

NATIONAL ANALYSTS
Division of Booz, Allen &
Hamilton Inc.
Philadelphia, Pa.

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Expires: 6/30/78

1977-78 NATIONWIDE FOOD CONSUMPTION STUDY

AGRICULTURAL RESEARCH SERVICE
UNITED STATES DEPARTMENT OF AGRICULTURE

Name of Respondent: _____

Address: _____
(Street Address)

(City or Township) (State) (Zip Code)

Telephone #: _____

Directions to Location: _____

Interviewer's Name: _____

Interviewer's I.D.#: _____

TO RESPONDENT(S): The only reason we need your name and telephone number is so that National Analysts can verify the interview -- that is, to make sure that interviews are carried out the way they are supposed to be. Within a couple of months all names and addresses will be destroyed.

{1-5} ID

CD 01
 {6,7}

1977-78 NATIONWIDE FOOD CONSUMPTION STUDY

{30}

Segment #: _____ {8-13}

Housing Unit #: _____ {14-16}

Interviewer #: _____ {17-21}

Date: _____

Month Day
 {22,23} {24,25}

TIME SECTION I BEGAN: _____ {26-29}	AM	1
	PM	2

{31}

INTERVIEWING PERIOD:

Spring	1
Summer	2
Fall	3
Winter	4

SECTION I

INTRODUCTION: Hello, my name is _____. I represent National Analysts. I spoke with (RESPONDENT) a week ago and made an appointment for an interview. Is she/he at home? (IF NOT AT HOME, MAKE ANOTHER APPOINTMENT)

DATE/TIME: _____

(INTRODUCE YOURSELF AGAIN IF NECESSARY AND CONTINUE): As the letter stated (SHOW COPY OF LETTER), this survey is sponsored by the United States Department of Agriculture. Before we begin the interview, I would like to tell you that this is a confidential research project. None of the information obtained in this survey will ever be connected with specific individuals or households. All the data are grouped and results are reported as summaries.

1. Let's begin by talking about the general food shopping practice of this household. On the average, how often does someone do a major food shopping for this household? Would you say: {32}

More than once a week,	1
Once a week,	2
Once every two weeks,	3
Once a month or less, or	4
Never?	5

(CONTINUE)

(SKIP TO Q.6)

2. In what kind of store is this major food shopping usually done? Is it: {33}

(CIRCLE ONLY ONE)

A supermarket,	1
A small store, or	2
Someplace else?	3

3. Thinking of the (TYPE OF OUTLET NAMED IN Q.2) where the major food shopping for this household is usually done, how far from your home is this store? (PROBE FOR BLOCKS OR MILES FROM HOME) {37}

_____ Blocks, or {34-36}	1
_____ Miles	2
Don't know	V

IF HOUSEHOLD IS PART OF THE ELDERLY SAMPLE, CONTINUE. ALL OTHERS SKIP TO Q.6

4. Usually, what kind of transportation is used when doing the major food shopping? (CIRCLE ONLY ONE) {38}

Walk	1
Take own or family's auto	2
Ride on public transportation	3
Take a taxi	4
Rely on friends or relatives to drive	5
Groceries are delivered	6
Other	7

5. (PRESENT CARD A) Which of these ideas describes any special problems you have concerning your major food shopping? Just tell me the number please. {39}

Store is too far	1
Not able to go alone; can't carry groceries needed	2
Don't have enough money	3
Afraid to walk in this area	4
Someone brings groceries but not the kind wanted	5
Don't have enough storage space	6
No particular problem	7
Some other reason	0

CD 08	COL. A	COL. B	COL. C		COL. D		COL. E	COL. F	COL. G
Line #	First Name	Relationship to Head of Household	Age		Sex		Pregnancy	Children Being Nursed	Nursing Women
			Under 12 Months Enter Months	1 Year or Over Enter Years	M	F			
{8,9}		{10,11}	{12,13}	{14,15}	{16}		{17,18}	{19,20}	{21,22}
1					1	2	1	1	1
2					1	2	2	2	2
3					1	2	3	3	3
4					1	2	4	4	4
5					1	2	5	5	5
6					1	2	6	6	6
7					1	2	7	7	7
8					1	2	8	8	8
9					1	2	9	9	9
10					1	2	10	10	10
11					1	2	11	11	11
12					1	2	12	12	12
13					1	2	13	13	13
14					1	2	14	14	14
15					1	2	15	15	15
16					1	2	16	16	16
17					1	2	17	17	17
18					1	2	18	18	18

6. (EXEMPTION) During the past 3 months, what has been the usual amount of your purchases at the grocery store? Include purchases made with food stamps.

(CIRCLE ONE)
{43}

\$ <u> </u> .00 {40-42}	per week	1
	per month	2

7. About how much of this amount was for food and non-alcoholic beverages?

(CIRCLE ONE)
{47}

\$ <u> </u> .00 {44-46}	per week	1
	per month	2

8. During the past 3 months, what has been the usual expenditure for food and non-alcoholic beverages in specialty stores, vegetable stands, farmer's markets? Include purchases in delicatessens and home-delivered food, as well as carry-out shops for food used at home?

(CIRCLE ONE)
{51}

\$ <u> </u> .00 {48-50}	per week	1
	per month	2

9. Now I have a few questions about the persons who live in this household. First, how many persons regularly live in this household? Count those who live here permanently including those who are temporarily absent, that is, traveling, in the hospital, in a dormitory.

{52, 53}

ENTER NUMBER HERE:

10. Is there a male head of household?

{54}

	Yes	1
(SKIP TO Q.13)	No	2

11. What is his (your) first name?
(RECORD ON FLAP IN COL. A. RECORD "MALE HEAD" IN COL. B.)

12. How old is he (are you)? (RECORD ON FLAP IN COL. C. CIRCLE "1" IN COL. D.)

13. Is there a female head of household?

{55}

	Yes	1
(SKIP TO INSTRUCTION BEFORE Q.16)	No	2

14. What is your (her) first name?
(RECORD ON FLAP IN COL. A. RECORD "FEMALE HEAD" IN COL. B.)

15. How old are you (is she)? (RECORD ON FLAP IN COL. C. CIRCLE "2" IN COL. D.)

IF NUMBER OF PERSONS RECORDED ON FLAP EQUALS NUMBER OF PERSONS GIVEN IN Q.9, SKIP TO Q.18. OTHERWISE CONTINUE

16. Now I would like to know about the related people who regularly live here, starting with the oldest, and so on to the youngest. Start with the oldest.

(1) What is his or her first name? (RECORD ON FLAP IN COL. A.)

(2) How is (NAME) related to (PERSON LISTED ON LINE 1)? (RECORD ON FLAP IN COL. B.)

(3) How old is (NAME)? (RECORD ON FLAP IN COL. C.)

(4) CIRCLE CODE FOR SEX IN COL. D ON FLAP; SAY "Now the next oldest".

IF NUMBER OF PERSONS RECORDED ON FLAP EQUALS NUMBER OF PERSONS GIVEN IN Q.9, SKIP TO Q.18. OTHERWISE CONTINUE

17. Now tell me about the rest of the persons who regularly live here. (FOLLOW PROCEDURE USED IN Q.16 UNTIL NUMBER OF PEOPLE LISTED ON FLAP EQUALS NUMBER GIVEN IN Q.9).

18. RECORD RESPONDENT'S LINE NO. HERE: {56, 57}

19. Let's talk a little about this dwelling. Have you lived in this dwelling for 12 months or more?

{58}

Yes	1
No	2

20. Is this dwelling:

{59}

(CONTINUE) Owned outright or being bought by someone living in the household?	1
(SKIP TO Q.29) Rented for cash?	2
(SKIP TO Q.30) Occupied without payment of cash rent?	3

IF HEAD OF HOUSEHOLD IS UNDER 65 YEARS OLD, SKIP TO Q.23.

IF DWELLING IS MOBILE HOME OR TRAILER, SKIP TO Q.23

21. Is this dwelling on more than 10 acres or less than 10 acres?

{60}

(SKIP TO Q.23)

More	1
Less	2

22. What is the value of this property, that is, how much do you think this property (house and lot or condominium unit) would sell for if it were for sale today? \$.00

{61-66}

23. Do you have a mortgage, deed of trust, contract to purchase, or similar debt on this property? {67}

	Yes	1
(SKIP TO Q.26)	No	2

24. How much is your regular payment to the lender for this debt?

\$ _____ .00 {68-71}	Per month	1
	Per other time (SPECIFY)	0
	(SKIP TO Q.26) Nothing	*

25. Does the (AMOUNT IN Q.24) include:

	Yes	No
Fire and hazard insurance on this property?	1	2
(IF YES, SKIP TO Q.27) Real estate taxes on this property?	1	2

26. (In addition), what did you pay last year for real estate taxes on this property?

\$ _____ .00 {74-78}

Nothing	*
---------	---

END CD 0 1

27. Is this apartment (house) part of a cooperative project, a condominium project or neither? CD 0 2 {8}

Cooperative project	1
Condominium project	2
Neither	3

28. On the average, how much do you pay per month for:

(SKIP TO Q.32)	UTILITIES	AMOUNT
	Electricity?	_____ {9-11}
	Gas, oil for either heating or cooking?	_____ {12-14}
	Water?	_____ {15-17}
	Other utilities (kerosene, coal, or wood)?	\$ _____ {18-20}
		_____ {21,22}

29. (IF RENTED): How much rent is paid per month for this dwelling?

\$ _____ .00 {23-26}

30. (In addition to paying rent), what utilities, if any, do you pay for? Do you pay for: READ AND CIRCLE APPROPRIATE CODE IN COL. Q.30.

31. (FOR EACH NUMBER CIRCLED) On the average, how much do you pay per month for: RECORD AMOUNT IN COL. Q.31 {27}

UTILITIES	Col. Q.30		Col. Q.31
	Yes	No	Amount
Electricity	1	*	\$ _____ {28-30}
Gas, oil for either heating or cooking?	2	*	\$ _____ {31-33}
Water?	3	*	\$ _____ {34-36}
Other utilities (kerosene, coal, or wood)?	4	*	\$ _____ {37-39}

32. Do you have complete kitchen facilities? (IF ASKED, SAY: A sink with piped water, a range or cook stove, and a refrigerator) {42}

Yes, for this household only	1
Yes, but also for another household	2
No complete kitchen facilities for this household	3

LOOK AT FLAP. IF NO MALE HEAD, SKIP TO Q.39.

33. Did (NAME THE MALE HEAD) work at any time last week?

IF ASKED, SAY: This includes any full or part-time work as well as helping without pay in a family business or farm, and active duty in the Armed Forces. By part-time we mean a Saturday job, delivering papers or the like. It does not include own housework, school or volunteer work.

(CONTINUE)

Yes	1
(SKIP TO Q.34) No	2

33A. How many hours did he (you) work last week at all jobs? Include all overtime hours that he (you) may have worked and hours on any part-time jobs as well as his (your) principal job.

HOURS WORKED: _____ {44-46}

SKIP TO Q.37

34. Was he (were you) temporarily absent or on layoff from a job or business last week?

(SKIP TO Q.36)	Yes, temporarily absent (on vacation, temporary illness, labor dispute, etc.)	1
	Yes, on layoff	2
(CONTINUE)	No	3

34A. Does he (do you) expect to return to a job that he (you) held during the last four weeks? {48}

(SKIP TO Q.36)	Yes	1
(CONTINUE)	No	2

34B. Has he (have you) been looking for work during the past four weeks? {49}

	Yes	1
	No	2

35. (PRESENT CARD B) What is his (your) current status? Which number best describes his (your) current status? {50}

1 2 3 4 5

SKIP TO Q.38

36. How many hours a week does he (do you) usually work on that job or any other job that he (you) usually has/have? # HOURS WORKED: _____ {51-53}

37. (PRESENT CARD C) Please tell me which of these comes closest to describing the (usual) work he does (you do). {54}

1 2 3 4 5 6 7

38. What is the highest grade of formal schooling he has (you have) completed? {55} {56}

0 None, never attended 0

1 Elementary 1 2 3 4 5 6 7 8

2 High school or high school equivalency 1 2 3 4

3 College 1 2 3 4 5 or more

LOOK AT FLAP. IF NO FEMALE HEAD, SKIP TO Q.45.

39. Did (NAME THE FEMALE HEAD) work at any time last week? IF ASKED, SAY: This includes any full or part-time work as well as helping without pay in a family business or farm, and active duty in the Armed Forces. By part-time we mean a Saturday job, delivering papers or the like. It does not include own housework, school or volunteer work. {57}

(CONTINUE)	Yes	1
(SKIP TO Q.40)	No	2

39A. How many hours did she (you) work last week at all jobs? Include all overtime hours that she (you) may have worked and hours on any part-time jobs as well as her (your) principal job. # HOURS WORKED: _____ {58-60}

SKIP TO Q.43

40. Was she (were you) temporarily absent or on layoff from a job or business last week? {61}

(SKIP TO Q.42)	Yes, temporarily absent (on vacation, temporary illness, labor dispute, etc.)	1
	Yes, on layoff	2
(CONTINUE)	No	3

40A. Does she (do you) expect to return to a job that she (you) held during the last four weeks? {62}

(SKIP TO Q.42)	Yes	1
(CONTINUE)	No	2

40B. Has she (have you) been looking for work during the past four weeks? {63}

	Yes	1
	No	2

41. (PRESENT CARD B) What is her (your) current status? Which number best describes her (your) current status? {64}

1 2 3 4 5

SKIP TO Q.44

42. How many hours a week does she (do you) usually work on that job or any other job that she (you) usually has/have? # HOURS WORKED: _____ {65-67}

43. (PRESENT CARD C) Please tell me which of these comes closest to describing the (usual) work she does (you do). {68}

1 2 3 4 5 6 7

44. What is the highest grade of formal schooling she has (you have) completed? {69} {70}

0 None, never attended 0

1 Elementary 1 2 3 4 5 6 7 8

2 High school or high school equivalency 1 2 3 4

3 College 1 2 3 4 5 or more

45. What is your origin or descent?

{71}

Other than Spanish	1
Spanish	2

46. Returning to the topic of food, who usually plans the meals? CIRCLE ONLY ONE CODE IN COL. Q.46 BELOW.

47. And who usually prepares the food? CIRCLE ONLY ONE CODE IN COL. Q.47 BELOW.

48. Who usually does the major food shopping? CIRCLE ONLY ONE CODE IN COL. Q.48 BELOW.

{72} {73} {74}

	Col. Q.46	Col. Q.47	Col. Q.48
The female head only	1	1	1
The male head only	2	2	2
The female and the male head	3	3	3
The female head and someone else	4	4	4
The male head and someone else	5	5	5
Someone other than these	6	6	6

48A. RECORD RACE BY OBSERVATION.

{75}

White	1
Black	2
Other	3

END CD 0 2

Now I have some questions about the meals household members ate. (SHOW CALENDAR TO RESPONDENT). We will be talking about all the meals from (DAY/MONTH/DATE) after the (M/N/E) meal to today (DAY/MONTH/DATE) including the (M/N/E) meal.

7 Days Ago		(CIRCLE ONE) {12}	Day of Interview	
Day			Day	
Month	{8,9}		Month	{13,14}
Date	{10,11}		Date	{15,16}
After Morning (M) Meal		1	Including (M) Meal	
After Noon (N) Meal		2	Including (N) Meal	
After Evening (E) Meal		3	Including (E) Meal	

ASK Q'S 49-51 IN SEQUENCE FOR ALL PERSONS LISTED ON FLAP EXCEPT ROOMERS, BOARDERS, OR EMPLOYEES. FOR THESE LATTER, ASK ONLY Q.49

- 49 Let's begin with (NAME). How many M/N/E meals did (NAME) have from your household food supplies, including any meals (he/she) may have carried from the household supplies to eat away from home? (RECORD IN COL. Q.49)
- 50. How many M/N/E meals did (NAME) buy and eat away from home? (RECORD IN COL. Q.50)
- 51. How many M/N/E meals did (NAME) receive away from home either as a guest or as payment for work done? (RECORD IN COL. Q.51)

ADD NUMBER OF MEALS EATEN BY "FAMILY" MEMBERS OF THE HOUSEHOLD AND RECORD IN TOTAL COLUMN. IF MORE OR LESS THAN 21, VERIFY WITH RESPONDENT AND CONFIRM BY PUTTING A CHECK MARK IN SPACE PROVIDED

CD 08	Col. Q.49			Col. Q.50			Col. Q.51			Total Q's 49-51	Verification If More/Less than 21
	Meals from Household Food Supplies			Meals Bought and Eaten Away from Home			Meals as Guest or Payment for Work				
	M	N	E	M	N	E	M	N	E		
	{23-25}	{26-28}	{29-31}	{32-34}	{35-37}	{38-40}	{41-43}	{44-46}	{47-49}		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											

REFER TO Q.50. IF ALL ENTRIES "0" -- NO MEALS BOUGHT AND EATEN AWAY FROM HOME, -- SKIP TO Q.53, OTHERWISE ASK Q.52

53. (EVERYONE) FOR EACH HOUSEHOLD MEMBER ASK: Now I would like you to think of food or alcoholic and non-alcoholic beverages consumed as snacks between meals. Think only of such things bought and consumed away from home -- not out of home food supplies. During the past 7 days, how much was spent for snack foods and beverages, including amounts spent for guests and employees. Expenses include tax and tips. Do not include any amount for which reimbursement was made. (PROBE IF NECESSARY: What is your best estimate?) ENTER AMOUNT IN COL. Q.53 AS ONE FAMILY AMOUNT OR SEPARATELY FOR FAMILY MEMBER, WHICHEVER IS EASIER. IF NO MONEY SPENT BY ANY HOUSEHOLD MEMBER, RECORD "0" AS FAMILY AMOUNT.

52. You've told me about meals bought and eaten away from home. Think only of those meals. During the past 7 days, how much was spent for those meals, including all alcoholic and non-alcoholic beverages served with or before the meal. Include expenses for meals away from home for guests and employees. Expenses include tax and tips. Do not include any amount for which reimbursement was made. (PROBE IF NECESSARY: What is your best estimate?) (ENTER AMOUNT IN COL. Q.52 AS ONE FAMILY AMOUNT OR SEPARATELY FOR FAMILY MEMBER, WHICHEVER IS EASIER. IF NO MONEY SPENT BY ANY HOUSEHOLD MEMBER, RECORD "0" AS FAMILY AMOUNT.)

INTERVIEWER: USE THE SPACE BELOW TO ASSIST RESPONDENT IN COMPUTATIONS.

CD 08

Col. Q.52		Col. Q.53		FOR OFFICE USE ONLY	
Meals Bought		Snacks and Beverages			
Family Amount \$		Family Amount \$			
{50-54}		{55-58}			
1				{59-63}	{64-67}
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

CD 08

54. Now I want you to think of foods and beverages consumed by guests and employees from the household's food supplies. In addition to the people who regularly live and eat here, did anyone else have any meals here during the past 7 days?

{17}

	Yes	1
(SKIP TO Q. 59)	No	2

55. How many male guests or employees ate any meals from your household food supplies during the past 7 days?

ENTER NUMBER OF MALES _____
{18,19}

56. And how many female guests or employees?

ENTER NUMBER OF FEMALES _____
{20,21}

ASK Q'S 57 AND 58 IN SEQUENCE, FIRST FOR MALES, AND THEN FOR FEMALES

57. How many of these (males/females) are under 11 years old? 11 through 18? 19 through 50? 51 or over? RECORD IN COL. Q.57. BE SURE TOTAL MALES/FEMALES EQUALS NUMBERS GIVEN IN Q.'S 55 AND 56.

58. FOR EACH AGE GROUP LISTED IN COLUMN Q.57 ASK: What was the total number of M/N/E meals eaten by the (NUMBER/SEX/AGE GROUP)? RECORD IN COL. Q.58. TOTAL AMOUNT RECORDED ON EACH LINE MUST BE SAME OR LARGER THAN NUMBER IN COL. Q.57

		Col. Q.57	Col. Q.58		
		Number of Persons	Total Number of Meals from Household Food Supplies		
			M	N	E
MALES	Under 11	22,23	24,25	26,27	28,29
	11 through 18	30,31	32,33	34,35	36,37
	19 through 50	38,39	40,41	42,43	44,45
	51 and over	46,47	48,49	50,51	52,53
FEMALES	Under 11	8,9	10,11	12,13	14,15
	11 through 18	16,17	18,19	20,21	22,23
	19 through 50	24,25	26,27	28,29	30,31
	51 and over	32,33	34,35	36,37	38,39

59. We talked a moment ago about snacks and beverages which were not meals. In the past 7 days were any such snacks or beverages from your regular household food supplies consumed by guests or employees? Remember to include any friends or neighbors who dropped by.

{40}

	Yes	1
(SKIP TO Q.65)	No	2

END CD 04

60. How many male guests or employees had one or more snacks or beverages from your household food supplies during the past 7 days?

ENTER NUMBER OF MALES _____ {8-11}

61. And how many female guests or employees?

ENTER NUMBER OF FEMALES _____ {12-14}

ASK Q'S 62-64 IN SEQUENCE FIRST FOR MALES AND THEN FOR FEMALES

62. How many of these (males/females) are under 11 years old? 11 through 18? 19 or over? RECORD IN COL. Q.62. BE SURE TOTAL MALES/FEMALES EQUALS NUMBERS GIVEN IN Q'S 60 & 61.

63. INTRODUCTION TO Q.63. (READ ONLY FIRST TIME QUESTION ASKED): I want you to help us understand how many snacks and/or beverages from your household food supplies were consumed by guests, employees, and so on. If one person dropped in and had a snack twice a day on each of the 7 days, that counts as 14 different snacks for that one person. We are interested in the total number of such snacks and beverages consumed by all persons.

FOR EACH AGE GROUP LISTED IN Q.62, ASK: Altogether, how many different snacks and/or beverages did the (NUMBER/SEX/AGE GROUP) have from your household food supplies? RECORD IN COL. Q.63.

64. And how many of these (GIVEN IN Q.63) were very light refreshments such as one item and a beverage. For example, coffee and donut or cocktails? RECORD IN COL. Q.64. TOTAL AMOUNT RECORDED ON EACH LINE MUST BE SAME OR SMALLER THAN NUMBER IN COL. Q.63.

		Col. Q.62	Col. Q.63	Col. Q.64
		Number of Persons Served Refreshments	Total Number of Snacks	Number of Very Light Refreshments
MALES	Under 11	15-17	18-20	21-23
	11 through 18	24-26	27-29	30-32
	19 and over	33-35	36-38	39-41
FEMALES	Under 11	42-44	45-47	48-50
	11 through 18	51-53	54-56	57-59
	19 and over	60-62	63-65	66-68

65. ASK ONLY IF ANY FEMALES 15 TO 50 YEARS OLD. ALL OTHERS SKIP TO Q.67. OTHERWISE ASK: Are there any females in this household who are 4 or more months pregnant? {69}

Yes	1
No	2

(SKIP TO Q.67)

66. Tell me who? CIRCLE LINE NUMBER ON FLAP (IN COL. E) FOR EACH PREGNANT WOMAN.

67. ASK ONLY IF ANY CHILDREN 2 YEARS OR LESS. ALL OTHERS SKIP TO INSTRUCTION BEFORE Q.69. OTHERWISE, ASK: Is (CHILD'S NAME) being nursed? CIRCLE LINE NUMBER ON FLAP IN COL. F FOR EACH CHILD BEING NURSED. IF "NONE", CIRCLE CODE IN BOX AND SKIP TO INSTRUCTION BEFORE Q.69 {70}

1

68. Who is doing the nursing? CIRCLE LINE NUMBER ON FLAP IN (COL. G) FOR EACH PERSON DOING THE NURSING.

ASK ONLY IF ANY CHILDREN BETWEEN 4 AND 18 YEARS. ALL OTHERS, SKIP TO Q.78. OTHERWISE RECORD LINE NUMBER AND FIRST NAME OF EACH CHILD 4 TO 18 YEARS BELOW. ASK Q'S 69 TO 77 IN SEQUENCE FOR EACH.

SAY: Now I would like to talk about certain food service programs which the Department of Agriculture supports in grade schools and high schools.

69. Does (NAME OF CHILD) attend grade school or high school? CIRCLE CODE IN COL. Q.69. IF "NO", GO TO NEXT CHILD.

70. Does (he/she) attend a school which serves school lunches? These are complete lunches priced as a unit. CIRCLE CODE IN COL. Q.70. IF "NO", SKIP TO Q.75.

71. During this school year did you fill out a form to enable (him/her) to get reduced price lunches? CIRCLE CODE IN COL. Q.71. IF "NO", SKIP TO Q.73.

72. Was (he/she) eligible? CIRCLE CODE IN COL. Q.72.

73. During the school year, approximately how many times a week does (he/she) usually get a complete school lunch? RECORD IN COL. Q.73. IF "NONE", ENTER "0" AND SKIP TO Q.75.

74. How much do you pay for each of these lunches? GET MOST RECENT PRICE. RECORD IN COL. Q.74.

75. Does (CHILD'S NAME) attend a school which serves a complete breakfast at school? This is a complete breakfast priced as a unit. CIRCLE CODE IN COL. Q.75. IF "NO", SKIP TO NEXT CHILD.

76. During the school year, approximately how many times a week does (he/she) usually get a complete breakfast at school? RECORD IN COL. Q.76. IF "NONE", ENTER "0" AND SKIP TO NEXT CHILD.

77. How much do you pay for each breakfast? GET MOST RECENT PRICE. RECORD IN COL. Q.77. GO TO NEXT CHILD.

CD 06	Line #	First Name	LUNCH								BREAKFAST									
			Col. Q.69		Col. Q.70		Col. Q.71		Col. Q.72		Col. Q.73		Col. Q.74		Col. Q.75		Col. Q.76		Col. Q.77	
			Attends School								# Times/Week	Amount Each Lunch	Yes	No	# Times/Week	Amount Each Breakfast				
	8,9		10		11		12		13		14	15-17	18		19	20-22				
			1	2	1	2	1	2	1	2			1	2						
	23,24		25		26		27		28		29	30-32	33		34	35-37				
			1	2	1	2	1	2	1	2			1	2						
	38,39		40		41		42		43		44	45-47	48		49	50-52				
			1	2	1	2	1	2	1	2			1	2						
	53,54		55		56		57		58		59	60-62	63		64	65-67				
			1	2	1	2	1	2	1	2			1	2		END CD 06				
	8,9		10		11		12		13		14	15-17	18		19	20-22				
			1	2	1	2	1	2	1	2			1	2						
	23,24		25		26		27		28		29	30-32	33		34	35-37				
			1	2	1	2	1	2	1	2			1	2						
	38,39		40		41		42		43		44	45-47	48		49	50-52				
			1	2	1	2	1	2	1	2			1	2						
	53,54		55		56		57		58		59	60-62	63		64	65-67				
			1	2	1	2	1	2	1	2			1	2						

78. ASK ONLY IF ANYONE UNDER 50 YEARS. ALL OTHERS SKIP TO INSTRUCTION BEFORE Q.80. OTHERWISE ASK: Did you or any other person living here receive benefits under the Women, Infants, and Children (WIC) program or the Special Pack program last month? {8}

Yes	1
No	2

SKIP TO INSTRUCTION BEFORE Q.80

ASK RELEVANT PARTS OF Q.79 BY REFERRING TO FLAP TO IDENTIFY HOUSEHOLD MEMBERS

79. How many women in your household received benefits under the WIC program last month?

How many infants under 6 months old received these benefits?

How many children between 6 months and 5 years received these benefits?

ENTER NUMBER

Women	9
Infants (under 6 months)	10
Children (6 months up to 5 years)	11

ASK ONLY IF ANYONE OVER 64 YEARS. ALL OTHERS RECORD TIME SECTION I ENDED, AND SKIP TO SECTION II.

80. Some cities, churches and other organizations sponsor meal services for senior citizens. Does any member of this household participate in such programs? {12}

Yes	1
No	2

RECORD TIME ENDED BELOW AND SKIP TO SECTION II

IF "YES" IN Q.80, RECORD LINE NUMBER AND FIRST NAME OF EACH PERSON 64 YEARS OR OVER. ASK Q'S 81-83 IN SEQUENCE FOR EACH PERSON.

81. Does (NAME) have meals delivered to the home, such as Meals on Wheels? CIRCLE CODE IN COL. Q.81.

82. Does (NAME) participate in organized group meal services for senior citizens? CIRCLE CODE IN COL. Q.82.

83. Does (NAME) participate in any other type of special feeding program? IF YES, SAY: Please describe. CIRCLE CODE AND SPECIFY KIND OF PROGRAM IN COL. Q.83.

Line #	First Name	Col. Q.81		Col. Q.82		Col. Q.83			
		Meals on Wheels		Sponsored Group Meals		Special Feeding Program			
		Yes	No	Yes	No	Yes	No	IF YES: DESCRIPTION	
13,14		15 1	2	16 1	2	17 1	2		
18,19		20 1	2	21 1	2	22 1	2		
23,24		25 1	2	26 1	2	27 1	2		
28,29		30 1	2	31 1	2	32 1	2		
33,34		35 1	2	36 1	2	37 1	2		
38,39		40 1	2	41 1	2	42 1	2		
43,44		45 1	2	46 1	2	47 1	2		
48,49		50 1	2	51 1	2	52 1	2		

{57}

TIME SECTION I ENDED: _____	AM	1
	PM	2

{53-56}

SECTION II

READ TO ALL RESPONDENTS.

Now I would like to find out what foods from your household food supply were used during the last seven days. (SHOW CALENDAR TO RESPONDENT.) That is the same period we discussed earlier (REFER TO CHART TOP OF PAGE 6, SECTION I) from (DAY/MONTH/YEAR) after the (M/N/E) meal to today (DAY/MONTH/YEAR) including the (M/N/E) meal.

I am talking about foods used from your household food supplies. That means all foods eaten in the household, carried from your home supplies and eaten away, or leftovers fed to pets or thrown away. It does not include food given away or sold to people outside the household, food fed to animals raised for commercial purposes, or food prepared but not yet consumed.

READ IN BASIC AND ELDERLY SURVEYS, DO NOT READ IN BRIDGING SURVEY:

This is where we will use the notes and containers I asked you to save as reminders.

As I read this list, please tell me about just the food you used in the last seven days.

SECTION II		Pages	
		List	Entry
A, B	Baby Food	3, 5	4, 6
C	Beef, Pork, Veal, Lamb	7	8
D	Poultry, Game, Organ Meat	9	10
E	Lunch Meat	11	12
F	Fish, Seafood	13	14
G	Eggs, Milk Products, Cheese	15, 17	16, 18
H, I	Vegetables	19, 21	20, 22
J	Juices	23	24
K	Fruit	25	26
L	Cereals, Flour, Meal, Grains	27, 29	28, 30
M	Bread Rolls, Buns	31	32
N	Cakes, Cupcakes, Pies	33	34
O	Cookies	35	36
P	Crackers, Snack Items, Baked Goods	37	38
Q	Sugar, Sweets	39, 41	40, 42
R	Puddings, Ice Cream, Butter, Mayonnaise, Fats, Oils, Salad Dressings	43	44
S	Soups, Gravies, Sauces	45	46
T, U	Frozen Dinners, Mixtures	47, 49	48, 50
V	Nuts, Beverages	51	52
W	Condiments (purchased)	53	53

1-5 ID

09
{6, 7} CD

SECTION III (BEGIN ON PAGE 55)
SECTION IV (BEGIN ON PAGE 57)

Time Section Began _____

AM	1
PM	2

A BABY FOOD.

1. In the past seven days did your household use any commercially prepared baby or junior foods?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-9 BELOW IN ORDER FOR EACH "YES".

	Yes	1
SKIP TO "C"	No	2

MEATS, NOT IN MIXTURES

- 1 Beef
- 2 Chicken
- 3 Veal
- 4 Ham
- 5 Lamb
- 6 Pork
- 7 Turkey
- 8 Frankfurter
- 9 Liver
- 10 Liver and bacon
- 11 Beef heart
- 12 Beef and beef heart
- 13 Chicken sticks
- 14 Beef sticks
- 15 Turkey sticks
- 16 Meat and vegetable sticks

HIGH MEAT DINNERS

- 17 Beef with vegetables
- 18 Beef with vegetables and cereals
- 19 Chicken with vegetables
- 20 Ham with vegetables
- 21 Turkey with vegetables
- 22 Veal with vegetables

OTHER DINNER AND SOUP MIXTURES

- 23 Beef lasagna
- 24 Beef noodle
- 25 Beef stew
- 26 Beef and rice
- 27 Chicken noodle
- 28 Chicken with vegetables
- 29 Chicken stew
- 30 Chicken soup
- 31 Creamed potatoes and ham
- 32 Green beans, potatoes, and ham casserole
- 33 Lamb and noodles
- 34 Macaroni and cheese
- 35 Macaroni alphabets and beef casserole
- 36 Macaroni, tomatoes, and beef
- 37 Macaroni, tomatoes, beef, and bacon
- 38 Spaghetti, tomato sauce, and meat
- 39 Turkey casserole with vegetables
- 40 Turkey and rice with vegetables

VEGETABLE MIXTURES

- 41 Split peas with ham
- 42 Vegetables and bacon
- 43 Vegetables and beef
- 44 Vegetables and chicken
- 45 Vegetables and ham
- 46 Vegetables and lamb
- 47 Vegetables and liver
- 48 Vegetables and turkey
- 49 Vegetables, dumplings, and beef
- 50 Vegetables, egg noodles, and chicken

EGG AND EGG MIXTURES

- 51 Eggs with cereal
- 52 Egg yolks
- 53 Yolks with bacon
- 54 Yolks with cereal
- 55 Yolks with cereal and bacon

VEGETABLES AND VEGETABLE SOUPS

- 56 Beets
- 57 Carrots
- 58 Carrots and peas
- 59 Carrots in butter sauce
- 60 Creamed corn
- 61 Creamed peas
- 62 Creamed spinach
- 63 Creamed green beans
- 64 Green beans
- 65 Green beans in butter sauce
- 66 Peas
- 67 Peas in butter sauce
- 68 Squash
- 69 Squash in butter sauce
- 70 Sweet potatoes
- 71 Sweet potatoes in butter sauce
- 72 Mixed vegetables
- 73 Vegetable soup

B BABY FOOD

1. Did your household use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-9 BELOW IN ORDER FOR EACH "YES".

INSTANT BABY CEREAL

- 1 Barley
- 2 High Protein
- 3 Mixed
- 4 Oatmeal
- 5 Rice
- 6 High protein cereal with fruit
- 7 Mixed cereal with fruit
- 8 Oatmeal with fruit
- 9 Rice with fruit
- 10 Multi-grain (So-Bigs)

MIXED CEREAL (JARRED)

- 11 High protein cereal applesauce and bananas
- 12 Mixed cereal with apples and bananas
- 13 Oatmeal with apples and bananas
- 14 Rice with apples and bananas

FRUIT

- 15 Apples and apricots
- 16 Apples and pears
- 17 Applesauce
- 18 Applesauce and cherries
- 19 Applesauce and pineapple
- 20 Applesauce and raspberries
- 21 Apricots
- 22 Bananas
- 23 Bananas and pineapple
- 24 Peaches
- 25 Pears
- 26 Pears and pineapple
- 27 Pineapple

FRUIT WITH TAPIOCA

- 28 Apples and cranberries with tapioca
- 29 Apricots with tapioca
- 30 Bananas with tapioca
- 31 Bananas and pineapple with tapioca
- 32 Plums with tapioca
- 33 Prunes with tapioca

FRUIT JUICE

- 34 Apple
- 35 Apple-apricot
- 36 Apple-cherry
- 37 Apple-grape
- 38 Apple-peach
- 39 Apple-pineapple
- 40 Apple-plum
- 41 Grapefruit-pineapple
- 42 Mixed fruit
- 43 Orange
- 44 Orange-apple
- 45 Orange-apple-banana
- 46 Orange-apricot
- 47 Orange-bananas
- 48 Orange-pineapple
- 49 Pineapple
- 50 Prune
- 51 Prune-orange

FRUIT ADES, PUNCHES, AND DRINKS

PUDDINGS AND OTHER DESSERTS

- 53 Apple Betty
- 54 Apple pie
- 55 Banana pie
- 56 Blueberry buckle
- 57 Caramel pudding
- 58 Cherry vanilla pudding
- 59 Chocolate custard
- 60 Cottage cheese with banana
- 61 Cottage cheese with pineapple
- 62 Custard pudding
- 63 Dutch apple dessert
- 64 Fruit dessert with pineapple
- 65 Hawaiian delight with tapioca
- 66 Orange pudding
- 67 Peach cobbler
- 68 Peach melba
- 69 Peach pie
- 70 Pineapple orange dessert
- 71 Raspberry cobbler
- 72 Tutti Frutti
- 73 Vanilla custard pudding

BAKED GOODS

- 74 Animal cookies
- 75 Arrowroot cookies
- 76 Assorted fruit cookies
- 77 Honey teething ring
- 78 Pretzels
- 79 Teething cookies

READY PREPARED FORMULAS

- Powder:
- 80 Bakers
 - 81 Enfamil
 - 82 Prohana
 - 83 Similac
 - 84 Soyalac
 - 85 Milk base
 - 86 Soy base

Concentrated liquid:

- 87 Bakers
- 88 Enfamil
- 89 Enfamil Iron
- 90 Neo-mull-soy
- 91 Prosobee
- 92 Similac
- 93 Similac Advance
- 94 Similac Iron
- 95 Similac Isomil
- 96 S.M.A. Iron
- 97 Soyalac
- 98 I-Soyalac
- 99 Milk base
- 100 Meat base
- 101 Soybean base

Ready to use, in can:

- 102 Enfamil
- 103 Enfamil Iron
- 104 Mullsoy
- 105 Neo-mull-soy
- 106 Nursoy
- 107 Prosobee
- 108 Similac
- 109 Similac Advance
- 110 Similac Iron
- 111 Similac Isomil
- 112 Soyalac

Ready to feed, in bottle:

- 113 Enfamil Nursette
- 114 Enfamil Nursette Iron
- 115 Similac
- 116 Similac Iron

FORMULA INGREDIENTS

- 117 Dextrimaltose
- 118 Dynadextrose

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.

Q.4 In the past 7 days altogether how much did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS

Q.5 Did you buy the (FOOD ITEM) home produce it, or receive it as a gift or as payment? ENTER CODE

Q.6 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS

Q.7 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.6)?

Q.8 (IF BOUGHT) Is that the total price you paid?

Q.9 (IF NO) What does that price represent?

	Q.4										Q.5	Q.6					Q.7	Q.8		Q.9	Notes	
	Lb	Oz	F1 Oz	# of Units	Cup (measuring)			Item (Other)	IF ITEM OR OTHER SPECIFY WEIGHT OR SIZE	Lb		Oz	F1 Oz	# of Units	Item (Other)	IF ITEM OR OTHER SPECIFY WEIGHT OR SIZE		XXX.XX	Yes			No
					H	R	L															
8	{9-11}	12-15	16-20	21-25	26-29	{30,31}			{32-35}	{36}	37-40	41-45	46-50	51-54	55-56	{57-60}	{61-65}	{66}		{67,68}	{69-72}	
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				
B						04	05	06	07	24					24		1	2				

C BEEF, PORK, VEAL, LAMB

1. In the past seven days did your household use any beef, pork, veal or lamb?

Yes	1
No	2

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-11 BELOW IN ORDER FOR EACH "YES".

<p>BEEF STEAKS</p> <p>*1 Chuck</p> <p>2 Club, shell</p> <p>3 Delmonico</p> <p>4 Filet mignon</p> <p>5 Flank, London broil</p> <p>6 Porterhouse</p> <p>*7 Rib</p> <p>8 Rib-eye</p> <p>*9 Round steak,</p> <p>*10 Shoulder</p> <p>*11 Sirloin, New York steak</p> <p>12 Strip</p> <p>13 Swiss, "minute", cube</p> <p>14 T-Bone</p> <p>15 Tenderloin</p> <p>16 Steak Tonight</p> <p>BEEF ROASTS</p> <p>17 Brisket, not corned</p> <p>*18 California</p> <p>*19 Chuck roast</p> <p>*20 Cross-cut</p> <p>*21 Pot roast</p> <p>*22 Rib roast, eye of rib</p> <p>*23 Round roast, eye of round</p> <p>*24 Rump roast</p> <p>*25 Shoulder</p> <p>26 Top sirloin, sirloin tip</p> <p>27 CORNERD BEEF, CORNERD BRISKET</p> <p>28 PASTRAMI</p>	<p>29 (8) CHIPPED BEEF</p> <p>GROUND BEEF</p> <p>30 Ground beef, lean</p> <p>31 Ground beef, regular</p> <p>32 Hamburger, patties</p> <p>33 Ground chuck</p> <p>34 Ground round</p> <p>35 Meat loaf mix (meat only)</p> <p>36 Great ground</p> <p>OTHER BEEF</p> <p>*37 Plate Beef</p> <p>38 Shank, knuckle</p> <p>39 Short ribs</p> <p>*40 Other boiling, stewing or soup beef</p> <p>41 Beef bacon</p> <p>42 Oxtail</p> <p>PORK CHOPS</p> <p>*43 Fresh</p> <p>*44 Cured, smoked</p> <p>PORK ROAST</p> <p>*45 Loin, fresh</p> <p>*46 Loin, cured, smoked</p> <p>*47 Shoulder, fresh</p> <p>*48 Shoulder, cured, smoked</p> <p>*49 Boston butt, fresh</p> <p>*50 Boston butt, cured, smoked</p> <p>*51 Picnic, fresh</p> <p>*52 Picnic, cured, smoked</p>	<p>HAM</p> <p>*53 Fresh</p> <p>*54 Cured, smoked</p> <p>55 Boiled ham (lunch meat)</p> <p>56 Ham patties</p> <p>SAUSAGE (pure pork)</p> <p>57 Bulk, links - fresh</p> <p>58 Brown-and-serve</p> <p>59 Cured</p> <p>BACON</p> <p>60 Sliced</p> <p>61 Slab, with rind</p> <p>62 Bacon squares (smoked jowl)</p> <p>63 Canadian style</p> <p>64 Salt pork</p> <p>65 Fatback, side pork, streak of lean</p> <p>66 Pork lean strips, Sizzlean</p> <p>67 Scapple</p> <p>SPARERIBS</p> <p>68 Fresh</p> <p>69 Cured, smoked</p> <p>70 NECKBONES, BACKBONES</p> <p>71 PIG'S FEET, fresh (incl. tail, ears, knuckles, head)</p> <p>OTHER PORK</p> <p>72 Cracklings</p> <p>*73 Ham hocks, cured, smoked</p> <p>74 Hog's head, cured, smoked</p> <p>75 Knuckles, cured, smoked</p>	<p>VEAL CHOPS</p> <p>*76 Loin</p> <p>77 Shoulder</p> <p>78 Rib</p> <p>*79 VEAL CUTLETS, STEAK</p> <p>VEAL ROAST</p> <p>*80 Shoulder</p> <p>*81 Leg, round</p> <p>*82 Rib</p> <p>OTHER VEAL</p> <p>*83 Breast, plate (stew meat)</p> <p>84 Ground patties</p> <p>85 Mock "chicken" legs</p> <p>LAMB OR MUTTON CHOPS, STEAKS</p> <p>*86 Loin</p> <p>87 Rib</p> <p>88 Shoulder</p> <p>*89 Steak</p> <p>LAMB MUTTON ROAST</p> <p>*90 Shoulder</p> <p>*91 Leg</p> <p>92 Sirloin</p> <p>OTHER LAMB, MUTTON</p> <p>*93 Stew, soup meat</p> <p>94 Breasts, shanks</p> <p>95 Ground, patties, with or w/o bacon</p> <p>GOAT (same codes as lamb)</p> <p>BREAKFAST MEAT SUBSTITUTES</p> <p>96 Breakfast links</p> <p>97 Breakfast patties</p> <p>98 Breakfast slices</p> <p>99 Breakfast strips</p>
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Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES.								Q.5 (IF FOOD ITEM *'ed, ASK:) Was that with or without a bone?		Q.6 In the past 7 days, altogether how many pounds and ounces did you use? PROBE FOR # AND TYPE OF UNITS.				Q.7 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE.	Q.8 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS.				Q.9 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.8)?	Q.10 (IF BOUGHT) Is that total price you paid?		Q.11 (IF NO) What does that price represent?	Notes		
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Fresh (raw)	Breaded	Already Cooked	Other	With Bone	Without Bone	Lb	Oz	# of Units	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT		Lb	Oz	# of Units	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT		\$XX.XX	Yes			No	
8 {9-11}	{12}								{13}		14-17	18-22	23-26	27-28	{29-32}	{33}	34-38	39-43	44-47	48-49	{50-54}	{55-59}	{60}		{61,62}	{63-66}
C	1	2	3	4	5	6	7	9	1	2				24				24			1	2				
C	1	2	3	4	5	6	7	9	1	2				24				24			1	2				
C	1	2	3	4	5	6	7	9	1	2				24				24			1	2				
C	1	2	3	4	5	6	7	9	1	2				24				24			1	2				
C	1	2	3	4	5	6	7	9	1	2				24				24			1	2				
C	1	2	3	4	5	6	7	9	1	2				24				24			1	2				
C	1	2	3	4	5	6	7	9	1	2				24				24			1	2				

D POULTRY, GAME, ORGAN MEAT

1. In the past seven days did your household use any poultry, game or organ meat?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES.
ASK Q'S 3-12 BELOW IN ORDER FOR EACH "YES".

	Yes	1
SKIP TO "E"	No	2

WHOLE OR HALF CHICKEN, CUT UP OR NOT CUT UP

- *1 Fryer, broiler, Springer
- *2 Roaster
- *3 Stewer
- 4 Barbecued
- 5 Fried

CHICKEN PARTS

- *6 Breasts
- 7 Backs, backs and necks
- 8 Drumsticks
- 9 Thighs
- 10 Legs (drumsticks and thighs)
- 11 Wings
- 12 Necks
- 13 Gizzards

CHICKEN MEAT - COOKED/SLICES

- 14 White meat, no bone
- 15 Dark meat, no bone
- 16 White and dark meat, no bone
- 17 Chicken roll

TURKEY

Whole or half:

- 18 Self-basting
- 19 Prestuffed
- 20 Other
- *21 Breasts
- 22 Drumsticks
- *23 Thighs
- 24 Legs
- 25 Wings
- 26 Gizzards
- 27 Turkey ground
- 28 Turkey roll

TURKEY MEAT - COOKED/SLICES

- 29 White meat, no bone
- 30 Dark meat, no bone
- 31 White and dark meat, no bone

OTHER POULTRY OR WILD FOWL

- *32 Capon
- *33 Duck
- *34 Wild duck
- *35 Cornish game hen
- *36 Goose
- *37 Guinea hen
- *38 Pheasant
- *39 Quail
- *40 Squab, pigeon, dove

RABBIT

- *41 Domesticated
- *42 Wild cottontail
- *43 Wild snowshoe

OTHER GAME

- *44 Opossum
- *45 Raccoon
- *46 Venison, moose
- *47 Squirrel, groundhog, woodchuck, all other small game

LIVER

- 48 Chicken
- 49 Goose
- 50 Turkey, other poultry
- 51 Beef
- 52 Calf
- 53 Lamb
- 54 Pork
- 55 Liver paste, pate de foie gras

HEART

- 56 Beef
- 57 Calf
- 58 Lamb
- 59 Pork
- 60 Poultry

KIDNEY

- 61 Beef
- 62 Calf
- 63 Lamb
- 64 Pork

TONGUE

- 65 Beef
- 66 Calf
- 67 Lamb
- 68 Pork
- 69 (9) Smoked, corned, pickled (inc. spiced)
- 70 Deviled

OTHER VARIETY MEATS

- 71 Brains
- 72 Sweetbreads
- 73 Tripe
- 74 Chitterlings
- 75 Stomach (Hog maws)

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES.									Q.5 ASK IF FOOD ITEM *'ED AND CODED ALREADY COOKED OR CANNED. Was that with bone or without bone?		Q.6 ASK IF FOOD ITEM *'ED AND NOT CODED ALREADY COOKED OR CANNED. Was that:						Q.7 In the past 7 days <u>altogether</u> how many pounds and ounces did you use? PROBE: How much did you use? PROBE FOR # AND TYPE OF UNITS					Q.8 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE.	Q.9 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS.					Q.10 IF BOUGHT: What did you pay for the (TOTAL AMOUNT IN Q.9)? \$XX.XX	Q.11 IF BOUGHT: Is that the total price you paid?		Q.12 IF NO: What does that price represent?	Notes		
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Fresh	Breaded	Already Cooked	Other	With Bone	Without Bone	Not Ready to Cook (Live Weight)	Dressed or Drawn	Parts	Fillet	Ready to Cook	Lb	Oz	# of Units	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	1=Buy	2=Home Produce		3=Gift/Pay	Lb	Oz	# of Units	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Yes			No	
B {9-11 }	{12 }									{13 }						14-17	18-22	23-26	27-28	29-32					{33 }	34-38	39-43	44-47	48-49	{50-54 }	{55-59 }	{60 }	{61,62 }	{63-66 }	
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24									24						1	2	
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24									24						1	2	
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24									24						1	2	
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24									24						1	2	
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24									24						1	2	
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24									24						1	2	

E LUNCH MEAT

	Yes	1
SKIP TO "F"	No	2

1. In the past seven days did your household use any lunch meats or hot dogs?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-9 BELOW IN ORDER FOR EACH "YES".

FRANKFURTERS OR KNOCKWURST

- 1 Regular, not canned
- 2 Regular, canned
- 3 Chicken hot dog
- 4 Kosher or beef hot dog
- 5 **CANNED PORK LUNCH MEAT**
(Chopped pork, Spam, Treet)
- 6 **MEAT AND POULTRY SPREAD**
- 7 **CHOPPED BEEF**
- 8 **POTTED MEAT OR POULTRY**
- 9 **BOLOGNA**
- 10 **LIVER SPREADS**
- 11 **LIVER SAUSAGE OR LIVERWURST**
- 12 **HARD SALAMI**
- 13 **COOKED SALAMI**
- 14 **SMOKED LUNCHEON SAUSAGE**
- 15 **LUNCHEON LOAF**
- 16 **MINCED OR SPICED HAM**

OTHER LUNCH MEATS OR READY-TO-EAT MEAT

- | | |
|---------------------------|---------------------------|
| 17 Alessandri Salami | 40 Holsteiner |
| 18 Alpine salami | 41 Hungarian salami |
| 19 Arles salami | 42 Italian salami |
| 20 Berliner-style sausage | 43 Kielbasa |
| 21 Blood sausage | 44 Kosher salami |
| 22 Blutwurst | 45 Landjaeger |
| 23 Bockwurst | 46 Lebanon sausage |
| 24 Bratwurst | 47 Liver loaf |
| 25 Braunschweiger | 48 Liver pudding |
| 26 Cappicola | 49 Mettwurst sausage |
| 27 Cervelat | 50 Mortadella |
| 28 Chicken loaf | 51 Olive loaf |
| 29 Chorizos | 52 Pepperoni |
| 30 Farmer cervelat | 53 Pimento loaf |
| 31 Frizzes | 54 Polish sausage |
| 32 German salami | 55 Souse |
| 33 Goettinger | 56 Summer sausage |
| 34 Goteborg | 57 Taylor pork roll |
| 35 Gotha sausage | 58 Thuringer |
| 36 Half-smoked sausage | 59 Veal loaf |
| 37 Ham loaf | 60 Vienna sausage |
| 38 Ham roll | 61 Assorted luncheon meat |
| 39 Head cheese | |

IF RESPONDENT MENTIONS:	SEE:
Boiled ham.....	P. C , Item 55
Corned beef.....	P. C , Item 27
Pastrami.....	P. C , Item 28
Smoked tongue.....	P. D , Item 69
Chicken luncheon roll.....	P. D , Items 14-16
Turkey luncheon roll.....	P. D , Items 29-31

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.

Q.4 In the past 7 days altogether how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS

Q.5 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE

1 = Buy
2 = Home Pr.
3 = Gift/Pay

Q.6 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS

IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE

Q.7 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.6)?

\$XX.XX

Q.8 (IF BOUGHT) Is that the total price you paid?

Yes No

Q.9 (IF NO) What does that price represent?

Notes

	Lb		Oz		# of Units		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE		Lb		Oz		# of Units		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX	Yes No		Notes				
	12-15	16-20	21-24	25-26	27-30	31				32-35	36-40	41-44	45-46	47-50	51-55				56	57, 58		59-62			
8	{9-11}						{27-30}		{31}								{47-50}		{51-55}		{56}		{57, 58}		{59-62}
E					24												24			1		2			
E					24												24			1		2			
E					24												24			1		2			
E					24												24			1		2			
E					24												24			1		2			
E					24												24			1		2			
E					24												24			1		2			
E					24												24			1		2			

F FISH, SEAFOOD

	Yes	1
SKIP TO "G"	No	2

1. In the past seven days did your household use any fish or seafood?

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES.
ASK Q'S 3 - Q.12 BELOW IN ORDER FOR EACH "YES".

F			OTHER FISH	OTHER FISH	**118	CLAMS
	<u>COD</u>	<u>TROUT</u>	(Contd.)	(Contd.)	119	CLAM JUICE
1(9)	Salted	*22 Sea trout	*51 Dolphin	<u>Rockfish:</u>		(incl. clam liquor,
*2	Fresh, other	*23 Other trout	*52 Dolly Varden	East. U.S.		bouillon or nectar)
			*53 Dorado	West. U.S.	**120	CRABS
*3	<u>FLOUNDER, SOLE</u>		*54 Drumfish	Sablefish	121	Crab meat
		24(4) Canned in oil	<u>Eel:</u>	Sanddab		
	<u>HADDOCK</u>	25(4) Canned in water	Smoked	Sauger		<u>LOBSTER OR CRAYFISH</u>
4(9)	Smoked, finnan haddie	*26 Fresh, other	Not smoked	Scad	**122	Whole lobster
*5	Fresh, other		Eulachon	Scrod	123	Lobster meat
			Fish sticks	Scup	124	Lobster paste
*6	<u>HALIBUT</u>		*59 Flatfish	Shad	**125	Lobster tails
	<u>HERRING</u>	*27 Albacore	*60 Fluke	Shark		
		*28 Alewife	*61 Frog legs	Sheepshead	**126	OYSTERS
*7	Lake herring	*29 Anchovy	*62 Gefilte fish	Skate	**127	SCALLOPS
8(9)	Pickled herring	*30 Barracuda	*63 Grayfish	Smelts		
9(9)	Salted herring		*64 Greenling	Snapper	**128	SHRIMP
10(9)	Smoked herring	*31 Sea bass	*65 Grouper	Spot	129	Shrimp paste
11(9)	Kippered herring	*32 Striped bass	*66 Hake	Squeteague		<u>OTHER SHELLFISH</u>
*12	Fresh, other herring	*33 Other bass	*67 Jack	Squid	**130	Abalone
		*34 Blackfish	*68 Kingfish	<u>Sturgeon:</u>	**131	Mussels
		*35 Bluefish	*69 Lingcod	Smoked	**132	Snails
	<u>MACKEREL</u>	*36 Bluegill	102(9) Lox	Not smoked		
13(9)	Salted	*37 Bocaccio	*103 Mahi Mahi	Sucker	133	ANCHOVY PASTE
*14	Fresh, other	*38 Bonito	*104 Mullet	Swordfish		
		*39 Buffalo fish	*105 Octopus	Tautog		
	<u>PERCH</u>	*40 Bullhead	*106 Pickerel	Terrapin	134	Caviar
*15	Ocean perch	*41 Burbot	*107 Pike	Tilefish		
*16	Other perch	*42 Canary	*108 Plaice	Turbot		
		*43 Carp	*109 Pollack	Turtle		
17	<u>ROE</u>	*44 Catfish	*110 Pompano	Walleye		
		*45 Chub	*111 Porgy	Weakfish		
	<u>SALMON</u>	*46 Cisco	*112 Raja	<u>Whitefish:</u>		
18(4)	Canned in flat cans	*47 Crappie	*81 Raspshead	Smoked		
19(4)	Canned in tall cans	*48 Croaker	113(9) Ray	Not smoked		
*20	Fresh, other	*49 Cusk	*82 Redfish	Whiting		
		*50 Dogfish	*83 Redhorse	Wreckfish		
21	<u>SARDINES</u>		*84	Yellowtail		

G EGGS, MILK PRODUCTS, CHEESE

1. In the past seven days, did your household use any eggs or milk products or cheeses?
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER, FOR EACH "YES".

	Yes	1
SKIP TO "H"	No	2

- | | | | |
|---|---|--|--|
| <p>EGGS</p> <p><u>In shell:</u></p> <p>1 Large
 2 Extra large, jumbo
 3 Small or pullet
 4 Medium
 5 Assorted sizes</p> <p><u>Not in shell:</u></p> <p>*6 Yolks only
 *7 Whites only
 *8 Yolks and whites</p> <p><u>Hard boiled egg (cooked):</u></p> <p>9 In shell
 10 Not in shell</p> <p>PROCESSED EGGS</p> <p>11 Egg Delight
 12 Egg Beaters, frozen
 13 Eggstra, dry
 14 Second Nature, fresh</p> <p>WHOLE MILK (FRESH, FLUID)</p> <p>15 Regular
 16 Low-sodium
 17 Home-produced</p> <p>*18 BUTTERMILK</p> <p>19 SKIM OR NONFAT MILK, FLUID
 20 LOW-FAT OR 2% MILK, FLUID
 21 ACIDOPHILUS</p> <p>22 CHOCOLATE MILK</p> <p>23 Low-fat chocolate</p> <p>*24 CHOCOLATE MILK DRINK</p> | <p>*25 SOY MILK
 OTHER FLUID MILK</p> <p><u>Thick milk shake (carry out):</u></p> <p>26 Chocolate
 27 Other flavor</p> <p><u>Regular milk shake:</u></p> <p>28 Chocolate
 29 Other flavor</p> <p>30 Goat's milk
 31 Imitation milk</p> <p>*32 EGG NOG</p> <p>YOGURT</p> <p>33 Plain
 34 Fruit
 35 Coffee, vanilla
 36 Diet</p> <p>37 INSTANT BREAKFAST DRINKS</p> <p>EVAPORATED MILK
 (not sweetened)</p> <p>38 Whole
 39 Skim
 40 With veg. oil
 41 Goat's milk</p> <p>42 CONDENSED MILK
 (sweetened)</p> | <p>DIET BEVERAGES
 (not soft drinks)</p> <p>43 Liquid (Metrecal, Slender, Sego)
 44 Dry or powder (Metrecal, Slender, Lookfit)
 45 Nutrament, liquid
 46 Nutrament, dry
 47 Nutramigen, dry</p> <p>NON-FAT, DRY</p> <p>48 Instant
 49 Regular</p> <p>50 Low-fat milk, dry
 51 Whole milk, dry
 52 Goat's milk, dry</p> <p>53 MALTED MILK, DRY</p> <p>SWEET CREAM</p> <p>54 Coffee cream, table cream, light cream
 55 Whipping cream, heavy cream</p> <p>SOUR CREAM</p> <p>56 Regular
 57 Substitute</p> <p>HALF AND HALF
 (milk and cream)</p> <p>58 Sweet
 59 Sour</p> | <p>OTHER CREAM OR CREAM SUBSTITUTE</p> <p>60 Pressure-can whipped cream
 61 Pressure-can whipped topping (non-dairy)
 62 Liquid cream substitute
 63 Instant powdered dry cream
 64 Dry, powdered cream substitute
 65 Dry, whipped cream substitute
 66 Dry, whipped cream substitute, dietetic
 67 Frozen cream substitute
 68 Frozen whipped topping (non-dairy)</p> |
|---|---|--|--|

IF RESPONDENT MENTIONS ICE CREAM OR FROZEN YOGURT, SEE "R"

G continued on next page

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.

Q.4 ASK ONLY IF FOOD ITEM *'ED In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE

Q.5 In the past 7 days altogether how much did you use? PROBE FOR # AND TYPE OF UNITS.

Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE.

Q.7 IF BOUGHT: When you bought the (FOOD ITEM) you used, how much did you buy? PROBE FOR # AND TYPE OF UNITS.

Q.8 IF BOUGHT: What did you pay for the (TOTAL AMOUNT IN Q.7)

Q.9 IF BOUGHT: Is that the total price you paid?

Q.10 IF NO: What does that price represent?

R	[9-11]	[12]					Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pt	Qt	1/2 gallon	Gallon	Dozen	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	1= Buy 2= Home Produce 3= Gift/Pay	Lb	Oz	Fl Oz	# of Units	Pt	Qt	1/2 gallon	Gallon	Dozen	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX	[68]		[69, 70]	Notes			
		Comm. Frozen	Comm. Canned	Fresh	Dried or Dehyd.	Other																										Yes	No					
G		2	4	5	8	9																																
G		2	4	5	8	9																																
G		2	4	5	8	9																																
G		2	4	5	8	9																																
G		2	4	5	8	9																																
G		2	4	5	8	9																																
G		2	4	5	8	9																																
G		2	4	5	8	9																																

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER, FOR EACH "YES".

	<u>COTTAGE CHEESE</u>		<u>OTHER CHEESE</u>		<u>OTHER CHEESE</u>
					(Contd.)
69	Plain creamed	91	Baker's cheese	116	Mozzarella
70	Vegetable or fruit creamed	92	Bel Paese	117	Muenster
71	Uncreamed, dry curd	93	Blue (Bleu)	118	Neufchatel
72	Low-fat	94	Brie	119	New York
	<u>CREAM CHEESE</u>	95	Buttermilk	120	Old English
73	Regular	96	Borden's Chateau	121	Pennsylvania Pot
74	Low-fat	97	Brick	122	Pizza cheese
75	Imitation	98	Camembert	123	Port du Salut
	<u>AMERICAN, CHEDDAR CHEESE</u>	99	Cheese Whiz	124	"Pot" cheese
76	Natural	100	Colby	125	Provolone
77	Processed	101	Cold pack	126	Ricotta
78	<u>SWISS CHEESE</u>	102	Cook	127	Roquefort
79	<u>PARMESAN CHEESE</u>	103	Coon	128	Romano
	<u>CHEESE SPREADS</u>	104	Dorset	129	Sapsago
80	Cheddar, American base	105	Dutch	130	Schweizer
81	Cream, Neufchatel base	106	Edam	131	Smoky spread
82	Pressure-can cheese	107	Emmentaler	132	Stilton
	<u>CHEESE DIPS</u>	108	Gouda	133	Tillamook
83	Sour cream base	109	Gorgonzola	134	Tilsiter
84	Cream cheese base	110	Gruyere	135	Trappist
85	Cheese base	111	Longhorn	136	Velveeta
86	<u>CHEESE BALL</u>	112	Liederkrantz	137	Vermont
	<u>IMITATION CHEESE</u>	113	Limburger		
87	Cheez-Ola	114	Lombardo		
88	Chef's Delight	115	Monterey		
89	Count Down				
90	Diet Snack				

H VEGETABLES

1. In the past seven days did your household use any vegetables?
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3-13
 BELOW IN ORDER FOR EACH "YES".

	Yes	1
SKIP TO "J"	No	2

- | | | | |
|---|--|---|---|
| 1 ARTICHOKES
1 Globe or French
2 Jerusalem
3 Artichoke hearts | 20 BEETS
21 Beets without tops
21 Beet greens only (no beets)
<u>Beets and greens:</u>
22 Greens used
23 Greens not used | 40(5) YELLOW CORN
41 In husk
41 Husked, on cob
42 Off cob
43 Off cob, cream style | 65 LENTILS, dry, mature |
| *4 ASPARAGUS | *24 BROCCOLI | 44(5) WHITE CORN
45 In husk
45 Husked, on cob
46 Off cob
47 Off cob, cream style | LETTUCE, fresh
<u>Headed:</u>
66(5) Iceberg
67(5) Boston, bibb
68(5) Leaf, Cos, romaine,
salad bowl, Simpson,
Grand Rapids |
| 5 BAMBOO SHOOTS | *25 BRUSSELS SPROUTS | 48 CRESS | *69 MUSHROOMS |
| 6 BAKED BEANS
(with or without
pork or tomatoes) | 26 CABBAGE
26 Green or white
27 Red cabbage
28 Chinese | 49(5) CUCUMBERS, fresh
50 DANDELION GREENS
51(5) Dill, fresh
52 Dock | MUSTARD GREENS
70(5) Fresh, in plastic bag
71(5) Fresh, bulk
*72 Other |
| LIMA BEANS
*7 Mature, dry
*8 Green or immature | 29 CARROTS
29 With tops
30 Without tops
31 Carrots and peas | 53 EGGPLANT | 73 OKRA |
| 9 NAVY, PEA OR GREAT
NORTHERN BEANS
(marrow, October beans) | *32 CAULIFLOWER | 54 ENDIVE
(white, Belgian, French) | 74 ONIONS
75(8) Dehydrated onions |
| *10 GREEN BEANS
(snap, string) | *33 CELERY
34 Celery knob | 55 Escarole | GREEN ONIONS
<u>Fresh, with tops:</u>
76(5) Tops not used
77(5) Both used
78(5) Fresh, without tops
79 Tops only
80 Chives |
| *11 WAX OR YELLOW BEANS | 35 CHARD (NEW ENGLAND,
SPINACH)
36(5) Chicory/green curly
endive | 56 GARLIC | 81 ONION RINGS |
| OTHER BEANS
12 Bayo
13 Black
14 Brown
15 Calico
16 Kidney
17 Pinto
18 Red Mexican | COLLARDS
37(5) Fresh, in plastic bag
38(5) Fresh, bulk
*39 Other | 57 HOMINY (large)
57 Canned, commercial
58 Other | 82 PARSLEY
83 PARSNIPS |
| 19 BEAN SPROUTS | | 59 HORSERADISH | |
| | | 60(5) KALE
60(5) Fresh, in plastic bag
61(5) Fresh, bulk
*62 Other
63 Kohlrabi
64 Lambsquarters | |

[VEGETABLES (2)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3-13 BELOW IN ORDER FOR EACH "YES".

<u>PEAS, NOT DRY</u>	22	<u>PUMPKIN</u>	<u>SWEET POTATOES</u>	56	<u>MIXED VEGETABLES</u>
*1 Green, English			35 (5) Whole, fresh		
*2 Blackeye, crowder, other field peas, cowpeas	23 (5)	<u>RADISHES</u>	36 Sirup pack, canned	57	<u>INTERNATIONAL STYLE FROZEN VEGETABLES</u>
	24	With tops	37 (4) Vacuum pack, canned		
		Without tops	38 (4) Dietary pack, canned		
<u>DRY PEAS</u>	25	<u>RUTABAGAS</u>	39 Boiled, plain	58	Mixed vegetables for soup, salad, stew
3 Blackeye, crowder, other field peas cowpeas	26	Salsify, vegetable oysters	40 Candied		
4 Chickpeas, garbanzos	27	<u>SAUERKRAUT</u>	41 Puffs		
5 Split peas			42 (8) Flakes		
	28 (8)	<u>SOYBEANS</u>	43 <u>TOMATOES</u>		
<u>OTHER GREEN PEAS</u>	*29	Dry	44 Tomato aspic		
*6 Snowpeas, pea pods		Green, not dry	45 Tomato paste		See Tomato sauce "U 71"
			46 Tomato puree		
		<u>SPINACH</u>	47 Stewed tomatoes		
7 <u>GREEN SWEET PEPPERS (BELL PEPPERS)</u>	30 (5)	Fresh, in plastic bag			
	31 (5)	Fresh, bulk	<u>TURNIPS AND TURNIP GREENS</u>		
	*32	Other	48 Turnips (no tops or greens)		
<u>CHILI PEPPERS</u>			49 Turnip greens only		
8 Red		<u>SQUASH</u>	50 Turnip (greens used)		
9 Green	33	Winter squash (acorn, Hubbard, butternut, and other deep yellow)	51 Turnip (greens not used)		
10 <u>RED PIMIENTOS</u>			52 <u>SUCCOTASH</u>		
	34	Summer squash (crookneck, straightneck, patty pan, scallop, zucchini, cocozeili, Chinese)	53 <u>WATER CHESTNUTS</u>		
<u>WHITE POTATOES</u>			54 <u>YAM</u>		
11 Whole, with peel (5)			55 Yam with pineapple		
12 Whole or cut up, without peel					
13 Mashed					
14 Scalloped, au gratin					
15 French fried (Tasti fries, shoestring, crinkles)					
16 Puffs (Tater tots, morsels, Tasti puffs)					
17 Hash browns (Potatoes O'Brien)					
18 Hash browns with vegetables					
19 Baked (plain or with sour cream or cheese)					
20 Potato patties					
21 Potato pancakes (include mix)					

Q.3 What (Other) type of (FOOD CATEGORY) did you use? RECORD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES.								Q.5 (IF FOOD ITEM *'ED) Was this untrimmed (in shell) or trimmed (not in shell)		Q.6 (IF OTHER THAN FRESH IN Q.4) Was this in sauce or not in sauce?		Q.7 (IF "COMMERCIALY CANNED" IN Q.4) Was this labeled a diet food?		Q.8 In the past 7 days altogether how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS										Q.9 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE 1 = Buy 2 = Home Produce 3 = Gift/Pay	Q.10 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS										Q.11 IF BOUGHT: What did you pay for the (TOTAL AMOUNT IN Q.10)? \$XX.XX	Q.12 IF BOUGHT: Is that the total price you paid?		Q.13 IF NO: What does that price represent?	Notes			
	Home Frozen	Comm. Frozen	Home Canned	Comm. Canned	Fresh	Already Cooked	Dried or Dehyd.	Untrimmed/ In Shell	Trimmed/ Not In Shell	In Sauce	Not in Sauce	Yes	No	Lb	Oz	Fl Oz	# of Units	Cup (measuring)	Pt	Qt	Bunch	Peck	Item (Other)	IF BUNCH, ITEM OR OTHER, SPECIFY WEIGHT OR SIZE		Lb	Oz	Fl Oz	# of Units	Pt	Qt	Bunch	Peck	Item (Other)	IF BUNCH, ITEM OR OTHER, SPECIFY WEIGHT OR SIZE		Yes	No					
	{12}								{13}				{32, 33}										{34-37}	{38}		{58, 59}											{60-63}	{64-68}			{69}		{70, 71}
8	{9-11}	{12}								{13}				{32, 33}										{34-37}	{38}	{58, 59}										{60-63}	{64-68}	{69}		{70, 71}	{72-75}		
I		1	2	3	4	5	7	8	1	2	3	4	5	6					04	08	09	12	15	24									08	09	12	15	24			1	2		
I		1	2	3	4	5	7	8	1	2	3	4	5	6					04	08	09	12	15	24									08	09	12	15	24			1	2		
I		1	2	3	4	5	7	8	1	2	3	4	5	6					04	08	09	12	15	24									08	09	12	15	24			1	2		
I		1	2	3	4	5	7	8	1	2	3	4	5	6					04	08	09	12	15	24									08	09	12	15	24			1	2		
I		1	2	3	4	5	7	8	1	2	3	4	5	6					04	08	09	12	15	24									08	09	12	15	24			1	2		
I		1	2	3	4	5	7	8	1	2	3	4	5	6					04	08	09	12	15	24									08	09	12	15	24			1	2		
I		1	2	3	4	5	7	8	1	2	3	4	5	6					04	08	09	12	15	24									08	09	12	15	24			1	2		

J JUICES

1. In the past seven days did your household use any juices?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3-11 BELOW IN ORDER FOR EACH "YES".

	Yes	1	23
SKIP TO "K"	No	2	

VEGETABLE JUICE

- *1 Tomato juice, cocktail
- 2 Mixed vegetable juice
- *3 V-8 Juice
- 4 Vegetable cocktail
- 5 Veg Crest
- 6 Mott's Beefamato
- 7 Mott's Clamato
- 8 Carrot juice
- 9 Sauerkraut juice

FRUIT JUICE

- *10 Apple juice, cider
- *11 Grapefruit juice
- *12 Grape juice
- *13 Lemon juice
- 14 "Realemon"
- *15 Orange juice
- *16 Apricot-pineapple juice
- *17 Blackberry juice
- *18 Fig juice
- *19 Grapefruit-orange juice
- *20 Lime juice
- 21 "Realime"
- *22 Orange-banana juice
- *23 Pineapple juice
- *24 Pineapple-orange juice
- *25 Pineapple-grapefruit juice
- *26 Prune juice
- *27 Tangerine juice

ADES

- *28 Lemonade
- *29 Limeade
- *30 Orangeade

POWDERED OR TABLET DRINKS

- 31 Alcoholic beverage mixes
- *32 Cherri-Aid
- 33 County Prize
- 34 Country Time
- 35 Diet Twist lemonade
- 36 Funny Face
- 37 Hawaiian Punch
- *38 Kool-Aid
- 39 Squeeze
- 40 Start
- 41 Tang
- 42 Wyler's drink

OTHER FRUIT DRINKS, ADES, PUNCHES, NECTARS

- 43 Alcoholic beverage mixes
- 44 AM
- 45 Apple drink
- 46 Apricot nectar
- 47 Apricot-orange drink
- 48 Awake
- 49 Bennett's Fix-A-Drink
- 50 Bright and Early
- 51 Cal-Power drink
- 52 Cherry drink
- 53 Cranberry apple drink
- 54 Cranberry grape drink
- *55 Cranberry juice cocktail
- 56 Gatorade
- *57 Grapeade
- *58 Grape drink
- 59 Grapefruit drink
- *60 Hawaiian punch - any flavor
- 61 Hi-C - any flavor
- 62 Hi-Cal
- 63 Lemon n'Limeade
- 64 Orange drink
- 65 Orange Plus
- 66 Peach nectar
- 67 Pear nectar
- 68 Pineapple-grapefruit drink
- 69 Pineapple-orange drink
- 70 PM
- 71 Punch Py-Ki
- 72 Truade
- 73 Wagner's diet drink
- *74 Welchade

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last seven days? Was it: CIRCLE ONE CODE.					Q.5 (IF FOOD ITEM 'ED) Was this ready to drink or concentrated? Was it with or without sugar? CIRCLE ONE CODE.				Q.6 In the past 7 days <u>altogether</u> how much did you use? PROBE FOR # AND TYPE OF UNITS.							Q.7 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE.	Q.8 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how much did you buy? PROBE FOR # AND TYPE OF UNITS.							Q.9 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.8)?	Q.10 (IF BOUGHT) Is that the total price you paid?		Q.11 (IF BOUGHT) What does that price represent?	Notes					
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Fresh	Dried or Dehydrated	Ready to Drink		Concentrated		Lb	Oz	Fl Oz	# of Units	Cup (measuring)	Pt		Qt	Item (Other)	IF ITEM OR OTHER SPECIFY WEIGHT OR SIZE	Lb	Oz	Fl Oz	# of Units		Pt	Qt			Item (Other)	IF ITEM OR OTHER SPECIFY WEIGHT OR SIZE	\$XX.XX	Yes	No
							With Sugar	No Sugar	With Sugar	No Sugar																							39-43	44-48
8	{9-11}					{12}				{13}				14-17	18-22	23-27	28-31	{32, 33}	34-37	{38}	39-43	44-48	49-53	54-57	{58, 59}	{60-63}	{64-68}	{69}	{70, 71}	{72-75}				
J	1	2	3	4	5	8	1	2	3	4					04	08	09	24						08	09	24			1	2				
J	1	2	3	4	5	8	1	2	3	4					04	08	09	24						08	09	24			1	2				
J	1	2	3	4	5	8	1	2	3	4					04	08	09	24						08	09	24			1	2				
J	1	2	3	4	5	8	1	2	3	4					04	08	09	24						08	09	24			1	2				
J	1	2	3	4	5	8	1	2	3	4					04	08	09	24						08	09	24			1	2				
J	1	2	3	4	5	8	1	2	3	4					04	08	09	24						08	09	24			1	2				

Yes	1
No	2

SKIP TO "L"

K FRUIT

1. In the past seven days did your household use any fruit or fruit pie fillings?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-12 BELOW IN ORDER FOR EACH "YES".

ASK Q.5 FOR ALL CANNED OR FROZEN FRUITS.
 ASK Q.6 FOR ALL COMMERCIALLY CANNED FRUITS.

1	<u>APPLES</u> (if canned include apple rings, sliced apples, baked apples, spiced crab apples)	20	<u>CHERRIES</u> Sour red	34	<u>OTHER MELONS</u> Casaba	53	<u>OTHER FRUIT</u> Acerola cherries
		21	Sweet	35	Crenshaw	54	Currants
2	<u>APPLE SAUCE</u>	22(4)	Maraschino	36	Honeydew (include Honey Ball)	55	Guavas
3	<u>APRICOTS</u>	23	<u>DATES</u> Pitted	37	Mixed melon balls	56	Kiwi
4	<u>AVOCADOS</u> (alligator pears)	24	With pits	38	Persian	57	Kumquats
5	<u>BANANAS</u>	25	<u>FIGS</u>	39	<u>MIXED FRUIT OR FRUIT COCKTAIL</u> (Fruits for salad)	58	Mangoes
		26	<u>GRAPEFRUIT</u>	40	<u>ORANGES</u>	59	Nectarines
		27	<u>GRAPEFRUIT AND ORANGE SECTIONS</u>	41	Mandarin oranges	60	Papayas
6	<u>BERRIES</u> Blackberries	28	<u>GRAPES</u> Concord or slip skin (Delaware, Niagara, Catawba, Scuppernong)	42	Tangelos	61	Persimmons
7	Blueberries	29	Not slip-skin or European type (Thompson seedless, Malaga, Muscat Emperor, Tokay)	43	Temple oranges	62	Plantains (baking bananas)
8	Boysenberries			44	<u>PEACHES</u>	63	Pomegranates
9	Cranberries, cranberry sauce	30	<u>LEMONS</u>	45	<u>PEARS</u>	64	Tangerines
10	Dewberries			46	<u>PINEAPPLE</u>		<u>FRUIT PIE FILLINGS</u>
11	Elderberries	31	<u>LIMES</u>	47	<u>PLUMS</u>	65(4)	Apple
12	Gooseberries	32	<u>CANTALOUPE/MUSKMELON</u>	48	<u>PRUNES</u> With pits	66(4)	Apricot
13	Huckleberries	33	<u>WATERMELON</u>	49	Without pits	67(4)	Blueberry
14	Loganberries			50	<u>RAISINS</u>	68(4)	Cherry
15	Mulberries			51(5)	<u>RHUBARB</u> With leaves	69(4)	Lemon
16	<u>RASPBERRIES:</u> Black			52	Without leaves	70(4)	Mincemeat
17	Red					71(4)	Peach
18	<u>STRAWBERRIES</u>					72(4)	Pineapple
19	Youngberries					73(4)	Prune
						74(4)	Pumpkin
						75(4)	Raisin
						76(4)	Raspberry
						77(4)	Strawberry

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES.								Q.5 IF CANNED OR FROZEN, ASK: Was that with, or without sugar?		Q.6 IF COMMERCIALLY CANNED, ASK: Were those (FOOD ITEMS) labelled a diet food?		Q.7 In the past 7 days, altogether, how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS.							Q.8 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE. 1=Buy 2=Home Produce 3=Gift/Pay	Q.9 IF BOUGHT: When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS.							Q.10 IF BOUGHT: What did you pay for the (TOTAL AMOUNT IN Q.9)?	Q.11 IF BOUGHT: Is that the total price you paid?		Q.12 IF NO: What does that price represent?	Notes									
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Fresh	Already Cooked	Dried, Dehydrated	With Sugar	Without Sugar	Yes	No	Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pt	Qt	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pt		Qt	Item (Other)			IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX	Yes	No					
	{12}								{13}		14-17	18-22	23-27	28-31	{32, 33}			{34-37}				{38}	39-43	44-48	49-53	54-57	{58, 59}						{60-63}			{64-68}		{69}		{70, 71}	
8	{9-11}								{13}																																
K	1	2	3	4	5	7	8	1	2	3	4					04	08	09	24																						
K	1	2	3	4	5	7	8	1	2	3	4					04	08	09	24																						
K	1	2	3	4	5	7	8	1	2	3	4					04	08	09	24																						
K	1	2	3	4	5	7	8	1	2	3	4					04	08	09	24																						
K	1	2	3	4	5	7	8	1	2	3	4					04	08	09	24																						
K	1	2	3	4	5	7	8	1	2	3	4					04	08	09	24																						
K	1	2	3	4	5	7	8	1	2	3	4					04	08	09	24																						
K	1	2	3	4	5	7	8	1	2	3	4					04	08	09	24																						

CEREALS, FLOUR, MEAL, GRAINS

	Yes	1
SKIP TO "M"	No	2

- In the past seven days did your household use any cereal, flour, meal or other grains?
- Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER FOR EACH "YES".

IF FOOD COMES INTO THE HOUSEHOLD ALREADY COOKED, SPECIFY AS PART OF DESCRIPTION IN Q.3.

<u>HOT CEREALS</u>		<u>READY-TO-EAT CEREALS</u>		<u>READY-TO-EAT CEREALS</u>		
	Rolled oats, oatmeal		Cap'n Crunch:	57	Honeycomb	85
1	Regular	25	Peanut Butter	58	Jean La Foote's Cinn.	86
2	Plain, instant	26	Punch Crunch		Crunch	87
3	Instant W/fruit & spice	27	Crunch Berries	59	Kellogg's Krumbles	88
4	Quick	28	Cheerios	60	King Vitaman	89
	Farina, cream of wheat	29	Crispy Critters	61	Klondike Pete's Nuggets	90
5	Regular	30	Cocoa Krispies	62	Life	91
6	Plain, instant	31	Cocoa Pebbles	63	Lucky Charms	92
7	Instant W/fruit, spice	32	Cocoa Puffs	64	100% Bran	93
8	Quick	33	Concentrate	65	100% Natural Cereal	94
	Other "hot" cereals	34	Corn Chex	66	Pep	
9	Cream of Rice	35	Corn Flakes	67	Pernola	
10	Maltex	36	Corn Kix	68	Post Toasties	95
11	Regular Maypo	37	Count Chocula	69	Product 19	96
12	Instant Maypo	38	Country Morning		Puffed Rice	97
13	Ralston	39	Crisp Rice	70	Puffed Wheat	98
14	Roman Meal	40	40% Bran Flakes	71	Quisp	99
15	Regular rolled wheat	41	Fortified Oat Flakes		Raisin Bran	100
16	Quick rolled wheat	42	Frankenberry	72	Rice Chex	101
17	Wheatena	43	Freakies	73	Rice Flakes	102
	<u>READY-TO-EAT CEREALS</u>	44	Frosted Mini Wheats	74	Rice Honey Crunchers	103
18	All Bran	45	Frosted Rice	75	Rice Krispies	104
19	Alpen	46	Frosty O's	76	Shredded Wheat	105
20	Alpha Bits	47	Fruit Brute	77	Special K	106
21	Apple Jacks	48	Fruit Loops	78	Sugar Frosted Flakes	107
22	Booberries	49	Fruity Pebbles		Sugar Pops	108
23	Bran Buds	50	Golden Grahams	79	Sugar Smacks	109
24	Buc Wheat	51	Granola	80	Sugar Sparkled Flakes	110
		52	Grape-nuts	81	Sugar Sparkled Rice	111
		53	Grape-nut Flakes	82	Krinkles	112
		54	Grins and Smiles	83		
		55	Giggles and Laughs	84		
		56	Heartland Plain			
			Heartland W/fruit and/or nuts			

<u>Variety packs</u>	
	Chex-mates
	Kellogg's Request Pack
	Kellogg's Snack Pack
	Kellogg's Variety Pack
	Post's Variety Pack
	Post's Treat Pak
	Post's Tens
	Mills Fun Pack
<u>Other variety packs</u>	
	All presweetened
	Some presweetened
	None presweetened

<u>OTHER BREAKFAST ITEMS</u>	
	Breakfast Squares
	Toaster Pastries
	Granola Bars
	Figurines
	Pop Tarts
	Danka
	Toastettes

Q.3 What (other) type of (FOOD CATEGORY) did you use?
RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.

Q.4 (IF FOOD ITEM *'D) Was that enriched, or not enriched?

Q.5 In the past 7 days altogether how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS

Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE.

1=Buy
2=Home Produce
3=Gift/Pay

Q.7 IF BOUGHT: When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS

Q.8 IF BOUGHT: What did you pay for the (TOTAL AMOUNT IN Q.7)?

Q.9 IF BOUGHT: Is that the total price you paid?

Q.10 IF NO: What does that price represent?

	Enriched	Not Enriched	Don't Know	Lb	Oz	# of Units	Cup (Measuring)	Individual Serving Boxes	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	# of Units	Individual Serving Boxes	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX	Q.9 IF BOUGHT: Is that the total price you paid?		Notes			
																		Yes	No				
8	{12}			13-16	17-21	22-25	{26,27}			{28-31}	{32}			33-37	38-42	43-46	{47, 48}	{49-52}	{53-57}	{58}		{59,60}	{61-64}
L	1	2	3				04	13	24					13	24				1	2			
L	1	2	3				04	13	24					13	24				1	2			
L	1	2	3				04	13	24					13	24				1	2			
L	1	2	3				04	13	24					13	24				1	2			
L	1	2	3				04	13	24					13	24				1	2			
L	1	2	3				04	13	24					13	24				1	2			
L	1	2	3				04	13	24					13	24				1	2			
L	1	2	3				04	13	24					13	24				1	2			

L CEREALS, FLOUR, MEAL, GRAINS (CONTD.)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER FOR EACH "YES".

IF FOOD COMES INTO THE HOUSEHOLD ALREADY COOKED, SPECIFY AS PART OF DESCRIPTION IN Q.3.

	<u>FLOUR</u>		<u>CORNMEAL</u>		<u>SPAGHETTI</u>
	<u>White all-purpose (family)</u>		<u>White:</u>		(vermicelli, rigatoni etc.)
*113	Plain	*133	Degerminated, not self-rising	*152	Plain
*114	Self-rising	*134	Degerminated, self-rising	153	Spaghetti dinner mix, dry
*115	<u>Cake or pastry flour</u>	*135	Whole ground, not self-rising	154	Spaghetti dinner w/meat mix, dry
116	<u>Whole wheat flour,</u> <u>graham</u>	*136	Whole ground, self-rising		
	<u>Buckwheat:</u>		<u>Yellow:</u>		
117	Dark	*137	Degerminated, not self-rising		<u>MACARONI</u>
118	Light	*138	Degerminated, self-rising	*155	Plain
119	Rye flour	*139	Whole ground, not self-rising	156	Macaroni-cheese mix, dry
120	<u>Potato flour</u>	*140	Whole ground, self-rising	157	Pastina
121	<u>Soy Flour</u>			158	Whole wheat pasta
122	Soy grits, flakes, powder, granules			159	High Protein Pasta
	<u>Other Flour</u>		<u>HOMINY GRITS</u>		
123	Rice (include		<u>White:</u>		<u>EGG NOODLES</u> dry
	Harina de Arroz)	*141	Quick	*160	
124	Corn (include Masa Harina)	*142	Instant		
125	Barley		<u>Yellow:</u>		<u>OTHER GRAINS</u>
126	Carob	*143	Quick	161	Buckwheat groats, grits
127	Gluten	*144	Instant	162	Bulgar, commercially canned
128	Oat Flour			163	Bulgar, other
129	Peanut		<u>RICE</u> (plain or with seasoning)	164	Cornstarch
130	Triticale flour or grits	*145	White, regular (incl. Rice-A-Roni)	165	Malt, dry
131	Cakemeal (Kosher, Passover)	146	White, converted or parboiled	166	Millet (hog millet)
132	Cornmeal and wheat	147	White, instant	167	Pearl barley
		148	White, cooked	168	Potato starch
		149	Brown rice	169	Sorghum grits
		150	Fried rice	170	Tapioca, plain
		151	Wild rice		

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 (IF FOOD ITEM *'D) Was that enriched, or not enriched?			Q.5 In the past 7 days <u>altogether</u> how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS					Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE. 1=Buy 2=Home Produce 3=Gift/Pay	Q.7 IF BOUGHT: When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS					Q.8 IF BOUGHT: What did you pay for the (TOTAL AMOUNT IN Q.7)? \$XX.XX	Q.9 IF BOUGHT: Is that the total price you paid?		Q.10 IF NO: What does that price represent?	Notes		
	Enriched	Not Enriched	Don't Know	Lb	Oz	# of Units	Cup (Measuring)	Individual Serving Boxes		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	# of Units		Individual Serving Boxes	Item (Other)			IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Yes
8 {9-11}	{12}			13-16	17-21	22-25	{26,27}			{28-31}	{32}	33-37	38-42	43-46	{47,48}	{49-52}	{53-57}	{58}		{59,60}	{61-64}
L	1	2	3				04	13	24					13	24		1	2			
L	1	2	3				04	13	24					13	24		1	2			
L	1	2	3				04	13	24					13	24		1	2			
L	1	2	3				04	13	24					13	24		1	2			
L	1	2	3				04	13	24					13	24		1	2			
L	1	2	3				04	13	24					13	24		1	2			
L	1	2	3				04	13	24					13	24		1	2			
L	1	2	3				04	13	24					13	24		1	2			

BREAD, ROLLS, BUNS

1. In the past seven days did your household use any bread, rolls, buns, pancakes or tortillas?
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-11 BELOW IN ORDER FOR EACH "YES".

	Yes	1
SKIP TO "N"	No	2

<p><u>BREAD</u></p> <p>*1 White, bread Regular, buttermilk, or thin sliced</p> <p>*2 Italian, Grecian</p> <p>*3 French, Vienna</p> <p>*4 Added protein</p> <p>*5 Egg bread, cheese bread, chalah</p> <p>*6 Salt-rising</p> <p>*7 Low calorie bread</p> <p>8 Wholewheat (include wheat germ, graham, bran, sprouted)</p> <p>9 Wholewheat w/fruit or nuts</p> <p>10 Rye, cornbread, Swedish, Jewish</p> <p>11 Pumpernickel (include dark Polish, Russian Rye, black bread)</p> <p><u>OTHER BREAD</u></p> <p>12 Banana bread</p> <p>13 Boston brown bread: Regular</p> <p>14 Fruits, nuts</p> <p>15 Bran'nola</p> <p>16 Cornbread (made with cornmeal)</p> <p>17 Cornell formula</p> <p>18 Cracked wheat</p> <p>19 Date-nut bread</p> <p>20 Fruit-nut bread</p> <p>Fresh Horizon:</p> <p>21 White</p> <p>22 Wheat</p> <p>23 Garlic bread</p> <p>24 Half and Half</p> <p>25 Hollywood Light</p> <p>26 Hollywood Dark</p> <p>27 Honey wheat</p>	<p><u>OTHER BREAD (Contd.)</u></p> <p>28 Natural Health Loaf</p> <p>29 Oatmeal bread</p> <p>30 Profile bread</p> <p>31 Raisin</p> <p>32 Rice</p> <p>33 Roman meal</p> <p>Sahara bread, Syrian bread:</p> <p>34 White</p> <p>35 100% Wheat</p> <p>36 Sour dough</p> <p>37 Triticale</p> <p>38 <u>BREAD DOUGH</u></p> <p><u>BREAD MIX</u></p> <p>39 Plain</p> <p>40 With fruits, nuts</p> <p>41 Cornbread</p> <p>42 Popover</p> <p>43 Spoonbread</p> <p><u>BREAD STICKS</u> (large)</p> <p>44 Regular</p> <p>45 Without salt</p> <p>46 <u>FRENCH TOAST</u></p> <p><u>CRUMBS, STUFFING, ETC</u></p> <p>47(9) Bread crumbs, dry</p> <p>48(9) Prepared dry stuffing, croutettes, croutons</p> <p>49(9) Cracker meal, Matzo meal</p> <p>50(9) <u>Make a Better Burger, Plus Meat and other</u></p> <p>51(9) <u>Shake and Bake</u></p> <p><u>ROLLS, NOT SWEET</u></p> <p>*52 Ready-to-eat</p> <p>*53 White, soft</p> <p>White, hard</p>	<p><u>ROLLS, NOT SWEET (Contd.)</u></p> <p>54 Rye</p> <p>55 Whole wheat</p> <p>56 Bagels</p> <p><u>Brown-and-serve</u></p> <p>57 White</p> <p>58 Wholewheat</p> <p>59 Bagels</p> <p><u>Dough</u></p> <p>60 Frozen rolls</p> <p>61 Refrigerated rolls</p> <p>62 Mix, dry</p> <p><u>SWEET BUNS OR ROLLS</u></p> <p><u>Ready-to-eat</u></p> <p>63 Sweet, with fruit</p> <p>64 Sweet, without fruit</p> <p><u>Dough</u></p> <p>65 Sweet, with fruit</p> <p>66 Sweet, without fruit</p> <p>67 Danish pastry</p> <p>68 Mix</p> <p><u>DOUGHNUTS</u></p> <p><u>Ready-to-eat</u></p> <p>69 Cake type, regular</p> <p>70 Cake type, chocolate</p> <p>71 Yeast type, or raised (honey-dipped, glazed, filled, crullers)</p> <p>72 Dough</p> <p>73 Mix</p> <p><u>PANCAKES AND WAFFLES</u></p> <p>74 <u>Ready-to-eat</u></p> <p><u>Mix:</u></p> <p>75 Plain, buttermilk</p> <p>76 Blueberry, other fruit</p> <p>77 Buckwheat</p> <p>78 Wholewheat</p> <p>79 Diet Pancake Mix</p>	<p><u>PANCAKES AND WAFFLES (Contd.)</u></p> <p><u>Batters:</u></p> <p>80 Plain</p> <p>81 Blueberry</p> <p><u>BISCUITS</u></p> <p>82 Ready-to-eat</p> <p>83 Dough, refrigerated</p> <p>84 Mix</p> <p><u>MUFFINS</u></p> <p><u>Ready-to-eat</u></p> <p>English muffins:</p> <p>85 Plain</p> <p>86 With raisins</p> <p>87 Wholewheat, sprouted wheat</p> <p>88 Plain muffins</p> <p>89 Muffins with fruits, nuts</p> <p>90 Bran</p> <p>91 Corn (include Hush Puppies)</p> <p>92 Wholewheat</p> <p><u>Mix:</u></p> <p>93 Corn (include Hush Puppies)</p> <p>94 Plain (scone mix)</p> <p>95 With fruit, nuts</p> <p>96 Bran</p> <p><u>Batters:</u></p> <p>97 Plain</p> <p>98 Blueberry</p> <p>99 <u>POTATO FLOUR MIX</u></p> <p><u>Tortilla</u></p> <p>100 Corn</p> <p>101 Wheat</p>
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8	Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last seven days? Was it: CIRCLE ONLY ONE CODE.				Q.5 (IF FOOD ITEM *'ED) Was that enriched or not enriched?			Q.6 In the past 7 days <u>altogether</u> how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS.					Q.7 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE.	Q.8 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS.					Q.9 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.8)? \$XX.XX	Q.10 (IF BOUGHT) Is that the total price you paid?		Q.11 (IF BOUGHT) What does that price represent?	Notes	
		Home Frozen	Comm. Frozen	Comm. Canned	Not Can./Prz.	Enriched	Not Enriched	Don't Know	Lb	Oz	# of Units	Cup (measuring)	Slices		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	# of Units		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE			Yes
	{9-11}	{12}				{13}			14-17	18-22	23-26	{27, 28}		{29-32}	{33}	34-38	39-43	44-47	48, 49	{50-53}	{54-58}	{59}		{60, 61}	{62-65}
M		1	2	4	9	1	2	3				04	14	24				24			1	2			
M		1	2	4	9	1	2	3				04	14	24				24			1	2			
M		1	2	4	9	1	2	3				04	14	24				24			1	2			
M		1	2	4	9	1	2	3				04	14	24				24			1	2			
M		1	2	4	9	1	2	3				04	14	24				24			1	2			
M		1	2	4	9	1	2	3				04	14	24				24			1	2			
M		1	2	4	9	1	2	3				04	14	24				24			1	2			

Yes	1
No	2

N CAKES, CUPCAKES, PIES

- In the past seven days did your household use any cakes, cupcakes or pies?
- Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-11 BELOW IN ORDER FOR EACH "YES".

<p>CAKES AND CUPCAKES READY-TO-EAT</p> <p>*1 Angel food</p> <p>2 Boston cream pie</p> <p>3 Cheese cake</p> <p>4 Cheese cake w/fruit</p> <p>5 Chiffon cake</p> <p>*6 Chocolate, fudge, devil's food</p> <p><u>Crumbcake:</u></p> <p>7 Fruit</p> <p>8 Plain</p> <p>9 Fruit cake, dark or light</p> <p>*10 Gingerbread</p> <p>11 Lady finger</p> <p>12 Jelly roll</p> <p>*13 Marble</p> <p>14 Plum pudding</p> <p>*15 Pound</p> <p>16 Shortcake, fruit, w/o topping</p> <p>17 Shortcake, fruit, w/topping</p> <p>*18 Spice</p> <p>*19 Spice w/fruit</p> <p>20 Sponge</p> <p><u>Cream filled:</u></p> <p>*21 Chocolate</p> <p>*22 Not chocolate</p> <p>*23 White</p> <p>*24 White, w/fruit</p> <p>*25 Yellow</p> <p>*26 Yellow, w/fruit</p> <p>COFFEE CAKE</p> <p>27 Regular</p> <p>28 With fruit</p>	<p>29 DANISH PASTRY</p> <p>BUNDT AND STREUSEL MIXES</p> <p><u>White, yellow, spice:</u></p> <p>30(9) Plain or with spices</p> <p>31(9) With fruit</p> <p>32(9) With chocolate</p> <p><u>Chocolate:</u></p> <p>33(9) With glaze, not chocolate</p> <p>34(9) With chocolate glaze</p> <p>35(9) Pound</p> <p>SNACKIN' CAKE MIXES</p> <p>36(9) Chocolate</p> <p>37(9) Other</p> <p>OTHER CAKE AND CUPCAKE MIXES</p> <p>38(9) Angel food</p> <p>39(9) Applesauce</p> <p>40(9) Banana</p> <p>41(9) Boston cream pie</p> <p>42(9) Butter pecan</p> <p>43(9) Cheese cake</p> <p>*44(9) Chocolate, fudge, devil's food</p> <p><u>Coffee cake:</u></p> <p>45(9) Plain</p> <p>46(9) With fruit</p> <p>47(9) French vanilla</p> <p>48(9) Fruit cake</p> <p>49(9) Gingerbread</p> <p>50(9) Honey cake</p>	<p>OTHER CAKE AND CUPCAKE MIXES (Contd.)</p> <p>51(9) Lemon flake, velvet</p> <p>52(9) Marble cake</p> <p>53(9) Orange</p> <p>54(9) Passover</p> <p>55(9) Pineapple Upside Down</p> <p>56(9) Pink lemonade</p> <p>57(9) Pound</p> <p>58(9) Pound, sugarless</p> <p><u>Spice:</u></p> <p>*59(9) Plain</p> <p>60(9) Fruit or nuts</p> <p>61(9) Sponge or chiffon</p> <p>62(9) Toffee swirl</p> <p><u>White:</u></p> <p>*63(9) Plain</p> <p>64(9) Fruit or nuts</p> <p><u>Yellow:</u></p> <p>*65(9) Plain</p> <p>66(9) Fruit or nuts</p> <p>PIES, TURNOVERS, TARTS, COBBLERS, DUMPLINGS, OR STRUDEL</p> <p>67 Apple</p> <p>68 Apricot</p> <p>69 Blackberry</p> <p>70 Blueberry</p> <p>71 Boysenberry</p> <p>72 Cherry</p> <p>73 Cheese</p> <p>74 Chess</p> <p><u>Chiffon:</u></p> <p>75 Chocolate</p> <p>76 Other</p> <p><u>Cream:</u></p> <p>77 Banana</p> <p>78 Chocolate</p> <p>79 Other</p> <p><u>Custard:</u></p> <p>80 Coconut</p> <p>81 Other</p>	<p>PIES, TURNOVERS, TARTS, COBBLERS, DUMPLINGS, OR STRUDEL (Contd.)</p> <p><u>Meringue:</u></p> <p>82 Lemon</p> <p>83 Other</p> <p>84 Mince</p> <p>85 Peach</p> <p>86 Pecan</p> <p>87 Pineapple</p> <p>88 Pumpkin</p> <p>89 Raisin</p> <p>90 Rhubarb</p> <p>91 Shoo fly</p> <p>92 Strawberry</p> <p>93 Sweetpotato</p> <p>94 PIE CRUST, PASTRY SHELLS</p> <p>95 Graham cracker shell</p> <p>PIE MIX</p> <p>96(9) Graham cracker mix</p> <p>97(9) Pie crust mix (include sticks)</p> <p>98(9) Pie mix and filling</p> <p>OTHER BAKED GOOD MIXES</p> <p>99(9) Apple crunch</p> <p>100(9) Apple thins</p> <p>101(9) Cream puff</p> <p>102(9) Eclair</p> <p>103(9) Pudding cake</p> <p>BATTERS OR DOUGHS</p> <p>Other than cookies, bread, etc.</p> <p>104 Coffee cake</p> <p>105 Piecrust dough</p> <p>106 Patty shells dough</p>
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See French Pastries:	"P"
Pizza Mix:	"U"

Q COOKIES

1. In the past seven days did your household use any cookies?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER FOR EACH "YES"

	Yes	1
SKIP TO "P"	No	2

**DIET COOKIES
READY-TO-EAT**

- 1 Chocolate chip
- 2 Chocolate flavored
- 3 Creme sandwich
- 4 Oatmeal
- 5 Wafers

**COOKIES, BROWNIES,
READY-TO-EAT**

- 6 Almond cookies
- 7 Animal crackers
- 8 Apple Delight
- 9 Applesauce cookies
- 10 Assorted
- 11 Banana Wafers
- 12 Biscos
- 13 Bordeaux
- 14 Breakfast Gem cookies
- 15 Brown sugar cookies
- 16 Brownie choco-nut
- 17 Brownies
- 18 Brownies with nuts
- 19 Brownies w/chocolate icing
- 20 Butter cookies
- 21 Cashew nut cookies
- 22 Cherry nut sugar
- 23 Chinese almond
- 24 Chip Ahoy
- 25 Chiparoons
- 26 Chocolate chip
- 27 Chocolate chip w/coconut
- 28 Chocolate covered cookies
- 29 Chocolate drop cookies
- 30 Chocolate flavored

**COOKIES, BROWNIES,
READY-TO-EAT
(Contd.)**

- 31 Choc-Lo-Chips
- 32 Chocolate finger
- 33 Chocolate fudge
- 34 Chocolate nuggets
- 35 Chocolate peanut bars
- 36 Chocolate puffs
- 37 Chocolate wafers
- 38 Chocolate covered assortment
- 39 Cocoa snaps
- 40 Coconut bars
- 41 Coconut jubilees
- 42 Cup custard
- 43 Date nut
- 44 Dutch almond
- 45 Dutch apple
- 46 Dutch fudge cremes
- 47 Energy Plus
- 48 First Lady
- 49 Fortune cookies
- 50 Fig bars
- 51 Fig bars w/whole wheat
- 52 Fugettes
- 53 Fudge Jumbles
- 54 Fudge sticks
- 55 Fudge Swiss
- 56 Fudge cookies
- 57 Fruit filled cookies
- 58 Gauchos
- 59 Gingersnaps
- 60 Girl Scout mint cookies
- 61 Golden fruit cookies
- 62 Golden nectar
- 63 Granola
- 64 Hob-nobs
- 65 Hydrox
- 66 Iced raisin bars
- 67 Iced oatmeal
- 68 Irish oatmeal

**COOKIES, BROWNIES,
READY-TO-EAT
(Contd.)**

- 69 Jan Hagel
- 70 Jelly top cookies
- 71 Kettle
- 72 Lemon crisp
- 73 Lemon coolers
- 74 Lemon nut crunch
- 75 Lemon crisp
- 76 Lemon thins
- 77 Lorne Doone Macaroons:
- 78 Not chocolate
- 79 Chocolate
- 80 Mallowmars
- 81 Mallowpuffs
- 82 Marble-etts
- 83 Marquerite
- 84 Matzo meal cookies
- 85 Mayfair
- 86 Melano
- 87 Minarets
- 88 Mint mallows
- 89 Molasses cookies
- 90 Monster Chomps: Not chocolate
- 91 Chocolate
- 92 Mr. Chips
- 93 Nassau
- 94 Nut cookies
- 95 Nut fudge drops
- 96 Nutty bars
- 97 Nutter Butter
- 98 Oatmeal pecan
- 99 Oatmeal raisin
- 100 Oatmeal snaps
- 101 Oatmeal cookies
- 102 Old fashion oatmeal
- 103 Orange

**COOKIES, BROWNIES
READY-TO-EAT
(Contd.)**

- 104 Oreo
- 105 Peanut cream patties
- 106 Peanut cookies
- 107 Peanut butter bars
- 108 Peanut butter cremes
- 109 Peanut butter wafers
- 110 Peanut sandwich cookies
- 111 Peanut and chocolate
- 112 Pecan chip-its
- 113 Pecan Crunch
- 114 Pecan drops
- 115 Pecan praline
- 116 Pecan sandies
- 117 Penguins
- 118 Pinwheels
- 119 Pirouettes: Not chocolate
- 120 Chocolate
- 121 Pumpkin sugar
- 122 Raisin sugar
- 123 Raisin cookies
- 124 Rich'n Chips
- 125 Rosettes
- 126 Sandwich type cookies
- 127 Shortbread
- 128 Social Teas
- 129 Spiced Windmill
- 130 Sugar cookies
- 131 Sugar wafers
- 132 Tea cookies
- 133 Toll House
- 134 Toy cookies
- 135 Vanilla wafers
- 136 Waffle cremes
- 137 Walnut cookies

COOKIE DOUGH

(refrigerated, not frozen)

- 138 Brownie
 - 139 Butterscotch
 - 140 Chocolate
 - 141 Chocolate chip
 - 142 Oatmeal
 - 143 Peanut butter
 - 144 Sugar
- COOKIE MIX, DRY**
- 145(9) Brownie
 - 146(9) Butterscotch nut
 - 147(9) Chocolate
 - 148(9) Chocolate chip
 - 149(9) Coconut
 - 150(9) Date bar
 - 151(9) Macaroons
 - 152(9) Mint fudge
 - 153(9) Peanut butter
 - 154(9) Peanut chocolate chip bar
 - 155(9) Oatmeal
 - 156(9) Plain
 - 157(9) Sugar
 - 158(9) Toll House

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE			Q.5 In the past 7 days <u>altogether</u> how many pounds, ounces or dozens did you use? (PROBE: How much did you use? PROBE FOR # AND TYPE OF UNITS						Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE 1 = Buy 2 = Home Produce 3 = Gift/Pay	Q.7 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds, ounces or dozens did you buy? PROBE FOR # AND TYPE OF UNITS						Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)	Q.9 (IF BOUGHT) Is that the total price you paid?		Q.10 (IF NO:) What does that price represent?	Notes
	Home Frozen	Comm. Froz.	Not Frozen	Lb	Oz	# of Units	Dozens	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE		Lb	Oz	# of Units	Dozens	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE		\$XX.XX	Yes		
B {9-11}	{12}			13-16	17-21	22-25	{26, 27}	{28-31}	{32}	33-37	38-42	43-46	{47, 48}	{49-52}	{53-57}	{58}		{59, 60}	{61-64}		
O	1	2	9				11	24					11	24		1	2				
O	1	2	9				11	24					11	24		1	2				
O	1	2	9				11	24					11	24		1	2				
O	1	2	9				11	24					11	29		1	2				
O	1	2	9				11	24					11	24		1	2				
O	1	2	9				11	24					11	24		1	2				
O	1	2	9				11	24					11	24		1	2				

P CRACKERS, SNACK ITEMS, BAKED GOODS

1. In the past seven days did your household use any crackers, snack items or baked goods?
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER FOR EACH "YES".

	Yes	1
SKIP TO "Q"	No	2

CRACKERS

- 1 Bacon Thins
- 2 Brown rice crackers
- 3 Brown rice crackers w/o salt
- 4 Cheese, milk crackers
- 5 Cheese, milk crackers, dietetic
- 6 Cheez-it
- 7 Chedo's
- 8 Chicken in a Bisket
- 9 Club
- 10 Cream crackers
- 11 French onion crackers
Graham Crackers:
- 12 Plain
- 13 Chocolate coated
- 14 Sugar-honey coated
- 15 Hi-Ho
- 16 Matzo crackers
- 17 Matzo and soda crackers, unsalted
- 18 Matzo, whole wheat
- 19 Norwegian flatbread
- 20 Onion round, thins
- 21 Oysterettes
- 22 Pepperidge Goldfish
- 23 Pumpernickel toasts
- 24 Rice crackers
- 25 Ritz, Escort
- 26 Rye crackers or rye krisp
- 27 Saltines, soda crackers
- 28 Sandwich type crackers (cheese, peanut butter)
- 29 Sesame seed rice crackers
- 30 Soya crackers
- 31 Townhouse
- 32 Triscuits
- 33 Whole wheat toasts

CRACKERS
(Contd.)

- 34 Whole wheat crackers
- 35 Whole wheat crackers, without salt
- 36 Whole wheat crackers, w/o sugar or shortening
- 37 Wine crackers

POTATO SNACKS

- Potato chips:
- 38 Regular (Potato crisp, Chipos, potato peppies)
 - Potato chips:
 - 39 Artificially shaped (Pringles)
 - 40 Potato sticks

POPCORN, NOT POPPED

- 41 Corn only
- 42 Packaged w/oil and/or cheese

POPCORN, POPPED

- 43 Plain, no addition
- 44 Oil and/or cheese added
- 45 Sugar coated
- 46 Cracker Jack
- 47 Fiddle Faddle
- 48 Screaming Yellow Zonkers

PRETZELS

- 49 Soft
- 50 Hard
- 51 Frozen
- 52 Unsalted

OTHER SNACK ITEMS

- 53 Apple snack
- 54 Bakon Snacks
- 55 Bugles
- 56 Cheddar chips
- 57 Cheddar sesame chips
- 58 Cheese Curls
- 59 Cheese Krisps
- 60 Cheese Pixies

OTHER SNACK ITEMS
(Contd.)

- 61 Cheese sticks
- 63 Chee-tos
- 64 Cheez Doodles
- 65 Cheez'n Crackers
- 66 Cheez waffles
- 67 Corn Q's
- 68 Corn snacks
- 69 Corn snacks w/cheese
- 70 Corn snacks w/corn syrup and peanuts
- 71 Diggers
- 72 Doo Dads
- 73 Flavor Tree Sesame Buds
- 74 French Onion Crisps
- 75 Fritos
- 76 Funyuns
- 77 Hanky Panky
- 78 Korkers
- 79 Krun Cheez
- 80 Meat sticks
- 81 Onion flavor rings
- 82 Onion sesame chips
- 83 Parker's snack mix
- 84 Pork rinds, fried pork skin
- 85 Rye snacks
- 86 Sesame chips
- 87 Taco chips
- 88 Tid-bit
- 89 Tortilla chips
- 90 Waffies
- 91 Wheat snacks
- 92 Wheat snacks w/cheese
- 93 Whole rye chips
- 94 Whole rye wafers

OTHER BAKED GOODS

- Blintzes:
- *95 With fruit
 - *96 Without fruit
 - *97 Cream puffs
 - *98 Eclairs
 - 99 Ice cream cones (cones only)
 - 100 Melba toast, round
 - 101 Melba toast, without salt
 - 102 Meringues
 - *103 Napoleon
 - 104 Zwiebach

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 IF FOOD ITEM *'ED, ASK: In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES.				Q.5 In the past 7 days <u>altogether</u> how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS				Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE. 1=Buy 2=Home Produce 3=Gift/Pay	Q.7 (IF BOUGHT) When you bought the (FOOD ITEM), you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS.				Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)? \$XX.XX	Q.9 (IF BOUGHT) Is that the total price you paid?		Q.10 (IF NO) What does that price represent?	Notes
	Home Frozen	Commercially Frozen	Commercially Canned	Not Canned or Frozen	Lb	Oz	# of Units	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE		Lb	Oz	# of Units	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE		Yes	No		
8 {9-11}	{12}				13-16	17-21	22-25	26-27 {28-31}	{32}	33-37	38-42	43-46	47-48 {49-52}	{53-57}	{58}	{59,60}	{61-64}	
P	1	2	4	9			24					24		1	2			
P	1	2	4	9			24					24		1	2			
P	1	2	4	9			24					24		1	2			
P	1	2	4	9			24					24		1	2			
P	1	2	4	9			24					24		1	2			
P	1	2	4	9			24					24		1	2			
P	1	2	4	9			24					24		1	2			
P	1	2	4	9			24					24		1	2			

Q SUGAR, SWEETS

	Yes	1
SKIP TO "R"	No	1

1. In the past seven days did your household use any sugar or sweets?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER FOR EACH "YES".

- | | | | | | |
|---|--------------------------|----|--------------------------------------|-----|---|
| 1 | <u>WHITE SUGAR</u> | 17 | <u>SORGHUM</u> | | |
| | Regular | | <u>CHOCOLATE SIRUP</u> | | |
| | Granulated, lumps, cubes | 18 | Thin type | *36 | <u>MARMALADE</u> |
| 2 | Powdered, confectioners | 19 | Fortified (Bosco, Hemo, Cocoa Marsh) | *37 | Regular |
| | | | | | Dietetic, without sugar |
| | | | | 38 | Reduced sugar |
| | | | | | |
| | | | | | <u>FRUIT BUTTER</u> |
| | | | | | Made with sugar |
| | | | | | Made with honey |
| | | | | | |
| | | | | | <u>TOPPING</u> |
| | | | | | Caramel |
| | | | | | Butterscotch |
| | | | | | Marshmallow |
| | | | | | Chocolate, fudge |
| | | | | | Nut |
| | | | | | Fruit |
| | | | | | Glazed fruit/peel |
| | | | | | |
| | | | | | <u>CAKE AND PASTRY FILLING</u> |
| | | | | | |
| | | | | | <u>SWEETENED BAKING CHIPS</u> |
| | | | | | Chocolate |
| | | | | | Butterscotch |
| | | | | | Cherry |
| | | | | | Baking, bitter chocolate |
| | | | | | Baking chocolate, prepared (Redibake, Choco-Bake) |
| | | | | | |
| | | | | | <u>DIETETIC CANDY</u> |
| | | | | | Hard candy |
| | | | | | Chocolate candy |

Q Continued on next page

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 ASK ONLY IF (FOOD ITEM) *'ED. In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE		Q.5 In the past 7 days <u>altogether</u> how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS										Q.6 Did you buy the (FOOD ITEM) home produce it, or receive it as a gift or as payment? ENTER CODE	Q.7 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS										Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)?	Q.9 (IF BOUGHT) Is that the total price you paid?		Q.10 (IF NO) What does that price represent?	Notes
	Home Preserved	Not Home Preserved	Lb	Oz	F1 Oz	# of Units	Cup (Measuring)	Pt.	Qt.	15¢ bar/bag	20¢ bar/bag	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	F1 Oz	# of Units	Pt.	Qt.	15¢ bar/bag	20¢ bar/bag	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX		
{9-11}	{12}		13-16	17-21	22-26	27-30	{31, 32}					{33-36}	{37}	38-42	43-47	48-52	53-56	{57, 58}					{59-62}	{63-67}	{68}		{69, 70}	{71-74}
Q	1	2					04	08	09	18	19	24						08	09	18	19	24			1	2		
Q	1	2					04	08	09	18	19	24						08	09	18	19	24			1	2		
Q	1	2					04	08	09	18	19	24						08	09	18	19	24			1	2		
Q	1	2					04	08	09	18	19	24						08	09	18	19	24			1	2		
Q	1	2					04	08	09	18	19	24						08	09	18	19	24			1	2		
Q	1	2					04	08	09	18	19	24						08	09	18	19	24			1	2		
Q	1	2					04	08	09	18	19	24						08	09	18	19	24			1	2		

Q SUGAR, SWEETS (CONTD.)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER FOR EACH "YES".

CANDY

56	After dinner mints	79	Caramello	104	Hard candy	129	Milk chocolate, fruits and nuts	151	Peanut bar, no chocolate
57	Almond Joy	80	Charleston Chews	105	Hard mints			152	Peanut brittle
58	Almonds, Jordan	81	Charms	106	Heath	130	Milk Duds	153	Peanut butter cup
59	Almonds, sugar coated	82	Chocolate Bracer	107	Hershey bar, plain	131	Milky Way	154	Peanut butter pillows
60	Baby Ruth	83	Choco'Lite	108	Hershey bar with almonds	132	Mints, no chocolate	155	Peanut Chews
61	Big Time	84	Chocolate bits, chunks	109	Hershey-ets	133	Mints, with chocolate	156	Peanut Clusters
62	Bit O' Honey	85	Chocolate covered cherries	110	Hershey's Krackel	134	Mounds	157	Pecan Log Roll
63	<u>Brach's:</u> Chocolate covered mints	86	Chocolate covered fruit jellies	111	Jelly beans	135	Mr. Goodbar	158	Penuche
64	Chocolate Stars	87	Chocolate covered raisins	112	Ju Jubes	136	Nabisco Nut Fudge	159	Peppermint patties
65	Circus Peanuts	88	Chocolate honey chips	113	Ju Jubes	137	Necco Wafers	160	Pillsbury Caramel Food Sticks
66	Cream Drops	89	Chocolate, assorted	114	Kit Kat	138	Necco Milk Chocolate	161	Planter's peanut block
67	Real chocolate caramels	90	Chuckles	115	Kisses, chocolate	139	Nestle's Crunch	162	Pom Pom
68	Royals	91	Chunkies	116	Licorice	140	Nonpareil	163	Power House
69	Bridge mix, assort- ment	92	Clark bar	117	Life Savers	141	<u>Nougats:</u> No nuts, plain or chocolate	164	Pralines
70	Brittle, nut	93	Cough drops	118	Lollipops	142	With nuts, plain	165	Rally
71	Butter brickle	94	5th Avenue	119	Lozenges	143	With nuts, chocolate	166	Rock Candy
72	Butterfingers	95	Fondant	120	Marathon	144	<u>Nuts, chocolate covered:</u> Almonds	167	Skittles
73	Cake or cookie decora- tions or crystal	96	Food stick	121	M&M's, no nuts	145	Peanuts	168	Snickers
74	Candy cane	97	Fruits, candied	122	M&M's, with nuts	146	Other nuts	169	Snik Snak
75	Candy corn	98	<u>Fudge:</u> Chocolate, no nuts	123	Mars bar	147	O'Henry	170	Taffy
76	<u>Caramels:</u> No nuts, plain or chocolate	99	Chocolate with nuts	124	Marshmallows, not chocolate	148	Old Nick	171	3 Musketeers
77	With nuts, plain	100	No chocolate with nuts	125	Marshmallows, with chocolate	149	\$100,000	172	Tic Tac
78	With nuts, chocolate	101	No chocolate, no nuts	126	Mary Jane	150	Payday	173	Toffee
		102	Good and Plenty	127	Milk chocolate bar, no nuts			174	Tootsie Roll
		103	Gum drops, leaves, slices	128	Milk chocolate bar, with nuts			175	Tootsie Roll Pop

Q.3 what (other) (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 ASK ONLY IF (FOOD ITEM) *'ED. In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE		Q.5 In the past 7 days altogether how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS										Q.6 Did you buy the (FOOD ITEM) home produce it, or receive it as a gift or as payment? ENTER CODE	Q.7(IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS						Q.8(IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)?	Q.9(IF BOUGHT) Is that the total price you paid?		Q.10(IF NO) What does that price represent?	Notes				
	Home Preserved	Not Home Preserved	Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pt.	Qt.	15¢ bar/bag	20¢ bar/bag	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	Fl Oz	# of Units	Pt.		Qt.	15¢ bar/bag			20¢ bar/bag	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX
8 {9-1}	{12}		13-16	17-21	22-26	27-30	{31, 32}					{33-36}	{37}	30-42	43-47	48-52	53-56	{57, 58}					{59-62}	{63-67}	{68}		{69, 70}	{71-74}
Q	1	2					04	08	09	18	19	24					08	09	18	19	24			1	2			
Q	1	2					04	08	09	18	19	24					08	09	18	19	24			1	2			
Q	1	2					04	08	09	18	19	24					08	09	18	19	24			1	2			
Q	1	2					04	08	09	18	19	24					08	09	18	19	24			1	2			
Q	1	2					04	08	09	18	19	24					08	09	18	19	24			1	2			
Q	1	2					04	08	09	18	19	24					08	09	18	19	24			1	2			
Q	1	2					04	08	09	18	19	24					08	09	18	19	24			1	2			

R PUDDINGS, ICE CREAM, BUTTER, MAYONNAISE, FATS, OILS, OR SALAD DRESSINGS

	Yes	1
SKIP TO "S"	No	2

- In the past seven days did your household use any puddings, ice cream, butter, mayonnaise, fats, oils, or salad dressings?
- Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER FOR EACH "YES".

	GELATIN, DRY, POWDER		ICE CREAM, SHERBET MIX		ICE CREAM		BUTTER		Salad or Cooking Oil (contd.)
1	Plain (unflavored)	20	Chocolate		Bulk, packaged, slices, cups, cones	59	Sticks, regular	88	Sesame
2	Sweet	21	Not chocolate		Chocolate (with or without additions)	60	Sweet (not salted)	89	Soybean
3	Low calorie			39	Other flavors	61	Whipped	90	Sunflower
4	Low protein		JUNKET MIX		Chocolate, nuts covered	62	Flavored butter	91	Vegetable
		22	Chocolate		bars, sticks	63		92	Balboa Oil
		23	Not chocolate		Ice cream sandwich	64	MARGARINE	93	Crisco Oil
5	GELATIN, READY-TO-EAT			40	Ice cream cake or roll	65	Soft, regular	94	Dexola
6	Plain	24		41	Sundaes and banana splits	66	Stick, regular	95	Mazola
	With fruit or vegetables		JUNKET TABLETS	42	Dietetic ice cream	67	Reduced fat	96	Rice Bran Oil
			DESSERT MIX	43		68	Liquid margarine	97	Wesson Oil
		25	Whip 'N Chill	44		69	Diet imitation		
7	PUDDING MIX	26	1 - 2 - 3	45	ICE CREAM WITH VEGETABLE FAT (Mellorine)	70	Whipped	98	MAYONNAISE
	Regular:	27	Cool and Lite	46		71	Sweet (not salted)	99	Bright Day
8	Chocolate	28	Fruit Float			72	Flavored spreads	100	Diet mayonnaise
	Other flavors	29	Egg custard:		ICE MILK	73		101	Horseradish sauce
9	Instant:	30	Dry		Bulk, packaged, slices, cups, cones	74	LARD	102	Imitation mayonnaise
10	Chocolate		Ready-to-eat		Chocolate	75	POULTRY FAT, chicken fat	103	"Salad dressing" (mayonnaise type)
	Other flavors				Other flavors	76	SUET, meat fat		
				47	Frozen custard (Mr. Softee, Tastee-Freeze, Dairy Queen)	77		104	Miracle Whip
				48	Chocolate	78	SOLID SHORTENING (hydrogenated fat)	*105	Sandwich spread
				49	Other flavors	79	Crisco	*106	Tartar sauce
				50	Chocolate	80	Dexo		
11	DIET PUDDING MIX (dietetic ice cream mix)		ICING MIX	51	Other flavors	81	Fluffo		
	Chocolate		Dry:	52	Fudgesicle	82	Richtex		
12	Other flavors		Creamy	53	Creamsicle, dreamsicle	83	Spry	*107	READY TO EAT SALAD DRESSING
			Chocolate	54	Chocolate covered bars, Eskimo pie doughnut	84	Swiftning	*108	Blue cheese
			Other flavors	55		85	Velkay	109	Caesar dressing
			Fluffy		FROZEN YOGURT	86	White Beauty	*110	Coleslaw dressing
			Chocolate		SHERBET	87		*111	French, French type
			Other flavors				SALAD OR COOKING OIL		Garlic
13	PUDDING, READY-TO-EAT		Ready-to-use:				Coconut	112	Green Goddess
	Cool and Creamy:		Creamy		FRUIT ICE, POPSICLES		Corn	*113	Italian, Italian type
	Chocolate	31	Chocolate	56	Fruit ice	88	Cottonseed	*114	Roquefort cheese
	Other flavors	32	Other flavors	57	Popsicles, other sticks or bars	89	Olive	*115	Russian
14	Other flavors	33	Chocolate	58	Snowballs	90	Peanut	116	Sour cream dressing
		34	Other flavors			91	Safflower	*117	Thousand Island
		35	Ready-to-use:					118	Yogurt dressing
		36	Creamy						
15	Other puddings:	37	Chocolate						
	Chocolate, canned	38	Other flavors						
	Chocolate, not canned		Fluffy						
16	Other flavors with fruit		Chocolate						
17	Other flavors w/o fruit, canned		Other flavors						
18	Other flavors w/o fruit, not canned		Cake decorating gel						

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 (IF FOOD ITEM *'ED) Was this regular or low calorie dressing?		Q.5 In the past 7 days, <u>altogether</u> how much did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS										Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE 1=Buy 2=Home Produce 3=Gift/Pay	Q.7 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how much did you buy? PROBE FOR # AND TYPE OF UNITS.										Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)? \$XX.XX	Q.9 (IF BOUGHT) (IF BOUGHT) Is that the total price you paid?		Q.10 (IF NO) What does that price represent?	Notes
	Regular Dressing	Low Calorie Dressing	Lb	Oz	Fl Oz	# of Items	Cup (measuring)	Pt	Qt	1/2 Gallon	Gallon	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	Fl Oz	# of Items	Pt	Qt	1/2 Gallon	Gallon	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Yes		
{8} {9-11}	{12}		13	17	22	27	{31,32}					{33-36}	{37}	38	43	48	53	{57,58}					{59-62}	{63-67}	{68}	{69,70}	{71-74}	
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2		
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2		
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2		
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2		
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2		
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2		
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2		

S SOUPS, GRAVIES, SAUCES

1. In the past seven days did your household use any soups, gravies or sauces?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-11 BELOW IN ORDER FOR EACH "YES"

	Yes	1
SKIP TO "T"	No	2

SOUPS (Canned, frozen, dehydrated, instant)

- 1 Alphabet
- 2 Cream of asparagus
- Bean:
- 3 Plain
- 4 With bacon
- 5 With pork
- Beef:
- 6 Bouillon, broth, consomme
- 7 Mushroom
- 8 Noodle
- 9 Beet soup (borscht)
- 10 Cabbage
- 11 Cream of celery
- 12 Cheese
- Chicken:
- 13 Bouillon, broth, consomme
- 14 Cream of
- 15 Gumbo
- 16 Noodle
- 17 Rice
- 18 Vegetable
- 19 Chickarino
- 20 Chili beef
- "Chunky" soup:
- 21 Beef
- 22 Chicken with rice
- 23 Clam chowder
- 24 Minestrone
- 25 Peas and ham
- 26 Sirloin burger
- 27 Turkey
- 28 Vegetable

SOUPS (Canned, frozen, dehydrated, instant)
(Contd.)

- Clam chowder:
- 29 New England
 - 30 Manhattan
 - 31 Crab
 - 32 Crab bisque
 - 33 Egg drop
 - 34 Garbanzo
 - 35 Gazpacho
 - 36 Cream of leek
 - 37 Lentil
 - 38 Lobster bisque
 - Lo-sodium soup:
 - 39 Chicken noodle
 - 40 "Chunky" beef
 - 41 "Chunky" chicken
 - 42 Tomato
 - 43 Vegetable
 - 44 Matzo ball
 - 45 Minestrone
 - 46 Mushroom
 - 47 Cream of mushroom
 - Noodle:
 - 48 Plain
 - 49 Ground beef
 - 50 Vegetable
 - 51 Onion
 - 52 Onion-mushroom
 - 53 Oyster stew
 - 54 Oxtail

SOUPS (Canned, frozen, dehydrated, instant)
(Contd.)

- Pea:
- 55 Green
 - 56 Split and ham
 - 57 Pepper pot
 - 58 Cream of potato
 - 59 Scotch broth
 - 60 Cream of shrimp
 - 61 Snapper
 - Tomato:
 - 62 Plain
 - 63 Cream of (bisque)
 - 64 Rice
 - 65 Vegetable with noodles
 - Turkey:
 - 66 Bouillon, broth, consomme
 - 67 Noodle
 - 68 Vegetable
 - 69 Turtle
 - Vegetable:
 - 70 Plain
 - 71 Bean
 - 72 Beef
 - 73 Broth
 - 74 Cream of
 - 75 Noodle
 - 76 Vegetarian vegetable
 - 77 Cream of vichyssoise
 - 78 Won Ton
 - 79(8) BOUILLON CUBES, GRANULES, PASTE

SAUCE, GRAVY (Ready-to-eat)

- 80 Beef gravy
- 81 Chicken gravy
- 82 Mushroom gravy
- 83 Cheese or Newburg sauce
- 84 Hot enchilada sauce
- 85 Spaghetti sauce
- 86 Spaghetti sauce with meat
- 87 Spaghetti sauce, dietetic
- 88 Sparerib sauce
- 89 Sloppy Joe sauce
- 90 White or red clam sauce
- SEASONING MIX (dry)
- 91(8) Beef stew seasoning mix
- 92(8) Chili mix
- 93(8) Hamburger, meat loaf seasoning
- 94(8) Sloppy Joe mix
- 95(8) Taco seasoning mix
- 96(8) Meat marinade
- 97(8) Cheese sauce mix
- 98(8) Curry sauce mix
- 99(8) Hollandaise sauce mix
- 100(8) Meat loaf sauce mix
- 101(8) Sour cream sauce mix
- 102(8) Spaghetti sauce, no tomato (French's, Lawry's, McCormack's)
- 103(8) Spaghetti sauce with tomato (Boy-ar-dee)
- 104(8) Chicken gravy
- 105(8) Pork gravy
- 106(8) Turkey gravy
- 107(8) Gravy mix (mushroom, onion)

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it? CIRCLE ONE OR TWO CODES									Q.5 (ASK IF COMMERCIALLY CANNED OR FROZEN) Was that:		Q.6 In the past 7 days <u>altogether</u> how many pounds and ounces did you use? (PROBE: How much did you use? PROBE FOR # AND TYPE OF UNITS.						Q.7 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE 1=Buy 2=Home Produce 3=Gift/Pay		Q.8 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? (PROBE FOR # AND TYPE OF UNITS)						Q.9 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.8)?		Q.10 (IF BOUGHT) Is that the total price you paid?		Q.11 (IF NO) What does that price represent?		Notes
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Already Cooked	Dried or Dehydrated	Other	Ready-to-Eat	Condensed or Semi-Condensed	Lb	Oz	Fl Oz	# Units	Cup (measuring)	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	Fl Oz	# Units	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX	Yes	No							
{8}	{9-11}									{12}		{13}		14-17	18-22	23-27	28-31	{32,33}	{34-37}	{38}	39-43	44-48	49-53	54-57	\$8.59	{60-63}	{64-68}	{69}		{70,71}	{72-75}	
S	1	2	3	4	7	8	9	1	2					04	24										1	2						
S	1	2	3	4	7	8	9	1	2					04	24										1	2						
S	1	2	3	4	7	8	9	1	2					04	24										1	2						
S	1	2	3	4	7	8	9	1	2					04	24										1	2						
S	1	2	3	4	7	8	9	1	2					04	24										1	2						
S	1	2	3	4	7	8	9	1	2					04	24										1	2						
S	1	2	3	4	7	8	9	1	2					04	24										1	2						

FROZEN DINNERS, MIXTURES

- In the past seven days did your household use any frozen lunches or dinners, mixtures, or frozen breakfasts? (IF "NO" PROBE: Did you bring home any carry-out food from a restaurant, delicatessen, or snack shop such as a drive-in or hamburger stand?)
- Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER FOR EACH "YES".

Yes	1
No	2

IF "NO" AFTER PROBE, SKIP TO "U"

DINNER OR LUNCH MIXTURES

- Beef
- Without dessert: 20
 - 1 Lunch portion (entree)
 - 2 Dinner portion
 - With dessert:
 - 3 Dinner portion
 - 4 Large portion+
 - 5 Weight Watcher lunch
 - 6 Weight Watcher dinner
- Chicken
- Without dessert:
 - 7 Lunch portion (entree)
 - 8 Dinner portion
 - With dessert:
 - 9 Dinner portion
 - 10 Large portion+
 - 11 Weight Watcher lunch
- Turkey
- Without dessert:
 - 12 Lunch portion (entree)
 - 13 Dinner portion
 - With dessert:
 - 14 Dinner portion
 - 15 Large portion+
 - 16 Weight Watcher dinner
- Pork
- Without dessert:
 - 17 Dinner portion
 - With dessert:
 - 18 Dinner portion
 - 19 Weight Watcher dinner

- Ham
- Without dessert:
 - 20 Dinner portion
 - With dessert:
 - 21 Dinner portion
- Veal (including Parmigiana)
- Without dessert:
 - 22 Dinner portion
 - With dessert:
 - 23 Dinner portion
 - 24 Large portion+
 - 25 Weight Watcher lunch
- Fish (including fish cake, fish n' chips lunch and dinner)
- Without dessert:
 - 26 Lunch portion (entree)
 - 27 Dinner portion
 - 28 Weight Watcher lunch
 - 29 Weight Watcher dinner
- Shellfish
- Without dessert:
 - 30 Dinner portion
- Franks and beans
- Without dessert:
 - 31 Dinner portion
 - With dessert:
 - 32 Dinner portion
- Spaghetti, macaroni
- Without dessert:
 - 33 Lunch portion (entree)
 - 34 Dinner portion
 - With dessert:
 - 35 Dinner portion

- Lasagna dinner
- Without dessert:
 - 36 Lunch portion
 - 37 Dinner portion
 - With dessert:
 - 38 Dinner portion
 - 39 Noodles and poultry, dinner with dessert
 - 40 Mexican style dinner, without dessert
 - 41 Oriental style dinner, without dessert
- FROZEN BREAKFASTS
- 42 Eggs with sausages and coffee cakes
 - 43 Pancakes and sausages
 - 44 French toast and sausages
- POT PIES
- Beef
- 45 Regular size
 - 46 Large size+
- Chicken
- 47 Regular size
 - 48 Large size+
- Tuna
- 49 Regular size
 - 50 Large size+
- Turkey
- 51 Regular size
 - 52 Large size+
- SPAGHETTI MIXTURE
- 53 With cheese and/or tomato sauce
 - 54 With meat
 - 55 With meat or meat sauce, dietetic

MACARONI MIXTURE

- 56 With cheese
- 57 With beef

OTHER ITALIAN FOODS

- Pizza (not dry)
- 58 With meat
 - 59 Without meat
- French bread or deep dish pizza
- 60 With meat
 - 61 Without meat
 - 62 Ravioli with cheese
 - 63 Ravioli with meat
 - 64 Lasagna (not dry)
 - 65 Manicotti

MEXICAN FOODS

- 66 Tacos (not dry)
- 67 Enchiladas, tamales, burritos
- 68 Meatless chili con carne
- 69 Chili con carne with beans
- 70 Chili con carne without beans

ORIENTAL FOODS

- 71 Chow mein noodles
- 72 Chow mein, no noodles
- 73 Chow mein, with noodles
- 74 Chop suey
- 75 Egg Foo Young
- 76 Egg rolls
- 77 Sweet and sour pork
- 78 Chicken and vegetables
- 79 Meat and vegetables

+Include Man-Pleaser, Hungry Man.

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE, IF NO CODE, DESCRIBE.	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES.						Q.5 In the past 7 days <u>altogether</u> how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS.							Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE. 1=Buy 2=Home Produce 3=Gift/Pay	Q.7 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS.							Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)? \$XX.XX	Q.9 (IF BOUGHT) Is that the total price you paid?		Q.10 (IF NO) What does that price represent?	Notes		
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Already Cooked	Other	Lb	Oz	Fl Oz	# of Units	Pt	Qt	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	Fl Oz	# of Units	Pt	Qt		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE			Yes	No
	{12}						{13-16}	{17-22}	{23-26}	{27-30}	{31, 32}		{33-36}		{37}	{38-42}	{43-47}	{48-52}	{53-56}	{57, 58}			{59-62}	{63-67}			{68}	
T	1	2	3	4	7	9					08	09	24						08	09	24		1	2				
T	1	2	3	4	7	9					08	09	24						08	09	24		1	2				
T	1	2	3	4	7	9					08	09	24						08	09	24		1	2				
T	1	2	3	4	7	9					08	09	24						08	09	24		1	2				
T	1	2	3	4	7	9					08	09	24						08	09	24		1	2				
T	1	2	3	4	7	9					08	09	24						08	09	24		1	2				
T	1	2	3	4	7	9					08	09	24						08	09	24		1	2				

U FROZEN DINNERS, MIXTURES, ETC.

1. In the past seven days did your household use any other mixtures, sauces, condiments, or yeast or baking powder?

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER FOR EACH "YES".

	Yes	1
SKIP TO "V"	No	2

NOODLE, RICE MIXTURES

MEAT MIXTURES

DRY MIXTURES

YEAST

- 1 Noodles n' beef in cream sauce
- 2 Noodle mixtures, dietetic
- 3 Other noodle mixtures
- 4 Salmon-rice loaf
- 5 Spanish rice
- 6 Rice with fish
- 7 Rice with poultry
- 8 Rice with vegetables

- 30 Beef with barbecue sauce
- 31 Beef with vegetables
- 32 Beef with sauce, gravy (no vegetables)
- 33 Meat loaf
- 34 Meat loaf with tomato sauce
- 35 Pepper steak
- 36 Pork with barbecue sauce
- 37 Pork with vegetables
- 38 Pork with vegetables, fruits
- 39 Pork with sauce, gravy
- 40 Stuffed peppers
- 41 Veal stuffed peppers

- Pizza:
- 60(9) With meat
 - 61(9) Without meat
 - 62(9) Lasagna
 - 63(9) Egg noodles with chicken
 - 64(9) Noodles with sauce
 - 65(9) Taco dinner
 - 66(9) Main dish mix with noodle (including Hamburger or Tuna Helper)
 - 67(9) Main dish mix with macaroni or lasagna (include Hamburger or Tuna Helper)
 - 68(9) Main dish mix with rice (include Hamburger Helper)
 - 69(9) Main dish mix with vegetables (include Hamburger Helper)

- 85(9) Compressed
- 86(8) Dry, baker's
- 87(9) Brewer's (not tablets)

SANDWICHES

Hamburger or cheeseburger:

FISH MIXTURES

BARBECUE SAUCE

BAKING POWDER

- 9 Regular size
- 10 Double decker
- 11 Hamburger or cheeseburger with French fries
- 12 Hot dog sandwich
- 13 Submarine sandwich (hoagie, grinder, poor boy's, subs, hero)
- 14 Other meat sandwich
- 15 Fish sandwich

- 42 Deviled crab
- 43 Herring with sour cream
- 44 Crab cakes
- 45 Fish cakes
- 46 Fish with sauce, gravy
- 47 Newburg, shrimp, or lobster
- 48 Stuffed clams in shell
- 49 Shrimp cocktail
- 50 Shellfish with creole sauce or vegetables
- 51 Shellfish with cream sauce or gravy

TOMATO SAUCE

CATSUP

Diet catsup, imitation

CHILI SAUCE, COCKTAIL SAUCE

- 74 Diet chili sauce
- 75 Chili sauce w/ meat

- 88(8) Ann Page
- 89(8) Calumet
- 90(8) Clabber Girl
- 91(8) Davis
- 92(8) Dr. Price
- 93(8) Hearth Club
- 94(8) K. C.
- 95(8) Royal
- 96(8) Rumford

SALAD

- 16 Coleslaw
- 17 Chicken
- 18 Ham
- 19 Macaroni
- 20 Potato
- 21 Tuna

OLIVES

- 77(9) Green
- 78(9) Ripe

CHEESE MIXTURES

- 52 Fondue
- 53 Rarebit
- 54 Cheese souffle

PICKLES

- 79 Sour, dill
- 80 Sweet (bread and butter, gherkin, watermelon)
- 81 Tomato

POULTRY MIXTURES

OTHER MIXTURES

- 23 Chicken a la king
- 24 Chicken with dumpling
- 25 Chicken turnover
- 26 Turkey tetrazzini
- 27 Chicken or turkey with vegetables
- 28 Poultry with sauce, gravy (no vegetables)
- 29 Weight Watcher's chicken creole

- 55 Beans and ranks, beef, or sausage
- 56 Cucumbers in sour cream
- 57 Devil crab spread
- 59 Tuna salad sandwich spread

RELISHES

- 82 Sour (including chow chow)
- 83 Sweet (India relish, sweet, barbecue, corn relish)
- 84 Tomato

See:
Spaghetti dinner w/meat mix, dry
Macaroni-cheese mix, dry
Page L

V NUTS AND BEVERAGES

1. In the past seven days did your household use any nuts or beverages?

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q'S 3-10 BELOW IN ORDER FOR EACH "YES".

Yes	1
No	2

1	<u>PEANUT BUTTER</u>			51	<u>COFFEE</u>		72	<u>SOFT DRINK</u>	100	Creme de Menthe
2	Regular, chunky	*25	<u>OTHER NUTS</u>	52	Bean, ground			Cola type (Coke, RC Cola, Pepsi)	101	Drambuie
3	Freshly prepared	*26	Beechnuts	53	Powdered (instant)		73	Fruit type (7-Up, Tom Collins Mix, fruit flavored, cream soda)	102	Gin
4	With jelly	*27	Brazil nuts	54	Freeze dried		74	Gingerale	103	Grenadine
5	Low sodium	*28	Butternuts	55	International style (Suisse Mocha, Cafe Francais, Cafe Vienna)		75	Quinine water	104	Irish whiskey
*6	<u>PEANUT SPREAD</u>	*29	Filberts, hazelnuts	56	Liquid concentrate		76	Club soda, seltzer	105	Kirsch
	<u>ALMONDS</u>	*30	Hickory nuts	57	<u>DECAFFEINATED COFFEE</u>		77	Root beer	106	Kummel
*7	Not roasted	*31	Macadamia nuts	58	Bean, ground		78	Lo-calorie, dietetic (all flavors)	107	Liqueurs
*8	Roasted	*32	Pine nuts, pinon nuts	59	Powdered (instant)			<u>ALCOHOLIC BEVERAGES</u>	108	Madeira
*9	<u>BLACK WALNUTS</u>	*33	Pistachio nuts	60	Freeze dried		79	Ale, porter, stout	109	Marsala
	<u>CASHEW NUTS</u>	35	Soy nuts, not salted, roasted	61	<u>COFFEE SUBSTITUTE</u>		80	Angelica	110	Muscatel
*10	Not roasted	36	Soy nuts, salted, roasted	62	Postum		81	Anisette	111	Port
*11	Roasted			63	Chicory		82	Apple Jack	112	Rhine wine
	<u>CHESTNUTS</u>		<u>SEEDS</u>	64	<u>TEA</u>		83	Beer	113	Rum
	<u>COCONUT</u>	*37	Pumpkin seed, squash seed	65	Leaf, loose, bag		84	Beer, dietetic	114	Rye
12	In shell	*38	Sunflower	66	Instant		85	Benedictine	115	Sangria
13	Prepared, moist, fresh		<u>COCOA, dry</u>	67	Ice tea mix:		86	Blended whiskey	116	Sauterne
14	Dried	39	Plain	68	No sugar or with substitute)		87	Bourbon	117	Scotch
15	Canned	40	With sugar, no milk	69	With sugar only		88	Brandy	118	Sherry
16	Frozen	41	With nonfat dry milk, without sugar	70	With sugar and lemon		89	Burgundy	119	Sloe gin
*17	<u>ENGLISH WALNUTS</u>	42	With nonfat dry milk, with sugar	71	Ice tea, ready-to-drink:		90	Canadian whiskey	120	Southern Comfort
	<u>MIXED NUTS</u>	43	Alba '66, Alba '77 (chocolate)		No sugar, refrigerated		91	Cocktails, ready mixed	121	Tequila
*18	Not roasted	44	Carnation chocolate		With sugar, refrigerated		92	Champagne	122	Tia Maria
*19	Roasted	45	Hershey's instant cocoa		No sugar, commercially canned		93	Chartreuse	123	Tokay
*20	Dry roasted	46	Nestle's hot cocoa		With sugar, commercially canned		94	Chianti	124	Triple Sec
	<u>PEANUTS</u>	47	Nestle's Quik chocolate		Ice tea, frozen concentrate:		95	Claret	125	Vermouth
*21	Not roasted	48	Nestle's Quik strawberry		No sugar		96	Cognac	126	Vodka
*22	Roasted	49	Ovaltine		With sugar		97	Cointreau	127	Whiskey, other than Bourbon or Scotch
*23	Dry roasted	50	Swiss Miss				98	Cold Duck	128	Wine, table, dry
*24	<u>PECANS</u>						99	Cordials	129	Wine, dessert, sweet

TIME SECTION III BEGAN: _____
{8-11}

AM	1
PM	2

_____ ID
{1-5}

CD 10
{6,7}

FOOD PRODUCED AT HOME IN 1976

1. During 1976 did anyone in the household grow any vegetables or fruit for use in your household?

{13}

	Yes	1
(SKIP TO Q.3)	No	2

2. Did anyone in the household grow any:

	Yes	No
Potatoes or sweet potatoes?	¹⁴ 1	2
Tomatoes?	¹⁵ 1	2
Any other vegetables?	¹⁶ 1	2
Melons?	¹⁷ 1	2
Other fruits?	¹⁸ 1	2

3. During 1976 did anyone in the household produce any animal products such as milk, eggs, meat, or poultry for home use in your household?

{19}

	Yes	1
(SKIP TO Q.7)	No	2

4. Did anyone in the household produce any:

	Yes	No
Eggs?	²⁰ 1	2
Milk or milk products?	²¹ 1	2

5. Did anyone in the household produce any meat or poultry in 1976?

{22}

	Yes	1
(SKIP TO Q.7)	No	2

6. Was that:

	Yes	No
Beef or veal?	²³ 1	2
Pork?	²⁴ 1	2
Lamb or mutton?	²⁵ 1	2
Chicken?	²⁶ 1	2
Any other poultry?	²⁷ 1	2

7. During 1976 did anyone in the household catch fish for use in your household?

{28}

	Yes	1
	No	2

HOME FREEZING

8. Do you have a freezer or a refrigerator with a freezing section with its own outside door?

{29}

	Yes	1
(SKIP TO Q. 11)	No	2

9. During 1976 did anyone in the household freeze any vegetables, fruits, berries, meat, poultry, fish or game for use in your household? Do not include commercially frozen food.

{30}

	Yes	1
(SKIP TO Q. 11)	No	2

10. Were these:

	Yes	No
Vegetables?	³¹ 1	2
Fruit or berries?	³² 1	2
Meat, poultry, fish, or game?	³³ 1	2

HOME CANNING

11. During 1976 did anyone in the household make any jellies, jam, or preserves for use in your household?

{34}

	Yes	1
	No	2

12. During 1976 did anyone in the household make any pickles or relishes for use in your household?

{35}

	Yes	1
	No	2

13. During 1976 did anyone in the household can any food for use in your household?

{36}

	Yes	1
(SKIP TO Q.15)	No	2

14. Did anyone in the household can any:

	Yes	No
Vegetables other than pickles or relishes?	³⁷ 1	2
Fruit other than jams, jellies, preserves?	³⁸ 1	2
Meat, poultry, fish or game?	³⁹ 1	2

15. Does anyone in this household operate a farm or ranch?

{40}

	Yes	1
(RECORD TIME ENDED AND GO TO SECTION IV)	No	2

16. Is it 10 acres or more?

{41}

	Yes	1
	No	2

17. During 1976 how much did sales of crops, livestock, and other farm products from this farm or ranch amount to?

{42}

\$1,000 or more	1
\$250 - \$999	2
\$50 - \$249	3
Under \$50	4

{47}

TIME SECTION III ENDED: _____ {43-46}	AM	1
	PM	2

GO TO SECTION IV

FOR OFFICE USE ONLY

{48-51}

{52}

{53-56}

{57}

END CD 10

RECORD NAME OF MALE HEAD IN FIRST COLUMN AND FEMALE HEAD IN SECOND COLUMN BELOW. RECORD NAME AND LINE NUMBER OF ALL OTHER HOUSEHOLD MEMBERS (EXCEPT ROOMERS, BOARDERS AND EMPLOYEES) AGED 14 YEARS AND OLDER IN THE FOLLOWING COLUMNS. ASK Q'S 1 TO 3 IN SEQUENCE FOR EACH HOUSEHOLD MEMBER.

1. (PRESENT RESPONDENT CARD D) From which of the sources on the top of this card did (NAME) (you) receive any income last month? Just tell me the letter. CIRCLE APPROPRIATE CODES.
 2. From which of the sources on the bottom of this card did (NAME) (you) receive any income during the last twelve months? Just tell me the letter. CIRCLE APPROPRIATE CODES.
 3. FOR EACH CODE CIRCLED IN Q.1 (a-m), SAY: How much money from (READ SOURCE OF INCOME) did (NAME) (you) receive in (NAME LAST MONTH)? RECORD TO NEAREST DOLLAR.
- FOR EACH CODE CIRCLED IN Q.2 (n-q), SAY: How much money from (READ SOURCE OF INCOME) did (NAME) (you) receive in the last twelve months? RECORD TO NEAREST DOLLAR.

GO TO NEXT HOUSEHOLD MEMBER. IF LAST MEMBER, GO TO Q.4

	MALE HEAD'S NAME:		FEMALE HEAD'S NAME:		NAME:		NAME:	
	{8,9}		{8,9}		{8,9}		{8,9}	
	Line #	Line #	Line #	Line #	Line #	Line #	Line #	Line #
LAST MONTH'S INCOME:	Q.1	Q.3	Q.1	Q.3	Q.1	Q.3	Q.1	Q.3
	10,11	12-18	10,11	12-18	10,11	12-18	10,11	12-18
a. Wages or salary before deductions? (IF ASKED, SAY: Include commissions, tips, Armed Forces pay and Allowances)	1	\$	1	\$	1	\$	1	\$
b. Social Security checks from the U.S. Government? (Green checks)	2	\$	2	\$	2	\$	2	\$
c. Supplemental Security Income (SSI) from federal, state, or local government? (Gold checks)	3	\$	3	\$	3	\$	3	\$
d. Aid to families with Dependent Children (AFDC)?	4	\$	4	\$	4	\$	4	\$
e. General assistance and other private or public assistance programs	5	\$	5	\$	5	\$	5	\$
f. Unemployment compensation?	6	\$	6	\$	6	\$	6	\$
g. Workmen's compensation?	7	\$	7	\$	7	\$	7	\$
h. Government employee retirement?	8	\$	8	\$	8	\$	8	\$
i. Veteran's payments?	9	\$	9	\$	9	\$	9	\$
j. Railroad Retirement from the U.S. Government?	10	\$	10	\$	10	\$	10	\$
k. Private pensions or annuities?	11	\$	11	\$	11	\$	11	\$
l. Alimony and child support?	12	\$	12	\$	12	\$	12	\$
m. Other regular monthly contributions from persons not living in this household?	13	\$	13	\$	13	\$	13	\$
LAST 12 MONTHS' INCOME:	Q.2		Q.2		Q.2		Q.2	
n. Net income from own business or professional practice (before taxes)?	14	\$	14	\$	14	\$	14	\$
o. Net income from own farm (before taxes)?	15	\$	15	\$	15	\$	15	\$
p. Estates, trusts, dividends, interest on savings accounts or bonds, or net rental income?	16	\$	16	\$	16	\$	16	\$
q. Any other source?	17	\$	17	\$	17	\$	17	\$
r. DON'T READ: None of these sources a-q	18	GO TO NEXT PERSON	18	GO TO NEXT PERSON	18	GO TO NEXT PERSON	18	GO TO NEXT PERSON

4. Was the total amount of income received in (NAME OF LAST MONTH) more than, less than, or about the same as received in each of the previous months?

{8}	
More	1
Less	2
Same	3

5. Have you had any unanticipated expenses during the past three months?

{9}	
Yes	1
No	2

6. During the past year (1976), approximately how much income from all sources did you and other household members have before income taxes? Please give me your best estimate.

\$ _____ .00

{10-16}

Not a household unit in 1976 | V

7. During the past year (1976), approximately how much income from all sources did you and other household members have after income taxes? Please give me your best estimate.

\$ _____ .00

{17-23}

Not a household unit in 1976 | V

8. Did any member of this household receive or purchase any Government food stamps in any of the past 12 months? That is, from (NAME OF THIS MONTH), 1976, up through (NAME OF LAST MONTH), 1977?

{24}	
Yes	1
(SKIP TO Q. 16) No	2

9. In how many months of the past 12 months did any member of this household receive or purchase food stamps?

OF MONTHS: _____

{25,26}

10. Did this household receive or purchase any Government food stamps in (NAME LAST MONTH)?

{27}	
Yes	1
(SKIP TO Q. 16) No	2

11. How much was paid for the food stamps purchased in (NAME LAST MONTH)?

\$ _____ .00

{28-30}

12. For how many persons were those food stamps authorized?

OF PERSONS: _____

{31,32}

13. What was the total face value of those food stamps?

\$ _____ .00

{33-35}

14. In (NAME LAST MONTH) did this household receive or purchase all of the food stamps which it was eligible to receive?

{36}	
(SKIP TO Q. 16) Yes	1
No	2

15. What part of the food stamps which your household is eligible to receive did you purchase?

Three quarters (3/4)	1
One half (1/2)	2
One quarter (1/4)	3

{37}

16. Is your household receiving or purchasing food stamps at the present time?

{38}	
(SKIP TO Q. 18) Yes	1
No	2

17. SHOW CARD E. What is the main reason this household is not receiving or purchasing food stamps now? Please just tell me one number.

1 2 3 4 5 6 7 8 9 {39}

18. Is this dwelling part of a public housing project? That is, is it owned by a local housing authority or other public agency?

{40}	
Yes	1
No	2

19. Are you paying lower rent because the Federal, State, or local government is paying part of the cost?

{41}	
Yes	1
No	2

20. Which one of the following statements best describes the food eaten in your household:

Enough and the kinds of food we want to eat,	1
Enough but not always what we want to eat,	2
Sometimes not enough to eat, or	3
Often not enough to eat?	4

{42}

FOR OFFICE USE ONLY

{43-46}	
{47}	
AM	1
PM	2

{52}

TIME SECTION IV ENDED _____

{48-51} END CD 1 2