

Dietary Interview Component

Includes 24-Hour Dietary Recall Interview and Post-Recall Questionnaires

Public Health Objectives:

Dietary factors are associated with 5 of the 10 leading causes of death in the U.S. population.

NHANES is the cornerstone of the National Nutrition Monitoring and Related Research Program (NNMRRP). Policy makers and researchers require NHANES dietary data to assess the quality and adequacy of the U.S. diet in relation to health parameters, to evaluate the impact of program changes including welfare reform, legislation, food fortification policy, and child nutrition programs, and to identify target groups for public health education and awareness programs. Dietary practices and behaviors are used to evaluate the adoption of recommendations by the *Dietary Guidelines for Americans*.

The objective of the component is to estimate total intake of food energy (calories), nutrients, and non-nutrient food components from foods and beverages that were consumed during the 24-hour period prior to the interview (midnight to midnight). Following the dietary recall, a short questionnaire will be administered to ascertain whether the person's intake on the previous day was usual or unusual, the source of tap water consumed, use of salt, special diet use, and frequency of fish and shellfish consumptions during the past 30 days. Subsamples of examinees will be asked questions about recent health (1-11 year olds) and recent pesticide exposure (6-7 year olds). These questions are included in **Attachment A**.

Staff:

Dietary interviewer.

Protocol:

Methods:

- All NHANES examinees are eligible for the dietary interview component. A computer-assisted dietary interview software program was developed for use in the survey. The dietary interviewer records detailed information about the foods and beverages reported. Instructions will be provided to the respondent orally in English and/or Spanish. Measurement aids and visuals including charts and drawings will be used by the respondent to quantify the foods and beverages that are reported. Data files are transmitted electronically to a coding center located offsite.
- A telephone follow-up dietary interview will be scheduled 3-10 days after their MEC exam for all the examinees. A set of measuring guides (including a USDA food model booklet, a ruler, a set of household spoons, and a set of measuring cups and measuring spoons), an appointment reminder card with the date and time of the scheduled interview, and a phone

contact number will be given to the participants at the end of their MEC dietary interview. The phone follow-up interview will be conducted using the same dietary interview system as used in the MEC and will be made from a telephone center located offsite.

- The interviewers will perform data retrieval by telephone when the information provided by the respondent or a proxy is incomplete; the interviewers will obtain permission from the SP or proxy to conduct data retrieval.
- All dietary interviews are eligible to be digitally recorded. Home office staff will review the digital recordings to monitor the quality of the interview and provide written feedback to the interviewer (approximately 5% of each interviewer's work will be reviewed). Verbal permission to record the interview will also be recorded. Parental consent for SPs 12-17 years will be obtained. If the SP refuses the recording, the interviewer will stop the recording. The audio recordings will be kept for three years and then destroyed.

Time Allotment:

Depending on the types and numbers of foods reported in the dietary recall, the length of the interview ranges from 15-30 minutes per interview.

Health Measures:

Not applicable

Eligibility:

All survey participants are eligible for the dietary interview component. Translators may assist respondents when needed, and proxy reporting is permitted.

Exclusion Criteria:

The only circumstances that would lead to exclusion would be in instances when communication or cognitive difficulties make it impossible for the participant to provide the necessary information, and a proxy reporter is not available to complete the interview.

Justification for using vulnerable populations:

- Minors are included in this component because they are an important target population group. Dietary data are linked to other household interview and health component data and are used to track changes that occur in food and nutrient intakes over time.
- There is no reason to exclude mentally impaired or handicapped individuals because there is no contraindication.

Risks:

There is no risk associated with this component.

Report of Findings:

No findings are reported to respondents.

POST-RECALL QUESTIONNAIRE - DRQ
Target Group: SPs Birth + (Questions grouped by age categories)

NHANES III

REC.155 Was the amount of food that {you/NAME} ate yesterday much more than usual, usual, or much less than usual?

- MUCH MORE THAN USUAL.....1
USUAL.....2
MUCH LESS THAN USUAL3
REFUSED.....7
DON'T KNOW.....9

CSFII

REC.265 When you drink tap water, what is the main source of the tap water? Is the city water supply (community water supply); a well or rain cistern; a spring; or something else?

- COMMUNITY WATER.....1
A WELL OR RAIN CISTERN.....2
A SPRING3
NEVER DRINK TAP WATER4
REFUSED7
DON'T KNOW.....9
OTHER (SPECIFY)91

[RECORD Drinking fountain AS COMMUNITY WATER SUPPLY.]

NHANES III

REC.325 Now I'll be asking some questions about {your/NAME's} use of table salt. What type of salt {do you/does NAME} usually add to {your/his/her} food at the table? Would you say it is ordinary or seasoned salt, lite salt, or a salt substitute?

- ORDINARY, SEA, SEASONED, OR OTHER FLAVORED SALT
[includes regular iodized salt, sea salt and seasoning salts made with regular salt] 1
LITE SALT 2
SALT SUBSTITUTE 3
NONE 4 (REC.335)
REFUSED 7 (REC.335)
DON'T KNOW 9 (REC.335)

NHANES III

REC.330 How often {do you/does NAME} add {REC325 ANSWER} to {your/his/her} food at the table? Is it rarely, occasionally, or very often?

- RARELY, 1
OCCASIONALLY.....2
VERY OFTEN.....3
REFUSED 7
DON'T KNOW 9

CSFII

REC.335 How often is ordinary salt or seasoned salt added in cooking or preparing foods in your household? Is it never, rarely, occasionally, or very often?

- NEVER 1
- RARELY 2
- OCCASIONALLY 3
- VERY OFTEN 4
- REFUSED 7
- DON'T KNOW 9

[THIS QUESTION APPLIES ONLY TO USE OF ORDINARY SALT OR SEASONED SALT AND NOT TO LITE SALT OR SALT SUBSTITUTES.]

NEW in 2012 CSFII

REC.336 This next question is about {your/NAME's} use of salt at the table yesterday. Did {you/SP} add any salt to {your/her/his} food at the table yesterday? Salt includes ordinary or seasoned salt, lite salt, or a salt substitute.

- YES 1
- NO 2 (REC.340)
- REFUSED 7 (REC.340)
- DON'T KNOW 9 (REC.340)

NEW in 2012 CSFII

REC.337 What type of salt was it? (Was it ordinary or seasoned salt, lite salt, or a salt substitute?)

- ORDINARY, SEA, SEASONED, OR OTHER FLAVORED SALT
[includes regular iodized salt,
sea salt and seasoning salts
made with regular salt] 1
- LITE SALT 2
- SALT SUBSTITUTE 3
- REFUSED 7
- DON'T KNOW 9

CSFII

REC.340 {Are you/Is NAME} currently on any kind of diet, either to lose weight or for some other health-related reason?

- YES 1
- NO 2 (Box 1)
- REFUSED 7 (Box 1)
- DON'T KNOW 9 (Box 1)

CSFII

REC.345 What kind of diet {are you/is NAME} on?

[READ AS NEEDED: Is it a weight loss or low calorie diet; low fat or cholesterol diet; low salt or sodium diet; diabetic diet; or another type of diet?]

- WEIGHT LOSS OR LOW CALORIE DIET 1
- LOW FAT OR CHOLESTEROL DIET 2
- LOW SALT OR SODIUM DIET 3
- SUGAR FREE OR LOW SUGAR DIET 4
- LOW FIBER DIET 5
- HIGH FIBER DIET 6
- DIABETIC DIET 7
- LOW CARBOHYDRATE DIET 8
- HIGH PROTEIN DIET 9
- WEIGHT GAIN DIET 10
- GLUTEN-FREE OR CELIAC DIET 11
- RENAL OR KIDNEY DIET 12
- OTHER 91
(SPECIFY) _____
- REFUSED 77
- DON'T KNOW 99

BOX 1

IF SP < 1 YEAR OLD, GO TO THE END OF THE SECTION.
OTHERWISE, CONTINUE.

NHANES 1999

DRQ.361 Please look at this list of fish. During the past 30 days, did you eat any types of fish listed on this card? Include any foods that had fish in them such as sandwiches, soups, or salads.

YES1
NO2 (DRQ.380)
REFUSED7 (DRQ.380)
DON'T KNOW.....9 (DRQ.380)

NHANES 1999

DRQ. 370 During the past 30 days, which types of fish did you eat and how many times did you eat them?

Type listed: breaded fish products, tuna (canned or fresh), bass, catfish, cod, flatfish, haddock, mackerel, perch, pike, pollock, porgy, salmon, sardines, sea bass, shark, swordfish, trout, walleye, other type of fish and unknown type of fish.

Interviewer instruction:
Check each type of shellfish the SP reports eating, and then ask and record the number of times each type was eaten.

NHANES 1999

DRQ.380 Please look at this list of shellfish. During the past 30 days, did you eat any types of shellfish listed on this card? Include any foods that had shellfish in them such as sandwiches, soups, or salads.

YES1
NO2 (Box 2)
REFUSED7 (Box 2)
DON'T KNOW.....9 (Box 2)

NHANES 1999

DRQ. 390 During the past 30 days, which types of shellfish did you eat and how many times did you eat them?

Type listed: clams, crab, crayfish (crawfish), lobster, mussels, oysters, scallops, shrimp, other shellfish (for example, octopus, squid) and unknown type of shellfish.

Interviewer instruction:
Check each type of shellfish the SP reports eating, and then ask and record the number of times each type was eaten.

BOX 2

IF SP 1-11 YEARS OLD, CONTINUE.
OTHERWISE, GO TO THE END OF THE SECTION.

NHIS ACN.350

HSQ.500 The next questions are about {your/SP's} recent health during the 30 days outlined on the calendar.

Did {you/SP} have a head cold or chest cold that started during those 30 days?

YES1
NO2
REFUSED7
DON'T KNOW.....9

NHIS ACN.360

HSQ.510 Did {you/SP} have a stomach or intestinal illness with vomiting or diarrhea that started during those 30 days?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

NHANES III (M)

HSQ.520 Did {you/SP} have flu, pneumonia, or ear infections that started during those 30 days?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

BOX 3

IF SP 6-7 YEARS OLD, CONTINUE.
OTHERWISE, GO TO THE END OF SECTION.

05PUQ.100 In the **past 7 days**, were any chemical products used in {your/his/her} home to control fleas, roaches, ants, termites, or other insects?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

05PUQ.110 In the **past 7 days**, were any chemical products used in {your/his/her} lawn or garden to kill weeds?

CODE 'NO' IF THE RESPONDENT SAYS S/HE DOES NOT HAVE A LAWN OR GARDEN.

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9