Framingham Heart Study

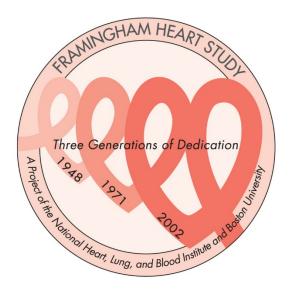
Manual of Procedures

MOP-version 1.0 August 22, 2018

Research Examination Center

Generation 3, Omni 2, NOS Cohorts Examination 3

Section #19.0 Food Frequency Data Collection





Tracking of Revisions to this FHS Protocol MOP

Revised Section	Date (s) of Revisions; source	Approved by, Date	Revisions	Previous Pages #s section changed	Distribution Date

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1.0 Guidelines for Review of Willett Food Frequency Questionnaire

The purpose of the Willet Food Frequency Questionnaire is to obtain information about what the participant usually eats and drinks. The questions review specific foods and portion sizes, to find out how often, on average, the specified amount was eaten or drunk during the past year. The Willet Food Frequency Form is completed prior to the participant's clinic visit.

Special arrangements may be made if the participant is illiterate, has problems reading, cannot read English, or is unable to answer the questions accurately due to physical or cognitive disabilities. This may be evident for example, the answer sheet has all circles filled out in the first column or is not filled out at all.

Participants complete FFQ in clinic:

- If they brought it in partially filled out and ask to finish it in clinic and/or they have time
 in clinic to finish it
- If they bring it to clinic blank and ask to fill it out in clinic and/or they have time in clinic to finish it
- Physically impaired, reading problems, illiterate, non-English speaker Cognitively impaired participants usually fill it out at home with whomever they live with. It is not completed in clinic as we don't know if we are getting correct answers, the participant gets too frustrated trying to answer and it takes too much time to fill out.
- 1. Check that there are no staples, rips, tears, or writing other than where indicated. If so, the form must be redone.
- 2. Make sure that the form is completed with a #2 pencil.
- 3. Check that circles are filled in completely no Xs, checkmarks, etc.
- 4. Check that a response has been filled in for every line, except as noted below. If never used, fill in that circle. The exceptions, which can remain blank, include:
 - a. section 2, if no other supplements are taken
 - b. section 14, if no other foods not listed elsewhere on the form are eaten at least once per week
- 5. Check that there is only one response for every line, except for:
 - a. section 5 (form of margarine or spread)
 - b. section 6, last item (Type of salad dressing)
 - c. section 9 (What kind of fat is usually used for frying)
 - d. section 10 (What kind of fat is usually used for baking)
- 6. For multi-vitamins (section 1), make sure the brand, the dose and how long taken is written in the spaces provided.

- 7. For teaspoons of added sugar (section 3), make sure that "0" is indicated if no sugar is added to food or beverages.
- 8. For other important foods (section 14),
 - a. make sure that what is written is not something that is already in another part of the questionnaire .
 - b. all extra foods are written in the numbered spaces (up to 3 items) with complete information.
- 9. Make sure to check for completeness of I.D. number.
- 10. Make sure to stamp the date on top when the participant brings in the form.

2.0 Instructions for Completing the Food Frequency Questionnaire

PLEASE READ

INSTRUCTIONS FOR COMPLETING THE FOOD FREQUENCY QUESTIONNAIRE

An important part of the Framingham Heart Study is the completion of this Food Frequency Questionnaire. It is designed to measure your dietary pattern over the past year.

Thank you so much for participating in this research study.

Please complete this form and bring it with you at the time of your appointment.

1. Please use a #2 pencil.

- 2. Do not leave any questions blank. Every line must have a circle colored in, except as noted below. If an item or section does not apply to you, please color in a circle that is labeled, "No" or "Never." The exceptions, which can remain blank, include section #2 (if you do not take other supplements) and section #14 (if you do not eat foods not listed elsewhere on the form at least once per week).
- 3. Please fill-in only one circle per item, except for section #5 (form of margarine or spread), last item of section #6 (Type of salad dressing) and sections #9 and #10 (What kind of fat is usually used). These questions ask about the form or types of fats *typically* used so one response is ideal, but if more than one type of fat is frequently used, then multiple responses are allowed.
- 4. Make sure that all erasures are complete.

Thank you for taking the time to fill out this form.