

**National Children's Study**  
**Interviewer Instruction Scripts for Completion of Dietary Questionnaires**

**DIETARY SCRIPT # 1—P1 OR T1 DIETARY QUESTIONNAIRES COMPLETION**

INSTRUCTIONS ARE PROVIDED TO THE MOTHER FOR QUESTIONNAIRES THAT ARE LEFT WITH HER TO COMPLETE. THE COMPLETED QUESTIONNAIRES WILL BE COLLECTED ABOUT A WEEK LATER WHEN THE DATA COLLECTORS RETURN TO PICK UP THE AIR MONITORING EQUIPMENT. IF A PRE-NATAL HOME VISIT IS NOT COMPLETED BEFORE PREGNANCY, THEN THESE QUESTIONNAIRES ARE COMPLETED AT THE T1 VISIT.

We want to know about the foods that you eat and ask that you complete two booklets on your own. They ask the questions about your diet that we need for this National Children's Study visit. The 2 food booklets are called the 3-Day Food Checklist and the Diet History Questionnaire or DHQ. Each booklet has a label with your special study number that tells us the answers are from you. We ask that you complete these using a black ink pen. We have provided one for you. Do not use a pencil or felt tip pen. We will pick up the booklets next week when we return to pick up the air samples

**A. 3-DAY FOOD CHECKLIST SCRIPT**

1. This booklet has one checklist page for each day we assign for you to keep track of foods that you eat for a total of 3. The cover page has directions if you cannot remember all I tell you today.
2. There is a special label on the front page of the booklet that tells you the days wanted [POINT TO LABEL]. The days for you to keep track are [READ DAYS ON LABEL.] The first checklist page is page 3 [TURN TO PAGE 3]. You will complete this checklist on [APPROPRIATE DAY AND DATE ON LABEL] and on the next 2 days.
3. At item 1, we can record (NUMERIC ENTRY THAT CORRESPONDS TO STARTING DAY) and, at item 2, check (Sunday OR Thursday) box to help you remember the day to start.
4. Item 3 is the checklist part of the booklet and takes up most of the checklist page. See that there are groups of foods with a list of types of food in the group. The Dairy group has Milk whole, Milk 2%, Milk skim, Other milk, and yogurt listed. The list is does not include all foods in the Dairy group and that is okay.
5. Page 2 [TURN TO PAGE 2] tells you how to record the foods you eat. Make 1 check for each time that you eat or drink a food on one of the lists. Look at the first example that shows that I drank 1 glass of whole milk at breakfast and 1 glass at my afternoon snack [POINT TO EXAMPLE]. I record this as 2 checks on the Milk whole line of the checklist.
6. You do not need to record amounts. The second example shows how to record that I ate 2 pieces of cornbread at lunch. Only 1 check mark is needed because both pieces were eaten at the same meal or snack.

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7. When you eat something that is a mixture of foods on the list, make a check mark for each food included. Look at the last 3 examples to see how I marked foods in my sandwich, lasagna, and lettuce salad.
8. There is a question to answer at the end of each day's checklist. Please answer the questions on the last page of this booklet about how you prepare food for your family.
9. After you have completed the booklet, please page through to check if all pages have the day and date recorded and that the item 4 question is answered.

**B. DIET HISTORY QUESTIONNAIRE SCRIPT**

1. First, record the date you start, your birth month, and birth year on page 2 [TURN TO PAGE 2] of this booklet. This page also has directions if you cannot remember all I say today.
2. IF P1 VISIT: Answer all questions in the booklet to describe your usual dietary intake over the past 3 months.  
  
IF T1 VISIT: Answer all questions in the booklet to describe your usual dietary intake during the 3 months before you became pregnant.
3. We ask you to answer each question in the booklet as best you can. Estimate if you are not sure since a guess is better than leaving a blank. Put an "X" in the box next to the answer that best describes you.
4. If you mark "Never" or "No" for a question, please follow the arrows or instructions which direct you to the next question. [POINT TO AN EXAMPLE OF AN ARROW IN THE BOOKLET]
5. If you need to make a change to your answer, cross out the wrong answer and put an "X" in the correct box. Also, draw a circle around the correct answer.
6. After you complete the booklet, turn through the pages to make sure that you have not skipped any pages. Also make certain that you have clearly indicated the correct answer for any changes you have made.
7. We will pick up both completed booklets next week when we return to collect the air samples. You may keep the pen.