Appendix B-5

Meals and Snacks Form

National Food Study Pilot

Agency: Economic Research Service

Contractor: Westat, Inc.

OMB Control Number: xxxx-xxxx

Expiration Date: xx/xx/xxxx

**National Food Study Pilot**

**Meals and Snacks Form**

On each of the seven days, household members are asked to check whether they had each meal (breakfast, lunch, dinner) or a snack (morning, afternoon, or evening). Household members aged 11 and above are allowed to report on their own, and the primary respondent will proxy report for minors under the age of 11 or any household member who can’t do it for any reason.

The table below shows the information captured.

|  |  |  |
| --- | --- | --- |
| HH MEMBER NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |
| Breakfast |  |  |
| Morning Snack |  |  |
| Lunch |  |  |
| Afternoon Snack |  |  |
| Dinner |  |  |
| Snack after dinner |  |  |

The screenshot shows how the information is captured. 