

Exhibit 1: Navigation problems in the former BLS expenditure diary

Page 6

**FIRST DAY**

ENTER DAY

PGM B	1	PROCESSING USE		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
		1	2																							
Item description	L I N E	Is this item -- Mark (X) one	Net weight of cans, or volume per bottle, can, etc.	Number of cans, or volume per bottle, can, etc.	Total cost Exclude sales tax	Item description	PROCESSING USE	Describe item purchased	Number of cans, or volume per bottle, can, etc.	Total cost Exclude sales tax	Item description	PROCESSING USE	Describe item purchased	Number of cans, or volume per bottle, can, etc.	Total cost Exclude sales tax	Item description	PROCESSING USE	Describe item purchased	Number of cans, or volume per bottle, can, etc.	Total cost Exclude sales tax	Item description	PROCESSING USE	Describe item purchased	Number of cans, or volume per bottle, can, etc.	Total cost Exclude sales tax	
PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5	PGM 5
Part 1 FOOD AND BEVERAGES	001	1	1	1	1	025	Part 1 FOOD AND BEVERAGES - Continued																			
Dairy and Bakery Products	002	1	1	1	1	026	All Other Foods																			
Pastry, brownies, biscuit, milk, cream, eggs, etc.	003	1	1	1	1	027	Cereals, non-dairy products, etc.																			
	004	1	1	1	1	028	Flour, sugar, coffee, teabags, macaroni, pet foods, etc.																			
	005	1	1	1	1	029																				
	006	1	1	1	1	030																				
	007	1	1	1	1	031																				
	008	1	1	1	1	032																				
	009	1	1	1	1	033																				
	010	1	1	1	1	034																				
	011	1	1	1	1	035																				
	012	1	1	1	1	036																				
	013	1	1	1	1	037																				
	014	1	1	1	1	038																				
	015	1	1	1	1	039																				
	016	1	1	1	1	040																				
	017	1	1	1	1																					
	018	1	1	1	1																					
	019	1	1	1	1																					
	020	1	1	1	1																					
	021	1	1	1	1																					
	022	1	1	1	1																					
	023	1	1	1	1																					
	024	1	1	1	1																					

## Exhibit 2: Instructions from the current BLS diary

FORM CE 80(11)-1-99

### INSTRUCTIONS

#### I. HOW IS THE CONSUMER EXPENDITURE DIARY USED?

The Consumer Expenditure Diary Survey is sponsored by the Bureau of Labor Statistics and is used to collect information on household expenditures. Data collected from the Diary enable government agencies and private corporations to:

- Calculate the Consumer Price Index (inflation rate) by identifying current American buying habits
- Help to develop economic policies such as: school programs and retirement benefits

#### II. GENERAL INSTRUCTIONS

Use this form to record **all your consumer unit's expenses** for the 7-day period indicated on the front page. Beginning on page 11 there are 7 pages for each day. Record each day's expenses on the appropriate pages under the most appropriate heading. The day should be entered at the top of the page as shown in the example below:

ENTER DAY OF THE WEEK	▶ Tuesday
--------------------------	-----------

#### III. WHO TO INCLUDE (CONSUMER UNIT)

Record **ALL** purchases and expenses for the following persons:

- All members of this household  
OR  
 The following persons

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The persons listed above are the members of your Consumer Unit (CU).

#### IV. BEST TIME TO RECORD

Most people find that keeping the diary is easiest if they record their purchases as soon as they return home from the store. Each day, the person who keeps this diary should check with their consumer unit members to obtain their expenditures during that day.

#### V. WHAT TO REPORT

Please use this diary to record purchases or expenses, no matter how small or inexpensive they are.

INCLUDE items such as:

- Food Away from Home such as costs for all snacks, beverages, and meals purchased at restaurants, carry-outs, vending machines, etc.
- Food for Home Consumption
- Non Food items such as clothing, shoes, jewelry, personal care items and services, medicines, and appliances
- Food and nonfood items purchased as gifts. A gift is any item purchased for someone other than those persons listed as CU members
- Any items rented such as tuxedos, videos, cars, etc.
- Any items purchased by catalog sales or mail orders

DO NOT INCLUDE these items:

- Expenses of CU members while they are away from home overnight
- Business or farm operating expenses
- Sales tax in the cost of the item, except for Food Away from Home


CREDIT CARDS

- If an item is purchased on credit through a charge account, record the full cost of the item on the day it is purchased. Do not record payments made on billing statements for items purchased on credit or through a charge account.

Exhibit 3: The peach “Current” diary

Day 1: \_\_\_\_\_

## Grocery Food Items



**Fruits and fruit juices** — Apple, banana, orange, orange juice, strawberries, kiwi, blueberries, tangerine, cantaloupe, etc.

No.	What did you buy?	Is this item... (X one)				Total cost? Without sales tax	
		fresh	frozen	bottled or canned	other	dollars	cents
244.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
245.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
246.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
247.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
248.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
249.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
250.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
251.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.


**Vegetables and vegetable juices** — Lettuce, tomatoes, tomato juice, potatoes, beans, corn, collard greens, peas, etc.

No.	What did you buy?	Is this item... (X one)				Total cost? Without sales tax	
		fresh	frozen	bottled or canned	other	dollars	cents
252.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
253.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
254.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
255.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
256.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
257.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
258.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
259.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
260.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.
261.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		.

Form CE-801 (28-01) 10

Exhibit 4: The yellow "Day" diary

Day 3



## Food and Drinks Purchased from Grocery and Other Stores

- Examples**
- Cereal
  - Cookies
  - Crackers
  - Doughnuts
  - Pasta
  - Pies
  - Rice
  - Rolls
  - Wheat bread
- 
- Examples**
- Bacon
  - Canned ham
  - Chicken parts
  - Ground beef
  - Hot dogs
  - Pork chops
  - Round roast
  - Shrimp

**Flour, cereal, bakery products and other grain products**

No.	What did you buy?	Is this item... (X one)				Total cost? Without sales tax		Check if this was for someone NOT on your list
		fresh	frozen	bottled or canned	other	dollars	cents	
	<i>Cake mix</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>2</i>	<i>50</i>	<input type="checkbox"/>
201.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
202.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
203.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
204.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
205.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
206.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
207.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
208.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
209.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
210.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

**Beef, poultry, pork, seafood, and other meats**

No.	What did you buy?	Is this item... (X one)				Total cost? Without sales tax		Check if this was for someone NOT on your list
		fresh	frozen	bottled or canned	other	dollars	cents	
	<i>Chuck roast</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>7</i>	<i>45</i>	<input type="checkbox"/>
211.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
212.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
213.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
214.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
215.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Exhibit 5: The teal "Parts" diary

# Food and Drinks Purchased from Grocery and Other Stores



## Food and drinks (Both alcoholic and non-alcoholic)

Examples	No.	Day	What did you buy?	Is this item... (X one)					Total cost? Without sales tax		Check if this was for someone NOT on your list
				fresh	frozen	bottled or canned	other	dollars	cents		
Apples		Tuesday	Boxed Chocolate Cake mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		2	50	<input type="checkbox"/>
Baby food				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Bacon				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Beer	201.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Butter	202.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Dog food	203.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Peanut butter	204.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Potato salad	205.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Round roast	206.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Wheat bread	207.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	208.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	209.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	210.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	211.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	212.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	213.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	214.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	215.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Exhibit 6: Prototype 4

SUN MON TUE WED THU FRI SAT **Day 1**

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

**3. Food & Drinks from Grocery and Other Stores**

	What did you buy or pay for?	How is the item packaged?		Is the item:			Total Cost without tax	Mark (X) if purchased for someone not on your list
		bottled / canned	other	fresh	frozen	other		
301.								
302.								
303.								
304.								
305.								
306.								
307.								
308.								
309.								
310.								
311.								
312.								
313.								
314.								
315.								
316.								
317.								
318.								
319.								
320.								
321.								
322.								
323.								
324.								
325.								
326.								

If there are not enough lines in this part, please continue recording your expenses on pages 38 – 41.

06037082700169260



080101



## How to Fill Out Your Diary

**The diary is divided into 7 days and each day is divided into 5 parts. Enter each item in the appropriate part for each day.**

**These are the 5 parts within each day of the diary:**

### **1. Food & Drinks from Food Service Places:**

- Mark one of the four choices that best describes the type of meal and specify briefly.
- 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.

### **2. Catered Events and Meal Plans**

- If you paid for a caterer, describe the service and enter the total cost **with tax**.
- If alcohol was part of the payment, check whether it was wine, beer, and/or other alcohol and enter the total cost of the alcohol.
- If you paid for a meal plan, describe the type of meal plan and enter the total cost **with tax**.

### **3. Food & Drinks from Grocery and Other Stores**

- Describe the item.
- Mark how the item was packaged and then mark whether the item was fresh, frozen, or other.
- Enter the cost **without tax** and deduct any discounts or coupons.
- Mark the last column if the item was purchased for someone not on your list (i.e. gifts).

### **4. Clothing, Shoes, Jewelry, and Accessories**

- Describe the item and enter the cost **without tax**.
- Mark (X) the appropriate sex and age range of the person for whom the item was bought.
- Mark (X) the last column if the item was purchased for someone not on your list (i.e. gifts).

### **5. All Other Products, Services, and Expenses**

- Describe the item and enter the total cost **without tax**.
- Mark the last column if the item was purchased for someone not on your list (i.e. gifts).

**There is an "Additional Pages" section on pages 36–44 in case you run out of lines on any particular day.**

**Look on the next 4 pages for examples and tips on how to record your purchases.**

**\*Please Note: 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.**

Exhibit 8: An example page in Prototype 4

EXAMPLE 1      SUN    MON    TUE    WED    THU    **FRI**    SAT

← Please unfold the LEFT FLAP to see Examples

### 1. Food & Drinks from Food Service Places

	Mark (X) one that best describes the type of meal				Please specify briefly	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol
	breakfast	lunch	dinner	snack/other		Fast-food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other	
101	X				bagel, juice				X	2	79			
102		X			pizza	X				5	57			
103			X		coffee	X				1	35			
104	X				sandwich, soda				X	5	15			
105			X		chips			X			70			
106	X				elem.school lunch - month				X	45	00			
107			X		soda			X			65			
108		X			buffet		X			62	23	X		12 00
109			X		drinks from cash bar		X			15	00		X X	15 00
110														
111														
112														
113														
114														
115														
116														

### 2. Catered Events and Meal Plans

	What did you buy or pay for?	Total Cost with tax & tip		If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol
				wine	beer	other	
201	college meal plan for semester	1,200	00				
202	caterer for Family Reunion	350	00	X	X	X	95 00

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

4      PROCESSING USE:  None     TR     BD     VC      FORM CE-801(X) (9-1-2002)





Exhibit 9: The “Frequently Asked Questions” in Prototype 4

## Frequently Asked Questions

(Continued on other side)

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

Refer to pages 4–7 for examples of the level of detail needed in each part. Do not use brand names.

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

If the items are identical, you can combine them on the same line and enter the total cost of all the items. See examples on pages 5 and 6.

### 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 individual expense on the day that you use your credit card to pay for something, not on the day you pay your entire 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* (Part 5).

### 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* (Part 5).

### 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, although keeping receipts may help you remember how much money you spent, we need you to actually write the information in the diary. You might want to save your receipts to review them with your field representative at the end of the week.

### 9. How should I record items if I don't

## Frequently Asked Questions

(Continued on other side)

### 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* (Part 5).

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

If you buy 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* (Part 4) and a certificate to a department store would go under *All Other Products, Services, and Expenses* (Part 5). If you buy something using a gift certificate, only write down any extra cost that you had to pay.

### 12. What do I do about returns and 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 any entry. If an item is exchanged during the week, change the entry. If the new cost is different, cross out the old cost and write in the new cost (see examples on pages 6 and 7).

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

Yes, but if someone not on your list pays for or helps pay for an expense or if you will be reimbursed for an expense, only record any extra amount that you or someone on your list has to pay.

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

Record the items bought under the appropriate section and then record the shipping and handling cost separately under the section called *All Other Products, Services, and Expenses* (part 5). See example on page 7.

### 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

Exhibit 10: The “food from food service places” page in Prototype 4

**Day 1**    **SUN**    **MON**    **TUE**    **WED**    **THU**    **FRI**    **SAT**

← Please unfold the LEFT FLAP to see Examples

**1. Food & Drinks from Food Service Places**

	Mark (X) one that best describes the type of meal				Please specify briefly	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol
	breakfast	lunch	dinner	snack/other		Fast-food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other	
101														
102														
103														
104														
105														
106														
107														
108														
109														
110														
111														
112														
113														
114														
115														
116														

**2. Catered Events and Meal Plans**

	What did you buy or pay for?	Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol
			wine	beer	other	
201						
202						

If there are not enough lines in this part, please continue recording your expenses on pages 36–37.

8

PROCESSING USE:  None  TR  BD  VC

FORM CE-801(X) (9-1-2002)



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