

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

DIETARY SCRIPT # 2—T3 MOTHER'S COMPLETION OF DIET QUESTIONNAIRES

Again we are asking you to complete booklets on your own about your diet for this National Children's Study visit. These booklets are like ones you completed for an earlier visit. The first is called the 3-Day Food Checklist and the second is the Diet History Questionnaire or DHQ. As always there is 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. Then return them in the postage-paid envelope that we gave you within the next 7 days.

A. 3-DAY FOOD CHECKLIST

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. Remember that we assign which days to describe. There is a label on the front page of the booklet that tells you the days wanted. The days for you to keep track are [READ DAYS ON LABEL.]
3. Remember to record the day and date on each checklist page.
4. The checklist part takes up most of each checklist page. There are groups of foods with a list of types of food in the group. As before, the list is does not include all foods in the groups and that is okay.
5. Make 1 check for each time you eat or drink a food on one of the lists. Look at the examples on page 2 if you need a reminder of how make the checks.
6. You do not need to record amounts. Only 1 check mark is needed if you eat more than 1 serving or drink more than 1 cup of a beverage at the same meal or snack. Do make check marks for each time that you eat a listed food at another meal or snack.
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 page 2 examples to see how to mark mixed foods that you eat.
8. Before you place the completed booklet in the envelope, please page through to check if all pages have the day and date recorded and that the item 4 question is answered.

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B. DIET HISTORY QUESTIONNAIRE

1. Remember to record the date you start, your birth month, and birth year on page 2 of this booklet. This page also has directions if you cannot remember all I say today.
2. Answer all questions in the booklet to describe your usual dietary intake over the past 3 months.
3. Answer each question 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.
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. Return the completed booklet, within 7 days, in the prepaid envelope provided. You may keep the pen.