <p>Scan quantity code</p>
<p>Portabella</p>  	<p>Okra</p>  
<p>Regular Button</p>  	
<p>Shiitake</p>  	

FRUITS & VEGETABLES: Bulb Onion – Yellow/Brown Onion

ONIONS

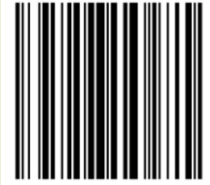
Bulb onion



Scan quantity code

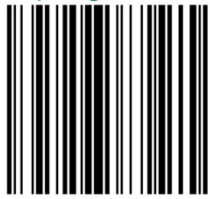


Shallot



Scan quantity code

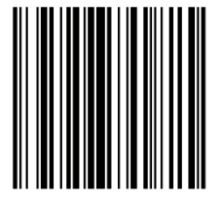
Green (Scallions)/
Spring Onions



Scan quantity code of

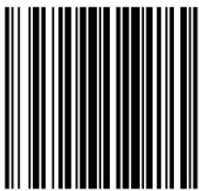


Vidalia onion

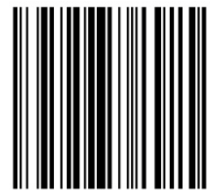


Scan quantity code

Pearl onion



Walla Walla onion



Scan quantity code

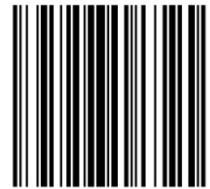
Pickling, White onion



Scan quantity code

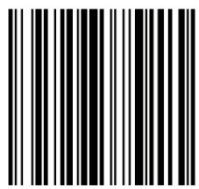


White onion



Scan quantity code

Red onion



Scan quantity code

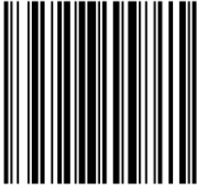

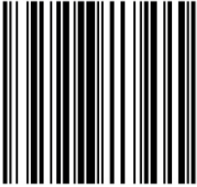

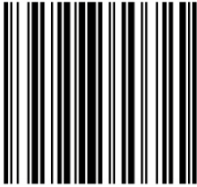

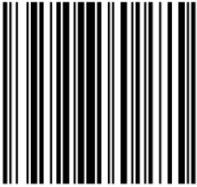

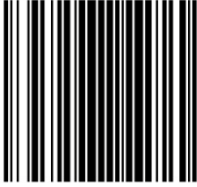

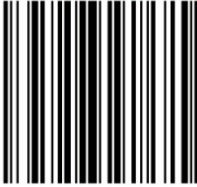





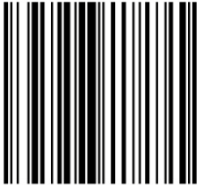

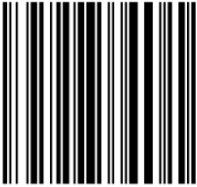



Yellow/Brown onion



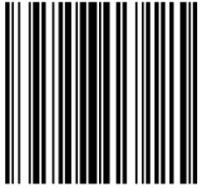
Scan quantity code

FRUITS & VEGETABLES: Orange – Peas

<p>Orange</p>   <p>Scan quantity code</p>	<p>Peach</p>   <p>Scan quantity code</p>
<p>Papaya/Pawpaw</p>   <p>Scan quantity code</p>	<p>Pear</p>   <p>Scan quantity code</p>
<p>Parsley</p>   <p>Scan quantity code</p>	<p>Pears, Asian/Japanese</p>   <p>Scan quantity code</p>
<p>Parsnip</p>   <p>Scan quantity code</p>	<p>Peas, Green</p>   <p>Scan quantity code</p>
<p>Passion Fruit</p>   <p>Scan quantity code</p>	<p>Peas, Snow Pea</p>   <p>Scan quantity code</p>

FRUITS & VEGETABLES: Peas (*cont.*) – Peppers

Peas, Sugar Snap



PEPPERS

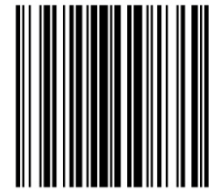
Anaheim
(Green and Red)



Scan quantity code

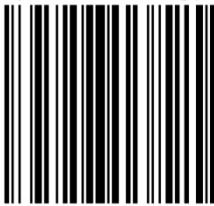


Cubanelle



Scan quantity code

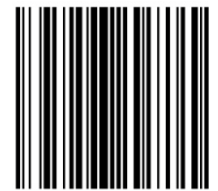
Banana
(Yellow Long)



Scan quantity code



Elongated



Scan quantity code

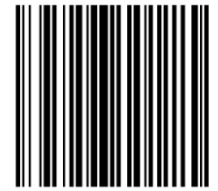
Bell pepper



Scan quantity code

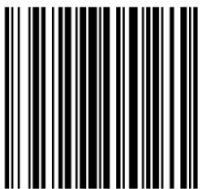


Habanero



Scan quantity code

Chili, dried



Scan quantity code



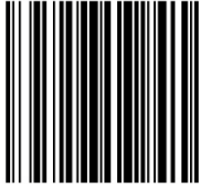


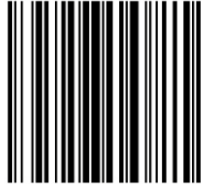
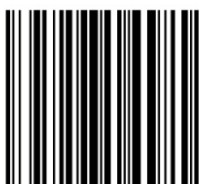








Hot
(Hungarian Hot)



Scan quantity code

FRUITS & VEGETABLES: Peppers (cont.)

PEPPERS

<p>Hot Mixed</p> 	 <p>Scan quantity code</p>	 <p>Scan quantity code</p>	<p>Long Hot, green</p> 
<p>Hungarian Wax</p> 	 <p>Scan quantity code</p>	 <p>Scan quantity code</p>	<p>Long Hot, red</p> 
<p>Jalapeno, green</p> 	 <p>Scan quantity code</p>	 <p>Scan quantity code</p>	<p>Morita Chili</p> 
<p>Jalapeno, red</p> 	 <p>Scan quantity code</p>	<p>PICTURE NOT AVAILABLE</p> <p>Scan quantity code</p>	<p>Negro</p> 
<p>Japanese</p> 	<p>PICTURE NOT AVAILABLE</p> <p>Scan quantity code</p>	 <p>Scan quantity code</p>	<p>New Mexico</p> 

FRUITS & VEGETABLES: Peppers (cont.) - Persimmon

PEPPERS

<p>Pasilla</p> 			<p>Red Finger</p> 
<p>Pasilla Pod</p> 			<p>Red Pimiento/ Red Sweet Long</p> 
<p>Pinole</p> 	<p>PICTURE NOT AVAILABLE</p>		<p>Serrano</p> 
<p>Poblano</p> 			<p>Tabasco</p> 
<p>Red Cheese</p> 			<p>Persimmon, Japanese/ Sharonfruit (Kaki)</p> 

FRUITS & VEGETABLES: Persimmon – Potato

Persimmon,
Regular (American)



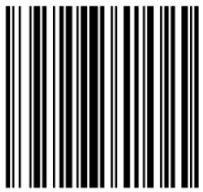
Scan quantity code

Pomegranate



Scan quantity code

Pineapple



Scan quantity code

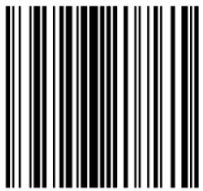
Potato, Baking



PICTURE NOT
AVAILABLE

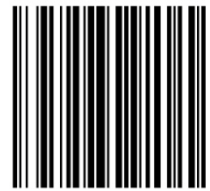
Scan quantity code

Pitahaya



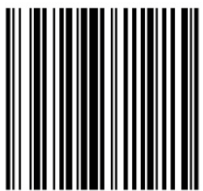
Scan quantity code

Potato, Creamer



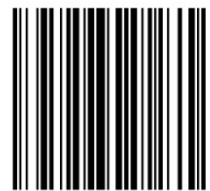
Scan quantity code

Plantain



Scan quantity code

Potato, Long



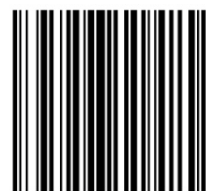
Scan quantity code

Plum



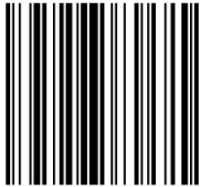

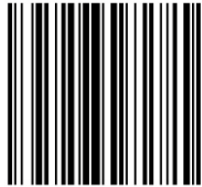
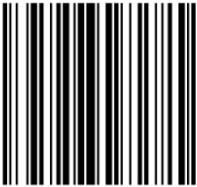
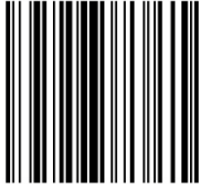

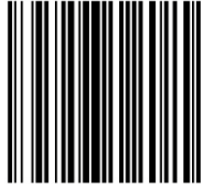









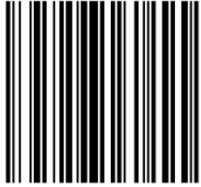


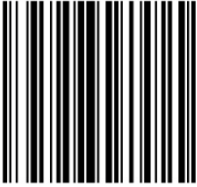
Scan quantity code

Potato, Purple



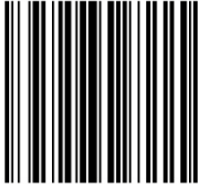
Scan quantity code

FRUITS & VEGETABLES: Potato (cont.) – Radicchio

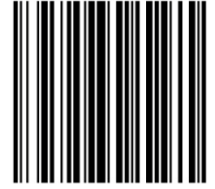
<p>Potato, Red</p>   <p>Scan quantity code</p>	 <p>Pumpkin, Jumbo</p>  <p>Scan quantity code</p>
<p>Potato, Russet</p>   <p>Scan quantity code</p>	 <p>Pumpkin, Mini</p>  <p>Scan quantity code</p>
<p>Potato, White</p>   <p>Scan quantity code</p>	 <p>Pumpkin, Regular</p>  <p>Scan quantity code</p>
<p>Potato, Yellow</p>   <p>Scan quantity code</p>	 <p>Quince</p>  <p>Scan quantity code</p>
<p>Prune</p>   <p>Scan quantity code</p>	 <p>Radicchio</p>  <p>Scan quantity code</p>

FRUITS & VEGETABLES: Radish – Romanesco

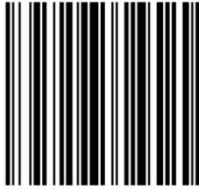
Radish, Black



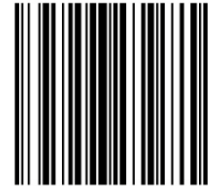
Radish, White/Icicle



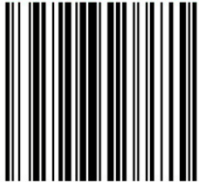
Radish, Bunched Red



Raspberries



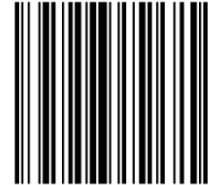
Radish, Bunched White



PICTURE NOT AVAILABLE



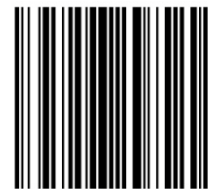
Rhubarb



Radish, Italian Red

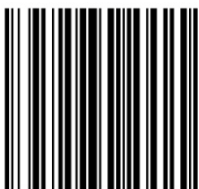


Romaine lettuce

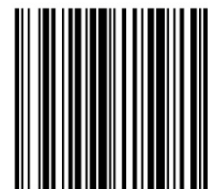


Scan quantity code (# heads)

Radish, Red



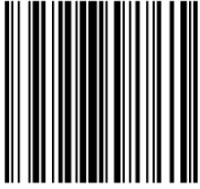
Romanesco



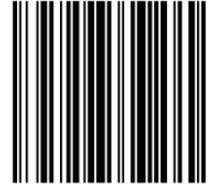
PICTURE NOT AVAILABLE

FRUITS & VEGETABLES: Rosemary – Sprouts

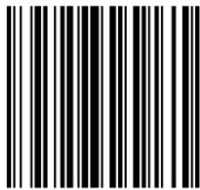
Rosemary



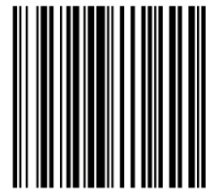
Spinach



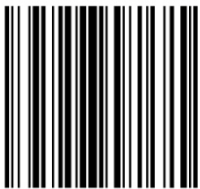
Rutabaga (Swede)



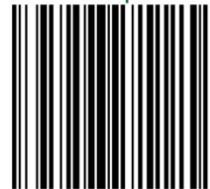
Spinach, Baby



Sage



Sprouts,
Alfalfa Sprouts



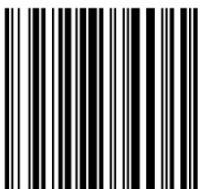
Scallions



Sprouts, Bean
Sprouts (Mung)



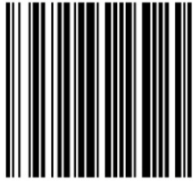
Snowpeas



FRUITS & VEGETABLES: Squash

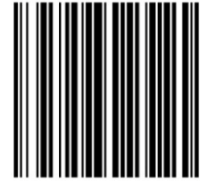
SQUASH

Acorn



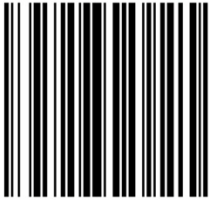
Scan quantity code

Buttercup



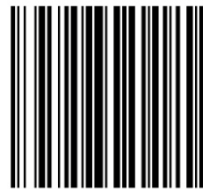
Scan quantity code

Baby Green
Zucchini/Courgette



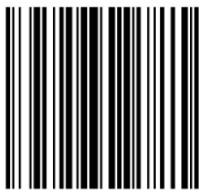
Scan quantity code

Butternut



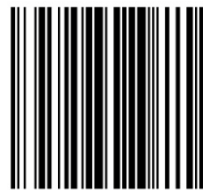
Scan quantity code

Baby Scallopini



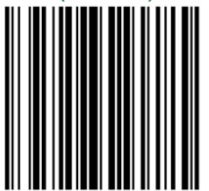
Scan quantity code

Calabaza



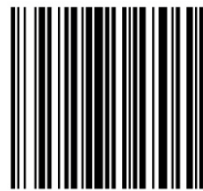
Scan quantity code

Baby Summer
(Green)



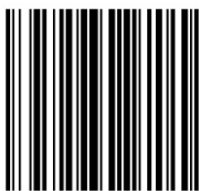
Scan quantity code

Carnival



Scan quantity code

Banana



Scan quantity code

Chayote/Choko

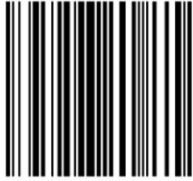


Scan quantity code

FRUITS & VEGETABLES: Squash (cont.)

SQUASH

Crown Prince



Scan quantity code

Golden Nugget



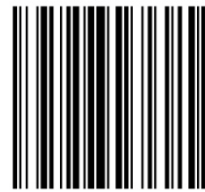
Scan quantity code

Cucuzza



Scan quantity code

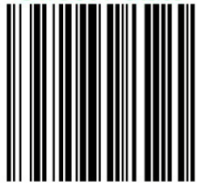
Hubbard



PICTURE NOT AVAILABLE

Scan quantity code

Delicata/
Sweet Potato



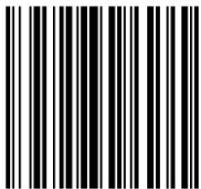
Scan quantity code

Kabocha



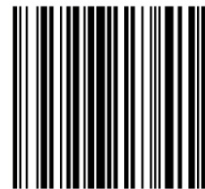
Scan quantity code

Gem



Scan quantity code

Opo



Scan quantity code

Golden Delicious



Scan quantity code

Patty Pan/Summer




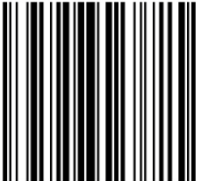

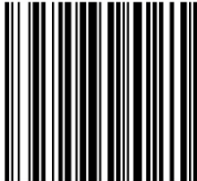













PICTURE NOT AVAILABLE

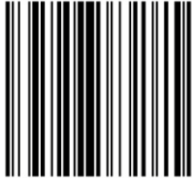

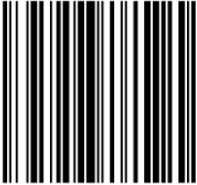





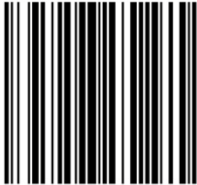

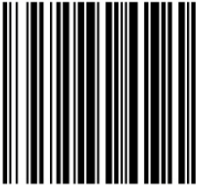









Scan quantity code

FRUITS & VEGETABLES: Squash (cont.)

SQUASH

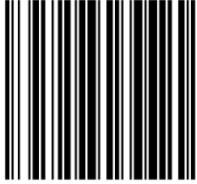
<p>Red Kuri</p> 		<p>PICTURE NOT AVAILABLE</p>	<p>Sweet Mama</p> 
<p>Scallopini</p> 		<p>PICTURE NOT AVAILABLE</p>	<p>Turban</p> 
<p>Spaghetti/ Vegetable Spaghetti</p> 			<p>Vegetable Marrow</p> 
<p>Sunburst (Yellow)</p> 	<p>PICTURE NOT AVAILABLE</p>		<p>White</p> 
<p>Sweet Dumpling</p> 			<p>Yellow</p> 

FRUITS & VEGETABLES: Squash (*cont.*) – Tangerines

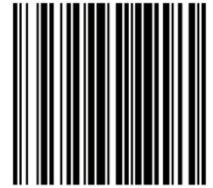
<p style="text-align: center;">SQUASH</p> <p>Zucchini/Courgette</p>   <p style="text-align: center;">Scan quantity code</p>	<p>Sweet Potato</p>   <p style="text-align: center;">Scan quantity code</p>
<p>Strawberries, Pint</p>  	<p>Swiss chard</p>  
<p>Strawberries, Quart</p>  	<p>Tamarillo</p>   <p style="text-align: center;">Scan quantity code</p>
<p>Sugar Apple</p>   <p style="text-align: center;">Scan quantity code</p>	<p>Tangelo</p>   <p style="text-align: center;">Scan quantity code</p>
<p>Sugar Cane</p>  	<p>Tangerine/Mandarin</p>   <p style="text-align: center;">Scan quantity code</p>

FRUITS & VEGETABLES: Taro Root – Turnip

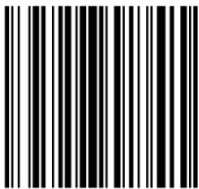
Taro Root
(Dasheen)



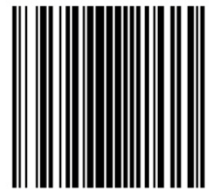
Tomatoes, Grape



Tarragon

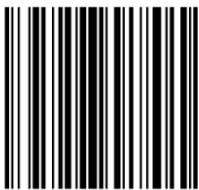


Tomato, Orange



Scan quantity code

Thyme



Tomatoes,
Plum/Italian/Roma



Scan quantity code

Tomato



Scan quantity code

Tomato, Vine Ripe



Scan quantity code

Tomatoes, Cherry



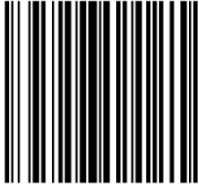
Turnip



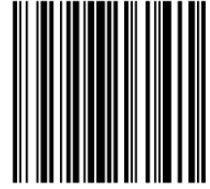
Scan quantity code

FRUITS & VEGETABLES: Turnip Greens – Yuca Root

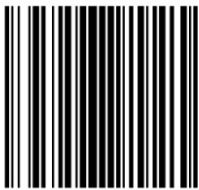
Turnip greens



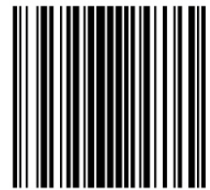
Yu Choy



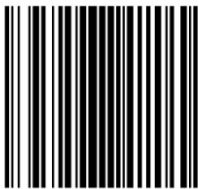
Waterchestnuts



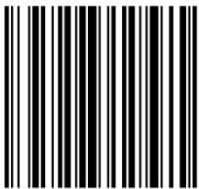
Yuca Root



Watercress

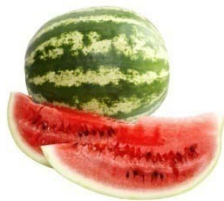
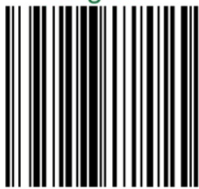


Watermelon, Mini



Scan quantity code

Watermelon, Regular



Scan quantity code

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.

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.

Questions and Answers *(continued)*

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 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.

Blue Pages and Scanning

Q: Why do I need to scan my food if I save my receipt?

A: Barcodes tell us the name of the product, the package size, and the ingredients. This information will help us learn about the different types of foods people get in a week from all the places they get their food. The scanner records this information in one easy “click.” Receipts tell us the price you paid but they are sometimes hard to read and product names are abbreviated and hard to understand.

Q: When do I use the scanner?

A: Every time you get groceries or bring food and drinks into your home!

Q: What types of food do I scan?

A: Scan all the foods and drinks that you bring into your home during the seven days in the study week. This includes food you purchase at a store and food you get for free—for example, from friends, a garden, a food pantry, or other place.

Q: Do I scan food that I already have in my home, or only new things?

A: Scan new food and drinks that you bring home during the study week. Do not scan food that was in your home before the study began.

Q: Do I scan food I already had in my house if I’m going to eat it during the study week?

A: No. Remember it’s not about what you eat—it’s about what you get!

Questions and Answers *(continued)*

Q: Do I scan all my groceries?

A: Only scan food and drinks. Do not scan paper products like toilet paper or tissues, do not scan cleaning products, and do not scan groceries already in your home.

Q: Do I scan food or groceries that a friend or relative gave to me for free?

A: Yes. You should treat these groceries like groceries you purchased yourself, but you should put the name of the person who brought the groceries in the “place” field.

Q: Do I scan things that I eat when not at home, like a candy bar or a soda?

A: No. Only scan food that you bring home. Food that you eat when you are not at home should be put on a Red page.

Q: Do I scan each can of soda if I buy a six-pack?

A: If the six-pack has one barcode on the outside box or packaging, then scan the outside barcode once. If there is no outside packaging, then scan each can of soda separately. This rule applies to all multipack items (for example, bottled water and yogurt).

Q: Where do I keep receipts for foods that I scan?

A: Attach all receipts for items that you scan on the [Blue](#) page for that trip. Remember to ask for receipts even if you don't usually get them.

Q: What if I forget to scan the “place” before I scan my food items?

A: Go to the [Blue](#) page for that trip. Follow the instructions and scan the “Oops” code. There is no need to delete and rescan the items.

Q: When do I scan the barcodes in this book?

A: Use the barcodes in this book for foods that do not have barcodes on them. This includes:

- » Food from bulk bins, such as grains, nuts, seeds, and candy
- » Deli meats, cheese, and salads
- » Fruits & vegetables

Q: What if I can't find a barcode on the item or in this book?

A: Write the name of the item at the bottom of the [Blue](#) page.

Questions and Answers *(continued)*

Q: What are some other foods I can't scan?

A: Many foods don't have a barcode and also are not pictured in this book. These include:

- » Bakery items that are not prepackaged
- » Homemade foods that you buy at a fair or fundraiser or get from friends or relatives
- » Prepared meals that you buy at a grocery store or other market
- » Food that you eat when you are not at home

Q: What do I do about foods I can't scan?

A: Write the names of these items at the bottom of the **Blue** page. Be as specific as possible, for example, include the:

- » Brand and product name
- » Size or weight if it is clearly listed on the item (for example, ounces, lbs, quart, gallon, etc)
- » Number (for example, 2 cookies)
- » Flavor (for example, vanilla yogurt)
- » Fat, sugar, or whole grain content (for example, sugar-free candy)

Q: Do I need to turn the scanner on or off?

A: No. The scanner does not have an "on/off" switch, so there is no need to worry about this.

Q: Do I need to recharge the scanner battery?

A: No. You do not need to recharge the scanner's battery.

Q: When scanning, what if I see the red line but do not hear the beep?

A: If you did not hear the beep then the item did not scan. Make sure to press the scanner button firmly and hold the scanner about two inches from the barcode. If you press the button firmly and there is no beep, call your local contact listed on the refrigerator magnet.

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

1-866-275-8659

Quantity Codes for Fruits & Vegetables

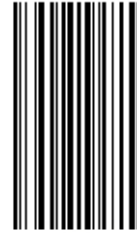
Scan a barcode to tell us how many fruits or vegetables you got

1

One (1)



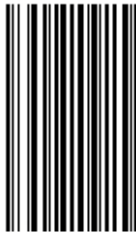
Six (6)



6

2

Two (2)



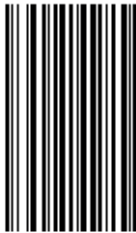
Seven (7)



7

3

Three (3)



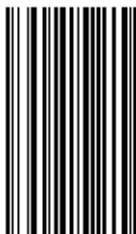
Eight (8)



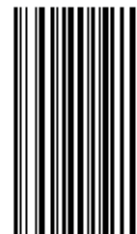
8

4

Four (4)



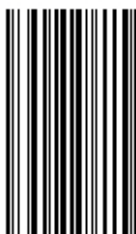
Nine (9)



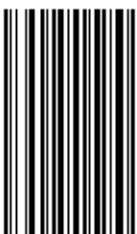
9

5

Five (5)



Ten (10)



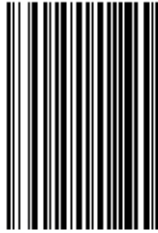
10

Quantity Codes for Fruits & Vegetables

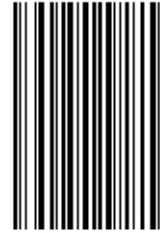
Scan a barcode to tell us how many fruits or vegetables you got

11

Eleven (11)



Sixteen (16)



16

12

Twelve (12)



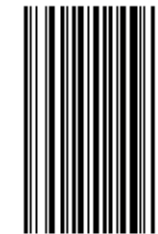
Seventeen (17)



17

13

Thirteen (13)



Eighteen (18)



18

14

Fourteen (14)



Nineteen (19)



19

15

Fifteen (15)



Twenty (20)



20

We want to hear from you!

PLEASE call us

DAY of the week	DATE	TIME
Day 2	____ / ____ / 2012	By 8 p.m.
Day 5	____ / ____ / 2012	By 8 p.m.
Day 7	____ / ____ / 2012	By 8 p.m.

PLEASE have ALL books 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 and book(s) on:			
_____	____ / ____ 2012	____ : ____	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 12 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.