

NUTRITION HISTORY

1 Background and Rationale

The nutrition history form is designed to assess the respondent's usual diet. A food frequency questionnaire and selected additional questions are used to assess meal patterns, food additives and alcohol use. The crude food frequency report is done by asking the participant to sort a set of cards into piles which reflect the crude frequency of consumption (per day, week, month, or year, rarely or never). These crude frequencies are entered onto a paper form and key entered after the clinic visit is completed.

During the Surveillance Visit, additional details and a more formal food frequency assessment will be done based on Dr. Gladys Block's Food Frequency Questionnaire.

2 Definitions

2.1 Materials

- O A set of 96 numbered food cards sorted in ascending numerical order.

NOTE: DELETE FOOD CARDS NUMBERED 87, 88 AND 89 FROM ORIGINAL FOOD CARD PACKETS.

- O A plastic tray marked with five food frequency categories.
- O Nutrition History Form

3 Methods

The Nutrition History Form is administered at the Baseline Clinic Visit by a trained CHS interviewer.

3.1 Interviewing Style

3.1.1 Participant sensitivity.

Participants may be sensitive about what they eat, particularly when they have been counseled to avoid certain foods. Thus, they may want to report a dietary pattern that is socially desirable and will elicit "approval" from the interviewer. Therefore, it is critical that the nutrition interview be conducted in a non-judgmental manner.

- O Do not express shock or surprise at reported consumption frequency.

3.1.2 Delays

The food cards may prompt participants to answer in excessive detail, making the

interview too long.

- O Interviewer should seem interested but matter of fact.
- O Remind participant that the objective is to obtain a general idea of they way they usually eat, and that you want to move along quickly to make sure that you are able to complete the questionnaire.

3.2 Dietary Interview

3.2.1 Greet the participant cordially and explain that you will be interviewing them to find out about their usual eating pattern.

3.2.2 Card Sorting

- O Setting: Participant should be left alone in a quiet area to sort the cards. This can be in either scheduled time or waiting time, but should be in a setting which permits both concentration on the task and confidentiality. Conversation with another participant or with a volunteer during the card sorting could introduce a bias towards answers thought to be socially desirable. Offering the snack in conjunction with the card sorting would not seem to pose any problem.

- O Hand the participant the packet of food cards.

- O Introductory Script:

The first part of the nutrition interview is based on this set of cards. Each card names and shows a type of food or beverage. Please sort the cards into the five categories marked on this tray based on how often you usually eat the food names. By "usual" I mean about how often you have eaten this food over the past 12 months, since last _____ (insert name of current month).

If you eat a food almost everyday or at least five times a week, put it in this part of the tray (point to the extreme left).

If you never eat the food named on the card or eat it less than 4 times a year, put it in this part of the tray (point to the extreme right).

These other three slots are for foods you usually eat about 1-4 times per week (point to the second slot from the left) or about 1-3 times a month (point to the middle slot) ... or only about 5-10 times a year (point to the second slot in from the right).

Do you have any questions about how to sort the cards?

- O After watching to see that the participant is off to a good start, leave the room.

- O After the participant has sorted the cards, commend him or her for having completed the first part of the task well.

- O Script:

Before we go on with the remainder of the nutrition history questionnaire, please look through each pile to make sure that you have put each food in the category that best estimates your usual consumption.

Note: This portion of interview will be dropped if participants labor over the second look-through. It is hoped that they will check through quickly to confirm their original decisions or to change a few cards if they remember something the second time around (e.g., a person may remember eating something more often than they originally thought, when all eating occasions, including family gatherings and church suppers, come to mind). This will replace the data quality feature of the original format where corrections could be made during the interview portion of the data collection.

3.2.3 Supplementary Questionnaire (Questions 1 to 46)

- O Questions 1-7

- O Script: I am going to ask you several questions about other aspects of your food intake? How often do you eat the following food from restaurants or fast food places:

! Check the box next to the appropriate response.

- O Question 8 - For about how long have you eaten the way you do now?

! Record the number of years the participant has eaten the way they current eat.

! When the participant reports s/he has eaten this way less than one year, record the number of months in the appropriate space.

- O Question 9 - Are you following a special diet?

! Check "1 - Yes", when the participant is following a special diet, and ask the following question:

! Is your diet medically prescribed or self imposed?

! Check the box next to the appropriate response.

! Check "0 - No", when the participant is not following a special diet.

O Questions 10 to 20 - Frequency Questions

! Script: Use the categories on this card to respond to the next questions.

! Hand the participant Card 20.

! Read each question on the form.

! Check the box next to the participant's response.

O Question 21 - What type of salt do you use: regular table salt, potassium chloride salt substitute, lite salt or other?

! Check the box next to the appropriate response.

! When "4 - Other" is marked, specify the response in the space provided on the form.

NOTE: This category includes sea salt.

O Question 22 - Is it plain or iodized salt?

! Check the box next to the response.

O Question 23 - How often do you use fat or oil in cooking? For example, in frying eggs, meat or vegetables?

! Record the number of times the participant reports the activity and the frequency in terms of day, week, month or never.

O Question 24 - What kind of fat or oil do you usually cook with?

! One or two responses may be checked.

! Check the box(s) next to the participant's response(s).

! Response "6 - Pam or no oil" includes any substance used in place of oil or fat, for example, Weight Watchers cooking spray.

! Check "9 - Don't Know or Don't Cook" when the participant does not know what kind of oil/fat is used, or when the participant does not do any cooking.

O Question 25 - What kind of fat or oil do you usually add to vegetables, potatoes,

etc., before serving or at the table?

! One or two responses may be checked.

! Check the box(s) next to the participant's response(s).

! Check "9 - Don't Know" when the participant uses fat, but does not know what kind of oil/fat is used.

O Question 26 - If you eat cold cereal, what kind do you eat most often?

! Code the cereal using Card 16 as a reference.

! Code "999 - Other" when the cereal eaten is not included on Card 16.

! Code "000 - Don't eat cold cereal" when the participant indicates they never eat cold cereal.

O Question 27 - About how many servings of vegetables do you eat per day or week, not counting salad or potatoes?

! Record the number of vegetables in the space provided.

! Check whether the number refers to vegetables eaten per day or per week.

! Check "9 - Never" when the participant reports s/he never eats vegetables other than potatoes or salad.

O Question 28 - About how many fruits do you eat per day or week, not counting juices?

! Record the number of fruits in the space provided.

! Check whether the number refers to fruits eaten per day or per week.

! Check "9 - Never" when the participant reports s/he never eats fruits other than juices.

O Question 29 - How often do you eat breakfast?

! Record the participants response

O Question 30 - On Monday through Friday, what time do you usually first eat or drink something after waking up?

Question 31 - On Monday through Friday, what time you usually last eat or drink something before going to bed?

! Record the time the activity occurs.

! Indicate whether the time is "a.m." or "p.m."

O Question 32 - On Monday through Friday, how many meals do you usually eat per day?

O Question 33 - On Monday through Friday, how many snacks do you usually eat per day?

! Record the number of meals usually eaten per day.

3.2.4 Alcohol Questions

Script: The next questions are about drinking alcoholic beverages. First I will ask you separately about beer, wine and liquor:

O Question 34, 37, and 40: Do you ever drink (beer/wine/liquor)?

! Check "1 - Yes" when the participant indicates they do drink (beer/wine/liquor).

! Check "0 - No" when the participant indicates they never drink (beer/wine/liquor).

! If yes, ask the appropriate follow-up questions.

O Question 35, 38 and 41 - About how often do you drink (beer/wine/liquor)?

! Record the frequency indicated by the participant.

O Question 36, 39, and 42 - How many (size of serving) do you usually drink on one occasion?

! Record the number of servings usually consumed.

O Question 43 - Have you changed your pattern of beer, wine or liquor consumption during the past 5 years?

! Check "1 - Yes" when the participant indicates their pattern has changed during the past five years.

- ! Check "0 - No" when the participant indicates there was no change in their pattern during the last five years.
 - ! Check "9 - Don't Know" when the participant reports s/he does not know or refused to answer the question.
- O Question 44 - Was there ever a time in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?
- ! Check "1 - Yes" when the participant indicates there was such a period of time.
 - ! Check "0 - No" when the participant indicates there was never such a period of time.
 - ! Check "9 - Don't Know" when the participant reports s/he does not know or refused to answer the question.
 - ! If yes, ask Questions 45 and 46.S
- O Question 45 - How many periods of time during your life did you drink 5 or more alcoholic beverages almost every day?
- ! Record the number of periods.
 - ! Record "99 - Don't Know" when the participant reports s/he does not know, or refused to answer the question.
- O Question 46 - For how long altogether did these periods of time last?
- ! Record the total number of days, weeks, months, or years?
 - ! Check the appropriate box to indicate the referenced time period.