

NATIONAL ANALYSTS  
Division of Booz·Allen &  
Hamilton Inc.  
Philadelphia, PA 19106

Study #: 09010-067-001  
OMB #: 0586-0020  
Expires: 12/31/1988

NATIONWIDE FOOD CONSUMPTION SURVEY -- 1987

Segment #: 

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Housing Unit #: 

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Interviewer #: 

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Date: 

			1	9	8
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(Month) (Day) (Year)

Interviewing  
Period

Spring	1
Summer	2
Fall	3
Winter	4

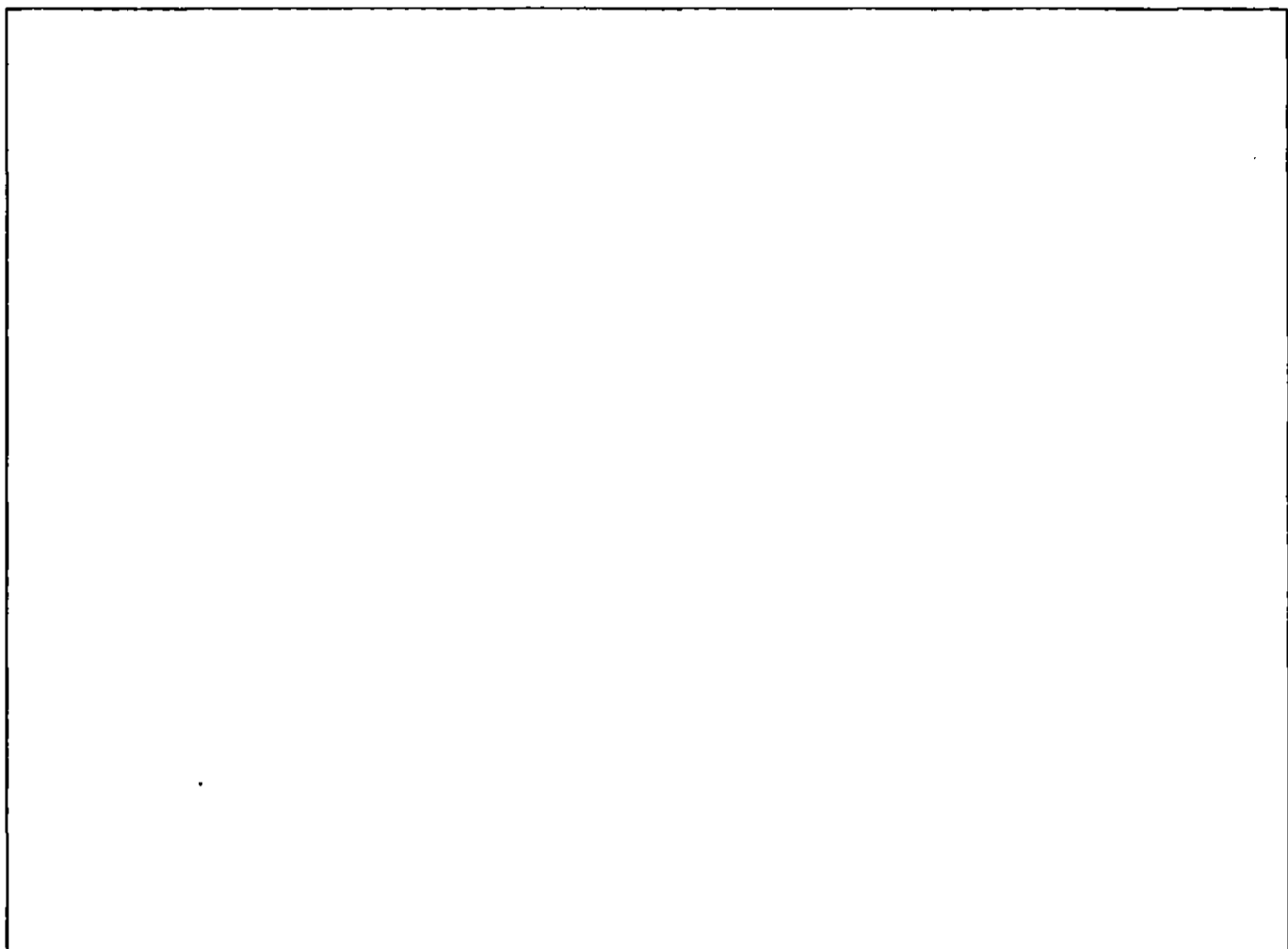
TIME SECTION I BEGAN: _____	1	AM
	2	PM

SECTION I

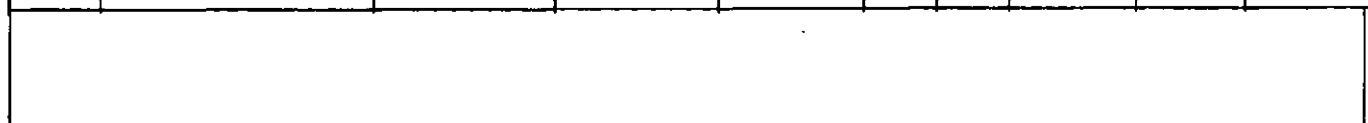
INTRODUCTION: Hello, my name is \_\_\_\_\_. I represent National Analysts. I spoke with (RESPONDENT) a week ago and made an appointment for an interview. Is she/he at home? (IF NOT AT HOME, MAKE ANOTHER APPOINTMENT).

DATE/TIME: \_\_\_\_\_

(INTRODUCE YOURSELF AGAIN IF NECESSARY, SHOW COPY OF LETTER, AND CONTINUE):  
This letter states the survey is sponsored by the United States Department of Agriculture. It is a confidential research project; none of the information from this survey will ever be connected with specific individuals or households. All the data are grouped and results are reported as summaries only.



Line #	Col. A	Col. B	Col. C		Col. D		Col. E	Col. F	
	First Name	Relation-ship to Head of Household	Age		Sex		Race	Hispanic Origin	
			Under 12 Months	1 Year or Over					
			Enter Months	Enter Years	M	F		Yes	No
1					1	2		1	2
2					1	2		1	2
3					1	2		1	2
4					1	2		1	2
5					1	2		1	2
6					1	2		1	2
7					1	2		1	2
8					1	2		1	2
9					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



A. Do any of the total number of persons living here have separate food supplies? That is, do any of them buy and store food separately from the rest of the household?

	Yes	1
(SKIP TO Q.1)	No	2

B. How many different sets of separate food supplies are there in this household, including your own?

NUMBER OF SEPARATE FOOD SUPPLIES: \_\_\_\_\_

1. Let's begin by talking about the general food shopping practice of this household. On the average, how often does someone do a major food shopping for this household? Would you say:

CONTINUE	More than once a week,	1
	Once a week,	2
	Once every two weeks,	3
	Once a month or less, or	4
(SKIP TO Q.4)	Never?	5

2. In what kind of store is this major food shopping usually done? Is it:

(CIRCLE ONLY ONE)	A supermarket,	1
	A small store, or	2
	Someplace else?	3

3. Thinking of the (TYPE OF OUTLET NAMED IN Q.2) where the major food shopping for this household is usually done, how far from your home is this store? (PROBE FOR BLOCKS OR MILES FROM HOME)

(WRITE #)	(CIRCLE)
_____ Blocks, or	1
_____ Miles	2
Don't know	8

4. How much money has this household spent per week or per month during the last three months at the grocery store? Include purchases made with food stamps. (ENTER AMOUNT AND CIRCLE A CODE)

\$ _____ .00	Per week	1
	Per month	2

5. You said this household spent (AMOUNT IN Q.4) per (week/month). About how much of this amount, if any, was for nonfood items, such as cleaning or paper products, food bought for feeding a pet or cigarettes? (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

\$ _____ .00	Per week	1
	Per month	2

6. How much has this household spent per week or per month during the last three months at specialty stores -- such as bakeries, liquor stores, delicatessens, meat markets, vegetable stands, health food stores, and other similar places? Include any expenditures from carryout places when the food was brought into your home. (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

\$ _____ .00	Per week	1
	Per month	2

7. Now I have a few questions about the persons who live in this household. First, how many persons regularly live in this household? Count those who live here permanently including those who are temporarily absent, such as traveling or in the hospital.

ENTER NUMBER HERE:   
AND CIRCLE LINE # ON FLAP

8. Is there a male head of household?

(SKIP TO Q.14)	Yes	1
	No	2

9. What is his (your) first name?  
 (RECORD ON FLAP IN COL. A.  
 WRITE "MALE HEAD" IN COL. B)

15. What is your (her) first name?  
 (RECORD ON FLAP IN COL. A.  
 WRITE "FEMALE HEAD" IN COL. B)

10. How old is he (are you)?  
 (RECORD ON FLAP IN COL. C.  
 CIRCLE "1" IN COL. D)

16. IF NO MALE HEAD, SKIP TO Q.17.  
 OTHERWISE, ASK:  
 How are you (is she) related to  
 (PERSON LISTED ON LINE 1)?  
 (RECORD ON FLAP IN COL. B)

11. What is the highest grade or  
 year of regular school (he  
 has/you have) ever attended?  
 (CIRCLE CODE FOR HIGHEST GRADE  
 OR YEAR)

17. How old are you (is she)?  
 (RECORD ON FLAP IN COL. C.  
 CIRCLE "2" IN COL. D)

(SKIP TO Q.13) | Never attended school or  
 kindergarten only: 0  
Elementary: 1 2 3 4 5 6 7 8  
High school: 9 10 11 12  
College: 1 2 3 4 5 6+

18. What is the highest grade or  
 year of regular school (you  
 have/she has) ever attended?  
 (CIRCLE CODE FOR HIGHEST GRADE  
 OR YEAR)

(SKIP TO Q.20) | Never attended school or  
 kindergarten only: 0  
Elementary: 1 2 3 4 5 6 7 8  
High school: 9 10 11 12  
College: 1 2 3 4 5 6+

12. Did he (you) complete that  
 grade or year?

Yes	1
No	2

19. Did you (she) complete that  
 grade or year?

Yes	1
No	2

13. (SHOW CARD A) What is (the race  
 of the male head of household/  
 your race)? Just tell me the  
 number that applies. (RECORD  
 ON FLAP IN COL. E)

20. (SHOW CARD A) What is (the  
 race of the female head of  
 household/your race)? Just  
 tell me the number that  
 applies. (RECORD ON FLAP IN  
 COL. E)

14. Is there a female head of  
 household? (IF NECESSARY, SAY:  
 For the purposes of this  
 survey, the female head of  
 household is the woman who other  
 household members think of as  
 being in charge of household  
 matters, that is, the woman of  
 the house.)

Yes	1
No	2

(SKIP TO INSTRUCTIONS  
 BEFORE Q.21)

IF NUMBER OF PERSONS RECORDED ON FLAP  
EQUALS NUMBER OF PERSONS GIVEN  
IN Q.7, SKIP TO Q.25. OTHERWISE,  
CONTINUE

21. Now I would like to know about  
the other related people who  
regularly live here, starting  
with the oldest, and so on to  
the youngest. Start with the  
oldest.

- 1) What is his or her first  
name? (RECORD ON FLAP IN  
COL. A)
- 2) How is (NAME) related to  
  
(PERSON LISTED ON LINE 1)?  
(RECORD ON FLAP IN COL. B)
- 3) How old is (NAME)? (RECORD  
ON FLAP IN COL. C)
- 4) CIRCLE CODE FOR SEX IN  
COL. D ON FLAP; SAY "Now the  
next oldest"

IF NUMBER OF PERSONS RECORDED ON  
FLAP EQUALS NUMBER OF PERSONS GIVEN  
IN Q.7, SKIP TO Q.23; OTHERWISE,  
CONTINUE

22. Now tell me about the rest of  
the persons who regularly live  
here. (FOLLOW PROCEDURE USED  
IN Q.21 UNTIL NUMBER OF PEOPLE  
LISTED ON FLAP EQUALS NUMBER  
GIVEN IN Q.7)

LOOK AT COL. E ON FLAP.

- IF THERE ARE BOTH A MALE AND  
FEMALE HEAD
  - AND THE CODE NUMBERS IN  
COL. E ARE DIFFERENT,  
SKIP TO Q.24
  - IF THE CODE NUMBERS IN  
COL. E ARE THE SAME, ASK  
Q.23
- IF THERE IS ONLY A MALE OR A  
FEMALE HEAD, ASK Q.23

23. Is there anyone in this  
household that is of a different  
race than the male or female  
head?

	Yes	1
(SKIP TO Q.25)	No	2

24. (SHOW CARD A) Which number on  
this card describes the race of  
(NAME OF OLDEST)? (REPEAT FOR  
EACH PERSON AND RECORD ANSWERS  
ON FLAP IN COL. E)

25. Is there anyone in this  
household who is of hispanic  
(Spanish) origin or descent?

	Yes	1
(SKIP TO Q.27)	No	2

26. Is (PERSON ON LISTED LINE #) of  
hispanic (spanish) origin or  
descent? (REPEAT FOR EACH  
PERSON AND CIRCLE CODE ON FLAP  
IN COL. F)

27. RECORD RESPONDENT'S LINE NUMBER  
FROM FLAP HERE: \_\_\_\_\_

LOOK AT FLAP. BEGIN WITH LINE #1, FIND ALL HOUSEHOLD MEMBERS WHO ARE 15 YRS THE COLUMNS ON PAGES 4 TO 6 AND ASK Q'S 28 TO 31 IN SEQUENCE FOR EACH

LINE #: \_\_\_\_\_ NAME: \_\_\_\_\_

28. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week?  
(CIRCLE ONLY ONE)

(SKIP TO Q.30)

C  
O  
N  
T  
I  
N  
U  
E

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY:)	8

LINE #: \_\_\_\_\_ NAME: \_\_\_\_\_

28. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week?  
(CIRCLE ONLY ONE)

(SKIP TO Q.30)

C  
O  
N  
T  
I  
N  
U  
E

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY:)	8

29. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

Yes	1
(SKIP TO Q.31) No	2

29. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

Yes	1
(SKIP TO Q.31) No	2

30. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_

30. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_

31. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 8

31. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 8

GO TO NEXT PERSON OR Q.32

GO TO NEXT PERSON OR Q.32

LINE #: \_\_\_\_\_ NAME: \_\_\_\_\_

28. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week? (CIRCLE ONLY ONE)

(SKIP TO Q.30)

C  
O  
N  
T  
I  
N  
U  
E

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY:) _____	8

LINE #: \_\_\_\_\_ NAME: \_\_\_\_\_

28. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week? (CIRCLE ONLY ONE)

(SKIP TO Q.30)

C  
O  
N  
T  
I  
N  
U  
E

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY:) _____	8

29. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

Yes	1
(SKIP TO Q.31) No	2

29. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

Yes	1
(SKIP TO Q.31) No	2

30. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_

30. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_

31. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1    2    3    4    5    6    7    8

31. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1    2    3    4    5    6    7    8

GO TO NEXT PERSON OR Q.32

GO TO NEXT PERSON OR Q.32

LINE #: \_\_\_\_\_ NAME: \_\_\_\_\_

28. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week?  
(CIRCLE ONLY ONE)

(SKIP TO Q.30)

C  
O  
N  
T  
I  
N  
U  
E

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY:) _____	8

LINE #: \_\_\_\_\_ NAME: \_\_\_\_\_

28. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week?  
(CIRCLE ONLY ONE)

(SKIP TO Q.30)

C  
O  
N  
T  
I  
N  
U  
E

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY:) _____	8

29. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

Yes	1
(SKIP TO Q.31) No	2

29. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

Yes	1
(SKIP TO Q.31) No	2

30. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_

30. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_

31. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1    2    3    4    5    6    7    8

31. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1    2    3    4    5    6    7    8

GO TO NEXT PERSON OR Q.32

GO TO NEXT PERSON OR Q.32



32. Let's talk a little about this dwelling. Is this property:

	Owned outright or being bought by someone living in this household,	1
(SKIP TO Q.34)	Rented with payment required, or	2
(SKIP TO Q.35)	Occupied without payment of rent required?	3

33. How much is the regular payment to the lender for a mortgage deed of trust, contract to purchase or similar debt on this property? (ENTER AMOUNT AND CIRCLE A CODE)

\$ _____ .00	Per month	1
	Per other time period (SPECIFY:) _____	2

**SKIP TO Q.35**

34. How much rent is paid for this dwelling? (ENTER AMOUNT AND CIRCLE A CODE)

\$ _____ .00	Per month	1
	Per other time period (SPECIFY:) _____	2

35. On the average over the year, how much do you pay each month for:

(READ)	Amount
Electricity?	\$ .00
Gas oil, coal, wood, or other fuel for heating and/or cooking?	\$ .00
Water/sewage charge?	\$ .00
Other utilities, including trash collection?	\$ .00
Basic monthly telephone service?	\$ .00
Condo or cooperative fee?	\$ .00

36. Returning to the topic of food, who usually plans the meals? (CIRCLE ONE CODE IN COL. Q.36 BELOW)

37. Who usually does the major food shopping? (CIRCLE ONE CODE IN COL. Q.37 BELOW)

38. And who usually prepares the food? (CIRCLE ONE CODE IN COL. Q.38 BELOW)

	COL. Q.36	COL. Q.37	COL. Q.38
The female head only	1	1	1
The male head only	2	2	2
The female and the male heads	3	3	3
The female head and someone else (SPECIFY:) _____	4	4	4
The male head and someone else (SPECIFY:) _____	5	5	5
Someone other than these (SPECIFY:) _____	6	6	6

(COMPLETE GRID BELOW. SAY:) Now I have some questions about the meals household members ate. (SHOW CALENDAR TO RESPONDENT) We will be talking about all the meals from (DAY/MONTH/DATE) after the (M/N/E) meal to today (DAY/MONTH/DATE) including the (M/N/E) meal.

Seven Days Ago	CIRCLE ONE	Day of Interview
Day		Day
Month		Month
Date		Date
After Morning (M) Meal	1	Including (M) Meal
After Noon (N) Meal	2	Including (N) Meal
After Evening (E) Meal	3	Including (E) Meal

**ASK Q's 39 TO 41 IN SEQUENCE FOR ALL PERSONS LISTED ON FLAP EXCEPT ROOMERS, BOARDERS, OR EMPLOYEES. FOR THESE LATTER, ASK ONLY Q.39**

- 39. Let's begin with (NAME). How many M/N/E meals did (NAME) have from your household food supplies, including any meals (he/she) may have carried from the household supplies to eat away from home? (RECORD IN COL. Q.39)
- 40. How many M/N/E meals did (NAME) buy and eat away from home? (RECORD IN COL. Q.40)
- 41. How many M/N/E meals did (NAME) receive away from home without paying for them, such as guest meals, free school meals and meals as payment for work for which (NAME) was reimbursed? (RECORD IN COL. Q.41)

**ADD NUMBER OF MEALS EATEN FOR EACH "RELATED" MEMBER OF THE HOUSEHOLD AND RECORD IN TOTAL COLUMN. IF MORE OR LESS THAN 21, VERIFY WITH RESPONDENT AND CONFIRM BY PUTTING A CHECK MARK IN SPACE PROVIDED**

L I N E #	COL. Q.39			COL. Q.40			COL. Q.41			Total, Q's 39 to 41	Verification If More/Less than 21
	Meals from Household Food Supplies			Meals Bought and Eaten Away from Home			Free Meals/ Meals as Guest or Payment for Work				
	M	N	E	M	N	E	M	N	E		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

REFER TO COLUMN Q.40. IF ALL ENTRIES "0" -- NO MEALS BOUGHT AND EATEN AWAY FROM HOME -- SKIP TO Q.43. OTHERWISE, ASK Q.42

42. You've told me about meals bought and eaten away from home. Think only of those meals. During the past seven days, how much was spent for those meals, including all alcoholic and nonalcoholic beverages served with or before the meal. Include expenses for meals away from home for guests and employees. Expenses include tax and tips. Do not include any amount for which reimbursement was made. (PROBE IF NECESSARY: What is your best estimate?)

ENTER AMOUNT IN COL. Q.42 AS ONE FAMILY AMOUNT AND/OR SEPARATELY FOR FAMILY MEMBER, WHICHEVER IS EASIER.

43. (EVERYONE) (FOR EACH HOUSEHOLD MEMBER ASK:) Now I would like you to think of food or alcoholic and nonalcoholic beverages consumed as snacks between meals. Think only of such things bought and consumed away from home -- not out of home food supplies. During the past seven days, how much was spent for snack foods and beverages, including amount spent for guests and employees. Expenses include tax and tips. Do not include any amount for which reimbursement was made. (PROBE IF NECESSARY: What is your best estimate?)

ENTER AMOUNT IN COL. Q.43 AS ONE FAMILY AMOUNT AND/OR SEPARATELY FOR FAMILY MEMBER, WHICHEVER IS EASIER. IF NO MONEY SPENT BY ANY HOUSEHOLD MEMBER, RECORD "0" AS FAMILY AMOUNT

INTERVIEWER: USE THE SPACE BELOW TO ASSIST RESPONDENT IN COMPUTATIONS

COL. Q.42	COL. Q.43
Meals Bought	Snacks and Beverages
Family Amount \$ .	Family Amount \$ .

44. Now I want you to think of foods and beverages consumed by guests and employees from the household's food supplies. In addition to the people who regularly live and eat here, did anyone else have any meals here during the past seven days?

	Yes	1
(SKIP TO Q.49)	No	2

45. How many male guests or employees ate any meals from your household food supplies during the past seven days?

NUMBER OF MALES: \_\_\_\_\_

46. And how many female guests or employees?

NUMBER OF FEMALES: \_\_\_\_\_

**ASK Q's 47 AND 48 IN SEQUENCE, FIRST FOR MALES, AND THEN FOR FEMALES**

47. How many of these (males/females) are under 12 years old? 12 through 18? 19 through 50? 51 or over? (RECORD IN COL. Q.47. BE SURE TOTAL MALES/FEMALES EQUALS NUMBERS GIVEN IN Q's 45 AND 46)

48. (FOR EACH AGE GROUP WITH A NUMBER LISTED IN COL. Q.47, ASK:) What was the total number of M/N/E meals eaten by the (NUMBER/SEX/AGE GROUP)?

RECORD IN COL. Q.48. TOTAL AMOUNT RECORDED ON EACH LINE MUST BE SAME OR LARGER THAN NUMBER IN COL. Q.47.

		COL. Q.47	COL. Q.48		
		Number of Persons	Total Number of Meals from Household Food Supplies		
			M	N	E
MALES	Under 12				
	12 through 18				
	19 through 50				
	51 and over				
	TOTAL				
FEMALES	Under 12				
	12 through 18				
	19 through 50				
	51 and over				
	TOTAL				

49. We talked a moment ago about snacks and beverages which were not meals. In the past seven days, were any such snacks or beverages from your regular household food supplies consumed by guests or employees? Remember to include any friends or neighbors who dropped by.

	Yes	1
(SKIP TO INSTRUCTIONS AT TOP OF PAGE 12)	No	2

50. How many male guests or employees had one or more snacks or beverages from your household food supplies during the past seven days?

NUMBER OF MALES: \_\_\_\_\_

51. And how many female guests or employees?

NUMBER OF FEMALES: \_\_\_\_\_

**ASK Q's 52 TO 54 IN SEQUENCE, FIRST FOR MALES, AND THEN FOR FEMALES**

52. How many of these (males/females) are under 12 years old? 12 through 18? 19 or over? (BE SURE TOTAL MALES/FEMALES EQUALS NUMBERS GIVEN IN Q's 50 AND 51. RECORD NUMBERS IN COL. Q.52 BELOW)

53. INTRODUCTION TO Q.53 (READ ONLY FIRST TIME QUESTION ASKED): Now help us understand how many snacks and/or beverages from your household food supplies were consumed by guests, employees, and so on. If one person dropped in and had a snack twice a day on each of the seven days, that counts as 14 different snacks for that one person. We are interested in the total number of such snacks and beverages consumed by all persons.

(FOR EACH AGE GROUP WITH NUMBER LISTED IN COLUMN Q.52, ASK:) Altogether, how many different snacks and/or beverages did the (NUMBER/SEX/AGE GROUP) have from your household food supplies? (RECORD IN COL. Q.53. TOTAL AMOUNT RECORDED ON EACH LINE MUST BE THE SAME OR LARGER THAN NUMBER IN COL. Q.52)

54. And how many of these (NUMBER IN Q.53) were very light refreshments such as one item and a beverage. For example, coffee and donut or cocktails?

RECORD IN COL. Q.54. TOTAL AMOUNT RECORDED ON EACH LINE MUST BE SAME OR SMALLER THAN NUMBER IN COL. Q.53

		COL. Q.52	COL. Q.53	COL. Q.54
		Number of Persons Served Refreshments	Total Number of Snacks	Number of Very Light Refreshments
MALES	Under 12			
	12 through 18			
	19 and over			
	TOTAL			
FEMALES	Under 12			
	12 through 18			
	19 and over			
	TOTAL			

**CHECK FLAP. IF ANY WOMEN 12 TO 55 YEARS OF AGE, ASK Q.55. ALL OTHERS, SKIP TO INSTRUCTIONS BEFORE Q.58**

55. Are any women in this household now pregnant?

Yes	1
No	2

(SKIP TO INSTRUCTIONS BEFORE Q.58)

56. Please tell me who. (CIRCLE CODE NUMBER IN COL. Q.56 BELOW FOR EACH PREGNANT WOMAN)

57. In which month of pregnancy (are you/is NAME)? (ENTER MONTHS IN COL. Q.57 BELOW FOR EACH PREGNANT WOMAN)

**CHECK FLAP. IF ANY CHILDREN 3 YEARS OLD OR LESS, ASK Q's 58 TO 60 FOR EACH. ALL OTHERS, SKIP TO Q.61**

58. Was (CHILD'S NAME) ever breast-fed? (CIRCLE CODE NUMBER IN COL. Q.58 BELOW FOR EACH CHILD)

59. (IF "YES" IN Q.58, ASK:) For how many months was (he/she) breast-fed? (ENTER MONTHS IN COL. Q.59. CIRCLE CODE "50" IF STILL BEING BREAST-FED)

60. (IF STILL BEING BREAST-FED:) Please tell me the name of the woman who is breast-feeding (CHILD'S NAME). (ENTER WOMAN'S NAME IN COL. Q.60 ON CHILD'S LINE)

61. Did any member of this household receive benefits under the Women, Infants and Children (WIC) Program in (NAME OF LAST MONTH)?

Yes	1
No	2

(SKIP TO INSTRUCTIONS AT TOP OF PAGE 14)

62. Please tell me who in this household received WIC benefits last month. (CIRCLE A CODE NUMBER IN COL. Q.62 FOR EACH PERSON WHO RECEIVED WIC BENEFITS)

Line #	WOMEN 12 TO 55 YEARS		CHILDREN 0 TO 3 YEARS			ALL	
	COL. Q.56	COL. Q.57	COL. Q.58	COL. Q.59	COL. Q.60	COL. Q.62	
	Now Pregnant	Number of Months Pregnant	Child Ever Breast-Fed		Number of Months Breast-Fed Still Fed	Name of Woman Breast-Feeding	WIC Benefits
Yes			No				
1	1		1	2	50		1
2	2		1	2	50		2
3	3		1	2	50		3
4	4		1	2	50		4
5	5		1	2	50		5
6	6		1	2	50		6
7	7		1	2	50		7
8	8		1	2	50		8
9	9		1	2	50		9
10	10		1	2	50		10
11	11		1	2	50		11
12	12		1	2	50		12
13	13		1	2	50		13
14	14		1	2	50		14
15	15		1	2	50		15
16	16		1	2	50		16

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**CHECK FLAP. IF ANY CHILDREN BETWEEN 4 AND 18 YEARS, ASK Q's 63 TO 71 IN SEQUENCE FOR EACH AGE-ELIGIBLE CHILD. ALL OTHERS, SKIP TO SECTION II ON PAGE Q.17**

63. Now I would like to talk about school breakfast and lunch programs. Does (CHILD'S NAME) attend a kindergarten, grade school, junior or high school? (CIRCLE CODE IN COL. Q.63. IF "NO," GO TO NEXT CHILD)

64. Does (CHILD'S NAME) attend a school which serves school lunches? These are complete lunches costing a fixed price every day. CIRCLE CODE IN COL. Q.64. IF "NO," SKIP TO Q.68

65. During the school year, approximately how many times a week does (he/she) usually get a complete school lunch? (RECORD IN COL. Q.65. IF NONE, ENTER "0" AND SKIP TO Q.68)

66. Does (he/she) get these lunches free? (CIRCLE CODE IN COL. Q.66. IF "YES" OR "DON'T KNOW," SKIP TO Q.68)

67. About how much does (he/she) pay for these lunches each day? (RECORD IN COL. Q.67)

CHILDREN 4 TO 18 YEARS

Line #	COL. Q.63		COL. Q.64		COL. Q.65	COL. Q.66			COL. Q.67	Line #
	Attends School		Complete Lunches		Number of Times a Week	Free Lunches			Amount Paid Each Day	
	Yes	No	Yes	No		Yes	No	Don't Know		
1										1
2	1	2	1	2		1	2	8	\$ .	2
3	1	2	1	2		1	2	8	\$ .	3
4	1	2	1	2		1	2	8	\$ .	4
5	1	2	1	2		1	2	8	\$ .	5
6	1	2	1	2		1	2	8	\$ .	6
7	1	2	1	2		1	2	8	\$ .	7
8	1	2	1	2		1	2	8	\$ .	8
9	1	2	1	2		1	2	8	\$ .	9
10	1	2	1	2		1	2	8	\$ .	10
11	1	2	1	2		1	2	8	\$ .	11
12	1	2	1	2		1	2	8	\$ .	12
13	1	2	1	2		1	2	8	\$ .	13
14	1	2	1	2		1	2	8	\$ .	14
15	1	2	1	2		1	2	8	\$ .	15
16	1	2	1	2		1	2	8	\$ .	16



68. Does (CHILD'S NAME) attend a school which serves a complete breakfast costing a fixed price each day? (CIRCLE CODE IN COL. Q.68. IF "NO," GO TO NEXT CHILD OR SKIP TO SECTION II ON PAGE 17)

69. During the school year, approximately how many times a week does (CHILD'S NAME) usually get a complete breakfast at school? (RECORD IN COL. Q.69. IF NONE, ENTER "0" AND GO TO NEXT CHILD OR SKIP TO SECTION II ON PAGE 17)

70. Does (he/she) get these breakfasts free? (CIRCLE CODE IN COL. Q.70. IF "YES" OR "DON'T KNOW," GO TO NEXT CHILD OR SKIP TO SECTION II ON PAGE 17)

71. About how much does (he/she) pay for these breakfasts each day? (RECORD IN COL. Q.71. NOW GO TO NEXT CHILD OR SECTION II ON PAGE 17)

CHILDREN 4 TO 18 YEARS							
COL. Q.68		COL. Q.69	COL. Q.70			COL. Q.71	
Complete Breakfast		Number of Times a Week	Free Breakfast			Amount Paid Each Day	Line #
Yes	No		Yes	No	Don't Know		
							1
1	2		1	2	8	\$ .	2
1	2		1	2	8	\$ .	3
1	2		1	2	8	\$ .	4
1	2		1	2	8	\$ .	5
1	2		1	2	8	\$ .	6
1	2		1	2	8	\$ .	7
1	2		1	2	8	\$ .	8
1	2		1	2	8	\$ .	9
1	2		1	2	8	\$ .	10
1	2		1	2	8	\$ .	11
1	2		1	2	8	\$ .	12
1	2		1	2	8	\$ .	13
1	2		1	2	8	\$ .	14
1	2		1	2	8	\$ .	15
1	2		1	2	8	\$ .	16

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SECTION II

**INTRODUCTION**

Now I would like to find out what foods from your household food supply were used during the last seven days. (SHOW CARD D CALENDAR TO RESPONDENT.) That is the same period we discussed earlier (REFER TO CHART TOP OF PAGE 8, SECTION I) from (DAY/MONTH/YEAR) after the (M/N/E) meal to today (DAY/MONTH/ YEAR) including the (M/N/E) meal.

I am talking about foods used from your household food supplies. That means all foods eaten in the household, carried from your home supplies and eaten away, or leftovers fed to pets or thrown away. It does not include food given away or sold to people outside the household, food fed to animals raised for commercial purposes, or food prepared but not yet consumed.

As I read this list, please tell me about just the food you used in the last seven days. You may want to refer to the labels and notes that I asked you to keep as reminders.

**FOR REFERENCE ONLY.**

**DO NOT READ**

FOOD GROUPS		Pages	
		List	Entry
A, B	Baby Food	18, 20	19, 21
C	Beef, Pork, Veal, Lamb	22, 24	23, 25
D	Poultry, Game, Organ Meat	26	27
E	Lunch Meat, Hot Dogs	28	29
F	Fish, Seafood	30	31
G	Eggs, Milk Products, Cheese	32, 34	33, 35
H, I	Vegetables	36, 38	37, 39
J	Juices, Drinks, Ades, Punches, Nectars	40	41
K	Fruits	42	43
L	Cereals, Flour, Rice, Pasta, Meal	44, 46	45, 47
M	Bread, Rolls, Buns	48, 50	49, 51
N	Cakes, Cupcakes, Pies	52, 54	53, 55
O	Cookies	56, 58	57, 59
P	Crackers, Snack Items	60	61
Q	Sugar, Syrup, Sweets	62, 64	63, 65
R	Puddings, Ice Cream, Butter, Mayonnaise, Fats, Oils, Salad Dressings	66, 68	67, 69
S	Soups, Gravies	70	71
T	Frozen or Carryout Dinners, Sandwiches, Breakfasts, Pot Pies	72	73
U	Frozen or Carryout Main Dishes, Pizza, Sauces, Pickles, etc.	74, 76	75, 77
V	Nuts, Beverages	78, 80	79, 81
W	Condiments (purchased)	82	82

A. BABY FOOD

1. In the past seven days did your household use any commercially prepared baby or junior foods?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 9 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "C")	No	2

**MEATS, NOT IN MIXTURES**

- 1 Beef
- 2 Chicken
- 3 Veal
- 4 Ham
- 5 Lamb
- 6 Pork
- 7 Turkey
- 8 Liver, beef
- 9 Chicken sticks
- 10 Meat sticks
- 11 Turkey sticks

**EGG YOLKS**

**HIGH MEAT DINNERS**

- 13 Beef with vegetables
- 14 Beef with vegetables and cereals
- 15 Chicken with vegetables
- 16 Ham with vegetables
- 17 Turkey with vegetables
- 18 Veal with vegetables

**OTHER DINNER MIXTURES**

- 19 Beef noodle dinner
- 20 Beef, egg noodles and vegetables
- 21 Beef dinner supreme
- 22 Cereal egg yolk bacon dinner
- 23 Chicken noodle dinner
- 24 Chicken and rice dinner with vegetables
- 25 Macaroni and cheese
- 26 Macaroni, tomatoes and beef
- 27 Macaroni alphabets with tomato sauce and cheese

- 28 Pasta squares in meat sauce
- 29 Spaghetti, tomato and meat
- 30 Spaghetti rings in meat sauce
- 31 Split peas ham dinner
- 32 Turkey dinner supreme
- 33 Turkey and rice dinner

**SOUPS, STEW WITH VEGETABLES**

- 34 Beef stew
- 35 Chicken soup
- 36 Vegetable soup
- 37 Vegetable stew with chicken

**VEGETABLE MIXTURES**

- 38 Potato and ham
- 39 Vegetables and bacon
- 40 Vegetables and beef
- 41 Vegetables and chicken
- 42 Vegetables and ham
- 43 Vegetables and lamb
- 44 Vegetables and liver
- 45 Vegetables and turkey
- 46 Vegetables, dumplings and beef
- 47 Vegetables, egg noodles and chicken
- 48 Vegetables, egg noodles and turkey

**INSTANT VEGETABLE MIXTURES AND DINNER**

- 49 Chicken noodle dinner
- 50 Vegetables and beef
- 51 Vegetables and chicken
- 52 Vegetables and turkey
- 53 Vegetables and ham

**JARRED VEGETABLES**

- 54 Beets
- 55 Carrots
- 56 Carrots and peas
- 57 Creamed corn
- 58 Creamed spinach
- 59 Garden vegetables
- 60 Green beans, creamed green beans
- 61 Mixed vegetables
- 62 Peas, creamed peas
- 63 Scalloped potatoes
- 64 Squash
- 65 Sweet potatoes

**INSTANT VEGETABLES**

- 66 Carrots
- 67 Creamed corn
- 68 Creamed peas
- 69 Mixed vegetables
- 70 Squash
- 71 Sweet potatoes



B. BABY FOOD

2. Did your household use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 9 BELOW IN ORDER FOR EACH "YES."

INSTANT BABY CEREAL

- 1 Barley
- 2 High protein cereal
- 3 High protein cereal with fruit
- 4 Mixed cereal
- 5 Mixed cereal with fruit
- 6 Oatmeal
- 7 Oatmeal with fruit
- 8 Rice
- 9 Rice with fruit

JARRED BABY CEREAL

- 10 Mixed with apples/ applesauce and bananas
- 11 Oatmeal with apples and bananas
- 12 Rice with apples and bananas
- 13 Rice with mixed fruit

READY-TO-EAT BABY CEREAL

- 14 Mixed fruit rings
- 15 Toasted oat rings

JARRED FRUIT

- 16 Applesauce
- 17 Apples and strawberries
- 18 Apples, oranges, bananas mixture
- 19 Apples, peaches and strawberries
- 20 Apricots with pears and apples or applesauce
- 21 Bananas
- 22 Bananas with pears and apples/applesauce
- 23 Bananas and pineapple

- 24 Guava
- 25 Island fruits
- 26 Mango
- 27 Papaya
- 28 Peaches
- 29 Pears
- 30 Pears and pineapple
- 31 Prunes with pears
- 32 Tropical fruit medley

JARRED FRUIT WITH TAPIOCA

- 33 Apples and cranberries with tapioca
- 34 Apricots with tapioca
- 35 Bananas with tapioca
- 36 Bananas and pineapple with tapioca
- 37 Plums with tapioca
- 38 Plums with rice
- 39 Prunes with tapioca

INSTANT FRUIT

- 40 Apples
- 41 Apple-apricots
- 42 Apple-bananas
- 43 Apple-peaches
- 44 Apple-pears
- 45 Bananas
- 46 Peaches
- 47 Mixed fruit

FRUIT JUICE

- 48 Apple
- 49 Apple with other fruit
- 50 Fruits-a-Plenty
- 51 Grape
- 52 Juice Plus-Iron fortified

- 53 Mixed fruit
- 54 Orange
- 55 Orange with other fruit
- 56 Pear
- 57 Tropical blend
- 58 Variety pack

PUDDINGS AND OTHER DESSERTS

- 59 Banana pudding
- 60 Banana custard pudding
- 61 Banana-apple dessert
- 62 Banana-pineapple dessert
- 63 Cherry vanilla pudding
- 64 Chocolate custard pudding
- 65 Cottage cheese with pineapple
- 66 Custard pudding
- 67 Dutch apple dessert
- 68 Fruit dessert
- 69 Hawaiian Delight
- 70 Mixed fruit and yogurt
- 71 Orange pudding
- 72 Peach cobbler
- 73 Peaches and yogurt
- 74 Pineapple orange dessert
- 75 Tropical fruit dessert
- 76 Tutti Frutti
- 77 Vanilla custard pudding

BAKED GOODS

- 78 Animal cookies
- 79 Arrowroot cookies
- 80 Pretzels
- 81 Teething biscuits

FORMULAS

- Dry powder:
- 82 Enfamil
  - 83 Enfamil iron
  - 84 Isomil
  - 85 Milumil
  - 86 Prosobee
  - 87 Similac
  - 88 Similac iron
  - 89 SMA iron
  - 90 SMA lo iron
  - 91 Soyalac

Concentrated liquid:

- 92 Advance
- 93 Enfamil
- 94 Enfamil iron
- 95 Isomil
- 96 Isomil SF
- 97 I-soyalac
- 98 Meat base, Gerber
- 99 Nursoy
- 100 Prosobee
- 101 Similac
- 102 Similac iron
- 103 SMA iron
- 104 SMA lo iron
- 105 Soyalac

Ready-to-use, liquid, in can:

- 106 Advance
- 107 Enfamil
- 108 Enfamil iron
- 109 I-soyalac
- 110 Isomil
- 111 Isomil SF
- 112 Nursoy

- 113 Prosobee
- 114 Similac
- 115 Similac iron
- 116 SMA iron
- 117 SMA lo iron
- 118 Soyalac

Ready-to-feed, in bottle:

- 119 Enfamil nursette
- 120 Enfamil nursette iron
- 121 Similac
- 122 Similac iron
- 123 SMA

PEDIALYTE

DRY THERAPEUTIC FORMULA

- 124
- 125 Lofenalac
- 126 Nutramigen
- 127 PM 60/40
- 128 Portagen
- 129 Pregestimil

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In the past 7 days, altogether how much did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS						Q.5 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE  1 = Buy 2 = Home Produce 3 = Gift/Pay	Q.6 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how much did you buy? PROBE FOR # AND TYPE OF UNITS					Q.7 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.6)?  \$XX.XX	Q.8 (IF BOUGHT) Is that the total price you paid?		Q.9 (IF NO) What does that price represent?	Notes	
	Lb	Oz	F1 Oz	# of Units	Tbsp.	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	F1 Oz	# of Units		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE			Yes
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		
B					06	24						24			1	2		

C. BEEF, PORK, VEAL, LAMB

1. In the past seven days did your household use any beef, pork, veal or lamb?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 11 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "D")	No	2

- BEEF STEAKS**
- 32 Top sirloin
  - \*1 Chuck, arm
  - 2 Club, shell
  - 3 Delmonico, spencer, beauty
  - 4 Filet mignon
  - 5 Flank, London broil, jiffy, plank
  - 6 Pin bone steak
  - 7 Plate steak
  - 8 Porterhouse
  - \*9 Rib
  - 10 Rib eye
  - \*11 Round steak
  - \*12 Shoulder
  - 13 Skirt
  - \*14 Sirloin, New York steak
  - 15 Sirloin strip
  - 16 Strip
  - 17 Swiss, "minute," cube
  - \*18 Top loin
  - 19 T-bone
  - 20 Tenderloin
  - 21 Steak-umm, sandwich steaks

- BEEF ROASTS**
- 22 Brisket, not corned
  - \*23 California, bolar
  - \*24 Chuck roast
  - \*25 Cross-cut
  - 26 Pike's Peak roast
  - \*27 Pot roast
  - \*28 Rib roast, eye of rib
  - \*29 Round roast, eye of round
  - \*30 Rump roast
  - \*31 Shoulder

- ROAST BEEF LUNCH MEAT**
- 33
- CORNED BEEF, CORNED BRISKET**
- 34
- PASTRAMI**
- 35
- CHIPPED BEEF**
- 36(8)
- GROUND BEEF**
- 37 Ground beef, lean
  - 38 Ground beef, regular
  - 39 Hamburger, patties
  - 40 Meat patties with fillings
  - 41 Ground chuck
  - 42 Ground round
  - 43 Great ground
  - 44 Meat loaf mix (meat only)

- OTHER BEEF**
- 45 Knuckle
  - \*46 Plate beef
  - 47 Shank
  - 48 Short ribs, riblets
  - \*49 Other boiling, stewing or soup beef, tip kabobs
  - 50 Beef bacon
  - 51 Oxtail

- PORK CHOPS**
- \*52 Fresh
  - \*53 Cured, smoked
- PORK ROAST**
- \*54 Loin, fresh
  - \*55 Loin, cured, smoked
  - \*56 Shoulder, fresh
  - \*57 Shoulder, cured, smoked
  - \*58 Boston butt, fresh
  - \*59 Boston butt, cured, smoked
  - \*60 Picnic, fresh
  - \*61 Picnic, cured, smoked

- GROUND PORK**
- 62
- HAM**
- \*63 Fresh
  - \*64 Cured, smoked
  - 65 Ham patties

- BOILED HAM (LUNCH MEAT)**
- 66

- SAUSAGE (PURE PORK)**
- 67 Bulk, links, roll, fresh
  - 68 Brown-and-serve
  - 69 Cured

- BACON**
- 70 Sliced

- 71 Slab, with rind
- 72 Smoked jowl
- 73 Canadian bacon
- 74 Salt pork
- 75 Fresh fatback, side pork
- 115 Salted fatback
- 76 Sizzlean, pork lean strips

- SCRAPPLE**
- 77

- SPARERIBS, PORK**
- 78 Fresh
  - 79 Cured, smoked

- NECKBONES, PORK**
- 80

- BACKBONES, PORK**
- 81

- PIGS' FEET, FRESH (EARS, KNUCKLES, SNOUTS, HEAD)**
- 82

- PIGS' TAILS, FRESH**
- 83

- OTHER PORK**
- 84 Cracklings
  - \*85 Ham hocks, cured, smoked
  - 86 Hog's head, cured, smoked
  - 87 Knuckles, cured, smoked
  - 88 Pickled pigs' feet

- VEAL CHOPS**
- \*89 Loin
  - 90 Shoulder
  - 91 Rib

- VEAL CUTLETS, STEAK**
- \*92

- VEAL ROAST**
- \*93 Shoulder, arm
  - \*94 Leg, round, rump
  - 95 Rib, crown

- OTHER VEAL**
- \*96 Breast, plate (stew meat)
  - 97 Ground
  - 98 Mock "chicken" legs

- LAMB OR MUTTON CHOPS, STEAKS**
- \*99 Loin
  - 100 Rib
  - 101 Shoulder
  - \*102 Steak

- LAMB OR MUTTON ROAST**
- \*103 Shoulder
  - \*104 Leg
  - 105 Rib, crown
  - 106 Sirloin



Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES									Q.5 (IF FOOD ITEM *'D, ASK:) Was that with or without a bone?		Q.6 In the past 7 days, <u>altogether</u> how many pounds and ounces did you use? PROBE FOR # AND TYPE OF UNITS				Q.7 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.8 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR #.AND TYPE OF UNITS					Q.9 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.8)?	Q.10 (IF BOUGHT) Is that the total price you paid?		Q.11 (IF NO) What does that price represent?	Notes
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Fresh (raw)	Breaded	Already Cooked	Other	With Bone	Without Bone	Lb	Oz	# of Units	Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT		1 = Buy 2 = Home Produce 3 = Gift/Pay	Lb	Oz	# of Units	Item (Other)		IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT	\$XX.XX		
C	1	2	3	4	5	6	7	9	1	2				24						24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24						24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24						24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24						24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24						24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24						24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24						24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24						24			1	2		

C. BEEF, PORK, VEAL, LAMB (Continued)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 11 BELOW IN ORDER FOR EACH "YES."

OTHER LAMB OR MUTTON

- \*107 Stew, soup meat
- 108 Breasts, shanks
- 109 Ground, patties

GOAT, SAME CODES AS LAMB

MEAT SUBSTITUTES

- 110 Bacon substitutes  
(Imitation bacon chips,  
stripples, breakfast  
strips)
- 111 Meat substitutes
- 112 Meat substitutes without salt
- 113 Pot pies
- 114(9) Dry substitutes, extenders

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES								Q.5 (IF FOOD ITEM **D, ASK:) Was that with or without a bone?		Q.6 In the past 7 days, <u>altogether</u> how many pounds and ounces did you use? PROBE FOR # AND TYPE OF UNITS				Q.7 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.8 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS				Q.9 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.8)?	Q.10 (IF BOUGHT) Is that the total price you paid?		Q.11 (IF NO) What does that price represent?	Notes	
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Fresh (raw)	Breaded	Already Cooked	Other	With Bone	Without Bone	Lb	Oz	# of Units	Item (Other)		IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT	Lb	Oz	# of Units		Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT			\$XX.XX
C	1	2	3	4	5	6	7	9	1	2				24					24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24					24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24					24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24					24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24					24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24					24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24					24			1	2		
C	1	2	3	4	5	6	7	9	1	2				24					24			1	2		

D. POULTRY, GAME, ORGAN MEAT

1. In the past seven days did your household use any poultry, game or organ meat?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 12 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "E")	No	2

**WHOLE OR HALF CHICKEN, CUT UP OR NOT CUT UP**

- \*1 Fryer, broiler
- \*2 Roaster
- \*3 Stewer

**CHICKEN PARTS, PACKAGED SEPARATELY**

- \*4 Breasts
- 5 Backs, backs and necks
- 6 Drumsticks
- 7 Thighs
- 8 Legs (thighs and drumsticks)
- 9 Wings
- 10 Necks
- 11 Gizzards
- 12 Nuggets

**COOKED CHICKEN**

- With bone:
- 13 Whole chicken
  - 14 White meat
  - 15 Dark meat
  - 16 White and dark meat
- No bone/slices:
- 17 White meat
  - 18 Dark meat
  - 19 White and dark meat
  - 20 Nuggets

**TURKEY**

- Whole or half:
- 21 Self-basting
  - 22 Other, not self-basting
  - \*23 Breasts
  - 24 Drumsticks
  - 25 Thighs
  - 26 Legs
  - 27 Necks
  - 28 Tails
  - 29 Wings
  - 30 Gizzards
  - 31 Ground turkey

**COOKED TURKEY**

- With bone:
- 32 Whole turkey
  - 33 White meat
  - 34 Dark meat
  - 35 White and dark meat
- No bone/slices:
- 36 White meat
  - 37 Dark meat
  - 38 White and dark meat

**TURKEY HAM**

- \*40 Capon
- \*41 Cornish game hen

**OTHER POULTRY OR WILD FOWL**

- \*42 Duck
- \*43 Wild duck
- \*44 Goose
- \*45 Guinea hen
- \*46 Pheasant
- \*47 Quail, grouse, partridge
- \*48 Squab, pigeon, dove

**RABBIT**

- \*49 Domesticated
- \*50 Wild

**OTHER GAME**

- \*51 Opossum
- \*52 Raccoon
- \*53 Venison, moose, elk, antelope, mule deer
- \*54 Squirrel, groundhog, woodchuck, all other small game
- 55 Sausage made from game

**LIVER**

- 56 Chicken
- 57 Goose
- 58 Turkey, other poultry
- 59 Beef
- 60 Calf
- 61 Lamb
- 62 Pork
- 63 Liver paste, pate

**HEART**

- 64 Beef
- 65 Calf
- 66 Pork
- 67 Poultry
- 68 Veal

**KIDNEY**

- 69 Beef
- 70 Lamb
- 71 Pork

**TONGUE**

- 72 Beef
- 73 Calf
- 74 Lamb
- 75 Pork
- 76(9) Smoked, corned
- 77 Deviled

**OTHER VARIETY MEATS**

- 78 Brains
- 79 Sweetbreads
- 80 Tripe
- 81 Chitterlings
- 82 Stomach (hog maws)
- 83 Lungs

See Page E:  
 Chicken roll  
 Turkey roll

See Page T:  
 Carryout chicken dinners

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES									Q.5 (ASK IF FOOD ITEM *'D AND CODED ALREADY COOKED OR CANNED IN Q.4) Was that with bone or without bone?		Q.6 (ASK IF FOOD ITEM *'D AND NOT CODED ALREADY COOKED OR CANNED IN Q.4) Was that:				Q.7 In the past 7 days, altogether how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS				Q.8 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE  1 = Buy 2 = Home Produce 3 = Gift/Pay	Q.9 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS				Q.10 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.9)?  \$XX.XX	Q.11 (IF BOUGHT) Is that the total price you paid?		Q.12 (IF NO) What does that price represent?	Notes	
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Fresh	Breaded	Already Cooked	Other	With Bone	Without Bone	Not Ready to Cook (Live Weight)	Ready to Cook	Dressed or Drawn	Parts	Boneless/Fillet	Lb	Oz	# of Units	Item (Other)		IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT	Lb	Oz	# of Units		Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT			Yes
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24					24				1	2		
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24					24				1	2		
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24					24				1	2		
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24					24				1	2		
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24					24				1	2		
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24					24				1	2		
D	1	2	3	4	5	6	7	9	1	2	3	4	5	6				24					24				1	2		

E. LUNCH MEAT, HOT DOGS

1. In the past seven days did your household use any lunch meats or hot dogs?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 9 BELOW IN ORDER FOR EACH "YES."

Yes	1
(SKIP TO "F") No	2

**FRANKFURTERS OR KNOCKWURST**

- 1 Regular, not canned  
 2 Hot dogs with fillings  
 3 Cocktail franks, canned  
 4 Chicken hot dog  
 5 Beef or Kosher hot dog  
 6 Turkey hot dog

**BOLOGNA, BEEF OR PORK**

- 7 Regular  
 8 Low sodium  
 9 Lower fat

**BOLOGNA, POULTRY**

- 10 Regular  
 11 Lower fat

**VIENNA SAUSAGE**

- 12 Regular, meat  
 13 Chicken

**CANNED PORK LUNCH MEAT  
 (CHOPPED PORK, SPAM, TREET)**

**MEAT SPREADS**

- 15 Ready-to-eat  
 16 Canned, "Spreadables"

**POULTRY SPREADS**

- 17 Ready-to-eat  
 18 Canned, "Spreadables"

**CHOPPED BEEF**

**POTTED MEAT OR POULTRY**

**LIVER SPREADS, CANNED**

**LIVERWURST OR LIVER SAUSAGE**

**LUNCHEON ROLL**

- 23 Chicken  
 24 Turkey

**LUNCHEON LOAF**

- 25 Assorted meats  
 26 Chicken  
 27 Ham  
 28 Olive  
 29 Pimiento, pickle  
 30 Turkey  
 31 Veal

**LUNCHEON MEAT LOAF, CANNED**

**MINCED OR SPICED HAM**

**61. SALAMI, HARD, DRY**

- 34 Alessandri  
 35 German  
 36 Italian

**62. SALAMI, SOFT, COOKED**

- 37 Kosher  
 38 Lebanon bologna  
 39 Cotto

**40. POLISH SAUSAGE**

**OTHER LUNCH MEATS OR READY-TO-EAT MEAT**

- 41 Blood sausage (Blutwurst)  
 42 Bockwurst, Bratwurst  
 43 Braunschweiger  
 44 Cappicola  
 45 Cervelat  
 46 Chorizos  
 47 Half-smoked sausage  
 48 Ham roll  
 49 Head cheese  
 50 Kielbasa  
 51 Liver loaf or pudding  
 52 Mettwurst sausage  
 53 Mortadella  
 54 Pepperoni  
 55 Souse  
 56 Summer sausage, Farmer  
 57 Taylor pork roll  
 58 Thuringer cervelat  
 59 Turkey salami  
 60 Turkey sausage

See page C:  
 Roast beef  
 Boiled ham  
 Corned beef  
 Pastrami



F. FISH, SEAFOOD

1. In the past seven days did your household use any fish or seafood?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 12 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "G")	No	2

*1	<input type="checkbox"/> CATFISH	<input type="checkbox"/> MACKEREL	<input type="checkbox"/> OTHER FISH	*65 Mahimahi	<input type="checkbox"/> Whitefish:	
	<input type="checkbox"/> COD	16(9) Salted	*31 Albacore	*66 Monkfish	99(9) Smoked	<input type="checkbox"/> OTHER SHELLFISH
	2(9) Salted	*17 Fresh, other	*32 Anchovy	*67 Mullet	*100 Not smoked	
*3	Fresh, other	<input type="checkbox"/> PERCH	*33 Barracuda	*68 Octopus	*101 Whiting	**114 Abalone
	4(8) Dried	*18 Ocean perch	<u>Bass:</u>	*69 Orange roughy	*102 Yellowtail	**115 Mussels
5	<input type="checkbox"/> FISH STICKS, FISH CAKES	*19 Freshwater	*34 Sea bass	*70 Pickerel	**103 <input type="checkbox"/> CLAMS	116 Snails
		*20(4) Canned	*35 Striped bass	*71 Pike		117 Caviar
*6	<input type="checkbox"/> FLOUNDER, SOLE	*21 Fresh, other	*36 Other bass	*72 Pollock	104(4) <input type="checkbox"/> CLAM JUICE (LIQUOR, BOUILLON, NECTAR)	118 Roe
		*22 <input type="checkbox"/> SARDINES	*37 Blackfish	*73 Pompano		<input type="checkbox"/> IMITATION SEAFOOD (SURIMI)
	<input type="checkbox"/> HADDOCK	*23 Sea trout	*38 Bluefish	*74 Porgy	105 <input type="checkbox"/> CRABS IN SHELL	119 Crab
	7(9) Smoked, finnan haddie	*24 Freshwater trout	*39 Bluegill	*75 Redfish		120 Lobster
*8	Fresh, other	<input type="checkbox"/> TUNA, CANNED IN OIL	*40 Bonito	<u>Rockfish:</u>	106 <input type="checkbox"/> CRABMEAT, NOT IN SHELL	121 Shrimp
		25(4) Regular	*41 Bream	*76 Eastern U.S.		
*9	<input type="checkbox"/> HALIBUT	26(4) Low sodium	*42 Buffalo fish	*77 Western U.S.	122 <input type="checkbox"/> CRAB CAKES	
		<input type="checkbox"/> TUNA, CANNED IN WATER	*43 Bullhead	*78 Sablefish		<input type="checkbox"/> LOBSTER OR CRAYFISH
	<input type="checkbox"/> HERRING	27(4) Regular	*44 Carp	*79 Sand dab	107 Whole lobster, in shell	
*10	Lake herring	28(4) Low sodium	*45 Chub	*80 Scrod	108 Lobster meat	
	11(9) Pickled herring	<input type="checkbox"/> TUNA SPREADS	*46 Crappie	*81 Scup	**109 Lobster tails	
	12(9) Salted herring	29(7) Ready-to-eat	*47 Croaker	*82 Shad	**110 <input type="checkbox"/> OYSTERS	
	13(9) Smoked herring	30(4) Canned, "Spreadables"	*48 Cusk	*83 Shark	**111 <input type="checkbox"/> SCALLOPS	
	14(9) Kippered herring		*49 Dolphin	*84 Sheepshead		<input type="checkbox"/> SHRIMP
*15	Fresh, other herring		*50 Drumfish	*85 Skate		113(4) Shrimp paste
			*51 Eel	*86 Smelts		
			*52 Flatfish	*87 Snapper		
			*53 Fluke	*88 Spot		
			54 Frog legs	*89 Squid		
			55 Gefilte fish	*90 Sturgeon		
			*56 Grouper	*91 Sucker		
			*59 Hake	*92 Sunfish		
			*60 Jack	*93 Swordfish		
			*61 Kingfish	*94 Tilefish		
			*62 Ling	*95 Turbot		
			*63 Lingcod	**96 Turtle, terrapin		
			64 Lox	*97 Walleye		
				*98 Weakfish		



Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES									Q.5 (IF FOOD ITEM *'D, ASK:) Was that ready to cook or not? Was it: (READ APPROPRIATE CATEGORY)					Q.6 (IF FOOD ITEM *'D, ASK:) Was that:		Q.7 In the past 7 days, <u>altogether</u> how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS					Q.8 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.9 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS					Q.10 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.9)?	Q.11 (IF BOUGHT) Is that the total price you paid?		Q.12 (IF NO) What does that price represent?	Notes				
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Fresh/Raw	Breaded	Already Cooked	Dried or Dehydrated	Other (Smoked)	Live Weight	Drawn Weight	Dressed	Steak	Filet	In Shell	No Shell	Lb	Oz	Fl Oz	# of Units	Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT	1 = Buy	2 = Home Produce	3 = Gift/Pay	Lb	Oz	Fl Oz	# of Units	Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT		\$XX.XX	Yes	No	
F	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7					24										24			1	2	
F	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7					24										24			1	2	
F	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7					24										24			1	2	
F	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7					24										24			1	2	
F	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7					24										24			1	2	
F	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7					24										24			1	2	
F	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7					24										24			1	2	

G. EGGS, MILK PRODUCTS, CHEESE

1. In the past seven days did your household use any eggs, milk products or cheeses?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 11 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "H")	No	2

<p><b>EGGS</b></p> <p><u>In shell:</u></p> <p>1 Large</p> <p>2 Extra large, jumbo</p> <p>3 Small, pullet, pee wee</p> <p>4 Medium</p> <p>5 Assorted sizes</p> <p><u>Hard-boiled eggs:</u></p> <p>6 In shell</p> <p>7 Not in shell</p> <p><b>EGG SUBSTITUTE</b></p> <p>8 Egg Delight, frozen</p> <p>9 Egg Beater, frozen</p> <p>10 Egg Beater with Cheez, frozen</p> <p>11 Egg Magic, dry</p> <p>12 Egg Replacer, dry</p> <p>13 Second Nature, fresh</p> <p><b>WHOLE MILK (FRESH, FLUID)</b></p> <p>14 Regular</p> <p>15 Low-sodium</p> <p>16 Home-produced</p> <p>17 Boxed shelf milk (UHT) (Farmbest)</p> <p>*18 <b>BUTTERMILK</b></p> <p>19 <b>SKIM OR NONFAT MILK, FLUID</b></p>	<p><b>LOW-FAT OR 2% MILK, FLUID</b></p> <p>20 Regular, fluid</p> <p>21 Boxed shelf</p> <p>22 <b>ACIDOPHILUS</b></p> <p>23 <b>LACTAID</b></p> <p>24 <b>CHOCOLATE WHOLE MILK</b></p> <p>25 Low-fat chocolate milk</p> <p>*26 <b>SOY MILK (Soya Plus)</b></p> <p>27 Goat's milk</p> <p><b>CARRYOUT SHAKE</b></p> <p>28 Chocolate</p> <p>29 Other flavor</p> <p><u>Milk beverages:</u></p> <p>30 Chipwich Frosty</p> <p>31 Frosted Shakes</p> <p>32 Sip Ups</p> <p>33 Yoo Hoo</p> <p>*34 <b>EGG NOG</b></p>	<p><b>YOGURT</b></p> <p>35 Plain</p> <p>36 Fruit, nuts (breakfast yogurt)</p> <p>37 Fruit, low-fat yogurt</p> <p>38 Coffee, vanilla</p> <p>39 Diet (nonfat)</p> <p>40 Dan'up drink</p> <p><b>INSTANT BREAKFAST DRINKS, DRY</b></p> <p>41 Regular, with sugar</p> <p>42 No sugar, artif. sweetened</p> <p><b>EVAPORATED MILK (NOT SWEETENED)</b></p> <p>43 Whole</p> <p>44 Skim (Pet 99)</p> <p>45 With vegetable oil (Milnot filled)</p> <p>46 Goat's milk</p> <p>47 <b>SWEETENED CONDENSED MILK</b></p> <p><b>LOWER-CALORIE BEVERAGES (NOT SOFT DRINKS)</b></p> <p>48 Liquid (Slender, Sego)</p> <p>49 Dry or powder (Slender, Slim Fast)</p> <p><b>HIGHER-CALORIE BEVERAGES</b></p> <p>50 Nutrament, liquid</p> <p>51 Nutrament, dry</p>	<p>52 <b>NONFAT DRY MILK, INSTANT</b></p> <p>53 Low-fat dry milk</p> <p>54 Whole dry milk (KLIM)</p> <p>55 <b>MALTED MILK, ALL FLAVORS, DRY (OVALTINE, CARNATION)</b></p> <p><b>SWEET CREAM</b></p> <p>56 Coffee cream, table cream, light cream</p> <p>57 Whipping cream, heavy cream</p> <p><b>SOUR CREAM</b></p> <p>58 Regular</p> <p>59 Imitation</p> <p><b>HALF AND HALF (MILK AND CREAM)</b></p> <p>60 Sweet</p> <p>61 Sour</p> <p><b>NONDAIRY CREAMERS AND TOPPINGS</b></p> <p>62 Dry creamers (Coffee Mate, Coffee Tone, Cremora, Pream)</p> <p>63 Liquid creamers (Qwip, Coffee Blend)</p> <p>64 Frozen creamers (Coffee Rich, Coffee Tone, Poly Rich)</p> <p>65 Dry topping mix (Dream Whip, Smooth Whip)</p>	<p>66 Dry topping mix, low-calorie</p> <p>67 Frozen nondairy toppings (Handi-Whip, Birds Eye Cool Whip, Pet Whip, Party Whip)</p> <p>68 Pressurized can (Reddiwip, blue can)</p> <p><b>DAIRY TOPPINGS</b></p> <p>69 Frozen toppings with cream (Birds Eye extra-creamy Cool Whip, Dover Farms, La Creme)</p> <p>70 Pressurized can (Reddiwip, red can)</p> <p>71 <b>PROTEIN POWDER</b></p> <p>72 <b>LIQUID PROTEIN</b></p>
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(Continued)

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 (ASK ONLY IF FOOD ITEM **D) In what form was the (FOOD ITEM) When you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE			Q.5 (IF FOOD ITEM **D) Was that labeled "low sodium?"		Q.6 In the past 7 days, <u>altogether</u> how much did you use? PROBE FOR # AND TYPE OF UNITS											Q.7 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.8 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how much did you buy? PROBE FOR # AND TYPE OF UNITS											Q.9 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)?	Q.10 (IF BOUGHT) Is that the total price you paid?		Q.11 (IF NO) What does that price represent?	Notes		
	Commercially Canned	Fresh	Dried or Dehydrated	Yes	No	Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pint	Quart	1/2 Gallon	Gallon	Dozen	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	1 = Buy 2 = Home Produce 3 = Gift/Pay	Lb	Oz	Fl Oz	# of Units	pint	Quart	1/2 Gallon	Gallon	Dozen		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE			\$XX.XX	Yes
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		

G. EGGS, MILK PRODUCTS, CHEESE (Continued)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 11 BELOW IN ORDER FOR EACH "YES."

**COTTAGE CHEESE**

- \*\*101 Plain
- 102 With fruit
- 103 With vegetables
- 104 Low-fat
- 105 Dry curd, uncreamed

**CREAM CHEESE**

- 106 Plain, no fruit
- 107 With fruit
- 108 Whipped, all kinds
- 109 Low-fat
- 110 Imitation (King Smoothee)

**AMERICAN, CHEDDAR CHEESE**

- \*\*111 Natural
- 112 Processed, deluxe slices, cheezoo
- 113 Imitation (Sandwich Mates, Golden Image, Longhorn Lyte)

**AMERICAN AND SWISS (PROCESSED)**

**SWISS CHEESE**

**PARMESAN CHEESE, ROMANO**

**CHEESE SPREADS**

- 117 Velveeta loaf, slices
- 118 Cheez Whiz, all kinds
- 119 Easy Cheese
- 120 Mun-chee
- 121 Old English Spread
- 122 Snack Mate
- 123 Squeez-A-Snak
- 124 American, cheddar base spreads
- 125 Cream cheese, Neufchatel base spreads
- 126 Pressurized-can cheese
- 127 Plastic-wrapped links
- 128 Imitation (Chef's Delight, Cheeztwin)

**CHEESE BALLS, LOGS**

**CHEESE FOODS, PROCESSED**

- 130 American (Singles American, Pimento Singles)
- 131 Swiss (Swiss Singles)
- 132 Cold pack, wine, other flavors
- 133 Imitation (Cheez-ola, Cheeztwin slices)
- 134 Cheese Product (Lite-Line, Light-n-Lively, Weight Watchers)

**CHEESE DIPS**

- 135 Cream cheese base
- 136 Sour cream or cream base
- 137 Other cheese base

**OTHER IMITATION CHEESE**

- 138 Swiss
- 139 Brick
- 140 Edam
- 141 Gouda
- 142 Mozzarella, Pizza Pal
- 143 Muenster

**OTHER CHEESE**

- 144 Alouette, spiced
- 145 Babybel, Bonbel
- \*\*146 Blue (Bleu)
- 147 Boursin, spiced
- \*\*148 Brick
- 149 Brie
- 150 Buttermilk
- 151 Caciotta
- \*\*152 Camembert
- 153 Caraway
- \*\*154 Colby
- 155 Cold pack
- 156 Coon
- \*\*157 Delft
- 158 Dutch
- \*\*159 Edam
- 160 Feta, goat
- 161 Fontina
- 162 Gorgonzola
- \*\*163 Gouda
- 164 Gruyere
- 165 Havarti

- 166 Iceland
- 167 Jarlsberg
- 168 Longhorn
- 169 Liederkrantz
- \*\*170 Limburger
- \*\*171 Monterey (Jack)
- \*\*172 Mozzarella
- \*\*173 Muenster
- 174 New York
- 175 Picnic
- 176 Pizza cheese
- 177 Port du Salut
- \*\*178 Provolone
- 179 Ricotta
- 180 Rondele, spiced
- \*\*181 Roquefort
- 182 Schweizer
- 183 String cheese
- 184 Tillamook
- 185 Tilsiter
- 186 Vermont
- 187 Variety package (mini-stix)

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE.	Q.4 (ASK ONLY IF FOOD ITEM **D) In what form was the (FOOD ITEM) When you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE			Q.5 (IF FOOD ITEM ***D) Was that labeled "low sodium?"		Q.6 In the past 7 days, altogether how much did you use? PROBE FOR # AND TYPE OF UNITS											Q.7 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.8 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how much did you buy? PROBE FOR # AND TYPE OF UNITS								Q.9 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)?	Q.10 (IF BOUGHT) Is that the total price you paid?		Q.11 (IF NO) What does that price represent?	Notes					
	Commercially Canned	Fresh	Dried or Dehydrated	Yes	No	Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pint	Quart	1/2 Gallon	Gallon	Dozen	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	1 = Buy 2 = Home Produce 3 = Gift/Pay	Lb	Oz	Fl Oz	# of Units	Pint	Quart		1/2 Gallon	Gallon			Dozen	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX	Yes
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		
G	4	5	8	1	2					04	08	09	10	17	11	24							08	09	10	17	11	24				1	2		

H. VEGETABLES

1. In the past seven days did your household use any vegetables?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 12 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "J")	No	2

<p><b>ARTICHOQUES</b></p> <p>1 Globe or French                  2 Jerusalem (sunchoke)                  3 Artichoke hearts</p> <p><b>ASPARAGUS</b></p> <p><b>BAMBOO SHOOTS</b></p> <p><b>BAKED BEANS (WITH OR WITHOUT FORK OR TOMATOES)</b></p> <p><b>GREEN BEANS (SNAP, STRING)</b></p> <p>7 Not trimmed                  8 Trimmed</p> <p><b>LIMA BEANS</b></p> <p>9 Mature, dry  <u>Green or immature:</u>                  10(5) In pod, fresh                  11 Not in pod</p> <p><b>WAX OR YELLOW BEANS</b></p> <p>12(5) Not trimmed, fresh                  13 Trimmed</p> <p><b>WHITE BEANS (NAVY, PEA OR GREAT NORTHERN, MARROW)</b></p>	<p><b>OTHER BEANS</b></p> <p>15 Bayo                  16 Black                  17 Brown                  18 Calico                  19 Fava                  20 Kidney                  21 Mixed                  22 Pinto                  23 Red Mexican                  24 Refried beans                  25 Shellie</p> <p><b>BEAN SPROUTS</b></p> <p>26 Alfalfa sprouts</p> <p><b>BEETS</b></p> <p>28 Without tops                  29 With tops                  30 Greens only (no beets)</p> <p><b>BROCCOLI</b></p> <p><b>BRUSSELS SPROUTS</b></p> <p><b>CABBAGE</b></p> <p>33 Green or white                  34 Red cabbage                  35 Chinese                  36 Savoy</p>	<p><b>CARROTS</b></p> <p>37 Without tops                  38 With tops</p> <p><b>CAULIFLOWER</b></p> <p><b>CELERY</b></p> <p>40 Celeriac, knob celery</p> <p><b>CHARD (NEW ENGLAND SPINACH)</b></p> <p>42 Chives</p> <p><b>COLLARDS</b></p> <p>44(5) Fresh, trimmed                  45(5) Fresh, bulk, not trimmed                  46 Other</p> <p><b>CORN</b></p> <p><u>Yellow:</u>                  47 In husk                  48 Not in husk, on cob                  49 Cut off cob                  50 Creamed</p> <p><u>White:</u>                  51 In husk                  52 Not in husk, on cob                  53 Cut off cob                  54 Creamed</p>	<p>55</p> <p><b>CRESS</b></p> <p>56 Watercress</p> <p><b>CUCUMBERS</b></p> <p>57</p> <p><b>DANDELION GREENS</b></p> <p>58</p> <p>59(5) Dill, fresh</p> <p><b>EGGPLANT</b></p> <p>60</p> <p><b>ENDIVE/CHICORY</b></p> <p>61 Green, curly-leaf                  62 White, Belgium, French</p> <p>63 Escarole</p> <p><b>GARLIC</b></p> <p>64 Not dry flakes                  93(8) Dry flakes</p> <p><b>GINGER ROOT</b></p> <p>65</p> <p><b>HOMINY (LARGE)</b></p> <p>66(4) Canned, commercial                  67 Other</p>	<p><b>HORSERADISH</b></p> <p>68 Root                  69 Commercially prepared</p> <p><b>KALE</b></p> <p>70(5) Fresh, trimmed                  71(5) Fresh, bulk, not trimmed                  72 Other</p> <p>73 Kohlrabi                  74 Lambs quarters                  75 Leeks</p> <p><b>LENTILS, DRY MATURE</b></p> <p>76</p> <p><b>LETTUCE</b></p> <p>Headed:                  77(5) Iceberg                  78(5) Boston, bibb                  79(5) Leaf, Cos, romaine, salad bowl, Simpson, Grand Rapids</p> <p>80 <b>MUSHROOMS</b></p>	<p><b>MUSTARD GREENS</b></p> <p>81(5) Fresh, trimmed                  82(5) Fresh, bulk, not trimmed                  83 Other</p> <p><b>OKRA</b></p> <p>84</p> <p><b>ONIONS</b></p> <p>85</p> <p>86 Spanish onions                  87(8) Onion flakes                  88 Onion rings</p> <p><b>GREEN ONIONS</b></p> <p>89(5) With tops, fresh                  90(5) Without tops, fresh</p> <p><b>PARSLEY</b></p> <p>91</p> <p><b>PARSNIPS</b></p> <p>92</p>
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(Continued)

Q.3 What (other) type of (FOOD CATE- GORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DES- CRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE OR TWO CODES								Q.5 (ASK IF "COMMER- CIALLY FROZEN OR COOKED" IN Q.4) Was this in sauce or not in sauce?		Q.6 (ASK IF "COM- MERCIALY CANNED" IN Q.4) Was this labeled low- sodium?		Q.7 In the past 7 days, <u>altogether</u> how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS											Q.8 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.9 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS											Q.10 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.9)?	Q.11 (IF BOUGHT) Is that the total price you paid?		Q.12 (IF NO) What does that price represent?	Notes			
	Home Frozen	Comm. Frozen	Home Canned	Comm. Canned	Fresh	Already Cooked	Dried or Dehyd.	In Sauce	Not in Sauce	Yes	No	Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pint	Quart	Bunch	Peck	Item (Other)	IF BUNCH, ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	1 = Buy	2 = Home Produce	3 = Gift/Pay	Lb	Oz	Fl Oz	# of Units	Pint	Quart	Bunch	Peck	Item (Other)	IF BUNCH, ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX	Yes	No					
H	1	2	3	4	5	7	8	1	2	1	2					04	08	09	12	15	24																			1	2		
H	1	2	3	4	5	7	8	1	2	1	2					04	08	09	12	15	24																				1	2	
H	1	2	3	4	5	7	8	1	2	1	2					04	08	09	12	15	24																				1	2	
H	1	2	3	4	5	7	8	1	2	1	2					04	08	09	12	15	24																				1	2	
H	1	2	3	4	5	7	8	1	2	1	2					04	08	09	12	15	24																				1	2	
H	1	2	3	4	5	7	8	1	2	1	2					04	08	09	12	15	24																				1	2	
H	1	2	3	4	5	7	8	1	2	1	2					04	08	09	12	15	24																				1	2	

I. VEGETABLES

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 12 BELOW IN ORDER FOR EACH "YES."

**PEAS**

- Green, English:  
 1(5) In pod, fresh  
 2 Not in pod  
Blackeye, crowder, other field peas, cowpeas:  
 3(5) In pod, fresh  
 4 Not in pod, fresh or immature  
 7 Mature  
 5 Pigeon peas  
 6 Snowpeas, pea pods  
 8 Chickpeas, garbanzos  
 9 Split peas

**GREEN SWEET PEPPERS (BELL PEPPERS)**

- 11 Red sweet peppers

**CHILI PEPPERS**

- 12 Red  
 13 Green

**RED PIMIENTOS**

**WHITE POTATOES**

- 15(5) Fresh whole, with peel  
 16 Whole or cut up, without peel  
 17 Baked  
 18(8) Instant, dry  
 19 French fried  
 20 Lower-fat french fries

- 21 Puffs (tater tots, tasti-puffs)  
 22 Hash browns  
 23 Hash browns with vegetables  
 24 Scalloped, au gratin  
 25 Potato patties, pancakes  
 26(8) Potato pancake dry mix

**PUMPKIN**

**RADISHES**

- 28(5) With tops, fresh  
 29 Without tops  
 30 Greens only

**RUTABAGAS**

- 32 Salsify, vegetable oysters

**SAUERKRAUT**

**SOYBEANS/CURD**

- 34(5) Green in pod, fresh  
 35 Green, not in pod  
 36(8) Mature, dry  
 37 Tofu cake, curd  
 38 Paste

**SPINACH**

- 39(5) Fresh, trimmed  
 40(5) Fresh, bulk, not trimmed  
 41 Other

**SQUASH**

- 42 Winter squash (acorn, Hubbard, butternut, and other deep yellow)  
 43 Summer squash (zucchini, crookneck, straightneck, pattypan, scallop, cocozelle, Chinese)

**SWEET POTATOES, YAMS**

- 44(5) Fresh whole, with peel  
 45(4) Syrup pack, canned  
 46(4) Vacuum pack, canned  
 47 Boiled, plain  
 48 Candied  
 49 Puffs  
 50(8) Dry flakes

**TOMATOES**

- 52 Green tomatoes  
 53 Tomato aspic  
 54 Tomato paste  
 55 Tomato puree  
 56 Tomato sauce  
 57 Stewed tomatoes

**TURNIPS AND TURNIP GREENS**

- 58 With greens  
 59 Without greens  
 60 Greens only  
 61 Water chestnuts

**VEGETABLE COMBINATIONS**

- 62 Green beans mixture  
 63 Broccoli mixture  
 64 Carrots and peas  
 65 Cauliflower mixture  
 66 Corn mixture  
 67 International style  
 68 Mixed (corn, peas, carrots, beans, potatoes)  
 69 Oriental vegetable mixture  
 70 Peas mixture  
 71 Soup, stew vegetables  
 72 Squash, zucchini mixture  
 73 Succotash  
 74 Three-bean salad

**VEGETABLES WITH PASTA, RICE**

- 75 Vegetables with pasta  
Rice with vegetables:  
 76 Spinach, broccoli  
 77 Other vegetables

SEE SECTION U FOR:  
 Salad bar combinations





J. JUICES, DRINKS, ADES, PUNCHES, NECTARS

1. In the past seven days, did your household use any juices, drinks, punches, nectars?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 11 BELOW IN ORDER FOR EACH "YES."

	Yes	1
SKIP TO "K"	No	2

VEGETABLE JUICE

- 1 Tomato juice, cocktail
- 2 Tomato juice, low-sodium
- 3 Mixed vegetable juice
- 4 Mixed vegetable juice, low-sodium
- 5 V-8 juice
- 6 V-8 juice, low-sodium
- 7 Veg-Crest cocktail
- 8 Mott's Beefamato, Clamato
- 9 Carrot juice
- 10 Beet juice

FRUIT JUICE

- \*11 Orange juice
- 12 Apple juice, cider
- 13 Grape juice
- \*14 Grapefruit juice
- 15 Lemon juice
- 16 "Realemon"
- 17 Lime juice
- 18 "Realime"
- 19 Apricot juice
- 20 Apricot-pineapple juice
- 21 Blackberry juice
- 22 Boysenberry juice
- 23 Juice Works
- 24 Juicy Juice
- 25 Mango juice
- 26 Mixed fruit juice
- 27 Orange-grapefruit, grapefruit-orange

- 28 Orange-pineapple, pineapple-orange
- 29 Papaya juice and blends
- 30 Peach juice
- 31 Pear juice
- 32 Pineapple juice
- 33 Pineapple-coconut
- 34 Pineapple-grapefruit
- 35 Prune juice
- 36 Tangerine juice

FRUIT JUICE DRINKS

- \*37 Cranberry juice cocktail
- \*38 Cranberry blends (Ocean Spray)
- 39 Five Alive
- \*40 Fruit juice cocktails or drinks
- \*41 Grape juice beverage
- 42 Kool-Aid Coolers
- 43 Mauna Lai guava
- 44 Grapefruit juice cocktail
- 45 Pineapple juice drink
- 46 Pineapple blend juice drinks

LIQUID CONCENTRATED JUICE COCKTAILS AND JUICE DRINKS

DRINKS, ADES, PUNCHES — NOT POWDERED

- \*47 Lemonade
- \*48 Limeade
- 49 Orangeade
- Cocktail mixes, nonalcoholic:
- 50 Ready-to-drink
- 51(2) Frozen concentrated
- 52 Liquid concentrated

- 53(2) Awake
- 54 Bright & Early Breakfast Beverage
- 55(6) Capri Sun
- 56 Gatorade
- 57 Grapeade
- Hawaiian Punch/Fruit Punches:
- 58 Ready-to-drink
- 59 Ready-to-drink, low sugar
- 60(2) Frozen concentrated
- 61 Liquid concentrated
- 62 Hi-C Cooler drinks
- 63(2) Orange Plus
- 64(6) Sippis
- \*65 Other drinks, ades, punches

NECTARS

- 66 Apricot
- 67 Peach
- 68 Pear
- 69 Guava
- 70 Mango
- 71 Papaya

POWDERED DRINKS, ADES, PUNCHES

- Drinks, ades, punches (Kool-Aid, lemonade, Hawaiian Punch, etc.):
- 73(8) Plain, no sugar and no artificial sweetener
- 74(8) With artificial sweetener, "sugar free"
- 75(8) With sugar
- 76(8) Gatorade
- Tang, instant breakfast drinks:
- 77(8) With sugar
- 78(8) With artificial sweetener, "sugar free"
- 79(8) Cocktail mixes



K. FRUITS

1. In the past seven days did your household use any fruits or fruit pie fillings?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 11 BELOW IN ORDER FOR EACH "YES."

Yes	1
No	2

- |    |   |       |   |    |   |       |                        |    |                            |
|----|---|-------|---|----|---|-------|------------------------|----|----------------------------|
| 1  | <b>APPLES</b><br>(if canned include apple rings, sliced apples, baked apples, spiced crab apples) | 17    | Gooseberries  | 34 | Not slipskin or European type (Thompson seedless, Malaga, Muscat, Emperor, Flame Tokay) | 47    | <b>PEACHES</b>         | 63 | Jackfruit                  |
| 2  | <b>APPLESAUCE</b>   | 18    | Huckleberries   | 35 | <b>LEMONS</b>   | 48    | <b>PEARS</b>           | 64 | Japanese pears             |
| 3  | <b>BANANAS</b>  | 19    | Loganberries  | 36 | <b>LIMES</b>  | 49    | <b>PINEAPPLE</b>       | 65 | Kiwi                       |
| 4  | <b>ORANGES</b>  | 20    | Black   | 37 | <b>CANTALOUPE/MUSKMELON</b>   | 50    | <b>PLUMS</b>           | 66 | Kumquats                   |
| 5  | Mandarin  | 21    | Red   | 38 | <b>WATERMELON</b>   | 51    | With pits              | 67 | Longan                     |
| 6  | Tangelos  | 22    | <b>STRAWBERRIES</b>   | 39 | <b>CASABA</b>   | 52    | Without pits           | 68 | Loquats                    |
| 7  | Temple oranges  | 23    | Youngberries  | 40 | Crenshaw, Santa Claus, Juan Canary  | 53    | <b>RAISINS</b>         | 69 | Lychee                     |
| 8  | <b>APRICOTS</b>   | 24    | Sour  | 41 | Honeydew, Honey Ball, Sharlyn   | 54(5) | With leaves            | 70 | Mangoes                    |
| 9  | <b>AVOCADOS (ALLIGATOR PEARS)</b>   | 25    | Sweet   | 42 | Mixed melon balls   | 55    | Without leaves         | 71 | Nectarines                 |
| 10 | Avocado dip, guacamole salad  | 26(4) | Maraschino  | 43 | Persian   | 56    | <b>TANGERINES</b>      | 72 | Papayas                    |
|    | <b>BERRIES</b>  | 27    | Pitted  | 44 | Fruit cocktail, fruit salad   | 57    | Acerola cherries       | 73 | Persimmons                 |
| 11 | Blackberries  | 28    | With pits   | 45 | Citrus fruit basket   | 58    | Breadfruit             | 74 | Passion fruit              |
| 12 | Blueberries   | 29    | <b>FIGS</b>   | 46 | Fruit basket  | 59    | Caramel, candied apple | 75 | Plantains (baking bananas) |
| 13 | Boysenberries   | 30    | <b>GRAPEFRUIT</b>   | 92 | <b>MIXED FRUIT</b>  | 60    | Cherimoya              | 76 | Pomegranates               |
| 14 | Cranberries, cranberry sauce  | 31    | Grapefruit sections   | 44 | Fruit cocktail, fruit salad   | 61    | Currants               | 77 | Sapote                     |
| 15 | Dewberries  | 32    | Grapefruit and orange sections                                | 45 | Citrus fruit basket   | 62    | Guavas                 | 78 | Star fruit, carambola      |
| 16 | Elderberries  | 33    | Concord or slipskin (Delaware, Niagara, Catawba, Scuppernong) | 46 | Fruit basket  |       |                        | 79 | Tamarind                   |
|    |   |       |   |    |   |       |                        | 80 | Ugli fruit                 |
|    |   |       |   |    |   |       |                        |    | <b>FRUIT PIE FILLINGS</b>  |



L. CEREALS, FLOUR, RICE, PASTA, MEAL

1. In the past seven days did your household use any cereal, flour, meal or other grains?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "M")	No	2

**HOT CEREALS**

- Rolled oats, oatmeal  
 1 Regular  
 2 Quick  
Instant oatmeal:  
 3 Plain  
 4 With fruits/nuts/spice  
 5 Oat bran  
  
Farina, Cream of Wheat  
 7 Regular  
 8 Quick  
Instant:  
 9 Plain  
 10 With fruit/spice  
  
Other "hot" cereals  
 11 Cream of rice  
 12 Cream of rye  
 13 Maltex  
 14 Maypo  
 15 7-Grain Cereal, granola  
 16 Sun Maid, instant  
 17 Ralston  
 18 Rise and Shine  
 19 Roman Meal  
 20 Rolled wheat  
 21 Wheatena

**READY-TO-EAT CEREALS**

- All-Bran:  
 22 Plain  
 23 With fruit and almonds  
 24 With extra fiber  
 25 Almond Delight  
 26 Alpen  
 27 Alpha-Bits  
 28 Apple Jacks

- 29 Apple Raisin Crisp  
Body Buddies:  
 30 Brown sugar and honey  
 31 Fruit flavor  
 32 BooBerry  
 33 Brand Buds  
 34 Bran Chex  
 35 Bran Flakes  
 36 Bran Muffin Crisp  
 37 Cabbage Patch Kids  
Cap'n Crunch:  
 38 Plain  
 39 Choco Crunch  
 40 Crunchberries  
 41 Peanut Butter  
 42 Cheerios  
 43 Cinnamon Toast Crunch  
 44 Circus Fun  
 45 Cocoa Krispies  
 46 Cocoa Pebbles  
 47 Cocoa Puffs  
 48 Cookie-Crisp, all kinds  
 49 Corn Bran  
 50 Corn Chex  
 51 Corn Flakes  
 52 Corn Pops  
 53 Corn Total  
 54 Count Chocula  
 56 Cracklin' Oat Bran  
 57 Crisp Rice, Crispy Rice  
 58 Crispy Wheats'n Raisins  
 59 Crispix  
 60 C. W. Post  
 61 C. W. Post with Raisins  
 62 Dairy Crisp, all kinds  
 63 Donkey Kong  
 64 Donkey Kong Junior  
 65 E. T.  
 66 Familia  
 67 Fiber One

- 68 40% Bran Flakes  
 69 Fortified Oat Flakes  
 70 FrankenBerry  
 71 Froot Loops  
 72 Frosted Flakes, any type  
 73 Frosted Krispies  
 74 Frosted Mini-Wheats  
Fruit & Fibre:  
 75 With tropical fruit  
 76 With fruits and nuts  
 77 Fruitful Bran  
 78 Fruit Rings  
 79 Fruity Pebbles  
 80 Ghost Busters  
 81 G. I. Joe Action Stars  
 82 Golden Grahams  
 83 Grape-Nuts  
 84 Grape-Nuts Flakes  
 85 Gremlins  
Heartland:  
 86 Plain  
 87 With raisins  
 88 With coconut  
 89 Honey Buc Wheat Crisp  
 90 Honeycomb  
 91 Honey Nut Cheerios  
 92 Honey and Nut Corn Flakes  
 93 Honey Smacks  
 94 Horizon  
Just Right:  
 95 Plain  
 96 With Fruit  
 97 Kaboom  
 98 King Vitaman  
 99 Kix  
 100 Life, all kinds  
 101 Lucky Charms  
 102 Marshmallow Krispies  
 103 Mr. T

- Nature Valley Granola:  
 104 Fruit and nut  
 105 Cinnamon and raisins  
 106 Coconut and honey  
Nutri-Grain:  
 107 Corn  
 108 Wheat  
 109 Wheat and raisins  
Oh's:  
 110 Crunchy Nut (blue box)  
 111 Honey Graham (yellow box)  
 112 100% Bran  
 113 OJ's  
 114 Pac-Man  
 115 Post Toasties  
 116 Product 19  
 117 Puffed Corn  
 118 Puffed Rice  
 119 Puffed Wheat  
 120 Quisp  
 121 Rainbow Brite  
 122 Raisin Bran  
 123 Raisin Grape-Nuts  
 124 Raisin Life  
 125 Raisin Squares  
 126 Rice Chex  
 127 Rice Flakes, plain  
 128 Rice Krispies  
 129 Rocky Road  
Shredded Wheat:  
 130 Plain  
 131 Spoon Size  
 132 Special K  
 133 Sugar Frosted Flakes  
 134 Sugar Frosted Rice  
 135 S'Mores Crunch  
 136 Smurf-berry Crunch

(Continued)



L. CEREALS, FLOUR, RICE, PASTA, MEAL (Continued)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."  
IF FOOD COMES INTO THE HOUSEHOLD ALREADY COOKED, SPECIFY AS PART OF DESCRIPTION IN Q.3

- Sun Flakes:  
 137 Corn (orange box)  
 138 Wheat (brown box)  
 139 Super Golden Crisp  
 140 Tasteeos  
 141 Team  
 142 Toasted Wheat & Raisins  
 143 Total  
 144 Trix  
 145 Wheaties  
 146 Wheat Bran  
 147 Wheat Chex  
Wheat germ:  
 148 Plain  
 149 Sugar and honey
- Variety Packs  
 151 Kellogg's Handi-Pak  
 152 Kellogg's Jumbo Assortment  
 153 Kellogg's Low-Sodium Pack  
 154 Kellogg's Request Pack  
 155 Kellogg's Snack-Pak  
 156 Kellogg's Variety Assortment  
 157 Post Tens  
 158 Post Treat Pack
- Other Variety Packs  
 159 All presweetened  
 160 Some presweetened  
 161 None presweetened  
 162 Low-sodium

FLOUR

- All-purpose white (family):  
 201 Plain  
 202 Instantized, shake and blend  
 203 Self-rising

- 204 Bread flour  
 205 Cake or pastry flour  
 206 Pasta flour  
 207 Whole wheat (graham) flour \*225  
 208 Buckwheat flour \*226  
 209 Rye flour \*227  
 210 Potato flour, starch  
 211 Soy flour  
 212 White rice flour (incl. Harina de Arroz)  
 213 Corn flour  
 214 Barley flour  
 215 Triticale flour or grits

CORNMEAL

- 216 Masa Harina de Maiz  
White:  
 \*217 Degerminated, not self-rising  
 \*218 Degerminated, self-rising  
 219 Whole ground, not self-rising  
 220 Whole ground, self-rising  
Yellow:  
 \*221 Degerminated, not self-rising  
 \*222 Degerminated, self-rising  
 223 Whole ground, not self-rising  
 224 Whole ground, self-rising

HOMINY GRITS

- White:  
 Quick  
 Instant  
 Yellow

RICE

- \*228 White, regular  
 229 White, converted or parboiled  
 230 White, instant  
Rice mixes, pilaf:  
 231 With spice  
 232 With vegetables  
 233 With vegetables and cheese  
 234 White and brown rice mix  
 235 Wild rice mixes  
 236 Brown rice  
 237 Wild rice, plain  
Fried rice:  
 238 Cooked  
 239 Canned  
 240 Frozen  
 241 White, already cooked

SPAGHETTI, DRY (VERMICELLI, RIGATONI, ETC.)

- \*242 Plain  
 243 Spaghetti dinner mix, dry  
 244 Spaghetti dinner with meat mix, dry
- MACARONI, DRY
- \*245 Plain  
 246 Macaroni-cheese mix, dry  
 247 Pastina  
 248 Whole wheat pasta  
 249 High protein pasta  
 250 Corn pasta

EGG NOODLES, DRY

CHOW MEIN NOODLES

OTHER GRAINS

- 252 Buckwheat groats, grits, kasha  
 253 Bulgur commercially canned  
 254 Bulgur, dry  
 255 Cornstarch

- 256 Millet (hog millet)  
 257 Pearl barley  
 258 Sorghum grits  
 259 Tapioca, plain

See Page T for pasta dinner (spaghetti, macaroni and cheese, etc.)

See Page U for pasta main dishes, salads





M. BREAD, ROLLS, BUNS

1. In the past seven days, did your household use any bread, rolls, doughnuts, waffles, tortillas or stuffings?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 11 BELOW IN ORDER FOR EACH "YES."

	Yes	1
SKIP TO "N"	No	2

**BREAD, READY-TO-EAT**

- \*1 White bread:  
 Regular, sandwich, thin diet slice
- 2 Italian, Grecian
- 3 French, Vienna
- \*4 Wheat  
 Cracked, crushed wheat
- 6 Sprouted wheat
- 7 Wheat germ
- 8 Wheatberry
- 9 Bran  
Bran'nola:  
 Original, wheat
- 11 Country Oat
- \*12 Multigrain  
100% whole wheat:  
 Plain
- 14 Raisin
- \*15 Raisin
- 16 Rye (Swedish, Jewish, corn rye)
- 17 Pumpernickel (dark Polish, Russian rye, black bread)  
Reduced calorie, high-fiber (Fresh Horizons, Lite, Less, Wonder Lite, Roman Light):  
 White
- 19 Wheat
- 20 Rye
- Weight Watcher's:  
 White
- 22 Raisin
- 23 Cracked wheat

- 24 Pita (Sahara, pocket):  
 White
- 25 Whole wheat

**OTHER BREADS, BRANDS**

- 26 Banana
- 27 Boston brown
- 28 Carrot or pumpkin
- 29 Cinnamon swirl
- 30 Cornbread
- 31 Date-nut
- 32 Egg, cheese, challah
- 33 Fruit-nut, cranberry-nut
- 34 Garlic
- 35 Granola
- 36 Hillbilly
- Hollywood:  
 Light
- 38 Dark
- Milk and honey:  
 Multigrain
- 40 Oat
- 41 Wheat
- 42 White
- 43 Oatmeal, oatberry
- 44 Onion
- 45 Protein (Protogen)
- 46 Roman Meal
- 47 Sourdough

**BREAD, BROWN-AND-SERVE**

- 48 French, Italian
- 49 White, Hot Bread

**BREAD DOUGH**

- 67 Roll dough:  
 Frozen
- 68 Refrigerated

**BREAD MIX**

- 51(9) Plain or yeast-type
- 52(9) With fruits, nuts, quick-type
- 53(9) Cornbread, spoonbread

- 69(9) Dry roll mix

**MUFFINS**

Ready-to-eat:  
English muffins:

**BREADSTICKS (LARGE)**

- \*54
- 55 Bread crumbs, all kinds
- 56 Croutons
- 57 Cracker meal, matzo meal
- 58 Stuffing mixes, all kinds
- 59 Coating mixtures (Shake 'N Bake, Oven Fry)

- 70 Plain
- 71 Raisin, fruit
- 72 Wheat, Roman Meal, bran
- 73 100% whole wheat

**CRUMBS, STUFFING, COATINGS**

**ROLLS, NOT SWEET (HAMBURGER HOT DOG, DINNER, ETC.)**

Ready-to-eat:

- 60 White
- 61 Rye, pumpernickel
- 62 Wheat
- 63 100% whole wheat

Muffins, toaster muffins,  
Toast-R-Cakes:

- 74 Plain
- 75 Blueberry/ fruits/nuts
- 76 Bran, all kinds
- 77 Corn, hush puppies

Brown-and-serve:

- 64 White
- 65 Wheat
- 66 French, Vienna

- 78(9) Dry muffin mix:  
 Corn (hush puppies)
- 79(9) Plain, spiced
- 80(9) Blueberry/ fruits/nuts
- 81(9) Bran

(Continued)

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE				Q.5 (IF FOOD ITEM *'D) Was that labeled "low-sodium?"		Q.6 In the past 7 days, <u>altogether</u> how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS					Q.7 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.8 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS					Q.9 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.8)? \$XX.XX	Q.10 (IF BOUGHT) (IF BOUGHT) Is that the total price you paid?		Q.11 (IF NO) What does that price represent?	Notes	
	Home Frozen	Comm. Frozen	Comm. Canned	Not Can./Frz.	Yes	No	Lb	Oz	# of Units	Cup (Measuring)	Slices		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	Fl Oz		# of Units	Item (Other)			IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE
M	1	2	4	9	1	2				04	14	24					24			1	2		
M	1	2	4	9	1	2				04	14	24					24			1	2		
M	1	2	4	9	1	2				04	14	24					24			1	2		
M	1	2	4	9	1	2				04	14	24					24			1	2		
M	1	2	4	9	1	2				04	14	24					24			1	2		
M	1	2	4	9	1	2				04	14	24					24			1	2		
M	1	2	4	9	1	2				04	14	24					24			1	2		

1 = Buy  
 2 = Home Produce  
 3 = Gift/Pay

M. BREAD, ROLLS, BUNS (Continued)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 11 BELOW IN ORDER FOR EACH "YES."

BISCUITS

- 82 Ready-to-eat
- 83 Dough
- 84(9) Dry biscuit, baking mix  
(Bisquick, Jiffy)

BAGELS

- 85 White, with fruits, nuts
- 86 Pumpernickel, rye

CROISSANTS

- 87 Plain
- 88 Cheese-filled
- 89 Chocolate-filled
- 90 Fruits, nuts

BREAKFAST PASTRIES

- 91 Breakfast Bars
- 92 Toaster Pastries, Pop Tarts
- 93 Toaster Strudel
- 94 Diet meal bars, Figurines,  
Slender

DOUGHNUTS

- Cake type:
- 95 Plain, powdered, glazed
  - 96 Chocolate
  - 97 Filled
- Yeast type:
- 98 Plain, glazed
  - 99 Chocolate
  - 100 Filled
  - 101 Wheat

SWEET ROLLS, DANISH,  
COFFEE CAKE

- Ready-to-eat:
- Sweet rolls, honey buns:
- 102 Plain, cinnamon rolls
  - 103 With raisins, other fruits
- Coffee cake:
- 104 Plain, spiced
  - 105 With fruits, nuts
  - 106 Danish pastry, all kinds

- Dough:
- Danish or sweet roll:
- 107 Plain, cinnamon
  - 108 With fruits, nuts

- Dry coffee cake mix:
- 109(9) Plain, cinnamon
  - 110(9) With fruits, nuts

WAFFLES/PANCAKES/FRENCH TOAST

- Frozen, ready-to-eat  
(microwave, heat-and-serve):
- Waffles:
- 111 Plain, fruits
  - 112 Bran, Roman Meal
  - 113 Pancakes, all kinds
  - 114 French toast
- Frozen batter:
- 115 Plain, buttermilk
  - 116 Blueberry

Dry pancake, waffle mix:

- 117(9) Plain, buttermilk
- 118(9) Blueberry, other fruits
- 119(9) Buckwheat
- 120(9) Whole wheat

PIZZA DOUGH, ROUNDS, SHELLS  
(WITHOUT SAUCE OR CHEESE)

- 121 Refrigerated
- 122 Frozen
- 123(9) Dry pizza crust mix

OTHER DOUGH

- 124 Pasta
- 125 Strudel, phyllo
- 126 Wonton, egg roll wrapper

TORTILLAS, TACO SHELLS

- 127 Corn tortillas
- 128 Wheat (flour) tortillas
- 129 Taco, tostado shells

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE				Q.5 (IF FOOD ITEM *'D) Was that labeled "low-sodium?"		Q.6 In the past 7 days, altogether how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS					Q.7 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.8 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS					Q.9 (IF BOUGHT) (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.8)?	Q.10 (IF BOUGHT) (IF BOUGHT) Is that the total price you paid?		Q.11 (IF NO) What does that price represent?	Notes		
	Home Frozen	Comm. Frozen	Comm. Canned	Not Can./Frz.	Yes	No	Lb	Oz	# of Units	Cup (Measuring)	Slices		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	Fl Oz		# of Units	Item (Other)			IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX
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M	1	2	4	9	1	2				04	14	24					24				1	2		
M	1	2	4	9	1	2				04	14	24					24				1	2		
M	1	2	4	9	1	2				04	14	24					24				1	2		
M	1	2	4	9	1	2				04	14	24					24				1	2		

N. CAKES, CUPCAKES, PIES

1. In the past seven days, did your household use any cakes, cupcakes or pies?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 12 BELOW  
 IN ORDER FOR EACH "YES"

	Yes	1
SKIP TO "O"	No	2

**CAKES, READY-TO-EAT,  
FROZEN**

- \*1 Angel food
- \*2 Apple, banana
- 3 Boston cream pie, cake
- 4 Carrot
- Cheesecake:
- 5 Plain
- 6 Fruit
- 7 Chocolate
- 8 Chiffon
- \*9 Chocolate, fudge,  
devil's food
- \*10 Chocolate chip
- \*11 Coconut
- 12 Crunch
- 13 Crumb
- Dietetic, reduced-calorie:
- 14 Carrot
- 15 Cheesecake
- 16 Chocolate
- 17 Pound cake, low-cholesterol
- 18 Strawberry shortcake
- 19 Yellow, white, spice
- 20 Fruitcake
- 21 German chocolate
- 22 Gingerbread
- 23 Jelly roll
- 24 Ladyfingers
- \*25 Marble
- Pound:
- \*26 Yellow
- \*27 Chocolate

- 28 Shortcake dessert shell
- \*29 Spice
- \*30 Spice with fruits, nuts
- 31 Sponge
- \*32 White
- \*33 White with fruits, nuts
- \*34 Yellow
- \*35 Yellow with fruits, nuts

**SNACKCAKES, CUPCAKES,  
READY-TO-EAT**

- 36 Chocolate cake
- 37 Cake other than chocolate
- 38(9) Banana Twin, Treats
- 39(9) Big Wheels
- 40(9) Choco-Diles
- 41(9) Dessert Squares, peanut butter
- 42(9) Devil Dogs
- 43(9) Devil Twins, Squares
- 44(9) Ding Dong
- 45(9) Funny Bones
- 46(9) Ho Ho's
- Kandy Kake:
- 47(9) Chocolate
- 48(9) Peanut Butter
- Krimpet:
- 49(9) Chocolate
- 50(9) Other flavors
- 51(9) Sno Balls
- Suzy Q's:
- 52(9) Banana
- 53(9) Chocolate
- 54(9) Twinkies
- 55(9) Yodels

**CAKE MIXES**

- 56(9) Angel food
- 57(9) Applesauce
- 58(9) Applesauce raisin
- 59(9) Banana with or without nuts
- 60(9) Boston cream pie
- Bundt, streusel:
- \*61(9) Chocolate
- \*62(9) Yellow, white, spice
- 63(9) Pound
- 64(9) Boston cream
- 65(9) Carrot
- Cheesecake:
- 66(9) Plain, fruit-flavored
- 67(9) Chocolate
- 68(9) Lite, reduced-calorie
- 69(9) Chocolate, devil's food, fudge
- 70(9) Chocolate chip
- 71(9) Chocolate chocolate chip
- Dietetic:
- 72(9) Chocolate
- 73(9) Pound
- 74(9) Yellow, white, spice
- 75(9) Gingerbread
- 76(9) Lemon, orange, pineapple,  
strawberry, fruit-flavored
- 77(9) Marble
- 78(9) Pineapple upside-down cake
- 79(9) Pound
- Pudding Pockets:
- 80(9) Chocolate
- 81(9) Yellow
- Snacking Cake:
- 82(9) Chocolate
- 83(9) Chocolate chip
- 84(9) Other flavors

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE				Q.5 (IF COMMERCIALLY FROZEN AND ITEM # 99-123 ASK:) Was that not baked, already baked, or thaw-and-serve?		Q.6 (IF FOOD ITEM *'D) Was that with no icing, chocolate icing, or some other kind of icing?			Q.7 In the past 7 days, altogether how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS				Q.8 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.9 (IF BOUGHT:) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS				Q.10 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.8)? \$XX.XX	Q.11 (IF BOUGHT) (IF NO) Is that the total price you paid?		Q.12 (IF NO) What does that price represent?	Notes				
	Home Frozen	Commercially Frozen	Commercially Canned	Not Canned or Frozen	Not Baked	Already Baked, Thaw & Serve	No icing	Chocolate Icing	Some Other Icing (Not Chocolate)	Lb	Oz	# of Units	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	1 = Buy	2 = Home Produce	3 = Gift/Pay		Lb	Oz			# of Units	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Yes
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N	1	2	4	9	1	2	1	2	3				24								24			1	2		
N	1	2	4	9	1	2	1	2	3				24								24			1	2		
N	1	2	4	9	1	2	1	2	3				24								24			1	2		
N	1	2	4	9	1	2	1	2	3				24								24			1	2		
N	1	2	4	9	1	2	1	2	3				24								24			1	2		
N	1	2	4	9	1	2	1	2	3				24								24			1	2		

N. CAKES, CUPCAKES, PIES (Continued)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 12 BELOW IN ORDER FOR EACH "YES"

- Spice:  
 85(9) Plain 110  
 86(9) Fruits, nuts 111  
Stir 'N Frost mixes with ready-to-use icing:  
 87(9) Carrot 113  
 \*88(9) Chocolate 114  
 \*89(9) Chocolate chip 115  
 \*90(9) Yellow, white, spice 116  
 91(9) Sour cream chocolate 117  
 92(9) Sponge, chiffon 118  
 93(9) Tunnel of Lemon 119  
 94(9) Tunnel of Fudge 120  
White:  
 95(9) Plain 121  
 96(9) Fruits, nuts 122  
Yellow:  
 97(9) Plain 123  
 98(9) Fruits, nuts 123
- PIES, SNACK PIES, TARTS, COBBLERS, TURNOVERS, STRUDEL -- READY-TO-EAT, FROZEN
- 99 Apple  
 100 Apricot  
 101 Blackberry  
 102 Blueberry  
 103 Berry, kind not specified  
 104 Cherry 128  
Chiffon:  
 105 Chocolate 129  
 106 Other flavors  
Cream pudding, mousse pies:  
 107 Chocolate 130  
 108 Other flavors 131  
 109 Custard pie 132

- Dietetic, reduced-calorie:  
 Apple  
 Cherry  
 Lemon  
Meringue:  
 Chocolate  
 Lemon, other  
 Mince  
 Peach  
 Pecan  
 Pineapple  
 Pumpkin  
 Raisin  
 Rhubarb  
 Strawberry  
 Sweet potato

OTHER BAKED GOODS

- Blintzes:  
 With fruit  
 With cheese  
 Cream puff, eclair  
 Napoleon, French pastry

PIE CRUSTS, DOUGH, MIXES, DESSERTS

- Ready-to-use pie crust:  
 Graham cracker  
 Chocolate  
Dough:  
 Pie crust dough:  
 Refrigerated  
 Frozen  
 Puff pastry, patty shells

- Dry mix:  
 133(9) Pie crust (include sticks)  
Pie mix with filling, no-bake:  
 134(9) Chocolate  
 135(9) Other flavors  
 136(9) Graham cracker crumbs mix  
 137(9) Cream puff, eclair



Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE				Q.5 (IF COMMERCIALLY FROZEN AND ITEM # 99-123 ASK:) Was that not baked, already baked, or thaw-and-serve?		Q.6 (IF FOOD ITEM *'D) Was that with no icing, chocolate icing, or some other kind of icing?			Q.7 In the past 7 days, altogether how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS				Q.8 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.9 (IF BOUGHT:) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS				Q.10 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.8)? \$XX.XX	Q.11 (IF BOUGHT) (IF BOUGHT) Is that the total price you paid?		Q.12 (IF NO) What does that price represent?	Notes				
	Home Frozen	Commercially Frozen	Commercially Canned	Not Canned or Frozen	Not Baked	Already Baked, Thaw & Serve	No icing	Chocolate Icing	Some Other Icing (Not Chocolate)	Lb	Oz	# of Units	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	1 = Buy	2 = Home Produce	3 = Gift/Pay		Lb	Oz			# of Units	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Yes
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N	1	2	4	9	1	2	1	2	3				24								24			1	2		
N	1	2	4	9	1	2	1	2	3				24								24			1	2		
N	1	2	4	9	1	2	1	2	3				24								24			1	2		
N	1	2	4	9	1	2	1	2	3				24								24			1	2		
N	1	2	4	9	1	2	1	2	3				24								24			1	2		
N	1	2	4	9	1	2	1	2	3				24								24			1	2		

0. COOKIES

1. In the past seven days, did your household use any cookies?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."

	Yes	1
SKIP TO "P"	No	2

COOKIES,  
 READY-TO-EAT

- |  |   |                             |
|--|---|-----------------------------|
| 1 Almond Toast                             | 34 Date-nut cookies                         | 65 Pecan Shortee            |
| 2 Angel Wings                              | 35 Devil's food cakes                       | 66 Samoa                    |
| 3 Animal crackers                          | <u>Dietetic cookies:</u>                    | 67 Savannahs                |
| 4 Anisette Sponge, Toast                   | 36 Assorted sandwich or wafers              | 68 Scot-Teas                |
| 5 Apple Delight                            | 37 Chocolate chip                           | 69 Tagalong                 |
| 6 Apple 'N Raisin                          | 38 Oatmeal                                  | 70 Trefoil                  |
| 7 Applesauce                               | 39 Dutch Apple                              | 71 Golden Bar               |
| 8 Assorted, not sandwich type              | 40 Dutch Windmill                           | 72 Golden Fruit             |
| 9 Bordeaux                                 | 41 Egg Jumbo, Kichels                       | 73 Granola                  |
| 10 Breakfast Treats                        | 42 E.L. Fudge                               | 74 Granola creme sandwich   |
| 11 Brown Edge Wafers                       | 43 Fig Newtons, fig bars                    | 75 Granola peanut butter    |
| 12 Brussels                                | 44 Fruit Filled Newtons, bars               | 76 Grasshopper              |
| 13 Brownies                                | 45 Frosty Lemon, Orange                     | 77 Heyday bars              |
| 14 Butter cookies                          | 46 Fruit cookies (Pepperidge Farm, Archway) | 78 Hydrox                   |
| 15 Capri                                   | 47 Fudge with peanut butter chips           | 79 Iced raisin bar          |
| 16 Chessman                                | 48 Fudge chocolate chip raisin              | 80 Iced spice               |
| 17 Chippy Chews                            | 49 Fudge cookies                            | 81 Ideal bar                |
| 18 Chipsies                                | 50 Fudge Crispy                             | 82 Jelly-Topped             |
| 19 Chocolate chip, chunks                  | 51 Fudge Mint Wafers                        | 83 Krisp-Kreems             |
| 20 Choc-O-Jel                              | 52 Fudge Sticks                             | 84 Lebkuchen                |
| 21 Chocolate chip fudge wafer              | 53 Fudge-striped shortbread                 | 85 Lemon Cooler             |
| 22 Chocolate Chip 'N Toffee                | 54 Geneva                                   | 86 Lemon Nut Crunch         |
| 23 Chocolate chip with peanut butter chips | 55 Giggles                                  | 87 Lido                     |
| 24 Chocolate chocolate chip                | 56 Gingersnaps                              | 88 Lorna Doone              |
| 25 Chocolate cookies                       | <u>Girl Scout:</u>                          | 89 M&M Cookies              |
| 27 Chocolate fudge wafers                  | 57 Caramel deLites                          | <u>Macaroons:</u>           |
| 28 Chocolate Middles                       | 58 Do-Si-Do                                 | 90 Chewy-type               |
| 29 Chocolate snaps, wafers                 | 59 Hoedowns                                 | 91 Crisp-type               |
| 30 Chunky raisin pecan                     | 60 Jubilee                                  | 92 Mallowpuffs              |
| 31 Cinnamon Sand Dollars                   | 61 Lemon Pastry Cremes                      | 93 Mallowmars               |
| 32 Coconut bar                             | 62 Mint                                     | 94 Margherite               |
| 33 Coconut chocolate chip                  | 63 Peanut Butter Patties                    | <u>Marshmallow cookies:</u> |
|  | 64 Peanut Butter Sandwich                   | 95 Chocolate-covered        |
|  |   | 96 Not chocolate-covered    |

(Continued)



0. COOKIES (Continued)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."

- 97 Milano, all types
- 98 Mint Creme Patties
- 99 Mint Sandwich, chocolate-covered
- 100 Mint Sprints
- 101 Molasses
- 102 Moon Pies
- 103 Nassau
- 104 Nutter Butters
- 105 Nutty Bar (Little Debbie)
- Oatmeal:
- 106 Plain
- 107 Date or fruit-filled
- 108 Chocolate chip
- 109 Creme pie
- 110 Fudge
- 111 'N Nut
- 112 Raisin
- 113 Oreo
- 114 Orleans
- 115 Peanut butter
- 116 Peanut butter with chocolate chips or icing
- 117 Peanut Butter Bars (Little Debbie)
- 118 Pecan Sandies
- 119 Pfeffernusse
- 120 Pinwheels
- Pirouettes:
- 121 Original
- 122 Chocolate laced
- 123 Pitter Patter
- 124 Pizzelle waffle cookies
- 125 Puddin' Cremes
- 126 Raisin Bran
- 127 Raisin Creme Pie

- Sandwich cookies:
- 128 Chocolate, duplex
- 129 Chocolate chip creme
- 130 Oatmeal sandwich
- 131 Peanut butter sandwich
- 132 Vanilla
- 133 Sesame cookies
- 134 Shortbread
- 135 Social Teas
- 136 Soft Snacks (oatmeal and fruit)
- 137 Star Crunch
- 138 Striped Dainty
- 139 Sugar cookies
- Sugar wafers, creme-filled:
- 140 Chocolate-coated
- 141 Not chocolate-coated
- 142 With peanut butter
- 143 Swirly Q's
- 144 Tahiti
- 145 Tea cookies
- 146 Tweekies
- 147 Vanilla wafers
- 148 Vienna Fingers
- 149 Waffle cremes

GRANOLA BARS  
(CHEWY OR CRUNCHY)

- 150 Chocolate-coated
- 151 No coating
- 152 Other than chocolate coating
- 153 Granola Dippis
- 154 Kudos
- 155 Peanut Butter Whipps
- 156 Rice Krispies Bars
- 157 S'Mores Pudding Bars

COOKIE DOUGH  
(REFRIGERATED, FROZEN)

- 158 Brownies
- 159 Chocolate
- 160 Chocolate chip
- 161 Oatmeal raisin
- 162 Peanut butter
- 163 Sugar

COOKIE MIXES, DRY

- 164(9) Brownie
- 165(9) Brownie, dietetic
- 166(9) Butterscotch brownie
- 167(9) Chocolate
- 168(9) Chocolate chip
- 169(9) Chocolate chip oatmeal
- 170(9) Coconut
- 171(9) Date bar
- 172(9) Fudge Jumbles
- 173(9) Oatmeal
- 174(9) Oatmeal with raisins
- 175(9) Peanut butter
- 176(9) Peanut butter oatmeal
- 177(9) Sugar



P. CRACKERS, SNACK ITEMS

1. In the past seven days, did your household use any crackers and snack items?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "Q")	No	2

**CRACKERS**

- 1 Bacon  
 \*2 Bremner wafers  
 \*3 Butter-type crackers  
 4 Cheese crackers  
 5 Cheese Ritz  
 6 Cheese Snack Thins  
 7 Cheese spread with crackers  
 8 Cheese Waffle  
 9 Chicken in a Biskit  
 10 Club  
 11 Cream crackers  
 12 Crispbreads  
 13 Crown Pilot  
 14 Escort  
 15 Euphrates  
 16 Flatbread-type  
 17 Goldfish crackers  
 18 Goldfish wheat thins  
 19 Goldfish rye thins  
 Graham crackers:  
 20 Plain, cinnamon, sugar/honey coated  
 21 Chocolate-coated  
 22 Great Crisps with cheese  
 23 Great Crisps, other  
 24 High-fiber crackers  
 25 Hi-Ho  
 \*26 Matzo crackers  
 27 Matzo, whole wheat  
 28 Meal Mates  
 \*29 Melba Toast, Rounds  
 30 Milk lunch crackers  
 31 Onion crackers  
 32 Oyster

- \*33 Pumpnickel  
 \*34 Rice cakes, puffed  
 35 Rice crackers  
 36 Rice crackers, hard, oriental mix  
 \*37 Ritz  
 \*38 Rye  
 39 Ry-Krisp  
 \*40 Saltines, soda crackers  
 41 Sandwich-type crackers (filled with cheese or peanut butter)  
 42 Sea toasts, rounds  
 43 Sesame  
 44 Sociables  
 \*45 Stoned Wheat Thins  
 \*46 100% Stoned Wheat Crackers  
 \*47 Tam Tams  
 \*48 Tams, Wheat  
 \*49 Townhouse  
 \*50 Triscuits  
 51 Tucs  
 52 Uneeda Biscuit  
 53 Vegetable thins  
 54 Wasa's flatbread crackers  
 55 Water biscuits, crackers  
 56 Waverly  
 \*57 Wheat thins, crackers  
 58 Wheatbury  
 59 Wheatsworth  
 \*60 100% Whole Wheat Crackers  
 61 Zwieback

**POTATO CHIPS, SNACKS**

- \*62 Potato chips, all kinds Artificially shaped chips:  
 63 Pringles

- 64 Andy Capp Hot Fries  
 65 Munchos  
 66 Tato Skins  
 67 Dooleys filled snack  
 68 Potato sticks

**POPCORN, NOT POPPED**

- 69 Corn only  
 70 Packaged with oil  
 71 Microwave

**POPCORN, READY-TO-EAT**

- 72 Butter, cheese or seasoned  
 73 Caramel- or candy-coated  
 74 Cracker Jacks  
 75 Crunch 'N Munch  
 76 Fiddle Faddle  
 77 Popcorn with nuts  
 78 Popcorn with no butter/seasonings

**PRETZELS**

- \*79 Ready-to-eat  
 80 Frozen  
 81 Combos

**OTHER SNACK ITEMS**

- 82 Bugles  
 \*83 Cheese Balls, Puffs  
 \*84 Cheese Curls, Twists  
 85 Cheese-its  
 86 Cheese Nips  
 87 Cheese Tid-bits  
 88 Cheetos

- 89 Cheez Doodles  
 \*90 Corn chips  
 91 Corn nuts  
 92 Diggers  
 93 Doo Dads  
 94 Doritos  
 \*95 Flavor Tree Sticks  
 96 Fritos  
 97 Funyuns  
 \*98 Nacho chips  
 99 Onion-flavored rings (Wise)  
 100 Party mix  
 101 Plantain chips  
 102 Pork rinds, fried  
 \*103 Sesame sticks, chips  
 104 Slim Jims, meat sticks  
 105 Snackers, all kinds  
 106 Snack sticks, Pepperidge Farm  
 107 Snack assortments  
 \*108 Tortilla chips, Tostitos  
 109 Twigs



Q. SUGAR, SYRUP, SWEETS

1. In the past seven days did your household use any sugar, syrup or sweets?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "R")	No	2

**WHITE SUGAR**

- 1 Regular  
Granulated, cubes, sprinkles
- 2 Confectioners, powdered

**BROWN SUGAR**

- 3 Regular, light or dark
- 4 Finely granulated
- 5 Liquid
- 6 Maple sugar
- 7 Sugar'n Cinnamon

**SUGAR SUBSTITUTES**

- White:
- 8 Concentrated, saccharin-based,  
dry (Sweet-n-Low, Sweet'ner,  
Sprinkle Sweet, Sweet Magic,  
Necta Sweet, saccharin)
  - 9 Concentrated, aspartame-based,  
dry (Equal)
  - 10 Sugar Twin, "measures like sugar"
  - 11 Brown Sugar Twin, dry
  - 12 Brown sugar Sweet-n-Low
  - 13 Liquid sweetener
  - 14 Fructose, granulated
  - 15 Fructose, liquid

**HONEY**

- 16 Regular, strained
- 17 In comb
- 18 Whipped, churned, creamed

**SYRUP**

- 19 Corn, light or dark
- 20 Cane or cane/corn blends
- 21 Maple syrup blends
- 22 Pure maple syrup
- 23 Reduced calorie syrup
- 24 Sorghum

**OTHER SYRUP**

- 25 Chocolate syrup (Hersheys)
- 26 Cola syrup
- 27 Fortified chocolate (Bosco)
- \*28 Fruit syrup

**TOPPING**

- 29 Butterscotch
- 30 Caramel
- 31 Marshmallow
- 32 Chocolate, fudge
- 33 Nut

**CAKE AND PASTRY FILLING**

**MOLASSES**

- 35 Light
- 36 Medium
- 37 Blackstrap, dark
- 38 Barbados

**JAM, PRESERVES, FRUIT TOPPINGS**

- \*39 Regular sugar
- \*40 Low or reduced sugar
- 53 Imitation or no sugar

**JELLY**

- \*41 Regular sugar
- \*42 Low or reduced sugar
- 54 Imitation or no sugar

**MARMALADE**

- \*43 Regular sugar
- \*44 Low or reduced sugar
- 55 Imitation or no sugar

**FRUIT BUTTER**

\*45

**BAKING CHIPS AND BARS**

- 46 Chocolate chips, semi-sweet
- 47 Chocolate chips, milk  
chocolate
- 48 Butterscotch chips
- 49 Peanut butter chips
- 50 Baking chocolate, bitter
- 51 Baking chocolate, sweet
- 52 Liquid baking chocolate  
(Choco-Bake)

(Continued)



Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 (ASK ONLY IF FOOD ITEM *'D) In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE		Q.5 In the past 7 days, <u>altogether</u> how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS										Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.7 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS						Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)?	Q.9 (IF BOUGHT) Is that the total price you paid?		Q.10 (IF NO) What does that price represent?	Notes			
	Home Preserved	Not Home Preserved	Lb	Oz	F1 Oz	# of Units	Cup (Measuring)	Pint	Quart	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	1 = Buy 2 = Home Produce 3 = Gift/Pay		Lb	Oz	F1 Oz	# of Units	Pint	Quart		Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE			\$XX.XX	Yes	No
Q	1	2					04	08	09	24						08	09	24						1	2		
Q	1	2					04	08	09	24						08	09	24						1	2		
Q	1	2					04	08	09	24						08	09	24						1	2		
Q	1	2					04	08	09	24						08	09	24						1	2		
Q	1	2					04	08	09	24						08	09	24						1	2		
Q	1	2					04	08	09	24						08	09	24						1	2		
Q	1	2					04	08	09	24						08	09	24						1	2		
Q	1	2					04	08	09	24						08	09	24						1	2		
Q	1	2					04	08	09	24						08	09	24						1	2		
Q	1	2					04	08	09	24						08	09	24						1	2		
Q	1	2					04	08	09	24						08	09	24						1	2		

Q. SUGAR, SYRUP, SWEETS (Continued)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."

<p><u>CANDY</u></p> <p>101 After dinner mints</p> <p>102 Almond Joy</p> <p>103 Almond Roca</p> <p>104 Alpine White with almonds</p> <p>105 Andes mint wafers</p> <p>106 Baby Ruth</p> <p>107 Bit-O-Honey</p> <p>108 Bonkers!</p> <p>109 Bridge mix, assortment</p> <p>110 Butter brickle</p> <p>111 Butterfingers</p> <p>112 ButterNut bar</p> <p>113 Candy cane</p> <p>114 Candy corn</p> <p><u>Caramels:</u></p> <p>115 Plain</p> <p>116 Plain with nuts</p> <p>117 Chocolate</p> <p>118 Chocolate with nuts</p> <p>119 Caramel creams</p> <p>120 Caramello</p> <p>121 Charleston Chew</p> <p>122 Charms</p> <p>123 Choco'Lite</p> <p><u>Chocolate covered:</u></p> <p>124 Cherries</p> <p>125 Easter eggs</p> <p>126 Fruit jellies</p> <p>127 Marshmallows</p> <p>128 Mints</p> <p>129 Nuts</p> <p>130 Pretzels</p> <p>131 Raisins</p> <p>132 Chocolate samplers, assortment</p> <p>133 Chocolate stars</p>	<p>134 Coconut candy</p> <p>135 Chuckles</p> <p>136 Chunky</p> <p>137 Circus Peanuts</p> <p>138 Clark bar</p> <p>139 Cough drops, lozenges</p> <p><u>Dietetic candy:</u></p> <p>140 Hard candy, mints</p> <p>141 Gum drops</p> <p>142 Licorice</p> <p>143 Chocolate candy</p> <p>144 5th Avenue</p> <p>145 Five Flavors</p> <p>146 Forever Yours</p> <p>147 Fondant</p> <p>148 French burnt peanuts</p> <p>149 Fruit leathers, Roll-ups, Wrinkles</p> <p>150 Fruits, peels, candied</p> <p><u>Fudge:</u></p> <p>151 Chocolate, plain</p> <p>152 Chocolate with nuts</p> <p>153 Other flavors, plain</p> <p>154 Other flavors, with nuts</p> <p>155 Goobers</p> <p>156 Good 'n Fruity</p> <p>157 Good &amp; Plenty</p> <p>158 Gum drops, leaves, slices</p> <p>159 Gummi bears, worms, fish</p> <p>160 Halvah</p> <p>161 Hard candy</p> <p>162 Hard or soft mints</p> <p>163 Heath bar</p> <p>164 Hershey bar, plain</p> <p>165 Hershey bar with almonds</p> <p>166 Hershey-ets</p> <p>167 Hot Tamale</p>	<p>168 Jelly beans</p> <p>169 Jots</p> <p>170 Jordan almonds</p> <p>171 Jujufruits</p> <p>172 Jujubes</p> <p>173 Junior Mints</p> <p>174 KitKat</p> <p>175 Kits</p> <p>176 Kisses, chocolate</p> <p>177 Krackel, Hershey's</p> <p>178 Licorice</p> <p>179 Life Savers</p> <p>180 Lollipops</p> <p>181 Mallo Cups</p> <p>182 Marathon</p> <p>183 Marzipan</p> <p>184 M&amp;M's no nuts</p> <p>185 M&amp;M's with nuts</p> <p>186 Malted milk balls</p> <p>187 Mars bar</p> <p>188 Marshmallows</p> <p>189 Mary Janes</p> <p>190 Mike and Ike</p> <p><u>Milk chocolate bar:</u></p> <p>191 No nuts</p> <p>192 With nuts</p> <p>193 With fruits and nuts</p> <p>194 Milk Duds</p> <p>195 Milk Shake</p> <p>196 Milky Way</p> <p>197 Mon Cheri</p> <p>198 Mounds</p> <p>199 Mr. Goodbar</p> <p>200 Necco Wafers</p> <p>201 Nestle Crunch</p> <p>202 Nerds</p> <p>203 Nonpareils</p> <p>204 Nougat</p>	<p>205 Oh Henry!</p> <p>206 Compas</p> <p>207 100 Grand</p> <p>208 PayDay</p> <p>209 Chocolaty PayDay</p> <p>210 Peanut bar, no chocolate</p> <p>211 Peanut brittle</p> <p>212 Peanut Butter Boppers</p> <p>213 Peanut Butter Cups</p> <p>214 Peanut Butter Pillows</p> <p>215 Peanut Butter meltaway bars</p> <p>216 Peanut Chews</p> <p>217 Peanut Clusters</p> <p>218 Pecan Log Roll</p> <p>219 Penuche</p> <p>220 Peppermint patties</p> <p>221 Planter's peanut block</p> <p>222 Pom Poms</p> <p>223 Powerhouse</p> <p>224 Pralines</p> <p>225 Reese's Pieces</p> <p>226 Rolo</p> <p>227 Royals (Brach's)</p> <p>228 Royals (M&amp;M)</p> <p>229 Sixlets</p> <p>230 Skittles</p> <p>231 Skor</p> <p>232 Sky Bar</p> <p>233 Smarties</p> <p>234 Snickers</p> <p>235 Snik Snak</p> <p>236 Special Dark Chocolate</p> <p>237 Starburst</p> <p>238 Sugar Babies</p> <p>239 Sugar Daddy</p> <p>240 Summit</p> <p>241 Sweet Tarts</p> <p>242 Switzers</p> <p>243 Taffy</p>	<p>244 Take Five</p> <p>245 3 Musketeers</p> <p>246 Tic Tacs</p> <p>247 Toffee</p> <p>248 Tootsie Roll</p> <p>249 Tootsie Roll pops or drops</p> <p>250 Turtles</p> <p>251 Twix</p> <p>252 Twizzlers</p> <p>253 Yogurt, carob-coated nuts</p> <p>254 Yogurt, carob-coated raisins</p> <p>255 Whatchamacallit</p> <p>256 White chocolate</p> <p>257 Whoppers</p> <p>258 Zagnut</p> <p>259 Zero</p>
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Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE

Q.4 (ASK ONLY IF FOOD ITEM \*\*D) In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONE CODE

Q.5 In the past 7 days, altogether how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS

Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE

Q.7 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS

Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)?

Q.9 (IF BOUGHT) Is that the total price you paid?

Q.10 (IF NO) What does that price represent?

Q	Home Preserved	Not Home Preserved	Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pint	Quart	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	1 = Buy 2 = Home Produce 3 = Gift/Pay	Lb	Oz	Fl Oz	# of Units	Pint	Quart	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	XXX.XX	Q.9 (IF BOUGHT)		Notes
																						Yes	No	
Q	1	2					04	08	09	24							08	09	24			1	2	
Q	1	2					04	08	09	24							08	09	24			1	2	
Q	1	2					04	08	09	24							08	09	24			1	2	
Q	1	2					04	08	09	24							08	09	24			1	2	
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Q	1	2					04	08	09	24							08	09	24			1	2	
Q	1	2					04	08	09	24							08	09	24			1	2	
Q	1	2					04	08	09	24							08	09	24			1	2	
Q	1	2					04	08	09	24							08	09	24			1	2	
Q	1	2					04	08	09	24							08	09	24			1	2	

R. PUDDINGS, ICE CREAM, BUTTER, MAYONNAISE, FATS, OILS OR SALAD DRESSINGS

1. In the past seven days did your household use any puddings, ice cream, butter, mayonnaise, fats, oils or salad dressings?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "S")	No	2

GELATIN, DRY, POWDER

- 1 Unflavored, plain  
 2 Flavored, with sugar  
 3 Flavored, with sweetener

GELATIN, READY-TO-EAT

- 4 Without fruit  
 5 With fruit

PUDDING MIX

Regular:

- 6 Chocolate  
 7 Other flavors  
 8 Low-calorie, chocolate  
 9 Low-calorie, other flavors

Instant:

- 10 Chocolate  
 11 Other flavors  
 12 Low-calorie, chocolate  
 13 Low-calorie, other flavors

PUDDING, READY-TO-EAT

Refrigerated:

- 14 Chocolate  
 15 Other flavors

Canned:

- 16 Chocolate  
 17 Other flavors

EGG CUSTARD

- 18 Mix, regular  
 19 Mix, low-calorie  
 20 Ready-to-eat

ICINGS

Dry mix:

- 21 Creamy, chocolate  
 22 Creamy, other flavors  
 23 Fluffy, chocolate  
 24 Fluffy, other flavors

Ready-to-use:

- 25 Creamy, chocolate  
 26 Creamy, other flavors  
 27 Cake decorating gel

JUNKET

- 28 Mix  
 29 Tablet

ICE CREAM

Bulk or prepackaged (bars, cones, slices, sticks):

- 30 Chocolate  
 31 Other flavors  
 32 Choc. covered bars, pies, bonbons  
 33 Ice cream cake, roll, pie  
 34 Ice cream sandwiches, chipwich  
 35 Imitation ice cream (Mellorine)  
 36 Low fat ice cream  
 37 Sundaes, chocolate  
 38 Sundaes, fruit

ICE MILK

Bulk or prepackaged (bars, slices, sticks):

- 39 Chocolate  
 40 Other flavors  
 41 Chocolate covered bars, sticks

Frozen custard (Dairy Queen, Tastee Freeze):

- 42 Chocolate  
 43 Other flavors  
 44 Fudgesicles

SHERBET

146 SUGAR OR WAFER CONES (NO ICE CREAM)

FROZEN DESSERTS

- 46 Danny-in-a-Cup  
 47 Danny Yogurt On-a-Stick  
 48 Frosted Treat  
 49 Frozen dietary dessert (Wt. Watchers, Sugar Lo)  
 50 Frozen yogurt  
 51 Fruit and juice bars  
 52 Gelatin Pops  
 53 Popsicles, snow-balls, pop-ice  
Pudding pops, bars, sticks:  
 54 Chocolate  
 55 Other flavors  
 56 Sorbet  
 57 Tofu desserts

BUTTER

Sticks or block:

- 58 Regular (salted)  
 59 Sweet (unsalted)  
Tubs, whipped:  
 60 Regular (salted)  
 61 Sweet (unsalted)  
 62 Honey or flavored butter  
 63 Butter Buds, dry

(Continued)

- 99 -

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 (IF FOOD ITEM *'D, ASK:) Was this regular or low-calorie/low-fat dressing?		Q.5 In the past 7 days, <u>altogether</u> how much did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS											Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE  1 = Buy 2 = Home Produce 3 = Gift/Pay	Q.7 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how much did you buy? PROBE FOR # AND TYPE OF UNITS											Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)  \$XX.XX	Q.9 (IF BOUGHT) Is that the total price you paid?		Q.10 (IF NO) What does that price represent?	Notes
	Regular Dressing	Low Calorie/ Low Fat Dressing	Lb	Oz	Fl Oz	# of Items	Cup (Measuring)	Pint	Quart	1/2 Gallon	Gallon	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE		Lb	Oz	Fl Oz	# of Items	Pint	Quart	1/2 Gallon	Gallon	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Yes		No			
R	1	2					04	08	09	10	17	24					08	09	10	17	24			1	2					
R	1	2					04	08	09	10	17	24					08	09	10	17	24			1	2					
R	1	2					04	08	09	10	17	24					08	09	10	17	24			1	2					
R	1	2					04	08	09	10	17	24					08	09	10	17	24			1	2					
R	1	2					04	08	09	10	17	24					08	09	10	17	24			1	2					
R	1	2					04	08	09	10	17	24					08	09	10	17	24			1	2					
R	1	2					04	08	09	10	17	24					08	09	10	17	24			1	2					

R. PUDDINGS, ICE CREAM, BUTTER, MAYONNAISE, FATS, OILS OR SALAD DRESSINGS (Continued)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."

**MARGARINE**

Sticks or block:

- 64 Regular (salted)
- 65 Sweet (unsalted)
- 66 Light stick, lower calorie

Stick spreads:

- 67 Extra Light Promise Stick Spread
- 68 Fleischmann's Light Spread
- 69 I Can't Believe It's Not Butter
- 70 Imperial Spread Stick
- 71 Shedd's Spread Country Crock Quarters

Soft tubs:

- 72 Regular (salted)
- 73 Sweet (unsalted)
- 74 Reduced calorie, regular (salted)
- 75 Reduced calorie, sweet (unsalted)

Soft tub spreads:

- 76 Fleischmann's Light Spread
- 77 I Can't Believe It's Not Butter
- 78 Light Imperial Spread
- 79 Mrs. Filbert's Family Spread
- 80 Promise Soft Spread
- 81 Shedd's Soft Spread
- 82 Cinnamon or honey spreads
- 83 Squeeze margarine
- 84 Whipped margarine

**MARGARINE AND BUTTER BLENDS  
(STICK OR TUB)**

- 85 Blue Bonnet Butter Spread
- Country Morning Blend:
- 86 Regular (salted)
- 87 Sweet (unsalted)

**LARD**

89 **BACON DRIPPINGS**

90 **MEAT FAT, SUET**

**SOLID SHORTENING**

- 91 Butter Flavored Crisco
- 92 Crisco
- 93 Dexo
- 94 Flair
- 95 Scotch Buy
- 96 Spry
- 97 Swift'ning
- 98 Vegetable shortening

**SALAD, COOKING OIL**

- 99 Corn
- 100 Vegetable
- 101 Olive
- 102 Peanut
- 103 Safflower
- 104 Soybean
- 105 Sunflower
- 106 Sunlite Oil
- 107 Sesame
- 108 Balbo Oil
- 109 Cottonseed
- 110 Popcorn popping oil

**MAYONNAISE**

- 112 Reduced calorie mayonnaise
- 113 Mayonette Light
- 114 Weight Watchers

- 115 Cholesterol free (Bright Day)
- 116 Safflower Oil Mayonnaise
- 117 "Salad dressing" (mayonnaise type)
- 118 Miracle Whip
- 119 Light Miracle Whip
- 120 Imitation mayonnaise
- 121 Soyamaise
- 122 Hain Eggless
- 123 Coleslaw dressing
- 124 Garlic spread (Lawry's)
- 125 Horseradish sauce
- 126 Sandwich spread
- 127 Tartar sauce

**SALAD DRESSING**

- \*128 French, French-type
- \*129 Italian, Italian-type
- \*130 Blue cheese, Roquefort
- \*131 Thousand Island
- \*132 Bacon and tomato
- \*133 Buttermilk
- \*134 Caesar
- \*135 Catalina
- 136 Celery seed
- \*137 Creamy cucumber
- \*138 Creamy garlic
- 139 Featherweight or Pritikin  
low-sodium/low-calorie
- \*140 Green goddess
- \*141 Ranch
- \*142 Red wine vinegar and oil
- \*143 Russian
- \*144 Sour cream
- \*145 Yogurt

- 89 -

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 (IF FOOD ITEM **D, ASK:) Was this regular or low-calorie/low-fat dressing?		Q.5 In the past 7 days, altogether how much did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS										Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE  1 = Buy 2 = Home Produce 3 = Gift/Pay	Q.7 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how much did you buy? PROBE FOR # AND TYPE OF UNITS							Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7) \$XX.XX	Q.9 (IF BOUGHT) Is that the total price you paid?		Q.10 (IF NO) What does that price represent?	Notes		
	Regular Dressing	Low Calorie/ Low Fat Dressing	Lb	Oz	Fl Oz	# of Items	Cup (Measuring)	Pint	Quart	1/2 Gallon	Gallon	Item (Other)		IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	Lb	Oz	Fl Oz	# of Items	Pint	Quart		1/2 Gallon	Gallon			Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2	
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2	
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2	
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2	
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2	
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2	
R	1	2					04	08	09	10	17	24						08	09	10	17	24			1	2	

S. SOUPS AND GRAVIES

1. In the past seven days, did your household use any soups, gravies or seasoning mixes?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 12 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "T")	No	2

**SOUPS (CANNED, FROZEN, DEHYDRATED, INSTANT)**

- 1 Alphabet
- 2 Barley and bean
- 3 Barley and mushroom
- Bean:
- 4 Plain
- 5 Black bean
- 6 With bacon, ham or pork
- 7 With macaroni
- Beef:
- \*8 Bouillon, broth
- 9 Beef soup, plain
- 10 Beef barley
- 11 Beef mushroom
- 12 Beef noodle
- 13 Beef vegetable
- 14 Beet soup (borscht)
- 15 Cabbage
- 16 Cheese, cheddar or nacho
- Chicken:
- \*17 Bouillon, broth
- 18 Chicken soup, plain
- 19 Chicken alphabet, stars
- 20 Chicken barley
- 21 Chicken corn
- 22 Chicken 'n dumplings
- 23 Chicken gumbo
- 24 Chicken mushroom
- 25 Chicken noodle
- 26 Chicken rice
- 27 Chicken rice with vegetable
- 28 Chicken vegetable

- Chunky soups:
- 29 Bean with ham
- 30 Beef
- 31 Beef minestrone
- 32 Beef stroganoff
- 33 Chicken minestrone
- 34 Chicken noodle
- 35 Chicken rice
- 36 Chicken vegetable
- 37 Old-fashioned chicken
- 38 Chili beef
- 39 Fish chowder
- 40 Fisherman's chowder
- 41 Ham with butter beans
- 42 Manhattan clam chowder
- 43 Mediterranean vegetable
- 44 Minestrone
- 45 New England clam chowder
- 46 Sirloin burger
- 47 Split peas and ham
- 48 Steak 'n potato
- 49 Turkey vegetable
- 50 Vegetable
- 51 Vegetable beef
- Clam chowder:
- 52 New England
- 53 Manhattan
- 54 Crab
- Cream soups:
- 55 Cream of asparagus
- 56 Cream of broccoli
- 57 Cream of cauliflower
- 58 Cream of celery
- 59 Cream of chicken
- 60 Cream of crab, bisque
- 61 Cream of leek

- 62 Cream of lobster, bisque
- 63 Cream of mushroom
- 64 Cream of onion
- 65 Cream of potato, vichyssoise
- 66 Cream of scallop
- 67 Cream of seafood, bisque
- 68 Cream of shrimp
- 69 Cream of spinach
- 70 Cream of tomato, bisque
- 71 Cream of vegetable
- 72 Fish chowder
- 73 Lentil
- 74 Matzo ball
- 75 Meatball alphabet
- 76 Minestrone
- 77 Mushroom
- 78 Mushroom and barley
- Noodle soups:
- 79 Plain
- 80 With ground beef
- 81 Vegetable
- 82 Cup o' Noodles, Lunch in a Cup
- 83 Ramen, Oodles of Noodles
- 84 Saimin
- 85 Onion, French
- 86 Onion-mushroom
- 87 Oyster stew
- 88 Oxtail
- Pea:
- 89 Green
- 90 Split with/without ham
- 91 Pepper pot
- 92 Seafood chowder
- 93 Scotch broth

- Tomato:
- 94 Plain
- 95 Rice
- 96 Vegetables with/without noodles
- Turkey:
- Bouillon, broth
- Turkey soup, plain
- Noodle
- Vegetable
- Vegetable:
- Vegetable, plain
- Bean
- Beef
- Beef and bacon
- Noodle
- Vegetarian vegetable
- Wonton

\*108(8) **BOUILLON CUBES, GRANULES**

**SOUP/STEW STARTERS**

- Beef barley
- Beef noodle soup
- Beef vegetable
- Chicken noodle
- Chicken vegetable
- Split peas with ham
- Stew starters, beef or chicken

**GRAVY (READY-TO-EAT)**

- 116 Beef gravy
- 117 Chicken gravy
- 118 Mushroom gravy

**SEASONING MIX, GRAVY MIX, DRY**

- 119(8) Beef stew seasoning mix
- 120(8) Chili mix
- 121(8) Hamburger, meat loaf, steak seasoning
- 122(8) Sloppy Joe mix
- 123(8) Taco seasoning mix
- 124(8) Meat marinade
- 125(8) Cheese sauce mix (cheese, nacho)
- 126(8) Hollandaise sauce mix
- 127(8) Spaghetti sauce, not tomato (French's, Crown Colony, McCormick's — except thick and zesty)
- 128(8) Spaghetti sauce with tomato (Boy-ar-dee, Lawry's, McCormick's thick and zesty)
- 129(8) Gravy mix, any kind
- 130(8) Dip mix, salad dressing mix



Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen during the last 7 days? Was it: CIRCLE ONLY ONE CODE								Q.5 (ASK IF "COMMERCIAALLY CANNED" IN Q.4) Was it:		Q.6 (ASK IF FOOD ITEM CODED "COMMERCIAALLY CANNED," "COMMERCIAALLY FROZEN" OR "DRIED" WITH * IN Q.4) Was that labeled "low sodium?"		Q.7 In the past 7 days, altogether how many pounds and ounces did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS				Q.8 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.9 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS				Q.10 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.9)?	Q.11 (IF BOUGHT) Is that the total price you paid?		Q.12 (IF NO) What does that price represent?	Notes				
	Home Frozen	Commercially Frozen	Home Canned	Commercially Canned	Already Cooked	Dried or Dehydrated	Other	Ready-to-Eat	Condensed or Semi-Condensed	Yes	No	Lb	Oz	# of Units	Cup (Measuring)	Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT	1 = Buy	2 = Home Produce	3 = Gift/Pay	Lb	Oz	# of Units	Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT		\$XX.XX	Yes	No	
S	1	2	3	4	7	8	9	1	2	1	2				04	24								24			1	2		
S	1	2	3	4	7	8	9	1	2	1	2				04	24								24			1	2		
S	1	2	3	4	7	8	9	1	2	1	2				04	24								24			1	2		
S	1	2	3	4	7	8	9	1	2	1	2				04	24								24			1	2		
S	1	2	3	4	7	8	9	1	2	1	2				04	24								24			1	2		
S	1	2	3	4	7	8	9	1	2	1	2				04	24								24			1	2		
S	1	2	3	4	7	8	9	1	2	1	2				04	24								24			1	2		
S	1	2	3	4	7	8	9	1	2	1	2				04	24								24			1	2		
S	1	2	3	4	7	8	9	1	2	1	2				04	24								24			1	2		

T. FROZEN OR CARRYOUT DINNERS, SANDWICHES, BREAKFASTS, POT PIES

- In the past seven days, did your household use any frozen or already cooked dinners, sandwiches or frozen breakfasts? (IF "NO," PROBE BEFORE RECORDING RESPONSE: Did you bring home any carryout food from a restaurant, delicatessen, or (prepared) fast-food establishment?)
- Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 11 BELOW IN ORDER FOR EACH "YES"

	Yes	1
(SKIP TO "U")	No	2

**DINNER MIXTURES**

- Beef/Veal  
 Beef sirloin tips dinner:  
 1 With dessert  
 2 Without dessert  
 Beef Stroganoff dinner:  
 3 With dessert  
 4 Without dessert  
 Sliced beef dinner:  
 5 With dessert  
 6 Without dessert  
 Salisbury steak:  
 7 With dessert  
 8 Without dessert  
 Swedish meatball dinner:  
 9 With dessert  
 10 Without dessert  
 Meatloaf dinner:  
 11 With dessert  
 12 Without dessert  
 Veal parmigiana dinner:  
 13 With dessert  
 14 Without dessert  
Pork/Ham  
 15 Pork dinner, without dessert  
 Ham dinner:  
 16 With dessert  
 17 Without dessert  
Chicken  
 Chicken dinner, carryout-type:  
 18 With rolls  
 19 With potatoes (and roll)  
 20 With coleslaw or tossed salad  
 21 With potatoes, coleslaw and roll

- Fried chicken dinner:  
 22 With dessert  
 23 Without dessert  
 Boneless chicken dinner:  
 24 With dessert  
 25 Without dessert  
 Chicken parmigiana dinner:  
 26 With dessert  
 27 Without dessert  
 28 Chicken nugget dinner, without dessert  
 29 Chicken a la king dinner, without dessert  
 30 Chicken with cheese/cheese sauce dinner (cordon blue), without dessert  
 32 Noodles and chicken dinner, with dessert  
Turkey  
 Turkey dinner:  
 33 With dessert  
 34 Without dessert  
Fish and shellfish  
 Fish and chips dinner:  
 35 With dessert  
 36 Without dessert  
 37 Fish fillet dinner, no dessert  
 38 Fried fish dinner, no dessert  
 39 Fried shrimp dinner, no dessert  
 40 Scallops dinner, no dessert  
 41 Seafood Newburg dinner, no dessert  
Franks and beans  
 Franks and beans dinner:  
 42 With dessert

**SPAGHETTI, MACARONI, LASAGNA DINNERS**

- Without dessert  
 43  
 Spaghetti dinner:  
 44 With dessert  
 45 Without dessert  
 Macaroni dinner:  
 46 With dessert  
 47 Without dessert  
 48 Macaroni and cheese dinner, without dessert  
 Lasagna dinner:  
 49 With dessert  
 50 Without dessert

**MEXICAN DINNERS**

- Enchilada dinner:  
 51 Beef  
 52 Chicken  
 53 Cheese  
 54 Beef and bean burrito dinner  
 Mexican-style dinner combo:  
 55 With dessert  
 56 Without dessert

**ORIENTAL DINNERS**

- 57 Beef pepper oriental dinner  
 58 Beef teriyaki dinner  
 59 Beef oriental with broccoli dinner  
 60 Chow mein dinner

- Chow mein combination dinner:  
 61 Chicken chow mein and sweet and sour pork  
 62 Shrimp chow mein and pepper oriental  
 63 Roast pork and Chinese vegetable dinner  
 64 Sweet and sour chicken dinner  
 65 Sweet and sour pork dinner  
 66 Oriental-style skillet dinner

**SANDWICHES**

- Hamburger:  
 67 Regular size  
 68 Large size (Quarter Pounder, Whopper)  
 69 Hamburger with french fries (and coleslaw)  
 Cheeseburger:  
 70 Regular size  
 71 Large size (Big Mac, Cheese Whopper)  
 72 Cheeseburger with french fries (and coleslaw)

- Hot dog  
 Submarine sandwich:  
 74 With meat (hoagie, grinder, steak & cheese)  
 75 Without meat  
 76 Chicken sandwich  
 77 Ham sandwich  
 78 Barbecue sandwich  
 79 Roast beef sandwich  
 80 Turkey sandwich  
 81 Crab cake sandwich  
 82 Fish sandwich  
 83 Tuna salad sandwich

**POT PIES**

- 84 Beef  
 85 Chicken  
 86 Turkey  
 87 Tuna

**BREAKFASTS**

- 88 Egg, meat, cheese breakfast sandwich  
 89 Egg breakfast with sausage and potatoes  
 90 Ham and cheese omelet  
 91 Sausage on a biscuit/muffin  
 92 French toast with sausage  
 93 Pancakes with sausage



U. FROZEN OR CARRYOUT MAIN DISHES, PIZZA, SAUCES, PICKLES, ETC.

1. In the past seven days, did your household use any other mixtures, pizza, sauces, pickles, baking powder, etc.?  
 2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 12 BELOW IN ORDER FOR EACH "YES"

	Yes	1
(SKIP TO "V")	No	2

**BEEF, VEAL, PORK MIXTURES**

- 1 Beef with gravy (no vegetables)  
 2 Beef and vegetables  
 3 Beef Stroganoff  
 4 Beef stew  
 6 Beef with noodles  
 7 Creamed chipped beef  
 9 Salisbury steak with gravy  
 10 Salisbury steak with potatoes  
 11 Meatloaf  
 12 Pork with gravy  
 13 Veal parmigiana  
 14 Veal patties

**HASH, CORNED OR ROAST BEEF**

**POULTRY MIXTURES**

- 16 Boneless chicken with gravy  
 17 Chicken with cheese/cheese sauce (cordon bleu)  
 18 Chicken with gravy (no vegetables)  
 19 Chicken and vegetables  
 20 Chicken and vegetables with rice or noodles  
 21 Chicken stew  
 23 Chicken stew with dumpling  
 24 Chicken a la king  
 25 Chicken parmigiana  
 26 Creamed chicken (no vegetables)  
 28 Dumplings with chicken  
 30 Fried chicken entree  
 31 Turkey with gravy (no vegetables)  
 32 Turkey and vegetables

- 33 Turkey with potatoes  
 34 Turkey parmigiana  
 35 Turkey tetrazzini

**FISH AND SHELLFISH MIXTURES**

- 36 Fish fillet almonidine  
 37 Fish fillet with cheese/newburg sauce  
 38 Fish fillet with vegetables  
 39 Fish and chips  
 40 Seafood with vegetables  
 41 Seafood Newburg  
 42 Shrimp creole

**BEANS AND FRANKS**

**SPAGHETTI MIXTURES**

- 44 With franks  
 45 With breaded veal entree  
 46 With tomato sauce, cheese sauce  
 47 With meatballs or meat sauce

**MACARONI MIXTURES**

- 49 With franks  
 50 With cheese  
 51 With meat  
 52 With sauce

**MEXICAN FOOD MIXTURES**

- Burritos:  
 53 Beef and bean  
 54 Chicken  
 55 Green or red chili

- 56 Chili and beans, without meat  
 Chili con carne:  
 57 With beans  
 58 Without beans  
 Enchiladas:  
 59 With beef  
 60 With chicken  
 61 With cheese  
 62 Tacos, not dry shell  
 63 Tamales  
 64 Nacho and tostado appetizer

**ORIENTAL FOOD MIXTURES**

- 65 Beef teriyaki  
 66 Beef pepper oriental  
 67 Beef with vegetables  
 27 Cashew chicken with vegetable and rice  
 68 Chicken with vegetables  
 69 Chicken oriental with rice  
 70 Sweet and sour chicken  
 71 Sweet and sour pork  
 Chow mein/chop suey:  
 72 Vegetable  
 73 Meat  
 74 Egg rolls  
 75 Egg foo yung  
 76 Shrimp with vegetables  
 77 Shrimp with vegetables and rice

**RICE MIXTURES, NOT DRY**

- 79 Fried rice, not dry  
 80 Rice pilaf, not dry  
 81 Spanish rice, not dry  
 82 White and wild rice, not dry

**PIZZA, PASTA MIXTURES**

- Pizza, not dry  
 83 Cheese pizza  
 84 Sausage  
 85 Pepperoni, meat other than sausage  
 86 Deluxe or combination  
 87 Vegetable pizza  
 French bread pizza:  
 88 Cheese  
 89 Meat  
 90 Pizza snacks  
 Ravioli, not dry  
 With sauce:  
 92 Cheese  
 94 Meat  
 Without sauce:  
 96 Cheese  
 97 Meat  
 Lasagna, not dry  
 98 Cheese  
 100 Meat  
 102 Vegetable  
 103 Fettucini Alfredo  
 Crepes:  
 104 Meat or chicken  
 105 Seafood  
 106 Spinach  
 107 Stromboli  
 Manicotti, cannelloni, pasta shells:  
 108 Cheese  
 109 Meat  
 110 Spinach or broccoli  
 111 Tofu

(Continued)

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 In what form was the (FOOD ITEM) when you first brought it into the kitchen in the last 7 days? Was it: CIRCLE ONE CODE							Q.5 (ASK IF "COMMERCIALY FROZEN":) Was that labeled "reduced calorie"?		Q.6 (ASK IF "COMMERCIALY CANNED":) Was that labeled "low-sodium"?		Q.7 In the past 7 days, altogether how many pounds did you use? (PROBE: How much did you use?) PROBE FOR # AND TYPE OF UNITS							Q.8 Did you buy the (FOOD ITEM), home produce it or receive it as a gift or as payment? ENTER CODE			Q.9 (IF BOUGHT:) When you bought the (FOOD ITEM) you used, how many pounds and ounces did you buy? PROBE FOR # AND TYPE OF UNITS							Q.10 (IF BOUGHT:) What did you pay for the (TOTAL AMOUNT IN Q.9)?		Q.11 (IF BOUGHT:) Is that the total price you paid?		Q.12 (IF NO:) What does that price represent?	Notes			
	Home Frozen	Comm. Frozen	Home Canned/Preserved	Comm. Canned	Already Cooked	Dried or Dehydrated	Other	Yes	No	Yes	No	Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Tbsp.	Pt.	Qt.	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	1 = Buy	2 = Home Produce	3 = Gift/Pay	Lb	Oz	Fl Oz	# of Units	Pt.	Qt.	Item (Other)	IF ITEM OR OTHER, SPECIFY WEIGHT OR SIZE	\$XX.XX		Yes	No	
U	1	2	3	4	7	8	9	1	2	1	2				04	06	08	09	24										08	09	24				1	2	
U	1	2	3	4	7	8	9	1	2	1	2				04	06	08	09	24										08	09	24				1	2	
U	1	2	3	4	7	8	9	1	2	1	2				04	06	08	09	24										08	09	24				1	2	
U	1	2	3	4	7	8	9	1	2	1	2				04	06	08	09	24										08	09	24				1	2	
U	1	2	3	4	7	8	9	1	2	1	2				04	06	08	09	24										08	09	24				1	2	
U	1	2	3	4	7	8	9	1	2	1	2				04	06	08	09	24										08	09	24				1	2	
U	1	2	3	4	7	8	9	1	2	1	2				04	06	08	09	24										08	09	24				1	2	

U. FROZEN OR CARRYOUT MAIN DISHES, PIZZA, SAUCES, PICKLES, ETC. (Continued)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 12 BELOW IN ORDER FOR EACH "YES"

- 112 Creamed noodle casserole
- 113 Noodles with beef in cream sauce (Stroganoff)
- 114 Noodles with chicken
- 115 Linguini with clam sauce

**CHEESE MIXTURES**

- 116 Cheese fondue
- 117 Cheese nuggets
- 118 Cheese and ham nuggets
- 119 Souffle
- 120 Souffle with spinach or corn
- 121 Quiche
- 122 Pour-a-Quiche
- 123 Rarebit

**SALAD**

- 124 Antipasto
- 125 Carrot salad
- 126 Chicken salad
- 127 Coleslaw
- 128 Crab salad
- 129 Macaroni salad
- 130 Mushroom salad
- 131 Pasta salad with vegetables
- 199 Potato salad
- 132 Shrimp or lobster salad
- 133 Tossed salad
- 134 Tuna salad
- 135 Turkey salad

**VEGETABLE AND OTHER MIXTURES**

- 136 Bread pudding
- 137 Corn fritters
- 138 Eggplant parmesan
- 139 Stuffed cabbage rolls

- 140 Stuffed green peppers
- 141 Stuffed mushrooms
- 142 Vegetables in pastry
- 143 Vegetable sticks in batter

**DRY MIXTURES**

Pizza:

- 144(9) With meat
- 145(9) Without meat
- 146(9) Egg noodles with chicken dinner
- 147(9) Lasagna dinner
- Main dish mixes -- Hamburger Helper, Chicken Helper, Tuna Helper;
- 148(9) With dumplings/stuffing
- 149(9) With macaroni/lasagna
- 150(9) With noodles
- 151(9) With rice
- 152(9) With potato and/or vegetable
- 153(9) Noodles or pasta with sauce, Noodleroni mixes
- 154(9) Oriental dinner mix
- 155(9) Mexican dinner mix (taco, burrito, enchilada, tamale)
- 156(9) Miss Molly entree mix

**CATSUP**

- 157 Regular
- 158 Low-sodium

**BARBECUE SAUCE**

- 159 Regular, plain
- 160 With beef
- 161 Sandwich sauce -- Manwich, Sloppy Joe
- 162 Low-sodium

**CHILI SAUCE**

- 163 Regular
- 164 With meat
- 165 Green chili sauce
- 166 Low-sodium

**SPAGHETTI SAUCE, NOT DRY**

- 167 With meat
- 168 Without meat
- 169 Low-sodium

**OTHER SAUCES**

- 170 Pizza sauce
- 171 Hot enchilada sauce
- 172 Mustard sauce
- 173 Sweet and sour sauce
- 174 Taco sauce
- 175 White sauce
- 176 White or red clam sauce

**PICKLES**

- Sour, dill:
- 177 Regular
- 178 Low sodium
- 179 Sweet
- 180 Tomato

**RELISHES**

- 181 Sour
- 182 Sweet (including hot dog and hamburger relish)
- 183 Tomato

**OLIVES**

- Green:
- 184(4) With pit
- 185(4) Without pit
- Black, ripe:
- 186(4) With pit
- 187(4) Without pit
- 188(4) Olive appetizer, condite, salad

**YEAST**

- 189(9) Compressed cake
- 190(8) Dry, baker's
- 191(9) Brewer's granules

**BAKING POWDER**

- 192(8) Calumet
- 193(8) Clabber Girl
- 194(8) Davis OK
- 195(8) Featherweight
- 196(8) Hearth Club
- 197(8) KC
- 198(8) Rumford



V. NUTS AND BEVERAGES

1. In the past seven days, did your household use any nuts or beverages?
2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."

	Yes	1
(SKIP TO "W")	No	2

PEANUT BUTTER

- 1 Smooth, chunky
- 2 Freshly prepared
- 3 With jelly
- 4 Low-sodium

OTHER NUT BUTTER  
(CASHEW, ALMOND)

- 5

ALMONDS

- \*6 Not roasted
- \*7 Roasted or dry roasted
- 8 Honey-roasted

CASHEWS

- \*9 Roasted or dry-roasted
- 10 Honey-roasted

CHESTNUTS

- 11 In shell, raw
- 12 Canned

COCONUT

- 13 In shell
- 14 Fresh meat
- 15 Canned, flaked
- 16 Packaged, flaked, shredded
- 17 Frozen, grated, unsweetened

\*18 MIXED NUTS

- 20 Cashew and peanut mix, honey-roasted

NUT MIXTURES

- 21 With fruits and seeds (trail mix)
- 22 With seeds (include sesame nut)

PEANUTS

- \*23 Not roasted/raw
- \*25 Roasted or dry-roasted
- 26 Honey-roasted
- 27 Low-calorie, roasted, salted

\*28 PECANS

- 30 Honey-roasted

\*31 PISTACHIO

WALNUTS

- \*32 Black
- \*33 English

OTHER NUTS

- \*34 Brazil nuts
- \*36 Filberts

- \*38 Hazelnuts
- \*40 Hickory nuts
- \*41 Macadamia nuts
- \*42 Pinenuts, pinyons, pignolias
- 43 Nut substitute, wheat nuts
- \*44 Soy nuts, pernuts

SEEDS

- \*46 Pumpkin, squash
- \*47 Sunflower

COCOA AND COCOA MIX, DRY

- 48 Plain cocoa
- 49 With no milk, with sugar
- 50 Hershey's Instant
- 51 Nestle's Quik
- 52 PDQ, chocolate
- 53 With no milk, artificially sweetened
- 54 Nestle's Quik sugar-free
- 55 Swiss Miss Milk Maker sugar-free
- 56 With nonfat dry milk, with sugar
- 57 Carnation instant hot cocoa mix
- 58 Nestle's Rich 'N Creamy
- 59 Swiss Miss hot cocoa mix, Swiss Lad
- 60 With nonfat dry milk, artificially sweetened or without sugar
- 61 Alba cocoa mix
- 62 Carnation sugar-free cocoa mix
- 63 Ovaltine sugar-free cocoa mix
- 64 Swiss Miss sugar-free cocoa mix

COFFEE

- 65 Bean, ground, flaked
- 66 Ground with chicory
- Instant:
- 67 Powdered
- 68 Freeze-dried
- 69 With chicory
- International-style mixes (incl. Cafe Amaretta, Suisse Mocha, Vienna):
- 70 Instant, with sugar
- 71 Instant, artificially sweetened

DECAFFEINATED COFFEE

- 72 Bean, ground
- Instant:
- 73 Powdered
- 74 Freeze-dried

COFFEE SUBSTITUTE

- 75 Grain beverage (include Postum, Pero)
- 76 Chicory (ground root)

(Continued)



Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 (IF FOOD ITEM *'D) Was that in the shell or not (IF NOT: Was it salted or not?)			Q.5 In the past 7 days, altogether how much did you use? (PROBE FOR # AND TYPE OF UNITS)										Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE	Q.7 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how much did you buy? PROBE FOR # AND TYPE OF UNITS										Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)?	Q.9 (IF BOUGHT) Is that the total price you paid?		Q.10 (IF NO) What does that price represent?	Notes	
	In Shell, Husk	Not in Shell		Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pt.	Qt.	Liter/1/5 Gallon	Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT		Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pt.	Qt.	Liter/1/5 Gallon	Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT		\$XX.XX	Yes			No
		Salted	Not Salted																											
V	1	2	3					04	08	09	20	24															1	2		
V	1	2	3					04	08	09	20	24															1	2		
V	1	2	3					04	08	09	20	24															1	2		
V	1	2	3					04	08	09	20	24															1	2		
V	1	2	3					04	08	09	20	24															1	2		
V	1	2	3					04	08	09	20	24															1	2		
V	1	2	3					04	08	09	20	24															1	2		
V	1	2	3					04	08	09	20	24															1	2		
V	1	2	3					04	08	09	20	24															1	2		

V. NUTS AND BEVERAGES (Continued)

2. Did you use any (FOOD CATEGORY)? READ ITEMS IN BOXES. ASK Q's 3 TO 10 BELOW IN ORDER FOR EACH "YES."

**TEA (INCLUDE DECAFFEINATED, FLAVORED)**

Leaf, loose or bag:

- 77 Regular
  - 78 Herbal
  - 79 Instant
- Tea mix:
- 80 With sugar
  - 81 With sugar and lemon
  - 82 Without sugar, with lemon
  - 83 Artificially sweetened

Iced tea, ready-to-drink:

With sugar:

- 84 Refrigerated
  - 85 Commercially canned
  - 86 Boxed
- Artificially sweetened:
- 87 Refrigerated
  - 88 Commercially canned
  - 89 Boxed
- 90 Iced tea, frozen concentrate

**SOFT DRINKS — INCLUDE CAFFEINE FREE**

Cola or pepper type (include chocolate- or fruit-flavored cola):

- 91 Regular
  - 92 Diet
- Not cola or pepper type (7-Up, Sprite, Mountain Dew, cream sodas)
- 93 Regular
  - 94 Diet
- Soft drink with fruit juice:
- 95 Regular (Slice, Orangina)
  - 96 Regular, fortified (Sunkist Plus, Minute Maid Orange Soda)

- 97 Diet (Slice)
  - 98 Diet, fortified (Minute Maid)
  - 99 Carbonated water
  - 100 Club soda
- Ginger ale:
- 101 Regular
  - 102 Diet
- Root beer:
- 103 Regular
  - 104 Diet
- 105 Tab with calcium
  - 106 Tonic water, quinine water

**MALT BEVERAGE, NONALCOHOLIC "BEER"**

**WINE, NONALCOHOLIC**

**COCONUT CREAM**

**ALCOHOLIC BEVERAGES**

- 110 Ale, porter, stout
  - 111 Amaretto
  - 112 Anisette
  - 113 Applejack
- Beer:
- 114 Regular
  - 115 Light
  - 116 Extra-light low alcohol
  - 117 Beer cooler
  - 118 Blended whiskey
  - 119 Bourbon
  - 120 Brandy

- 121 Burgundy
- 122 Chablis
- 123 Champagne
- 124 Chianti
- 125 Cocktails, ready mixed
- 126 Cognac
- 127 Cointreau
- 128 Cold Duck
- 129 Cooking sherry, wine
- 130 Cordials
- 131 Creme de menthe
- 132 Drambuie
- 133 Dubonnet
- 134 Gin
- 135 Irish Mist
- 136 Kahlua
- 137 Liqueurs
- 138 Port
- 139 Rhine wine
- 140 Rum
- 141 Rye
- 142 Sangria
- 143 Sauterne
- 144 Scotch
- 145 Sherry, sweet
- 146 Sherry, dry
- 147 Sloe gin
- 148 Southern Comfort
- 149 Tequila
- 150 Tia Maria
- 151 Triple Sec
- 152 Vermouth
- 153 Vermouth, dry
- 154 Vodka
- 155 Whiskey

Wine:

- 156 Table, dry
- 157 Dessert, sweet
- 158 Wine cooler

1  
80  
1

Q.3 What (other) type of (FOOD CATEGORY) did you use? RECORD FOOD CODE HERE. IF NO CODE, DESCRIBE	Q.4 (IF FOOD ITEM *'D) Was that in the shell or not (IF NOT: Was it salted or not?)			Q.5 In the past 7 days, altogether how much did you use? (PROBE FOR # AND TYPE OF UNITS)										Q.6 Did you buy the (FOOD ITEM), home produce it, or receive it as a gift or as payment? ENTER CODE  1 = Buy 2 = Home Produce 3 = Gift/Pay	Q.7 (IF BOUGHT) When you bought the (FOOD ITEM) you used, how much did you buy? PROBE FOR # AND TYPE OF UNITS										Q.8 (IF BOUGHT) What did you pay for the (TOTAL AMOUNT IN Q.7)? \$XX.XX	Q.9 (IF BOUGHT) Is that the total price you paid?		Q.10 (IF NO) What does that price represent?	Notes	
	In Shell, Husk	Not in Shell		Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pt.	Qt.	Liter/1/5 Gallon	Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT		Lb	Oz	Fl Oz	# of Units	Cup (Measuring)	Pt.	Qt.	Liter/1/5 Gallon	Item (Other)	IF ITEM OR OTHER, SPECIFY SIZE OR WEIGHT			Yes			No
		Salted	Not Salted																											
V	1	2	3					04	08	09	20	24														1	2			
V	1	2	3					04	08	09	20	24														1	2			
V	1	2	3					04	08	09	20	24														1	2			
V	1	2	3					04	08	09	20	24														1	2			
V	1	2	3					04	08	09	20	24														1	2			
V	1	2	3					04	08	09	20	24														1	2			
V	1	2	3					04	08	09	20	24														1	2			
V	1	2	3					04	08	09	20	24														1	2			
V	1	2	3					04	08	09	20	24														1	2			

W. 1. There are a few items, such as vinegar and condiments, which I will now ask about. For these, think about how much you PURCHASED rather than how much you used. In the past seven days did you buy any (FOOD CATEGORY)?

None	2
------	---

- |   |                 |   |                     |    |  |    |   |
|---|-----------------|---|---------------------|----|--|----|---|
| 1 | VINEGAR         | 7 | PEPPER              | 10 | BAKING SODA  | 12 | MEAT TENDERIZERS AND MARINADES (ACCENT) |
|   | SALT            | 8 | SALAD MUSTARD (WET) | 11 | SPICES, HERBS<br>(dry mustard, bay leaves, cinnamon, dry paprika, basil, nutmeg, etc.) | 13 | SPRAY COOKING OIL                       |
| 2 | Iodized         | 9 | CREAM OF TARTAR     |    |  | 14 | EXTRACTS AND MEAT SAUCES                |
| 3 | Noniodized      |   |                     |    |  |    |   |
| 4 | Low-sodium      |   |                     |    |  |    |   |
| 5 | Salt substitute |   |                     |    |  |    |   |
| 6 | Seasoned salt   |   |                     |    |  |    |   |

Q.2 What (other) type of (FOOD CATEGORY) did you buy? RECORD CODE HERE, IF NO CODE, DESCRIBE	Q.3 When you bought the (FOOD), how much did you buy?					Q.4 What did you pay for the (TOTAL AMOUNT IN Q.3)? \$XX.XX	Q.5 Is that the total price you paid?		Q.6 (IF NO:) What does that price represent?	Notes
	Lb	Oz	Fl Oz	# of units	Item (Other)		Yes	No		
W					24		1	2		
W					24		1	2		
W					24		1	2		
W					24		1	2		
W					24		1	2		
W					24		1	2		
W					24		1	2		
W					24		1	2		



72. (CIRCLE A NUMBER FROM "1," FOR "NOT USED AT ALL" TO "6," MEANING "USED A GREAT DEAL," TO DESCRIBE THE EXTENT TO WHICH THE FOLLOWING ITEMS WERE USED DURING THE COMPLETION OF SECTION II)

Household Respondent Used:	Not Used at All					Used a Great Deal
	1	2	3	4	5	6
Meat package labels	1	2	3	4	5	6
Other labels, recipes or other reminders	1	2	3	4	5	6
Grocery receipts	1	2	3	4	5	6
Food in pantry, or refrigerator	1	2	3	4	5	6
Measuring aids (cups, rulers)	1	2	3	4	5	6
Bowls, mugs or other containers from cupboard	1	2	3	4	5	6

73. (HOW MUCH DIFFICULTY DID THE RESPONDENT HAVE IN REPORTING:)

	No Difficulty					A Great Deal of Difficulty
	1	2	3	4	5	6
All the foods used in the seven-day period?	1	2	3	4	5	6
The form and/or processing variation of foods used?	1	2	3	4	5	6
The amount of food <u>used</u> in the seven-day period?	1	2	3	4	5	6
The amount of food <u>purchased</u> ?	1	2	3	4	5	6
The price of the food <u>purchased</u> ?	1	2	3	4	5	6

74. (ASK EVERYONE:) Which one of the following statements best describes the food eaten in your household:

(READ)

Enough of the kinds of food we want to eat,	1
Enough but not always what we want to eat,	2
Sometimes not enough to eat, or	3
Often not enough to eat?	4

SECTION III

75. During the past year (1986), did anyone in the household grow any vegetables or fruit for use in your household?

Yes	1
No	2

76. During the past year (1986), did anyone in the household produce any animal products such as milk, eggs, meat, or poultry for home use in your household?

Yes	1
No	2

77. During the past year (1986), did anyone in the household catch any fish or shoot game for home use? How about:

	Yes	No
Fish?	1	2
Game?	1	2

78. During the past year (1986) did anyone in the household can any food or make any jellies, jams, or preserves for home use?

Yes	1
No	2

79. Does anyone in this household operate a farm or ranch?

Yes	1
(SKIP TO Q.81) No	2

80. During the past calendar year (1986), did sales of crops, livestock and other farm products from this place amount to \$1,000 or more?

Yes	1
No	2

81. (SHOW CARD E) During the past year, have you obtained information on nutrition from:

(READ)

	Yes	No
A doctor, nurse or other health professional?	1	2
A nutritionist, dietitian, home economist, or extension agent?	1	2
Relatives or friends?	1	2
Radio or television?	1	2
Newspapers, magazines, or books?	1	2
Government or health organization publications?	1	2
Food company publications?	1	2
Food packages or labels?	1	2

82. (REFER TO CARD E AGAIN) Which of the sources on this card is your preferred source of nutrition information? Just tell me the number please.

1 2 3 4 5 6 7 8

None of these sources	9
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83. Which, if any, of the following appliances does this household have in working condition:

(READ)

	Yes	No
A range top (burners)?	1	2
An oven (for baking or roasting)?	1	2
A refrigerator?	1	2
A freezer or a refrigerator with a freezing section with its own outside door?	1	2
A hot plate or electric frypan?	1	2
A microwave oven?	1	2

## SECTION IV

LOOK AT FLAP. BEGIN WITH LINE #1, FIND ALL HOUSEHOLD MEMBERS WHO ARE 15 YEARS OLD OR OLDER AT THE TOP OF THE COLUMNS BELOW. ASK Q's 84 TO 86 IN SEQUENCE FOR EACH

84. (SHOW CARD F) Please tell me whether (NAME) received income in the last month from:

85. (FOR EACH CODE "1" CIRCLED FOR a THROUGH m BELOW, ASK:) What was the total income deductions? (RECORD AMOUNT IN COL. Q.85 BELOW)

86. (FOR EACH CODE "1" CIRCLED FOR n THROUGH u BELOW, ASK:) What was the total income deductions? (RECORD AMOUNT IN COL. Q.86 BELOW)

	NAME #:		LINE:		NAME #:		LINE:	
	COL. Q.84		COL. Q.85		COL. Q.84		COL. Q.85	
LAST MONTH'S INCOME:	Yes	No			Yes	No		
a. Wages or salary before deductions? (IF ASKED, SAY: Include commissions, tips, Armed Forces pay and allowances)	1	2	\$	.00	1	2	\$	.00
b. Social Security checks from the U.S. Government?	1	2	\$	.00	1	2	\$	.00
c. Supplemental Security Income (SSI) from federal, state, or local government?	1	2	\$	.00	1	2	\$	.00
d. Aid to Families with Dependent children (AFDC)?	1	2	\$	.00	1	2	\$	.00
e. General assistance or other private or public assistance program?	1	2	\$	.00	1	2	\$	.00
f. Unemployment compensation?	1	2	\$	.00	1	2	\$	.00
g. Workmen's compensation?	1	2	\$	.00	1	2	\$	.00
h. Federal, State or local government employee retirement?	1	2	\$	.00	1	2	\$	.00
i. Veteran's payments (exclude GI Bill)?	1	2	\$	.00	1	2	\$	.00
j. Railroad Retirement from the U.S. Government?	1	2	\$	.00	1	2	\$	.00
k. Private pensions or annuities?	1	2	\$	.00	1	2	\$	.00
l. Alimony or child support?	1	2	\$	.00	1	2	\$	.00
m. Other regular monthly contributions from persons not living in this household?	1	2	\$	.00	1	2	\$	.00
LAST CALENDAR YEAR'S INCOME:			COL. Q.86				COL. Q.86	
n. Net income from own business or professional practice (before taxes)?	1	2	\$	.00	1	2	\$	.00
o. Net income from own farm (before taxes)?	1	2	\$	.00	1	2	\$	.00
p. Estates and trusts?	1	2	\$	.00	1	2	\$	.00
q. Dividends?	1	2	\$	.00	1	2	\$	.00
r. Interest on savings accounts or bonds?	1	2	\$	.00	1	2	\$	.00
s. Net rental income, royalties and payments from roomers and boarders?	1	2	\$	.00	1	2	\$	.00
t. Scholarships, grants, living allowances, cash gifts, insurance settlements, or other unusual cash receipts (include GI Bill)?	1	2	\$	.00	1	2	\$	.00
u. Any other source?	1	2	\$	.00	1	2	\$	.00
v. Refusal or "Don't know" to all sources of income (CIRCLE CODE "9999" AND GO TO NEXT QUESTION)	1	2	9999		1	2	9999	





87. Was the total amount of household income received in (NAME OF LAST MONTH) more than, less than, or about the same as a typical month's income during the last 12 months?

More	1
Less	2
Same	3

88. During the past year (1986), approximately how much income from all sources did you and other household members have before income taxes? Please give me your best estimate.

\$ \_\_\_\_\_ .00

Not a household unit in the past year (1986)	1
--	---

IF REFUSED OR DON'T KNOW, SHOW CARD G AND ASK: Please tell me which letter on this card best represents your combined household income before taxes for the past year (1986). (CIRCLE A CODE NUMBER)

a	b	c	d	e	f	g	h	i
01	02	03	04	05	06	07	08	09

j	k	l	m	n	o	p	q	r
10	11	12	13	14	15	16	17	18

Refused	9
---------	---

89. Now, consider the savings or cash assets that members of this household have. Think of cash, savings or checking accounts, stocks, bonds, mutual funds and certificates of deposits. Do the members of this household have more than \$5,000 of such savings or cash assets at this time?

(SKIP TO Q.91)	Yes	1
	No	2

90. (SHOW CARD H) What letter on this card best represents the total savings or cash assets of all household members at this time?

a	b	c	d	e	f
1	2	3	4	5	6

91. Did any member of your household receive food stamps in any of the past 12 months? (IF RESPONDENT IS UNCERTAIN, SAY: That is, from (NAME OF CURRENT MONTH) 1986 through (NAME OF LAST MONTH), 1987.

	Yes	1
(SKIP TO Q.97)	No	2
	Don't know	8

92. Is your household receiving food stamps at the present time?

	Yes	1
(SKIP TO Q.97)	No	2

93. Does everyone in your household receive food stamps at the present time?

(SKIP TO Q.95)	Yes	1
	No	2

94. Who does not receive food stamps? (RECORD NAMES)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

95. On about what date did your household last get food stamps?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH      DATE      YEAR

Don't know	8
------------	---

(IF NO FOOD STAMPS IN CURRENT OR LAST MONTH, SKIP TO Q.97 OTHERWISE, CONTINUE)

96. What was the total amount of stamps you received at that time? Please give me your best estimate?

\$ \_\_\_\_\_ .00

Don't know	8
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97. Not including food donated by the government or received as a gift, in the last month, about how many pounds and ounces of (NAME OF FOOD) has your household bought?

	Lbs	Ozs
Cheese?		
Butter?		
Margarine?		

98. In the last three months, did your household receive any USDA surplus cheese or butter?

	Yes	1
(SKIP TO Q.101)	No	2

99. About how many days has it been since you last got USDA surplus cheese or butter?

Within the last 30 days	1
Between 31 and 60 days ago	2
Between 61 and 90 days ago	3

100. Altogether, about how many pounds and ounces of USDA surplus (NAME OF FOOD) did you receive in total at that time?

	Lbs	Ozs
Cheese?		
Butter?		

101. What is the primary source of your home drinking water?

Tap or community water supply	1
Spring	2
Well	3
Bottled (SPECIFY:) _____	4
Mineral (SPECIFY:) _____	5
Other (SPECIFY:) _____	0

102. BY OBSERVATION: The members of this household live in

A. Single housing unit	1
B. Group quarters	2
C. Rooming house	3
D. Other (SPECIFY:) _____	0

GO TO DAY ONE INTAKE RECORD