

ID _____
 1~5

Segment #:

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 8~15

Housing Unit #:

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Person line #:

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 16~18

Interviewer #:

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 19~20
 21~24



FOR INTERVIEWER'S USE ONLY

Time began: _____	AM	1	
25~28	PM	2	
			29
Time ended: _____	AM	1	
30~33	PM	2	
			34

CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS — 1990
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:

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 MONTH DAY YEAR
 35~36 37~38 39~40

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

41

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

(CIRCLE NUMBER FOR DAY OF WEEK)

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 /

1	9	9	
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 MONTH DAY YEAR
 42~43 44~45 46~47

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.

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 49 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 ONE

DAY 1 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION				USE A NEW LINE FOR EACH ITEM. USE FOOD INSTRUCTION BOOKLET 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 FOOD INSTRUCTION BOOKLET 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			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				

12. (SHOW CARD G) 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)

(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> (DESCRIBE)	1	2
FOR OFFICE USE ONLY		

(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)

TIME Q.12 ENDED: _____

AM	1
PM	2

13a. About how many fluid ounces of water did you drink yesterday from any source 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? (CIRCLE ONE CODE)

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

- 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. IF SALT SUBSTITUTE USED, CIRCLE CODE 2)

- 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. Child-care center/Family day-care home

6. Community feeding program (include those for senior citizens, disabled, or needy persons)

7. Vending machine (MUST RECORD ADDITIONAL NUMBER FOR LOCATION)

8. Supermarket/grocery store/deli

9. Convenience store

10. Recreation/entertainment facility (e.g., movie theater, bowling alley, sport stadium, amusement park)

11. At someone else's home

12. 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

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

4 5

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

16a. What type of salt (do you/does NAME) usually add to (your/his/her) food at the table?
Do you use: (READ)

4 9

Ordinary salt,	1
Lite salt, or	2
Salt substitute?	3
None	4
Don't know	8

(DO NOT READ AND SKIP TO Q.17a)

16b. How often (do you/does NAME) add (ANSWER IN Q.16a) to (your/his/her) food at the table? Is it rarely, occasionally or very often?

5 0

Rarely	1
Occasionally	2
Very often	3

17a. Are you on a special diet?

5 1

Yes	1
No	2

(GO TO Q.18)

17b. (HAND CARD H) What type of special diet are you on? Just tell me the numbers please. (CIRCLE CODE(S) IN Q.17b ROW BELOW)

17c. (HAND CARD I) (FOR EACH CODE CIRCLED IN Q.17b, ASK:) Which one of the sources on this card best explains why you are on a (ANSWER TO Q.17b) diet? Just tell me the number please. (CIRCLE SOURCE CODE FOR EACH DIET ASKED ABOUT)

		Low Calorie/ Weight Loss	Low Fat/ Cholesterol	Low Salt/ Sodium	Low Sugar/ Sugar Free	Low Fiber	High Fiber	Dia- betic	Other (SPECIFY)
Q.17b	_____ > (CIRCLE ALL THAT APPLY)	1 5 2	2 5 3	3 5 4	4 5 5	5 5 6	6 5 7	7 5 8	0 5 9
Q. 17c	Doctor, dietician, nurse prescribed	1	1	1	1	1	1	1	1
	Organized diet program -- Weight Watchers, Tops	2	2	2	2	2	2	2	2
	Diet read or heard about	3	3	3	3	3	3	3	3
	Made up the diet	4	4	4	4	4	4	4	4
	Joined another person on their special diet	5	5	5	5	5	5	5	5
Some other source (SPECIFY) _____	0	0	0	0	0	0	0	0	
		6 0	6 1	6 2	6 3	6 4	6 5	6 6	6 7

18. Do you consider yourself to be a vegetarian? 10

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: 11

(CONTINUE)

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

(GO TO Q.23)

20. Do you usually take a:

(CIRCLE AS MANY AS APPLY)

Multivitamin,	1	12
Multivitamin with iron or other minerals,	2	13
Combination of Vitamin C and iron, or	3	14
Single vitamins/minerals?	4	15

IF CODE 4 CIRCLED, CONTINUE; OTHERWISE, SKIP TO Q.23

21. (HAND CARD J) Which of these single vitamins and minerals do you usually take? 16-34

Vitamin A	01
Vitamin B/B complex	02
Vitamin C	03
Vitamin D	04
Vitamin E	05
Calcium	06
Folacin	07
Fluoride	08
Iron	09
Zinc	10
Selenium	11
Chromium	12
Something else (SPECIFY)	20

(CIRCLE AS MANY AS APPLY)

22. Were any of these vitamins or minerals that you usually take prescribed for you by a doctor or dentist? 35

Yes, all prescribed	1
No, none prescribed	2
Some prescribed, some not	3

23. Do you take a fish oil supplement? 36

Yes	1
No	2

24. Do you take a fiber supplement? 37

Yes	1
No	2

25. About how much do you weight without shoes? POUNDS 38-40

26. Do you consider yourself to be overweight, underweight or about the right weight at the present time? 41

Overweight	1
Underweight	2
About right	3

27. How tall are you without shoes? FEET 42 INCHES 43-44

28. In general, would you say your health is: 45

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

29. Do you have any disability or handicap that limits your activities? 46

Yes	1
No	2

30. Have you ever had your blood cholesterol checked? 47

Yes	1
No	2
Don't know	8

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

	Yes	No
Diabetes? 48	1	2
High blood pressure (hypertension)? 49	1	2
Heart disease? 50	1	2
Cancer? 51	1	2
Osteoporosis? 52	1	2
High blood cholesterol? 53	1	2
Stroke? 54	1	2
Food allergies that make it necessary to avoid certain foods? (DESCRIBE) _____ 55	1	2

32. How would you describe the condition of your natural teeth? Would you say they are: 56

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
(DO NOT READ) Respondent has no natural teeth	6

(GO TO Q.34)

33. Do you have dentures? 57

Yes	1
No	2

34. About how many hours did you watch TV yesterday? 58

None	1
Half hour or less	2
About one hour	3
About two hours	4
About three hours	5
About four hours	6
Five hours or more	7

35. About how many hours per day do you usually watch TV? 59

None	1
Half hour or less	2
About one hour	3
About two hours	4
About three hours	5
About four hours	6
Five hours or more	7

IF RESPONDENT IS UNDER 18 YEARS OF AGE, THIS RECORD IS COMPLETED; SKIP TO Q.43
IF RESPONDENT IS 18 YEARS OF AGE OR OLDER, CONTINUE

36. 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.38) <u>Bedridden</u>	4

37. Compared with most people your age and sex, would you say that you are: 61

More active,	1
Less active, or	2
About the same?	3
(DO NOT READ) Don't know	8

38. Have you smoked 100 or more cigarettes during your entire life? 62

Yes	1
(GO TO Q.42) No	2

39. Do you smoke cigarettes now? 63

Yes	1
(GO TO Q.42) No	2

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

GO TO Q.42 # _____ PER DAY
64-66

41. How long has it been since you smoked cigarettes regularly? # _____ YEARS
67-68

Less than one year	00
Never smoked regularly	98

42. During the past three months, have you consumed any:

	Yes	No
Beer? 69	1	2
Wine? 70	1	2
Hard liquor? 71	1	2

INTERVIEWER COMMENTS

43 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 10	Col. b
Child's mother	1	1 11
Child's father	2	2 12
Child's sister	3	3 13
Child's brother	4	4 14
Child's grandparent	5	5 15
Child	6	6 16
Other person (DESCRIBE) _____	0	0 17

44. 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 18	Col. b
Sample person	1	1 19
Mother	2	2 20
Father	3	3 21
Sister	4	4 22
Brother	5	5 23
Grandparent	6	6 24
Spouse	7	7 25
Other person (DESCRIBE) _____	0	0 26

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

	27	
	Yes	1
(GO TO Q.47)	No	2

46. What were the reasons for this difficulty?

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

	28	
	Yes	1
(GO TO NEXT INTAKE RECORD)	No	2

48. What were the reasons for this difficulty?

GO TO NEXT INTAKE RECORD

OFFICE USE ONLY

CODER ID:

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29-31