

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

ID _____
1-5

Study #: 09010-073-002
OMB #: 0586-0014
Expires: Feb. 29, 1992
CARD 12 6-7

Segment #:



Housing Unit #:
8-15

Person line #:
16-18

Interviewer #:
19-20
21-24

CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS
UNITED STATES DEPARTMENT OF AGRICULTURE

Individual Intake Record

DAY TWO AND DAY THREE

This record is for: _____
PERSON'S FIRST NAME

DAY TWO is from 12:00 AM to 11:59 PM today. That date is:

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

MONTH
26-27

DAY
28-29

YEAR
30-31

DAY THREE is from 12:00 AM to 11:59 PM tomorrow. That date is:

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

MONTH
33-34

DAY
35-36

YEAR
37-38

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 (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.

INTERVIEWER USE ONLY		CHECK BOX IF LEFT
Time Began: _____	AM 1	<input type="checkbox"/>
39-42	PM 2	43 <input type="checkbox"/>

This record will be picked up on: _____ at _____ AM/PM
DAY _____ / _____ at _____ AM/PM

● IF YOU ARE THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARER AND ANY ITEMS FOR THIS OCCASION ARE "1" OR "2" IN Q.7 CONTINUE

● IF YOU ARE 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. 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. 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

DAY TWO

DAY 2 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION IF 12 NOON, CIRCLE PM			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.6	
When								
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description	Quantity Consumed
1		2			201			
1		2			202			
1		2			203			
1		2			204			
1		2			205			
1		2			206			
1		2			207			
1		2			208			
1		2			209			
1		2			210			
1		2			211			
1		2			212			
1		2			213			
1		2			214			
1		2			215			
1		2			216			
1		2			217			
1		2			218			
1		2			219			
1		2			220			

DAY 2 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION
IF 12 NOON, CIRCLE PM

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.6
When								
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description	Quantity Consumed
1		2			221			
1		2			222			
1		2			223			
1		2			224			
1		2			225			
1		2			226			
1		2			227			
1		2			228			
1		2			229			
1		2			230			
1		2			231			
1		2			232			
1		2			233			
1		2			234			
1		2			235			
1		2			236			
1		2			237			
1		2			238			
1		2			239			
1		2			240			

DAY 2

12. 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)

	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

(IF YOU HAVE FORGOTTEN ANY ITEM (NUMBER 1 CIRCLED), COMPLETE Q's 1 TO 11 FOR EACH ITEM BY USING NEXT AVAILABLE LINE ON ANSWER SHEET)

13. Would you say the amount of food and drink you had today was:

Less than usual	1
Usual	2
More than usual for this day of the week	3

14. 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. Did you use the measuring cups, spoons or ruler when you estimated the amounts of food you had eaten?

Yes, most of the time	1
Yes, some time	2
No, not at all	3

DAY THREE

DAY 3 ANSWER SHEET

**ANSWER ONCE FOR EACH OCCASION
IF 12 NOON, CIRCLE PM**

**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.6
When								
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description	Quantity Consumed
	1	2			301			
	1	2			302			
	1	2			303			
	1	2			304			
	1	2			305			
	1	2			306			
	1	2			307			
	1	2			308			
	1	2			309			
	1	2			310			
	1	2			311			
	1	2			312			
	1	2			313			
	1	2			314			
	1	2			315			
	1	2			316			
	1	2			317			
	1	2			318			
	1	2			319			
	1	2			320			

DAY 3 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION IF 12 NOON, CIRCLE PM

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.6
When			What Called	With Whom	Line #	Name of Food/Drink	Complete Description	Quantity Consumed
Time	A M	P M						
	1	2			321			
	1	2			322			
	1	2			323			
	1	2			324			
	1	2			325			
	1	2			326			
	1	2			327			
	1	2			328			
	1	2			329			
	1	2			330			
	1	2			331			
	1	2			332			
	1	2			333			
	1	2			334			
	1	2			335			
	1	2			336			
	1	2			337			
	1	2			338			
	1	2			339			
	1	2			340			

DAY 3

12. 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 YOU HAVE FORGOTTEN ANY ITEM (NUMBER 1 CIRCLED), COMPLETE Q's 1 TO 11 FOR EACH ITEM BY USING NEXT AVAILABLE LINE ON ANSWER SHEET)

	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

13. Would you say the amount of food and drink you had today was:

Less than usual	1
Usual	2
More than usual for this day of the week	3

14. 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. Did you use the measuring cups, spoons or ruler when you estimated the amounts of food you had eaten?

Yes, most of the time	1
Yes, some time	2
No, not at all	3

FOODS/BEVERAGES	15. During the past three months did you consume:		16. FOR EACH ITEM CONSUMED: During the past three months, how many times did you eat this, on average, each day, week or month?			17. How much did you eat on average each time? REFER TO MEASURING UTENSILS		
	Yes	No	RECORD ANSWER IN ONLY ONE BOX FOR EACH FOOD			1 Cup = 8 fl. oz.		
1. <u>Milk as a beverage or a drink made with milk...</u>	1	2	<input type="checkbox"/> 23~24	OR	<input type="checkbox"/> 25~26	OR	<input type="checkbox"/> 27~28	_____ Cup(s) 29~32
2. <u>Milk on cereal.....</u>	1	2	<input type="checkbox"/> 33~34	OR	<input type="checkbox"/> 35~36	OR	<input type="checkbox"/> 37~38	_____ Cup(s) 39~42
3. <u>Milk in coffee, tea, other.....</u>	1	2	<input type="checkbox"/> 43~44	OR	<input type="checkbox"/> 45~46	OR	<input type="checkbox"/> 47~48	_____ Cup(s) 49~52
4. <u>Poultry (chicken, turkey, duck, etc.).....</u>	1	2	<input type="checkbox"/> 53~54	OR	<input type="checkbox"/> 55~56	OR	<input type="checkbox"/> 57~58	
5. <u>Red meat (beef, pork, lamb).....</u>	1	2	<input type="checkbox"/> 59~60	OR	<input type="checkbox"/> 61~62	OR	<input type="checkbox"/> 63~64	
6. <u>Fish and shellfish (exclude canned products)</u>	1	2	<input type="checkbox"/> 65~66	OR	<input type="checkbox"/> 67~68	OR	<input type="checkbox"/> 69~70	
7. <u>Citrus fruit only (oranges, grapefruit, etc.; include raw, canned and frozen products).....</u>	1	2	<input type="checkbox"/> 71~72	OR	<input type="checkbox"/> 73~74	OR	<input type="checkbox"/> 75~76	
8. <u>Citrus fruit juices.....</u>	1	2	<input type="checkbox"/> 77~78	OR	<input type="checkbox"/> 79~80	OR	<input type="checkbox"/> 81~82	
9. <u>All other fruit only (bananas, berries, apples, grapes, etc.; include raw, canned and frozen products).....</u>	1	2	<input type="checkbox"/> 83~84	OR	<input type="checkbox"/> 85~86	OR	<input type="checkbox"/> 87~88	END CARD 13
10. <u>All other fruit juices...</u>	1	2	<input type="checkbox"/> 11~12	OR	<input type="checkbox"/> 13~14	OR	<input type="checkbox"/> 15~16	DUP 1~5 CARD 14 6~7
11. <u>Raw vegetables (include raw vegetables in salads)</u>	1	2	<input type="checkbox"/> 18~19	OR	<input type="checkbox"/> 20~21	OR	<input type="checkbox"/> 22~23	
12. <u>Cooked vegetables (exclude white and sweet potatoes).....</u>	1	2	<input type="checkbox"/> 25~26	OR	<input type="checkbox"/> 27~28	OR	<input type="checkbox"/> 29~30	
13. <u>Eggs</u>	1	2	<input type="checkbox"/> 32~33	OR	<input type="checkbox"/> 34~35	OR	<input type="checkbox"/> 36~37	

THANK YOU FOR YOUR COOPERATION

OFFICE USE ONLY

CODER 10:

38~39

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 17 AT THE END OF THE RECORD

Now think about all of the foods and beverages you had beginning after 12:00 AM midnight on this day.

WHEN?

1. Starting with the (first/next) time you ate or drank something on this day, 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)

QUANTITY CONSUMED?

6. How much of each item did you actually eat or drink? (ENTER AMOUNTS IN COL. Q.6. USE MEASURING UTENSILS AND FOOD INSTRUCTION BOOKLET)

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