

Segment #: \_\_\_\_\_  
 Housing Unit #: \_\_\_\_\_  
 Person (line) #: \_\_\_\_\_  
 Interviewer #: \_\_\_\_\_ {8,9}

Study #: 1-700  
 OMB NO.: 40-S76023  
 Expires: 6/30/78

\_\_\_\_\_ {1-5} ID  
 CD  $\frac{1}{6}, \frac{3}{7}$  {6,7}

FOR INTERVIEWER'S USE ONLY

CD  $\frac{1}{6}, \frac{5}{7}$  {6,7} {14}

AM	1
PM	2

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

AM	1
PM	2

Time Ended: \_\_\_\_\_ {15-18}

This record is for \_\_\_\_\_  
 FIRST NAME

SECTION V

1977-78 Nationwide Food Consumption Survey  
United States Department of Agriculture  
Basic Sample  
Food and Beverage Individual Intake Record

DAY TWO AND THREE

DAY TWO is from 12 A.M. to 11:59 P.M. on \_\_\_\_\_ / \_\_\_\_\_  
 DAY MONTH DATE

DAY THREE is from 12 A.M. to 11:59 P.M. on \_\_\_\_\_ / \_\_\_\_\_  
 DAY MONTH DATE

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).

This record will be picked up on:  
 \_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_  
 DAY MONTH DATE AM PM

DAY 2

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. REFER TO FOOD INSTRUCTION BOOKLET)

6. How much did you actually eat or drink? (ENTER AMOUNT IN COL. Q.6. REFER TO FOOD INSTRUCTION BOOKLET)

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



	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?
401	1	2	3				
402	1	2	3				
403	1	2	3				
404	1	2	3				
405	1	2	3				
406	1	2	3				
407	1	2	3				
408	1	2	3				
409	1	2	3				
410	1	2	3				
411	1	2	3				
412	1	2	3				
413	1	2	3				
414	1	2	3				
415	1	2	3				
416	1	2	3				
417	1	2	3				
418	1	2	3				
419	1	2	3				
420	1	2	3				
421	1	2	3				
422	1	2	3				
423	1	2	3				
424	1	2	3				

{17-32}

{33-35}

DO NOT WRITE IN THIS SPACE

END  
CD  
1 3  
--

CONTINUE WITH QUESTIONS →



	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				
{17-32} {33-35}							
DO NOT WRITE IN THIS SPACE							
501	1	2	3				
502	1	2	3				
503	1	2	3				
504	1	2	3				
505	1	2	3				
506	1	2	3				
507	1	2	3				
508	1	2	3				
509	1	2	3				
510	1	2	3				
511	1	2	3				
512	1	2	3				
513	1	2	3				
514	1	2	3				
515	1	2	3				
516	1	2	3				
517	1	2	3				
518	1	2	3				
519	1	2	3				
520	1	2	3				
521	1	2	3				
522	1	2	3				
523	1	2	3				
524	1	2	3				

END  
CD  
1 3  
--

CONTINUE WITH QUESTIONS →

12. Did you drink any water today (other than in coffee, fruitade, etc.)?  
(CIRCLE ONE NUMBER) {20}

Yes	1
No	2

If yes, about how many cups?

NUMBER OF: \_\_\_\_\_ cups (8 fl. oz.)  
{21,22}

13. Did you chew any gum today? (CIRCLE ONE NUMBER) {23}

Yes	1
No	2

If yes, about how many sticks or pieces?

NUMBER OF: \_\_\_\_\_ sticks or pieces  
{24,25}

14. Did you consume any cough drops today? (CIRCLE ONE NUMBER) {26}

Yes	1
No	2

If yes, how many pieces?

NUMBER OF: \_\_\_\_\_ cough drops  
{27,28}

15. Was your food/drink consumption today typical of what you usually eat/drink on this day of week (Sunday, Monday, etc)? (CIRCLE ONE NUMBER) {29}

Yes	1
No	2

If no, why is it different? (CIRCLE ONE NUMBER) {30}

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) {31}

Yes	1
No	2

If yes, who helped? (CIRCLE ONE OR MORE NUMBERS) {32}

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

DAY 3



	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				
{17-32}							
{33-35}							
DO NOT WRITE IN THIS SPACE							
701	1	2	3				
702	1	2	3				
703	1	2	3				
704	1	2	3				
705	1	2	3				
706	1	2	3				
707	1	2	3				
708	1	2	3				
709	1	2	3				
710	1	2	3				
711	1	2	3				
712	1	2	3				
713	1	2	3				
714	1	2	3				
715	1	2	3				
716	1	2	3				
717	1	2	3				
718	1	2	3				
719	1	2	3				
720	1	2	3				
721	1	2	3				
722	1	2	3				
723	1	2	3				
724	1	2	3				

END  
CD  
1 3



{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
801	1	2	3					
802	1	2	3					
803	1	2	3					
804	1	2	3					
805	1	2	3					
806	1	2	3					
807	1	2	3					
808	1	2	3					
809	1	2	3					
810	1	2	3					
811	1	2	3					
812	1	2	3					
813	1	2	3					
814	1	2	3					
815	1	2	3					
816	1	2	3					
817	1	2	3					
818	1	2	3					
819	1	2	3					
820	1	2	3					
821	1	2	3					
822	1	2	3					
823	1	2	3					
824	1	2	3					

END  
CD  
1 3  
--

CONTINUE WITH QUESTIONS →

ANSWER FOR DAY 3: \_\_\_\_\_

CD 1 5

12. Did you drink any water today (other than in coffee, fruitade, etc.)?  
(CIRCLE ONE NUMBER)

{33}

Yes	1
No	2

If yes, about how many cups?

NUMBER OF: \_\_\_\_\_ cups (8 fl. oz.)  
{34,35}

13. Did you chew any gum today? (CIRCLE ONE NUMBER)

{36}

Yes	1
No	2

If yes, about how many sticks or pieces?

NUMBER OF: \_\_\_\_\_ sticks or pieces  
{37,38}

14. Did you consume any cough drops today? (CIRCLE ONE NUMBER)

{39}

Yes	1
No	2

If yes, how many pieces?

NUMBER OF: \_\_\_\_\_ cough drops  
{40,41}

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

{42}

Yes	1
No	2

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

{43}

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)

{44}

Yes	1
No	2

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

{45}

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

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.