

APPENDIX D3
72-MONTH REPLICATE DIETARY INTAKE INTERVIEW - ENGLISH

INTERVIEWER:

- READ THE FOLLOWING PRIVACY STATEMENT TO ALL PARTICIPANTS

Per §246.26 (i)(C), USDA Food and Nutrition Service is authorized to collect information to enhance the health, education, or well-being of those who use WIC services. Your participation in this study is completely voluntary. This information is being collected primarily for use by the Food and Nutrition Service in the administration and evaluation of the WIC program. The information you provide will be combined with information from everyone who participates in the study, and we will not use your name, your child's name, or any other information about your identity in any reports. As described in the system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports, published in the Federal Register on April 25, 1991, volume 56, pages 19078-19080, FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private.

24-HOUR DIETARY RECALL

AMPM Module (Asking child's food intake in past 24 hours)

24-HR Recall for Food Intake

1, 3, 5, 7, 9, 11, 13, 15, 18, 24, 36, 48, 60, 72

NOTE: The 24-hour dietary recall follows different pathways for each person's consumption, and thus the full content cannot be well expressed in a linear fashion. The interview is constructed such that the mother will be asked to recall all her child's dietary intake for the previous day in a very systematic fashion. She will be guided through the day and asked to report all foods, beverages, dietary supplements and each eating event, which will be recorded by the interviewer.

The general questions are:

- 1. Please tell me everything {CHILD} had to eat and drink all day yesterday, {DAY}, from midnight to midnight. Include everything {CHILD} had at home and away, even snacks, drinks, and water. I'll ask you for specific details and amounts of the foods in a few minutes. At this time, just tell me what {CHILD} had.**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0580. The time required to complete this information collection is estimated to average 30 minutes (0.5 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0580). Do not return the completed form to this address.

2. **Your answers are important, so we'd like this list to be as complete as possible. In addition to the foods you have already told me about, did {CHILD} have any:**
 - a. Coffee, tea, soft drinks, milk or juice?
 - b. Cookies, candy, ice cream or other sweets?
 - c. Chips, crackers, popcorn, pretzels, nuts or other snack foods?
 - d. Fruits, vegetables, or cheese?
 - e. Breads, rolls, or tortillas?
 - f. Anything else?
3. **About what time did {CHILD} begin to eat/drink the {FOOD}?**
4. **What would you call this eating occasion? (Was it your breakfast, lunch, dinner, snack, or something else?)**
5. **When I ask how much {CHILD} ate, you can estimate the amount by using the drawings in the Food Model Booklet, the measuring cups and spoons, the ruler, and any of your own dishes and glasses. Feel free to check the labels on any food packages during the interview.**
6. **First, did {CHILD} have anything to eat or drink between midnight yesterday and his/her {FIRST EATING OCCASION}?**
7. **[The system will ask descriptive details about every food/beverage and then the amount eaten.]**
8. **Did you add anything to the {FOOD}?**
9. **Did you get (this/most of the ingredients for this) {FOOD} from the store?**
10. **Where did you get (this/most of the ingredients for this) {FOOD}? Was it from a restaurant, a fast food place, a community program, a friend, or something else?**
11. **For {MEAL} {CHILD} had {FOODS}. Did {CHILD} eat or drink anything else?**
12. **Did {CHILD} eat this {MEAL} at your home?**
13. **Did {CHILD} eat or drink anything between his/her {TIME, MEAL} and his/her {NEXT TIME, MEAL}?**
14. **Did {CHILD} eat or drink anything between his/her {LAST TIME, MEAL} and midnight last night?**
15. **Do you remember anything else {CHILD} drank, including water, or that he/she ate yesterday – even small amounts, anything he/she ate in the car, or while shopping, cooking or cleaning up?**
16. **Was the amount of food that {CHILD} ate yesterday much more than usual, usual, or much less than usual?**
17. **When {CHILD} drinks tap water, what is the main source of the tap water. Is it the city water supply (community water supply); a well or rain cistern; a spring; or something else?**
18. **What type of salt does {CHILD} usually add to his/her food at the table? Would you say it is ordinary or seasoned salt, lite salt, or a salt substitute?**
19. **How often does {CHILD} add ordinary, sea, seasoned, or other flavored salt to his/her food at the table?**

20. How often is ordinary salt or seasoned salt added in cooking or preparing foods in your household?
21. Is {CHILD} currently on any kind of diet, either to lose weight or for some other health-related reason?
22. The next questions are about {CHILD}'s use of dietary supplements, including prescription and over the counter supplements. All day yesterday, {DAY}, between midnight and midnight, did {CHILD} take any vitamins, minerals, herbals or other dietary supplements?
23. Can you please locate the containers for all the dietary supplements {CHILD} took? Can you please read to me all the words on the front label?
24. The next questions are about {CHILD}'s use of non-prescription antacids. All day yesterday, {DAY}, between midnight and midnight, did {CHILD} take any antacids?
25. Can you please locate the containers for all the antacids {CHILD} took? Can you please read to me all the words on the front label?

CLOSING

[REGULAR CLOSING]

Those are all of the questions I have. We will (send you your/add) (\$60/\$70) (prepaid MasterCard/to your prepaid Master Card). We want to ask you to go to WIC or your doctor's office to have your child weighed and measured and we will provide you with \$70 for doing so. Your study liaison will be in touch with you about this. Thank you so much for participating in this study. The information you have provided will really help other mothers and children enrolled in WIC. Goodbye.