WI-1-7/8

NATIONAL ANALYSTS
A Division of Booz•Allen & Hamilton Inc.

Study #: 09010-065-001
OMB #: 0586-0014
Expires: 3/31/87
Samples #7, 8; Wave #1

8 9

7/8

ID _____ 1~5

CD 24 6~7

CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS

UNITED STATES DEPARTMENT OF AGRICULTURE

Individual Intake Record
(Females 19 to 50)

23

Time Interview Began: _____ 19~22	AM	1
	PM	2
Time Interview Ended: _____ 24~27	AM	1
	PM	2

28

Segment #: [ ][ ][ ][ ][ ][ ] 10~15 H.U. #: [ ][ ][ ] 16~18

This intake record is for:

Line # From Screening Form: [ ][0] 29~30

Household Grid # from Questionnaire: [ ][ ] 31~32

First Name: _____

Blank Cols. 33~34

This intake record is from 12:00 AM to 11:59 PM yesterday.

35

(CIRCLE CODE FOR DAY OF WEEK)

Sunday	1
Monday	2
Tuesday	3
Wednesday	4
Thursday	5
Friday	6
Saturday	7

MONTH [ ][ ] 36~37 DAY [ ][ ] 38~39 YEAR [1][9][8][ ] 40~41

Interviewer's Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Interviewer I.D. #: [ ][ ][ ] 42~44

Blank Cols. 45~52

INTRODUCTION (USE IF NECESSARY): This information will be used to estimate the types and amounts of foods and beverages consumed by people like you. Results will be used to help ensure an adequate and safe food supply for all. The survey is authorized by law ***(IF ASKED SAY:*** National Agricultural Research, Extension and Teaching Policy Act of 1977, Section 1428, 7 U.S.C. 3178).

All information will be kept confidential and will be reported as statistics only.

WI-1-7/8

1. To begin, I have a few questions about you. ***(HAND CARD A)*** Which of these activities best describes what you were doing most of last week? ***(CIRCLE ONE CODE ONLY.)***

53

(SKIP TO Q.3)	a. Working	1
	b. With a job but not at work	2
	c. Looking for work or on layoff from a job	3
	d. Going to school	4
	e. Keeping house	5
	f. Retired	6
	g. Unable to work	7
	h. Something else ***(SPECIFY)*** _____	0

2. Did you work for pay at all last week?

54

Yes	1
No	2

3. How many weeks, if any, in the last three months have you worked at a paid job or in your own business or farm?

_____ ***# WEEKS***
55-56

IF NONE, ENTER "0" AND SKIP TO Q.8

4. How many hours per week have you usually worked at all jobs in the last three months?

_____ ***# HOURS***
57-58

5. What kind of business or industry have you worked for in the last three months; that is, what does the company make or do? ***(IF MORE THAN ONE JOB, REPORT MAIN JOB.)***

_____
_____
_____

6. In the last three months, what type of work have you done at this job? ***(PROBE FOR DUTIES)***

_____
_____
_____
_____
_____
_____
_____
_____

59-61

Q.7 OMITTED

8. What is the highest grade of formal schooling you have completed? ***(CIRCLE EXACT CODE)***
62-63

No formal schooling: 00

Grammar/elementary:

01 02 03 04 05 06 07 08

Junior/Senior high/GED equivalent:

09 10 11 12

College:

13 14 15 16

Postgraduate: 17

END CD 24

9. In general, would you say your health is:

CD 28 6-7

10

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5

10. Think now about doing your job and/or housework. Would you say your usual level of physical activity is:

(READ)

	11
Heavy/Rigorous (involves lifting, carrying, construction work, athletics, farming, etc.),	1
Moderate (involves regular walking, door-to-door sales, deliveries, waiting tables, climbing stairs, etc.), or	2
Light (involves mostly sitting or standing, such as cashiering, typing, filing, washing dishes, etc.)?	3
(DO NOT READ) None at all (bedridden/confined to wheelchair)	4

IF CODE 4 CIRCLED, SKIP TO Q.12.

11. Think now about how you usually spend your leisure time, that is, other than at your job or doing housework. Would you say your usual level of physical activity is:

(READ)

	12
Heavy/Rigorous (running, playing tennis, swimming, doing heavy gardening, etc., three or more times per week),	1
Moderate (doing rigorous activities one or two times per week or doing steady walking, or other moderate activities three or more times per week),	2
Light (playing golf, taking a stroll, or doing nonrigorous activities occasionally)?	3

12. Have you smoked 100 or more cigarettes during your entire life?

	13
Yes	1
(SKIP TO Q.16) No	2

13. Do you smoke cigarettes now?

	14
Yes	1
(SKIP TO Q.15) No	2

14. On the average, how many cigarettes per day do you smoke?

\# _____ *PER DAY*
15-16

SKIP TO Q.16

15. How long has it been since you smoked cigarettes regularly?

\# _____ *YEARS*
17-18

Less than one year	00
Never smoked regularly	98

16. Do you consider yourself to be:

	19
White,	1
Black,	2
Asian/Pacific Islander,	3
Aleut, Eskimo, American Indian, or	4
Something else? *(SPECIFY)* _____	0

17. What is your national origin or descent?

	20
Chicano	1
Cuban	2
Mexican/Mexicano/Mexican American/Spanish American	3
Puerto Rican	4
Spanish	5
Other Latin American	6
Other Hispanic *(SPECIFY)* _____	0
Non-Hispanic *(SPECIFY)* _____	7

INTRODUCTION TO INTAKE:

Now, we are going to talk about all the foods and beverages you had yesterday, that is, specifically what you had to eat or drink, how much you consumed, if it was with or without salt, whether you ate it at home or away from home, and the like.

THINK NOW ABOUT EVERYTHING YOU 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 YOU ATE OR DRANK SOMETHING YESTERDAY, AT ABOUT WHAT TIME DID YOU BEGIN EATING OR DRINKING THIS? (ENTER TIME IN COL. Q.18 ON ANSWER SHEET. CIRCLE CODE FOR AM OR PM)

WHAT CALLED?

19. WOULD YOU CALL THIS EATING OR DRINKING OCCASION: (ENTER CODE IN COL. Q.19)
(READ)

BREAKFAST,	1	LUNCH,	3	SNACK/BEVERAGE BREAK (PARTY, HAPPY HOUR), OR	6
BRUNCH,	2	DINNER,	4	SOMETHING ELSE?	0
		SUPPER,	5		

WHAT FOODS/DRINKS?

20. TELL ME EVERYTHING YOU 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 YOU ACTUALLY EAT OR DRINK? (ENTER AMOUNT IN COL. Q.22)

SALT ADDED AT TABLE?

23A. ON THIS OCCASION, DID YOU ADD SALT OR A SALT SUBSTITUTE TO ANY OF YOUR FOODS/DRINKS WHEN YOU 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 YOU ADD SALT TO AND WHICH ONES DID YOU 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

FOOD FROM HOME?

24. (FOR EACH ITEM IN Q.20, ASK:) WAS THIS (FOOD/DRINK):
(READ)

EATEN AT YOUR HOME,	1
BROUGHT INTO YOUR HOME, BUT LATER EATEN AWAY FROM HOME, OR	2
NEVER BROUGHT INTO YOUR HOME?	3

IF INTAKE RECORD IS FOR MAIN MEAL PLANNER/PREPARER AND ANY ITEMS ARE CODES 1 OR 2 IN Q.24, CONTINUE. ALL OTHERS SKIP TO INSTRUCTION BEFORE Q.28.

FAT USED IN PREPARATION?

25A. THINK ABOUT THE PREPARATION OF THE FOODS/DRINKS YOU CONSUMED ON THIS OCCASION, THAT IS, SEASONING, MARINATING, COOKING AND BASTING THE FOODS/DRINKS BEFORE THEY WERE BROUGHT TO THE TABLE. WERE ANY FATS OR OILS USED IN PREPARING ANY OF THESE ITEMS? (ENTER CODE IN COL. Q.25A ONCE FOR THIS OCCASION.)

	YES	1
(SKIP TO Q.26)	NO	2

25B. FOR WHICH ITEMS DID YOU USE FATS OR OILS IN THE PREPARATION? I HAVE LISTED (FOODS/DRINKS WITH CODE 1 OR 2 IN Q.24). (CIRCLE A "1" FOR YES OR "2" FOR NO IN COL. Q.25B.)

25C. (FOR EACH CODE 1 IN COL. Q.25B, ASK:) WHAT TYPE OF FAT OR OIL WAS USED FOR (FOOD/DRINK)? WAS IT: (ENTER NUMBER IN COL. Q.25C)
(READ)

OLIVE OIL,	1	REGULAR STICK MARGARINE,	5
CORN, COTTONSEED, SAFFLOWER OR SUNFLOWER OIL,	2	ANY DIET MARGARINE,	6
SOYBEAN OIL OR OTHER VEGETABLE OIL (INCLUDE NUT OILS),	3	MARGARINE BLEND,	7
REGULAR TUB OR LIQUID MARGARINE,	4	BUTTER,	8
		ANIMAL SHORTENING (MEAT DRIPPINGS), OR	9
		VEGETABLE SHORTENING?	10
(DO NOT READ)		DON'T KNOW/REMEMBER	11

(ANSWER ONCE FOR EACH OCCASION)				(USE A NEW LINE FOR EACH ITEM)						
Q.18			Q.19		Q.20	Q.21	Q.22	Q.23		
When										
Time	AM	PM	What Called	Line #	Name of Food/Drink	(USE FIB) Complete Description	Quantity Consumed	(a) Salt added at Table	(b) Items with S	SS
	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 FOR EACH ITEM)	(ANSWER IF MAIN MEAL PLANNER/PREPARER AND CODES 1 OR 2 IN COL. Q-24)														(ANSWER ONLY IF CODE 3 IN COL. Q.24)
Q.24	Q.25				Q.26			Q.27							Q.28
Food From Home	(a) Fat in Prep.	(b) Fat Items		(c) Fat Type	(a) Salt in Prep.	(b) Items with		(a) Form			(b) Label			Where Obtained
		Yes	No			S	SS	Com. Frozen	Com. Can/ Bottle	Other	No Sodium	Low Sodium	Not Specified	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	

(ANSWER ONCE FOR EACH OCCASION)				(USE A NEW LINE FOR EACH ITEM)						
Q.18			Q.19		Q.20	Q.21	Q.22	Q.23		
When										
Time	AM	PM	What Called	Line #	Name of Food/Drink	(USE FIB) Complete Description	Quantity Consumed	(a) Salt added at Table	(b) Items with 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

(ANSWER FOR EACH ITEM)	(ANSWER IF MAIN MEAL PLANNER/PREPARER AND CODES 1 OR 2 IN COL. Q.24)														(ANSWER ONLY IF CODE 3 IN COL. Q.24)
Q.24	Q.25				Q.26			Q.27							Q.28
Food From Home	(a) Fat in Prep.	(b) Fat Items		(c) Fat Type	(a) Salt in Prep.	(b) Items with		(a) Form			(b) Label			Where Obtained
		Yes	No			S	SS	Com. Frozen	Com. Can/ Bottle	Other	No Sodium	Low Sodium	Not Specified	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	
1 2 3		1	2			1	2	1	2	3	1	2	3	

SALT USED IN PREPARATION?

26A. DID YOU USE SALT OR A SALT SUBSTITUTE IN PREPARING ANY OF THESE ITEMS? (ENTER CODE IN COL. Q.26A ONCE FOR THIS OCCASION.)

	YES	1
(SKIP TO Q.27)	NO	2

26B. DURING PREPARATION, WHICH FOODS/DRINKS DID YOU USE SALT IN AND WHICH ONES DID YOU USE A SALT SUBSTITUTE IN? I HAVE LISTED (FOODS/DRINKS WITH CODE 1 OR 2 IN Q.24). (CIRCLE APPROPRIATE CODE FOR EACH ITEM MENTIONED ON ANSWER SHEET.)

SALT	1
SALT SUBSTITUTE	2

FORM?

27A. IN WHAT FORM WAS THE (FOOD/DRINK) WHEN IT WAS BROUGHT INTO YOUR HOUSE? (IF HOME-PREPARED MIXTURE, SAY: THINK OF THE MAIN INGREDIENT IN THE (FOOD/DRINK). IN WHAT FORM WAS IT?) WAS IT: (CIRCLE CODE IN COL. Q.27A.)

(READ)

COMMERCIALLY FROZEN,	1
COMMERCIALLY CANNED OR BOTTLED, OR	2
SOME OTHER FORM (SUCH AS FRESH OR DRIED?	3

IF CODE 1 OR 2, CONTINUE. OTHERWISE, SKIP TO INSTRUCTIONS BEFORE Q.28

27B. DID THE (FOOD/DRINK) LABEL SAY: (CIRCLE CODE IN COL. Q.27B)

NO SODIUM (SALT),	1
LOW SODIUM (SALT), OR	2
WAS IT NOT SPECIFIED?	3

REFER TO Q.24. IF ANY ITEM IS CODE 3 IN Q.24, CONTINUE. OTHERWISE, DRAW LINE ACROSS ANSWER PAGES AND REPEAT Q.18, ETC., FOR NEXT OCCASION.

WHERE OBTAINED/SERVICE?

28. (FOR EACH ITEM WITH CODE 3 IN Q.24, SAY:) PLEASE TELL ME WHERE THIS (FOOD/DRINK) WAS OBTAINED. WAS IT A: (ENTER CODE IN COL. 28.)

(READ)

RESTAURANT WITH WAITER/WAITRESS SERVICE AT A TABLE OR COUNTER,	1
CAFETERIA OR SELF-SERVE BUFFET RESTAURANT,	2
RESTAURANT WHERE FOOD WAS ORDERED AND PICKED UP AT A COUNTER OR DRIVE-UP WINDOW (INCLUDE FAST-FOOD PLACES),	3
SCHOOL,	4
DAY CARE CENTER OR SUMMER DAY CAMP,	5
COMMUNITY FEEDING PROGRAM (INCLUDE THOSE FOR SENIOR CITIZENS, DISABLED, OR NEEDY PERSONS),	6
VENDING MACHINE OR STREET VENDOR,	7
AT SOMEONE ELSE'S HOME, OR	8
SOME OTHER PLACE?	9

DRAW LINE ACROSS ANSWER PAGES AND REPEAT Q.18, ETC., UNTIL ALL OCCASIONS HAVE BEEN RECORDED. IF ALL FOOD/DRINKS RECORDED, GO TO Q.29 ON NEXT PAGE.

29. Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Please indicate whether or not you forgot to report any:

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

(READ AND CIRCLE CODE FOR EACH)	Yes	No
Snack foods such as chips, fruits, candy, mints? 21	1	2
Coffee, tea, soft drinks or other nonalcoholic beverage snacks? 22	1	2
Beer, wine or other alcoholic beverages? 23	1	2
Foods eaten or "tasted" while preparing meals or cleaning up? 24	1	2
Items added to food at the table such as mustard, butter, sugar? 25	1	2

30. Would you say the amount of food and drink you 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)?*** Were you:

(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? ***(SPECIFY)*** _____	0

32. Are you on a special diet?

		28
	Yes	1
(SKIP TO Q.35)	No	2

33. ***(HAND CARD E)*** What type of special diet are you 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 you are 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 ***(SPECIFY)***	Other ***(SPECIFY)***
Q.33 → ***(CIRCLE ALL THAT APPLY)***		1 29	2 31	3 33	4 35	0 37	0 39
Q. 34	Doctor, dietitian, nurse prescribed	1	1	1	1	1	1
	Organized diet program -- Weight Watchers, Tops	2	2	2	2	2	2
	Diet read or heard about	3	3	3	3	3	3
	Made up the diet	4	4	4	4	4	4
	Joined another person on their special diet	5	5	5	5	5	5
	Some other source ***(SPECIFY)***	0 30	0 32	0 34	0 36	0 38	0 40

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

41

Red meat	1
Poultry	2
Fish	3
Eggs	4
Milk, all types	5
Milk, whole only	6
Cheese	7
Breads, cereals, grain products	8
Alcoholic beverages	9
Nuts	10
Foods with artificial colors	42 11
Foods with caffeine	12
Foods high in sugar	13
Table salt	14
Other ***(SPECIFY)*** _____	20
None	07

36. Do you consider yourself to be a vegetarian?

43

Yes	1
No	2

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

44

(CONTINUE)	Every day,	1
	Almost every day,	2
	Every so often, or	3
(SKIP TO Q.40)	Not at all?	4

38. Do you usually take a:

(CIRCLE AS MANY AS APPLY)

45

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

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

39. ***(HAND CARD H)*** Which of these single vitamins and minerals do you usually take?

(CIRCLE AS MANY AS APPLY)

46

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

47

40. How much do you weigh without shoes?

_____ ***POUNDS*** 48~50

41. How tall are you without shoes?

_____ ***FEET*** 51 _____ ***INCHES*** 52~53

42. Are you pregnant?

54

Yes	1
No	2

CHECK HOUSEHOLD GRID. IF HOUSEHOLD CONTAINS CHILDREN BORN BETWEEN 1983 AND NOW, CONTINUE. OTHERWISE, SKIP TO Q.44

43. Are you currently breast-feeding?

55

Yes	1
No	2

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

INTERVIEWER COMMENTS:

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

56

Spouse	1
Other adult(s)	2
Child/Children	4
No one else	5

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

57

Spouse	1
Other adult(s)	2
Child/Children	4
No one else	5

Screener Line # | | 0 |

58~59

Blank Cols. 60~75

FOR OFFICE USE ONLY:

76 77 78~79

END CD 28