

APPENDIX Y
NEW INSTRUMENTS FOR HOUSEHOLD TRAINING

The National Food Study, McDonald's Meal for Two

THANK YOU FOR CHOOSING MCDONALD'S

TRY OUR NEW BANANA BREAD TODAY!
789 MAIN ST
WALTHAM, MA
02453
!!! THANK YOU !!!
TEL# 781 893 6640 Store# 1564

KS# 3 Mar 25'12 (Sun) 15:41

MFY SIDE 1 KVS Order 67

QTY	ITEM	TOTAL
2	MED COKE	3.78
1	ANGUS DELUXE MEAL	4.70
1	2 FILET-O-FISH	3.33

Subtotal 11.81

Tax 0.83

Take-Out Total 12.64

Cash Tendered 20.00

Change 7.36

MCDONALD'S 1564
APPLY AT WWW.MCSTATE.COM/1564



**ANGUS
THIRD POUNDERS***



Filet-O-Fish®



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 checked="" type="checkbox"/> Sun
Name of PLACE where you got food:	McDonald's						
Names of PEOPLE who ate this meal, snack, or drink:	Self						
(✓) Check the meal or snack							
<input type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(✓) How did you pay? Check ALL that apply							
<input checked="" 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 card		<input type="checkbox"/> Free	<input type="checkbox"/> Gift card		
<input type="checkbox"/> Other EBT		<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" value="1"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="4"/>				\$ <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 checked="" type="checkbox"/> 1 person		<input type="checkbox"/> 2 people		<input type="checkbox"/> 3 or more people	

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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 <small>Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal</small>	Write size or amount if known <small>(Ounces, grams, lbs, etc.)</small>	How many?	Amount paid
Fries	Medium	1	—

QUESTIONS? Call 1-866-275-8659

Office Use

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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 checked="" type="checkbox"/> Sun
Name of PLACE where you got food:	McDonald's						
Names of PEOPLE who ate this meal, snack, or drink:	Self						
(√) Check the meal or snack				 <p>TAPE RECEIPT HERE</p>			
<input type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? Check ALL that apply							
<input checked="" 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 card	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
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TOTAL paid							
Total paid including tax and tip		If you left a tip, how much?					
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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
Angus Deluxe Meal						1	6.59
Fries				Medium		1	—
Diet Coke				Medium		1	—
Filet O' Fish						2	3.33
Coke (regular)				Medium		1	1.89

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