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 24-hour 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. In 2017, the questions on salt use were modified by removing "seasoned salt" and adding "sea salt". A subsample of examinees will be asked questions about recent health (aged 1-11), recent pesticide exposure (aged 6-7), and intake of alcoholic beverages (aged 18+). 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 the MEC exam for examinees who completed the in-person interview and do not require an interpreter. 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 participant or a proxy is incomplete; the interviewers will obtain permission from the participant or proxy to conduct data retrieval.
- All dietary interviews are eligible to be digitally audio recorded. The digital recordings are reviewed to monitor the quality of the interview and so written feedback is provided 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 participants aged 12-17 will be obtained. If the participant 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.

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 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 more than minimal risk associated with this component.

Report of Findings:

No findings are reported to respondents.

Alcohol question:

ALQ.170 is related to alcohol questions included in the MEC Interview, but starting in 2017-2018 only appears in the post-dietary recall questionnaire. It is included here to reduce the number of recall time periods a respondent is asked about during the MEC Interview, from 3 to 2 (i.e., previously, the time periods included a lifetime, last 12 months and last 30 days). Cognitive testing by NCHS's Questionnaire Design Research Laboratory determined that it was less confusing for the respondent to have fewer recall time periods in the ALQ section of the MEC Interview; and therefore, ALQ.170 was included in the post-dietary recall. This addition to the post-dietary recall made sense because the post-dietary recall includes other 30-day recall questions. Furthermore, to align the NHANES and NHIS survey instruments, the 2013-2014 question wording for ALQ.170 changed from a "2 hour or less" period of alcohol consumption to "on an occasion". Both surveys use "on an occasion".

Attachment A NHANES 2017

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	
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	
	[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 sa it is ordinary salt, sea 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 this salt 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	

REC.335	How often is ordinary salt or sea salt added in cooking or preparing foods in your household? Is it never, rarely, occasionally, or very often?
	NEVER1
	RARELY2
	OCCASIONALLY3
	VERY OFTEN4
	REFUSED7
	DON'T KNOW9
	[THIS QUESTION APPLIES ONLY TO USE OF ORDINARY SALT, SEA SALT OR SEASONED SALT AND NOT TO LITE SALT OR SALT SUBSTITUTES.]
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 salt, sea salt, lite salt, or a salt substitute.
	YES1
	NO2 (REC.340)
	REFUSED7 (REC.340)
	DON'T KNOW9 (REC.340)
CSFII REC.337	What type of salt was it? (Was it ordinary salt, sea 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
	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?
	YES1
	NO2 (Box 1)
	REFUSED7 (Box 1)
	DON'T KNOW9 (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 DIET1
	LOW FAT OR CHOLESTEROL DIET2
	LOW SALT OR SODIUM DIET3
	SUGAR FREE OR LOW SUGAR DIET4
	LOW FIBER DIET5 HIGH FIBER DIET6
	DIABETIC DIET7
	LOW CARBOHYDRATE DIET8
	HIGH PROTEIN DIET9
	WEIGHT GAIN DIET10
	GLUTEN-FREE OR CELIAC DIET11 RENAL OR KIDNEY DIET12
	OTHER91
	(SPECIFY)
	REFUSED77
	DON'T KNOW99

CSFII

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 KNOW9	(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 KNOW9	(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 BOX 4.

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?

YES	1
NO	2
REFUSED	7
DON'T KNOW	a

NHIS ACN	.360
HSQ.510	Did {you/SP} have a stomach or intestinal illness with vomiting or diarrhea that started during those 30 days?
	YES1
	NO2
	REFUSED7 DON'T KNOW9
NHANES I HSQ.520	II (M) Did {you/SP} have flu, pneumonia, or ear infections that started during those 30 days?
	YES1
	NO2
	REFUSED7 DON'T KNOW9
	BOX 3
	IF SP 6-7 YEARS OLD, CONTINUE.
	OTHERWISE, GO TO BOX 4.
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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
,	
	BOX 4

IF SP \geq 18 YEARS, CONTINUE. OTHERWISE, GO TO THE END OF THE SECTION.

The next question is about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage. By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.

HANDCARD ALQ1 (Here are some examples of an alcoholic drink)

ALQ.170 Considering all types of alcoholic beverages, during the **past 30 days**, how many times did {you/SP} have {DISPLAY NUMBER} or more drinks on an occasion?

ENTER '0' FOR NEVER.

CAPI INSTRUCTION: IF SP = MALE, DISPLAY = 5 IF SP = FEMALE, DISPLAY = 4

SOFT EDIT: IF RESPONSE IS > 60 TIMES, THEN DISPLAY "YOU SAID THAT IN THE **PAST 30 DAYS**, YOU HAD **{DISPLAY NUMBER} OR MORE** DRINKS OF ANY KIND OF ALCOHOL ON AN OCCASION, (DISPLAY QUANTITY) TIMES. IS THAT CORRECT"?

 ENTER QUANTITY	
REFUSED	777
DON'T KNOW	999