



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
BRUNCH,	2

LUNCH,	3
DINNER,	4
SUPPER,	5

SNACK/BEVERAGE BREAK (PARTY, HAPPY HOUR), OR	6
SOMETHING ELSE?	0

**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
No	2

(SKIP TO Q-24)

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
No	2

(SKIP TO Q-26)

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
When			What Called	Line #	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		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



Q.18			Q.19	Q.20	Q.21	Q.22	Q.23		
							(a)	(b)	
When			What Called	Line #	Name of Food/Drink	Quantity Consumed	Salt added at Table	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



**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.)

(SKIP TO Q-27)	Yes	1
	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:

(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

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

30. Would you say the amount of food and drink you had yesterday was:

(READ)

26

(SKIP TO Q.42)

Less than usual,	1
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

Q's 32 TO 41 OMITTED

BLANK COLS. 28~53

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 INSTRUCTIONS BELOW.

43. Are you currently breast-feeding?

55

Yes	1
No	2

BLANK COLS. 56~57

THANK AND REMIND RESPONDENT ABOUT NEXT INTERVIEW TO TAKE PLACE BY TELEPHONE ABOUT TWO MONTHS FROM NOW, OR IF WAVE 6 THANK RESPONDENT FOR PARTICIPATION IN STUDY.

FOR OFFICE USE ONLY:

Respondent's Screener Line #:

COLS. 58 0 59

76 77 78~79

BLANK COLS. 60~75