

LIVING CHOICE DEMONSTRATION PROJECT  
Grocery & Household Supplies Checklist

<p><b>Dairy Products</b></p> <input type="checkbox"/> Butter/Margarine _____ <input type="checkbox"/> Cheese _____ <input type="checkbox"/> Cottage Cheese <input type="checkbox"/> Cream Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Milk _____ <input type="checkbox"/> Sour Cream <input type="checkbox"/> Yogurt _____ <input type="checkbox"/> Other: _____	<p><b>Fruit</b></p> <input type="checkbox"/> Apples _____ <input type="checkbox"/> Bananas <input type="checkbox"/> Grapefruit <input type="checkbox"/> Grapes _____ <input type="checkbox"/> Lemons <input type="checkbox"/> Melon _____ <input type="checkbox"/> Oranges <input type="checkbox"/> Pears <input type="checkbox"/> Other: _____	<p><b>Condiments</b></p> <input type="checkbox"/> Honey <input type="checkbox"/> Jelly/Jam _____ <input type="checkbox"/> Ketchup <input type="checkbox"/> Mayonnaise <input type="checkbox"/> Mustard <input type="checkbox"/> Olives <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Pickles _____ <input type="checkbox"/> Relish <input type="checkbox"/> Salad dressing _____ <input type="checkbox"/> Salsa _____ <input type="checkbox"/> Soy Sauce <input type="checkbox"/> Syrup <input type="checkbox"/> Vinegar _____ <input type="checkbox"/> Other: _____
<p><b>Meat, Fish &amp; Poultry</b></p> <input type="checkbox"/> Bacon <input type="checkbox"/> Beef _____ <input type="checkbox"/> Chicken <input type="checkbox"/> Deli meat _____ <input type="checkbox"/> Fish _____ <input type="checkbox"/> Ham <input type="checkbox"/> Hot Dogs <input type="checkbox"/> Pork _____ <input type="checkbox"/> Sausage _____ <input type="checkbox"/> Turkey <input type="checkbox"/> Other: _____	<p><b>Breads</b></p> <input type="checkbox"/> Bagels _____ <input type="checkbox"/> Bread _____ <input type="checkbox"/> Buns _____ <input type="checkbox"/> English muffins <input type="checkbox"/> Rolls _____ <input type="checkbox"/> Other: _____	<p><b>Canned Goods</b></p> <input type="checkbox"/> Applesauce <input type="checkbox"/> Chili <input type="checkbox"/> Fruit _____ <input type="checkbox"/> Mushrooms <input type="checkbox"/> Soup _____ <input type="checkbox"/> Spaghetti Sauce <input type="checkbox"/> Tomatoes _____ <input type="checkbox"/> Tuna <input type="checkbox"/> Vegetables _____ <input type="checkbox"/> Other _____
<p><b>Vegetables</b></p> <input type="checkbox"/> Broccoli <input type="checkbox"/> Cabbage <input type="checkbox"/> Carrots <input type="checkbox"/> Cauliflower <input type="checkbox"/> Celery <input type="checkbox"/> Cucumbers <input type="checkbox"/> Garlic <input type="checkbox"/> Lettuce _____ <input type="checkbox"/> Onions _____ <input type="checkbox"/> Peppers _____ <input type="checkbox"/> Potatoes _____ <input type="checkbox"/> Spinach <input type="checkbox"/> Tomatoes <input type="checkbox"/> Other: _____	<p><b>Baking Goods</b></p> <input type="checkbox"/> Baking Powder <input type="checkbox"/> Baking Soda <input type="checkbox"/> Boullion _____ <input type="checkbox"/> Oil _____ <input type="checkbox"/> Cooking Spray <input type="checkbox"/> Corn Starch <input type="checkbox"/> Dried herbs _____ <input type="checkbox"/> Nuts _____ <input type="checkbox"/> Salt & Pepper shakers <input type="checkbox"/> Raisins <input type="checkbox"/> Sauces (liquid & powdered) _____ <input type="checkbox"/> Shortening <input type="checkbox"/> Spices _____  <input type="checkbox"/> Vanilla <input type="checkbox"/> Other: _____	<p><b>Dry Goods</b></p> <input type="checkbox"/> Beans/Lentils/Peas <input type="checkbox"/> Bread Crumbs <input type="checkbox"/> Brown Sugar <input type="checkbox"/> Cake Mix _____ <input type="checkbox"/> Cereal _____ <input type="checkbox"/> Chips _____ <input type="checkbox"/> Crackers <input type="checkbox"/> Flour <input type="checkbox"/> Gelatin <input type="checkbox"/> Granulated Sugar <input type="checkbox"/> Oatmeal <input type="checkbox"/> Pancake Mix <input type="checkbox"/> Pasta/Noodles <input type="checkbox"/> Potato Chips <input type="checkbox"/> Rice <input type="checkbox"/> Other: _____
<p><b>Beverages</b></p> <input type="checkbox"/> Coffee _____ <input type="checkbox"/> Drink Mixes _____ <input type="checkbox"/> Fruit juice _____ <input type="checkbox"/> Tea _____ <input type="checkbox"/> Other: _____	<p><b>Frozen Foods</b></p> <input type="checkbox"/> Frozen Juices _____ <input type="checkbox"/> Frozen Dinners _____ <input type="checkbox"/> Frozen Waffles <input type="checkbox"/> Pizza _____ <input type="checkbox"/> Vegetables _____ <input type="checkbox"/> Other: _____	

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Participant: \_\_\_\_\_ SoonerCare ID: \_\_\_\_\_

**Paper Products**

- Aluminum foil
- Coffee filters
- Trash bags
- Napkins
- Paper towels
- Plastic wrap
- Sandwich bags
- Paper plates
- Toilet tissue
- Facial tissues
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Laundry Items**

- Bleach
- Detergent
- Fabric softener
- Stain remover
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Cleaning Supplies**

- All purpose cleanser
- Broom & dustpan
- Mop and bucket
- Cleaning cloths
- Dish detergent
- Dish cloths/sponges
- Dish scrubber
- Dishwasher soap
- Floor cleaner
- Furniture polish
- Glass cleaner
- Toilet brush
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Personal Items**

- Bath soap \_\_\_\_\_
- Deodorant \_\_\_\_\_
- Razors \_\_\_\_\_
- Shampoo \_\_\_\_\_
- Conditioner \_\_\_\_\_
- Shaving cream \_\_\_\_\_
- Toothbrush \_\_\_\_\_
- Toothpaste \_\_\_\_\_
- Bandages \_\_\_\_\_
- First Aid Kit \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_