

Think now about everything (CHILD) ate or drank during yesterday's 24-hour period -- that is, beginning at 12:00 AM midnight (DAY OF WEEK ON FRONT COVER) and ending at 11:59 PM last night.

WHEN?

18. Starting with the first time (CHILD) ate or drank something yesterday, at about what time did (he/she) begin eating or drinking this? (**ENTER TIME IN COL. Q.18 ON ANSWER SHEET. CIRCLE CODE FOR AM OR PM.**)

WHAT CALLED?

19. Would (he/she) call this eating or drinking occasion: (**ENTER CODE IN COL. Q.19**)

(READ)

Breakfast,	1	Supper,	5
Brunch,	2	Snack/beverage break (party), or	6
Lunch,	3	Something else?	0
Dinner,	4		

WHAT FOODS/DRINKS?

20. Tell me everything (he/she) had to eat or drink on this occasion. (**RECORD ONE ITEM TO A LINE IN COL. Q.20. "BREAD, BUTTER" GO ON TWO LINES**) What else?
21. (**FOR EACH ITEM IN Q.20, SAY:**) Please describe this (FOOD/DRINK) further. (**RECORD IN COL. Q.21. USE FIB FOR PROBES**)

QUANTITY CONSUMED?

22. (**FOR EACH ITEM IN Q.20, ASK:**) How much of this (FOOD/DRINK) did (he/she) actually eat or drink? (**ENTER AMOUNT IN COL. Q.22**)

SALT ADDED AT TABLE?

- 23a. On this occasion, did (he/she) add salt or a salt substitute to any of (his/her) foods/drinks when (he/she) consumed them? (**ENTER CODE 1 OR 2 IN COL. Q.23a ONCE FOR THIS OCCASION.**)

	Yes	1
(SKIP TO Q.24)	No	2

- 23b. Which foods/drinks did (he/she) add salt to and which ones did (he/she) add a salt substitute to? I have listed (FOODS/DRINKS). (**CIRCLE APPROPRIATE CODE FOR EACH ITEM MENTIONED ON ANSWER SHEET.**)

Salt	1
Salt substitute	2

(ANSWER ONCE FOR EACH OCCASION)			(USE A NEW LINE FOR EACH ITEM)					
Q.18		Q.19	Line #	Q.20	Q.21	Q.22	Q.23	
When?	A	P		Name of Food/Drink	(USE FIB) Complete Description	Quantity Consumed	(a) Salt added at Table	(b) Items with
Time	M	M	Usually Called					S
	1	2	01				1	2
	1	2	02				1	2
	1	2	03				1	2
	1	2	04				1	2
	1	2	05				1	2
	1	2	06				1	2
	1	2	07				1	2
	1	2	08				1	2
	1	2	09				1	2
	1	2	10				1	2
	1	2	11				1	2
	1	2	12				1	2
	1	2	13				1	2
	1	2	14				1	2
	1	2	15				1	2
	1	2	16				1	2
	1	2	17				1	2
	1	2	18				1	2
	1	2	19				1	2
	1	2	20				1	2
	1	2	21				1	2
	1	2	22				1	2

(ANSWER ONCE FOR EACH OCCASION)			(USE A NEW LINE FOR EACH ITEM)					
Q.18		Q.19	Line #	Q.20	Q.21	Q.22	Q.23	
When?		Usually Called		Name of Food/Drink	(USE FIB) Complete Description	Quantity Consumed	(a) Salt added at Table	(b) Items with
Time	A M	P M					S	SS
	1	2	23					1 2
	1	2	24					1 2
	1	2	25					1 2
	1	2	26					1 2
	1	2	27					1 2
	1	2	28					1 2
	1	2	29					1 2
	1	2	30					1 2
	1	2	31					1 2
	1	2	32					1 2
	1	2	33					1 2
	1	2	34					1 2
	1	2	35					1 2
	1	2	36					1 2
	1	2	37					1 2
	1	2	38					1 2
	1	2	39					1 2
	1	2	40					1 2
	1	2	41					1 2
	1	2	42					1 2
	1	2	43					1 2
	1	2	44					1 2

29. Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Please think about the foods and beverages consumed by (CHILD) yesterday and indicate whether or not you forgot to report any:

IF ANY CODE 1, ASK Q'S 18 TO 28 ACCORDINGLY

(READ)

	Yes	No
Snack foods such as chips, fruits, candy, mints? 21	1	2
Coffee, tea, soft drinks, other nonalcoholic beverage snacks or infant formula? 22	1	2
Items added to food at the table such as mustard, butter, sugar? 25	1	2

Blank Cols. 23-24

30. Would you say the amount of food and drink that (CHILD) had yesterday was:

(READ)

	26
Less than usual,	1
(SKIP TO Q.32) Usual, or	2
More than usual for that day of the week?	3

31. Which one of the following reasons best describes why it was (ANSWER TO Q.30)? Was (he/she):

(READ)

	27
Sick or ill,	1
Short of money,	2
Traveling,	3
At a social occasion,	4
On holiday or vacation,	5
Did not have enough time to eat, or	6
Some other reason? (<u>SPECIFY</u>)	0

32. Is (CHILD) on a special diet?

	28	
	Yes	No
	1	2

33. (HAND CARD E) What type of special diet is (he/she) on? Just tell me the numbers please. (CIRCLE CODE(S) IN Q.33 ROW BELOW)

34. (HAND CARD F) (FOR EACH CODE CIRCLED IN Q.33, ASK:) Which one of the sources on this card best explains why (he/she) is on a (ANSWER TO Q.33) diet? Just tell me the number please. (CIRCLE ONE SOURCE CODE FOR EACH DIET ASKED ABOUT)

	Low Calorie/ Weight Loss	Low Fat/ Cholesterol	Low Salt	Low Sugar/ Sugar Free	Other (<u>SPECIFY</u>)	Other (<u>SPECIFY</u>)
Q.33 (<u>CIRCLE ALL THAT APPLY</u>)	29 1	31 2	33 3	35 4	37 0	39 0
Q.34	Doctor, dietitian, nurse prescribed	1	1	1	1	1
	Organized diet program -- Weight Watchers, Tops	2	2	2	2	2
	Diet read or heard about	3	3	3	3	3
	Made up the diet	4	4	4	4	4
	Joined another person on their special diet	5	5	5	5	5
	Some other source (<u>SPECIFY</u>)	30 0	32 0	34 0	36 0	38 0

35. (HAND CARD G) Which, if any, of the following foods/beverages does (CHILD) avoid or not eat? Just tell me the numbers please.

Red meat	1
Poultry	2
Fish	3
Eggs	4
Milk, all types	5
Milk, whole only	6
Cheese	7
Breads, cereals, grain products	8
Nuts	10
Foods with artificial colors	11
Foods with caffeine	12
Foods high in sugar	13
Table salt	14
Other (SPECIFY)	20
None	07

36. Do you consider (CHILD) to be a vegetarian?

Yes	1
No	2

37. How often, if at all, does (CHILD) take any vitamin or mineral supplements by mouth, such as a pill or liquid? Would you say:

Every day,	1
Almost every day,	2
Every so often, or	3
Not at all?	4

(CONTINUE)

(SKIP TO Q.40)

38. Does (he/she) usually take a:

Multivitamin,	1
Multivitamin with iron or other minerals,	2
Combination of Vitamin C and iron, or	3
Single vitamins/minerals?	4

(CIRCLE AS MANY AS APPLY)

IF CODE 4 CIRCLED, CONTINUE; OTHERWISE, SKIP TO Q.40.

39. (HAND CARD H) Which of these single vitamins and minerals does (he/she) usually take?

Vitamin A	1
Vitamin B/B complex	2
Vitamin C	3
Vitamin D	4
Vitamin E	5
Calcium	6
Folacin	7
Fluoride	8
Iron	9
Zinc	10
Selenium	11
Chromium	12
Something else (SPECIFY)	20

(CIRCLE AS MANY AS APPLY)

40. How much does (CHILD) weigh without shoes?

POUNDS

48~50

41. How tall is (CHILD) without shoes?

FEET

51

INCHES

52~53

Q's 42 TO 43 OMITTED

BLANK COLS.

54~55

THANK AND REMIND RESPONDENT ABOUT NEXT INTERVIEW TO TAKE PLACE (BY TELEPHONE) ABOUT TWO MONTHS FROM NOW

(CONTINUE ON PAGE 8)

INTERVIEWER COMMENTS:

44. Who, besides the respondent, was present during this interview?

56

Spouse	1
Other adult(s)	2
Child who is subject	3
Other child/children	4
No one else	5

45. Who, besides the respondent, responded to this questionnaire?

57

Spouse	1
Other adult(s)	2
Child who is subject	3
Other child/children	4
No one else	5

Screeners Line #

--	--

58~59

Blank Cols. 66~75

FOR OFFICE USE ONLY:

76 77 78-79

END CD 38