

Interviewing Period

Segment #: 

--	--	--	--	--	--	--	--

Spring	1
Summer	2
Fall	3
Winter	4

Housing Unit #: 

--	--	--

Person (line) #: 

--	--

Interviewer #: 

--	--	--

FOR INTERVIEWER'S USE ONLY

Time began: \_\_\_\_\_

AM	1
PM	2

Time ended: \_\_\_\_\_

AM	1
PM	2

**NATIONWIDE FOOD CONSUMPTION SURVEY**  
**(NFCS 1987)**  
**UNITED STATES DEPARTMENT OF AGRICULTURE**  
Individual Intake Record

**DAY ONE**

This record is for: \_\_\_\_\_  
 PERSON'S FIRST NAME

This person's date of birth is:

MONTH	

DAY	

YEAR			

DAY ONE is from 12:00 AM to 11:59 PM yesterday. That date was:

(CIRCLE NUMBER FOR DAY OF WEEK)	Sunday	1					1	9	8	
	Monday	2		MONTH	DAY		YEAR			
	Tuesday	3								
	Wednesday	4								
	Thursday	5								
	Friday	6								
	Saturday	7								

Your cooperation is entirely voluntary. 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. This 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.



DAY 1

**INSTRUCTIONS FOR EACH EATING/DRINKING OCCASION**

- ANSWER Q's 1 TO 3 ONCE
- ANSWER Q.4 BY LISTING ALL ITEMS CONSUMED
- ANSWER Q's 5 TO 8 FOR EACH ITEM LISTED IN Q.4
- ANSWER Q's 9 TO 10 IF RESPONDENT IS THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARER
- ANSWER Q.11 FOR ALL FOODS NOT FROM HOME SUPPLIES
- DRAW A LINE ACROSS ANSWER SHEET TO SEPARATE EACH OCCASION
- ANSWER Q's 12 TO 34 AT THE END OF THE RECORD

Now think about all of the foods and beverages you had yesterday, that is, beginning after 12:00 AM midnight.

**WHEN?**

1. Starting with the (first/next) time you ate or drank something yesterday, at about what time did you begin eating or drinking this? (ENTER TIME IN COL. Q.1 ON ANSWER SHEET. CIRCLE A NUMBER FOR AM OR PM. USE PM FOR 12 NOON)

**WHAT CALLED?**

2. Would you call this eating or drinking occasion: (ENTER A NUMBER IN COL. Q.2)

1. Breakfast
2. Brunch
3. Lunch

4. Dinner
5. Supper

6. Snack/beverage break/happy hour
7. Infant feeding
0. Something else (DESCRIBE IN COL. Q.2)

**WITH WHOM?**

3. With whom did you eat or drink this? (ENTER A NUMBER IN COL. Q.3)

1. Alone
2. With other household member(s)
3. With nonhousehold member(s)
4. With both household and nonhousehold members

**WHAT FOODS/DRINKS?**

4. What did you have to eat or drink on this occasion? What else? (RECORD ONE ITEM TO A LINE IN COL. Q.4. "BREAD, BUTTER" GO ON TWO LINES)
5. Describe each item further. (RECORD IN COL. Q.5, REFER TO FOOD INSTRUCTION BOOKLET -- FIB)

**QUANTITY CONSUMED?**

- 6a. How much of each item did you actually eat or drink? (ENTER AMOUNTS IN COL. Q.6a. USE MEASURING UTENSILS AND FIB)
- 6b. FOR INTERVIEWER ONLY: (ENTER A NUMBER IN COL. Q.6b TO INDICATE HOW QUANTITY IN Q.6a WAS ESTIMATED)

1. Measuring cup used
2. Measuring spoon used
3. Ruler used
4. Household cup, bowl, glass measured

5. Amount reported from actual package weight
6. Other (DESCRIBE IN COL. Q.6b)
7. No measuring aids used

**FOOD SOURCE?**

7. FOR EACH ITEM LISTED: Was this item: (ENTER A NUMBER IN COL. Q.7)

1. Eaten at your home
2. Brought into your home, but later eaten away from home
3. Never brought into your home

IF ANY ITEMS WITH "1" OR "2" IN Q.7, CONTINUE.  
IF ONLY "3" FOR ALL ITEMS, GO TO Q.11

**HOME ITEMS FROM FAST-FOOD PLACES OR MEALS ON WHEELS?**

8. FOR EACH ITEM LISTED: Was this item brought into your home: (ENTER A NUMBER IN COL. Q.8)

1. From fast-food/carryout place
2. From Meals on Wheels
3. From some other place

**DAY 1 ANSWER SHEET**

ANSWER ONCE FOR EACH OCCASION				USE A NEW LINE FOR EACH ITEM. USE FIB AND MEASURING UTENSILS					
Q.1		Q.2	Q.3		Q.4	Q.5		Q.6a	Q.6b
When		What Called	With Whom	Line #	Name of Food/Drink	Complete Description	Quantity Consumed	How Estimated	
Time	A M								P M
	1	2		101					
	1	2		102					
	1	2		103					
	1	2		104					
	1	2		105					
	1	2		106					
	1	2		107					
	1	2		108					
	1	2		109					
	1	2		110					
	1	2		111					
	1	2		112					
	1	2		113					
	1	2		114					
	1	2		115					
	1	2		116					
	1	2		117					
	1	2		118					
	1	2		119					
	1	2		120					



DAY 1 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION				USE A NEW LINE FOR EACH ITEM. USE FIB AND MEASURING UTENSILS				
Q.1		Q.2	Q.3		Q.4	Q.5	Q.6a	Q.6b
When		What Called	With Whom	Line #	Name of Food/Drink	Complete Description	Quantity Consumed	How Estimated
Time	A M							
	1	2		121				
	1	2		122				
	1	2		123				
	1	2		124				
	1	2		125				
	1	2		126				
	1	2		127				
	1	2		128				
	1	2		129				
	1	2		130				
	1	2		131				
	1	2		132				
	1	2		133				
	1	2		134				
	1	2		135				
	1	2		136				
	1	2		137				
	1	2		138				
	1	2		139				
	1	2		140				



- IF RESPONDENT IS THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARER AND ANY ITEMS FOR THIS OCCASION ARE "1" OR "2" IN Q.7, CONTINUE
- IF RESPONDENT IS NOT THE MAIN MEAL PLANNER/PREPARER OR ALL ITEMS FOR THIS OCCASION ARE "3" IN Q.7, GO TO INSTRUCTIONS BEFORE Q.11

**FAT USED IN PREPARATION?**

9a. Think about the preparation of the foods/drinks you consumed on this occasion. By preparation, I mean the seasoning or cooking of the foods/drinks before they were brought to the table. Were any fats or oils used in preparing any of these items? (ENTER A NUMBER IN COL. Q.9a ONCE FOR THIS OCCASION)

1. Yes

2. No (GO TO Q.10)

9b. For which items from your home food supplies did you use fats or oils in the preparation? (IN COL. Q.9b CIRCLE THE APPROPRIATE NUMBER)

9c. FOR EACH ITEM WHERE FAT/OIL WAS USED: What type of fat or oil was used for this item? (ENTER A NUMBER IN COL. Q.9c)

- |                                                          |
|----------------------------------------------------------|
| 1. Olive oil                                             |
| 2. Corn, cottonseed, safflower or sunflower oil          |
| 3. Soybean oil or other vegetable oil (include nut oils) |
| 4. Regular tub or liquid margarine                       |
| 5. Regular stick margarine                               |

- |                                             |
|---------------------------------------------|
| 6. Any diet margarine                       |
| 7. Margarine blend                          |
| 8. Butter                                   |
| 9. Animal shortening (meat/bacon drippings) |
| 10. Vegetable shortening                    |
| 11. Don't know/remember                     |

**SALT USED IN PREPARATION?**

10. For which items from your home food supplies did you use salt in the preparation? (IN COL. Q.10 CIRCLE THE APPROPRIATE NUMBER)

- REFER TO Q.7. IF ANY ITEM FOR THIS OCCASION IS "3," CONTINUE
- IF NO ITEM IS "3," DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 FOR NEXT OCCASION. WHEN ALL OCCASIONS HAVE BEEN RECORDED, GO TO Q.12 ON NEXT PAGE

**WHERE OBTAINED/SERVICE?**

11. Where did you get this food/beverage which was not from your home food supplies?

- |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|
| 1. Restaurant with waiter/waitress service at a table or counter                                              |
| 2. Cafeteria or self-serve buffet restaurant                                                                  |
| 3. Restaurant where food was ordered and picked up at a counter or drive-up window (include fast-food places) |
| 4. School                                                                                                     |
| 5. Day-care center or summer day camp                                                                         |
| 6. Community feeding program (include those for senior citizens, disabled, or needy persons)                  |
| 7. Vending machine (MUST RECORD ADDITIONAL NUMBER FOR LOCATION)                                               |
| 8. Store                                                                                                      |
| 9. At someone else's home                                                                                     |
| 10. Some other place? (DESCRIBE IN COL. Q.11)                                                                 |

DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 UNTIL ALL EATING/DRINKING OCCASIONS HAVE BEEN RECORDED. IF ALL FOOD/DRINKS RECORDED, GO TO Q.12 ON NEXT PAGE

12. (SHOW CARD I) Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Have you forgotten any: (CIRCLE NUMBER FOR EACH)

(IF ANY ITEM HAS BEEN FORGOTTEN ("1" CIRCLED), COMPLETE Q's 1 TO 11 AND CIRCLE "1" IN COL. Q.12 FOR EACH SUCH ITEM)

(READ)	Yes	No
<u>Snacks/desserts</u> Chips, fruits, candy, nuts, cheese, cookies	1	2
<u>Nonalcoholic drinks</u> at meals or as snacks Coffee, tea, soft drinks, juice, other drinks	1	2
<u>Alcoholic beverages</u> Beer, wine, cocktails, other drinks	1	2
<u>Accessory foods</u> added to other foods at meals or snacks Butter/margarine, sugar/sweetener, salad dressing, sauce/gravy, mustard/ketchup, relish, cream/milk, jam/jelly/syrup	1	2
<u>Side dishes</u> Crackers, bread/rolls	1	2
<u>Foods eaten or tasted</u> while preparing meals or cleaning up	1	2
<u>Other items</u>	1	2
FOR OFFICE USE ONLY		

TIME Q.12 ENDED: \_\_\_\_\_

AM	1
PM	2

13a. About how many fluid ounces of water did you drink yesterday other than in coffee, tea, fruitade, and the like? (IF NONE, ENTER "0" AND GO TO Q.13c)

\_\_\_\_\_ FLUID OUNCES

13b. How much of the water you drank yesterday was from your home supplies? Would you say:

None,	1
Some,	2
Most, or	3
All?	4

13c. About how many fluid ounces of water do you usually drink in a 24-hour period?

\_\_\_\_\_ FLUID OUNCES

14a. Would you say the amount of food and drink you had yesterday was:

	Less than usual,	1
(GO TO Q.15)	Usual, or	2
	More than usual for this day of the week?	3

14b. IF LESS OR MORE: Which one of the following reasons best describes why it was different?

Sick or ill	1
Short of money	2
Traveling	3
At a social occasion or on a special day	4
On holiday or vacation	5
Too little time or too busy	6
Not hungry or very hungry	7
Dieting	8
Some other reason? (DESCRIBE)	0

15. In general, would you say the healthfulness of your diet is:

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

16a. How often do you add salt to your food at the table? Would you say:

(GO TO Q.17a)

Never,	1
Sometimes,	2
Often, or	3
Always (almost always)?	4

16b. Would you say that the amount of salt you usually add to foods at the table is:

Light,	1
Moderate, or	2
Heavy?	3

16c. When you use salt at the table, is it:

Regular salt,	1
Lite salt,	2
Salt substitute, or	3
Some other kind (DESCRIBE)?	4

16d. Do you usually use iodized salt?

Yes	1
No	2
Don't know	3

17a. Are you on a special diet?

(GO TO Q.18)

Yes	1
No	2

17b. (SHOW CARD J) What type of special diet are you on?

(CIRCLE AS MANY AS APPLY)

Low calorie/weight loss diet	1
Low fat/cholesterol diet	2
Low salt diet	3
Low sugar/sugar free diet	4
Diabetic diet	5
Other diet (DESCRIBE)	0

18. Do you consider yourself to be a vegetarian?

Yes	1
No	2

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

(CONTINUE)

(GO TO Q.21)

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

20. Do you usually take a:

(CIRCLE AS MANY AS APPLY)

Multivitamin,	1
Multivitamin with iron or other minerals,	2
Combination of Vitamin C and iron,	3
Other combination of vitamins and minerals,	4
Vitamin C,	5
Iron,	6
Calcium, or	7
Other single vitamins/minerals?	8

21. About how much do you weigh without shoes?

\_\_\_\_\_  
POUNDS

22. How tall are you without shoes?

\_\_\_\_\_  
FEET

\_\_\_\_\_  
INCHES

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

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

24. Do you have any disability or handicap that limits your activities?

Yes	1
No	2

25. Has a doctor ever told you that you have: (CIRCLE A NUMBER FOR EACH)

	Yes	No
Diabetes?	1	2
High blood pressure (hypertension)?	1	2
Heart disease?	1	2
Cancer?	1	2
Osteoporosis?	1	2

26. Do you have trouble biting or chewing food?

Yes	1
No	2

(GO TO INSTRUCTIONS AT BOTTOM OF THIS COLUMN)

27. Do you have this trouble because of: (CIRCLE A NUMBER FOR EACH)

	Yes	No
Poor fitting dentures?	1	2
Loss of teeth, dentures or replacement?	1	2
Other reasons?	1	2

- IF RESPONDENT IS 18 YEARS OF AGE OR OLDER, CONTINUE
- IF RESPONDENT IS UNDER 18 YEARS OF AGE, THIS RECORD IS COMPLETED; GO TO Q. 35

28. 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 UNDERLINED WORDS)

<u>Heavy/Rigorous</u> (running, playing tennis, swimming, doing heavy gardening, etc., three or more times per week),	1
<u>Moderate</u> (doing rigorous activities one or two times per week or doing steady walking, or other moderate activities three or more times per week), or	2
<u>Light</u> (playing golf, taking a stroll, or doing nonrigorous activities occasionally)?	3
(GO TO Q.31) <u>Bedridden</u>	4

29. Do you exercise or play sports regularly?

Yes	1
(GO TO Q.31) No	2

30. For how long have you exercised or played sports regularly?

# \_\_\_\_\_ OR # \_\_\_\_\_ OR # \_\_\_\_\_  
WEEKS MONTHS YEARS

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

Yes	1
(GO TO Q.36) No	2

32. Do you smoke cigarettes now?

Yes	1
(GO TO Q.34) No	2

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

# \_\_\_\_\_ PER DAY

GO TO Q.36

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

# \_\_\_\_\_ YEARS

Less than one year	00
Never smoked regularly	98

GO TO Q.36

INTERVIEWER COMMENTS

35. IF INTAKE IS FOR CHILD UNDER 12 YEARS OF AGE:

Circle a code for the main respondent in Col. a and for all persons who assisted in responding in Col. b.

	Main Resp.	Others
	Col. a	Col. b
Child's mother	1	1
Child's father	2	2
Child's sister	3	3
Child's brother	4	4
Child's grandparent	5	5
Child	6	6
Other person (DESCRIBE) _____	0	0

36. IF INTAKE IS FOR PERSON 12 YEARS OF AGE OR OLDER

Circle a code for the main respondent in Col. a and for all persons who assisted in responding in Col. b.

	Main Resp.	Others
	Col. a	Col. b
Sample person	1	1
Mother	2	2
Father	3	3
Sister	4	4
Brother	5	5
Grandparent	6	6
Other person (DESCRIBE) _____	0	0

37. Were the descriptions of foods/beverages consumed yesterday difficult for the respondent to answer?

	Yes	1
(GO TO Q.39)	No	2

38. What were the reasons for this difficulty?

---



---



---

39. Were the amounts of foods/beverages consumed yesterday difficult for the respondent to answer?

	Yes	1
(TERMINATE)	No	2

40. What were the reasons for this difficulty?

---



---



---