Measuring America's Spending Since 1888

OMB No. 1220-0050

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

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 email CEcomments@bls.gov

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

I will return on: _____

If you have any questions, please call:

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

FORM **CE-801** **(04-2024)**

Black (100%); Pantone blue #914 (30% and 70%)

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 each day. 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
Venmo
Paypal
WIC Voucher
Automatic Withdrawal
Payroll Deduction
Store Charge Card
Gift Card
Cash App

- 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
Internet/Catalog Purchases
Credit Card Statements

Include items that you bought for people 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

FRONT OF FRONT FLAP-ATTACH TO COVER/TITLE PAGE. FOLD IN
Black Ink (100%)

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.
- Enter the name of the store, business, or website where the item was purchased.

2. Meals, Snacks, and Drinks Away from Home

- 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, tip, and fees.** Include any **delivery fees** in the total cost.
- Check whether alcoholic beverages were included or not, and if yes, enter the cost of the alcoholic beverages.

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.
- 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.**
- 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.

FORM CE-801 (04-2024)

BACK SIDE OF FRONT FLAP, ATTACH TO RECORD DAILY EXPENSES
PAGE Black Ink (100%) & Blue Pantone 914 (100%)

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 households in the U.S. Among the most important, it is used to help calculate the Consumer Price Index, or CPI. The CPI is *one of the most important tools* used to measure how fast consumer prices are rising or declining.

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
- 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.

080101

Black Ink (100%)

Examples

Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one — fresh	frozen	bottled/ canned	other	Cost without tax	Name of Store or Website where purchased
101	*bread*	1 X	2	3	4	*1 49*	*Foodway Grocery Store*
102	*eggs*	1 X	2	3	4	*1 50*	
103	*chicken wings*	1	2 X	3	4	*6 78*	
104	*apples*	1 X	2	3	4	*2 80*	
105	*beer*	1	2	3 X	4	*4 29*	
106	*milk*	1 X	2	3	4	*2 99*	
107	*orange juice*	1	2	3 X	4	*3 99*	
108	*candy*	1	2	3	4 X	*2 50*	
109	*vegetable oil*	1	2	3 X	4	*2 99*	
110	*baby food*	1	2	3 X	4	*4 95*	
111	*potato chips*	1	2	3	4 X	*2 79*	
112	*frozen meals*	1	2 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*	1 X	2	3	4	*6 36*	
117	*shrimp*	1	2 X	3	4	*11 20*	
118	*cookies*	1	2	3	4 X	*3 50*	
119	*ground beef*	1 X	2	3	4	*5 87*	
120	*carbonated water*	1	2	3 X	4	*89*	
121	*apple pie*	1 X	2	3	4	*4 99*	
122	*ground coffee*	1	2	3	4 X	*2 79*	*NY Bagel Bakery*
123	*bagels*	1 X	2	3	4	*5 25*	*"*
124	*wine*	1	2	3 X	4	*42 00*	*Total Wine*
125	*juice boxes*	1	2	3	4 X	*20 85*	*Amazon.com*
126	*dog food*	1	2	3	4 X	*21 45*	*Pets&More.com*
127		1	2	3	4		
128		1	2	3	4		
129							
130							
131		1	2	3	4		
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		

Use the pocket on the inside of the back cover to store your receipts until you're ready to record your purchases.

FORM CE-801 (4-2024)

080102

CE-801, Pantone Blue 914 (20% 40% & 100%) Pantone Yellow 101 (70%), Black (100%)

Examples

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
201	McDonald's	1 X	2	3	4	7 25	1	2 X	
202	DoorDash	1 X	2	3	4	62 23	1	2 X	
203	Mister Days sports bar	1	2 X	3	4	15 00	1 X	2	15 00
204	YMCA vending machine	1	2	3 X	4	1 50	1	2 X	
205	Millbrook school cafeteria	1	2	3	4 X	45 00	1	2 X	
206	Starbucks	1 X	2	3	4	2 09	1	2 X	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	Name of Store or Website where purchased
301	dress shirts	75 00	1	2	3	4	5 X	Dillards.com
302	running shoes	69 00	1	2	3	4	5 X	↓
303	wallet	29 00	1	2	3	4 X	5	↓
304	baseball cap	14 99	1	2 X	3	4	5	Target
305	bib	3 50	1 X	2	3	4	5	Sweet Dreams boutique
306	necklace	250 00	1	2	3	4	5 X	Olde Towne jewelry
307	non-prescription sunglasses	59 00	1	2	3	4	5 X	Walmart.com
308	~~child's costume (returned for refund)~~	~~15 00~~	1 X	2	3	4	5	~~Partysupply.com~~

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
401	cold medicine (non-prescription)	6 95	Walmart
402	gasoline	12 86	Liberty
403	highway tolls	2 00	Tri-River bridge
404	digital music	10 99	Spotify
405	cigarettes	8 99	Jim's Mart
406	dry cleaning (clothes)	15 50	Green cleaners
407	lottery tickets	1 00	Jim's Mart
408	bus fare	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

CE-801, Pantone Blue 914 (20%, 40%, 70% & 100%), Black (100%)

DAY 1

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

	What did you buy or pay for?	Is this item: Mark (X) one fresh	frozen	bottled/ canned	other	Cost without tax	Name of Store or Website where purchased
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
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		
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		
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		
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		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		

FORM CE-801 (04-2024)

080104

Black Ink (30% & 100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 1

FR USE:
☐ None
☐ VC

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
201		1	2	3	4		1	2	
202		1	2	3	4		1	2	
203		1	2	3	4		1	2	
204		1	2	3	4		1	2	
205		1	2	3	4		1	2	
206		1	2	3	4		1	2	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	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			1	2	3	4	5	

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
401			
402			
403			
404			
405			
406			
407			
408			
409			
410			
411			
412			
413			

080105

Black Ink (100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 2

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

	What did you buy or pay for?	Is this item: Mark (X) one fresh	frozen	bottled/ canned	other	Cost without tax	Name of Store or Website where purchased
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
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		
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		
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		
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		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		

DAY 2

FR USE:
☐ None
☐ VC

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
201		1	2	3	4		1	2	
202		1	2	3	4		1	2	
203		1	2	3	4		1	2	
204		1	2	3	4		1	2	
205		1	2	3	4		1	2	
206		1	2	3	4		1	2	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	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			1	2	3	4	5	

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
401			
402			
403			
404			
405			
406			
407			
408			
409			
410			
411			
412			
413			

080107

Black Ink (100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 3

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

	What did you buy or pay for?	Is this item: Mark (X) one fresh	frozen	bottled/ canned	other	Cost without tax	Name of Store or Website where purchased
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
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		
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		
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		
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		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		

080108

Black Ink (30% & 100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 3

FR USE:
☐ None
☐ VC

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
201		1	2	3	4		1	2	
202		1	2	3	4		1	2	
203		1	2	3	4		1	2	
204		1	2	3	4		1	2	
205		1	2	3	4		1	2	
206		1	2	3	4		1	2	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	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			1	2	3	4	5	

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
401			
402			
403			
404			
405			
406			
407			
408			
409			
410			
411			
412			
413			

080109

Black Ink (100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 4

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

	What did you buy or pay for?	Is this item: Mark (X) one fresh	frozen	bottled/ canned	other	Cost without tax	Name of Store or Website where purchased
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
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		
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		
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		
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		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		

FORM CE-801 (04-2024)

080110

Black Ink (30% & 100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 4

FR USE:
☐ None
☐ VC

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
201		1	2	3	4		1	2	
202		1	2	3	4		1	2	
203		1	2	3	4		1	2	
204		1	2	3	4		1	2	
205		1	2	3	4		1	2	
206		1	2	3	4		1	2	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	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			1	2	3	4	5	

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
401			
402			
403			
404			
405			
406			
407			
408			
409			
410			
411			
412			
413			

080111

Black Ink (100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 5

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

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Name of Store or Website where purchased
		fresh	frozen	bottled/ canned	other		
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
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		
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		
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		
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		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		

FORM CE-801 (04-2024)

080112

Black Ink (30%, & 100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 5

FR USE:
☐ None
☐ VC

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
201		1	2	3	4		1	2	
202		1	2	3	4		1	2	
203		1	2	3	4		1	2	
204		1	2	3	4		1	2	
205		1	2	3	4		1	2	
206		1	2	3	4		1	2	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	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			1	2	3	4	5	

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
401			
402			
403			
404			
405			
406			
407			
408			
409			
410			
411			
412			
413			

080113

Black Ink (100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 6

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

	What did you buy or pay for?	Is this item: Mark (X) one fresh	frozen	bottled/ canned	other	Cost without tax	Name of Store or Website where purchased
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
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		
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		
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		
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		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		

FORM CE-801 (04-2024)

080114

Black Ink (30%, & 100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 6

FR USE:
☐ None
☐ VC

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
201		1	2	3	4		1	2	
202		1	2	3	4		1	2	
203		1	2	3	4		1	2	
204		1	2	3	4		1	2	
205		1	2	3	4		1	2	
206		1	2	3	4		1	2	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	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			1	2	3	4	5	

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
401			
402			
403			
404			
405			
406			
407			
408			
409			
410			
411			
412			
413			

080115

Black Ink (100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 7

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

	What did you buy or pay for?	Is this item: Mark (X) one				Cost without tax	Name of Store or Website where purchased
		fresh	frozen	bottled/ canned	other		
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
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		
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		
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		
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		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		

FORM CE-801 (04-2024)

080116

Black Ink (30%, & 100%), Pantone Blue 914 (20% 40%, and 100%)

DAY 7

FR USE:
☐ None
☐ VC

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
201		1	2	3	4		1	2	
202		1	2	3	4		1	2	
203		1	2	3	4		1	2	
204		1	2	3	4		1	2	
205		1	2	3	4		1	2	
206		1	2	3	4		1	2	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	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			1	2	3	4	5	

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
401			
402			
403			
404			
405			
406			
407			
408			
409			
410			
411			
412			
413			

080117

Black Ink (100%), Pantone Blue 914 (20% 40%, and 100%)

Additional Pages

Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one fresh	frozen	bottled/ canned	other	Cost without tax	Name of Store or Website where purchased
101		1	2	3	4		
102		1	2	3	4		
103		1	2	3	4		
104		1	2	3	4		
105		1	2	3	4		
106		1	2	3	4		
107		1	2	3	4		
108		1	2	3	4		
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		
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		
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		
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		
134		1	2	3	4		
135		1	2	3	4		
136		1	2	3	4		
137		1	2	3	4		

080118

Black Ink (100%), Pantone Blue 914 (20%, 40% and 70% & 100%)

Additional Pages

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
201		1	2	3	4		1	2	
202		1	2	3	4		1	2	
203		1	2	3	4		1	2	
204		1	2	3	4		1	2	
205		1	2	3	4		1	2	
206		1	2	3	4		1	2	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	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			1	2	3	4	5	

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
401			
402			
403			
404			
405			
406			
407			
408			
409			
410			
411			
412			
413			

080119

Black Ink (100%), Pantone Blue 914 (20%, 40%, 70% and 100%)

Additional Pages

Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one fresh	frozen	bottled/ canned	other	Cost without tax	Name of Store or Website where purchased
138		1	2	3	4		
139		1	2	3	4		
140		1	2	3	4		
141		1	2	3	4		
142		1	2	3	4		
143		1	2	3	4		
144		1	2	3	4		
145		1	2	3	4		
146		1	2	3	4		
147		1	2	3	4		
148		1	2	3	4		
149		1	2	3	4		
150		1	2	3	4		
151		1	2	3	4		
152		1	2	3	4		
153		1	2	3	4		
154		1	2	3	4		
155		1	2	3	4		
156		1	2	3	4		
157		1	2	3	4		
158		1	2	3	4		
159		1	2	3	4		
160		1	2	3	4		
161		1	2	3	4		
162		1	2	3	4		
163		1	2	3	4		
164		1	2	3	4		
165		1	2	3	4		
166		1	2	3	4		
167		1	2	3	4		
168		1	2	3	4		
169		1	2	3	4		
170		1	2	3	4		
171		1	2	3	4		
172		1	2	3	4		
173		1	2	3	4		
174		1	2	3	4		

Additional Pages

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
207		1	2	3	4		1	2	
208		1	2	3	4		1	2	
209		1	2	3	4		1	2	
210		1	2	3	4		1	2	
211		1	2	3	4		1	2	
212		1	2	3	4		1	2	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	Name of Store or Website where purchased
309			1	2	3	4	5	
310			1	2	3	4	5	
311			1	2	3	4	5	
312			1	2	3	4	5	
313			1	2	3	4	5	
314			1	2	3	4	5	
315			1	2	3	4	5	
316			1	2	3	4	5	

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
414			
415			
416			
417			
418			
419			
420			
421			
422			
423			
424			
425			
426			

080121

Black Ink (100%), Pantone Blue 914 (20%, 40%, 70% and 100%)

Additional Pages

Food and Drinks for Home Consumption

	What did you buy or pay for?	Is this item: Mark (X) one fresh	frozen	bottled/ canned	other	Cost without tax	Name of Store or Website where purchased
175		1	2	3	4		
176		1	2	3	4		
177		1	2	3	4		
178		1	2	3	4		
179		1	2	3	4		
180		1	2	3	4		
181		1	2	3	4		
182		1	2	3	4		
183		1	2	3	4		
184		1	2	3	4		
185		1	2	3	4		
186		1	2	3	4		
187		1	2	3	4		
188		1	2	3	4		
189		1	2	3	4		
190		1	2	3	4		
191		1	2	3	4		
192		1	2	3	4		
193		1	2	3	4		
194		1	2	3	4		
195		1	2	3	4		
196		1	2	3	4		
197		1	2	3	4		
198		1	2	3	4		
199		1	2	3	4		

080122

Black Ink (100%), Pantone Blue 914 (20%, 40%, 70% and 100%)

Additional Pages

Meals, Snacks, and Drinks Away from Home

	Name of Restaurant or Vendor	Mark (X) one that best describes where you made this purchase: Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors / Food Trucks	Employer or School Cafeteria	Total Cost with tax, tip & fees	Were alcoholic beverages included? Yes	No	Enter the total cost of the alcohol
213		1	2	3	4		1	2	
214		1	2	3	4		1	2	
215		1	2	3	4		1	2	
216		1	2	3	4		1	2	
217		1	2	3	4		1	2	
218		1	2	3	4		1	2	

Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for?	Cost without tax	Was the item for: Child Under 2	Boy 2-15	Girl 2-15	Man 16 & over	Woman 16 & over	Name of Store or Website where purchased
317			1	2	3	4	5	
318			1	2	3	4	5	
319			1	2	3	4	5	
320			1	2	3	4	5	
321			1	2	3	4	5	
322			1	2	3	4	5	
323			1	2	3	4	5	
324			1	2	3	4	5	

All Other Products, Services, and Expenses

	What did you buy or pay for?	Cost without tax	Name of Store or Website where purchased
427			
428			
429			
430			
431			
432			
433			
434			
435			
436			
437			
438			
439			

080123

Black Ink (100%), Pantone Blue 914 (20%, 40%, 70% and 100%)

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)

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.

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.

9. How should I record an item if I don't know if 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)

FORM CE-801 (04-2024)

FINAL FLAP - ATTACH TO BACK COVER (SEE DUMMY)
Black Ink (100%), Pantone Blue 914 (20% and 100%)

Frequently Asked Questions

(continued on other side)

11. What about gift cards or gift certificates?

If you buy a gift card or gift certificate to give to someone, write down the cost of it in *All Other Products, Services, and Expenses.* If you use 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. 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 Service Places**
  You pay AFTER you eat/drink if you eat/drink at the establishment
- **Vending Machines or Mobile Vendors / Food Trucks**
  Include vending machines, carts, and food trucks that move from place to place
- **Employer and School Cafeterias**
  Include school meal plans and pre-payments, and school lunch bills

14. 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.

15. Should I record subsidized/reimbursed expenses?

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

16. 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.

FORM CE-801 (04-2024)

ATTACH THIS FLAP TO POCKET PAGE (FOLD IN, BACK OF FAQ 1-10) Black Ink (100%), Pantone Blue 914 (20% and 100%)

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, or donations?

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

RO code	Control Number										Week
	Survey code (1-2)	PSU state (3-4)	PSU county (5-7)	Frame (8)	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
21	04	26	999	U	D15	0001	01	1	01	00	

Example

RO code	Control Number										Week
	Survey code (1-2)	PSU state (3-4)	PSU county (5-7)	Frame (8)	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

FORM CE-801 (04-2024)

Black (25% & 100%), Pantone Blue 914 (30%)