

Individual Diet Glossary

24-hour recall: Short-term self-report tool aimed at capturing a comprehensive and detailed accounting of all foods, beverages, and in some cases, supplements, consumed on a given day. May reflect the prior day from midnight-to-midnight or the prior 24 hours. May be administered using a multiple-pass method to facilitate accurate recall.

Biomarker: Biological products that may provide indications of nutritional status or intake of particular dietary components

Calibration: Use of a reference dietary assessment measure to adjust for error in data from the main dietary assessment measure administered in a study or evaluation. For example, recovery biomarker data collected from a subsample may be used to adjust for error in self-report dietary intake data.

Cognitive abilities: The capacity to learn, remember, and pay attention.

Contextual factors: When, where, and with whom children consume meals and snacks, as well as other activities, like the use of tablets or other mobile devices children engage in while eating.

Day-to-day variation: Temporal variation in intake across days. Considered a source of error when our goal is to measure usual intake, even though it doesn't mean that individuals have misreported their intake for the given day. Related to dynamism.

Dietary behaviors: Dietary intake and related behaviors, such as snacking and meal skipping.

Dietary intake: Intake from foods, beverages, and potentially supplements. Information on dietary intake may be linked to databases to elicit information on intake of nutrients, food groups, or other components.

Dietary patterns: The combination of foods and beverages that constitute an individual's dietary intake over time.

Dietary supplement: Vitamins, minerals, herbs or other botanicals, amino acids, and other substances taken orally, which are intended to supplement the diet.

Dynamism: Variation in our eating patterns across days, seasons, and the life course.

Food frequency questionnaire: Long-term self-report tool that queries frequency of consumption of a pre-determined list of foods and beverages, and sometimes supplements, over a long period of time, such as a month or year. May include portion size information.

Food record: Short-term self-report tool that requires children or proxies to record in real time all foods, beverages, and potentially supplements consumed over one or more days.

Individual Dietary Behavior: For the purpose of these learning modules, dietary behavior is conceptualized primarily as dietary intake, though related dietary behaviors and attitudes (e.g., frequency of snacking) that may be relevant to the study of childhood obesity are also addressed. Generally speaking, dietary intake refers to the foods, beverages and, potentially, supplements consumed by individuals and populations.

Literacy: Ability to read and write.

Long-term self-report dietary assessment tools: Intended to capture habitual or average diet over a relatively long period of time, such as a month or year. Include food frequency questionnaires and screeners.

Measurement error: The difference between a true value and the value obtained by a measure.

Multidimensionality: A characteristic of dietary patterns encompassing different foods, beverages, and possibly supplements, each with their own nutrient profile, that may interact synergistically or antagonistically to influence our health. Related to dietary patterns.

Multiple-pass method: A method for collecting 24-hour recalls that uses multiple passes, such as a quick list, detail pass, and forgotten foods pass, to prompt memory and facilitate accuracy of recalled intake.

Numeracy: Ability to understand and manipulate numbers.

Objective measure: Marker of true intake, such as recovery biomarkers, observation of eating occasions, or unobtrusive weighing of amounts served and plate waste.

Proxy reporting: Provision of data on dietary behaviors by someone other than the person of interest. The extent to which the proxy has first-hand knowledge of the person of interest's diet can impact the accuracy of reporting, as can other sources of bias such as social desirability and reactivity.

Random error: Measurement error in which observations depart from truth in either direction (under- or over-estimation). Can be addressed using repeat measures and statistical modelling.

Reactivity: Tendency to change one's behavior in response to monitoring or the expectation of being measured.

Recall bias: Lapses in memory, either short-term in reporting of intake for a recent period (e.g., yesterday) or long-term in reporting of intake for a longer period (e.g., the past year).

Recovery biomarkers: Biological products that provide unbiased estimates of true intake. Identified for energy (doubly labeled water) and protein, potassium, and sodium (based on 24-hour urine collection).

Reliability: Consistency with which a behavior is measured. Related to random error.

Retention interval/recency: The length of time between the dietary behavior of interest and reporting of that behavior.

Screeners: Brief long-term self-report instrument that focuses on intake of particular foods or beverages or other dietary behaviors. Does not capture total diet.

Self-report measure: A measure that depends upon children and/or their proxies to report (recall or record) their dietary intake or related behaviors.

Short-term self-report dietary assessment tools: Intended to capture the total diet in rich detail over a day or a few days. Include 24-hour recalls and food records.

Social desirability bias: Tendency to respond in a way perceived to be socially desirable. For example, consumption of foods and beverages perceived as less healthy may be under-reported whereas consumption of foods and beverages perceived as healthier may be over-reported.

Systematic error: Measurement error that occurs in a consistent direction such that the data systematically deviate from truth and are biased toward either under- or over-reporting. Also known as bias. Can be addressed only in cases in which true intake is known.

True intake: Unbiased or nearly unbiased measure of intake based on objective marker such as recovery biomarker or observation.

Usual intake: Habitual or average diet over time.

Validation study: Studies to assess the extent of error in self-report measures, potentially using recovery biomarkers or observation to ascertain true intake.

Validity: Ability of a measure to assess the intended construct (i.e., the extent to which a measurement reflects true dietary behavior). Related to systematic error.