



Food Expenditure Survey in 1996

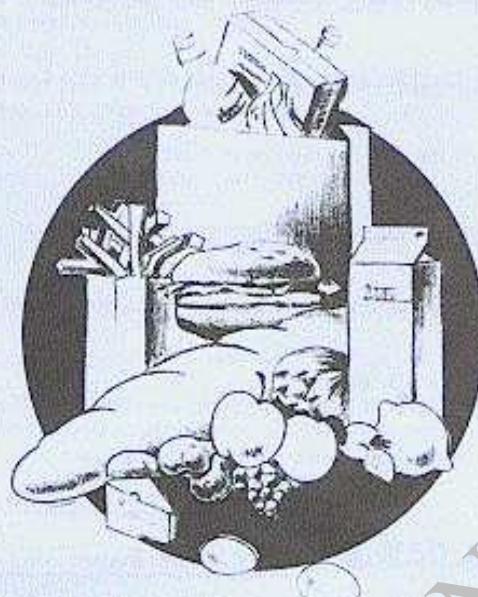
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Si vous préférez ce questionnaire en français, veuillez cocher

Collected under the authority of the
Statistics Act, Revised Statutes of
Canada, 1985, Chapter S19.

Diary of Food Purchases

FE3



- This diary covers 7 days beginning with and ending with .
- For each day, record all of your family's purchases of:
 - Food and beverages
 - Restaurant meals and snacks
- If you have any questions, your Statistics Canada representative can be contacted at .
- He/She will return or a to pick up this diary.

Thank you! We greatly appreciate your participation.

For office use only.

P.S.U.	GROUP	CLUSTER	ROT	LIST	M	MONTH	WK	START DATE	SCS/SCS	DATA CODE
<input type="text"/>										

851004.1: 1995-07-23 STC/HLD-045-60110

Instructions

For each of the 7 days covered by this diary, list your household's purchases of:

- food and non-alcoholic beverages purchased from stores
- food and all beverages purchased from restaurants

Record all of these purchases, no matter how big or small -- from packages of gum to sides of beef.

So you don't forget, make your entries as soon as possible after you get home.

Only record the day's purchases. Don't list home grown foods or gifts your household received.

Record bulk meat and freezer plans the day you receive your order.

Don't report purchases that are made while away from home overnight or longer.

Don't report purchases on the way to a vacation home, unless they were brought home first.

Indicate if a purchase was reported in U.S. dollars.

Start a new page each day of the diary. Write in the day of the week in the heading as shown here:

First day ► Enter day
Tuesday

Check with members of your household at the end of each day to ensure all purchases are recorded. Snacks, soft drinks, and food from restaurants are easily forgotten.

When entering the details of a purchase, try as much as possible to remain within the limits of the spaces provided for the various description items.

Daily reminder list

Did you or other members of your household purchase

- Food and beverages from restaurants, cafeterias, snack bars, vending machines, etc.?
- Snacks such as potato chips, chocolate bars, soft drinks, etc.?
- Any other food or non-alcoholic beverages from stores?

Householder's notes

Instructions - continued

How to describe the food and beverages you purchase from stores:

The items you list in this diary will be grouped into about 250 different categories. To do this we need a detailed description of each item. Look at the descriptions in the example on the next page as well as the following pointers:

Milk

Specify if whole, 2%, 1%, skim, half and half, chocolate, condensed, evaporated, powdered, etc.

Cheese

Specify if processed cheese, cheese spread, cheese dip, cream cheese, grated cheese, etc.
Specify the type such as Cheddar, Gruyere, Parmesan, etc.

Meat and Poultry

Specify the type of meat and the cut. For example: beef round steak, pork loin roast, lamb shoulder chops, veal shank, pork livers, whole turkey, chicken giblets.

Uncooked Sausages

Specify if pure pork sausage, breakfast type, bratwurst, etc.

Cooked Meats

Specify if wieners, cooked sausage, sliced cooked meats or other cooked meats.

Fish and Seafood

Specify type (cod, tuna, scallops, shrimps, lobsters, etc.) and if pre-cooked, breaded, canned, etc.

Fruits and Vegetables

Specify type (apples, cantaloupes, pineapples, green beans, broccoli, etc.). Describe if processed such as frozen french fried potatoes, stewed tomatoes or baked beans.

Infant and Junior Foods

Specify if formula, cereal, meat, vegetables, fruits, pudding, juice.

Beverages

Specify the type (orange juice, Hawaiian Punch, soft drinks, mineral water, etc.). Specify if it is carbonated, concentrated, etc.

Coffee

Specify if instant, ground or bean.

Nuts and Seeds

Specify type (peanuts, almonds, walnuts, sesame seeds, etc.). If they are in the shell, without shells, salted or unsalted.

Substitutes

Specify if non-butterfat substitute for cream (or whipped cream), artificial sweetener, egg replacers, etc.

Bulk Meat

Specify the type of meat and if a side, front quarter, hind quarter. For other bulk purchases specify the cut.

The cash register tape is not a substitute for diarykeeping! Here's why:

Many store packaged items won't have specific descriptions. Words like "meat" and "bakery" don't tell us much.

Most people buy a number of non-food items at the grocery store. Items like laundry detergent, commercial pet food, light bulbs could be erroneously included in your food and beverage expenditures.

Many small purchases may be made by household members and the cash register tape may not be provided or is forgotten. These can add up to a lot of money over the week.

Use your tapes to help you record your food purchases.

Many modern check-out tapes contain the weights of produce, and in many cases are necessary to find out the price of an item. They will help you out when you can't list items in the diary before they are put away or eaten.

Use the step by step instructions on the following pages to enter your purchases in this dairy.

Six steps to recording your food and non-alcoholic beverages purchased from stores

1 Write in your description of the item. (Use the instructions on page 2 as a guide.) Do not report alcoholic beverages. Report food for human consumption you purchased for a pet, (for example, ground beef for a dog). Don't report commercial pet food.

2 Enter one of the following codes to further describe the item:

Frozen (1)

- Items that are frozen at the time of purchase.
- Items defrosted by the grocer should be reported as "other" (code 4).

Canned/Bottled (2)

- Also include 'Tetra Pak' cartons and other aseptic containers.

Dried (3)

- Examples include: dried soups, dried fruits, instant mashed potatoes, powdered milk, etc.

Fresh and/or other (4)

- Any items that can't be described by the above three codes.
- Examples include: fluid milk, fresh fruits and vegetables, coffee beans, all purpose flour, nut and nut mixtures.

3 Check the type of store this item was purchased from:

Food specialty stores:

Retail stores which offer a wide variety of a limited number of items. Included in this group are butcher stores, fresh produce stores, bakery shops, fish markets, candy and nut stores, delicatessens, health food stores, and soft drink outlets. Outdoor farmers' markets or stands are also included in this group, as are direct purchases from producers and frozen food providers.

Convenience stores:

Retail stores which offer a limited variety of a general line of groceries (food and non-food items). These stores normally have extended hours.

Supermarkets:

Retail stores which offer a wide variety of most grocery items (food and non-food). Retail co-operatives are included in this group.

Other:

Any other type of retail outlet involved in selling food items. Remember to include purchases of food items including confections and soft drinks obtained from non-food stores such as department stores, drug stores and other outlets. Purchases from restaurants (including vending machines) should be reported separately in the restaurant section.

4 Enter the number of items and the volume or weight of each item. Use either metric or imperial units of measurement, whichever is convenient. Enter the quantity and the unit of measurement separately.

& When the weight or volume are unknown, try to estimate.

If unable to estimate, please describe the purchase. For example, 1 bunch of 6 small beets or 3 cups of dried navy beans.

Alternative ways of entering quantity information:

For example, if a six-pack (170 ml each) of apple juice is purchased, the entries could be correctly entered in two different ways:

Description	Number	Volume/Unit	Total cost
or Apple juice	1	1.02 l	\$1.69
Apple juice	6	170ml	\$1.69

6 How much did this cost?

Enter the total cost of the items described. For example, if you have listed 2 bunches of broccoli at \$.99 each, enter a total cost of \$1.98.

Do not include provincial sales taxes or the Goods and Services Tax (GST).

First day ➤

Enter day

If none check here...○

Food and beverages purchased from stores

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code :

- | | |
|--------------------|-----------------|
| (1) Frozen | (3) Dried |
| (2) Canned/bottled | (4) Fresh/other |

Office
Use

Where was this item purchased

Number of cans,
bottles,
packages,
etc.

Net weight or volume per unit
(ex., 1 kg,
2 litres,
14 ozs, 5 lbs)

Total Cost
Exclude Any Sales Tax
\$ ¢

Dairy, eggs and bakery products

		1○	2○	3○ X	4○	1	250	g.	2 29
Processed cheese slices	4	1○	2○	3○ X	4○	1	250	g.	2 29
Milk, 2% (1)	4	1○	2○ X	3○	4○	2	2	l.	4 16
Layer cake (2)	4	1○ X	2○	3○ X	4○	1	9	"dia.	3 29
		1○	2○	3○	4○				
		1○	2○	3○	4○				

Meat, poultry, and fish (Indicate the cut of meat)

Beef striploin steak	1	1○ X	2○	3○	4○	2	5	lbs.	52 16
Chicken livers	4	1○ X	2○	3○	4○	1	.98	lb.	1 10
Pre-cooked codfish sticks	1	1○	2○	3○ X	4○	3	350	g.	11 37
Pre-packaged sliced bologna	4	1○	2○	3○ X	4○	14	175	58	1 54
		1○	2○	3○	4○				
		1○	2○	3○	4○				
		1○	2○	3○	4○				

Fruits and vegetables

Maraschino Cherries	2	1○	2○	3○ X	4○	1	500	ml.	4 97
Wax beans	2	1○	2○	3○ X	4○	2	14	ozs.	1 64
Cauliflower	4	1○	2○	3○ X	4○	1	Head		2 49
		1○	2○	3○	4○				
		1○	2○	3○	4○				
		1○	2○	3○	4○				

First day

Food and beverages purchased from stores (Cont'd)

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code :

- | | |
|--------------------|-----------------|
| (1) Frozen | (3) Dried |
| (2) Canned/bottled | (4) Fresh/other |

Office
Use

Where was this item purchased

Number of cans,
bottles,
packages,
etc.

Net weight or volume per unit
(ex., 1 kg,
2 litres,
14 ozs, 5 lbs)

Total Cost
Exclude Any Sales Tax
\$ ¢

Beverages (Exclude alcoholic beverages)

		1○	2○	3○ X	4○	3	355	ml.	3 24
Orange juice concentrated	1	1○	2○	3○ X	4○	3	355	ml.	3 24
Soft drinks carbonated	2	1○ X	2○	3○	4○	24	355	ml.	9 49
		1○	2○	3○	4○				
		1○	2○	3○	4○				

All other food (Include snack foods)

Ground cinnamon	2	1○	2○	3○ X	4○	1	113	g.	3 79
Corn oil margarine	4	1○	2○	3○ X	4○	1	1	lb.	1 68
Non-dairy coffee creamer	2	1○	2○	3○ X	4○	1	500	g.	3 39
Peanuts without shells	4	1○	2○ X	3○	4○	1	500	g.	2 25
Chocolate bar	4	1○	2○ X	3○	4○	1	100	g.	1 22
All purpose flour	4	1○	2○	3○ X	4○	1	2.5	Kg.	4 29
Coffee beans	4	1○ X	2○	3○	4○	1	369	g.	4 39
Frozen TV Dinners	1	1○	2○	3○ X	4○	2	326	g.	8 34
		1○	2○	3○	4○				
		1○	2○	3○	4○				
		1○	2○	3○	4○				

Six steps to recording your restaurant purchases

Record all meals and snacks purchased by a member of the household, including meals purchased for guests.

- 1** Use the 'Breakfasts', 'Lunches', 'Dinners' and 'Between-Meals Food and Beverages' categories in Column 1 to identify each of your purchases from restaurants. This space is for your own use to sort out purchases made by different members of the household. It will act as a reminder when reviewing your diary for completeness. It is not necessary to list the content of the purchases.
- 2** Indicate how many meals were included in your purchases. You should include meals for guests that were paid for by a member of the household.
- 3** How much did you pay? Include provincial sales taxes, the Goods and Services Tax (GST), and tips. If your bill included alcoholic beverages, subtract the cost from your total bill and report the costs separately in Columns 3 and 4. Don't report purchases that will be reimbursed such as expense account meals.
- 4**

- 5** Where was this purchased?
"Restaurant" purchases include a wide variety of food service outlets. Mark a circle to indicate the type of restaurant for each purchase.

Table service restaurant:

Restaurants which take orders for and serve food and/or beverages at a table or eating counter. Tipping or service charges are often associated with this type of restaurant. If taverns, bars, pubs or lounges provide "table service", expenditures in these establishments are to be included in this category. Note that this category should be indicated even if the purchases are taken out or delivered.

Fast food restaurant:

Restaurants other than table service where food and beverages are ordered and received in a minimum of time. The menu tends to be limited and tipping is not a practice. These restaurants usually specialize in foods such as hamburgers, pizza, Chiles, foot, fried chicken, BBQ ribs, submarine sandwiches, ice cream, etc.

Eat-in or drive-in:

This type of fast food restaurant provides a sit-down eating area and/or a parking area for in-car consumption. This category should be indicated even though the purchase is consumed off the premises.

Take-out or delivery:

This type of restaurant normally does not provide any eating area, inside or out.

Cafeteria:

This is a private or public self-service eating place where a tray is provided on which to carry food items selected to a cashier. A sit-down eating area is provided and a limited hot food menu typically varies from day to day. The hours of operation are normally linked to those of an associated enterprise or institution such as school, factory, office buildings, hospital, shopping centre or department store.

Other:

Refreshment stands, snack bars, vending machines, mobile canteens, chip wagons, caterers, coffee wagons, etc.

A refreshment stand or snack bar is different from a fast food restaurant in that a sit-down or drive-in eating area is normally not provided although purchases are usually made for consumption in the vicinity. This service is generally provided in conjunction with other facilities or events such as shopping malls, supermarkets, theatres, exhibitions, sports events, parks, etc.

- 6** Where was this consumed?

Mark a circle to indicate whether the purchase was consumed on the premises or not. For example, if you brought a pizza home from a table service Italian restaurant, you would check "Table service restaurant" and "off the premises".

First day

Food and beverages purchased from stores (Cont'd)

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code :-

(3) Dried
(4) Freshly harvested

1

Office Use	Where was this item purchased				Number of cans, bottles, packages, etc.	Net weight or volume per unit (ex., 1 kg, 2 litres, 14 dzs, 5 lbs)	Total Cost	
	Food specialty store	Convenience store	Supermarket	Other store			Excl. Any Sales Taxes	\$ C

Beverages (Exclude alcoholic beverages)

All other food (include snack foods)

Food and beverages purchased from restaurants

If none check here...

Incluir:

- meals bought for guests
 - purchases in restaurants, drive-ins, snack bars, vending machines, mobile canteens, etc.
 - meals, snacks, beverages, ice cream, candy, etc.

Use this space as a reminder
(see examples)

Office Use	If meals give num- ber	Total cost Include tips and all sales taxes		Where was this item purchased? Mark one circle for each line				Was this consumed... Mark one circle for each line	
		Food and non-alcoholic beverages	Alcoholic beverages	Fast food restaurant		Cafeteria	Other	on the premises	off the premises
		Table service restau- rant	Eat-in or drive-in	Take-out or delivery					
\$	¢	\$	¢						

Breakfasts

Husband on way to work

	355		1○	2○	3○	4○	5○	1○	2○
			1○	2○	3○	4○	5○	1○	2○
	(3)		1○	2○	3○	4○	5○	1○	2○
			1○	2○	3○	4○	5○	1○	2○

Lunches

Son's school lunch
Outing with office

4											
1	230		10	20	30	40	50	10	20		
1	915	530	10	20	35	40	50	10	20		
2			10	20	30	40	50	10	20		
			10	20	30	40	50	10	20		

Dinners

Sent out
Son's date

4	25	70		10	20	30	40	50	10	20
2	54	00	950	10	20	30	40	50	10	20
				10	20	30	40	50	10	20
				10	20	30	40	50	10	20

Between-meals food and beverages

Drought tolerance

Laughter 500
Coffee break

Coffee break

After m
Pass

	1	10			1○	2○	3○	4○	5○	6○	7○	8○
	1	50			1○	2○	3○	4○	5○	5○	1○	2○
9	50	12	75	10	1○	2○	3○	4○	5○	6○	7○	8○
2	50				1○	2○	3○	4○	5○	5○	6○	7○
					1○	2○	3○	4○	5○	6○	7○	8○

► Note: Check the appropriate "none circle" if no purchases were made today.

First day ➤

Enter day

◆ 1

Food and beverages purchased from stores

If none check here...

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code : -

(3) Dried
(4) Fresh/other

Dairy, eggs and bakery products

Meat, poultry, and fish (indicate the cut of meat)

Fruits and vegetables

► Note: If there is insufficient space to enter your purchases made this day, use pages 21 and 22.

Page 7

First day

◆1

Food and beverages purchased from stores (Cont'd)

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code : _____

(1) Frozen (3) Dried
(2) Canned/bottled (4) Fresh/other

Office Use	Where was this item purchased?				Number of cans, bottles, packages, etc.	Net weight or volume per unit (ex., 1 kg, 2 litres, 14 ozs, 5 lbs)	Total Cost	
	Food specialty store	Convenience store	Super-market	Other store			Exclude Any Sales Taxes	\$

Beverages (Exclude alcoholic beverages)

		1○	2○	3○	4○		Quantity	Unit of measurement		
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					

All other food (Include snack foods)

		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					
		1○	2○	3○	4○					

Food and beverages purchased from restaurants

If none check here...

Include:

- meals bought for guests
- purchases in restaurants, drive-ins, snack bars, vending machines, mobile canteens, etc.
- meals, snacks, beverages, ice cream, candy, etc.

Use this space as a reminder
(see examples)

Office Use	If meals give number	Total Cost		Where was this item purchased?				Was this consumed...	
		Include tips and all sales taxes		Mark one circle for each line				Mark one circle for each line	
		Food and non-alcoholic beverages	Alcoholic beverages	Table service restaurant	Fast food restaurant	Eatin or drive-in	Take-out or delivery	Cafeteria	Other
		\$	¢	\$	¢				

Breakfasts

1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○

Lunches

1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○

Dinners

1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○

Between-meals food and beverages

1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○
1○	2○	3○	4○	5○	1○	2○

► Note: Check the appropriate "none circle" if no purchases were made today.

Page 8

Second day

◆2

Food and beverages purchased from stores (Cont'd)

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code :

Office Use	Where was this item purchased				Number of cans, bottles, packages, etc.	Net weight or volume per unit (ex., 1 kg, 2 litres, 14 ozs, 5 lbs)	Total Cost Exclude Any Sales Tax	
	Food specialty store	Conven- ience store	Super- market	Other store			\$	C

Beverages (Exclude alcoholic beverages)

All other food (Include snack foods)

Food and beverages purchased from restaurants

If none check here...

Include:

- meals bought for guests
- purchases in restaurants, drive-ins, snack bars, vending machines, mobile canteens, etc.
- meals, snacks, beverages, ice cream, candy, etc.

**Use this space as a reminder
(see examples)**

Office Use	If meals give number:	Total cost Include taxes and 7% sales taxes		Where was this item purchased? Mark one circle for each line				Was this consumed... Mark one circle for each line	
				Fast food restaurant		Cafeteria	Other	on the premises	off the premises
		Food and non-alcoholic beverages	Alcoholic beverages	Table service restau- rant	Eat-in or drive-in				
		\$	¢	\$	¢				

Breakfasts

			<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
			<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
			<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
			<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
			<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8

Lunches

		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○

Pinners

		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○

Between-meals food and beverages

		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○

► Note: Check the appropriate "none circle" if no purchases were made today.

Page 10

Third day ►

Enter day

◆3

Food and beverages purchased from stores

If none check here...

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code:—

- (3) Dried
(4) Fresh/other

Office Use	Where was this item purchased				Number of cans, bottles, packages, etc.	Net weight or volume per unit (ex.: 1 kg., 2 litres, 14 ozs, 5 lbs)	Total Cost	
	Food specialty store	Convenience store	Supermarket	Other store			Excl. Any Sales Tax	\$ C

Dairy, eggs and bakery products

Meat, poultry, and fish (Indicate the cut of meat)

Fruits and vegetables

► Note: If there is insufficient space to enter your purchases made this day, use pages 21 and 22.

Third day

♦3

Food and beverages purchased from stores (Cont'd)

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.		Office Use	Where was this item purchased?				Number of cans, bottles, packages, etc.	Net weight or volume per unit (ex., 1 kg, 2 litres, 14 ozs, 5 lbs)	Total Cost	
(1) Frozen (2) Canned/bottled	(3) Dried (4) Fresh/other		Food specialty store	Convenience store	Super-market	Other store			\$	C

Beverages (Exclude alcoholic beverages)										
							Quantity	Unit of measurement		
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				

All other food (Include snack foods)										
							Quantity	Unit of measurement		
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				
			1○	2○	3○	4○				

Food and beverages purchased from restaurants										
If none check here... <input type="checkbox"/>										
Include: - meals bought for guests - purchases in restaurants, drive-ins, snack bars, vending machines, mobile canteens, etc. - meals, snacks, beverages, ice cream, candy, etc.		Office Use	If meals give number	Total cost include tips and all sales taxes		Where was this item purchased? Mark one circle for each line				Was this consumed... Mark one circle for each line on the premises off the premises
				Food and non-alcoholic beverages	Alcoholic beverages	Fast food restaurant	Table service restaurant	Eat-in or drive-in	Take-out or delivery	
				\$	C					

Breakfasts										
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○

Lunches										
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○

Dinners										
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○

Between-meals food and beverages										
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○
						1○	2○	3○	4○	5○

► Note: Check the appropriate "none circle" if no purchases were made today.

Fourth day ➤

Enter day

◆4

Food and beverages purchased from stores

If none check here...

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code:

- Enter code : _____

Office Use	Where was this item purchased				Number of cans, bottles, packages, etc.	Net weight or volume per unit (ex., 1 kg., 2 liters, 1/4 pound, 5/6th)	Total Cost	
	Food specialty store	Convenience store	Supermarket	Other store			Exclude Any Sales Taxes	\$ C

Dairy, eggs and bakery products

Meat, poultry, and fish (Indicate the cut of meat)

Fruits and vegetables

► Note: If there is insufficient space to enter your purchases made this day, use pages 21 and 22.

Page 13

Fourth day

◆ 4

Food and beverages purchased from stores (Cont'd)

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code : -

Office Use	Where was this item purchased?				Number of cans, bottles, packages, etc.	Net weight or volume per unit (ex., 1 kg, 2 litres, 14 ozs, 5 lbs)	Total Cost	
	Food specialty store	Convenience store	Supermarket	Other store			Exclude Any Sales Tax	\$ ¢

Beverages (Exclude alcoholic beverages)

Quantity Unit of measurement

Total Cost
Exclude Any
Sales Tax

All other food (Include snack foods)

Food and beverages purchased from restaurants

If none check here...

Includer

- meals bought for guests
 - purchases in restaurants, drive-ins, snack bars, vending machines, mobile canteens, etc.
 - meals, snacks, beverages, ice cream, candy, etc.

**Use this space as a reminder
(see examples)**

Office Use	If meals give num- ber:	Total cost Include tips and all sales taxes		Where was this item purchased? Mark one circle for each line					Was this consumed Mark one circle for each line		
				Fast food restaurant							
		Food and non-alcoholic beverages	Alcoholic beverages	Table service restau- rant	Eat-in or drive-in	Take-out or delivery	Caterers	Other		on the premises	off the premises
		\$	¢	\$	¢						

Breakfasts

Lunches

	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

DINNERS

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

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<input type="radio"/>						
<input type="radio"/>						
<input type="radio"/>						
<input type="radio"/>						

Page 14

► Note: Check the appropriate "none circle" if no purchases were made today.

Fifth day ►

Enter day

◆5

Food and beverages purchased from stores

If none check here...

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code :-

(3) Dried
(4) Fresh/other

Dairy, eggs and bakery products

Meat, poultry, and fish (Indicate the cut of meat)

Fruits and vegetables

► Note: If there is insufficient space to enter your purchases made this day, use pages 21 and 22.

Page 15

Fifth day

◆5

Food and beverages purchased from stores (Cont'd)

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code:

- (1) Frozen (3) Dried
 (2) Canned/bottled (4) Fresh/other

Office Use	Where was this item purchased?				Number of cans, bottles, packages, etc.	Net weight or volume per unit (ex., 1 kg., 2 litres, 14 ozs, 5 lbs)	Total Cost \$	Exclude Any Sales Taxes ¢
	Food specialty store	Convenience store	Supermarket	Other store				

Beverages (Exclude alcoholic beverages)

		1○	2○	3○	4○		Quantity	Unit of measurement
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			

All other food (include snack foods)

		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			
		1○	2○	3○	4○			

Food and beverages purchased from restaurants

If none check here... ○

If meals give number	Office Use	Total cost Incl. tips and all sales taxes	Where was this item purchased?				Was this consumed... Mark one circle for each line		
			Food and non-alcoholic beverages		Alcoholic beverages				
			Table service restaurant	Fast food restaurant	Eat-in or drive-in	Take-out or delivery	Cafeteria	Other	
			1○	2○	3○	4○	5○	1○	2○
			1○	2○	3○	4○	5○	1○	2○
			1○	2○	3○	4○	5○	1○	2○
			1○	2○	3○	4○	5○	1○	2○
			1○	2○	3○	4○	5○	1○	2○

Use this space as a reminder
(see examples)

Breakfasts

		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○

Lunches

		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○

Dinners

		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○

Between-meals food and beverages

		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○
		1○	2○	3○	4○	5○	1○	2○

► Note: Check the appropriate "none circle" if no purchases were made today.

Page 16

Sixth day ➤

Enter day

◆ 6

Food and beverages purchased from stores

If none check here...○

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code : —

- (1) Frozen
- (2) Canned/bottled

(3) Dried

(4) Fresh/other

Dairy, eggs and bakery products

Meat, poultry, and fish (Indicate the cut of meat)

Fruits and vegetables

► Note: If there is insufficient space to enter your purchases made this day, use pages 21 and 22.

Page 17

Sixth day

◆6

Food and beverages purchased from stores (Cont'd)

Describe the item purchased such as canned tins, all purpose flour, soda crackers, etc. include any bulk purchases.

Enter code :

(1) Frozen
(2) Canned/bottled

(3) Dried
(4) Fresh/other

Office Use

Where was this item purchased?

Number of cans, bottles, packages, etc.

Net weight or volume per unit
(ex. 1 kg, 2 litres, 14 ozs, 5 lbs)

Total Cost
Exclude Any Sales Tax

\$

¢

Beverages (Exclude alcoholic beverages)

Quantity Unit of measurement

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

All other food (Include snack foods)

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

1○ 2○ 3○ 4○

Food and beverages purchased from restaurants

If none check here... ○

Include:

- meals bought for guests
- purchases in restaurants, drive-ins, snack bars, vending machines, mobile canteens, etc.
- meals, snacks, beverages, ice cream, candy, etc.

Use this space as a reminder
(see examples)

Office Use	If meals give num per	Total cost Including tips and all sales taxes		Where was this item purchased? Mark one circle for each line				Was this consumed... Mark one circle for each line	
				Fast food restaurant		Table service restaurant	Catering		
		Food and alcoholic beverages	Alcoholic beverages	Eat-in or drive-in	Take-out or delivery				
				1○	2○	3○	4○	5○	1○ 2○
				1○	2○	3○	4○	5○	1○ 2○
				1○	2○	3○	4○	5○	1○ 2○
				1○	2○	3○	4○	5○	1○ 2○

Breakfasts

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

Lunches

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

Dinners

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

Between-meals food and beverages

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

1○ 2○ 3○ 4○ 5○

Between-meals food and beverages

► Note: Check the appropriate "none circle" if no purchases were made today.

Seventh day ➤

Enter day

◆ 7

Food and beverages purchased from stores

If none check here...

Describe the item purchased such as canned tuna, all purposes flour, soda crackers, etc. Include any bulk purchases.

Enter code : _____

Office Use	Where was this item purchased				Number of cans, bottles, packages, etc.	Net weight or volume per unit (ex., 1 kg. 2 litres, 14 ozs, 5 lbs)	Total Cost	
	Food specialty store	Conve- nience store	Super- market	Other store			Exclude Any Sales Taxes	\$ €

Dairy, eggs and bakery products

Meat, poultry, and fish (Indicate the cut of meat)

Fruits and vegetables

► Note: If there is insufficient space to enter your purchases made this day, use pages 21 and 22.

Page 19

Seventh day

•7

Food and beverages purchased from stores (Cont'd)

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code :

All other food (Include snack foods)

Food and beverages purchased from restaurants

If none check here...

Include: - meals bought for guests - purchases in restaurants, drive-ins, snack bars, vending machines, mobile canteens, etc. - meals, snacks, beverages, ice cream, candy, etc.	Office Use	If meals give numbers	Total cost Include tips and all sales taxes		Where was this item purchased? Mark one circle for each line				Was this consumed... Mark one circle for each line
			Food and non-alcoholic beverages	Alcoholic beverages	Table service restau- rant	Fast food restaurant	Cafeteria	Other	
									on the premises
									off the premises
Use this space as a reminder									

Breakfasts

Breakfasts					1○	2○	3○	4○	5○	1○	2○
					1○	2○	3○	4○	5○	1○	2○
					1○	2○	3○	4○	5○	1○	2○
					1○	2○	3○	4○	5○	1○	2○
					1○	2○	3○	4○	5○	1○	2○

Lunches

Lunes		Martes		Miércoles		Jueves		Viernes	
1	○	2	○	3	○	4	○	5	○
1	○	2	○	3	○	4	○	5	○
1	○	2	○	3	○	4	○	5	○
1	○	2	○	3	○	4	○	5	○

Dinners

					<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
					<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
					<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
					<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8

Between-meals food and beverages

					1○	2○	3○	4○	5○	1○	2○
					1○	2○	3○	4○	5○	1○	2○
					1○	2○	3○	4○	5○	1○	2○
					1○	2○	3○	4○	5○	1○	2○
					1○	2○	3○	4○	5○	1○	2○

► Note: Check the appropriate "none circle" if no purchases were made today.

Additional page

Use this page when you run out of space on a day page.
Enter the day number for each entry.

8

Food and beverages purchased from stores

If none check here...

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code:

► Note: Check the appropriate "none-circle" if no additional purchases were made during the week.

Page 21

Additional page

◆8

Food and beverages purchased from stores(Cont'd)

Describe the item purchased such as canned tuna, all purpose flour, soda crackers, etc. Include any bulk purchases.

Enter code :

- | | |
|--------------------|-----------------|
| (1) Frozen | (3) Dried |
| (2) Canned/bottled | (4) Fresh/other |

Office Use

Food specialty store	Convenience store	Super-market	Other store	Number of cans, bottles, packages, etc.	Net weight or volume per unit (ex., 1 kg, 2 litres, 14 ozs, 5 lbs)	Total Cost	
						Exclude Any Sales Tax	\$
							¢

Day no.	Beverages (Exclude alcoholic beverages)	1○	2○	3○	4○	5○	6○	7○	8○	9○	10○	11○	12○	13○	14○	15○	16○	17○	18○	19○	20○	21○	22○	23○	24○	25○	26○	27○	28○	29○	30○	31○	32○	33○	34○	35○	36○	37○	38○	39○	40○	41○	42○	43○	44○	45○	46○	47○	48○	49○	50○	51○	52○	53○	54○	55○	56○	57○	58○	59○	60○	61○	62○	63○	64○	65○	66○	67○	68○	69○	70○	71○	72○	73○	74○	75○	76○	77○	78○	79○	80○	81○	82○	83○	84○	85○	86○	87○	88○	89○	90○	91○	92○	93○	94○	95○	96○	97○	98○	99○	100○	101○	102○	103○	104○	105○	106○	107○	108○	109○	110○	111○	112○	113○	114○	115○	116○	117○	118○	119○	120○	121○	122○	123○	124○	125○	126○	127○	128○	129○	130○	131○	132○	133○	134○	135○	136○	137○	138○	139○	140○	141○	142○	143○	144○	145○	146○	147○	148○	149○	150○	151○	152○	153○	154○	155○	156○	157○	158○	159○	160○	161○	162○	163○	164○	165○	166○	167○	168○	169○	170○	171○	172○	173○	174○	175○	176○	177○	178○	179○	180○	181○	182○	183○	184○	185○	186○	187○	188○	189○	190○	191○	192○	193○	194○	195○	196○	197○	198○	199○	200○	201○	202○	203○	204○	205○	206○	207○	208○	209○	210○	211○	212○	213○	214○	215○	216○	217○	218○	219○	220○	221○	222○	223○	224○	225○	226○	227○	228○	229○	230○	231○	232○	233○	234○	235○	236○	237○	238○	239○	240○	241○	242○	243○	244○	245○	246○	247○	248○	249○	250○	251○	252○	253○	254○	255○	256○	257○	258○	259○	260○	261○	262○	263○	264○	265○	266○	267○	268○	269○	270○	271○	272○	273○	274○	275○	276○	277○	278○	279○	280○	281○	282○	283○	284○	285○	286○	287○	288○	289○	290○	291○	292○	293○	294○	295○	296○	297○	298○	299○	300○	301○	302○	303○	304○	305○	306○	307○	308○	309○	310○	311○	312○	313○	314○	315○	316○	317○	318○	319○	320○	321○	322○	323○	324○	325○	326○	327○	328○	329○	330○	331○	332○	333○	334○	335○	336○	337○	338○	339○	340○	341○	342○	343○	344○	345○	346○	347○	348○	349○	350○	351○	352○	353○	354○	355○	356○	357○	358○	359○	360○	361○	362○	363○	364○	365○	366○	367○	368○	369○	370○	371○	372○	373○	374○	375○	376○	377○	378○	379○	380○	381○	382○	383○	384○	385○	386○	387○	388○	389○	390○	391○	392○	393○	394○	395○	396○	397○	398○	399○	400○	401○	402○	403○	404○	405○	406○	407○	408○	409○	410○	411○	412○	413○	414○	415○	416○	417○	418○	419○	420○	421○	422○	423○	424○	425○	426○	427○	428○	429○	430○	431○	432○	433○	434○	435○	436○	437○	438○	439○	440○	441○	442○	443○	444○	445○	446○	447○	448○	449○	450○	451○	452○	453○	454○	455○	456○	457○	458○	459○	460○	461○	462○	463○	464○	465○	466○	467○	468○	469○	470○	471○	472○	473○	474○	475○	476○	477○	478○	479○	480○	481○	482○	483○	484○	485○	486○	487○	488○	489○	490○	491○	492○	493○	494○	495○	496○	497○	498○	499○	500○	501○	502○	503○	504○	505○	506○	507○	508○	509○	510○	511○	512○	513○	514○	515○	516○	517○	518○	519○	520○	521○	522○	523○	524○	525○	526○	527○	528○	529○	530○	531○	532○	533○	534○	535○	536○	537○	538○	539○	540○	541○	542○	543○	544○	545○	546○	547○	548○	549○	550○	551○	552○	553○	554○	555○	556○	557○	558○	559○	560○	561○	562○	563○	564○	565○	566○	567○	568○	569○	570○	571○	572○	573○	574○	575○	576○	577○	578○	579○	580○	581○	582○	583○	584○	585○	586○	587○	588○	589○	590○	591○	592○	593○	594○	595○	596○	597○	598○	599○	600○	601○	602○	603○	604○	605○	606○	607○	608○	609○	610○	611○	612○	613○	614○	615○	616○	617○	618○	619○	620○	621○	622○	623○	624○	625○	626○	627○	628○	629○	630○	631○	632○	633○	634○	635○	636○	637○	638○	639○	640○	641○	642○	643○	644○	645○	646○	647○	648○	649○	650○	651○	652○	653○	654○	655○	656○	657○	658○	659○	660○	661○	662○	663○	664○	665○	666○	667○	668○	669○	670○	671○	672○	673○	674○	675○	676○	677○	678○	679○	680○	681○	682○	683○	684○	685○	686○	687○	688○	689○	690○	691○	692○	693○	694○	695○	696○	697○	698○	699○	700○	701○	702○	703○	704○	705○	706○	707○	708○	709○	710○	711○	712○	713○	714○	715○	716○	717○	718○	719○	720○	721○	722○	723○	724○	725○	726○	727○	728○	729○	730○	731○	732○	733○	734○	735○	736○	737○	738○	739○	740○	741○	742○	743○	744○	745○	746○	747○	748○	749○	750○	751○	752○	753○	754○	755○	756○	757○	758○	759○	760○	761○	762○	763○	764○	765○	766○	767○	768○	769○	770○	771○	772○	773○	774○	775○	776○	777○	778○	77

Ask the following question to the diarykeeper on diary pick up day:

1. Where any household members away from home overnight or longer during this 7 day period? ►

002	<input type="checkbox"/> Yes
2	<input type="checkbox"/> No

	Absence #1	Absence #2	Absence #3	Absence #4
If "Yes"	003 <input type="checkbox"/>	005 <input type="checkbox"/>	007 <input type="checkbox"/>	009 <input type="checkbox"/>
	How many persons were away during this period?			
	004 <input type="checkbox"/>	006 <input type="checkbox"/>	008 <input type="checkbox"/>	010 <input type="checkbox"/>
	How many nights were these persons away?			

The following questions refer to this diary's 7 day period and exclude activities away from home overnight or longer.

2. How many meals were purchased in restaurants for guests or other non-household members? (Include takeout)

023	<input type="checkbox"/>
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Interviewer: These meals should also be included in the restaurant expenditure section of the diary.

3. How many other meals did your household serve to guests or other non-household members?

024	<input type="checkbox"/>
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4. How many restaurant meals did household members receive from friends or relatives?

025	<input type="checkbox"/>
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5. How many other restaurant meals were received free or reimbursed (such as business lunches for which expenses will be reimbursed)?

026	<input type="checkbox"/>
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6. How many other free meals were received (such as dinner at a friend's home)?

027	<input type="checkbox"/>
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7. What was the estimated value of any gifts of food, food from your own, farm, or garden, or from hunting or fishing during this 7 day period?

028	\$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Verification — Review the diary for completeness. Check that...

- food expenditures for each household member at home have been recorded.
- each food item has been recorded in the detail required.
- all meals eaten out by this household have been recorded.
- the day number is entered for each item recorded on the additional pages.

Where no entry has been made for a category and the 'none' circle is not checked, ask if any purchases were made.

NOTES AND COMMENTS