

for the

U. S. DEPARTMENT OF AGRICULTURE

Segment # _____

Person # _____

Household # _____

Relation to Head
of Household _____

Interviewer _____
(No.)

Age _____

(Name)

Was form left in household? (Circle)	Yes	1
	No	2

INDIVIDUAL FORM

Form _____ of _____ forms
for this individual

INFORMATION ON FOOD INTAKE OF INDIVIDUALS

CONFIDENTIAL REPORT

SECTION D

Date _____

Dear _____ :

A study is being made of the food eaten by people in the U.S. Your family has been randomly selected to participate in this study. Your _____ has given much of the information needed. However, I need a complete report on the food you ate yesterday, that is, the 24 hour period beginning midnight on _____ and ending at 11:59 p.m. on _____ .

Please complete the inside of this form, crossing out anything that is incorrect.

I thank you in advance for providing this information. Your _____ has promised to mail this report to me by _____ in the stamped, self-addressed envelope I left. If you have any questions you may phone me collect at _____ .

Sincerely,

Survey Research Interviewer
National Analysts, Inc.

In Column A, list on a separate line each food or beverage you ate or drank yesterday, beginning with the first food or beverage you had. List an item more than once if it was eaten at more than one meal/snack.

FINALLY, Did you take any vitamin or mineral pills, capsules, oil, or other supplements yesterday?

CIRCLE ONE: Yes 1 No 2

THANK YOU FOR COMPLETING THIS REPORT.

Complete Columns B through G according to the instructions in each column.

COLUMN A			COLUMN B							COLUMN C				COLUMN D		COLUMN E		COLUMN F		COLUMN G					
List all foods and beverages whether eaten at home or away from home, including food eaten at the movies, while watching TV, playing indoor or outdoor games, or during any activity, day or night. Remember to list all foods and beverages including bread, butter, sugar, cream, salad dressing, candy, tea, coffee, other drinks, nuts, catsup, gravy, potato chips. Include the form in which each food was served. Examples of foods and their forms: carrots, <u>raw</u> ; onions, <u>boiled</u> ; rice, <u>battered</u> ; chicken, <u>creamed</u> ; tomatoes, <u>stewed</u> ; eggs, <u>poached</u> ; beef, <u>pot roast</u> ; potato, <u>baked</u> ; perch <u>with bone, fried</u> ; sirloin steak, <u>without bone, broiled</u> .			(FOR EACH FOOD OR BEVERAGE LISTED IN COL. A) How much did you eat or drink? (ENTER THE AMOUNT BELOW)							(FOR ANY MEAT OR POULTRY)				(FOR EACH MEAL/SNACK)		(FOR EACH FOOD OR BEVERAGE)		FOR FOOD NOT FROM HOME SUPPLIES		FROM HOME SUPPLIES					
			At what type of place did you eat this food and what type of service did you use? (ENTER CORRECT NUMBER AND LETTER FROM LISTS ON BACK PAGE)			Did you or a family member pay for the food? (CIRCLE ONE)		(IF "YES") How much did you pay, including tax and tips? (WHEN COST COVERS MORE THAN 1 FOOD, RECORD ON FIRST LINE OF GROUP)		Was there fat on the meat? Was there skin on the poultry? Fat or skin? (CIRCLE ONE) (IF "YES") Was most fat/skin eaten? (CIRCLE ONE)		At what time did each meal/snack begin? (FOR EACH MEAL/SNACK, RECORD TIME ONLY FOR FIRST FOOD LISTED)		Was this food or beverage from your home supplies? (CIRCLE ONE)		Yes No Number Letter		Yes No		Yes No		Yes No			
Food or Beverage	and its	Form	Oz.	Fl. oz.	6 oz. tea cup	8 oz. measuring cup	Table-spoon	Tea-spoon	No.	Unit size	Yes	No	Yes	No	Yes	No	Yes	No	Number	Letter	Yes	No	Yes	No	\$
1											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
2											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
3											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
4											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
5											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
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7											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
8											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
9											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
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13											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
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17											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
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27											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
28											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
29											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
30											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
31											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
32											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
33											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		
34											1	2	1	2	___:___ AM ___:___ PM	1	2					1	2		

FOR FOOD NOT EATEN FROM HOUSEHOLD FOOD SUPPLIES
(COLUMN F)

AT WHAT TYPE OF PLACE WAS THIS EATEN?

(Choose one number from this list)

1. Someone else's home
2. School
3. Work (employee eating place)
4. Traveling on bus, train, plane, or ship
5. Recreation or amusement place
(bowling alley, museum or park)
6. Retail store (drug, department,
delicatessen, and so on)
7. Lodging place (hotel, motel)
8. Private eating place (church, camp,
club, and so on)

Public restaurant or other place
that serves only food:

9. With table service only
10. With cafeteria and/or counter service
11. With stand up and/or drive in service only
12. Other (please describe in Column F)

WHAT TYPE OF SERVICE DID YOU USE?

(Choose one letter from this list)

- A. Table
- B. Cafeteria style
- C. Counter
- D. Stand, snackbar, mobile cart
- E. Car service (drive in)
- F. Vending machine
- G. Carryout
- H. Other (please describe in Column F)