

Please complete each table at the conclusion of the meal or snack. Please record each cup of tea or coffee as prepared and snack as prepared.

At the end of your seven days, please return the sheets to VCM International in the provided self-addressed envelope.

Daily Data Recording – Summary/Checklist

Please become familiar with the six categories of food types (see data sheets/tables) so that you can keep them separate for the purposes of weighing.

Weighing Procedure:

1. Place container on the scale and TARE the container (sets the weight back to zero).
2. Place items to be weighed in the container.
3. Record the weight on the data sheet in the appropriate meal and food type box.
4. Empty the container into the compostable bin bag and/or into the appropriate waste stream.
5. Repeat steps 1-4 for each type of loss being recorded per meal.
6. Rinse the container and let dry.

What You Are Weighing:

- **Preparation Loss:** Weigh any trimmings/peels/inedible parts that are removed during preparation.
 - Please weigh the different food types separately, using the container provided, and then place the food in the compostable bin bag for disposal later.
 - Preparation waste for meals being prepped “today” for eating “tomorrow” can be recorded in the “Snack/Other” table.
- **Plate Loss:** Weigh any food remaining on the plate that will be disposed of.
 - If possible, please weigh the different food types separately. Alternatively, weigh all plate loss together and estimate the amount/proportion of loss that would be allocated to the different food types. Please indicate in the “comments” if it is an estimate by proportion.
 - Include losses from “boomerang” meals. These are meals made at home, consumed outside the home, but then leftovers are returned home and disposed of in the home (e.g. packed lunches). Please weigh and record these in the meal plate loss, identifying in the comment section that it is a boomerang meal.
- **Spoiled:** Any food that is disposed of because it has spoiled or reached/past its best before date can be reported in any of the tables for that day.
 - If possible, please weigh and record spoiled food according to the different food types. If it is a previously prepared food/meal with a mixture of ingredients, weigh and allocate estimated weights based on proportion of total.

IF YOU HAVE ANY QUESTIONS REGARDING THE RECORDING OF DATA:

Please contact Delia Bucknell on (647) 463-9340, or delia@vcm-international.com

General Questions

1. How many people are in this household during the week of this survey? _____
2. How many of these people are children under 13 years? _____
3. Was there any special occasion that may have impacted the amount of food waste produced during the week that you were participating in this study?

4. To help us assess the geographic representation of this survey, please provide your postal code.

Please tick the appropriate response to the questions below:

5. Do you have a blue recycle bin? Yes / No If yes, do you use it? Yes / No
6. Do you have a green organic bin? Yes / No If yes, do you use it? Yes / No
7. Do you have a garburator? Yes / No If yes, do you use it? Yes / No
8. Do you have a garden composter? Yes / No If yes, do you use it? Yes / No
9. Into which waste stream does the majority of your organic food waste go? Tick the appropriate box below.
 - Green organic bin
 - Garburator
 - Garden composter
 - General waste

Post Study Follow-Up

Please indicate if you would be willing to participate in a short interview to discuss causal factors of household food waste. Yes / No

If yes, please provide a telephone number and a preferred time of contact: AM (9-12) or PM (12-5).
Phone number _____ AM or PM?

Daily Food Waste Record

Date: _____

BREAKFAST:

FOOD TYPE →	<i>Dairy/ eggs</i>	<i>Meat/ poultry</i>	<i>Fish/ seafood</i>	<i>Grains, rice, bread, etc.</i>	<i>Fruit/ vegetables</i>	<i>Sugar/ syrups</i>
LOSS TYPE ↓						
Preparation						
Plate						
Spoiled						
Comments:						

LUNCH:

FOOD TYPE →	<i>Dairy/ eggs</i>	<i>Meat/ poultry</i>	<i>Fish/ seafood</i>	<i>Grains, rice, bread, etc.</i>	<i>Fruit/ vegetables</i>	<i>Sugar/ syrups</i>
LOSS TYPE ↓						
Preparation						
Plate						
Spoiled						
Comments:						

DINNER:

FOOD TYPE →	<i>Dairy/ eggs</i>	<i>Meat/ poultry</i>	<i>Fish/ seafood</i>	<i>Grains, rice, bread, etc.</i>	<i>Fruit/ vegetables</i>	<i>Sugar/ syrups</i>
LOSS TYPE ↓						
Preparation						
Plate						
Spoiled						
Comments:						

SNACK/OTHER:

FOOD TYPE →	<i>Dairy/ eggs</i>	<i>Meat/ poultry</i>	<i>Fish/ seafood</i>	<i>Grains, rice, bread, etc.</i>	<i>Fruit/ vegetables</i>	<i>Sugar/ syrups</i>
LOSS TYPE ↓						
Preparation						
Plate						
Spoiled						
Comments:						

Coffee/Tea Preparation Waste (please indicate the number of cups made and consumed today)

Tea	
Coffee	

Daily Food Waste Record

Date: _____

BREAKFAST:

<i>FOOD TYPE</i> →	<i>Dairy/</i> <i>eggs</i>	<i>Meat/</i> <i>poultry</i>	<i>Fish/</i> <i>seafood</i>	<i>Grains, rice,</i> <i>bread, etc.</i>	<i>Fruit/</i> <i>vegetables</i>	<i>Sugar/</i> <i>syrups</i>
<i>LOSS TYPE</i> ↓						
Preparation						
Plate						
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Comments:						

LUNCH:

<i>FOOD TYPE</i> →	<i>Dairy/</i> <i>eggs</i>	<i>Meat/</i> <i>poultry</i>	<i>Fish/</i> <i>seafood</i>	<i>Grains, rice,</i> <i>bread, etc.</i>	<i>Fruit/</i> <i>vegetables</i>	<i>Sugar/</i> <i>syrups</i>
<i>LOSS TYPE</i> ↓						
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Coffee	

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