# **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 is 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 consumption during the past 30 days. In 2021-2022, the reference to the fish and shellfish hand cards was slightly reworded. These questions are included in **Attachment A**.

#### Staff:

Dietary interviewer.

#### **Protocol:**

#### **Methods:**

- All NHANES examinees are eligible for the dietary interview component. In 2021-2022, the mode of the first dietary interview changed from an in-person interview to a telephone interview to minimize face to face interaction during the COVID-19 pandemic. USDA's Automated Multiple Pass Method is used to collect two 24-hour dietary recalls. The dietary interviews are conducted in English and/or Spanish. Data files are transmitted electronically to a coding center located offsite.
- For participants who completed the day 1 interview, a second dietary interview is scheduled 3-10 days later. During the mobile examination, participants schedule an appointment for the first dietary interview and receive 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 with the date and time of the scheduled interview, and a phone contact number. The two dietary interviews are administered via telephone.
- 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 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 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 number of foods reported in the dietary recall, the length of the interview ranges from 30-40 minutes.

#### **Health Measures:**

Not applicable

## **Eligibility**:

All survey participants are eligible for the dietary interview component. Proxy reporting is permitted.

#### **Exclusion Criteria:**

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, or the participant/proxy does not speak English or Spanish.

# 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.

# Attachment A

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

| NHANES III<br>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<br>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 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]   |  |  |
| NHANES III<br>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,  |  |  |

| CSFII   |   |                 |
|---------|---|-----------------|
| REC.335 | How often is ordinary salt or sea salt added in cooking or preparing foods in your household? Is          | t 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 a          | ny salt to      |
|         | {your/her/his} food at the table yesterday? Salt includes ordinary salt, sea salt, lite salt, or a salt s |                 |
|         |   |                 |
|         | YES1  |                 |
|         | NO2 (REC.340)   |                 |
|         | REFUSED   |                 |
|         | DON'T KNOW  |                 |
|         | DON'I MIOW (NEC.540)  |                 |
|         |   |                 |
| 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   |                 |
|         | 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-rel       | ated 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 s      | odium diet:     |
|         | diabetic diet; or another type of diet?]  | ,               |
|         |   |                 |
|         | WEIGHT LOSS OR LOW CALORIE DIET1  |                 |
|         | LOW FAT OR CHOLESTEROL DIET2  |                 |
|         | LOW SALT OR SODIUM DIET   |                 |
|         | SUGAR FREE OR LOW SUGAR DIET4   |                 |
|         | LOW FIBER DIET5   |                 |
|         |   |                 |
|         | HIGH FIBER DIET6  |                 |
|         | DIABETIC DIET   |                 |
|         | LOW CARBOHYDRATE DIET8  |                 |
|         | HIGH PROTEIN DIET9  |                 |
|         | WEIGHT GAIN DIET10  |                 |
|         | GLUTEN-FREE OR CELIAC DIET11  |                 |
|         | RENAL OR KIDNEY DIET12  |                 |
|         | OTHER91   |                 |
|         | (SPECIFY)   |                 |
|         | REFUSED77   |                 |
|         | DON'T KNOW99  |                 |
|         |   |                 |

#### BOX 1

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

#### **NHANES 1999**

DRQ.361

Please look at the list of fish on the lavender hand card. 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 fish the SP reports eating, and then ask and record the number of times each type was eaten.

#### **NHANES 1999**

DRQ.380

Please turn the hand card over and 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         | (END OF SECTION) |
| REFUSED7    | (END OF SECTION) |
| DON'T KNOW9 | (END OF SECTION) |

#### **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.