

DIARY SURVEY

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Please report expenses for these people in your household:
Dan/Amanda Smith, Catherine Smith, Ben Smith

[Food and Drink Away from Home](#) [Food and Drink for Home Consumption](#) [Clothing, Shoes, Jewelry, and Acc.](#) [All Other Products/Services](#)

Meal Type	Description	Where Purchased	Total Cost with tax and tip	Alcohol Included? (Check all that apply)			Total Alcohol Cost	Date Purchased	Clear
				Wine	Beer	Other			
Dinner	steak dinner	Full Service Places	\$35.99	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$12.00	03-02-2011	
Snack/Other	drinks from cash bar	Full Service Places	\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$15.00	03-10-2011	
Dinner		Select One		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		03-02-2011	
Snack/Other		Select One		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		03-04-2011	
Lunch		Select One		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		03-03-2011	
Snack/Other		Select One		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		03-03-2011	
Dinner		Select One		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		03-03-2011	
Select One		Select One		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select One	
Select One		Select One		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select One	
Select One		Select One		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select One	

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