

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU



Acting as a collecting agent for
U.S. Department of Labor
Bureau of Labor Statistics

Your Daily Expenses

Help us learn about the buying habits of people in the United States

| | | | | |
|-------------------------------|--------------------------------------|---------------------------------|------------------------------------|-----------------------------|
| Pierre-Vending Machine.jpg | Jeanette & Linda- Pastry Shop.jpg | Stephen - Writing Checks.jpg | Nhien & Jenny - Flower Shop.jpg | George - Gas Station.jpg |
|-------------------------------|--------------------------------------|---------------------------------|------------------------------------|-----------------------------|

When you write down how you spend your money in this diary, you will help us understand more about the products and services that are bought by the people in the United States.

By law (title 13, U.S. Code), we must keep your information confidential; we use it for statistical purposes only.
If you have comments regarding this survey, please send them to the Division of Consumer Expenditure Surveys,
2 Massachusetts Avenue N.E., Room 3985, Washington, DC 20212.

| Please record your expenses and purchases for the following period | | |
|-----------------------------------------------------------------------|-----|------|
| | Day | Date |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

I will return on: _____

If you have any questions, please call:

| | |
|-----------------------------------------|------------|
| Field representative's name: | Telephone: |
| Field representative supervisor's name: | Telephone: |

Examples

(continued on other side)

1. Food and Drinks Away from Home

- **Fast Food, Take-out, Delivery, Concession** (you pay BEFORE you eat/drink)
- **Full Service Places** (you pay AFTER you eat/drink)
- **Vending Machines or Mobile Vendors** (include vending machines, carts, & trucks that move from place to place)
- **Employer and School Cafeterias**
Includes elementary school pre-payments

2. Food and Drinks for Home Consumption

- **Grain Products** (cake mixes, cereal, cornmeal, flour, pasta, rice, spaghetti, etc.)
- **Bakery Products** (cakes, cookies, frozen waffles, pies, white bread, other bread, etc.)
- **Beef** (briskets, ground beef, round & other roasts, sirloin, etc.)
- **Pork** (bacon, ham, pork chops, sausage, etc.)
- **Poultry** (chicken parts, duck, whole turkey, etc.)
- **Other meats** (bologna, frankfurters, lamb, liverwurst, organ meats, salami, etc.)
- **Fish & Seafood** (fish, shellfish, etc.)
- **Oils, Fats & Dressings** (salad dressing, shortening, vinegar, etc.)
- **Eggs & Dairy Products** (butter, cream, cheese, ice cream, skim milk, powdered milk, etc.)
- **Fruits & Fruit Juices** (apples, bananas, cranberry juice, oranges, orange juice, etc.)
- **Sugar, Sugar Substitutes & Sweets** (artificial sweeteners, candy, gum, jams, jellies, etc.)
- **Vegetables & Vegetable juices** (beans, corn, lettuce, potatoes, tomatoes, tomato juice, etc.)
- **Other Food Items** (baby food, pet food, frozen foods, gourmet/specialty items, sauces, seasonings, soups, etc.)
- **Non-Alcoholic Beverages** (carbonated & non-carbonated waters, cola & other carbonated beverages, fruit-flavored beverages, instant & ground coffee, tea, etc.)
- **Alcoholic Beverages** (beer, champagne, liqueurs, whiskey, wine, etc.)
- **Food & Beverages Purchases as Gifts for someone not on your list** (candy, cheese, fruit baskets, wine, etc.)

3. Clothing, Shoes, Jewelry, and Accessories

- **Casual, Sportswear, Formal** (dress, pants, shirt, shorts, suit, sweater, etc.)
- **Undergarments & Sleep Clothes** (hosiery, lingerie, pajamas, socks, etc.)
- **Outdoor, Work, School, Costumes** (coat, jacket, thermals, uniform, windbreaker, etc.)
- **Shoes** (boots, dress, sandals, slippers, sneakers, etc.)
- **Sports-team Clothes & Sports Shoes** (cleats, golf shoes, ski boots, team uniform, etc.)
- **Jewelry, Accessories, & Sewing Items** (belt, buttons, hairpiece, hat, ring, thread, umbrella, etc.)

(continued on other side)

Examples

(continued on other side)

4. All Other Products, Services, and Expenses

- **Clothing Services** (alterations, dry cleaning, shoe repairs, storage, tailoring, etc.)
- **Medicines, Medical Supplies & Services** (bandages, canes & other medical equipment, doctor & dentist services, prescription eyeglasses, health insurance, prescription drugs, ointments, vitamins, wheelchairs, etc.)
- **Tobacco & Smoking Supplies** (cigarettes, cigars, pipes, smoking accessories, tobacco, etc.)
- **Gasoline, Oil, & Additives** (brake fluid, coolants, gasoline, motor oil, etc.)
- **Personal Care Products & Services** (cosmetics, dental products, deodorants, hair care products, hand soap, men's & women's haircuts, perfume, shaving products, skin care products, etc.)
- **Housekeeping Supplies & Services** (bathroom tissue, brooms, laundry & cleaning detergents, light bulbs, maid service, mops, paper towels, sponges, etc.)
- **Housewares & Small Household Appliances** (blenders, coffee makers, cooking utensils, dinnerware, glassware, irons, utensils, pots & pans, telephones, & toasters, etc.)
- **Home Furnishings, Decorative Items, Linens, & Major Appliances** (art work, clocks, curtains, lamps, picture frames, pillows, plants, refrigerators, rugs, sheets, sofas, stoves, table cloths, tables, towels, vases, etc.)
- **Home Maintenance, Hardware, Lawn Supplies & Services** (hand tools, improvement & repair equipment, lawn/garden equipment, nails, power tools, screws, supplies, services, etc.)
- **Housing Expenses** (cable service, electricity, garbage removal, heating/cooling, insurance, maintenance fees, mortgage payments, property taxes, rent, telephone, etc.)
- **Entertainment/Amusements & Sports/Recreation** (admissions to movies, clubs, sporting & cultural events, camping, CDs, concert tickets, hunting, sports & exercise equipment, tapes, toys, TVs, video/stereo equipment, video purchase/rental, etc.)
- **Transportation Expenses** (airline fares, buses, car rental, commuter fares, new & used cars, maintenance and repair, parking fees, taxis, tolls, train fares, etc.)
- **School Expenses** (daycare, high school & college tuition, room & board, school supplies, textbooks, etc.)
- **All Other Expenses** (alteration and repair of household furnishings, ATM service fees, babysitting, books, club dues, diaper services, donations, legal & accounting fees, magazines, newspapers, pet supplies & veterinary services, photographic supplies, postage, sewing goods, shipping & handling, stationery, etc.)

(continued on other side)

Record Your Daily Expenses

The people on your list:

Record the purchases and expenses made by ALL of these people.

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Notes

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Thank you for agreeing to fill out this diary.

We understand that this task takes time; however, your information is very important to us and will be used for many purposes that affect all Americans. Among the most important, it is used to help calculate the Consumer Price Index, or CPI, which is a basic measure of the rate of inflation.

Here are some of the uses of the Consumer Price Index:

- ◆ Provide cost-of-living wage adjustments for millions of American workers
- ◆ Adjust Social Security payments
- ◆ Determine the cost of school lunches
- ◆ Adjust Federal income-tax brackets

For more information about the survey, visit: <http://www.bls.gov/cex> and <http://www.census.gov>

Office Use: Place the barcode label here

Questions?

Some Frequently Asked Questions are answered on the flap attached to the back cover. If you still have questions after reviewing these, please call your field representative.



General Instructions

- Fill out this diary for an entire week, writing down EVERYTHING you and the people on your list spend money on each day – the products you buy, the services you use, the household expenses you have during the week – no matter how large or small they are.
- We recommend that you record your expenses each day. Think about where you went and what you've done.
- Talk to the people on your list every day to find out how they spent their money.

- Include payments by:

| | | |
|--------------------|--------------------------|-----------------------------------------------|
| Cash | Credit/Debit Card | Automatic Withdrawal/Payroll Deduction |
| Check | Money Order | Store Charge Card |
| Food Stamps | WIC Voucher | Grocery Certificate |

- Keep receipts and other records so that you will remember to record what you bought or paid for. Use the pocket at the back of the diary to store them.

Some record types include:

| | | |
|----------------------|------------------------|----------------------------------------|
| Receipts | Bank Statements | Catalog/Internet Order Invoices |
| Utility Bills | Telephone Bills | Credit Card Statements |
| Pay Stubs | | |

Include items that you bought for people who are not on your list, such as gifts.

Refer to the flap
attached to the
front cover for
Examples of Expenses.

Refer to the flap
attached to the
back cover for answers to
Frequently Asked Questions.

Do NOT record:

◆ Expenses of people on your list while they were away from home overnight.

◆ Business or farm operating expenses

◆ Sales tax for:

Part 2. Food and Drinks for Home Consumption
Part 3. Clothing, Shoes, Jewelry, and Accessories
Part 4. All Other Products, Services, and Expenses



How to Fill Out Your Diary

The diary is divided into 7 days and each day is divided into 4 parts. Enter each item in the appropriate part for each day.

These are the 4 parts within each day of the diary:

1. Food and Drinks Away from Home

- Mark one of the four choices that best describes the type of meal and describe briefly.
- Mark one of the four choices that best describes where you made the purchase.
- Enter the total cost ***with tax and tip***.
- If alcohol was part of the purchase, check whether it was wine, beer, and/or other alcohol and enter the total cost of the alcohol.

2. Food and Drinks for Home Consumption

- Describe the item.
- Mark whether the item was fresh, frozen, bottled/canned, or other.
- Enter the cost ***without tax*** and deduct any discounts or coupons.
- Mark the last column if the item was purchased for someone not on your list (e.g. gifts).

3. Clothing, Shoes, Jewelry, and Accessories

- Describe the item and enter the cost ***without tax***.
- Mark the appropriate sex and age range of the person for whom the item was bought.
- Mark the last column if the item was purchased for someone not on your list (e.g. gifts).

4. All Other Products, Services, and Expenses

- Describe the item and enter the total cost ***without tax***.
- Mark the last column if the item was purchased for someone not on your list (e.g. gifts).

There is an "Additional Pages" section on pages 36–44 in case you run out of lines on any particular day.

**Look on the next 4 pages for examples and tips
on how to record your purchases.**

***Please Note: If you are unsure about whether to include an item or where to record an item, write it down wherever it seems best or make a note and ask your field representative.**



EXAMPLE

SUN

MON

TUE

WED

THU

FRI

SAT

1. Food and Drinks Away from Home

Examples:

breakfast buffet
carry-out lunch
dinner & cocktails at restaurant

pizza delivery
Chinese takeout
child's school lunch

beer at happy hour
pretzels at ballgame
wine at tavern

croissant from café
ice cream from truck
wedding reception caterer

soda from vending machine
hot dog from convenience store
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

| | Mark (X) one that best describes the type of meal | | | | Description (See examples above and on the flap) | Mark (X) one that best describes where you made this purchase | | | | | Total Cost with tax & tip | If alcoholic beverages included, mark (X) all that apply | | | Enter the total cost of the alcohol |
|-----|---------------------------------------------------|-------|--------|-------------|-----------------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------|------------------------------|------|---------------------------|----------------------------------------------------------|-------|---|-------------------------------------|
| | breakfast | lunch | dinner | snack/other | | Fast Food Take-out Delivery Concession | Full Service Places | Vending Machines or Mobile Vendors | Employer or School Cafeteria | wine | | beer | other | | |
| 101 | X | | | | bagel, juice | | | | X | 2 | 79 | | | | |
| 102 | | X | | | pizza | X | | | | 5 | 57 | | | | |
| 103 | | | | X | coffee | X | | | | 1 | 35 | | | | |
| 104 | | X | | | sandwich, soda | | | | X | 5 | 15 | | | | |
| 105 | | | | X | chips | | | X | | | 70 | | | | |
| 106 | | X | | | elem.school lunch - month | | | | X | 45 | 00 | | | | |
| 107 | | | | X | soda | | | X | | | 65 | | | | |
| 108 | | | X | | buffet | | X | | | 62 | 23 | X | | | 12 00 |
| 109 | | | X | | drinks from cash bar | | X | | | 15 | 00 | | X | X | 15 00 |
| 110 | | X | | | caterer - Family Reunion | | X | | | 350 | 00 | X | X | X | 95 00 |
| 111 | | | | | | | | | | | | | | | |
| 112 | | | | | | | | | | | | | | | |
| 113 | | | | | | | | | | | | | | | |
| 114 | | | | | | | | | | | | | | | |
| 115 | | | | | | | | | | | | | | | |
| 116 | | | | | | | | | | | | | | | |
| 117 | | | | | | | | | | | | | | | |
| 118 | | | | | | | | | | | | | | | |
| 119 | | | | | | | | | | | | | | | |
| 120 | | | | | | | | | | | | | | | |
| 121 | | | | | | | | | | | | | | | |
| 122 | | | | | | | | | | | | | | | |

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

4

FR USE: ☐ None ☐ TR ☐ VC

FORM CE-801 (5-5-2014)



080104

| SUN | | MON | | TUE | | WED | | THU | | FRI | | SAT | | EXAMPLE | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|---------|------------------|-------------|---------------|----------|-----|---|-----|----|-----|----|---------|---|-------|--------|--------------------|-------|-------------|-------------|---------------|------|------------|-------------|------|--------|--------------|-------|---------------|-------|-------|-------------|---------------|---------|------------------|---------|-----------|----------|
| <h2>2. Food and Drinks for Home Consumption</h2> <div> <div> <p>Examples:</p> <table border="0"> <tr> <td>eggs</td> <td>cereal</td> <td>tea</td> <td>beer</td> <td>apple juice</td> <td>ground beef</td> <td>chicken parts</td> <td>fish</td> </tr> <tr> <td>whole milk</td> <td>white bread</td> <td>cola</td> <td>liquor</td> <td>tomato juice</td> <td>bacon</td> <td>whole chicken</td> <td>shell</td> </tr> <tr> <td>sugar</td> <td>cooking oil</td> <td>ground coffee</td> <td>oranges</td> <td>carbonated water</td> <td>lettuce</td> <td>baby food</td> <td>pet food</td> </tr> </table> </div> <div> <p>Please unfold the RIGHT FLAP to see Frequently Asked Questions</p> </div> </div> | | | | | | | | | | | | | | | | eggs | cereal | tea | beer | apple juice | ground beef | chicken parts | fish | whole milk | white bread | cola | liquor | tomato juice | bacon | whole chicken | shell | sugar | cooking oil | ground coffee | oranges | carbonated water | lettuce | baby food | pet food |
| eggs | cereal | tea | beer | apple juice | ground beef | chicken parts | fish | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| whole milk | white bread | cola | liquor | tomato juice | bacon | whole chicken | shell | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| sugar | cooking oil | ground coffee | oranges | carbonated water | lettuce | baby food | pet food | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div> <div> <p>What did you buy or pay for? (see examples above and on the flap)</p> </div> <div> <p>Is this item: Mark (X) one</p> <table border="1"> <tr> <th>fresh</th> <th>frozen</th> <th>bottled/ canned</th> <th>other</th> </tr> </table> </div> <div> <p>Total Cost without tax</p> </div> <div> <p>Mark (X) If purchased for someone not on your list</p> </div> </div> | | | | | | | | | | | | | | | | fresh | frozen | bottled/ canned | other | | | | | | | | | | | | | | | | | | | | |
| fresh | frozen | bottled/ canned | other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 201 | wheat bread | | | | 1 | X | 2 | 3 | 4 | 1 | 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 202 | eggs | | | | 1 | X | 2 | 3 | 4 | 1 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 203 | chicken wings | | | | 1 | | 2 | X | 3 | 4 | 6 | 78 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 204 | apples | | | | 1 | X | 2 | 3 | 4 | 2 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 205 | beer | | | | 1 | | 2 | | 3 | X | 4 | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 206 | skim milk | | | | 1 | X | 2 | 3 | 4 | 2 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 207 | orange juice | | | | 1 | | 2 | 3 | X | 4 | 3 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 208 | candy | | | | 1 | | 2 | 3 | | 4 | X | 2 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 209 | vegetable oil | | | | 1 | | 2 | 3 | X | 4 | 2 | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 210 | baby food (5 jars) | | | | 1 | | 2 | 3 | X | 4 | 4 | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 211 | potato chips | | | | 1 | | 2 | 3 | | 4 | X | 2 | 79 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 212 | frozen meals (3 boxes) | | | | 1 | | 2 | X | 3 | 4 | 8 | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 213 | ketchup | | | | 1 | | 2 | 3 | X | 4 | 1 | 59 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 214 | soup (4 cans) | | | | 1 | | 2 | 3 | X | 4 | 4 | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 215 | soda (2 bottles) | | | | 1 | | 2 | 3 | X | 4 | 1 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 216 | pork chops | | | | 1 | X | 2 | 3 | 4 | 6 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 217 | shrimp | | | | 1 | | 2 | X | 3 | 4 | 11 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 218 | cookies | | | | 1 | | 2 | 3 | | 4 | X | 3 | 50 | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| 219 | apple pie | | | | 1 | X | 2 | 3 | 4 | 4 | 99 | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| 220 | carbonated water | | | | 1 | | 2 | 3 | X | 4 | | 89 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 221 | ground beef | | | | 1 | X | 2 | 3 | 4 | 5 | 87 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 222 | ground coffee | | | | 1 | | 2 | 3 | | 4 | X | 2 | 79 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 223 | bagels | | | | 1 | X | 2 | 3 | 4 | 5 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 224 | wine | | | | 1 | | 2 | 3 | X | 4 | 42 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 225 | dog food | | | | 1 | | 2 | 3 | | 4 | X | 5 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | |

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



EXAMPLE

SUN

MON

TUE

WED

THU

FRI

SAT

3. Clothing, Shoes, Jewelry, and Accessories

Examples:

shirt
sweater
shortssuit
dress
pantssandals
sneakers
shoe repairssoccer cleats
team uniform
ski bootsgloves
slippers
dance costumewatch
necklace
beltpajamas
lingerie
sockscoat
jacket
windbreaker

Please unfold the LEFT FLAP to see Additional Examples

| What did you buy or pay for? (see examples above and on the flap) | | Total Cost without tax | | Was the item for: | | Age | | | Mark (X) If purchased for someone not on your list |
|----------------------------------------------------------------------|--------------------------------------------------|---------------------------|---------------|-------------------|--------------|--------------|--------------|--------------|----------------------------------------------------|
| | | | | male | female | Under 2 | 2-15 | 16 & Over | |
| 301 | 3 dress-shirts (\$25 each) | 75 | 00 | 1 | 2 | 1 | 2 | 3 | |
| 302 | 1 dress-shirt | 30 | 00 | 1 | 2 | 1 | 2 | 3 | |
| 303 | running shoes | 69 | 00 | 1 | 2 | 1 | 2 | 3 | |
| 304 | non-prescription sunglasses | 59 | 00 | 1 | 2 | 1 | 2 | 3 | |
| 305 | baseball cap | 14 | 99 | 1 | 2 | 1 | 2 | 3 | |
| 306 | bib | 3 | 50 | 1 | 2 | 1 | 2 | 3 | X |
| 307 | child's costume (returned for refund) | 15 | 00 | 1 | 2 | 1 | 2 | 3 | X |
| 308 | wallet | 29 | 00 | 1 | 2 | 1 | 2 | 3 | |
| 309 | necklace | 250 | 00 | 1 | 2 | 1 | 2 | 3 | |
| 310 | scarf | 3 | 00 | 1 | 2 | 1 | 2 | 3 | |
| 311 | trouser socks | 4 | 50 | 1 | 2 | 1 | 2 | 3 | |
| 312 | | | | 1 | 2 | 1 | 2 | 3 | |
| 313 | | | | 1 | 2 | 1 | 2 | 3 | |
| 314 | | | | 1 | 2 | 1 | 2 | 3 | |
| 315 | | | | 1 | 2 | 1 | 2 | 3 | |
| 316 | | | | 1 | 2 | 1 | 2 | 3 | |
| 317 | | | | 1 | 2 | 1 | 2 | 3 | |
| 318 | | | | 1 | 2 | 1 | 2 | 3 | |
| 319 | | | | 1 | 2 | 1 | 2 | 3 | |
| 320 | | | | 1 | 2 | 1 | 2 | 3 | |
| 321 | | | | 1 | 2 | 1 | 2 | 3 | |
| 322 | | | | 1 | 2 | 1 | 2 | 3 | |
| 323 | | | | 1 | 2 | 1 | 2 | 3 | |
| 324 | | | | 1 | 2 | 1 | 2 | 3 | |
| 325 | | | | 1 | 2 | 1 | 2 | 3 | |


 Level of detail needed:

CLOTHING – Specify type of clothing and give a description of the item.

SHOES – If sports shoes, specify sport, such as football cleats, etc.

JEWELRY – Specify type of jewelry, such as watches, etc.

ACCESSORIES – If eyewear, specify prescription or non-prescription.

 If you run out of space in any section, continue listing the items under that section on the Additional Pages in the back (p. 36–44)

If there are not enough lines in this part, please continue recording your expenses on pages 41–42.



4. All Other Products, Services, and Expenses

Examples: cigarettes prescription drugs movie tickets phone bill hand soap paper towels textbooks computer cables
gasoline cordless telephone DVD rental car insurance dish soap bath towel cook book cable TV bill
utility gas bill dry clean (curtains) bus fare brake work power tools rent airline fares color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|-----------------------------|-----------------------------|-------------------------------------------------------------|
| 401 | cold medicine (non-prescription) | 6 | 95 | X |
| 402 | gasoline | 12 | 86 | |
| 403 | highway tolls | 2 | 00 | |
| 404 | Music CD | 10 | 99 | X |
| 405 | cigarettes | 8 | 99 | |
| 406 | dry cleaning | 15 | 50 | |
| 407 | lottery tickets | 1 | 00 | |
| 408 | bus fare | 1 | 50 | |
| 409 | piano lessons | 150 | 00 | |
| 410 | electric drill | 65 | 00 | |
| 411 | postage stamps | 6 | 80 | |
| 412 | video rental | 4 | 00 | |
| 413 | car speakers | 140 | 00 | |
| 414 | car oil change | 48 | 50 | |
| 415 | board game | 8 | 97 | |
| 416 | area rug (exchanged for a different area rug) | 39 ²⁰ | 99 ⁹⁹ | |
| 417 | concert tickets | 100 | 00 | X |
| 418 | dog-leash dog toy (exchange) | 6 ³ | 99 ⁹⁹ | |
| 419 | ATM service fee | 2 | 00 | |
| 420 | Health insurance | 250 | 00 | |
| 421 | Mortgage payment | 875 | 00 | |
| 422 | Telephone bill | 120 | 00 | |
| 423 | veterinarian fees | 85 | 00 | |
| 424 | Shipping and Handling for internet purchase | 6 | 95 | |
| 425 | Donation | 50 | 00 | X |



Level of detail needed:

DOCTOR BILLS – Specify type of doctor visited, such as an internist, orthodontist, etc.

MEDICINE – Specify if prescription or non-prescription.

TOOLS – Specify if power or hand tool.

DRY-CLEANING – Specify whether household item (such as drapes) or apparel.



Mark the last column of parts 2, 3, & 4 if a purchase was made for someone not on your list.

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 1

SUN

MON

TUE

WED

THU

FRI

SAT

1. Food and Drinks Away from Home

Examples:

breakfast buffet
carry-out lunch
dinner & cocktails at restaurant

pizza delivery
Chinese takeout
child's school lunch

beer at happy hour
pretzels at ballgame
wine at tavern

croissant from café
ice cream from truck
wedding reception caterer

soda from vending machine
hot dog from convenience store
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

| | Mark (X) one that best describes the type of meal | | | | Description (see examples above and on the flap) | Mark (X) one that best describes where you made this purchase | | | | Total Cost with tax & tip | If alcoholic beverages included, mark (X) all that apply | | | Enter the total cost of the alcohol | |
|-----|---------------------------------------------------|-------|--------|-------------|-----------------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------|------------------------------|------------------------------|----------------------------------------------------------|------|-------|-------------------------------------|--|
| | breakfast | lunch | dinner | snack/other | | Fast-Food Take-out Delivery Concession | Full Service Places | Vending Machines or Mobile Vendors | Employer or School Cafeteria | | wine | beer | other | | |
| 101 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 102 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 103 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 104 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 105 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 106 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 107 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 108 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 109 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 110 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 111 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 112 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 113 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 114 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 115 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 116 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 117 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 118 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 119 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 120 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 121 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 122 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

8

FORM CE-801 (5-5-2014)

FR USE: ☐ None ☐ TR ☐ VC

080108

2. Food and Drinks for Home Consumption

Examples:

| | | | | | | | |
|------------|-------------|---------------|---------|------------------|-------------|---------------|-----------|
| eggs | cereal | tea | beer | apple juice | ground beef | chicken parts | fish |
| whole milk | white bread | cola | liquor | tomato juice | bacon | whole chicken | shellfish |
| sugar | cooking oil | ground coffee | oranges | carbonated water | lettuce | baby food | pet food |

Please unfold the RIGHT FLAP to see Frequently Asked Questions →

| | What did you buy or pay for? (see examples above and on the flap) | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 201 | | 1 | 2 | 3 | 4 | | |
| 202 | | 1 | 2 | 3 | 4 | | |
| 203 | | 1 | 2 | 3 | 4 | | |
| 204 | | 1 | 2 | 3 | 4 | | |
| 205 | | 1 | 2 | 3 | 4 | | |
| 206 | | 1 | 2 | 3 | 4 | | |
| 207 | | 1 | 2 | 3 | 4 | | |
| 208 | | 1 | 2 | 3 | 4 | | |
| 209 | | 1 | 2 | 3 | 4 | | |
| 210 | | 1 | 2 | 3 | 4 | | |
| 211 | | 1 | 2 | 3 | 4 | | |
| 212 | | 1 | 2 | 3 | 4 | | |
| 213 | | 1 | 2 | 3 | 4 | | |
| 214 | | 1 | 2 | 3 | 4 | | |
| 215 | | 1 | 2 | 3 | 4 | | |
| 216 | | 1 | 2 | 3 | 4 | | |
| 217 | | 1 | 2 | 3 | 4 | | |
| 218 | | 1 | 2 | 3 | 4 | | |
| 219 | | 1 | 2 | 3 | 4 | | |
| 220 | | 1 | 2 | 3 | 4 | | |
| 221 | | 1 | 2 | 3 | 4 | | |
| 222 | | 1 | 2 | 3 | 4 | | |
| 223 | | 1 | 2 | 3 | 4 | | |
| 224 | | 1 | 2 | 3 | 4 | | |
| 225 | | 1 | 2 | 3 | 4 | | |

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



3. Clothing, Shoes, Jewelry, and Accessories

Examples: shirt sweater shorts suit dress pants sandals sneakers shoe repairs soccer cleats team uniform ski boots gloves slippers dance costume watch necklace belt pajamas lingerie socks coat jacket windbreaker

Please unfold the LEFT FLAP to see Additional Examples

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Was the item for: | | Age | | | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------|--------|---------|------|-----------|----------------------------------------------------|
| | | | male | female | Under 2 | 2-15 | 16 & Over | |
| 301 | | | 1 | 2 | 1 | 2 | 3 | |
| 302 | | | 1 | 2 | 1 | 2 | 3 | |
| 303 | | | 1 | 2 | 1 | 2 | 3 | |
| 304 | | | 1 | 2 | 1 | 2 | 3 | |
| 305 | | | 1 | 2 | 1 | 2 | 3 | |
| 306 | | | 1 | 2 | 1 | 2 | 3 | |
| 307 | | | 1 | 2 | 1 | 2 | 3 | |
| 308 | | | 1 | 2 | 1 | 2 | 3 | |
| 309 | | | 1 | 2 | 1 | 2 | 3 | |
| 310 | | | 1 | 2 | 1 | 2 | 3 | |
| 311 | | | 1 | 2 | 1 | 2 | 3 | |
| 312 | | | 1 | 2 | 1 | 2 | 3 | |
| 313 | | | 1 | 2 | 1 | 2 | 3 | |
| 314 | | | 1 | 2 | 1 | 2 | 3 | |
| 315 | | | 1 | 2 | 1 | 2 | 3 | |
| 316 | | | 1 | 2 | 1 | 2 | 3 | |
| 317 | | | 1 | 2 | 1 | 2 | 3 | |
| 318 | | | 1 | 2 | 1 | 2 | 3 | |
| 319 | | | 1 | 2 | 1 | 2 | 3 | |
| 320 | | | 1 | 2 | 1 | 2 | 3 | |
| 321 | | | 1 | 2 | 1 | 2 | 3 | |
| 322 | | | 1 | 2 | 1 | 2 | 3 | |
| 323 | | | 1 | 2 | 1 | 2 | 3 | |
| 324 | | | 1 | 2 | 1 | 2 | 3 | |
| 325 | | | 1 | 2 | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



4. All Other Products, Services, and Expenses

Examples:

cigarettes

gasoline

utility gas bill

prescription drugs

cordless telephone

dry clean (curtains)

movie tickets

DVD rental

bus fare

phone bill

car insurance

brake work

hand soap

dish soap

power tools

paper towels

bath towel

rent

textbooks

cook book

airline fares

computer cables

cable TV bill

color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|
| 401 | | | |
| 402 | | | |
| 403 | | | |
| 404 | | | |
| 405 | | | |
| 406 | | | |
| 407 | | | |
| 408 | | | |
| 409 | | | |
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| 421 | | | |
| 422 | | | |
| 423 | | | |
| 424 | | | |
| 425 | | | |



Day 2

SUN

MON

TUE

WED

THU

FRI

SAT

1. Food and Drinks Away from Home

Examples:

breakfast buffet
carry-out lunch
dinner & cocktails at restaurant

pizza delivery
Chinese takeout
child's school lunch

beer at happy hour
pretzels at ballgame
wine at tavern

croissant from café
ice cream from truck
wedding reception caterer

soda from vending machine
hot dog from convenience store
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

| | Mark (X) one that best describes the type of meal | | | | Description (see examples above and on the flap) | Mark (X) one that best describes where you made this purchase | | | | Total Cost with tax & tip | If alcoholic beverages included, mark (X) all that apply | | | Enter the total cost of the alcohol | |
|-----|---------------------------------------------------|-------|--------|-------------|-----------------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------|------------------------------|------------------------------|----------------------------------------------------------|------|-------|-------------------------------------|--|
| | breakfast | lunch | dinner | snack/other | | Fast-Food Take-out Delivery Concession | Full Service Places | Vending Machines or Mobile Vendors | Employer or School Cafeteria | | wine | beer | other | | |
| 101 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 102 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 103 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 104 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 105 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 106 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 107 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 108 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 109 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 110 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 111 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 112 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 113 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 114 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 115 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 116 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 117 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 118 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 119 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 120 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 121 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 122 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

12

FORM CE-801 (5-5-2014)

FR USE: ☐ None ☐ TR ☐ VC



080112

2. Food and Drinks for Home Consumption

Examples:

| | | | | | | | |
|------------|-------------|---------------|---------|------------------|-------------|---------------|-----------|
| eggs | cereal | tea | beer | apple juice | ground beef | chicken parts | fish |
| whole milk | white bread | cola | liquor | tomato juice | bacon | whole chicken | shellfish |
| sugar | cooking oil | ground coffee | oranges | carbonated water | lettuce | baby food | pet food |

Please unfold the RIGHT FLAP to see Frequently Asked Questions →

| | What did you buy or pay for? (see examples above and on the flap) | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 201 | | 1 | 2 | 3 | 4 | | |
| 202 | | 1 | 2 | 3 | 4 | | |
| 203 | | 1 | 2 | 3 | 4 | | |
| 204 | | 1 | 2 | 3 | 4 | | |
| 205 | | 1 | 2 | 3 | 4 | | |
| 206 | | 1 | 2 | 3 | 4 | | |
| 207 | | 1 | 2 | 3 | 4 | | |
| 208 | | 1 | 2 | 3 | 4 | | |
| 209 | | 1 | 2 | 3 | 4 | | |
| 210 | | 1 | 2 | 3 | 4 | | |
| 211 | | 1 | 2 | 3 | 4 | | |
| 212 | | 1 | 2 | 3 | 4 | | |
| 213 | | 1 | 2 | 3 | 4 | | |
| 214 | | 1 | 2 | 3 | 4 | | |
| 215 | | 1 | 2 | 3 | 4 | | |
| 216 | | 1 | 2 | 3 | 4 | | |
| 217 | | 1 | 2 | 3 | 4 | | |
| 218 | | 1 | 2 | 3 | 4 | | |
| 219 | | 1 | 2 | 3 | 4 | | |
| 220 | | 1 | 2 | 3 | 4 | | |
| 221 | | 1 | 2 | 3 | 4 | | |
| 222 | | 1 | 2 | 3 | 4 | | |
| 223 | | 1 | 2 | 3 | 4 | | |
| 224 | | 1 | 2 | 3 | 4 | | |
| 225 | | 1 | 2 | 3 | 4 | | |

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 2**SUN****MON****TUE****WED****THU****FRI****SAT**

3. Clothing, Shoes, Jewelry, and Accessories

Examples:shirt
sweater
shortssuit
dress
pantssandals
sneakers
shoe repairssoccer cleats
team uniform
ski bootsgloves
slippers
dance costumewatch
necklace
beltpajamas
lingerie
sockscoat
jacket
windbreaker

Please unfold the LEFT FLAP to see Additional Examples

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Was the item for: | | Age | | | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------|--------|---------|------|-----------|----------------------------------------------------|
| | | | male | female | Under 2 | 2-15 | 16 & Over | |
| 301 | | | 1 | 2 | 1 | 2 | 3 | |
| 302 | | | 1 | 2 | 1 | 2 | 3 | |
| 303 | | | 1 | 2 | 1 | 2 | 3 | |
| 304 | | | 1 | 2 | 1 | 2 | 3 | |
| 305 | | | 1 | 2 | 1 | 2 | 3 | |
| 306 | | | 1 | 2 | 1 | 2 | 3 | |
| 307 | | | 1 | 2 | 1 | 2 | 3 | |
| 308 | | | 1 | 2 | 1 | 2 | 3 | |
| 309 | | | 1 | 2 | 1 | 2 | 3 | |
| 310 | | | 1 | 2 | 1 | 2 | 3 | |
| 311 | | | 1 | 2 | 1 | 2 | 3 | |
| 312 | | | 1 | 2 | 1 | 2 | 3 | |
| 313 | | | 1 | 2 | 1 | 2 | 3 | |
| 314 | | | 1 | 2 | 1 | 2 | 3 | |
| 315 | | | 1 | 2 | 1 | 2 | 3 | |
| 316 | | | 1 | 2 | 1 | 2 | 3 | |
| 317 | | | 1 | 2 | 1 | 2 | 3 | |
| 318 | | | 1 | 2 | 1 | 2 | 3 | |
| 319 | | | 1 | 2 | 1 | 2 | 3 | |
| 320 | | | 1 | 2 | 1 | 2 | 3 | |
| 321 | | | 1 | 2 | 1 | 2 | 3 | |
| 322 | | | 1 | 2 | 1 | 2 | 3 | |
| 323 | | | 1 | 2 | 1 | 2 | 3 | |
| 324 | | | 1 | 2 | 1 | 2 | 3 | |
| 325 | | | 1 | 2 | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



4. All Other Products, Services, and Expenses

Examples:

cigarettes

gasoline

utility gas bill

prescription drugs

cordless telephone

dry clean (curtains)

movie tickets

DVD rental

bus fare

phone bill

car insurance

brake work

hand soap

dish soap

power tools

paper towels

bath towel

rent

textbooks

cook book

airline fares

computer cables

cable TV bill

color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions

| | What did you buy or pay for? <i>(see examples above and on the flap)</i> | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|-----------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|
| 401 | | | |
| 402 | | | |
| 403 | | | |
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| 421 | | | |
| 422 | | | |
| 423 | | | |
| 424 | | | |
| 425 | | | |

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 3

SUN

MON

TUE

WED

THU

FRI

SAT

1. Food and Drinks Away from Home

Examples:

breakfast buffet
carry-out lunch
dinner & cocktails at restaurant

pizza delivery
Chinese takeout
child's school lunch

beer at happy hour
pretzels at ballgame
wine at tavern

croissant from café
ice cream from truck
wedding reception caterer

soda from vending machine
hot dog from convenience store
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

| | Mark (X) one that best describes the type of meal | | | | Description (see examples above and on the flap) | Mark (X) one that best describes where you made this purchase | | | | Total Cost with tax & tip | If alcoholic beverages included, mark (X) all that apply | | | Enter the total cost of the alcohol | |
|-----|---------------------------------------------------|-------|--------|-------------|-----------------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------|------------------------------|------------------------------|----------------------------------------------------------|------|-------|-------------------------------------|--|
| | breakfast | lunch | dinner | snack/other | | Fast-Food Take-out Delivery Concession | Full Service Places | Vending Machines or Mobile Vendors | Employer or School Cafeteria | | wine | beer | other | | |
| 101 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 102 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 103 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 104 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 105 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 106 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 107 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 108 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 109 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 110 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 111 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 112 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 113 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 114 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 115 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 116 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 117 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 118 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 119 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 120 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 121 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 122 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

16

FORM CE-801 (5-5-2014)

FR USE: ☐ None ☐ TR ☐ VC



080116

2. Food and Drinks for Home Consumption

Examples:

| | | | | | | | |
|------------|-------------|---------------|---------|------------------|-------------|---------------|-----------|
| eggs | cereal | tea | beer | apple juice | ground beef | chicken parts | fish |
| whole milk | white bread | cola | liquor | tomato juice | bacon | whole chicken | shellfish |
| sugar | cooking oil | ground coffee | oranges | carbonated water | lettuce | baby food | pet food |

Please unfold the RIGHT FLAP to see Frequently Asked Questions →

| | What did you buy or pay for? (see examples above and on the flap) | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 201 | | 1 | 2 | 3 | 4 | | |
| 202 | | 1 | 2 | 3 | 4 | | |
| 203 | | 1 | 2 | 3 | 4 | | |
| 204 | | 1 | 2 | 3 | 4 | | |
| 205 | | 1 | 2 | 3 | 4 | | |
| 206 | | 1 | 2 | 3 | 4 | | |
| 207 | | 1 | 2 | 3 | 4 | | |
| 208 | | 1 | 2 | 3 | 4 | | |
| 209 | | 1 | 2 | 3 | 4 | | |
| 210 | | 1 | 2 | 3 | 4 | | |
| 211 | | 1 | 2 | 3 | 4 | | |
| 212 | | 1 | 2 | 3 | 4 | | |
| 213 | | 1 | 2 | 3 | 4 | | |
| 214 | | 1 | 2 | 3 | 4 | | |
| 215 | | 1 | 2 | 3 | 4 | | |
| 216 | | 1 | 2 | 3 | 4 | | |
| 217 | | 1 | 2 | 3 | 4 | | |
| 218 | | 1 | 2 | 3 | 4 | | |
| 219 | | 1 | 2 | 3 | 4 | | |
| 220 | | 1 | 2 | 3 | 4 | | |
| 221 | | 1 | 2 | 3 | 4 | | |
| 222 | | 1 | 2 | 3 | 4 | | |
| 223 | | 1 | 2 | 3 | 4 | | |
| 224 | | 1 | 2 | 3 | 4 | | |
| 225 | | 1 | 2 | 3 | 4 | | |

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 3**SUN****MON****TUE****WED****THU****FRI****SAT**

3. Clothing, Shoes, Jewelry, and Accessories

Examples:shirt
sweater
shortssuit
dress
pantssandals
sneakers
shoe repairssoccer cleats
team uniform
ski bootsgloves
slippers
dance costumewatch
necklace
beltpajamas
lingerie
sockscoat
jacket
windbreaker Please unfold the LEFT FLAP to see Additional Examples

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Was the item for: | | Age | | | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------|--------|---------|------|-----------|----------------------------------------------------|
| | | | male | female | Under 2 | 2-15 | 16 & Over | |
| 301 | | | 1 | 2 | 1 | 2 | 3 | |
| 302 | | | 1 | 2 | 1 | 2 | 3 | |
| 303 | | | 1 | 2 | 1 | 2 | 3 | |
| 304 | | | 1 | 2 | 1 | 2 | 3 | |
| 305 | | | 1 | 2 | 1 | 2 | 3 | |
| 306 | | | 1 | 2 | 1 | 2 | 3 | |
| 307 | | | 1 | 2 | 1 | 2 | 3 | |
| 308 | | | 1 | 2 | 1 | 2 | 3 | |
| 309 | | | 1 | 2 | 1 | 2 | 3 | |
| 310 | | | 1 | 2 | 1 | 2 | 3 | |
| 311 | | | 1 | 2 | 1 | 2 | 3 | |
| 312 | | | 1 | 2 | 1 | 2 | 3 | |
| 313 | | | 1 | 2 | 1 | 2 | 3 | |
| 314 | | | 1 | 2 | 1 | 2 | 3 | |
| 315 | | | 1 | 2 | 1 | 2 | 3 | |
| 316 | | | 1 | 2 | 1 | 2 | 3 | |
| 317 | | | 1 | 2 | 1 | 2 | 3 | |
| 318 | | | 1 | 2 | 1 | 2 | 3 | |
| 319 | | | 1 | 2 | 1 | 2 | 3 | |
| 320 | | | 1 | 2 | 1 | 2 | 3 | |
| 321 | | | 1 | 2 | 1 | 2 | 3 | |
| 322 | | | 1 | 2 | 1 | 2 | 3 | |
| 323 | | | 1 | 2 | 1 | 2 | 3 | |
| 324 | | | 1 | 2 | 1 | 2 | 3 | |
| 325 | | | 1 | 2 | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



4. All Other Products, Services, and Expenses

Examples:

cigarettes

gasoline

utility gas bill

prescription drugs

cordless telephone

dry clean (curtains)

movie tickets

DVD rental

bus fare

phone bill

car insurance

brake work

hand soap

dish soap

power tools

paper towels

bath towel

rent

textbooks

cook book

airline fares

computer cables

cable TV bill

color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|
| 401 | | | |
| 402 | | | |
| 403 | | | |
| 404 | | | |
| 405 | | | |
| 406 | | | |
| 407 | | | |
| 408 | | | |
| 409 | | | |
| 410 | | | |
| 411 | | | |
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| 419 | | | |
| 420 | | | |
| 421 | | | |
| 422 | | | |
| 423 | | | |
| 424 | | | |
| 425 | | | |

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 4

SUN

MON

TUE

WED

THU

FRI

SAT

1. Food and Drinks Away from Home

Examples:

breakfast buffet
carry-out lunch
dinner & cocktails at restaurant

pizza delivery
Chinese takeout
child's school lunch

beer at happy hour
pretzels at ballgame
wine at tavern

croissant from café
ice cream from truck
wedding reception caterer

soda from vending machine
hot dog from convenience store
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

| | Mark (X) one that best describes the type of meal | | | | Description (see examples above and on the flap) | Mark (X) one that best describes where you made this purchase | | | | Total Cost with tax & tip | If alcoholic beverages included, mark (X) all that apply | | | Enter the total cost of the alcohol | |
|-----|---------------------------------------------------|-------|--------|-------------|-----------------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------|------------------------------|------------------------------|----------------------------------------------------------|------|-------|-------------------------------------|--|
| | breakfast | lunch | dinner | snack/other | | Fast-Food Take-out Delivery Concession | Full Service Places | Vending Machines or Mobile Vendors | Employer or School Cafeteria | | wine | beer | other | | |
| 101 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 102 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 103 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 104 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 105 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 106 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 107 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 108 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 109 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 110 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 111 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 112 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 113 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 114 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 115 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 116 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 117 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 118 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 119 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 120 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 121 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 122 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

20

FORM CE-801 (5-5-2014)

FR USE: ☐ None ☐ TR ☐ VC



080120

2. Food and Drinks for Home Consumption

Examples:

| | | | | | | | |
|------------|-------------|---------------|---------|------------------|-------------|---------------|-----------|
| eggs | cereal | tea | beer | apple juice | ground beef | chicken parts | fish |
| whole milk | white bread | cola | liquor | tomato juice | bacon | whole chicken | shellfish |
| sugar | cooking oil | ground coffee | oranges | carbonated water | lettuce | baby food | pet food |

Please unfold the RIGHT FLAP to see Frequently Asked Questions →

| | What did you buy or pay for? (see examples above and on the flap) | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 201 | | 1 | 2 | 3 | 4 | | |
| 202 | | 1 | 2 | 3 | 4 | | |
| 203 | | 1 | 2 | 3 | 4 | | |
| 204 | | 1 | 2 | 3 | 4 | | |
| 205 | | 1 | 2 | 3 | 4 | | |
| 206 | | 1 | 2 | 3 | 4 | | |
| 207 | | 1 | 2 | 3 | 4 | | |
| 208 | | 1 | 2 | 3 | 4 | | |
| 209 | | 1 | 2 | 3 | 4 | | |
| 210 | | 1 | 2 | 3 | 4 | | |
| 211 | | 1 | 2 | 3 | 4 | | |
| 212 | | 1 | 2 | 3 | 4 | | |
| 213 | | 1 | 2 | 3 | 4 | | |
| 214 | | 1 | 2 | 3 | 4 | | |
| 215 | | 1 | 2 | 3 | 4 | | |
| 216 | | 1 | 2 | 3 | 4 | | |
| 217 | | 1 | 2 | 3 | 4 | | |
| 218 | | 1 | 2 | 3 | 4 | | |
| 219 | | 1 | 2 | 3 | 4 | | |
| 220 | | 1 | 2 | 3 | 4 | | |
| 221 | | 1 | 2 | 3 | 4 | | |
| 222 | | 1 | 2 | 3 | 4 | | |
| 223 | | 1 | 2 | 3 | 4 | | |
| 224 | | 1 | 2 | 3 | 4 | | |
| 225 | | 1 | 2 | 3 | 4 | | |

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



3. Clothing, Shoes, Jewelry, and Accessories

Examples: shirt sweater shorts suit dress pants sandals sneakers shoe repairs soccer cleats team uniform ski boots gloves slippers dance costume watch necklace belt pajamas lingerie socks coat jacket windbreaker

Please unfold the LEFT FLAP to see Additional Examples

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Was the item for: | | Age | | | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------|--------|---------|------|-----------|----------------------------------------------------|
| | | | male | female | Under 2 | 2-15 | 16 & Over | |
| 301 | | | 1 | 2 | 1 | 2 | 3 | |
| 302 | | | 1 | 2 | 1 | 2 | 3 | |
| 303 | | | 1 | 2 | 1 | 2 | 3 | |
| 304 | | | 1 | 2 | 1 | 2 | 3 | |
| 305 | | | 1 | 2 | 1 | 2 | 3 | |
| 306 | | | 1 | 2 | 1 | 2 | 3 | |
| 307 | | | 1 | 2 | 1 | 2 | 3 | |
| 308 | | | 1 | 2 | 1 | 2 | 3 | |
| 309 | | | 1 | 2 | 1 | 2 | 3 | |
| 310 | | | 1 | 2 | 1 | 2 | 3 | |
| 311 | | | 1 | 2 | 1 | 2 | 3 | |
| 312 | | | 1 | 2 | 1 | 2 | 3 | |
| 313 | | | 1 | 2 | 1 | 2 | 3 | |
| 314 | | | 1 | 2 | 1 | 2 | 3 | |
| 315 | | | 1 | 2 | 1 | 2 | 3 | |
| 316 | | | 1 | 2 | 1 | 2 | 3 | |
| 317 | | | 1 | 2 | 1 | 2 | 3 | |
| 318 | | | 1 | 2 | 1 | 2 | 3 | |
| 319 | | | 1 | 2 | 1 | 2 | 3 | |
| 320 | | | 1 | 2 | 1 | 2 | 3 | |
| 321 | | | 1 | 2 | 1 | 2 | 3 | |
| 322 | | | 1 | 2 | 1 | 2 | 3 | |
| 323 | | | 1 | 2 | 1 | 2 | 3 | |
| 324 | | | 1 | 2 | 1 | 2 | 3 | |
| 325 | | | 1 | 2 | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



4. All Other Products, Services, and Expenses

Examples:

| | | | | | | | |
|------------------|----------------------|---------------|---------------|-------------|--------------|---------------|------------------|
| cigarettes | prescription drugs | movie tickets | phone bill | hand soap | paper towels | textbooks | computer cables |
| gasoline | cordless telephone | DVD rental | car insurance | dish soap | bath towel | cook book | cable TV bill |
| utility gas bill | dry clean (curtains) | bus fare | brake work | power tools | rent | airline fares | color television |

Please unfold the RIGHT FLAP to see Frequently Asked Questions



| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|
| 401 | | | |
| 402 | | | |
| 403 | | | |
| 404 | | | |
| 405 | | | |
| 406 | | | |
| 407 | | | |
| 408 | | | |
| 409 | | | |
| 410 | | | |
| 411 | | | |
| 412 | | | |
| 413 | | | |
| 414 | | | |
| 415 | | | |
| 416 | | | |
| 417 | | | |
| 418 | | | |
| 419 | | | |
| 420 | | | |
| 421 | | | |
| 422 | | | |
| 423 | | | |
| 424 | | | |
| 425 | | | |

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 5

SUN

MON

TUE

WED

THU

FRI

SAT

1. Food and Drinks Away from Home

Examples:

breakfast buffet
carry-out lunch
dinner & cocktails at restaurant

pizza delivery
Chinese takeout
child's school lunch

beer at happy hour
pretzels at ballgame
wine at tavern

croissant from café
ice cream from truck
wedding reception caterer

soda from vending machine
hot dog from convenience store
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

| | Mark (X) one that best describes the type of meal | | | | Description (see examples above and on the flap) | Mark (X) one that best describes where you made this purchase | | | | Total Cost with tax & tip | If alcoholic beverages included, mark (X) all that apply | | | Enter the total cost of the alcohol | |
|-----|---------------------------------------------------|-------|--------|-------------|-----------------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------|------------------------------|------------------------------|----------------------------------------------------------|------|-------|-------------------------------------|--|
| | breakfast | lunch | dinner | snack/other | | Fast-Food Take-out Delivery Concession | Full Service Places | Vending Machines or Mobile Vendors | Employer or School Cafeteria | | wine | beer | other | | |
| 101 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 102 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 103 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 104 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 105 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 106 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 107 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 108 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 109 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 110 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 111 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 112 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 113 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 114 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 115 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 116 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 117 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 118 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 119 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 120 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 121 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 122 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

FR USE: ☐ None ☐ TR ☐ VC



2. Food and Drinks for Home Consumption

Examples:

| | | | | | | | |
|------------|-------------|---------------|---------|------------------|-------------|---------------|-----------|
| eggs | cereal | tea | beer | apple juice | ground beef | chicken parts | fish |
| whole milk | white bread | cola | liquor | tomato juice | bacon | whole chicken | shellfish |
| sugar | cooking oil | ground coffee | oranges | carbonated water | lettuce | baby food | pet food |

Please unfold the RIGHT FLAP to see Frequently Asked Questions →

| | What did you buy or pay for? (see examples above and on the flap) | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 201 | | 1 | 2 | 3 | 4 | | |
| 202 | | 1 | 2 | 3 | 4 | | |
| 203 | | 1 | 2 | 3 | 4 | | |
| 204 | | 1 | 2 | 3 | 4 | | |
| 205 | | 1 | 2 | 3 | 4 | | |
| 206 | | 1 | 2 | 3 | 4 | | |
| 207 | | 1 | 2 | 3 | 4 | | |
| 208 | | 1 | 2 | 3 | 4 | | |
| 209 | | 1 | 2 | 3 | 4 | | |
| 210 | | 1 | 2 | 3 | 4 | | |
| 211 | | 1 | 2 | 3 | 4 | | |
| 212 | | 1 | 2 | 3 | 4 | | |
| 213 | | 1 | 2 | 3 | 4 | | |
| 214 | | 1 | 2 | 3 | 4 | | |
| 215 | | 1 | 2 | 3 | 4 | | |
| 216 | | 1 | 2 | 3 | 4 | | |
| 217 | | 1 | 2 | 3 | 4 | | |
| 218 | | 1 | 2 | 3 | 4 | | |
| 219 | | 1 | 2 | 3 | 4 | | |
| 220 | | 1 | 2 | 3 | 4 | | |
| 221 | | 1 | 2 | 3 | 4 | | |
| 222 | | 1 | 2 | 3 | 4 | | |
| 223 | | 1 | 2 | 3 | 4 | | |
| 224 | | 1 | 2 | 3 | 4 | | |
| 225 | | 1 | 2 | 3 | 4 | | |

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 5**SUN****MON****TUE****WED****THU****FRI****SAT**

3. Clothing, Shoes, Jewelry, and Accessories

Examples:shirt
sweater
shortssuit
dress
pantssandals
sneakers
shoe repairssoccer cleats
team uniform
ski bootsgloves
slippers
dance costumewatch
necklace
beltpajamas
lingerie
sockscoat
jacket
windbreaker Please unfold the LEFT FLAP to see Additional Examples

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Was the item for: | | Age | | | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------|--------|---------|------|-----------|----------------------------------------------------|
| | | | male | female | Under 2 | 2-15 | 16 & Over | |
| 301 | | | 1 | 2 | 1 | 2 | 3 | |
| 302 | | | 1 | 2 | 1 | 2 | 3 | |
| 303 | | | 1 | 2 | 1 | 2 | 3 | |
| 304 | | | 1 | 2 | 1 | 2 | 3 | |
| 305 | | | 1 | 2 | 1 | 2 | 3 | |
| 306 | | | 1 | 2 | 1 | 2 | 3 | |
| 307 | | | 1 | 2 | 1 | 2 | 3 | |
| 308 | | | 1 | 2 | 1 | 2 | 3 | |
| 309 | | | 1 | 2 | 1 | 2 | 3 | |
| 310 | | | 1 | 2 | 1 | 2 | 3 | |
| 311 | | | 1 | 2 | 1 | 2 | 3 | |
| 312 | | | 1 | 2 | 1 | 2 | 3 | |
| 313 | | | 1 | 2 | 1 | 2 | 3 | |
| 314 | | | 1 | 2 | 1 | 2 | 3 | |
| 315 | | | 1 | 2 | 1 | 2 | 3 | |
| 316 | | | 1 | 2 | 1 | 2 | 3 | |
| 317 | | | 1 | 2 | 1 | 2 | 3 | |
| 318 | | | 1 | 2 | 1 | 2 | 3 | |
| 319 | | | 1 | 2 | 1 | 2 | 3 | |
| 320 | | | 1 | 2 | 1 | 2 | 3 | |
| 321 | | | 1 | 2 | 1 | 2 | 3 | |
| 322 | | | 1 | 2 | 1 | 2 | 3 | |
| 323 | | | 1 | 2 | 1 | 2 | 3 | |
| 324 | | | 1 | 2 | 1 | 2 | 3 | |
| 325 | | | 1 | 2 | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



4. All Other Products, Services, and Expenses

Examples:

cigarettes

gasoline

utility gas bill

prescription drugs

cordless telephone

dry clean (curtains)

movie tickets

DVD rental

bus fare

phone bill

car insurance

brake work

hand soap

dish soap

power tools

paper towels

bath towel

rent

textbooks

cook book

airline fares

computer cables

cable TV bill

color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions

| | What did you buy or pay for? <i>(see examples above and on the flap)</i> | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|-----------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|
| 401 | | | |
| 402 | | | |
| 403 | | | |
| 404 | | | |
| 405 | | | |
| 406 | | | |
| 407 | | | |
| 408 | | | |
| 409 | | | |
| 410 | | | |
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| 412 | | | |
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| 419 | | | |
| 420 | | | |
| 421 | | | |
| 422 | | | |
| 423 | | | |
| 424 | | | |
| 425 | | | |

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 6

SUN

MON

TUE

WED

THU

FRI

SAT

1. Food and Drinks Away from Home

Examples:

breakfast buffet
carry-out lunch
dinner & cocktails at restaurant

pizza delivery
Chinese takeout
child's school lunch

beer at happy hour
pretzels at ballgame
wine at tavern

croissant from café
ice cream from truck
wedding reception caterer

soda from vending machine
hot dog from convenience store
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

| | Mark (X) one that best describes the type of meal | | | | Description (see examples above and on the flap) | Mark (X) one that best describes where you made this purchase | | | | Total Cost with tax & tip | If alcoholic beverages included, mark (X) all that apply | | | Enter the total cost of the alcohol | |
|-----|---------------------------------------------------|-------|--------|-------------|-----------------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------|------------------------------|------------------------------|----------------------------------------------------------|------|-------|-------------------------------------|--|
| | breakfast | lunch | dinner | snack/other | | Fast-Food Take-out Delivery Concession | Full Service Places | Vending Machines or Mobile Vendors | Employer or School Cafeteria | | wine | beer | other | | |
| 101 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 102 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 103 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 104 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 105 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 106 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 107 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 108 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 109 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 110 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 111 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 112 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 113 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 114 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 115 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 116 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 117 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 118 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 119 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 120 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 121 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 122 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

28

FORM CE-801 (5-5-2014)

FR USE: ☐ None ☐ TR ☐ VC



080128

2. Food and Drinks for Home Consumption

Examples:

| | | | | | | | |
|------------|-------------|---------------|---------|------------------|-------------|---------------|-----------|
| eggs | cereal | tea | beer | apple juice | ground beef | chicken parts | fish |
| whole milk | white bread | cola | liquor | tomato juice | bacon | whole chicken | shellfish |
| sugar | cooking oil | ground coffee | oranges | carbonated water | lettuce | baby food | pet food |

Please unfold the RIGHT FLAP to see Frequently Asked Questions →

| | What did you buy or pay for? (see examples above and on the flap) | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 201 | | 1 | 2 | 3 | 4 | | |
| 202 | | 1 | 2 | 3 | 4 | | |
| 203 | | 1 | 2 | 3 | 4 | | |
| 204 | | 1 | 2 | 3 | 4 | | |
| 205 | | 1 | 2 | 3 | 4 | | |
| 206 | | 1 | 2 | 3 | 4 | | |
| 207 | | 1 | 2 | 3 | 4 | | |
| 208 | | 1 | 2 | 3 | 4 | | |
| 209 | | 1 | 2 | 3 | 4 | | |
| 210 | | 1 | 2 | 3 | 4 | | |
| 211 | | 1 | 2 | 3 | 4 | | |
| 212 | | 1 | 2 | 3 | 4 | | |
| 213 | | 1 | 2 | 3 | 4 | | |
| 214 | | 1 | 2 | 3 | 4 | | |
| 215 | | 1 | 2 | 3 | 4 | | |
| 216 | | 1 | 2 | 3 | 4 | | |
| 217 | | 1 | 2 | 3 | 4 | | |
| 218 | | 1 | 2 | 3 | 4 | | |
| 219 | | 1 | 2 | 3 | 4 | | |
| 220 | | 1 | 2 | 3 | 4 | | |
| 221 | | 1 | 2 | 3 | 4 | | |
| 222 | | 1 | 2 | 3 | 4 | | |
| 223 | | 1 | 2 | 3 | 4 | | |
| 224 | | 1 | 2 | 3 | 4 | | |
| 225 | | 1 | 2 | 3 | 4 | | |

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 6

SUN

MON

TUE

WED

THU

FRI

SAT

3. Clothing, Shoes, Jewelry, and Accessories

Examples:

shirt
sweater
shorts

suit
dress
pants

sandals
sneakers
shoe repairs

soccer cleats
team uniform
ski boots

gloves
slippers
dance costume

watch
necklace
belt

pajamas
lingerie
socks

coat
jacket
windbreaker

Please unfold the LEFT FLAP to see Additional Examples

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Was the item for: | | Age | | | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------|--------|---------|------|-----------|----------------------------------------------------|
| | | | male | female | Under 2 | 2-15 | 16 & Over | |
| 301 | | | 1 | 2 | 1 | 2 | 3 | |
| 302 | | | 1 | 2 | 1 | 2 | 3 | |
| 303 | | | 1 | 2 | 1 | 2 | 3 | |
| 304 | | | 1 | 2 | 1 | 2 | 3 | |
| 305 | | | 1 | 2 | 1 | 2 | 3 | |
| 306 | | | 1 | 2 | 1 | 2 | 3 | |
| 307 | | | 1 | 2 | 1 | 2 | 3 | |
| 308 | | | 1 | 2 | 1 | 2 | 3 | |
| 309 | | | 1 | 2 | 1 | 2 | 3 | |
| 310 | | | 1 | 2 | 1 | 2 | 3 | |
| 311 | | | 1 | 2 | 1 | 2 | 3 | |
| 312 | | | 1 | 2 | 1 | 2 | 3 | |
| 313 | | | 1 | 2 | 1 | 2 | 3 | |
| 314 | | | 1 | 2 | 1 | 2 | 3 | |
| 315 | | | 1 | 2 | 1 | 2 | 3 | |
| 316 | | | 1 | 2 | 1 | 2 | 3 | |
| 317 | | | 1 | 2 | 1 | 2 | 3 | |
| 318 | | | 1 | 2 | 1 | 2 | 3 | |
| 319 | | | 1 | 2 | 1 | 2 | 3 | |
| 320 | | | 1 | 2 | 1 | 2 | 3 | |
| 321 | | | 1 | 2 | 1 | 2 | 3 | |
| 322 | | | 1 | 2 | 1 | 2 | 3 | |
| 323 | | | 1 | 2 | 1 | 2 | 3 | |
| 324 | | | 1 | 2 | 1 | 2 | 3 | |
| 325 | | | 1 | 2 | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



4. All Other Products, Services, and Expenses

Examples:

cigarettes

gasoline

utility gas bill

prescription drugs

cordless telephone

dry clean (curtains)

movie tickets

DVD rental

bus fare

phone bill

car insurance

brake work

hand soap

dish soap

power tools

paper towels

bath towel

rent

textbooks

cook book

airline fares

computer cables

cable TV bill

color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions

| | What did you buy or pay for? <i>(see examples above and on the flap)</i> | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|-----------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|
| 401 | | | |
| 402 | | | |
| 403 | | | |
| 404 | | | |
| 405 | | | |
| 406 | | | |
| 407 | | | |
| 408 | | | |
| 409 | | | |
| 410 | | | |
| 411 | | | |
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| 419 | | | |
| 420 | | | |
| 421 | | | |
| 422 | | | |
| 423 | | | |
| 424 | | | |
| 425 | | | |

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 7

SUN

MON

TUE

WED

THU

FRI

SAT

1. Food and Drinks Away from Home

Examples:

breakfast buffet
carry-out lunch
dinner & cocktails at restaurant

pizza delivery
Chinese takeout
child's school lunch

beer at happy hour
pretzels at ballgame
wine at tavern

croissant from café
ice cream from truck
wedding reception caterer

soda from vending machine
hot dog from convenience store
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

| | Mark (X) one that best describes the type of meal | | | | Description (see examples above and on the flap) | Mark (X) one that best describes where you made this purchase | | | | Total Cost with tax & tip | If alcoholic beverages included, mark (X) all that apply | | | Enter the total cost of the alcohol | |
|-----|---------------------------------------------------|-------|--------|-------------|-----------------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------|------------------------------|------------------------------|----------------------------------------------------------|------|-------|-------------------------------------|--|
| | breakfast | lunch | dinner | snack/other | | Fast-Food Take-out Delivery Concession | Full Service Places | Vending Machines or Mobile Vendors | Employer or School Cafeteria | | wine | beer | other | | |
| 101 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 102 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 103 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 104 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 105 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 106 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 107 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 108 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 109 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 110 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 111 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 112 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 113 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 114 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 115 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 116 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 117 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 118 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 119 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 120 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 121 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |
| 122 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

32

FORM CE-801 (5-5-2014)

FR USE: ☐ None ☐ TR ☐ VC



080132

2. Food and Drinks for Home Consumption

Examples: eggs, cereal, tea, beer, apple juice, ground beef, chicken parts, fish
 whole milk, white bread, cola, liquor, tomato juice, bacon, whole chicken, shellfish
 sugar, cooking oil, ground coffee, oranges, carbonated water, lettuce, baby food, pet food

Please unfold the RIGHT FLAP to see Frequently Asked Questions →

| | What did you buy or pay for? (see examples above and on the flap) | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 201 | | 1 | 2 | 3 | 4 | | |
| 202 | | 1 | 2 | 3 | 4 | | |
| 203 | | 1 | 2 | 3 | 4 | | |
| 204 | | 1 | 2 | 3 | 4 | | |
| 205 | | 1 | 2 | 3 | 4 | | |
| 206 | | 1 | 2 | 3 | 4 | | |
| 207 | | 1 | 2 | 3 | 4 | | |
| 208 | | 1 | 2 | 3 | 4 | | |
| 209 | | 1 | 2 | 3 | 4 | | |
| 210 | | 1 | 2 | 3 | 4 | | |
| 211 | | 1 | 2 | 3 | 4 | | |
| 212 | | 1 | 2 | 3 | 4 | | |
| 213 | | 1 | 2 | 3 | 4 | | |
| 214 | | 1 | 2 | 3 | 4 | | |
| 215 | | 1 | 2 | 3 | 4 | | |
| 216 | | 1 | 2 | 3 | 4 | | |
| 217 | | 1 | 2 | 3 | 4 | | |
| 218 | | 1 | 2 | 3 | 4 | | |
| 219 | | 1 | 2 | 3 | 4 | | |
| 220 | | 1 | 2 | 3 | 4 | | |
| 221 | | 1 | 2 | 3 | 4 | | |
| 222 | | 1 | 2 | 3 | 4 | | |
| 223 | | 1 | 2 | 3 | 4 | | |
| 224 | | 1 | 2 | 3 | 4 | | |
| 225 | | 1 | 2 | 3 | 4 | | |

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 7

SUN

MON

TUE

WED

THU

FRI

SAT

3. Clothing, Shoes, Jewelry, and Accessories

Examples:

shirt
sweater
shorts

suit
dress
pants

sandals
sneakers
shoe repairs

soccer cleats
team uniform
ski boots

gloves
slippers
dance costume

watch
necklace
belt

pajamas
lingerie
socks

coat
jacket
windbreaker

Please unfold the LEFT FLAP to see Additional Examples

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Was the item for: | | Age | | | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------|--------|---------|------|-----------|----------------------------------------------------|
| | | | male | female | Under 2 | 2-15 | 16 & Over | |
| 301 | | | 1 | 2 | 1 | 2 | 3 | |
| 302 | | | 1 | 2 | 1 | 2 | 3 | |
| 303 | | | 1 | 2 | 1 | 2 | 3 | |
| 304 | | | 1 | 2 | 1 | 2 | 3 | |
| 305 | | | 1 | 2 | 1 | 2 | 3 | |
| 306 | | | 1 | 2 | 1 | 2 | 3 | |
| 307 | | | 1 | 2 | 1 | 2 | 3 | |
| 308 | | | 1 | 2 | 1 | 2 | 3 | |
| 309 | | | 1 | 2 | 1 | 2 | 3 | |
| 310 | | | 1 | 2 | 1 | 2 | 3 | |
| 311 | | | 1 | 2 | 1 | 2 | 3 | |
| 312 | | | 1 | 2 | 1 | 2 | 3 | |
| 313 | | | 1 | 2 | 1 | 2 | 3 | |
| 314 | | | 1 | 2 | 1 | 2 | 3 | |
| 315 | | | 1 | 2 | 1 | 2 | 3 | |
| 316 | | | 1 | 2 | 1 | 2 | 3 | |
| 317 | | | 1 | 2 | 1 | 2 | 3 | |
| 318 | | | 1 | 2 | 1 | 2 | 3 | |
| 319 | | | 1 | 2 | 1 | 2 | 3 | |
| 320 | | | 1 | 2 | 1 | 2 | 3 | |
| 321 | | | 1 | 2 | 1 | 2 | 3 | |
| 322 | | | 1 | 2 | 1 | 2 | 3 | |
| 323 | | | 1 | 2 | 1 | 2 | 3 | |
| 324 | | | 1 | 2 | 1 | 2 | 3 | |
| 325 | | | 1 | 2 | 1 | 2 | 3 | |

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



4. All Other Products, Services, and Expenses

Examples:

cigarettes

gasoline

utility gas bill

prescription drugs

cordless telephone

dry clean (curtains)

movie tickets

DVD rental

bus fare

phone bill

car insurance

brake work

hand soap

dish soap

power tools

paper towels

bath towel

rent

textbooks

cook book

airline fares

computer cables

cable TV bill

color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions

| | What did you buy or pay for? (see examples above and on the flap) | Total Cost without tax | Mark (X) If purchased for someone not on your list |
|-----|----------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|
| 401 | | | |
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| 422 | | | |
| 423 | | | |
| 424 | | | |
| 425 | | | |

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Additional Pages

1. Food and Drinks Away from Home

| | Mark (X) one that best describes the type of meal | | | | Description <i>(see examples on the flap)</i> | Mark (X) one that best describes where you made this purchase | | | | Total Cost with tax & tip | If alcoholic beverages included, mark (X) all that apply | | | Enter the total cost of the alcohol |
|-----|---------------------------------------------------|-------|--------|-------------|--------------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------|------------------------------|------------------------------|----------------------------------------------------------|------|-------|-------------------------------------|
| | breakfast | lunch | dinner | snack/other | | Fast-Food Take-out Delivery Concession | Full Service Places | Vending Machines or Mobile Vendors | Employer or School Cafeteria | | wine | beer | other | |
| 101 | | | | | | | | | | | | | | |
| 102 | | | | | | | | | | | | | | |
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| 121 | | | | | | | | | | | | | | |
| 122 | | | | | | | | | | | | | | |
| 123 | | | | | | | | | | | | | | |



Additional Pages

1. Food and Drinks Away from Home

| | Mark (X) one that best describes the type of meal | | | | Description (see examples on the flap) | Mark (X) one that best describes where you made this purchase | | | | Total Cost with tax & tip | If alcoholic beverages included, mark (X) all that apply | | | Enter the total cost of the alcohol |
|-----|---------------------------------------------------|-------|--------|-------------|-------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------|------------------------------|------------------------------|----------------------------------------------------------|------|-------|-------------------------------------|
| | breakfast | lunch | dinner | snack/other | | Fast-Food Take-out Delivery Concession | Full Service Places | Vending Machines or Mobile Vendors | Employer or School Cafeteria | | wine | beer | other | |
| 124 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 125 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 126 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 127 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 128 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 129 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 130 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 131 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 132 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 133 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 134 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 135 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 136 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 137 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 138 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 139 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 140 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 141 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 142 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 143 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 144 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 145 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |
| 146 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | |



Additional Pages

2. Food and Drinks for Home Consumption

| | What did you buy or pay for? <i>(see examples on the flap)</i> | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) if purchased for someone not on your list |
|-----|-------------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 201 | | 1 | 2 | 3 | 4 | | |
| 202 | | 1 | 2 | 3 | 4 | | |
| 203 | | 1 | 2 | 3 | 4 | | |
| 204 | | 1 | 2 | 3 | 4 | | |
| 205 | | 1 | 2 | 3 | 4 | | |
| 206 | | 1 | 2 | 3 | 4 | | |
| 207 | | 1 | 2 | 3 | 4 | | |
| 208 | | 1 | 2 | 3 | 4 | | |
| 209 | | 1 | 2 | 3 | 4 | | |
| 210 | | 1 | 2 | 3 | 4 | | |
| 211 | | 1 | 2 | 3 | 4 | | |
| 212 | | 1 | 2 | 3 | 4 | | |
| 213 | | 1 | 2 | 3 | 4 | | |
| 214 | | 1 | 2 | 3 | 4 | | |
| 215 | | 1 | 2 | 3 | 4 | | |
| 216 | | 1 | 2 | 3 | 4 | | |
| 217 | | 1 | 2 | 3 | 4 | | |
| 218 | | 1 | 2 | 3 | 4 | | |
| 219 | | 1 | 2 | 3 | 4 | | |
| 220 | | 1 | 2 | 3 | 4 | | |
| 221 | | 1 | 2 | 3 | 4 | | |
| 222 | | 1 | 2 | 3 | 4 | | |
| 223 | | 1 | 2 | 3 | 4 | | |
| 224 | | 1 | 2 | 3 | 4 | | |
| 225 | | 1 | 2 | 3 | 4 | | |
| 226 | | 1 | 2 | 3 | 4 | | |
| 227 | | 1 | 2 | 3 | 4 | | |



Additional Pages

2. Food and Drinks for Home Consumption

| | What did you buy or pay for? (see examples on the flap) | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) if purchased for someone not on your list |
|-----|------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 228 | | 1 | 2 | 3 | 4 | | |
| 229 | | 1 | 2 | 3 | 4 | | |
| 230 | | 1 | 2 | 3 | 4 | | |
| 231 | | 1 | 2 | 3 | 4 | | |
| 232 | | 1 | 2 | 3 | 4 | | |
| 233 | | 1 | 2 | 3 | 4 | | |
| 234 | | 1 | 2 | 3 | 4 | | |
| 235 | | 1 | 2 | 3 | 4 | | |
| 236 | | 1 | 2 | 3 | 4 | | |
| 237 | | 1 | 2 | 3 | 4 | | |
| 238 | | 1 | 2 | 3 | 4 | | |
| 239 | | 1 | 2 | 3 | 4 | | |
| 240 | | 1 | 2 | 3 | 4 | | |
| 241 | | 1 | 2 | 3 | 4 | | |
| 242 | | 1 | 2 | 3 | 4 | | |
| 243 | | 1 | 2 | 3 | 4 | | |
| 244 | | 1 | 2 | 3 | 4 | | |
| 245 | | 1 | 2 | 3 | 4 | | |
| 246 | | 1 | 2 | 3 | 4 | | |
| 247 | | 1 | 2 | 3 | 4 | | |
| 248 | | 1 | 2 | 3 | 4 | | |
| 249 | | 1 | 2 | 3 | 4 | | |
| 250 | | 1 | 2 | 3 | 4 | | |
| 251 | | 1 | 2 | 3 | 4 | | |
| 252 | | 1 | 2 | 3 | 4 | | |
| 253 | | 1 | 2 | 3 | 4 | | |
| 254 | | 1 | 2 | 3 | 4 | | |

FORM CE-801 (5-5-2014)

39



080139

Additional Pages

2. Food and Drinks for Home Consumption

| | What did you buy or pay for? (see examples on the flap) | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) if purchased for someone not on your list |
|-----|------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 255 | | 1 | 2 | 3 | 4 | | |
| 256 | | 1 | 2 | 3 | 4 | | |
| 257 | | 1 | 2 | 3 | 4 | | |
| 258 | | 1 | 2 | 3 | 4 | | |
| 259 | | 1 | 2 | 3 | 4 | | |
| 260 | | 1 | 2 | 3 | 4 | | |
| 261 | | 1 | 2 | 3 | 4 | | |
| 262 | | 1 | 2 | 3 | 4 | | |
| 263 | | 1 | 2 | 3 | 4 | | |
| 264 | | 1 | 2 | 3 | 4 | | |
| 265 | | 1 | 2 | 3 | 4 | | |
| 266 | | 1 | 2 | 3 | 4 | | |
| 267 | | 1 | 2 | 3 | 4 | | |
| 268 | | 1 | 2 | 3 | 4 | | |
| 269 | | 1 | 2 | 3 | 4 | | |
| 270 | | 1 | 2 | 3 | 4 | | |
| 271 | | 1 | 2 | 3 | 4 | | |
| 272 | | 1 | 2 | 3 | 4 | | |
| 273 | | 1 | 2 | 3 | 4 | | |
| 274 | | 1 | 2 | 3 | 4 | | |
| 275 | | 1 | 2 | 3 | 4 | | |
| 276 | | 1 | 2 | 3 | 4 | | |
| 277 | | 1 | 2 | 3 | 4 | | |
| 278 | | 1 | 2 | 3 | 4 | | |
| 279 | | 1 | 2 | 3 | 4 | | |
| 280 | | 1 | 2 | 3 | 4 | | |
| 281 | | 1 | 2 | 3 | 4 | | |



Additional Pages

2. Food and Drinks for Home Consumption

| | What did you buy or pay for? (see examples on the flap) | Is this item: Mark (X) one | | | | Total Cost without tax | Mark (X) if purchased for someone not on your list |
|-----|------------------------------------------------------------|-------------------------------|--------|--------------------|-------|---------------------------|-------------------------------------------------------------|
| | | fresh | frozen | bottled/ canned | other | | |
| 282 | | 1 | 2 | 3 | 4 | | |
| 283 | | 1 | 2 | 3 | 4 | | |
| 284 | | 1 | 2 | 3 | 4 | | |
| 285 | | 1 | 2 | 3 | 4 | | |
| 286 | | 1 | 2 | 3 | 4 | | |
| 287 | | 1 | 2 | 3 | 4 | | |
| 288 | | 1 | 2 | 3 | 4 | | |
| 289 | | 1 | 2 | 3 | 4 | | |
| 290 | | 1 | 2 | 3 | 4 | | |
| 291 | | 1 | 2 | 3 | 4 | | |
| 292 | | 1 | 2 | 3 | 4 | | |
| 293 | | 1 | 2 | 3 | 4 | | |
| 294 | | 1 | 2 | 3 | 4 | | |
| 295 | | 1 | 2 | 3 | 4 | | |

3. Clothing, Shoes, Jewelry, and Accessories

| | What did you buy or pay for? (see examples on the flap) | Total Cost without tax | Was the item for: | | Age: | | | Mark (X) if purchased for someone not on your list |
|-----|------------------------------------------------------------|---------------------------|----------------------|--------|------------|------|--------------|-------------------------------------------------------------|
| | | | male | female | Under 2 | 2-15 | 16 & Over | |
| 301 | | | 1 | 2 | 1 | 2 | 3 | |
| 302 | | | 1 | 2 | 1 | 2 | 3 | |
| 303 | | | 1 | 2 | 1 | 2 | 3 | |
| 304 | | | 1 | 2 | 1 | 2 | 3 | |
| 305 | | | 1 | 2 | 1 | 2 | 3 | |
| 306 | | | 1 | 2 | 1 | 2 | 3 | |
| 307 | | | 1 | 2 | 1 | 2 | 3 | |
| 308 | | | 1 | 2 | 1 | 2 | 3 | |
| 309 | | | 1 | 2 | 1 | 2 | 3 | |



Additional Pages

3. Clothing, Shoes, Jewelry, and Accessories

| | What did you buy or pay for? <i>(see examples on the flap)</i> | Total Cost without tax | Was the item for: | | Age: | | | Mark (X) if purchased for someone not on your list |
|-----|-------------------------------------------------------------------|---------------------------|----------------------|--------|------------|------|--------------|-------------------------------------------------------------|
| | | | male | female | Under 2 | 2-15 | 16 & Over | |
| 310 | | | 1 | 2 | 1 | 2 | 3 | |
| 311 | | | 1 | 2 | 1 | 2 | 3 | |
| 312 | | | 1 | 2 | 1 | 2 | 3 | |
| 313 | | | 1 | 2 | 1 | 2 | 3 | |
| 314 | | | 1 | 2 | 1 | 2 | 3 | |
| 315 | | | 1 | 2 | 1 | 2 | 3 | |
| 316 | | | 1 | 2 | 1 | 2 | 3 | |
| 317 | | | 1 | 2 | 1 | 2 | 3 | |
| 318 | | | 1 | 2 | 1 | 2 | 3 | |
| 319 | | | 1 | 2 | 1 | 2 | 3 | |
| 320 | | | 1 | 2 | 1 | 2 | 3 | |
| 321 | | | 1 | 2 | 1 | 2 | 3 | |
| 322 | | | 1 | 2 | 1 | 2 | 3 | |
| 323 | | | 1 | 2 | 1 | 2 | 3 | |
| 324 | | | 1 | 2 | 1 | 2 | 3 | |
| 325 | | | 1 | 2 | 1 | 2 | 3 | |
| 326 | | | 1 | 2 | 1 | 2 | 3 | |
| 327 | | | 1 | 2 | 1 | 2 | 3 | |
| 328 | | | 1 | 2 | 1 | 2 | 3 | |
| 329 | | | 1 | 2 | 1 | 2 | 3 | |
| 330 | | | 1 | 2 | 1 | 2 | 3 | |
| 331 | | | 1 | 2 | 1 | 2 | 3 | |
| 332 | | | 1 | 2 | 1 | 2 | 3 | |
| 333 | | | 1 | 2 | 1 | 2 | 3 | |
| 334 | | | 1 | 2 | 1 | 2 | 3 | |
| 335 | | | 1 | 2 | 1 | 2 | 3 | |
| 336 | | | 1 | 2 | 1 | 2 | 3 | |



Additional Pages

4. All Other Products, Services, and Expenses

| | What did you buy or pay for? <i>(see examples on the flap)</i> | Total Cost without tax | Mark (X) if purchased for someone not on your list |
|-----|-------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|
| 401 | | | |
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| 425 | | | |
| 426 | | | |
| 427 | | | |



Additional Pages

4. All Other Products, Services, and Expenses

| | What did you buy or pay for? <i>(see examples on the flap)</i> | Total Cost without tax | Mark (X) if purchased for someone not on your list |
|-----|-------------------------------------------------------------------|---------------------------|-------------------------------------------------------------|
| 428 | | | |
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Keep your records in this pocket.

(These records are only for your reference; we will not keep them.)

- Receipts
- Bank Statements
- Credit Card Statements
- Pay Stubs
- Catalog/Internet Order Invoices
- Utility Bills
- Telephone bills

Frequently Asked Questions

(continued on other side)

10. What if I make a contribution or charitable donation?

Record money contributions or donations in the section called *All Other Products, Services, and Expenses* (Part 4).

11. What about gift certificates or gift cards?

If you buy a gift certificate to give to someone, write down the cost of it under the appropriate section (e.g. a certificate to a clothing store would go under *Clothing, Shoes, Jewelry, and Accessories* (Part 3) and a certificate to a department store would go under *All Other Products, Services, and Expenses* (Part 4)). If you buy something using a gift card, write down the full amount for your purchase ignoring the gift card.

12. What do I do about returns & exchanges?

If an item is bought and returned during the diary week, it can be erased or crossed out. If it was bought outside the week and returned during the week, do not make an entry. If an item is exchanged during the week, change the entry. If the new cost is different, cross out the old cost and write in the new cost (see examples on page 7).

13. Should I record subsidized/reimbursed expenses?

Yes, but if someone not on your list pays for or helps pay for an expense or if you will be reimbursed for an expense, only record any extra amount that you or someone on your list has to pay.

14. What should I do about shipping & handling costs?

Include the shipping & handling cost in the total price of the item. If the shipping & handling covered multiple items, include the shipping & handling in the total price of one item from the order.

15. What's the difference between a concession stand and a mobile vendor?

A concession stand has to stay in a permanent location and a mobile vendor does not. Some mobile vendors may seem permanent because they are usually in the same location, but they are still considered mobile vendors because they have the option to change locations.

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Frequently Asked Questions

(continued on other side)

1. How detailed should my descriptions be?

Refer to pages 4–7 for examples of the level of detail needed in each part. Do not use brand names.

2. How should I record multiple quantities?

If the items are identical, you can combine them on the same line and enter the total cost of all the items. See examples on pages 5 and 6.

3. How should I record pre-payments such as a subway fare card?

Record the expense when you pay for it, not when you use it.

4. How should I record credit card purchases?

Record the individual expense on the day that you use your credit card to pay for something, not on the day you pay your entire credit card bill.

5. Should I record automatic deductions taken from my paycheck or bank account?

Yes, record automatic deductions (such as health insurance premiums taken out of your account or paycheck) only if they are deducted that week. Write them in the section called *All Other Products, Services, and Expenses* (Part 4).

6. Should I record typical monthly bills?

Yes, record typical monthly bills only if you pay them during the week that you have the diary. Write them in the section called *All Other Products, Services, and Expenses* (Part 4).

7. What should I do when I use coupons, discount cards, or loyalty cards?

Subtract the discount from the original price and write the amount that you paid.

8. Can I just give you receipts instead of writing the information down?

No, we need you to actually write the information in the diary. We encourage you to save your receipts to review them with your field representative at the end of the week. You can use the pocket on the inside of the back cover to store your receipts until you're ready to record your purchases.

9. How should I record items if I don't know whether it includes tax?

Write down the amount paid.

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| Coffee.jpg | Car Dashboard- & CD.jpg | Gifts.jpg | Money.jpg | Haircut.jpg | Pizza.jpg |
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Daily Reminder List

Please review the list of expenses below with the people on your list at the end of each day.
If you have forgotten to record any expense, please do so on the appropriate page.

Did you or anyone on your list pay for . . .

- meals, drinks, or snacks from restaurants, fast food, cafeterias, vending machines, concession stands, etc.?
- catered events or meal plans?
- food & drinks from a grocery store or other speciality food store such as a bakery, candy shop, or liquor store?
- clothing, shoes, jewelry, accessories or clothing services such as dry cleaning?
- personal care items or services such as cosmetics, soaps, haircuts, etc.?
- housekeeping supplies or services for home decoration/maintenance?
- toys, books, electronics, hobby supplies, etc.?
- cigarettes, tobacco, or other smoking supplies?
- commuting costs such as public transportation, parking fees, gasoline, or tolls?
- medicine or medical/dental services?
- entertainment or recreational activities?
- typical bills such as utility bills, cable bills, telephone bills, etc.?
- automatic deductions from a paycheck such as insurance premiums?
- bank/ATM service fees?
- credit card interest or finance charges?
- internet or catalog orders?
- fees for lessons or instructions?
- gifts, contributions, donations?

For more specific examples of expenses, please refer to the flap attached to the front cover.

| RO code | Control Number | | | | | | | | | Spinoff Indicator | Week | |
|------------|----------------|--------------|---------------|-------|-----------------------|----------------|----------------|-----------|-----------|----------------------|------|---|
| | Survey code | PSU state | PSU county | Frame | Sample Designation | Sequence #1 | Sequence #2 | HH No. | CU No. | | 1 | 2 |
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| Vegetables.jpg | Hand Swiping Credit Card.jpg | Kid with Toys .jpg | Clothing.jpg | Hammer and Nail .jpg | Newspaper.jpg |
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