

24-hour Dietary Intake Questionnaire

Introduction:

This interview is to enable us to find out what you have eaten the previous day. What you need to do is the same as our previous interview--all that you have eaten including drinks, snacks, sauces, spices, and salad dressings will need to be recalled.

There is no right or wrong answer in this interview, you only need to tell me what you have actually eaten. Do you have any questions? If not, let's start.

Interview steps:

1. Quick List of Food Items

[Quickly record all food and drink items consumed in the previous day in the "Quick List of Food Items"]

Please tell me everything you ate or drank all day yesterday, from 6 o'clock yesterday morning until 6 o'clock this morning. Include all you ate and drank at home and away—even snacks. [Do not interrupt unnecessarily.]

[When respondent stops, ask:] *Anything else?*

Now, I'm going to ask you more details about the foods and beverages you just listed. I want you tell me "when", "which occasion", "what", "how much" and "where" you ate all your foods yesterday.

When I ask about amounts, you can use these measuring guides and food pictures for the size or weight of foods. (If at respondent's home) Please use any of your own cups, mugs, or bowls to estimate the amount of food you ate or drank at home yesterday, or check any package labels that may be helpful.

When you remember anything else you ate or drank as we go along, please tell me.

2. a. **Column 1A** *About what time did you (eat/drink) the food?*

b. **Column 1B** *What would you call this occasion?*

3. Query about the food eaten: [GO TO FIB Q.2]

a. **Column 2A** Transfer the Quick List Food to Column 2A, cross out the food in Quick List. Probe for the additions to the food/drink.

b. **Column 2B** Ask about the ingredients and details.

What was the (food) you (ate/drank) made of?

What food ingredients were in the (meal or dish)?

Did it have any other ingredients? [If yes] *What were they?*

[Request food labels if possible when respondent cannot answer the ingredients]

4. **Column 3** Ask about amounts: *How much did you eat (each of them) ?* [GO TO FIB Q.3]

5. **Column 4** Ask about the food source: *Where did you obtain the (food)?*

6. Go to the next food item on the Quick List. [Skip this step and go to step 7 when all foods in the Quick List have been asked]

Did you have (next Quick List Item) at (Time) with your (Occasion) or was it another time?

[If SAME OCCASION → Go to step 3; If DIFFERENT OCCASION → Go to Step 2]

Go through all items on the Quick List.

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7. Food break and review: *Now let's see what you ate between occasions and if I have everything:*

- a. *What was the first food or drink you had after waking up yesterday? (Time?) (First occasion?)*
- b. *Now at (Time) for (This occasion) you had (Foods), did you have anything else?*
- c. *Did you have anything to eat or drink between your (Time) (This occasion) and (Time) when you had (Next occasion)? Such as snacks, deserts, fruits or drinks?*

Repeat 7b and 7c for each occasion except last occasion.
For last occasion, go to 7d

- d. *Now at (Time) for (Last occasion) you had (Foods), did you have anything else?*
- e. *Did you have anything to eat or drink after your (Time) (Last occasion) but before 6am this morning?*
- f. *Did you have anything to eat or drink between midnight last night and waking up today?*

I'd like you to try to remember anything else you ate or drank yesterday, that you haven't already told me about, including anything you ate or drank while preparing a meal or while waiting to eat.

[When respondent says no, or when respondent stops, ask]

Did you eat the following foods?

- *Water or other beverages (soda, juice, tea, coffee, alcohol, etc.)*
- *Snacks (chips, nuts, candies, gums, dried fruits, etc.)*
- *Fruit and vegetable*
- *Cereal (Pasta, rice, congee, bread, cake, biscuit, etc.)*
- *Meat, poultry, fish and seafood*
- *Milk and milk products*
- *Dim sum/ dessert*
- *Other food*

[If yes, ask for the details; If no, continue on step 8]

Food intake yesterday

6 am yesterday

12 noon

6 pm

Midnight

6 am this morning

Morning	Afternoon	Evening	Night/early dawn
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8. Was the amount of food that you ate yesterday about usual, less than usual, or more than usual?

- (1) Usual (Go to 9) (2) Less than usual (Go to 8a) (3) More than usual (Go to 8b)

8a. What is the main reason the amount you ate yesterday was less than usual?

- (1) Sickness
- (2) Short of money
- (3) Traveling
- (4) At a social function, special meal or on a special day
- (5) On vacation
- (6) Too busy
- (7) Not hungry
- (8) Dieting
- (9) Fasting
- (10) Bored
- (11) Stressed
- (12) Other reason: _____

8b. What is the main reason the amount you ate yesterday was more than usual?

- (1) Traveling
- (2) At a social function, special meal, or on a special day
- (3) On vacation or day off
- (4) Very hungry
- (5) Bored or stressed
- (6) Some other reason: _____

Now, I would like to know your health condition in the past year for reference.

9. Has a doctor ever told you that you have the following disease?

	(1) No	(2) Yes, I found out within this year	(3) Yes, I've had it for years	(8) Don't know/Not sure	(9) Refused
a. Cerebrovascular disease (Stroke)	[]	[]	[]	[]	[]
b. Parkinson's disease / Dementia	[]	[]	[]	[]	[]
c. Heart diseases	[]	[]	[]	[]	[]
d. Hypertension	[]	[]	[]	[]	[]
e. Chronic bronchitis / Pulmonary emphysema	[]	[]	[]	[]	[]
f. Asthma	[]	[]	[]	[]	[]
g. Pneumonia (type: _____)	[]	[]	[]	[]	[]
h. Pulmonary tuberculosis (TB)	[]	[]	[]	[]	[]
i. Intestinal ulcer	[]	[]	[]	[]	[]
j. Diabetes mellitus	[]	[]	[]	[]	[]
k. Arthritis	[]	[]	[]	[]	[]
l. Osteoporosis	[]	[]	[]	[]	[]
m. Mental disorder(s) (type: _____)	[]	[]	[]	[]	[]
n. Cancer (type: _____)	[]	[]	[]	[]	[]
o. Gout	[]	[]	[]	[]	[]
p. Other disease(specify: _____)	[]	[]	[]	[]	[]

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[For all **females** aged <60, go to Q 10.]
 [Other respondents: End of interview.]

10. Are you pregnant? (0) No (1) Yes (8) Don't know/Not sure (9) Refused
 11. Are you breastfeeding? (0) No (1) Yes (9) Refused

This is the end of the interview. Thank you! End time: |__|__| : |__|__| (am / pm)

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Interviewer Observation Form [Do not read these questions to the respondent.]

A. Who else helped in responding for this interview? (Circle all that apply)

- (0) No one
- (1) Sample person
- (2) Mother of sample person
- (3) Father of sample person
- (4) Wife of sample person
- (5) Husband of sample person
- (6) Daughter(s) of sample person
- (7) Son(s) of sample person
- (8) Sister(s) of sample person
- (9) Brother(s) of sample person
- (10) Grandparent(s) of sample person
- (11) Aunt(s) of sample person
- (12) Uncle(s) of sample person
- (13) Maid(s) of sample person
- (14) Someone else (specify) – other than interviewer _____

B. Did you or the respondent have difficulty with this intake interview?

- (0) No (1) Yes

C. What was the reason for this difficulty?

For office use only				
Date received:		Data entry:	Yes	No
Complete Questionnaire:	Yes No	Entered by:		
Missing data make up:	Yes No	Re-entry:	Yes	No
Verified by:		Entered by:		