

D.3 Reference Portion Measurement Form

Reference Portion Measurement Form

OMB Control No.: 0584-XXXX

OMB Approval Expiration Date: XX/XX/XXXX

Interviewer ID #: _____ _____ _____ _____ _____ _____	Meal: (check one)
Date of observation: _____ / _____ / 2016 Month Day	0 <input type="checkbox"/> Breakfast 3 <input type="checkbox"/> Morning Snack 1 <input type="checkbox"/> Lunch 4 <input type="checkbox"/> Afternoon Snack 2 <input type="checkbox"/> Dinner/Supper 5 <input type="checkbox"/> Evening Snack
Use additional sheets as necessary to record all components of a meal or snack (including water)	
Menu item or component: _____	Menu item or component: _____
Reference Portion : _____	Reference Portion : _____
Weights or volumes of samples: #1 _____ grams/fluid oz (circle one) #2 _____ #3 _____ #4 _____ #5 _____	Weights or volumes of samples: #1 _____ grams/fluid oz (circle one) #2 _____ #3 _____ #4 _____ #5 _____
Menu item or component: _____	Menu item or component: _____
Reference Portion: _____	Reference Portion: _____
Weights or volumes of samples: #1 _____ grams/fluid oz (circle one) #2 _____ #3 _____ #4 _____ #5 _____	Weights or volumes of samples: #1 _____ grams/fluid oz (circle one) #2 _____ #3 _____ #4 _____ #5 _____

Adapted from the Serving Size Measurement Form used in the Early Childhood and Childcare Study and the Family Childcare Homes Legislative Changes Study.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.