Food Expenditure Survey in 2001
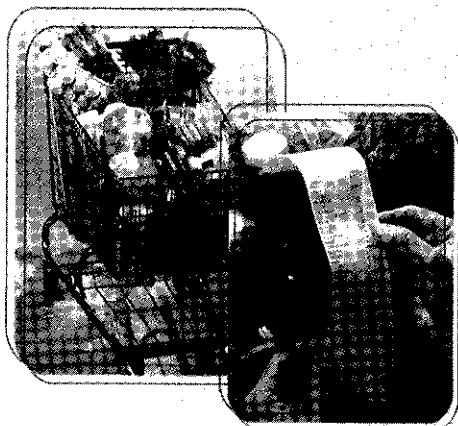
Diary of Food Purchases

This diary covers 7 days beginning with [   ]

and ending with [   ]

If you have any questions,

your Statistics Canada interviewer [   ]

can be contacted at [   ]

and will return on [   ]

at [   ] to pick up this diary.

Thank you! We greatly appreciate your participation.

Statistics Canada   Statistique Canada

Canadä

Details! Details!

Please provide us with as much detail as you can on your household's purchases of food and beverages. Below are the kinds of descriptions we'd like you to write in the Diary:

MILK - specify whole, 2%, 1%, skim, evaporated, powdered, condensed, etc.

CHEESE - specify if processed, grated, cheese spread, cottage cheese, cream cheese, mozzarella, cheddar, etc.

BREADS - tell us if it's white, whole wheat, rye, etc.

MEAT and POULTRY - describe type and cut such as ground beef, chicken legs, etc. Include bulk purchases (e.g. side of beef).

FISH and SEAFOOD - specify the type, filet or whole, pre-cooked, breaded, etc.

List each kind of **FRUIT and VEGETABLE**.

BEVERAGE - indicate if: juice, fruit drinks, sport drinks, soft drinks, bottled water (mineral or spring water), etc. Also indicate if it's carbonated, powdered (crystals) or concentrated. Exclude alcoholic beverages.

COFFEE - indicate ground, beans, or instant, whether it's decaffeinated while **TEA** could be black, green, herbal, bags or loose.

INFANT & JUNIOR FOODS - specify if formula, cereal, meat, vegetables, fruits, juice, teething biscuits, etc.

NUTS - should be specified as with or without shells, salted or unsalted, coated, mixed.

AND THERE'S ALWAYS THE...
Crackers and cookies;
Peanut butter and jam;
Other meats such as wieners, pepperoni, salami;
Frozen dinners and other prepared food;
Sugar and flour; cake mixes and cooking oil;
Spices and seasonings;
Ketchup, barbecue sauce and salad dressing;
Potato chips, popcorn, candies and gum,

.... **and anything else your household buys to EAT or DRINK!**

Overview

Statistics Canada needs your help to follow the price of food. It may also be useful for you as it gives a complete picture of where your household's food money goes. If you are unsure of how to record any item, do your best and ask your interviewer the next time they call or visit.

What is the Diary?

The Diary is a journal for recording all the food and beverages that your household buys over a 7-day period. It is divided into two parts: **1)** food and beverages purchased from **stores** and **2)** purchases from **restaurants**. For each of the 7 days of the diary, check the day of the week. If no food or beverages were purchased that day, check the 'no purchases made this day' box. Start a NEW page for each day of the Diary week. Remember to complete the Diary each day whether or not your household buys any food or beverages.

What do I INCLUDE as food or beverages?

Record all food and beverage purchases no matter how big or small; from a side of beef to a milkshake to a package of gum. Remember, foods and beverages can be purchased anywhere; from a vending machine to a restaurant to a grocery store.

What do I EXCLUDE?

- All alcoholic beverages

- Home-grown foods or gifts of food your household receives

- Food a household member buys:
    - while away from home overnight or longer
    - on the way to a vacation home, unless the food items were brought home first

- Commercial pet food.

How can I keep track if members of my household bought food?

A small notebook is provided for each household member to carry with them to record all snacks, meals, food items and beverages. The information in the notebook can be used to complete the Diary later that day.

Can't I just give you my cash register receipts?

Unfortunately, the information on the cash register receipt is not a substitute for Diary keeping. Many stores do not provide detailed descriptions or weights on the receipt and they use abbreviations that are difficult to understand.

Do you want my cash register receipts for my groceries?

Yes! We still need them for reference purposes later in processing. If you wish, remove any personal information. **After** you record all food items from the cash register receipt, attach it to the Diary.

Anything else I should remember?

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

- Include any food, non-alcoholic beverages or meals you purchase for guests

FIVE EASY STEPS FOR COMPLETING YOUR DIARY

Purchases from stores

1. Write in your description of the item. (See the example on page 4 as a guide.) Do not report alcoholic beverages. Exclude commercial pet food.

2. Enter the letter code to describe the food item

    A = Fresh – e.g. fluid milk, fresh fruits and vegetables, whole wheat bread
    B = Frozen – items frozen when purchased. If defrosted by the grocer report as Code E for "Other".
    C = Canned/Bottled/Plastic Container – also include 'drink boxes' and other containers
    D = Dried – e.g. dried soups, dried fruits, instant mashed potatoes, powdered milk and rice
    E = Other – if the food/beverage doesn't seem to "fit" elsewhere

3. Enter the type of store where each item was purchased. Detailed descriptions of the store types can be found on the right-hand flap.

4. Enter the number of items and the weight or volume for each item. If you have the total weight ONLY, the Number of Units should be recorded as "1" (e.g. For 1 bag of apples you enter 1 in the "Number of" column and 2 lbs for the weight). If the weight or volume are unknown please give an estimate or describe the item, (e.g. 1 bunch of radishes).

5. Enter the total cost of the items described. For example, if you buy 3 cans at 79¢ each enter $2.37 (3 X 0.79). Exclude all taxes and any provincial environmental taxes applied to containers.

Purchases from restaurants

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

2. To help keep the meals separate, enter who purchased the restaurant meals or snacks, e.g. "daughter" or "Benita". You may group purchases together if they were made at the same time, i.e. "family & guests".

3. Indicate how many meals were included in your purchases. Include meals purchased for guests paid for by a member of the household.

4. Indicate the type of restaurant where you purchased the meal or snack. Detailed descriptions of restaurant types can be found on the right-hand flap.

5. How much did you pay? Include all sales taxes and tips. Do not report meals that are part of a package trip and meals that are reimbursed as part of an expense account. Exclude the cost of alcoholic beverages and their related taxes and tips.

Food and beverages purchased from Stores:
Grocery Receipts and Diary

```
        POULIN'S SUPERMARKET

Tuesday Jan 2 2001

oranges 4 lbs .......... 4.99
0.925NET kg @ 1.30kg.
bananas ................ 1.20
potatoes ............... 3.69
lettuce ................ 0.79
lettuce ................ 0.79
x large eggs ........... 1.99
x large eggs ........... 1.99
2% milk 4L ............. 3.49
2% milk 4L ............. 3.49
mozza chse sl .......... 5.49
6 @ yogurt cups ........ 4.14
margarine .............. 2.19
8 roll dnr wht ......... 1.79
wh brd ................. 1.59
wh brd ................. 1.59
nn cin loop ............ 2.69
gingersnap ............. 3.19
potato chips bbq gp .... 1.49
potato chips bbq gp .... 1.49
orange tetra ........... 1.09
coffee ................. 3.99
coffee ................. 3.99
chicken broth .......... 0.59
chicken broth .......... 0.59
chicken broth .......... 0.59
tuna fkd ............... 2.59
spaghetti .............. 1.59
wieners ................ 3.29
lem .................... 0.89
lem .................... 0.89
lem .................... 0.89
froz. dinner ........... 2.99
froz. dinner ........... 3.29
PST .................... 0.24
GST .................... 0.21
TOTAL ................. 75.27
```

Day 1 Check (✓) the appropriate day:
☐ MON ☑ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT ☐ SUN

Food and beverages purchased from STORES
Check (✓) here if no purchases made this day .... ■

Describe the item purchased	Was this product...?	Purchased at...	Number of...	Weight or volume per item	Total cost	
• Give a **complete** description of each item of food bought	A = Fresh B = Frozen C = Canned/ bottled/plastic container D = Dried E = Other	A = Supermarket B = Food specialty store or market C = Convenience store D = Other	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc.	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes	
• **Avoid** abbreviations and print clearly • **Include** bulk purchases						
	Enter code letter	Enter code letter	Enter quantity		$	¢
Example: COLA	C	A	24	355 ML	6	99
oranges	A	A	1	4 lbs	4	99
bananas	A	A	1	0.925 kg	1	20
potatoes	A	A	1	5 lbs	3	69
lettuce	A	A	2	head	1	58
extra large eggs	A	A	2	doz	3	98
2% milk	A	A	2	4 litres	6	98
mozzarella cheese slices	A	A	1	600 g	5	49
yogurt cups	A	A	6	125 g	4	14
margarine	A	A	1	454 g	2	19
dinner rolls (white)	A	A	1	bag	1	79
white bread	A	A	2	675 g	3	18
breakfast cereal	E	A	1	525 g	2	69
gingersnap cookies	E	A	1	300 g	3	19
barbecue potato chips	E	A	2	150 g	2	98
orange juice boxes	C	A	1	750 ml	1	09
ground coffee	E	A	2	250 g	7	98
chicken broth soup	C	A	3	284 ml	1	77
flaked tuna	C	A	1	170 g	2	59
spaghetti	D	A	1	900 g	1	59
wieners	E	A	1	450 g	3	29
frozen lemonade	B	A	3	355 ml	2	67
frozen dinners	B	A	2	285 g	6	28
extra lean ground beef	A	B	1	0.5kg	3	30
chicken legs	A	B	1	0.4kg	1	22

```
        PENNY'S MEAT MARKET

Tuesday Jan 2 2001

extra lean minced
.5NET kg
@ 6.60/kg .............. 3.30
chicken legs
.4NET kg
@ 3.04 ................. 1.22
TOTAL ................. 4.52
```

Example

Food and beverages purchased from Restaurants: Diary and Restaurant Bills

Food and beverages purchased from RESTAURANTS

Check (✓) here if no purchases made this day . . . . ■

Whose meal or snack? Include: • food from restaurants, cafeterias, take-outs, vending machines, canteens, etc. • snacks, non-alcoholic beverages, ice cream, candy, etc. • meals bought for guests Exclude alcoholic beverages	Meal type: A = Breakfast B = Lunch C = Dinner D = Between-meal snack and other food Enter code letter	Number of meals purchased Enter "0" if snacks or other food	Restaurant type: A = Table service B = Fast food C = Cafeteria D = Other Enter code letter	Total cost Include all taxes and tips on food and non-alcoholic beverages Exclude taxes and tips on alcoholic beverages $ | ¢
Example: FATHER AND SON'S LUNCH	B	2	B	8 | 69
family went to dinner	C	4	A	60 | 89
half dozen bagels	D	0	B	2 | 49
Marg's chocolate bar	D	0	D	1 | 00
				|
				|
				|
				|
				|

```
         Chez Ulysse

Tuesday Jan 2 2001

2 rib specials ........ 27.96
2 kids burger platters 13.98
2 pops ................. 1.98
2 coffee ............... 2.00
PST .................... 3.75
GST .................... 3.28
Subtotal 1 ............ 52.95
1 beer ................. 3.99
PST .................... 0.28
GST .................... 0.32
Subtotal 2 ............ 57.54
TIP (15%) .............. 8.63
TOTAL ................. 66.17
```

```
    Alison's Coffee Shop

Tuesday Jan 2 2001

6 bagels .............. 2.49
PST ................... 0.00
GST ................... 0.00
TOTAL ................. 2.49

  Thank you for shopping
       at Alison's
```

Vending machine - bought chocolate bar therefore no receipt

The cost for the family restaurant meal is calculated as follows:

$52.95 + $7.94 = $60.89

That is, the cost of the food and their taxes which comes to **$52.95** and the **$7.94** (15%) tip on that amount. Note that the beer, which is an alcoholic beverage, and its taxes and tip are excluded.

Attach receipts here

Day 1 — **Check** (✓) the appropriate day:

☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT ☐ SUN

Food and beverages purchased from STORES
Check (✓) here if no purchases made this day . . . . ☐

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost		Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	**A** = Fresh **B** = Frozen **C** = Canned/ bottled/plastic container **D** = Dried **E** = Other **Enter code letter**	**A** = Supermarket **B** = Food specialty store or market **C** = Convenience store **D** = Other **Enter code letter**	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes $	¢	
Example: COLA	C	A	24	355 ML	6	99	

Day 1 *continued*

Food and beverages purchased from STORES

Describe the item purchased • Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	Was this product . . . ? **A** = Fresh **B** = Frozen **C** = Canned/ bottled/plastic container **D** = Dried **E** = Other **Enter code letter**	Purchased at . . . **A** = Supermarket **B** = Food specialty store or market **C** = Convenience store **D** = Other **Enter code letter**	Number of . . . Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Weight or volume per item Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	Total cost **Exclude** all taxes		Office use only
					$	¢	
Example: GREEN ONIONS	*A*	*B*	*1*	*BUNCH*		79	

Food and beverages purchased from RESTAURANTS

Check (✓) here if no purchases made this day . . . . ■

Whose meal or snack? **Include:** • food from restaurants, cafeterias, take-outs, vending machines, canteens, etc. • snacks, non-alcoholic beverages, ice cream, candy, etc. • meals bought for guests **Exclude** alcoholic beverages	Meal type: **A** = Breakfast **B** = Lunch **C** = Dinner **D** = Between- meal snack and other food **Enter code letter**	Number of meals purchased **Enter "0" if snacks or other food**	Restaurant type: **A** = Table service **B** = Fast food **C** = Cafeteria **D** = Other **Enter code letter**	Total cost **Include** all taxes and tips on food and non-alcoholic beverages **Exclude** taxes and tips on alcoholic beverages	
				$	¢
Example: FATHER AND SON'S LUNCH	*B*	*2*	*B*	8	69

If there is insufficient space to enter your purchases made this day, use pages 20 to 23, "ADDITIONAL PAGE".

Attach receipts here

Day 2   **Check** (✓) the appropriate day:

☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT ☐ SUN

Food and beverages purchased from STORES
Check (✓) here if no purchases made this day . . . . ☐

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost		Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	**A** = Fresh **B** = Frozen **C** = Canned/ bottled/plastic container **D** = Dried **E** = Other **Enter code letter**	**A** = Supermarket **B** = Food specialty store or market **C** = Convenience store **D** = Other **Enter code letter**	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes $	¢	
Example: COLA	C	A	24	355 ML	6	99	

Day 2 *continued*

Food and beverages purchased from STORES

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost		Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	A = Fresh B = Frozen C = Canned/ bottled/plastic container D = Dried E = Other **Enter code letter**	A = Supermarket B = Food specialty store or market C = Convenience store D = Other **Enter code letter**	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes		
					$	¢	
Example: GREEN ONIONS	A	B	1	BUNCH		79	

Food and beverages purchased from RESTAURANTS

Check (✓) here if no purchases made this day . . . . ☐

Whose meal or snack?	Meal type:	Number of meals purchased	Restaurant type:	Total cost	
Include: • food from restaurants, cafeterias, take-outs, vending machines, canteens, etc. • snacks, non-alcoholic beverages, ice cream, candy, etc. • meals bought for guests **Exclude** alcoholic beverages	A = Breakfast B = Lunch C = Dinner D = Between-meal snack and other food **Enter code letter**	**Enter "0" if snacks or other food**	A = Table service B = Fast food C = Cafeteria D = Other **Enter code letter**	**Include** all taxes and tips on food and non-alcoholic beverages **Exclude** taxes and tips on alcoholic beverages	
				$	¢
Example: FATHER AND SON'S LUNCH	B	2	B	8	69

If there is insufficient space to enter your purchases made this day, use pages 20 to 23, "ADDITIONAL PAGE".

Attach receipts here

Day 3   **Check** (✓) the appropriate day:

☐ MON   ☐ TUE   ☐ WED   ☐ THUR   ☐ FRI   ☐ SAT   ☐ SUN

Food and beverages purchased from STORES

Check (✓) here if no purchases made this day . . . . ■

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost		Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	**A** = Fresh **B** = Frozen **C** = Canned/ bottled/plastic container **D** = Dried **E** = Other **Enter code letter**	**A** = Supermarket **B** = Food specialty store or market **C** = Convenience store **D** = Other **Enter code letter**	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes		
					$	¢	
Example: COLA	C	A	24	355 ML	6	99	

Day 3 *continued*

Food and beverages purchased from STORES

Describe the item purchased • Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	Was this product . . . ? **A** = Fresh **B** = Frozen **C** = Canned/ bottled/plastic container **D** = Dried **E** = Other **Enter code letter**	Purchased at . . . **A** = Supermarket **B** = Food specialty store or market **C** = Convenience store **D** = Other **Enter code letter**	Number of . . . Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Weight or volume per item Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	Total cost **Exclude** all taxes $ | ¢	Office use only
Example: GREEN ONIONS	*A*	*B*	*1*	*BUNCH*	79	

Food and beverages purchased from RESTAURANTS

Check (✓) here if no purchases made this day . . . . ▪

Whose meal or snack? **Include:** • food from restaurants, cafeterias, take-outs, vending machines, canteens, etc. • snacks, non-alcoholic beverages, ice cream, candy, etc. • meals bought for guests **Exclude** alcoholic beverages	Meal type: **A** = Breakfast **B** = Lunch **C** = Dinner **D** = Between- meal snack and other food **Enter code letter**	Number of meals purchased Enter "0" if snacks or other food	Restaurant type: **A** = Table service **B** = Fast food **C** = Cafeteria **D** = Other **Enter code letter**	Total cost **Include** all taxes and tips on food and non-alcoholic beverages **Exclude** taxes and tips on alcoholic beverages $ | ¢
Example: FATHER AND SON'S LUNCH	*B*	*2*	*B*	8 | 69

If there is insufficient space to enter your purchases made this day, use pages 20 to 23, "ADDITIONAL PAGE".

Attach receipts here

Day 4   **Check** (✓) the appropriate day:

☐ MON   ☐ TUE   ☐ WED   ☐ THUR   ☐ FRI   ☐ SAT   ☐ SUN

Food and beverages purchased from STORES

Check (✓) here if no purchases made this day . . . . ☐

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost		Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	A = Fresh B = Frozen C = Canned/ bottled/plastic container D = Dried E = Other **Enter code letter**	A = Supermarket B = Food specialty store or market C = Convenience store D = Other **Enter code letter**	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes $	¢	
Example: COLA	C	A	24	355 ML	6	99	

Day 4 *continued*

Food and beverages purchased from STORES

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost	Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	A = Fresh B = Frozen C = Canned/ bottled/plastic container D = Dried E = Other **Enter code letter**	A = Supermarket B = Food specialty store or market C = Convenience store D = Other **Enter code letter**	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes $ | ¢	
Example: GREEN ONIONS	A	B	1	BUNCH	| 79	
					|	
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Food and beverages purchased from RESTAURANTS

Check (✓) here if no purchases made this day . . . . ☐

Whose meal or snack?	Meal type:	Number of meals purchased	Restaurant type:	Total cost
Include: • food from restaurants, cafeterias, take-outs, vending machines, canteens, etc. • snacks, non-alcoholic beverages, ice cream, candy, etc. • meals bought for guests **Exclude** alcoholic beverages	A = Breakfast B = Lunch C = Dinner D = Between- meal snack and other food **Enter code letter**	**Enter "0" if snacks or other food**	A = Table service B = Fast food C = Cafeteria D = Other **Enter code letter**	**Include** all taxes and tips on food and non-alcoholic beverages **Exclude** taxes and tips on alcoholic beverages $ | ¢
Example: FATHER AND SON'S LUNCH	B	2	B	8 | 69
				|
				|
				|
				|
				|
				|
				|
				|

**If there is insufficient space to enter your purchases made this day,
use pages 20 to 23, "ADDITIONAL PAGE".**

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Attach receipts here

Day 5 **Check** (✓) the appropriate day:

☐ MON   ☐ TUE   ☐ WED   ☐ THUR   ☐ FRI   ☐ SAT   ☐ SUN

Food and beverages purchased from STORES

Check (✓) here if no purchases made this day . . . . ▪

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost		Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	**A** = Fresh **B** = Frozen **C** = Canned/ bottled/plastic container **D** = Dried **E** = Other	**A** = Supermarket **B** = Food specialty store or market **C** = Convenience store **D** = Other	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc.	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes		
	Enter code letter	**Enter code letter**	**Enter quantity**		$	¢	
Example: COLA	C	A	24	355 ML	6	99	

Day 5 *continued*

Food and beverages purchased from STORES

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost	Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	A = Fresh B = Frozen C = Canned/ bottled/plastic container D = Dried E = Other **Enter code letter**	A = Supermarket B = Food specialty store or market C = Convenience store D = Other **Enter code letter**	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes $ | ¢	
Example: GREEN ONIONS	A	B	1	BUNCH	79	

Food and beverages purchased from RESTAURANTS

Check (✓) here if no purchases made this day . . . . ■

Whose meal or snack?	Meal type:	Number of meals purchased	Restaurant type:	Total cost
Include: • food from restaurants, cafeterias, take-outs, vending machines, canteens, etc. • snacks, non-alcoholic beverages, ice cream, candy, etc. • meals bought for guests **Exclude** alcoholic beverages	A = Breakfast B = Lunch C = Dinner D = Between-meal snack and other food **Enter code letter**	Enter "0" if snacks or other food	A = Table service B = Fast food C = Cafeteria D = Other **Enter code letter**	**Include** all taxes and tips on food and non-alcoholic beverages **Exclude** taxes and tips on alcoholic beverages $ | ¢
Example: FATHER AND SON'S LUNCH	B	2	B	8 | 69

**If there is insufficient space to enter your purchases made this day,
use pages 20 to 23, "ADDITIONAL PAGE".**

Attach receipts here

Day 6   **Check** (✓) the appropriate day:

☐ MON   ☐ TUE   ☐ WED   ☐ THUR   ☐ FRI   ☐ SAT   ☐ SUN

Food and beverages purchased from STORES

Check (✓) here if no purchases made this day . . . . ☐

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost		Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	**A** = Fresh **B** = Frozen **C** = Canned/ bottled/plastic container **D** = Dried **E** = Other **Enter code letter**	**A** = Supermarket **B** = Food specialty store or market **C** = Convenience store **D** = Other **Enter code letter**	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes $ ¢		
Example: COLA	C	A	24	355 ML	6	99	

Day 6 *continued*

Food and beverages purchased from STORES

Describe the item purchased • Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	Was this product . . . ? A = Fresh B = Frozen C = Canned/ bottled/plastic container D = Dried E = Other **Enter code letter**	Purchased at . . . A = Supermarket B = Food specialty store or market C = Convenience store D = Other **Enter code letter**	Number of . . . Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Weight or volume per item Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	Total cost **Exclude** all taxes		Office use only
					$	¢	
Example: GREEN ONIONS	A	B	1	BUNCH		79	

Food and beverages purchased from RESTAURANTS
Check (✓) here if no purchases made this day . . . . ☐

Whose meal or snack? **Include:** • food from restaurants, cafeterias, take-outs, vending machines, canteens, etc. • snacks, non-alcoholic beverages, ice cream, candy, etc. • meals bought for guests **Exclude** alcoholic beverages	Meal type: A = Breakfast B = Lunch C = Dinner D = Between-meal snack and other food **Enter code letter**	Number of meals purchased **Enter "0" if snacks or other food**	Restaurant type: A = Table service B = Fast food C = Cafeteria D = Other **Enter code letter**	Total cost **Include** all taxes and tips on food and non-alcoholic beverages **Exclude** taxes and tips on alcoholic beverages	
				$	¢
Example: FATHER AND SON'S LUNCH	B	2	B	8	69

If there is insufficient space to enter your purchases made this day, use pages 20 to 23, "ADDITIONAL PAGE".

17

Attach receipts here

Day 7 **Check** (✓) the appropriate day:

☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT ☐ SUN

Food and beverages purchased from STORES
Check (✓) here if no purchases made this day . . . . ☐

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost		Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	**A** = Fresh **B** = Frozen **C** = Canned/ bottled/plastic container **D** = Dried **E** = Other	**A** = Supermarket **B** = Food specialty store or market **C** = Convenience store **D** = Other	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc.	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes		
	Enter code letter	**Enter code letter**	**Enter quantity**		$	¢	
Example: COLA	C	A	24	355 ML	6	99	

Day 7 *continued*

Food and beverages purchased from STORES

Describe the item purchased	Was this product . . . ?	Purchased at . . .	Number of . . .	Weight or volume per item	Total cost	Office use only
• Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	A = Fresh B = Frozen C = Canned/ bottled/plastic container D = Dried E = Other **Enter code letter**	A = Supermarket B = Food specialty store or market C = Convenience store D = Other **Enter code letter**	Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	**Exclude** all taxes $ ¢	
Example: GREEN ONIONS	A	B	1	BUNCH	79	

Food and beverages purchased from RESTAURANTS

Check (✓) here if no purchases made this day . . . . ▉

Whose meal or snack?	Meal type:	Number of meals purchased	Restaurant type:	Total cost
Include: • food from restaurants, cafeterias, take-outs, vending machines, canteens, etc. • snacks, non-alcoholic beverages, ice cream, candy, etc. • meals bought for guests **Exclude** alcoholic beverages	A = Breakfast B = Lunch C = Dinner D = Between- meal snack and other food **Enter code letter**	**Enter "0" if snacks or other food**	A = Table service B = Fast food C = Cafeteria D = Other **Enter code letter**	**Include** all taxes and tips on food and non-alcoholic beverages **Exclude** taxes and tips on alcoholic beverages $ ¢
Example: FATHER AND SON'S LUNCH	B	2	B	8 69

**If there is insufficient space to enter your purchases made this day,
use pages 20 to 23, "ADDITIONAL PAGE".**

Food and beverages purchased from STORES

Day No.	Describe the item purchased • Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	Was this product . . . ? A = Fresh B = Frozen C = Canned/ bottled/plastic container D = Dried E = Other **Enter code letter**	Purchased at . . . A = Supermarket B = Food specialty store or market C = Convenience store D = Other **Enter code letter**	Number of . . . Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Weight or volume per item Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	Total cost **Exclude** all taxes $ ¢	Office use only
2	**Example:** 2% MILK	A	C	1	4 LITRES	3 99	
4	**Example:** PIZZA	B	A	1	705 G	5 99	

Food and beverages purchased from STORES

Day No.	Describe the item purchased • Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	Was this product . . . ? **A** = Fresh **B** = Frozen **C** = Canned/ bottled/plastic container **D** = Dried **E** = Other **Enter code letter**	Purchased at . . . **A** = Supermarket **B** = Food specialty store or market **C** = Convenience store **D** = Other **Enter code letter**	Number of . . . Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Weight or volume per item Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	Total cost **Exclude** all taxes $ | ¢	Office use only

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Day No.	Describe the item purchased • Give a **complete** description of each item of food bought • **Avoid** abbreviations and print clearly • **Include** bulk purchases	Was this product . . . ? **A** = Fresh **B** = Frozen **C** = Canned/ bottled/plastic container **D** = Dried **E** = Other **Enter code letter**	Purchased at . . . **A** = Supermarket **B** = Food specialty store or market **C** = Convenience store **D** = Other **Enter code letter**	Number of . . . Cans, bottles, cartons, bags, boxes, packages, bunches, heads, dozens, etc. **Enter quantity**	Weight or volume per item Examples: 1.2 kg 2.5 litres 5.9 lbs 19 oz head dozen bunch	Total cost **Exclude** all taxes $ ¢	Office use only

Food and beverages purchased from RESTAURANTS

Day No.	Whose meal or snack? **Include:** • food from restaurants, cafeterias, take-outs, vending machines, canteens, etc. • snacks, non-alcoholic beverages, ice cream, candy, etc. • meals bought for guests **Exclude** alcoholic beverages	Meal type: **A** = Breakfast **B** = Lunch **C** = Dinner **D** = Between-meal snack and other food **Enter code letter**	Number of meals purchased Enter "0" if snacks or other food	Restaurant type: **A** = Table service **B** = Fast food **C** = Cafeteria **D** = Other **Enter code letter**	Total cost **Include** all taxes and tips on food and non-alcoholic beverages **Exclude** taxes and tips on alcoholic beverages $ ¢
4	*Example:* BENITA'S MUFFIN	A	1	C	95

Type of store

A = Supermarket: offers a wide variety of most grocery items (food and non-food). Retail co-operatives are included in this group.

B = Food Specialty Store: offers a wide variety of a limited number of items. Include butcher shops, fresh produce stores, bakeries, fish markets, delicatessens, health food stores, markets or stands, and direct purchases from producers and frozen food suppliers.

C = Convenience Store: offers a limited variety of a general line of groceries (food and non-food items).

D = Other: any other type of store that sells food items, such as department stores, club type stores, drug stores, etc.

Type of restaurant

A = Table Service Restaurants: Restaurants, bars or pubs that serve food and beverages at a table or an eating counter.
Note : this category should be indicated even if purchases are to be taken out or delivered.

B = Fast Food Restaurants: have no table service. Instead the customers order the food at a counter and choose to "eat-in" or "take-out".

C = Cafeterias: are usually associated with businesses or institutions (i.e. offices, hospitals, etc.). These are self-serve eating places where a tray is provided to carry food items to a cashier.

D = Others: includes refreshment stands, snack bars, vending machines, chip wagons and caterers. They are usually found at supermarkets, theatres, exhibitions, sports events, parks, etc.

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

001
1 ◯ Yes → Continue
2 ◯ No → Go to Q.3

2. For each absence from home overnight or longer during the 7 day period indicate the number of persons away and the number of nights per person.

	Absence No.1	Absence No.2	Absence No.3	Absence No.4	Absence No.5
Number of persons away	002	004	006	008	010
Number of nights away	003	005	007	009	011

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

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

   Interviewer: These meals should also be included in the restaurant expenditure section of the diary.

   023

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

   024

5. How many meals were received free or were reimbursed (e.g. business lunches, dinner at friends)?

   025

6. What was the estimated value of any gifts of food, food from your own farm or garden, or from hunting or fishing that added to your supplies?

   026
   $

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 *"no purchases made this day"* box is not checked, ask if any purchases were made. ☐

NOTES AND COMMENTS

_____

_____

_____

_____

_____

_____