# **Additional Examples**

<b>Example:</b> Salad with lettuce, onion, tomato, cucumber and dressing		<b>Example:</b> Ch broccoli, and c
	Salad greens, such as lettuce and spinach	
	All other vegetables alone or in mixtures, such as salads (but NOT in the foods in Box A)	
	If different vegetables are eaten at the same time, check a box for each vegetable.	
	Mayonnaise or salad dressing, including low fat, added to each food	
Example: Lasagno	a with meat sauce and cheese	
	Pasta, spaghetti, noodles alone or in mixtures (but NOT in chili or soup)	
	Beef, pork, ham, bacon, sausage alone or in mixtures (but NOT in the foods in Box A)	
	Cheese (All kinds)	
	Tomato sauce, such as spaghetti and lasagna (but NOT in the foods in Box A)	

inese dish with beef, chicken, nion over rice Beef, pork, ham, bacon, sausage alone or in mixtures (but NOT in the foods in Box A) Chicken, turkey, duck alone or in mixtures (but NOT in the foods in Box A) All other vegetables alone or in mixtures, such as salads (but NOT in the foods in Box A) If different vegetables are eaten at the same time, check a box for each vegetable. Rice alone or in mixtures (but NOT in the foods in Box A) za with sausage and mushrooms Pizza (All kinds)

National Institutes of Health

- 7 days.
- foods you eat.
- each time).
- incorrect answer.
- Start by entering today's date in this box.

Now, go to the next page, check the day of the week, read the instructions, and begin your first Daily Food List.

Thank you for completing the Daily Food List. Please return your booklet to us in the envelope provided. If the envelope has been misplaced, mail your booklet to:

> **ReOPEN** 1650 Research Blvd, RP#1029F Rockville, MD 20850 Attn: Gia DeRienzo

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN OMB # 0925-0465 EXP. DATE: 10/30/06

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Office, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7479, ATTN: PRA (0925-0465). Do not return the mpleted form to this address

# DAILY FOOD LIST

# Instructions!

• This booklet contains 7 Daily Food Lists and instructions. • Fill out one Daily Food List throughout the day for the next

• Each Daily Food List asks about some (but NOT all) of the

• Each Daily Food List asks how many <u>different</u> times you eat a food each day (NOT how many pieces or servings you eat

• Use only a black ball-point pen (not red ink or felt tip) to record your foods. If you make a mistake, cross out the

PARTICIPANT ID HERE

C	
Sunday	

Wednesday



All other fruits (NOT juice)
If different fruits are eaten at the same time, check a box for each fruit.
Potatoes alone or in mixtures (All kinds, but NOT chips and NOT in soup)
Cooked dried beans, such as pinto, lima, lentils (but NOT in the foods in Box A)
Salad greens, such as lettuce and spinach
Lettuce in other mixtures, such as sandwiches
All other vegetables alone or in mixtures, such as salads (but NOT in the foods in Box A)
If different vegetables are eaten at the same time, check a box for each vegetable.
<b>Tomato sauce, such as in</b> spaghetti and lasagna (but NOT in the foods in Box A)
E. Snack Foods, Desserts
Candy (All kinds)
Cookies, pie, cake, brownies
Ice cream, sorbet, frozen
yogurt

# **Thursday**

**Friday** 

F. Cereals, Breads, Grains
Cereal, hot or cold (All kinds)
<b>Rolls, English muffins, bagels</b>
All other bread (NOT in pizza)
<b>Tortillas (NOT in mixtures)</b>
Doughnuts, Danish, sweet rolls, muffins, dessert breads, pop-tarts
Pancakes, waffles, French toast
Rice         alone         or         in         mixtures           (but NOT in the foods in Box A)         (but NOT in the foods in Box A)
Pasta, spaghetti, noodles alone or in mixtures (but NOT in chili or soup)

# **G.** Spreads, Dressings

Do NOT count the i	tems below if only used in cooking.
	Butter or margarine added to each different food
	Mayonnaise or salad dressing, including low-fat, added to each different food

# **Comments**

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