

**Measuring America's  
Spending Since 1888**

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
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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:

# 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**

**Check**

**Food Stamps**

**Credit/Debit Card**

**Money Order**

**WIC Voucher**

**Automatic**

**Withdrawal**

**Payroll**

**Deduction**

**Store Charge**

**Card**

**Gift 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**

**Bills**

**Pay Stubs**

**Bank Statements**

**Catalog/Internet Purchases**

**Credit Card Statements**

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

## Do NOT record

- Expenses of people on your list while they were away from home overnight.
- Business or farm operating expenses
- Sales tax, *except* for Meals, Snacks, and Drinks Away from Home

# 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.**

## **1. 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).

## **2. Meals, Snacks, 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.

## **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).

**See back flap for answers to Frequently Asked Questions**

**There is an Additional Pages section on pages 18–23 in case you run out of lines on any particular day.**

**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.**

# Record Your Daily Expenses

**The people on your list:**

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


## Notes


# 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.



# Examples

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
101	<i>bread</i>	<input checked="" type="checkbox"/>				1   49	
102	<i>eggs</i>	<input checked="" type="checkbox"/>				1   50	
103	<i>chicken wings</i>		<input checked="" type="checkbox"/>			6   78	
104	<i>apples</i>	<input checked="" type="checkbox"/>				2   80	
105	<i>beer</i>			<input checked="" type="checkbox"/>		4   29	
106	<i>milk</i>	<input checked="" type="checkbox"/>				2   99	
107	<i>orange juice</i>			<input checked="" type="checkbox"/>		3   99	
108	<i>candy</i>				<input checked="" type="checkbox"/>	2   50	
109	<i>vegetable oil</i>			<input checked="" type="checkbox"/>		2   99	
110	<i>baby food</i>			<input checked="" type="checkbox"/>		4   95	
111	<i>potato chips</i>				<input checked="" type="checkbox"/>	2   79	
112	<i>frozen meals</i>		<input checked="" type="checkbox"/>			8   97	
113	<i>ketchup</i>			<input checked="" type="checkbox"/>		1   59	
114	<i>soup</i>			<input checked="" type="checkbox"/>		4   96	
115	<i>soda</i>			<input checked="" type="checkbox"/>		1   98	
116	<i>pork chops</i>	<input checked="" type="checkbox"/>				6   36	
117	<i>shrimp</i>		<input checked="" type="checkbox"/>			11   20	
118	<i>cookies</i>				<input checked="" type="checkbox"/>	3   50	<input checked="" type="checkbox"/>
119	<i>apple pie</i>	<input checked="" type="checkbox"/>				4   99	<input checked="" type="checkbox"/>
120	<i>carbonated water</i>			<input checked="" type="checkbox"/>		89	
121	<i>ground beef</i>	<input checked="" type="checkbox"/>				5   87	
122	<i>coffee</i>				<input checked="" type="checkbox"/>	2   79	
123	<i>bagels</i>	<input checked="" type="checkbox"/>				5   25	
124	<i>wine</i>			<input checked="" type="checkbox"/>		42   00	
125	<i>dog food</i>				<input checked="" type="checkbox"/>	5   85	
126							
127							
128							
129							
130							
131							
132							
133							
134							
135							
136							

**Level of detail needed**  
 BEEF – Specify the cut and describe, such as round roast, ground beef, etc.  
 PORK – Specify the cut and describe, such as whole ham, bacon, spareribs, etc.  
 OTHER FOOD – Give a complete description, such as scalloped potatoes.

Use the pocket on the inside of the back cover to store your receipts until you're ready to record your purchases.



# Examples

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other						
201	1	2	3	4	X coffee	1	X	2	3	4	1	35	1	2	3				
202	1	2	3	4	X school lunch - month	1		2	3	4	X	45	00	1	2	3			
203	1	2	3	4	X soda	1		2	3	4	X		65	1	2	3			
204	1	2	3	4	X dinner	1		2	3	4	X	62	23	X			12	00	
205	1	2	3	4	X drinks at bar	1		2	3	4	X	15	00	1	2	3	X	X	
206	1	2	3	4	X caterer - family reunion	1		2	3	4	X	350	00	X	X	X		95	00

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) if purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
301	dress shirts	75   00	1	2	3	4	5	X
302	running shoes	69   00	1	2	3	4	5	X
303	wallet	29   00	1	2	3	4	5	X
304	baseball cap	14   99	1	2	3	4	5	
305	bib	3   50	X	2	3	4	5	X
306	necklace	250   00	1	2	3	4	5	X
307	non-prescription sunglasses	59   00	1	2	3	4	5	X
308	<del>child's costume (returned for refund)</del>	<del>15   00</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del>5</del>	

Level of detail needed

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

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

EYEWEAR – Specify prescription or non-prescription.

## All Other Products, Services, and Expenses

	What did you buy or pay for?	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 (clothes)	15   50	
407	lottery tickets	1   00	
408	bus fare	1   50	
409	piano lessons	150   00	
410	electric drill	65   00	
411	Netflix subscription	9   99	
412	veterinarian fees	85   00	
413	Donation	50   00	

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.



# DAY 1

ENTER  
DAY AND  
DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
109		1	2	3	4		
110		1	2	3	4		
111		1	2	3	4		
112		1	2	3	4		
113		1	2	3	4		
114		1	2	3	4		
115		1	2	3	4		
116		1	2	3	4		
117		1	2	3	4		
118		1	2	3	4		
119		1	2	3	4		
120		1	2	3	4		
121		1	2	3	4		
122		1	2	3	4		
123		1	2	3	4		
124		1	2	3	4		
125		1	2	3	4		
126		1	2	3	4		
127		1	2	3	4		
128		1	2	3	4		
129		1	2	3	4		
130		1	2	3	4		
131		1	2	3	4		
132		1	2	3	4		
133		1	2	3	4		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		





# DAY 1

FR USE:

- None  
 VC

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other		
	1	2	3	4		1	2	3	4			1	2	3	
201	1	2	3	4		1	2	3	4			1	2	3	
202	1	2	3	4		1	2	3	4			1	2	3	
203	1	2	3	4		1	2	3	4			1	2	3	
204	1	2	3	4		1	2	3	4			1	2	3	
205	1	2	3	4		1	2	3	4			1	2	3	
206	1	2	3	4		1	2	3	4			1	2	3	

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) if purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
			1	2	3	4	5	
301			1	2	3	4	5	
302			1	2	3	4	5	
303			1	2	3	4	5	
304			1	2	3	4	5	
305			1	2	3	4	5	
306			1	2	3	4	5	
307			1	2	3	4	5	
308			1	2	3	4	5	

## All Other Products, Services, and Expenses

	What did you buy or pay for?	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			



# DAY 2

ENTER  
DAY AND  
DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
109		1	2	3	4		
110		1	2	3	4		
111		1	2	3	4		
112		1	2	3	4		
113		1	2	3	4		
114		1	2	3	4		
115		1	2	3	4		
116		1	2	3	4		
117		1	2	3	4		
118		1	2	3	4		
119		1	2	3	4		
120		1	2	3	4		
121		1	2	3	4		
122		1	2	3	4		
123		1	2	3	4		
124		1	2	3	4		
125		1	2	3	4		
126		1	2	3	4		
127		1	2	3	4		
128		1	2	3	4		
129		1	2	3	4		
130		1	2	3	4		
131		1	2	3	4		
132		1	2	3	4		
133		1	2	3	4		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		



# DAY 2

FR USE:

- None  
 VC

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other				
201	1	2	3	4		1	2	3	4				1	2	3		
202	1	2	3	4		1	2	3	4				1	2	3		
203	1	2	3	4		1	2	3	4				1	2	3		
204	1	2	3	4		1	2	3	4				1	2	3		
205	1	2	3	4		1	2	3	4				1	2	3		
206	1	2	3	4		1	2	3	4				1	2	3		

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) if purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
301			1	2	3	4	5	
302			1	2	3	4	5	
303			1	2	3	4	5	
304			1	2	3	4	5	
305			1	2	3	4	5	
306			1	2	3	4	5	
307			1	2	3	4	5	
308			1	2	3	4	5	

## All Other Products, Services, and Expenses

	What did you buy or pay for?	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			



# DAY 3

ENTER  
DAY AND  
DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
109		1	2	3	4		
110		1	2	3	4		
111		1	2	3	4		
112		1	2	3	4		
113		1	2	3	4		
114		1	2	3	4		
115		1	2	3	4		
116		1	2	3	4		
117		1	2	3	4		
118		1	2	3	4		
119		1	2	3	4		
120		1	2	3	4		
121		1	2	3	4		
122		1	2	3	4		
123		1	2	3	4		
124		1	2	3	4		
125		1	2	3	4		
126		1	2	3	4		
127		1	2	3	4		
128		1	2	3	4		
129		1	2	3	4		
130		1	2	3	4		
131		1	2	3	4		
132		1	2	3	4		
133		1	2	3	4		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		



# DAY 3

FR USE:

- None  
 VC

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other				
201	1	2	3	4		1	2	3	4				1	2	3		
202	1	2	3	4		1	2	3	4				1	2	3		
203	1	2	3	4		1	2	3	4				1	2	3		
204	1	2	3	4		1	2	3	4				1	2	3		
205	1	2	3	4		1	2	3	4				1	2	3		
206	1	2	3	4		1	2	3	4				1	2	3		

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) if purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
301			1	2	3	4	5	
302			1	2	3	4	5	
303			1	2	3	4	5	
304			1	2	3	4	5	
305			1	2	3	4	5	
306			1	2	3	4	5	
307			1	2	3	4	5	
308			1	2	3	4	5	

## All Other Products, Services, and Expenses

	What did you buy or pay for?	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			



# DAY 4

ENTER  
DAY AND  
DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
109		1	2	3	4		
110		1	2	3	4		
111		1	2	3	4		
112		1	2	3	4		
113		1	2	3	4		
114		1	2	3	4		
115		1	2	3	4		
116		1	2	3	4		
117		1	2	3	4		
118		1	2	3	4		
119		1	2	3	4		
120		1	2	3	4		
121		1	2	3	4		
122		1	2	3	4		
123		1	2	3	4		
124		1	2	3	4		
125		1	2	3	4		
126		1	2	3	4		
127		1	2	3	4		
128		1	2	3	4		
129		1	2	3	4		
130		1	2	3	4		
131		1	2	3	4		
132		1	2	3	4		
133		1	2	3	4		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		



# DAY 4

FR USE:

- None  
 VC

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other				
201	1	2	3	4		1	2	3	4				1	2	3		
202	1	2	3	4		1	2	3	4				1	2	3		
203	1	2	3	4		1	2	3	4				1	2	3		
204	1	2	3	4		1	2	3	4				1	2	3		
205	1	2	3	4		1	2	3	4				1	2	3		
206	1	2	3	4		1	2	3	4				1	2	3		

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) If purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
301			1	2	3	4	5	
302			1	2	3	4	5	
303			1	2	3	4	5	
304			1	2	3	4	5	
305			1	2	3	4	5	
306			1	2	3	4	5	
307			1	2	3	4	5	
308			1	2	3	4	5	

## All Other Products, Services, and Expenses

	What did you buy or pay for?	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			



# DAY 5

ENTER  
DAY AND  
DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
109		1	2	3	4		
110		1	2	3	4		
111		1	2	3	4		
112		1	2	3	4		
113		1	2	3	4		
114		1	2	3	4		
115		1	2	3	4		
116		1	2	3	4		
117		1	2	3	4		
118		1	2	3	4		
119		1	2	3	4		
120		1	2	3	4		
121		1	2	3	4		
122		1	2	3	4		
123		1	2	3	4		
124		1	2	3	4		
125		1	2	3	4		
126		1	2	3	4		
127		1	2	3	4		
128		1	2	3	4		
129		1	2	3	4		
130		1	2	3	4		
131		1	2	3	4		
132		1	2	3	4		
133		1	2	3	4		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		





# DAY 5

FR USE:

- None  
 VC

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other				
201	1	2	3	4		1	2	3	4				1	2	3		
202	1	2	3	4		1	2	3	4				1	2	3		
203	1	2	3	4		1	2	3	4				1	2	3		
204	1	2	3	4		1	2	3	4				1	2	3		
205	1	2	3	4		1	2	3	4				1	2	3		
206	1	2	3	4		1	2	3	4				1	2	3		

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) If purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
301			1	2	3	4	5	
302			1	2	3	4	5	
303			1	2	3	4	5	
304			1	2	3	4	5	
305			1	2	3	4	5	
306			1	2	3	4	5	
307			1	2	3	4	5	
308			1	2	3	4	5	

## All Other Products, Services, and Expenses

	What did you buy or pay for?	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			



# DAY 6

ENTER  
DAY AND  
DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
109		1	2	3	4		
110		1	2	3	4		
111		1	2	3	4		
112		1	2	3	4		
113		1	2	3	4		
114		1	2	3	4		
115		1	2	3	4		
116		1	2	3	4		
117		1	2	3	4		
118		1	2	3	4		
119		1	2	3	4		
120		1	2	3	4		
121		1	2	3	4		
122		1	2	3	4		
123		1	2	3	4		
124		1	2	3	4		
125		1	2	3	4		
126		1	2	3	4		
127		1	2	3	4		
128		1	2	3	4		
129		1	2	3	4		
130		1	2	3	4		
131		1	2	3	4		
132		1	2	3	4		
133		1	2	3	4		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		



# DAY 6

FR USE:

- None  
 VC

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other				
201	1	2	3	4		1	2	3	4				1	2	3		
202	1	2	3	4		1	2	3	4				1	2	3		
203	1	2	3	4		1	2	3	4				1	2	3		
204	1	2	3	4		1	2	3	4				1	2	3		
205	1	2	3	4		1	2	3	4				1	2	3		
206	1	2	3	4		1	2	3	4				1	2	3		

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) If purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
301			1	2	3	4	5	
302			1	2	3	4	5	
303			1	2	3	4	5	
304			1	2	3	4	5	
305			1	2	3	4	5	
306			1	2	3	4	5	
307			1	2	3	4	5	
308			1	2	3	4	5	

## All Other Products, Services, and Expenses

	What did you buy or pay for?	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			



# DAY 7

ENTER  
DAY AND  
DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
109		1	2	3	4		
110		1	2	3	4		
111		1	2	3	4		
112		1	2	3	4		
113		1	2	3	4		
114		1	2	3	4		
115		1	2	3	4		
116		1	2	3	4		
117		1	2	3	4		
118		1	2	3	4		
119		1	2	3	4		
120		1	2	3	4		
121		1	2	3	4		
122		1	2	3	4		
123		1	2	3	4		
124		1	2	3	4		
125		1	2	3	4		
126		1	2	3	4		
127		1	2	3	4		
128		1	2	3	4		
129		1	2	3	4		
130		1	2	3	4		
131		1	2	3	4		
132		1	2	3	4		
133		1	2	3	4		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		



# DAY 7

FR USE:

- None  
 VC

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other				
201	1	2	3	4		1	2	3	4				1	2	3		
202	1	2	3	4		1	2	3	4				1	2	3		
203	1	2	3	4		1	2	3	4				1	2	3		
204	1	2	3	4		1	2	3	4				1	2	3		
205	1	2	3	4		1	2	3	4				1	2	3		
206	1	2	3	4		1	2	3	4				1	2	3		

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) If purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
301			1	2	3	4	5	
302			1	2	3	4	5	
303			1	2	3	4	5	
304			1	2	3	4	5	
305			1	2	3	4	5	
306			1	2	3	4	5	
307			1	2	3	4	5	
308			1	2	3	4	5	

## All Other Products, Services, and Expenses

	What did you buy or pay for?	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			



# Additional Pages

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
109		1	2	3	4		
110		1	2	3	4		
111		1	2	3	4		
112		1	2	3	4		
113		1	2	3	4		
114		1	2	3	4		
115		1	2	3	4		
116		1	2	3	4		
117		1	2	3	4		
118		1	2	3	4		
119		1	2	3	4		
120		1	2	3	4		
121		1	2	3	4		
122		1	2	3	4		
123		1	2	3	4		
124		1	2	3	4		
125		1	2	3	4		
126		1	2	3	4		
127		1	2	3	4		
128		1	2	3	4		
129		1	2	3	4		
130		1	2	3	4		
131		1	2	3	4		
132		1	2	3	4		
133		1	2	3	4		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		
137		1	2	3	4		



# Additional Pages

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other				
201	1	2	3	4		1	2	3	4				1	2	3		
202	1	2	3	4		1	2	3	4				1	2	3		
203	1	2	3	4		1	2	3	4				1	2	3		
204	1	2	3	4		1	2	3	4				1	2	3		
205	1	2	3	4		1	2	3	4				1	2	3		
206	1	2	3	4		1	2	3	4				1	2	3		

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) If purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
301			1	2	3	4	5	
302			1	2	3	4	5	
303			1	2	3	4	5	
304			1	2	3	4	5	
305			1	2	3	4	5	
306			1	2	3	4	5	
307			1	2	3	4	5	
308			1	2	3	4	5	

## All Other Products, Services, and Expenses

	What did you buy or pay for?	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			



# Additional Pages

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
138		1	2	3	4		
139		1	2	3	4		
140		1	2	3	4		
141		1	2	3	4		
142		1	2	3	4		
143		1	2	3	4		
144		1	2	3	4		
145		1	2	3	4		
146		1	2	3	4		
147		1	2	3	4		
148		1	2	3	4		
149		1	2	3	4		
150		1	2	3	4		
151		1	2	3	4		
152		1	2	3	4		
153		1	2	3	4		
154		1	2	3	4		
155		1	2	3	4		
156		1	2	3	4		
157		1	2	3	4		
158		1	2	3	4		
159		1	2	3	4		
160		1	2	3	4		
161		1	2	3	4		
162		1	2	3	4		
163		1	2	3	4		
164		1	2	3	4		
165		1	2	3	4		
166		1	2	3	4		
167		1	2	3	4		
168		1	2	3	4		
169		1	2	3	4		
170		1	2	3	4		
171		1	2	3	4		
172		1	2	3	4		
173		1	2	3	4		
174		1	2	3	4		





# Additional Pages

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria								
207	1	2	3	4		1	2	3	4				1	2	3		
208	1	2	3	4		1	2	3	4				1	2	3		
209	1	2	3	4		1	2	3	4				1	2	3		
210	1	2	3	4		1	2	3	4				1	2	3		
211	1	2	3	4		1	2	3	4				1	2	3		
212	1	2	3	4		1	2	3	4				1	2	3		

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) If purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
309			1	2	3	4	5	
310			1	2	3	4	5	
311			1	2	3	4	5	
312			1	2	3	4	5	
313			1	2	3	4	5	
314			1	2	3	4	5	
315			1	2	3	4	5	
316			1	2	3	4	5	

## All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Mark (X) If purchased for someone not on your list
414			
415			
416			
417			
418			
419			
420			
421			
422			
423			
424			
425			
426			



# Additional Pages

## Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
175		1	2	3	4		
176		1	2	3	4		
177		1	2	3	4		
178		1	2	3	4		
179		1	2	3	4		
180		1	2	3	4		
181		1	2	3	4		
182		1	2	3	4		
183		1	2	3	4		
184		1	2	3	4		
185		1	2	3	4		
186		1	2	3	4		
187		1	2	3	4		
188		1	2	3	4		
189		1	2	3	4		
190		1	2	3	4		
191		1	2	3	4		
192		1	2	3	4		
193		1	2	3	4		
194		1	2	3	4		
195		1	2	3	4		
196		1	2	3	4		
197		1	2	3	4		
198		1	2	3	4		
199		1	2	3	4		



# Additional Pages

## Meals, Snacks, and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description	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	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria								
213	1	2	3	4		1	2	3	4				1	2	3		
214	1	2	3	4		1	2	3	4				1	2	3		
215	1	2	3	4		1	2	3	4				1	2	3		
216	1	2	3	4		1	2	3	4				1	2	3		
217	1	2	3	4		1	2	3	4				1	2	3		
218	1	2	3	4		1	2	3	4				1	2	3		

## Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for:					Mark (X) If purchased for someone not on your list
			Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	
317			1	2	3	4	5	
318			1	2	3	4	5	
319			1	2	3	4	5	
320			1	2	3	4	5	
321			1	2	3	4	5	
322			1	2	3	4	5	
323			1	2	3	4	5	
324			1	2	3	4	5	

## All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Mark (X) If purchased for someone not on your list
427			
428			
429			
430			
431			
432			
433			
434			
435			
436			
437			
438			
439			





## **Keep your records in this pocket.**

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

- Receipts
- Bills
- Pay Stubs
- Bank Statements
- Catalog/Internet Purchases
- Credit Card Statements

# Frequently Asked Questions

(continued on other side)

## 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* and a certificate to a department store would go under *All Other Products, Services, and Expenses*. If you use a gift card, write down the full amount for your purchase as if paid with cash.

## 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, erase or cross out the item that was returned and enter the new item and its cost on the day the exchange was made.

## 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 the 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.

## 16. How do I categorize the establishment for Food and Drinks Away from Home?

- **Fast food, Take-out, Delivery, Concession**  
You pay BEFORE you eat/drink
- **Full Services Places**  
You pay after you eat/drink
- **Vending Machines or Mobile Vendors**  
Include vending machines, carts, and trucks that move from place to place
- **Employer and School Cafeterias**  
Includes school meal pre-payments

# Frequently Asked Questions

(continued on other side)

## 1. How detailed should my descriptions be?

Refer to pages 2–3 for examples of the level of detail needed in each part. Do not rely solely on brand names.

## 2. How should I record multiple quantities?

You may group identical items on the same line and enter a total cost of all the items, or you may write each item on a separate line with the individual cost.

## 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 purchase on the day that you use your credit card to pay for it, not on the day you receive or pay your 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*.

## 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*.

## 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 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.

## 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*.

(continued on other side)

Coffee.jpg	Car Dashboard- & CD.jpg	Gifts.jpg	Money.jpg	Haircut.jpg	Pizza.jpg
------------	----------------------------	-----------	-----------	-------------	-----------

## **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?

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

Vegetables.jpg	Hand Swiping Credit Card.jpg	Kid with Toys .jpg	Clothing.jpg	Hammer and Nail .jpg	Newspaper.jpg
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