

FAMILY ID _____

RESPONDENT

DATE OF INT. / /

STAFF ID

DAY (1, 2, or 3) _____

- | | <u>Time</u> |
|--------------|--------------|
| 1 - B Break | 5 - PM Snack |
| 2 - Break | 6 - Dinner |
| 3 - AM Snack | 7 - Evening |
| 4 - Lunch | |

- | <u>Place</u> | |
|--------------|--------|
| 1 - | Home |
| 2 - | School |
| 3 - | Rest |
| 4 - | Other |

- Preparer
- 1 - Self
 - 2 - Mother/female relative or mother figure
 - 3 - Sibling (any child in home)
 - 4 - Father/male relative or father figure
 - 5 - Other Preparer

[illegible]

DID YOU ASK? ADDED CONDIMENTS, SEASONINGS, MARGARINE
Is the way T.C. ate yesterday the way he/she usually eats?