

U.S. DEPARTMENT OF COMMERCE U.S. CENSUS BUREAU



Acting as a collecting agent for U.S. Department of Labor Bureau of Labor Statistics

# **Your Daily Expenses**

#### Help us learn about the buying habits of people in the United States

Lady holding credit card jpg file	Currency_2 curled \$1 jpg file	dinner party jpg file	receipts jpg file	family unpacking groceries jpg file
internet shopping man_jpeg file	couple_gift jpg file	mug credit card phone_jpg file	couple shopping jpg file	daughter_dad pet shop jpg file

When you write down what you purchase in this diary, you will help provide a bigger picture of how U.S. consumers spend their money.

By law (Title 13, U.S. Code), we must keep your information confidential; we use it for statistical purposes only.

If you have comments regarding this survey, please send them to the Division of Consumer Expenditure Surveys, 2 Massachusetts Avenue N.E., Room 3985, Washington, DC 20212.

Plea	Please record your expenses and purchases for the following period											
	Day Date											
1												
2												
3												
4												
5												
6												
7												

If you have any questions, please call:

Field representative's name:	Telephone:
Field representative supervisor's name:	Telephone:

### **General Instructions**

- Fill out this diary for an entire week, writing down EVERYTHING you and the people on your list spend money on each day – the products you buy, the services you use, the household expenses you have during the week – no matter how large or small they are.
- We recommend that you record your expenses <u>each day</u>. Think about where you went and what you did.
- Talk to the people on your list every day to find out how they spent their money.
- Include payments by

Cash
Check
SNAP Card
Credit/Debit Card
Money Order

WIC Voucher Automatic Withdrawal Payroll Deduction Store Charge Card Gift Certificate

 Keep receipts and other records so that you will remember to record what you bought or paid for. Use the pocket at the back of the diary to store them.

Some record types include:

Receipts
Bills
Pay Stubs
Bank Statements
Catalog/Internet Purchases
Credit Card Statements

Include items that you bought for <u>people</u> who are not on your list, such as gifts.

## Do NOT record

- Expenses of people on your list while they were away from home overnight.
- Business or farm operating expenses
- Sales tax, except for Meals, Snacks, and Drinks Away from Home

## How to Fill Out Your Diary

The diary is divided into 7 days and each day is divided into 4 parts.

Enter each item in the appropriate part for each day.

#### 1. Food and Drinks for Home Consumption

- Describe the item.
- Mark whether the item was fresh, frozen, bottled/canned, or other.
- Enter the cost without tax and deduct any discounts or coupons.
- Mark the column if the item was purchased for someone not on your list (e.g. gifts).
- Enter the name of the store, business, or website where the item was purchased.

## 2. Meals, Snacks, and Drinks Away from Home

- Mark one of the four choices that best describes the type of meal.
- Enter the name of the restaurant, vendor, or cafeteria where you made this purchase.
- Mark one of the four choices that best describes where you made the purchase.
- Enter the total cost with tax and tip.
- If alcohol was part of the purchase, check whether it was wine, beer, and/or other alcohol and enter the total cost of the alcohol.

#### 3. Clothing, Shoes, Jewelry, and Accessories

- Describe the item and enter the cost without tax.
- Mark the appropriate sex and age range of the person for whom the item was bought.
- Mark the last column if the item was purchased for someone not on your list (e.g. gifts).
- Enter the name of the store, business, or website where the item was purchased.

## 4. All Other Products, Services, and Expenses

- Describe the item and enter the total cost without tax.
- Mark the column if the item was purchased for someone not on your list (e.g. gifts).
- Enter the name of the store, business, or website where the item was purchased.

**See back flap for answers to Frequently Asked Questions** 

There is an Additional Pages section on pages 18–23 in case you run out of lines on any particular day.

If you are unsure about whether to include an item or where to record an item, write it down wherever it seems best or make a note and ask your field representative.

## **Record Your Daily Expenses**

# The people on your list: Record the purchases and expenses made by ALL of these people. **Notes**

## Thank you for agreeing to fill out this diary.

We understand that this task takes time; however, your information is very important to us and will be used for many purposes that affect all Americans. Among the most important, it is used to help calculate the Consumer Price Index, or CPI, which is a basic measure of the rate of inflation.

#### Here are some of the uses of the Consumer Price Index:

- ◆ Provide cost-of-living wage adjustments for millions of American workers
- ◆ Adjust Social Security payments
- ◆ Determine the cost of school lunches
- Adjust Federal income-tax brackets

For more information about the survey, visit: www.bls.gov/cex and www.census.gov/programs-surveys/ce.html

Office Use: Place the barcode label here	

## **Questions?**

Some Frequently Asked Questions are answered on the flap attached to the back cover. If you still have questions after reviewing these, please call your field representative.



# **Examples**

	Food a	nd Drinks f	or ł	<b>lo</b> n	ne (	Con	sun	np	tion		
	What did yo	ou buy or pay for?	fresh	Is this Mark () frozen		other	Cos withou		Mark (X) If purchased for someone not on your list	Nam Store or where pu	Website
101	bread	Level of detail needed	1 X	2	3	4	1	49	·	Foodway Gi	ocery Store
102	eggs	BEEF – Specify the cut and describe, such as	1 X	2	3	4	1	50			
103	chicken wings	round roast, ground beef, etc.	1	2 <b>X</b>	3	4	6	78			
104	apples	PORK – Specify the cut and describe, such as	1 X	2	3	4	2	80			
105	beer	whole ham, bacon, spareribs, etc.	1	2	3 <b>X</b>	4	4	29			
106	milk	OTHER FOOD – Give a	1 X	2	3	4	2	99			
107	orange juice	complete description, such as scalloped potatoes.	1	2	3 <b>X</b>	4	3	99			
108	candy		1	2	3	4 <b>X</b>	2	50			
109	vegetable oil		1	2	<sup>3</sup> X	4	2	99			
110	baby food		1	2	3 <b>X</b>	4	4	95			
111	potato chips		1	2	3	4 <b>X</b>	2	79			
112	frozen meals		1	<sup>2</sup> X	3	4	8	97			
113	ketchup		1	2	3 X	4	1	59			
114	soup		1	2	3 X	4	4	96			
115	soda		1	2	3 X	4	1	98			
116	pork chops		<sup>1</sup> X	2	3	4	6	36			
117	shrimp		1	<sup>2</sup> X	3	4	11				
118	cookies		1	2	3	4 <b>X</b>	3	50	Х		
119	ground beef		<sup>1</sup> X	2	3	4	5	87			
120	carbonated wa	ater	1	2	3 X	4		89			
121	apple pie		<sup>1</sup> X	2	3	4	4	99	х	1	
122	ground coffee		1	2	3	4 <b>X</b>	2	79		NY Bagel	Bakery
123	bagels		<sup>1</sup> X	2	3	4	5	25		"	
124	wine		1	2	3 <b>X</b>	4	42	00		Total Win	e
125	juice boxes		1	2	3	<sup>4</sup> X	20	85		Amazon.c	om
126	dog food		1	2	3	4 X	21	45		Pets&Moi	re.com
127			1	2	3	4					
128			1	2	3	4					
129		Use the po									
130		cover to sto						е			
131		10447 10 10	7010	Joan	Jan 31						
132			1	2	3	4					
133			1	2	3	4					
134			1	2	3	4					
135			1	2	3	4					
136			1	2	3	4					
	2										VE 901 (1.0001)



080102

# **Examples**

	N	VI	ea	Is	, Snacks, and	l Dr	inks	s Av	vay	from	Ho	n	ne	9		
	be	flark (X) one that best describes the type of meal		cribes of meal						If alcoholic beverages included, mark (X) all			Enter	Enter the		
	breakfast	lunch	dinner	snack/drink	Restaurant or Vendor	Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria	Total Cost with tax & tip		that apply  other		total cost of the alcohol		
01	1	<sup>2</sup>	3	4	McDonald's	<sup>1</sup> X	2	3	4	7	25	1	2	3		
02	1	2	3 <b>X</b>	4	Lupo Verde Italian restaurant	1	<sup>2</sup> X	3	4	62	23	1 X	2	3	12	00
03	1	2	3	4 <b>X</b>	Mister Days sports bar	1	2 <b>X</b>	3	4	15	00	1	<sup>2</sup>	З <b>Х</b>	15	00
04	1	2	3	4 <b>X</b>	YMCA vending machine	1	2	3 <b>X</b>	4	1	50	1	2	3		
05	1	2 <b>X</b>	3	4	Millbrook school cafeteria	1	2	3	4 <b>X</b>	45	00	1	2	3		
06	1	2	3	<sup>4</sup> <b>X</b>	Starbucks	<sup>1</sup> X	2	3	4	2	09	1	2	3		

	Clot	hing, Shoes, <b>.</b>	Jew	elr	у, а	and	d A	\c	es	sorie	es
	What did you buy or pay for?			s <b>t</b> t tax	<b>W</b> Child Under 2	as th	Girl 2-15	Man 16 & over	Or: Woman 16 & over	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
301	dress shirts	Level of detail needed	75	00	1	2	3	4	<sup>5</sup> X		Dillards.com
302	running shoes	SHOES – If sports shoes, specify sport, such as football	69	00	1	2	3	4	5 <b>X</b>		
303	wallet	cleats, etc.	29	00	1	2	3	4 <b>X</b>	5		$\downarrow$
304	baseball cap	JEWELRY – Specify type of jewelry, such as watches, etc.	14	99	1	2 <b>X</b>	3	4	5		Target
305	bib	EYEWEAR – Specify prescription	3	50	1 <b>X</b>	2	3	4	5	х	Sweet Dreams boutique
306	necklace	or non-prescription.	250	00	1	2	3	4	<sup>5</sup> X		Olde Towne jewelry
307	non-preso	ription sunglasses	59	00	1	2	3	4	<sup>5</sup> <b>X</b>		Walmart.com
308	,	stume (returned for refund)	15	00	1 <b>X</b>	2	3	4	5		Partysupply.com

	All Other Products, Services, and Expenses											
	What did you bu	y or pay for?	Cos without		Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased						
401	cold medicine (non-prescription)	Level of detail needed	6	95	Х	Walmart						
402	gasoline	DOCTOR BILLS – Specify type of doctor visited, such_	12	86		Liberty						
403	highway tolls	as an internist, orthodontist, etc.	2	00		Tri-River bridge						
404	music cd	MEDICINE – Specify if prescription or	10	99	х	Amazon.com						
405	cigarettes	non-prescription.	8	99		Jim's Mart						
406	dry cleaning (clothes)	TOOLS – Specify if power or hand tool.	15	50		Green cleaners						
407	lottery tickets	DRY-CLEANING – Specify whether household item	1	00		Jim's Mart						
408	bus fare	(such as drapes) or apparel.	1	50		MetroCounty transit						
409	piano lessons		150	00		Private Individual						
410	electric drill		65	00		Village Hardware						
411	Netflix subscription	9	99		Netflix							
412	veterinarian fees		85	00		Bay County Vets						



080103



# ENTER DAY AND DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

#### **Food and Drinks for Home Consumption** Is this item: Mark (X) one frozen | bottled/ canned Name of Cost purchased for someone not on your list What did you buy or pay for? Store or Website without tax fresh other where purchased

R	USE:
	None
	□ vc

	Mark (X) one that best describes the type of meal		bes				at best d de this pu			If alcoholic beverages included,			Farantha		
	oreakfast	lunch	dinner	snack/drink	Name of Restaurant or Vendor	Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria	Total Cost with tax & tip		waine beer other other		Enter the total cost of the alcohol	
	<u>a</u> 1	2	3	<u>ت</u> 4		1	2	3	4		<u>≶</u> 1	2	3		
01	ľ	_	Ĭ	·					·	i				i	
	1	2	3	4		1	2	3	4	i	1	2	3	i	
02										·					
	1	2	3	4		1	2	3	4		1	2	3	İ	
03	_			4		4	0	0	4				_		
٠,	'	2	3	4		'	2	3	4	i	'	2	3	i	
)4	4	2	3	4		1	2	3	4	'	1	2	3	i	
05	ļ'.	_		7		'	_	3	7	i i	<b>'</b>	_	J	i i	
JO	1	2	2	1		1	2	2	1	ı	1	2	3	<u> </u>	
206	1	2	3	4		1	2	3	4		1	2	3		

	Clothing, Shoes,	Jewelr	у, а	and	d A	\c	es	sorie	es
	What did you buy or pay for?	Cost without tax	<b>C</b> hild Under 2	as th Boy 2-15	Girl 2-15			Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
301			1	2	3	4	5		
302			1	2	3	4	5		
303			1	2	3	4	5		
304			1	2	3	4	5		
305		İ	1	2	3	4	5		
306			1	2	3	4	5		
307			1	2	3	4	5		
308			1	2	3	4	5		

	All Other Products, Serv	vices, a	nd E	<b>xpenses</b>
	What did you buy or pay for?	Cost without tax	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
401				
402				
403		İ		
404				
405				
406				
407				
408				
409				
410		İ		
411				
412				
413				



080105



# ENTER DAY AND DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

#### **Food and Drinks for Home Consumption** Is this item: Mark (X) one frozen | bottled/ canned Name of Cost purchased for someone not on your list What did you buy or pay for? Store or Website without tax fresh other where purchased

R	USE:	
		None
		vc

	I	Meals, Snacks, and Drinks Away from Home												
	Mark (X) one that best describes the type of meal					where	you mad	at best de de this pu		be in	alcoh veraç clude rk (X)	ges ed,	Enter the	
	breakfast	lunch	dinner	snack/drink						peer ab	other <	total cost of the alcohol		
01	1	2	3	4		1	2	3	4		1	2	3	
02	1	2	3	4		1	2	3	4		1	2	3	
03	1	2	3	4		1	2	3	4		1	2	3	ļ
04	1	2	3	4		1	2	3	4		1	2	3	
05	1	2	3	4		1	2	3	4		1	2	3	
06	1	2	3	4		1	2	3	4		1	2	3	

	Clothing, Shoes,	Jewelry, and Accessories										
	What did you buy or pay for?	Cost without tax	Child Under 2	as th Boy 2-15	Girl 2-15		Or: Woman 16 & over	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased			
301			1	2	3	4	5					
302		į	1	2	3	4	5					
303		İ	1	2	3	4	5					
304			1	2	3	4	5					
305			1	2	3	4	5					
306		į	1	2	3	4	5					
307			1	2	3	4	5					
308			1	2	3	4	5					

	All Other Products, Serv	vices, a	nd Ex	kpenses
	What did you buy or pay for?	<b>Cost</b> without tax	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
401				
402				
403		İ		
404				
405				
406				
407				
408				
409				
410		İ		
411				
412				
413				



080107

# ENTER DAY AND DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

#### **Food and Drinks for Home Consumption** Is this item: Mark (X) one frozen | bottled/ canned Name of Cost purchased for someone not on your list What did you buy or pay for? Store or Website without tax fresh other where purchased

FORM CE-801 (1-20

R USE:	
	None
	vc

	Mar	k (X	) one	that	, Snacks, and	Mark ()	() one th	at best d	escribes	from Ho	If a	n (	olic		
	beest describes the type of much dinner dinner snack/drink		meal	Name of Restaurant or Vendor	Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria	Total Cost with tax & tip	included, mark (X) all that apply		d, all	total cost of the alcohol		
0.4	1	2	3	4		1	2	3	4	ļ	1	2	3		
01 02	1	2	3	4		1	2	3	4		1	2	3		
03	1	2	3	4		1	2	3	4		1	2	3		
04	1	2	3	4		1	2	3	4		1	2	3		
05	1	2	3	4		1	2	3	4		1	2	3		
06	1	2	3	4		1	2	3	4		1	2	3		

	Clothing, Shoes,	Jewelry, and Accessories										
	What did you buy or pay for?	Cost without tax	Child Under 2	as th Boy 2-15	Girl 2-15		O <b>r:</b> Woman 16 & over	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased			
301			1	2	3	4	5					
302			1	2	3	4	5					
303			1	2	3	4	5					
304			1	2	3	4	5					
305		İ	1	2	3	4	5					
306			1	2	3	4	5					
307			1	2	3	4	5					
308			1	2	3	4	5					

	All Other Products, Serv	vices, a	nd E	kpenses
	What did you buy or pay for?	Cost without tax	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
401				
402				
403				
404				
405				
406				
407				
408				
409				
410		İ		
411				
412				
413				



080109

9



# ENTER DAY AND DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

#### **Food and Drinks for Home Consumption** Is this item: Mark (X) one frozen | bottled/ canned Name of Cost purchased for someone not on your list What did you buy or pay for? Store or Website without tax fresh other where purchased



R USE:	
	None
	vc

	I	Meals, Snacks, and Drinks Away from Home													
	Mark (X) one that best describes the type of meal				Name of	where	you mad	at best de le this pu		be in	lcoho veraç clude rk (X)	jes ed,	Enter the		
	breakfast	lunch	dinner	snack/drink	Restaurant or Vendor	Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria	Total Cost with tax & tip	wine	peer peer	other <	total cost of the alcohol	
01	1	2	3	4		1	2	3	4		1	2	3		
02	1	2	3	4		1	2	3	4		1	2	3		
03	1	2	3	4		1	2	3	4		1	2	3		
04	1	2	3	4		1	2	3	4		1	2	3		
05	1	2	3	4		1	2	3	4		1	2	3		
06	1	2	3	4		1	2	3	4		1	2	3		

	Clothing, Shoes,	Jewelry, and Accessories											
	What did you buy or pay for?	y or pay for? Cost			Was the item for:           Child Under 2         Boy 2-15         Girl 16 & 16 & 16 over         Man 16 & 16 over         16 over			Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased				
301			1	2	3	4	5						
302			1	2	3	4	5						
303			1	2	3	4	5						
304			1	2	3	4	5						
305		İ	1	2	3	4	5						
306		İ	1	2	3	4	5						
307			1	2	3	4	5						
308		 	1	2	3	4	5						

	All Other Products, Serv	vices, a	nd E	<b>xpenses</b>
	What did you buy or pay for?	Cost without tax	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
401				
402				
403		İ		
404				
405				
406				
407				
408				
409				
410		İ		
411				
412				
413				



080111



# ENTER DAY AND DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

#### **Food and Drinks for Home Consumption** Is this item: Mark (X) one frozen | bottled/ canned Name of Cost purchased for someone not on your list What did you buy or pay for? Store or Website without tax fresh other where purchased

R USE:	
	None
	vc

	I	Meals, Snacks, and Drinks Away from Home													
	be	st de	scri	that bes meal		Mark (X) one that best describes where you made this purchase					be in	lcoho veraç clude rk (X)	jes d,	Enter the total cost of the alcohol	
	breakfast	lunch	dinner	snack/drink	Restaurant or Vendor	Tall of Velluor Take-out Service Machines of School			Total Cost with tax & tip	wine	peer peer	other <			
01	1	2	3	4		1	2	3	4		1	2	3		
02	1	2	3	4		1	2	3	4		1	2	3		
03	1	2	3	4		1	2	3	4		1	2	3		
04	1	2	3	4		1	2	3	4		1	2	3		
05	1	2	3	4		1	2	3	4		1	2	3		
06	1	2	3	4		1	2	3	4		1	2	3	 	

	Clothing, Shoes,	Jewelry, and Accessories											
	What did you buy or pay for?	Cost without tax	Child Under 2	as th Boy 2-15	Girl 2-15		Or: Woman 16 & over	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased				
301			1	2	3	4	5						
302		į	1	2	3	4	5						
303		İ	1	2	3	4	5						
304			1	2	3	4	5						
305			1	2	3	4	5						
306		į	1	2	3	4	5						
307			1	2	3	4	5						
308			1	2	3	4	5						

	All Other Products, Serv	vices, a	nd Ex	kpenses
	What did you buy or pay for?	<b>Cost</b> without tax	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
401				
402				
403		İ		
404				
405				
406				
407				
408				
409				
410		İ		
411				
412				
413				



080113

13



# ENTER DAY AND DATE

See pages 2-3 for examples. If you need additional space, use pages 18-23.

#### **Food and Drinks for Home Consumption** Is this item: Mark (X) one frozen | bottled/ canned Name of Cost purchased for someone not on your list What did you buy or pay for? Store or Website without tax fresh other where purchased

FORM CE-801 (1-20

R USE:	
	None
	vc

	I	Meals, Snacks, and Drinks Away from Home													
	be	st de	scri	that bes meal		Mark (X) one that best describes where you made this purchase					be in	alcoh veraç clude rk (X)	ges ed,	Enter the	
	breakfast	lunch	dinner	snack/drink	Name of Restaurant or Vendor	Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria	Total Cost with tax & tip	wine	peer ab	other <	total cost of the alcohol	
01	1	2	3	4		1	2	3	4		1	2	3		
02	1	2	3	4		1	2	3	4		1	2	3		
03	1	2	3	4		1	2	3	4		1	2	3	ļ	
04	1	2	3	4		1	2	3	4		1	2	3		
05	1	2	3	4		1	2	3	4		1	2	3		
06	1	2	3	4		1	2	3	4		1	2	3		

	Clothing, Shoes,	Jewelr	у, а	and	d A	\c	es	sorie	es
	What did you buy or pay for?	Cost without tax	<b>C</b> hild Under 2					Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
301			1	2	3	4	5		
302			1	2	3	4	5		
303			1	2	3	4	5		
304			1	2	3	4	5		
305		İ	1	2	3	4	5		
306			1	2	3	4	5		
307			1	2	3	4	5		
308			1	2	3	4	5		

	All Other Products, Serv	vices, a	nd Ex	kpenses
	What did you buy or pay for?	<b>Cost</b> without tax	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
401				
402				
403		İ		
404				
405				
406				
407				
408				
409				
410				
411				
412				
413				



080115



#### **ENTER DAY AND DATE**

See pages 2-3 for examples. If you need additional space, use pages 18-23.

#### **Food and Drinks for Home Consumption** Is this item: Mark (X) one frozen | bottled/ canned Name of Cost purchased for someone not on your list What did you buy or pay for? Store or Website without tax fresh other where purchased

R USE:	
	None
	vc

		Meals, Snacks, and Drinks Away from Home												
	Mark (X) one that best describes the type of meal				Nows of	Mark () where	K) one th you mad	at best de de this pu	ırchase		be in	lcoh veraç clude rk (X)	ges ed,	Enter the
	breakfast	lunch	dinner	snack/drink	Name of Restaurant or Vendor	Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria	Total Cost with tax & tip	wine	peer peer	other <	total cost of the alcohol
01	1	2	3	4		1	2	3	4		1	2	3	
01	1	2	3	4		1	2	3	4		1	2	3	
03	1	2	3	4		1	2	3	4		1	2	3	
04	1	2	3	4		1	2	3	4		1	2	3	
05	1	2	3	4		1	2	3	4		1	2	3	
06	1	2	3	4		1	2	3	4		1	2	3	

	Clothing, Shoes, Jewelry, and Accessories													
	What did you buy or pay for?	Cost without tax	Child Under 2	as th Boy 2-15	Girl 2-15		Woman 16 & over	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased					
301			1	2	3	4	5							
302			1	2	3	4	5							
303			1	2	3	4	5							
304			1	2	3	4	5							
305		İ	1	2	3	4	5							
306			1	2	3	4	5							
307			1	2	3	4	5							
308			1	2	3	4	5							

	All Other Products, Serv	vices, a	nd Ex	kpenses
	What did you buy or pay for?	<b>Cost</b> without tax	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
401				
402				
403		İ		
404				
405				
406				
407				
408				
409				
410				
411				
412				
413				



080117

	Food and Drinks for Home Consumption													
	What did you buy or pay for?	fresh	Is th Marl frozen	nis item: ( (X) one   bottled/   canned	other	Cos without		Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased					
101		1	2	3	4									
102		1	2	3	4	j								
103		1	2	3	4	i								
104		1	2	3	4									
105		1	2	3	4	İ								
106		1	2	3	4	İ								
107		1	2	3	4									
108		1	2	3	4	1								
109		1	2	3	4									
110		1	2	3	4									
111		1	2	3	4									
112		1	2	3	4									
113		1	2	3	4									
114		1	2	3	4	į								
115		1	2	3	4									
116		1	2	3	4									
117		1	2	3	4									
118		1	2	3	4									
119		1	2	3	4									
120		1	2	3	4	İ								
121		1	2	3	4									
122		1	2	3	4									
123		1	2	3	4									
124		1	2	3	4									
125		1	2	3	4	į								
126		1	2	3	4									
127		1	2	3	4									
128		1	2	3	4									
129		1	2	3	4									
130		1	2	3	4									
131		1	2	3	4									
132		1	2	3	4									
133		1	2	3	4	Ì								
134		1	2	3	4									
135		1	2	3	4									
136		1	2	3	4	İ								
137		1	2	3	4									
	18								FORM CE-801 (1-2021					



080118

	Mar be	rk (X	) one	that		Snacks, and Drinks Away from Home  Mark (X) one that best describes where you made this purchase  If alcoholic beverages included, mark (X) all mark											
	breakfast	lunch	dinner	snack/drink	Name of Restaurant or Vendor	Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria	Total Cost with tax & tip		rk (X) at ap		Enter the total cost of the alcohol			
004	1	2	3	4		1	2	3	4		1	2	3				
201 202	1	2	3	4		1	2	3	4		1	2	3				
202	1	2	3	4		1	2	3	4		1	2	3				
203	-		0	4		4	2	3	4		_		3				
204		2	3	4		<u>'</u>	_	3	4	i	ľ	2	3	i			
_5-	1	2	3	4		1	2	3	4		1	2	3	ı			
205																	
	1	2	3	4		1	2	3	4		1	2	3				
206																	

	Clothing, Shoes, Jewelry, and Accessories														
	What did you buy or pay for?	Cost without tax	<b>C</b> hild Under 2	<b>as th</b> Boy 2-15	Girl 2-15			Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased						
301			1	2	3	4	5								
302			1	2	3	4	5								
303			1	2	3	4	5								
304			1	2	3	4	5								
305			1	2	3	4	5								
306			1	2	3	4	5								
307			1	2	3	4	5								
308		Ţ	1	2	3	4	5								

	All Other Products, Serv	vices, a	nd Ex	kpenses
	What did you buy or pay for?	<b>Cost</b> without tax	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
401				
402				
403				
404				
405				
406				
407				
408				
409				
410		İ		
411				
412		 		
413				10



080119

What did you buy or pay for?	fresh	ls t Mar frozen	his item: k (X) one   bottled/   canned	other	Cos without	Mark (X) If purchased for someone not on your list	Name of Store or Websit where purchased
	1	2	3	4	ļ	on your list	Where parenasea
	1	2	3	4			
	1	2	3	4			
	1	2	3	4			
	1	2	3	4			
	1	2	3	4			
	1	2	3	4			
		2	3		İ		
	'	2	3	4			
	1	2	3	4			
	1	2	3	4			
	1	2	3	4	j		
	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	ĺ		
	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			
	1						
		2	3	4			
	1	2	3	4			
	1	2	3	4			
	1	2	3	4			
	1	2	3	4			
	1	2	3	4	i		



080120

	Meals, Snacks, and Drinks Away from Home														
	Mark (X) one tha best describes the type of meal		ribes f meal Name of		Mark () where	() one th you mad	at best d de this pu	escribes irchase		be in ma	alcoh verag clude rk (X	ges ed, ) all	Enter the		
	breakfast	lunch	dinner	snack/drink	Restaurant or Vendor	Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria	Total Cost with tax & tip	wine	peer pe	other <sup>dd</sup>	total cost of the alcohol	
201	1	2	3	4		1	2	3	4		1	2	3		
202	1	2	3	4		1	2	3	4		1	2	3		
203	1	2	3	4		1	2	3	4	İ	1	2	3		
203	1	2	3	4		1	2	3	4		1	2	3		
	1	2	3	4		1	2	3	4		1	2	3		
205	1	2	3	4		1	2	3	4		1	2	3		
206															

	Clothing, Shoes,	Clothing, Shoes, Jewelry, and Accessories														
	What did you buy or pay for?	Cost without tax	Child Under 2	as th Boy 2-15	Girl 2-15			Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased							
301			1	2	3	4	5									
302		į	1	2	3	4	5									
303			1	2	3	4	5									
304			1	2	3	4	5									
305			1	2	3	4	5									
306			1	2	3	4	5									
307			1	2	3	4	5									
308			1	2	3	4	5									

	All Other Products, Serv	vices, a	nd Ex	(penses
	What did you buy or pay for?	Cost without tax	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased
401				
402				
403		j		
404				
405				
406		j		
407		l I		
408				
409				
410				
411				
412				
413				
710				



080121

What did you buy or pay for?		ls th Marl	nis item: (X) one   bottled/		Cost	Mark (X) If purchased for someone not	Name of Store or Websit where purchased	
	fresh	frozen	canned	other	without tax	on your list	where purchased	
	1	2	3	4				
	1	2	3	4	Ì			
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4	İ			
	1	2	3	4				
	1	2	3	4				
	1	2	3	4				
	1	2	3	4	<u> </u>			
	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	ļ			
	1	2	3	4				
	1	2	3	4	i i			
	1	2	3	4				

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080122

	Meals, Snacks, and Drinks Away from Home														
	Mark (X) one that best describes the type of mea		bes				t best de e this pu			be in	alcoh vera iclud rk (X	ges ed,	Enter the		
	breakfast	lunch	dinner	snack/drink	Name of Restaurant or Vendor	Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria	Total Cost with tax & tip		peer pear	other 5	total cost of the alcohol	
001	1	2	3	4		1	2	3	4	ļ	1	2	3		
201 202	1	2	3	4		1	2	3	4		1	2	3		
203	1	2	3	4		1	2	3	4		1	2	3	ı	
203	1	2	3	4		1	2	3	4		1	2	3		
205	1	2	3	4		1	2	3	4		1	2	3		
206	1	2	3	4		1	2	3	4		1	2	3		

	Clothing, Shoes, Jewelry, and Accessories											
	What did you buy or pay for?	Cost without tax	Child Under 2	as th Boy 2-15	Girl 2-15	Man 16 & over		Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased			
301			1	2	3	4	5					
302		İ	1	2	3	4	5					
303			1	2	3	4	5					
304			1	2	3	4	5					
305			1	2	3	4	5					
306			1	2	3	4	5					
307			1	2	3	4	5					
308			1	2	3	4	5					

	All Other Products, Services, and Expenses											
	What did you buy or pay for?	Cost without tax	Mark (X) If purchased for someone not on your list	Name of Store or Website where purchased								
401												
402												
403												
404												
405												
406												
407												
408												
409												
410												
411												
412												
413		İ										



080123



## Keep your records in this pocket.

(These records are only for your reference; we will not keep them.)

- Receipts
- Bills
- Pay Stubs
- Bank Statements
- Catalog/Internet Purchases
- Credit Card Statements

## Frequently Asked Questions

(continued on other side)

## 11. What about gift certificates or gift cards?

If you <u>buy</u> a gift certificate to give to someone, write down the cost of it under the appropriate section (e.g., a certificate to a clothing store would go under *Clothing, Shoes, Jewelry, and Accessories* and a certificate to a department store would go under *All Other Products, Services, and Expenses.* If you <u>use</u> a gift card, write down the full amount for your purchase as if paid with cash.

#### 12. What do I do about returns & exchanges?

If an item is bought and returned during the diary week, it can be erased or crossed out. If it was bought outside the week and returned during the week, do not make an entry. If an item is exchanged during the week, erase or cross out the item that was returned and enter the new item and its cost on the day the exchange was made.

## 13. Should I record subsidized/reimbursed expenses?

Yes, but only record the portion that you or someone on your list has to pay.

## 14. What should I do about shipping & handling costs?

Include the shipping & handling cost in the total price of the item. If the shipping & handling covered multiple items, include the shipping & handling in the total price of one item from the order.

## 15. What's the difference between a concession stand and a mobile vendor?

A concession stand has to stay in a permanent location and a mobile vendor does not. Some mobile vendors may seem permanent because they are usually in the same location, but they are still considered mobile vendors because they have the option to change locations.

# 16. How do I categorize the establishment for Meals, Snacks, and Drinks Away from Home?

- Fast food, Take-out, Delivery, Concession You pay BEFORE you eat/drink
- Full Services Places
   You pay after you eat/drink
- Vending Machines or Mobile Vendors Include vending machines, carts, and trucks that move from place to place
- Employer and School Cafeterias Includes school meal pre-payments

## Frequently Asked Questions

(continued on other side)

#### 1. How detailed should my descriptions be?

Refer to pages 2–3 for examples of the level of detail needed in each part. Do not rely solely on brand names.

#### 2. How should I record multiple quantities?

You may group identical items on the same line and enter a total cost of all the items, or you may write each item on a separate line with the individual cost.

## 3. How should I record pre-payments such as a subway fare card?

Record the expense when you pay for it, not when you use it.

## 4. How should I record credit card purchases?

Record the purchase on the day that you use your credit card to pay for it, not on the day you receive or pay your credit card bill.

# 5. Should I record automatic deductions taken from my paycheck or bank account?

Yes, record automatic deductions (such as health insurance premiums taken out of your account or paycheck) only if they are deducted that week. Write them in the section called *All Other Products, Services, and Expenses.* 

#### 6. Should I record typical monthly bills?

Yes, record typical monthly bills only if you pay them during the week that you have the diary. Write them in the section called *All Other Products, Services, and Expenses.* 

## 7. What should I do when I use coupons, discount cards, or loyalty cards?

Subtract the discount from the original price and write the amount that you paid.

## 8. Can I just give you receipts instead of writing the information down?

No, we need you to write the information in the diary. We encourage you to save your receipts to review them with your field representative at the end of the week. You can use the pocket on the inside of the back cover to store your receipts until you're ready to record your purchases.

## How should I record items if I don't know whether it includes tax?

Write down the amount paid.

#### 10. What if I make a contribution or charitable donation?

Record money contributions or donations in the section called *All Other Products, Services, and Expenses.* 

(continued on other side)

## **Daily Reminder List**

Please review the list of expenses below with the people on your list at the end of each day. If you have forgotten to record any expense, please do so on the appropriate page.

#### Did you or anyone on your list pay for . . .

- meals, drinks, or snacks from restaurants, fast food, cafeterias, vending machines, concession stands, etc.?
- catered events or meal plans?
- food & drinks from a grocery store or other speciality food store such as a bakery, candy shop, or liquor store?
- clothing, shoes, jewelry, accessories or clothing services such as dry cleaning?
- personal care items or services such as cosmetics, soaps, haircuts, etc.?
- housekeeping supplies or services for home decoration/maintenance?
- toys, books, electronics, hobby supplies, etc.?
- cigarettes, tobacco, or other smoking supplies?
- commuting costs such as public transportation, parking fees, gasoline, or tolls?

- medicine or medical/dental services?
- entertainment or recreational activities?
- typical bills such as utility bills, cable bills, telephone bills, etc.?
- automatic deductions from a paycheck such as insurance premiums?
- bank/ATM service fees?
- credit card interest or finance charges?
- internet or catalog orders?
- fees for lessons or instructions?
- gifts, contributions, donations?

FR USE: Use the example below to transcribe the Control Number:

RO	Control Number									
code	Survey code (1-2)	PSU   PSU   state   count   (3-4)   (5-7)			Sequence #1 (12-15)		Sequence #2 (16-17)	HH   CU   No.   No.   (18)   (19-20)	Spinoff Indicator (21-22)	1 2
21	04	26   999	U D15		0001		01	1 01	00	

RO	Control Number											Week	
code	Survey   code (1-2)	PSU state (3-4)	PSU county (5-7)	Frame   	Sample Designation (9-11)	Sequence   #1   (12-15)		Sequence #2 (16-17)	HH   No.   (18)	CU   No.  (19-20)	Spinoff Indicator (21-22)	1	2
	1			1 1									
	I												
	1						1						

daughter_dad_ internet shopping pet shop.jpg man.jpg	receipts.jpg lady holding credit card.jpg		ouple_gift.jpg
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