Food Frequency Questionnaire

Chengcheng Jia, 12:00-12:50 Friday

Food frequency questionnaire is the most commonly used dietary assessment tool collect data for large population on a specific period of the time (depends on the research). Food groups on the questionnaire can vary from a dozen to 250 and it might or might not contain the portion size section. To be specific, there are several types of FFQ such as qualitative, semi-quantitative, and quantitative.

Article 1:

Summary:
In this research, there was no source of founding to disclose. The study purpose of this research is to examine weather there was a different reporting style between low-energy reporters and non-low-energy reporters in food group, food consuming frequency and portion sizes. There were 450 participants aging from 40-70 years old live in Maryland metropolitan area of Washington, DC who completed TEE and the first FFQ data used in the analysis. The result shows that people who are LERs tend to appear more bias on their FFQ on food groups, food consuming frequency and portion sizes; but not necessarily differ in sexes. However, there are limitation to it: it is hard to estimate portion sizes in mixed meals and there is no cause-effect explanation for this result.

Critical thinking:
The benefits of FFQ assessment method are easy to obtain data from large amount of population (450 people) because it is self-reported And it’s also easy to analyze data; it is using Diet*Calc for analyzing the data. The third benefit is that it is more representative of usual intake; in this case, the from September 1999 to March 2000, the food group intake was collected.
The three consequences from using this assessment tool are that sexes doesn’t play a important role in self-reporting, social desirability is a factor to self-reporting type of surveys, long-term reports are more representative than short-term reports.
Compare to 24 hour recall, it is more focused on long period of food intake, thus it's more comprehensible.

Article 2

Summary:
This research was funded by Alliance for Global Sustainability Programs. According to the authors, the study purpose of this study was to investigate the food and energy consuming among males and females in the population of 230 adult villager from northwestern Bangladesh. The results show that males consume more females in the following categories: animal foods, fresh vegetables, fruits, and purchases foods. This could explain why women in those area are more susceptible on micronutrient deficiencies. However, the limitations are some small amounts of ingredients rarely change everyday and seasonality of dietary eating pattern is one other small factor.

**Critical thinking:**
The benefits of FFQ assessment method are easy for analyzing data because they are in food groups rather than foods in details. And it’s a good tool for assessing the relationship between food intake and micronutrient deficiency among gender difference in developing country. Third, it’s a good tool for surveys that lasts relatively a long time, in this case February and November 2000. The consequences of the assessment include: it is useful for future references about gender difference in consuming food energy in developing counties, clear to see the energy difference among males and females, provide a tool for future government regulate. Compare FFQ to dietary record, it is easier to record food groups intake frequency than write down every detail of foods. But it is hard to tell what specific nutrients are consume.

**References:**

Validity indicates how truthful the research results from using dietary assessment tool are. Reliability means that how accurate the results that obtained from a specific dietary assessment tool are over time under population wise. In both validation studies, the assessment they used are FFQ. Population: 50 women (age 40-59 years old) from a breast cancer screening center; 217 middle-ages men in Finland; 173 female registered nurses; Caucasian women aging (37-66, 29-27); person over 65; children age (4-8 years); black and white adults aged 24-50; women age 45-70; 55 black and white preschool children aged 3-5 years; Japanese and Caucasian women over 44 years old; cancer patients; No, they didn’t identify LERs or non-LERs. Conclusion: the reliability of FFQ were better than 24-hour recalls but the validity of FFQ is inconsistent. But the downside is that information is limited by the food list and the completeness. But still FFQ is a better tool for large population and long-term effects of diet on people’s health.