

Population-based Food Consumption Survey of the People of Hong Kong 2005-07

Conducted for the Food and Environmental Hygiene Department
by the Chinese University of Hong Kong

DAY ONE INTAKE QUESTIONNAIRE

Sample Person ID: | _ | _ | _ | _ |

Interviewer ID: | _ | _ |

| _ | _ | : | _ | _ | (am / pm)
Time Started

Date of Interview: | _ | _ | - | _ | _ | -20 | _ | _ |
D M Y

| _ | _ | : | _ | _ | (am / pm)
Time Ended

Date of Intake: | _ | _ | - | _ | _ | -20 | _ | _ |
D M Y

Interview conducted at:
(1) Respondent's Home
(2) Survey Interview Centre
(3) Other location _____

Day: Mon / Tue / Wed / Thu / Fri / Sat / Sun

Are you the person most responsible for planning or preparing the meals in your household?
(0) No (1) Yes (9) Refused (8) Don't know/Not sure

General Introduction

Hello! I am _____ and I am an interviewer of the Chinese University of Hong Kong. We are commissioned by Food and Environmental Hygiene Department to conduct a Population-based Food Consumption Survey.

Today I would like to ask about your food consumption, your second interview. It will take about 40-45 minutes. Do you have any questions?

[Conduct 1st 24-hr recall interview, and use introduction on page two of that questionnaire.]

[Conduct food frequency interview and use introduction on page two of that questionnaire.]

24-hour Dietary Intake Questionnaire

Introduction:

This part of the interview is to enable us to find out what you have eaten the previous day. 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.

24-hour Dietary Intake Questionnaire

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, show hand card 1]

Did you eat these foods?

[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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24-hour Dietary Intake Questionnaire

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: _____

9. How could you describe your current dietary habit? [Show card]

- (1) No special diet, I eat almost everything
- (2) Vegetarian
- (3) Special diet: _____

Thank you for your cooperation!

Time ended: |__|__| : |__|__| (am / pm)

Measurements:

Height : |__|__|__|. |__| (cm)

Weight 1 : |__|__|__|. |__| (kg)

Weight 2 : |__|__|__|. |__| (kg)

24-hour Dietary Intake Questionnaire

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:		

提示咭 一 Card 1

您有沒有吃過以下食物？

- (1) 水
- (2) 其他飲品/飲料（汽水、果汁、茶、咖啡、酒…）
- (3) 零食／小食（薯片／馬鈴薯片、果仁、糖果、香口膠／口香糖、涼果…）
- (4) 水果
- (5) 蔬菜
- (6) 五穀類（粉、麵／麵條、飯／米飯、粥、麵包、餅乾、蛋糕…）
- (7) 肉類及家禽
- (8) 魚貝類/海鮮
- (9) 奶類
- (10) 點心／甜品
- (11) 其他食物

Did you eat these foods?

- (1) **Water**
- (2) **Other beverages (Soda, juice, tea, coffee, alcohol, etc.)**
- (3) **Snacks (Chips, nuts, candies, gums, dried fruits, etc.)**
- (4) **Fruit**
- (5) **Vegetable**
- (6) **Cereal (Pasta, rice, congee, bread, cake, biscuit, etc.)**
- (7) **Meat or poultry**
- (8) **Fish and seafood**
- (9) **Milk and milk products**
- (10) **Dim sum/dessert**
- (11) **Other food**

提示咭 二 Card 2

以下哪一項最能夠貼切形容您現在的飲食習慣？

- (1) 沒有特別節制飲食，我差不多甚麼都吃
- (2) 吃素／食齋
- (3) 特別飲食控制（請說明）

Which of the following best describe your current diet?

- (1) **No special diet, I eat almost everything**
- (2) **Vegetarian**
- (3) **Special diet (Please specify)**