

Segment #: _____

Housing Unit #: _____

Person (line)#: _____

Interviewer #: _____ {8,9}

Study #: 1-700

OMB NO.: 40-S76023

Expires: 6/30/78

_____ ID
CD $\frac{1}{6,7}$ $\frac{3}{6,7}$

FOR INTERVIEWER'S USE ONLY

CD $\frac{1}{6,7}$ $\frac{4}{14}$

Time Started: _____ {8,9} {10-13} {19}

Time Ended: _____ {15-18}

AM	1
PM	2
AM	1
PM	2

Basic	1
E.	2
Brdg.	3
P.R.	4
A.	5
H.	6

This record is for _____
FIRST NAME

SECTION V

1977-78 Nationwide Food Consumption Survey
United States Department of Agriculture

Food and Beverage Individual Intake Record

DAY ONE

DAY ONE is from 12 A.M. to 11:59 P.M. on _____ / _____
DAY MONTH DATE
{20,21} {22,23}

Your cooperation is entirely voluntary. The information you supply will be used to estimate types and amounts of foods and beverages consumed by people like yourself. Results will be used to help insure an adequate and safe food supply for all. Information supplied by you will appear as statistics. It will, in no way, be connected to you or your household. This survey is authorized by law (7 U.S.C. 10).

DAY 1

DAILY INTAKE RECORD

- ANSWER QUESTIONS 1-3 ONCE FOR EACH EATING/DRINKING OCCASION
- ANSWER QUESTIONS 4-6
- ANSWER QUESTION 7 FOR EACH ITEM LISTED
- ANSWER QUESTIONS 8-11 AS APPLICABLE
- DRAW A LINE ACROSS BOTH PAGES TO SEPARATE ONE EATING/DRINKING OCCASION FROM THE OTHER
- ANSWER QUESTIONS 12-16 AT THE END OF EACH DAY

Start with the first time you ate or drank something on this day (after 12:00 A.M., midnight)...

1. At about what time did you begin eating/drinking this? (ENTER HOUR AND CIRCLE THE CODE FOR EITHER A.M. OR P.M. IN COL. Q.1)

2. What do you usually call this? (ENTER A NUMBER IN COL. Q.2)

- 1 Breakfast
- 2 Brunch
- 3 Lunch
- 4 Dinner
- 5 Supper
- 6 Coffee (beverage) break
- 7 Snack
- 8 Other (EXPLAIN IN COL. Q.2)

3. With whom did you eat/drink this? (ENTER A NUMBER IN COL. Q.3)

- 1 Alone
- 2 With other household member(s)
- 3 With non-household member(s)
- 4 With both household member(s) and non-household member(s)

4. What did you eat or drink on this occasion? (ENTER ONE ITEM TO A LINE IN COL. Q.4. FOR EXAMPLE, "BREAD AND BUTTER" WILL TAKE UP TWO LINES)

5. Describe this item further. (ENTER IN COL. Q.5.)

6. How much did you actually eat or drink? (ENTER AMOUNT IN COL. Q.6.)

COMPLETE Q'S 4-6 FOR THIS OCCASION AND THEN CONTINUE WITH Q.7 ON NEXT PAGE -->

{17-32} {33-35} DO NOT WRITE IN THIS SPACE	ANSWER FOR EACH ITEM			IF "NO" (CODE 3) TO Q.7 -- FOLLOW INSTRUCTIONS ON FLAP			
	Q.7			Q.8	Q.9	Q.10	Q.11
	{36} Home Supply			{37,38}	{39}	{40}	{41-45} IF "YES" TO Q.10
	Yes Eaten at Home	Yes Eaten Away	No				
101	1	2	3				
102	1	2	3				
103	1	2	3				
104	1	2	3				
105	1	2	3				
106	1	2	3				
107	1	2	3				
108	1	2	3				
109	1	2	3				
110	1	2	3				
111	1	2	3				
112	1	2	3				
113	1	2	3				
114	1	2	3				
115	1	2	3				
116	1	2	3				
117	1	2	3				
118	1	2	3				
119	1	2	3				
120	1	2	3				
121	1	2	3				
122	1	2	3				
123	1	2	3				
124	1	2	3				

END
CD
1 3
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CONTINUE WITH QUESTIONS →

{17-32} {33-35} DO NOT WRITE IN THIS SPACE	ANSWER FOR EACH ITEM			IF "NO" (CODE 3) TO Q.7 -- FOLLOW INSTRUCTIONS ON FLAP				
	Q.7			Q.8	Q.9	Q.10	Q.11	
	{36} Home Supply			{37,38}	{39}	{40}	{41-45} IF "YES" TO Q.10	
	Yes Eaten at Home	Yes Eaten Away	No	Where Obtained	Kind of Service	Did You Pay?	Amount Paid?	
201	1	2	3					
202	1	2	3					
203	1	2	3					
204	1	2	3					
205	1	2	3					
206	1	2	3					
207	1	2	3					
208	1	2	3					
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215	1	2	3					
216	1	2	3					
217	1	2	3					
218	1	2	3					
219	1	2	3					
220	1	2	3					
221	1	2	3					
222	1	2	3					
223	1	2	3					
224	1	2	3					

END
CD
1 3
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CONTINUE WITH QUESTIONS →

ANSWER FOR DAY 1

12. Did you drink any water on this day (other than in coffee, fruitade, etc.)? (CIRCLE ONE NUMBER) {24}

Yes	1
No	2

If yes, about how many cups?

NUMBER OF: _____ cups (8 fl. oz.)
{25,26}

13. Did you chew any gum on this day? (CIRCLE ONE NUMBER) {27}

Yes	1
No	2

If yes, about how many sticks or pieces?

NUMBER OF: _____ sticks or pieces
{28,29}

14. Did you consume any cough drops on this day? (CIRCLE ONE NUMBER) {30}

Yes	1
No	2

If yes, how many pieces?

NUMBER OF: _____ cough drops
{31,32}

15. Was your food/drink consumption on this day typical of what you usually eat/drink on this day of week (Sunday, Monday, etc)? (CIRCLE ONE NUMBER) {33}

Yes	1
No	2

If no, why is it different? (CIRCLE ONE NUMBER) {34}

Ill	1
Short of cash	2
Traveling	3
Social occasion	4
Holiday	5
Not enough time to eat	6
Other reason: (EXPLAIN)	7

16. Did anyone help you keep this record? (CIRCLE ONE NUMBER) {35}

Yes	1
No	2

If yes, who helped? (CIRCLE ONE OR MORE NUMBERS) {36}

Interviewer	1
Household member, first name _____	2
Non-household member	3

17. What was the month, day, and year of your birth?

MONTH	DAY	YEAR
{37,38}	{39,40}	{41,42}

18. What is your height?

FEET	INCHES
{43}	{44,45}

19. What is your weight?

POUNDS
{46-48}

20. Are you on a special diet? (CIRCLE ONE NUMBER) {49}

Yes	1
No	2

If yes, how would you describe it? (CIRCLE ONE NUMBER) {50}

Doctor prescribed what I should or should not eat	1
Group diet program such as Weight Watchers or Tops	2
Diet I read or heard about elsewhere	3
Other (PLEASE DESCRIBE)	4

21. Do you take any vitamin, mineral, or other supplement by mouth (such as tablets, capsules, oil)? (CIRCLE ONE NUMBER) {51}

No	1
Yes, regularly	2
Yes, irregularly	3

If yes, circle the number following each supplement taken:

Multiple vitamins	1	{52}
Multiple minerals	2	
Multiple vitamins and minerals	3	
Vitamin A	4	
Vitamin C	5	
Vitamin D	6	
Vitamin E	7	
B vitamins/B-complex	8	
Iron	9	
Calcium	0	
Zinc	1	{53}
Fluoride	2	
Other (Which?)	3	

22. Have you eaten any of the following in the past 30 days? (CIRCLE THE NUMBER OR THE ASTERISK (*) AFTER EACH FOOD. IF YOUR ANSWER IS "YES", PLEASE INDICATE HOW MANY TIMES IN THE PAST 30 DAYS YOU HAVE EATEN THAT KIND OF FOOD)

	{54}		# of Times
	Yes	No	
Liver: Beef or calf's	1	*	55,56
Liver: Chicken	2	*	57,58
Liver: Pork	3	*	59,60
Kidney: Beef, lamb or veal	4	*	61,62
Heart: Beef or calf's	5	*	63,64
Sweetbreads	6	*	65,66
Brains	7	*	67,68
Other organ meats (Which?)	8	*	69,70

23. Are you a vegetarian? (CIRCLE ONE NUMBER) {71}

Yes	1
No	2

If yes, indicate which of the following foods you eat: (CIRCLE ONE OR MORE NUMBERS) {72}

Poultry	1
Fish	2
Eggs	3
Dairy products	4
Fruits	5
Nuts	6
Dried beans or peas	7
Vegetables	8
Cereal or grain products	9
Vegetable-based meat substitute	0

24. These are some things that might affect what a person eats and drinks. Indicate which ones, if any, pertain to you. (CIRCLE A NUMBER FOR EACH ONE WHICH APPLIES) {73}

I'm on a diet to lose weight	1
I'm on a diet to put weight on	2
I have a chewing problem because of teeth	3
I have a medical problem like diabetes or allergy	4
Some foods do not agree with me	5
I don't feel like eating breakfast early in the morning	6
I have no interest in cooking for one person	7
I do not like certain foods	8
Other (EXPLAIN)	9

FOR OFFICE USE ONLY {74}

25. As of now, how would you describe your health? (CIRCLE ONE NUMBER) {74}

Excellent	1
Good	2
Fair	3
Poor	4

26. Do you have any disability or handicap that limits your activities? (CIRCLE ONE NUMBER) {75}

Yes	1
No	2

{76}

{77}

{78}

{79}

{80}

END CD 1 4

FOR EACH ITEM LISTED:

7. Was this from your home food supply?
Home food supply includes food brought into the home, or taken from the home and eaten elsewhere. (CIRCLE A CODE IN COL. Q.7)

- 1 Yes, and eaten at home
- 2 Yes, but eaten away from home
- 3 No, obtained and eaten elsewhere

- IF NO ITEMS IN Q.7 ARE CODE 3, YOU HAVE COMPLETED THE ENTRY FOR THIS OCCASION
- IF ANY ITEMS IN Q.7 ARE CODE 3, CONTINUE WITH Q'S 8-11

8. Where did you get this food/beverage which was not from home food supplies?
(ENTER A NUMBER IN COL. Q.8)

- 1 Restaurant
- 2 Fast food place
- 3 Other public eating place
- 4 Dining room or cafeteria at work
- 5 Other place at work
- 6 School
- 7 Day care center
- 8 Summer day camp
- 9 Community feeding program for senior citizens
- 10 Grocery or other food store
- 11 Drugstore or other store
- 12 At someone else's home (DO NOT ANSWER Q'S 9-11)
- 13 Other (EXPLAIN IN COL. Q.8)

9. What kind of service was used to deliver the food/beverage you had at this time?
(ENTER ONLY ONE NUMBER IN COL. Q.9. IF A COMBINATION, ENTER THE MAIN NUMBER)

- 1 Served at a table (waiter/waitress)
- 2 Counter service
- 3 Cafeteria or buffet style (include fast food eaten on premises)
- 4 Vending machine
- 5 Carry out
- 6 Car service
- 7 Other

10. Did you or any member of your household pay for any of the food or beverage you had? (ENTER A NUMBER IN COL. Q.10)

- 1 Yes -- ANSWER Q.11
- 2 No -- DO NOT ANSWER Q.11

11. How much did you or the household member pay? Include tax and tip, if any.
(ENTER AMOUNT IN COL. Q.11)

RECORD TOTAL COST OF ALL FOOD/BEVERAGES NOT FROM HOME FOOD SUPPLY FOR THAT OCCASION.
IF EASIER, RECORD SEPARATE COST OF EACH ITEM NOT FROM HOME FOOD SUPPLY.