

APPENDIX Y
NEW INSTRUMENTS FOR HOUSEHOLD TRAINING

The National Food Study, McDonald's Meal for Two

THANK YOU FOR CHOOSING MCDONALD'S

TRY OUR NEW BANANA BREAD TODAY!
789 MAIN ST
WALTHAM, MA
02453
!!! THANK YOU !!!
TEL# 781 893 6640 Store# 1564

KS# 3 Mar 25'12 (Sun) 15:41

MFY SIDE 1 KVS Order 67

QTY	ITEM	TOTAL
2	MED COKE	3.78
1	ANGUS DELUXE MEAL	4.70
1	2 FILET-O-FISH	3.33

Subtotal 11.81

Tax 0.83

Take-Out Total 12.64

Cash Tendered 20.00

Change 7.36

MCDONALD'S 1564
APPLY AT WWW.MCSTATE.COM/1564



ANGUS
THIRD POUNDERS*



Filet-O-Fish®



Foods and Drinks Brought into the Home

Complete one **BLUE** page for each **PLACE** where you got food that you brought home

(√) DAY you brought food home	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Name of PLACE where you got food:	Stop and Shop						
Location:	127 Samoset Street, Plymouth, MA 02360						
Name of PERSON who got the food:	Person1						
(√) Did you . . .							
Use store or manufacturer's coupons?	<input type="checkbox"/> yes		<input checked="" type="checkbox"/> no				
Use a store loyalty card or a frequent shopper card?	<input type="checkbox"/> yes		<input checked="" type="checkbox"/> no				
Save your receipt?	<input checked="" type="checkbox"/> yes		<input type="checkbox"/> no				
Enter total paid including tax and tip	\$ <u>4.30</u>						
(√) How did you pay? Check ALL that apply							
<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> WIC amount: \$ _____		<input type="checkbox"/> Debit card		<input type="checkbox"/> Credit card		
<input type="checkbox"/> Check	<input type="checkbox"/> SNAP EBT amount: \$ _____		<input type="checkbox"/> TANF EBT		<input type="checkbox"/> Free		
(√) Did you SCAN the food and drinks?							
<input type="checkbox"/> ALL		<input type="checkbox"/> None			<input checked="" type="checkbox"/> Some		
List ALL foods and drinks you COULD NOT SCAN							
Description (Please be as specific as possible)	Write size or amount if known (Ounces, grams, lbs, etc.)				How many?		
Can of Hunt's tomato sauce	8 ounces				1		
Dinner roll					1		

STOP & SHOP #444
127 SAMOSET STREET
PLYMOUTH, MA 02360
508-889-8989

EzShopper#2 9:25am 1/20/12
Tran 987 Terminal 15 Cashier 283

GROCERY
Fruit chews 0.50
Tomato sauce 0.60
Cat food 0.40
Oats
0.30 lb @ 3.10/lb 0.93

BAKERY
Dinner roll 1.29

PRODUCE
Banana
0.28 lb @ 0.69/lb 0.19
Apple
1.0 lb @ 0.39/lb 0.39

CASH
PAYMENT AMT **\$4.30**

456778765435657866

*If you need more lines, use another Blue page.

Meals, Snacks, and Drinks You Got Outside Your Home

Complete one **RED** page for each **PLACE** where you got food and drinks

(✓) DAY you got this meal, snack, drink	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input checked="" type="checkbox"/> Sun
Name of PLACE where you got food:	McDonald's						
Names of PEOPLE who ate this meal, snack, or drink:	Self						
(✓) Check the meal or snack							
<input type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(✓) How did you pay? Check ALL that apply							
<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card		<input type="checkbox"/> Debit card			
<input type="checkbox"/> SNAP EBT		<input type="checkbox"/> School lunch card		<input type="checkbox"/> Free	<input type="checkbox"/> Gift card		
<input type="checkbox"/> Other EBT		<input type="checkbox"/> Loyalty card		<input type="checkbox"/> Coupons			
TOTAL paid							
Total paid including tax and tip				If you left a tip, how much?			
\$ <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="4"/>				\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>			
(✓) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No		<input checked="" type="checkbox"/> 1 person		<input type="checkbox"/> 2 people		<input type="checkbox"/> 3 or more people	

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Take-Out Total		12.64
Cash Tendered		20.00
Change		7.36

MCDONALD'S 1564
APPLY AT WWW.MCSTATE.COM/1564

Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.			
Write each food and drink on a separate line <small>Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal</small>	Write size or amount if known <small>(Ounces, grams, lbs, etc.)</small>	How many?	Amount paid
Fries	Medium	1	—

QUESTIONS? Call 1-866-275-8659

Office Use

Meals, Snacks, and Drinks You Got Outside Your Home

Complete one **RED** page for each **PLACE** where you got food and drinks

(√) DAY you got this meal, snack, drink	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input checked="" type="checkbox"/> Sun
Name of PLACE where you got food:	McDonald's						
Names of PEOPLE who ate this meal, snack, or drink:	Self						
(√) Check the meal or snack							
<input type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Lunch	<input type="checkbox"/> Dinner/Supper	<input type="checkbox"/> Snack/drink				
(√) How did you pay? Check ALL that apply							
<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Debit card				
<input type="checkbox"/> SNAP EBT	<input type="checkbox"/> School lunch card	<input type="checkbox"/> Free	<input type="checkbox"/> Gift card				
<input type="checkbox"/> Other EBT	<input type="checkbox"/> Loyalty card	<input type="checkbox"/> Coupons					
TOTAL paid							
Total paid including tax and tip				If you left a tip, how much?			
\$ <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="4"/>				\$ <input type="text" value=""/> <input type="text" value=""/> . <input type="text" value=""/> <input type="text" value=""/>			
(√) Did you buy food or drinks for anyone who is not in your household?							
<input type="checkbox"/> No	<input checked="" type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> 3 or more people				
Complete this section if your receipt DOES NOT list each food item or you DO NOT have a receipt.							
Write each food and drink on a separate line Only include foods and drinks you got that are not on the receipt, such as bread and salad that come with a meal			Write size or amount if known (Ounces, grams, lbs, etc.)		How many?	Amount paid	
Angus Deluxe Meal					1	6.59	
Fries			Medium		1	—	
Diet Coke			Medium		1	—	
Filet O' Fish					2	3.33	
Coke (regular)			Medium		1	1.89	

