Diet Quality of Preschool Aged Children in Family Child Care Homes

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DIET QUALITY OF PRESCHOOL AGED CHILDREN IN FAMILY CHILD CARE HOMES

BY

MAGGIE YOU MING TSAI

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
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MASTER OF SCIENCE THESIS

OF

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2017
ABSTRACT

Diet quality of preschool-aged children in family child care homes

Background: Although family child care homes (FCCH) are the second most utilized form of non-relative child care in the US, little is known about what children eat in this setting.

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Participants/setting: Family childcare providers completed a demographic survey. Preschool-aged children (n = 124; 2-5 years old) enrolled in 43 FCCH, were observed during two meals and a snack each day for two days, following a standardized protocol.

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Statistical analyses: One-sample t-tests and one-sample sign tests tested for differences between mean food group amounts consumed compared to the national guidelines. Spearman’s correlations were run to examine the association between acculturation, income and education on food groups.

Results: Median and mean intakes of several foods groups did not meet recommendations. Children did not meet the recommended 0.67 cup of vegetables (Mdn = 0.20 cup, 42% of recommendation) (p<.001), 1.0 ounce of whole grains (Mdn = 0.25 ounce, 35% of recommendation) (p<.001), 9.34 grams of fiber (5.64±2.15 gram, 60% of recommendation) (p<.001) and exceeded the recommended 1.0 ounce of refined grains (1.69±0.77 cup, 169% of recommendation) (p<.001). Discretionary calories (17.14±7.02 % kcal), percent of calories from added sugars (Mdn = 6.28 % kcal) (p<.001), percent of calories from saturated fat (Mdn = 7.83 % kcal) (p<.001), and (834.86±317.33 mg) sodium (p<.001) did not exceed recommendations. There was a significant positive association with whole grain intake and acculturation, $r =0.315, p <.05$.

Conclusion: Dietary intake of children cared for in FCCH was not consistent with national recommendations for vegetables, whole grain, and refined grain intake. Future research should continue to develop and evaluate strategies to increase fruit, vegetable and whole grain intake in this setting.
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PREFACE

This thesis was written to comply with the University of Rhode Island graduate school manuscript thesis format. This thesis contains one manuscript: Diet Quality of Preschool Aged Children in Family Child Care Homes. This manuscript has been written in a form suitable for publication and is prepared for submission to the *Journal of the Academy of Nutrition and Dietetics*.

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Diet Quality of Preschool Aged Children in Family Child Care Homes

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INTRODUCTION

According to recent estimates, approximately one in four preschool-aged children, ages 2 to 5, are overweight or obese.¹ Contributing to this problem are dietary patterns high in energy dense foods and beverages, and low in fruits, vegetables and whole grains.²,³ Since food preferences develop during early childhood,⁴-⁶ and contribute to healthy dietary patterns that can track into adulthood,⁷ it is critical to support healthy food environments where children are spending their time.

The child care environment is an ideal setting to promote a healthy environment,⁸ given that in the US, 60% of children under five years old receive non-parental care, 24% of which are enrolled in non-relative care. Many of these children are enrolled in family child care homes (FCCH), a form of childcare operated from the home of a non-relative. Children under five years of age spend an average over 26 hours a week in this setting,⁹ and are recommended to obtain 1/2 to 2/3 of their daily nutrients, depending on their age, if enrolled full-time or part-time, respectively, from meals and snacks consistent with the Dietary Guidelines for Americans (DGA) served in child care.¹⁰-¹² Furthermore, while the home environment plays a considerable influence on children’s dietary habits,¹³,¹⁴ child care settings are subject to nutritional regulations and policies, and supported by federal programs, such as the Child and Adult Food Program (CACFP).¹⁵ Having this institutional structure could support healthy nutrition environments by targeting specific nutrition-related attitudes or practices of family child care home providers (FCCP) in professional education and training programs.¹⁶

Of the studies that have explored what children are eating in childcare, most have focused on menu evaluations,¹⁷-²¹ and observed foods served²⁰,²² and almost all have been
conducted in childcare centers.\textsuperscript{23-25} These studies found that children in childcare centers are consuming enough vegetables and whole grains but too much saturated fat, sodium and added sugar consumption.\textsuperscript{24,25} Studies, however, of what children are eating in FCCH are limited.

Given that in Rhode Island, at least 40\% of FCCP identify as Hispanic, it is important to consider acculturation as possible contributor to the foods they choose to serve. It is well known that the healthfulness of the traditional Latino diet, which is high in legumes, fruit,\textsuperscript{26,27} tends to deteriorate with the acculturation process due to both changes in the environment and social factors.\textsuperscript{28,29} Some aspects of this dietary acculturation refers to the multi-dimensional process in which immigrants adopt, negotiate, and alter food attitudes and beliefs from the dominant culture that can result in changes to dietary consumption.\textsuperscript{30} As caregivers acculturate to the US, their consumption of energy-dense snacks and sweetened beverages in children increases.\textsuperscript{31,32} Furthermore, several studies report differences in fruit juice and sugar sweetened beverages consumed by ethnicity; Hispanic/Latino and African-American children disproportionately participate in these unhealthy dietary behaviors than their white counterparts.\textsuperscript{33-36} Therefore, higher levels of acculturation could potentially influence increased dietary consumption of fruit juice, sugar sweetened beverages and energy-dense foods in FCCH. A recent study with FCCP found that provider ethnicity was related to certain nutritional practices.\textsuperscript{16} Furthermore, focus groups with Hispanic and Latino FCCP also indicate the potential influence of culture on foods served by providers to children in their care.\textsuperscript{37-39} The relationship between acculturation, culture, and ethnicity is complex and
multifaceted, therefore, examining acculturation could add nuance to understanding dietary intake and ethnicity.

Given the limited number of studies on what children are consuming in FCCH it is important to examine this and explore if the foods they are consuming adhere to the DGA 2015. Furthermore, it is important to explore factors, such as acculturation, that may influence what FCCP serve. This information could inform contextual-based strategies to maintain or improve healthy eating environments in FCCH. Therefore, the aim of this study was to compare meals and snacks consumed by preschool aged children (2- to -5 years of age) in FCCH (n = 43) to the DGA 2015 food pattern recommendations. We also explored the association between FCCP acculturation and dietary consumption by children enrolled in FCCH.
METHODS

Sample

This cross-sectional study used a subset of baseline data collected between January 2016 and November 2016 from 124 children from 43 FCCH from an ongoing cluster randomized controlled intervention conducted by Brown University Healthy Start/Comienzos Sanos Study (1R01 HL123016; “Improving Nutrition and Physical Activity Environments in Home-based Child-care”). The secondary data analysis has been approved by the Institutional Review Board at University of Rhode Island, and the main trial has been approved by the Institutional Review Board at Brown University.

Rhode Island FCCP were recruited for the main trial through community organizations. For the main trial, eligible FCCP had to read and speak English or Spanish, continue operations open for at least the next year, provide meals and snacks for at least three eligible children, and required a working phone. Providers were excluded from the study if FCCH closed for more than a month during the study. Providers were contacted to participate in the trial and completed an eligibility survey. If eligible, the FCCP completed part of the baseline survey on the phone. Later, FCCP complete the remainder of the survey with a Field Coordinator, who also leaves written consent forms for the parents of eligible children in the FCCH. Parent consent is required for children to be observed by research staff members during the two day in-home observation. To be eligible this study, children needed to be aged 2-5 years old and enrolled in FCCH during the observational period and consented by their parents.

Dietary Observation
Field observers trained and certified in the Dietary Observation in Child Care (DOCC) visually estimated the amounts of foods served and consumed by each child in FCCH, and documented a brief description of the type of foods and the quantities of foods served, dropped, traded or added during meals and snacks served in the morning and afternoon. Direct observation has been shown to be a valid and reliable measure of assessing children’s food and beverages in childcare. Post-observation, observers clarified additional details on brands and/or cooking methods with providers. Per protocol, an observer can only accurately and reliably assess three children at a time, therefore, when more than three children were present, two observers collected the data. To prevent estimation drift, staff observers conducted in-house trainings quarterly.

A registered dietitian reviewed records prior to data entry through Nutrition Data System for Research 2015 (NDSR 2015). Certified data entry assistants entered foods consumed by children into NDSR 2015 (University of Minnesota Nutrition Coordinating Center, Minneapolis, MN), generating nutrient values through a reliable, consistent method of imputing data for missing food details not captured during documentation. Nutrients outputs from the software included macronutrients and United States Department of Agriculture (USDA) defined food pattern equivalents. These food pattern equivalents were summed into food groups defined by the DGA 2015 using equations adapted from the Healthy Eating Index 2010 from publicly available SAS codes (Appendix G).

Details regarding specific food items with corresponding food pattern equivalent groups are described in the extended methods in Appendix B.

Dietary Guidelines for Americans 2015 Food Groups
To compare daily recommendations found in the DGA 2015 to the recommended 2/3 amount to be consumed in childcare settings, 2/3 of the 1000 calorie Healthy Food Pattern recommendations for 1-to 3- year old age group were used as the reference standard.\textsuperscript{10-12} Two-thirds of the daily nutrient recommendations was chosen, since 135 of 201 observations of children from the on-going main trial consumed at least a breakfast, lunch, and snack, which corresponds to two-thirds of meals consumed in the day (Figure 1.). This age group recommendation was appropriate, since the mean age of children (2.9 years old) with available demographic data from the main trial (n = 170) fell within that age group (data not shown). Subheadings below indicate the food groups measures used to assess diet quality in terms of the DGA 2015.

\textit{Vegetable}

Vegetable consumption was assessed by summing food group pattern equivalents generated through NDSR 2015. As per the Dietary Guidelines for Americans 2015,\textsuperscript{12} fried white potatoes, including other starchy vegetables were included in this analysis. Vegetable consumption was measured by total cups of vegetables, based on the USDA Meal Pattern Equivalents.

\textit{Fruit}

Fruit contains both whole fruit and 100\% fruit juice (as consistent with the DGA 2015). Fruit was measured by total cups of fruits, based on the USDA Meal Pattern Equivalents. Fruit juice was not compared to a reference value, since 100\% fruit juice did not have specific recommendations according to the DGA 2015.

\textit{Grains}
The DGA 2015 recommends that 1/2 of grains should be whole. Total grain was calculated in addition to whole grains and refined grains. Total grain, whole grain and refined grains were measured in ounce equivalents.

**Dairy**

Dairy was reported in cups, and included low fat, fat free and full fat dairy sources.

**Protein**

Protein was calculated by summing up proteins from both animal and plant sources. Protein was measured in ounces.

**Oils**

Healthy fats were calculated by summing together mono-unsaturated fats (MUFA) and poly-unsaturated fats (PUFA) values together. This was reported in grams.

**Added sugars**

The DGA 2015 includes recommendations for no more than 10% of daily calories as added sugars. For this analysis, percent of added sugars was calculated by multiplying added sugars by total sugars in grams by their calories per gram (4 calories per gram) divided by total calories consumed multiplied by 100.

**Macronutrients**

Overall calories, percent of calories from saturated fat, percent of calories from added sugars and discretionary calories were determined by summing the total calories obtained from solid fat and added sugars and divided by the total caloric consumption. Dietary fiber was reported in grams.

**Acculturation**
Language spoken at home at in childcare was chosen as a proxy measure for acculturation, which has been previously used in prior studies on acculturation,\textsuperscript{42-44} and is known to be a strong predictor of acculturation.\textsuperscript{41,45} Response categories were collapsed: “Spanish only” and “Other” was coded as a proxy for being less acculturated as 0, and more than one language spoken “English only”, “Both, more English than Spanish”, and “Both, equal amounts of time” and “Both, more Spanish than English” as 1.

\textit{Income}

Income response categories were also collapsed into two groups: “Less than $25,000 income” was coded as 0, indicating lower income, and “$25,001 - $50,000” and “$50,000 – $75,000” were combined together to form “$25,001 – $75,000” and coded as 1.

\textit{Education}

Education was also coded by collapsing response categories on the item: “less than high school diploma” and “high school or GED” as 0, and grouping “Associate’s degree or equivalent” and “Bachelor’s degree” as 1.

\textit{Statistical Analyses}

Analyses were conducted at the FCCH group level. All descriptive statistics on food group variables were conducted by FCCH, and not by individual child. Normality was assessed visually and by examining skewness and kurtosis. For normal variables, a one-sample \textit{t}-test was used to compare means of food group variables compared to DGA recommendations for FCCH. A one-sample sign test was run to compare medians of non-normally distributed food group variables compared to the DGA recommendations for FCCH. The primary aim was sufficiently powered at $\beta = .80$ with a sample size of 22.
FCCH. Since analyses were not adjusted for multiple comparisons, the statistically significant threshold was set at $p < 0.01$.

Spearman’s correlations were run to examine the association between acculturation, income and education on legumes, vegetables, fruit, juice, whole grains, refined grains, percent of calories from discretionary calories, and percent of calories from added sugars. These foods were previously chosen in the literature on acculturation and dietary intake, and were feasibly measured in our study.\textsuperscript{46}
RESULTS

Demographics

All FCCP (100%) were female, with a mean age of 50.8 years. Family child care home providers identified as Hispanic/Latino (95%), Dominican (75%), spoke only Spanish at home outside the child care business (50%), and were not born in the US (97%), and lived for a mean of 11 years in the United States. Almost all of FCCP reported “More Spanish than English” as the language spoken to children in their care (41%) (Table 1).

Over one quarter of FCCPs reported attaining GED or high school degrees (35%) or an Associate’s degree (35%), however, only two FCCP reported having an additional child development degree (11%) (Table 1). Over half reported an annual household income of $25,000 - $50,000 (62%), were married (70%), and most participated in the CACFP program (88%).

Over half of children were male (52.35%), and the average age of children were 2.9 years.

Comparison of mean food group consumed to recommendations

Food groups consistent with DGA 2015

Children met the recommendation for fruit and total grain consumption while in FCCH (0.5 vs. 0.7 cups, 2.0 vs. 2.0 oz equivalents, respectively) (Table 2, Table 3). On average, about 0.2 cups or 1.3 fl oz of 100% fruit juice was being consumed by children. Sodium (834.9 vs. 773.5 mg; p < 0.001), percent of calories from added sugars (6.3 vs. 10.0 % kcal; p < 0.001), and percent of calories from saturated fats (7.8 vs. 10.00 % kcal; p < 0.001) did not exceed recommendations. Discretionary calories also (17.1 vs. 15.0 % kcal) did not exceed recommendations (Table 2, Table 3).
**Food groups inconsistent with recommendations**

Overall average consumed calories (564.7 vs. 667.7 kcal; \( p < 0.001 \)) were lower than recommendations. Children’s vegetable (0.2 vs 0.7 cups; \( p < .001 \)), whole grain (0.3 vs. 1 oz equivalents; \( p < 0.001 \)), dietary fiber (5.6 vs. 9.3 grams), and healthy oil (7.4 vs. 10 grams; \( p < 0.001 \)) consumption was lower than the recommended consumption. In addition, children were not meeting recommendations for both protein (0.9 vs. 1.3 oz equivalents; \( p < 0.001 \)) and dairy (0.8 vs. 1.3 cups; \( p < 0.001 \)) ([Table 2, Table 3]).

**Exploring the association between acculturation, income, education and dietary consumption**

All correlations conducted between acculturation, income, and education are reported in [Table 4]. There was a significant positive association with whole grain intake and acculturation, \( r =0.315, p <.05, \) as measured by the proxy measure language. Vegetables and education level were also significantly positively correlated, \( r = 0.353, p <.05. \) and juice and education level were significantly negatively correlated \( r = -0.324, p <.05. \) Medians of significantly correlated items were then compared using Kruskal-Wallis tests. However, once adjusted for multiple comparisons with a Bonferroni correction, the results were no longer significant ([Table 5]).
DISCUSSION

The goal of this study was to describe what children are consuming in FCCH relative to the DGA 2015. We found that overall, children are meeting recommendations for fruit, total grains, sodium, percent of calories from added sugars, percent of calories from saturated fat, and percent of calories from discretionary calories. However, children are not meeting recommendations for vegetables, whole grains, refined grains, dairy, protein, healthy oils, and dietary fiber according to the DGA 2015, which is consistent with previous studies conducted in center-based care.\textsuperscript{24} Given the limited number of studies exploring what children are consuming in FCCH, these findings highlight important areas for improvement and possible directions for future interventions.

Contrary to our hypothesis, children were not exceeding the amount of unhealthy food groups such as sodium, added sugars, saturated fat and discretionary calories while in FCCH. These findings are in contrast to prior studies completed in child care centers whereby children were served and consumed these food components in excess.\textsuperscript{24,25,47} A recent study in child care centers that included Head Start centers, showed that children were being served very few whole grains, and consumed too much saturated fat, sodium during lunch.\textsuperscript{24} Although this study was not comparing intake to the DGA, this is of importance, since the significant body of literature supporting these policies examine center-based care,\textsuperscript{24,48-50} rather than FCCH. Our findings were unexpected, indicating that more research is needed to understand the food environment and dietary consumption in FCCH. In addition, future studies should examine differences between nutritional recommendations regulating family child homes, center based care, and national CACFP dietary recommendations across states and the impact of these policies in FCCH.
Although we did not assess or control the effects of participating in the CACFP program, it is possible that the CACFP guidelines may play an important role with regards to what food are being served. For example, prior research in RI indicate that CACFP participating centers reported serving more nutritious foods, while non-CACFP center providers reported accessing and recognizing healthier foods. Although there is limited evidence on the effect of CACFP participation on the nutritional quality of consumed in FCCH, nutritional requirements differ across states by CACFP participation status. However, in RI, licensing requirements established in 2007 for FCCH require all homes, regardless of CACFP participation status, to adhere to the CACFP meal pattern requirements. Our findings that children are not consuming enough vegetables, whole grains and dietary fiber, highlight the importance of ensuring that the new CACFP meal pattern guidelines be implemented with hopes of improving consumption of these foods. Specifically, the new guidelines allow more flexibility to serve vegetables during mealtimes, where there are more opportunities for providers to increase the variety of vegetables being served to children. The current guidelines allow two types of reimbursable vegetables to be served during lunch and dinner. Our results also suggest that refined grains may be displacing whole grains, and could contribute to low whole grain consumption. The new CACFP guidelines could also help reduce refined grain consumption, by excluding grain based desserts from reimbursable meal patterns. In addition to the possible impact of new policies, it will be important to consider interventions and training specific to improving vegetable and whole grain consumption that are consistent with federal nutritional recommendations for children in this age group. In RI, providers are required to attend one orientation with the Department of
Youth, Children, and Families prior to licensure. In addition, it is recommended that they attend additional professional development trainings offered by community organizations. It is also recommended, although not required that they utilize online resources offered by the Rhode Island Department of Education, which includes topics of nutrition. Incorporating more specific information on ways to increase vegetable and whole grain consumption within these trainings, can be used to support healthy dietary habits among preschool aged children. Furthermore, it is important to continue to investigate barriers to vegetable, whole grains being served and consumed in FCCH.55

In exploratory analysis, we found that acculturation level of FCCP was associated with dietary consumption of the children they cared for. Our study found a significant, positive association with whole grain intake and acculturation. Given the limited number of studies exploring this association in FCCP and children in their care, it is difficult to compare our findings to the literature. Although no study, to our knowledge, has reported on the effects of childcare provider acculturation on whole grain consumption by preschool-aged children, other studies have explored the relationship between generational status and whole grain consumption. For example, in a study with Mexican-American adolescents, higher whole grain consumption was associated with increasing generational status.56 Other studies of the general population indicate that acculturation is both a protective and a risk factor to healthy dietary habits in Latino populations, associated with higher consumption of fruits and vegetables, and higher rates of energy dense food consumption, increased whole grain intake.28,29,46,57 Our results suggest that childcare provider acculturation may play a role in specific types of healthy and unhealthy food groups consumed, and should be further explored.
We also found a positive association with vegetables and education level, and a negative association with juice and education level. Although there are no studies, to our knowledge, of FCCP educational level and dietary intake, one study with childcare centers found that teacher? education was significantly positively associated with better knowledge of nutrition and health.\textsuperscript{58} Given that educational level of adults has been shown to be a significant predictor of nutrition knowledge,\textsuperscript{59} investigating the effects of education, acculturation, and nutrition knowledge on the types of healthy and unhealthy food groups consumed within early child care settings will be important.

\textit{Limitations and Strengths}

This study was not without limitations and results should be interpreted in context of social and environmental factors. The cross-sectional design of our study limits the ability to draw causal inferences. In addition, our sample was primarily composed of Dominican FCCP with a mean age of 50 years old recruited in the greater Providence, RI area. Although social desirability bias cannot be discounted when interpreting our results, observation is the gold standard to assess dietary consumption of children in childcare.\textsuperscript{41,60,61} Our study did not account for foods served in childcare, which could be compared to foods consumed. Examining whether children were consuming certain food groups due to what was being served could show us whether the provider acts as a nutritional gatekeeper through purchasing or food preparation decisions, or through how the food is being served to children (i.e. feeding practices). Future studies should also examine differences between foods served and consumed when assessing dietary quality in this setting.
Due to the limited sample size, we were unable to adjust for the confounding effects of education, income, ethnicity on acculturation. In addition, we used proxy measures of acculturation, which may not fully capture acculturation. More comprehensive measures of acculturation exist that account for community-level factors influencing acculturation status, such as preferred media and interactions with friends and family, which could better capture multi-directional nuances of acculturation.\textsuperscript{62}

To our knowledge, only one study\textsuperscript{63} has reported dietary consumption in FCCH. Our study contributes novel findings on dietary consumption in FCCH, and has direct implications for nutritional guidance in FCCH and directions for future research and training regarding specific food groups in this environment.

**Conclusion**

Generally, children in this sample of FCCH are meeting recommendations for saturated fat, added sugars, sodium, and discretionary calories, suggesting that uniform nutritional recommendations between FCCH and center-based care could be contributing to some food group adherence of DGA 2015 in RI. However, the children in this study are not consuming enough whole grains, vegetables and consuming too many refined grains, indicating that the current updates to CACFP and national dietary guidance to improve whole grain and vegetable consumption are supported for this age group. Although more research is needed, these findings contribute to the evidence base for improving dietary recommendations and regulations in FCCH. Future research should examine FCCH nutritional recommendations and national guidance on dietary consumption.
REFERENCES


18. Oakley CB, Bomba AK, Knight KB, Byrd SH. Evaluation of menus planned in Mississippi child-care centers participating in the Child and Adult Care Food Program. *J Am Diet Assoc.* 1995;95(7):765-768.


58. Song WO, Song S, Nieves V, Gonzalez A, Crockett ET. Nutritional health attitudes and behaviors and their associations with the risk of overweight/obesity
among child care providers in Michigan Migrant and Seasonal Head Start centers.


Table 1. Descriptive characteristics of family child care home providers (n = 43)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Female (n, % of FCCH)</td>
<td>43 (100)</td>
</tr>
<tr>
<td>Age, mean± SD, (range)</td>
<td>50.81±6.99 (34-65)</td>
</tr>
<tr>
<td>Years lived in US, mean±SD, (range)</td>
<td>11.62±5.43 (1-27)</td>
</tr>
<tr>
<td>Hispanic/Latino, (n, % of FCCH)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>41 (95.4)</td>
</tr>
<tr>
<td>No</td>
<td>2 (4.6)</td>
</tr>
<tr>
<td>Provider language spoken in own household (n, % of FCCH)</td>
<td></td>
</tr>
<tr>
<td>English only</td>
<td>1 (2.4)</td>
</tr>
<tr>
<td>Spanish only</td>
<td>21 (50.0)</td>
</tr>
<tr>
<td>Both, more English than Spanish</td>
<td>1 (2.4)</td>
</tr>
<tr>
<td>Both, equal amounts of time</td>
<td>4 (9.5)</td>
</tr>
<tr>
<td>Both, more Spanish than English</td>
<td>14 (33.3)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (2.4)</td>
</tr>
<tr>
<td>Provider language spoken in childcare (n, % of FCCH)</td>
<td></td>
</tr>
<tr>
<td>Spanish only</td>
<td>2 (4.7)</td>
</tr>
<tr>
<td>Both, more English than Spanish</td>
<td>14 (32.5)</td>
</tr>
<tr>
<td>Both, equal amounts of time</td>
<td>2 (4.7)</td>
</tr>
<tr>
<td>Both, more Spanish than English</td>
<td>7 (16.3)</td>
</tr>
<tr>
<td>English only</td>
<td>18 (41.8)</td>
</tr>
<tr>
<td>Hispanic cultural identification (n, % of FCCH)</td>
<td></td>
</tr>
<tr>
<td>Dominican</td>
<td>31 (75.6)</td>
</tr>
<tr>
<td>Colombian</td>
<td>2 (4.9)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (7.32)</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>1 (2.4)</td>
</tr>
<tr>
<td>Guatemalan</td>
<td>1 (2.4)</td>
</tr>
<tr>
<td>Mexican</td>
<td>3 (7.3)</td>
</tr>
<tr>
<td>Country Born In (n, % of FCCH)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>42 (97.7)</td>
</tr>
<tr>
<td>United States</td>
<td>1 (2.3)</td>
</tr>
<tr>
<td>CACFP Participation (n, % of FCCH)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>38 (88.4)</td>
</tr>
<tr>
<td>No</td>
<td>5 (11.6)</td>
</tr>
<tr>
<td>Education (n, % of FCCH)</td>
<td></td>
</tr>
<tr>
<td>&lt; High school diploma</td>
<td>10 (23.3)</td>
</tr>
<tr>
<td>High school or GED</td>
<td>15 (34.9)</td>
</tr>
<tr>
<td>Associates degree or equivalent</td>
<td>15 (34.9)</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>3 (6.9)</td>
</tr>
<tr>
<td>CDA (Child Dev.) Credential (n, % of FCCH)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2 (11.1)</td>
</tr>
<tr>
<td>No</td>
<td>16 (88.9)</td>
</tr>
<tr>
<td>Annual Household Income (n, % of FCCH)</td>
<td></td>
</tr>
<tr>
<td>Less than $25,000</td>
<td>11 (25.6)</td>
</tr>
<tr>
<td>$25,001 - $50,000</td>
<td>27 (62.8)</td>
</tr>
<tr>
<td>$50,001 - $75,000</td>
<td>5 (11.6)</td>
</tr>
<tr>
<td>Marital Status (n, % of FCCH)</td>
<td></td>
</tr>
<tr>
<td>Single, never married</td>
<td>4 (9.3)</td>
</tr>
<tr>
<td>Married or living with partner</td>
<td>30 (69.8)</td>
</tr>
<tr>
<td>Divorced</td>
<td>4 (9.3)</td>
</tr>
<tr>
<td>Separated</td>
<td>2 (4.7)</td>
</tr>
<tr>
<td>Widowed</td>
<td>3 (6.9)</td>
</tr>
<tr>
<td>Food group and subgroup</td>
<td>Mean±SD</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Energy (kcal/day)</td>
<td>564.68±145.96***</td>
</tr>
<tr>
<td>Vegetables (cp/day)</td>
<td>0.28±0.22</td>
</tr>
<tr>
<td>Fruits (cp/day)</td>
<td>0.73±0.6</td>
</tr>
<tr>
<td>Grains (oz/day)</td>
<td>2.04±0.78</td>
</tr>
<tr>
<td>Whole grains (oz/day)</td>
<td>0.35±0.34</td>
</tr>
<tr>
<td>Refined grains (oz/day)</td>
<td>1.69±0.77***</td>
</tr>
<tr>
<td>Dairy (cp/day)</td>
<td>0.89±0.45</td>
</tr>
<tr>
<td>Protein (oz/day)</td>
<td>1.05±0.68</td>
</tr>
<tr>
<td>Oils (g/day)</td>
<td>8.46±3.68</td>
</tr>
<tr>
<td>Dietary Fiber (g/day)</td>
<td>5.64±2.15***</td>
</tr>
<tr>
<td>Sodium (mg/day)</td>
<td>834.86±317.33***</td>
</tr>
<tr>
<td>Added sugars (% kcals/day)</td>
<td>7.55±5.61</td>
</tr>
<tr>
<td>Saturated Fat (% kcal/day)</td>
<td>8.34±3.07</td>
</tr>
<tr>
<td>Discrete kcals (% of kcal/day)</td>
<td>17.14±7.02</td>
</tr>
</tbody>
</table>

*a normally distributed variable assessed using a one-sample t-test
b non-normally distributed variable assessed using a one-sample sign test
kcal = kilocalories; cp = cup(s); oz = ounce equivalents; g = grams; mg = milligrams; % kcals = % of kilocalories
*p<0.05; **p<0.01; ***p <0.001

**Table 3.** Average daily 2/3 recommendations to be consumed in FCCH and % of daily recommendations consumed in FCCH (n = 43)

<table>
<thead>
<tr>
<th>Food group and subgroup</th>
<th>2/3 daily recommendationa</th>
<th>% of recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy (kcal)</td>
<td>667</td>
<td>85</td>
</tr>
<tr>
<td>Vegetables (cp)</td>
<td>0.667</td>
<td>42</td>
</tr>
<tr>
<td>Fruits (cp)</td>
<td>0.667</td>
<td>109</td>
</tr>
<tr>
<td>Grains (oz)</td>
<td>2</td>
<td>102</td>
</tr>
<tr>
<td>Whole grains (oz)</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>Refined grains (oz)</td>
<td>1</td>
<td>169</td>
</tr>
<tr>
<td>Dairy (cp)</td>
<td>1.34</td>
<td>67</td>
</tr>
<tr>
<td>Protein (oz)</td>
<td>1.34</td>
<td>79</td>
</tr>
<tr>
<td>Oils (g)</td>
<td>10</td>
<td>85</td>
</tr>
<tr>
<td>Dietary Fiber (g)</td>
<td>9.334</td>
<td>60</td>
</tr>
<tr>
<td>Sodium (mg)</td>
<td>1000</td>
<td>83</td>
</tr>
<tr>
<td>Added sugars (% kcals)</td>
<td>10</td>
<td>76</td>
</tr>
<tr>
<td>Saturated Fat (% kcal)</td>
<td>10</td>
<td>83</td>
</tr>
<tr>
<td>Discrete kcals (% of kcal)</td>
<td>15</td>
<td>114</td>
</tr>
</tbody>
</table>

*a based on 2/3 of a 1,000 calorie diet as recommended by the Dietary Guidelines for Americans 2015 for children 1-3 years old
kcal = kilocalories; cp = cup(s); oz = ounce equivalents; g = grams; mg = milligrams; % kcals = % of kilocalories
Table 4. Spearman correlations between food groups consumed in family child care home and FCCP socio-demographics (n = 42)

<table>
<thead>
<tr>
<th></th>
<th>Language (n = 42)</th>
<th>Income (n = 43)</th>
<th>Education (n = 43)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legumes (cp)</td>
<td>-0.178</td>
<td>0.020</td>
<td>0.104</td>
</tr>
<tr>
<td>Vegetables (cp)</td>
<td>0.049</td>
<td>0.006</td>
<td>0.353*</td>
</tr>
<tr>
<td>Fruit (cp)</td>
<td>0.138</td>
<td>0.077</td>
<td>-0.068</td>
</tr>
<tr>
<td>Juice (cp)</td>
<td>0.259</td>
<td>-0.026</td>
<td>-0.324*</td>
</tr>
<tr>
<td>Whole grains (oz)</td>
<td>0.315*</td>
<td>0.150</td>
<td>0.190</td>
</tr>
<tr>
<td>Refined grains (oz)</td>
<td>-0.067</td>
<td>-0.026</td>
<td>0.023</td>
</tr>
<tr>
<td>Percent discrete calories (% kcal)</td>
<td>0.122</td>
<td>-0.073</td>
<td>-0.004</td>
</tr>
<tr>
<td>Percent added sugars (% kcal)</td>
<td>-0.134</td>
<td>-0.099</td>
<td>-0.091</td>
</tr>
</tbody>
</table>

* kcal = kilocalories; cp = cup(s); oz = ounce equivalents; g = grams; mg = milligrams; % kcals = % of kilocalories
**p<0.05; ***p<0.01; ****p <0.001

Table 5. FCCP language and education on food group intake

<table>
<thead>
<tr>
<th></th>
<th>Language (n = 42)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spanish only (n = 22)</td>
<td>More than one language (n = 20)</td>
<td></td>
</tr>
<tr>
<td>Whole grains (oz)</td>
<td>Mean 0.25 Median 0.20 SD 0.22</td>
<td>Mean 0.48 Median 0.31 SD 0.40</td>
<td>p&lt;0.05b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Education (n = 43)a</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High school or less (n = 25)</td>
<td>Some college (n = 18)</td>
<td></td>
</tr>
<tr>
<td>Vegetables (cp)</td>
<td>Mean 0.21 Median 0.21 SD 0.18</td>
<td>Mean 0.36 Median 0.31 SD 0.24</td>
<td>p&lt;0.05b</td>
</tr>
<tr>
<td>Juice (cp)</td>
<td>Mean 0.30 Median 0.30 SD 0.36</td>
<td>Mean 0.06 Median 0.02 SD 0.09</td>
<td>p&lt;0.05b</td>
</tr>
</tbody>
</table>

* includes associate’s degree or equivalent and bachelor’s degree
a Kruskal-wallis test
b cp = cup(s)
*p<0.05; **p<0.01; ***p <0.001

Figure 1. Flow chart of eating occasion patterns breakfast, lunch, snack observations of children in FCCH from main study (ongoing data-set), n represents an observation.
APPENDIX A: REVIEW OF LITERATURE

Introduction

According to the socio-ecological framework for health promotion, biological, social, and environmental factors influence the development of childhood obesity. Contributing in part to this epidemic is the consumption of energy dense, low-fiber, and high fat foods. Since food preferences are established in early childhood, understanding the nutrition contexts in which children spend their time can inform childhood obesity prevention strategies. The scope of this literature review introduces childhood obesity and its disease prevalence and definitions, theoretical frameworks and factors influencing the development of the disease. Finally, this review provides a synthesis of the literature on diet quality and social factors (demographics, acculturation) in child care settings, focusing on family child care homes (FCCH), defined as home-based, non-child care by a non-relative.

Childhood Obesity – A Public Health Concern

Childhood obesity is a major public health crisis. According to National Health and Nutrition Examination Survey (NHANES) data from 2011-2014, approximately one in five preschool-aged (2-5 years old) children are overweight or obese in the United States (US). This is concerning, given that childhood overweight and obesity often tracks into adulthood, and increases the risk for chronic diseases like type 2 diabetes mellitus, cardiovascular disease, and some cancers. To prevent the development of such diseases, the United States Preventive Task force recommends screening for obesity in children older than six years of age and adolescents. Therefore, the Center for Disease Control and Prevention (CDC) has developed screening tools (e.g. indicators of adiposity) to diagnose childhood obesity.
Childhood (ages 2 to 19 years old) overweight and obesity is measured through body mass index (BMI), a measure of weight adjusted by height, which correlates to body fat.\(^9\) Body mass index can also predict future adiposity, morbidity, and mortality in children.\(^{10}\) In adults, absolute measures of BMI are used, where a BMI range of 18.5 to 24.9 indicates a healthy weight.\(^{11}\) However, due to periods of rapid growth and development in children, weight and height change with age and differ by sex.\(^{12}\) Therefore, to determine overweight and obesity in children, percentiles specific to age and sex are used.\(^{12}\) Currently the CDC defines childhood overweight by the 85\(^{\text{th}}\) to 94\(^{\text{th}}\) percentile, and childhood obesity by a BMI of 95th percentile, or BMI of $\geq 30 \text{ kg/m}^2$, whichever is considered a lower value.\(^{11}\) However, the United States Preventive Services Task Force recommends screening for childhood obesity using the 95\(^{\text{th}}\) percentile.\(^{13}\) Other measures of childhood adiposity include BMI % (both considered better correlates to measuring changes in adiposity over time) and BMI z-score; their use dependent on study design.\(^1\)

Some preschool-aged children are at greater risk for developing overweight and obesity.\(^{14}\) In 2014, 14.5% low-income US preschool-aged children (ages 2 to 4-years) participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) were obese,\(^2\) compared to the national average of 8.9%.\(^4\) In general, low-income preschool-aged children are at greater risk for developing overweight and obesity due to environmental factors (e.g., food environment)\(^{15,16}\) and social factors (e.g., feeding practices).\(^{17}\) Furthermore, ethnic/racial disparities exist in low-income populations. The prevalence of obesity in Hispanic children and youth ages 2-19 is 21.9%, a prevalence 1.5 times greater when compared to white children and youth of the same age group.\(^4\)
This disparity between ethnicity has been examined in a prospective pre-birth cohort study conducted by Taveras et al.,\textsuperscript{18} whereby Hispanic children exhibited an increased likelihood of exposure to prenatal, pregnancy, infancy, and early childhood dietary, physical inactivity and other obesogenic risk factors compared to their white counterparts. Given that these disparities increase the risk for childhood obesity, culturally appropriate services and interventions that are tailored by ethnicity are important.\textsuperscript{19} In addition to tailoring interventions to these populations, early intervention may also be the key to overcoming these disparities and prevention of obesity.\textsuperscript{20}

*Theoretical Framework*

The etiology of childhood obesity is complex, resulting from multiple interacting factors including biological, social, and environmental factors.\textsuperscript{21} The socio-ecological model (SEM) has been applied to childhood obesity to understand how individual, social, and environmental factors influence a child’s weight status.\textsuperscript{21,22} This model identifies the influence of multiple determinants on an individual’s weight status, from broader, national levels to localities (e.g. neighborhood, schools, and workplaces), integrating policy, behavioral and genetic factors to obesity.\textsuperscript{23}

Of these determinants, developmental environments where children spend their time host other factors that can influence the development of childhood overweight and obesity. With children spending a significant amount of time in non-parental care,\textsuperscript{24} studies have examined the impact of child care on obesity outcomes.\textsuperscript{25-27} Furthermore, these factors may be unique by type of child care (FCCH or centers) due to differences in the type of care examined. Such differences are even apparent in early development. In longitudinal study of early exposure of child-care in 1138 children from a prospective study...
cohort of pregnant women and infant dyads at 0-6 months of age, child care in a non-relative’s home was associated with increased weight for length at 1 year of age and BMI-z at 3 years of age.\textsuperscript{27} In a nationally representative sample of 15,691 children entering kindergarten from the Early Childhood Longitudinal-Study (ECLS) Kindergarten-Cohort, Maher \textit{et al.}\textsuperscript{26} found that there was a protective effect in certain types of non-parental care for Latino subgroups. However, other studies report on no difference between types of child care. In another study conducted on 10,700 children entering kindergarten from the ECLS cohort by Isong \textit{et al.}\textsuperscript{28}, children placed non-parental care did not differ from children placed in parental care after adjusting for fixed effects of additional confounders. Regardless of whether there is a differential risk between types of childcare, it appears that childcare environments will have an longitudinal effect on weight status,\textsuperscript{26,27} therefore, changing the food environment in early developmental settings can potentially impact the development of chronic disease across the lifespan.\textsuperscript{29}

\textit{Child Care Settings}

In 2012, almost 60\% of children ages 3 to 5-years were enrolled in some type of non-parental care with 56\% enrolled in center-based child care, and 24\% enrolled in non-relative home-based child care, also known as a family child care home (FCCH).\textsuperscript{24}

Previously, research on the nutrition environment and child diet quality has focused in the home, rather than in childcare.\textsuperscript{30} Therefore, factors affecting children in this setting should be explored, given that children on average spend 23-36 hours per week in child care.\textsuperscript{24} According to the Academy of Nutrition and Dietetics (AND), children are recommended to consume 1/2 to 2/3 of their daily consumption in the child
care setting, depending on the number of hours spent in care. Given that up to more than half of a child’s dietary needs can be consumed in child care settings, it is important to implement policies to promote the development of healthy eating habits. In a recent study surveying 105 FCCP in Rhode Island (RI), providers responded with positive attitudes towards healthy eating. More than 60% of providers that attended nutrition trainings sponsored by government agencies and community organizations found them helpful, and almost 60% agreed (very) that nutrition trainings tailored towards FCCH could be beneficial. Providers (71%) were also highly motivated to serve healthy foods and snacks to children in their care. In addition, unlike the home environment, child care settings are often regulated by state and federal policies, and receive federal subsidies. Thus, the opportunities to improve nutrition environments through the broader scope of policy can be a potential strategy in childhood obesity prevention.

**Family child care homes: child and provider demographics**

Family child care homes (FCCH), or care provided by a non-relative for one or more children in their home, is the second-most utilized form of non-relative child care. This setting shows potential for prevention, as licensed FCCH are subject to federal and state regulations regarding nutrition and physical activity and can participate in federal nutrition programs. However, standards and policies are states-specific, therefore, degrees of compliance to national recommendations may vary regionally. Children attending FCCH may be at even higher risk for childhood obesity given that nationally, almost 900,000 children living below the federal poverty level in 2012 are enrolled in FCCH. In Rhode Island (RI), 28% of children under 6-years of age in 2012 were enrolled in FCCH. Although no national data on family income exist for those with
children in FCCH care, FCCH are associated with lower costs of care,\textsuperscript{40} and may be a potential option for low-income families. With some evidence showing that FCCH environments are associated with increased BMI-z scores when compared to child care centers,\textsuperscript{27,41} obesity prevention in FCCH in addition to childcare centers will be important. Since dietary patterns of increased energy density and low nutrient density are linked to obesity\textsuperscript{2}, understanding the quality of foods served in FCCH can help inform nutrition policies or interventions in this setting.

Caregivers are considered the nutritional gatekeepers of a child’s diets.\textsuperscript{42} In FCCH, child care providers play a major role in shaping children’s health behaviors by influencing a child’s dietary intake by controlling the availability and access to healthy or unhealthy foods, meal structure, feeding, and mealtime social practices.\textsuperscript{43} In a study of 113 childcare providers in Illinois, nutrition knowledge and attitudes are positively correlated with nutrition behaviors at mealtimes.\textsuperscript{44} Nutrition knowledge was measured by an instrument assessing knowledge of common nutritional problems, tools, Child and Adult Care Food Program (CACFP), and recommended dietary intakes (RDA) guidelines.\textsuperscript{25} Therefore, understanding the nutrition knowledge, attitudes of caregivers can play an important role in supporting positive nutrition behaviors in the childcare environment. Since childcare providers in RI experience little nutrition training, but find them helpful,\textsuperscript{32} understanding factors that may influence their nutrition knowledge and attitudes can extend information to develop potential strategies to support nutrition in child care.

\textit{The Child and Adult Care Food Program}
The CACFP is a federally funded program for reimbursing the cost of meals and snacks offered in child care programs.\textsuperscript{45} Child care centers and FCCH that meet eligibility requirements are able to participate in a tiered reimbursement program.\textsuperscript{45} The program functions as a food safety net for low-income individuals and vulnerable populations with greater nutritional risk.\textsuperscript{45} Participation is contingent on compliance with federal nutrition standards defined by meal-patterns based off of the DGA.\textsuperscript{45} Recent updates to the standards have been implemented. These updates include Although not fully implemented in RI currently, these recommendations contain some of the best practice recommendations set forth by the Institute of Medicine.\textsuperscript{45} These recommendations provide nutritional guidance for FCCH providers participating in the program. Thus, understanding nutrition environments in this setting can have implications for CACFP policies.

\textit{Caregiver dietary socio-demographics and diet}

Although literature is well established between socio-demographic factors and diet in adults,\textsuperscript{46} little is known about the relationship between caregiver socio-demographics and the diet of children in their care. A study by Erinosho \textit{et al.}\textsuperscript{47} reported that caregivers’ demographic characteristics, such as increasing caregiver age and education was associated with more healthful dietary intake in children 3-5 years of age and Latino subgroup was associated with less healthful dietary intakes by children 3-5 years of age.\textsuperscript{48}

Acculturation refers to the process by which cultural exchange occurs between an immigrant and their host culture, which can result in a change in many behaviors, including diet.\textsuperscript{49,50} Although no standards have been established for measuring
acculturation, some measures include length of residence in host country, language spoken, location of birth, and also ethnic identification.\textsuperscript{51} Thus, examining acculturation indicators may elucidate how culture influences types of foods consumed.

Although few studies to date have looked at what children are consuming in FCCHs, providers’ socio-demographic factors can influence what is served. For example, focus groups conducted with Hispanic FCCH providers found that culture influences what they serve,\textsuperscript{52,53} which can impact a child’s diet quality. Given that in Latino subgroups, non-parental care could be more protective against obesity,\textsuperscript{26} understanding how demographic and cultural factors influence dietary quality is important. Examining factors such as ethnicity, income, education and acculturation could potentially better capture the nuance of diet and ethnicity to improve socio-cultural relevance when tailoring nutrition trainings in early childhood settings.

*Nutrition environments of child care settings*

The nutrition environments of child care settings have been assessed using self-reported questionnaires,\textsuperscript{54} mealtime observations,\textsuperscript{55-57} and through review of menu items.\textsuperscript{58} Findings show that children’s meals and snacks in child care are not meeting dietary recommendations.\textsuperscript{56,59,60}

Several validated tools have been developed to assess the nutrition environment in child care centers.\textsuperscript{61,62} The Environment Policy and Assessment (EPAO) is a tool utilizing observation to assess frequency of nutrition behaviors observed or policies enforced in the child care setting.\textsuperscript{61} Using the EPAO, Neelon *et al.*\textsuperscript{63} assessed the environment of 96 child care centers in North Carolina serving children ages 3-5, and found that providers served children juice, high-sugar and high-salt snack foods, and
mostly served whole milk. These findings indicate that generally, there is room to improve for nutrition in childcare. However, since the EPAO only captures home level nutrition environments, and not at the child level diet quality, it is difficult to determine whether children are consuming what they are being served.

To quantify dietary intake in child-care centers without relying on provider report or intrusive weighing methods, Ball et al.\textsuperscript{55} developed the Diet Observation in Child Care (DOCC) as a validated protocol for observing dietary intakes in child care settings. Results from a larger study utilizing the DOCC protocol indicate that children in North Carolina child care centers were not meeting DGA in 2005, whereby consumption of whole grain and dark green and orange vegetable was limited and consumption of energy dense snacks and condiments was high.\textsuperscript{60} By developing the DOCC protocol, Ball et al.\textsuperscript{55} was able to perform analyses on foods served and consumed, accounting for observed child intake of nutrients or food groups (foods consumed) rather than observing what was served.

In a recent study using the DOCC protocol, Schwartz et al.\textsuperscript{56} observed 38 child care centers in Connecticut, with an average of five children per center (n=204), during lunch. Both quantities of foods served and consumed were documented capturing child intake. Macronutrient analysis revealed that foods consumed contained high levels of saturated fat, sodium, and low fiber content.\textsuperscript{56} Overall, studies in centers show that children consume little whole grains, fiber and vegetables, but consume foods high in salt and saturated fat.

Few studies have been conducted in FCCH. Using self-evaluations data conducted by FCCH providers, Trost et al.\textsuperscript{65} found that 297 FCCHs in Kansas adequately
complied with recommended practices, providers infrequently served low-fat milk, and frequently served 100% fruit juice. The Keys study, an intervention aimed at improving nutrition environments of FCCH in North Carolina, is the only study that has assessed diet quality in FCCH\textsuperscript{66} The Keys study also used the DOCC protocol to collect dietary data and HEI-2005 to assess diet quality of 15 children ages 1-5, attending FCCH.\textsuperscript{66} Results revealed a mean total HEI-2005 score of 63.8, compared to a score of 80 for "good" diet quality.\textsuperscript{66} Although total scores have been reported, HEI-2005 component scores were not reported by the authors of the study. Findings from both studies indicate that there is room for improving nutrition in FCCH. However, unlike in centers, little is known about what specific food groups children are consuming in FCCH.

Conclusion

Child care settings are critical environments where preschool-aged children develop their dietary habits.\textsuperscript{3} Supporting the environments in which habits develop early in life can be critical to prevent the development of chronic disease\textsuperscript{67} associated with childhood overweight and obesity.\textsuperscript{4} Studies in center-based care show potential for improving consumption of vegetables, whole grains, while decreasing empty calories in child care settings.\textsuperscript{56,63,68,69} However, little is known about what preschool-aged children are consuming in family child-care homes, and the environment in which children are consuming 2/3 of their recommended daily intake. Future studies should examine diet of children in this setting compared to other types of non-parental care, particularly with larger samples, to determine whether there is an effect of type of care on dietary intake of children. Furthermore, examining types of healthy and unhealthy foods are being served and comparing to what is being consumed by children can potentially inform mediators
and moderators to dietary intake of children in this setting. However, as previously stated, since regulations, recommendations and policies in childcare differ across geographic regions and states, examining these factors in addition to ethnicity, may help prioritize which factors to modify in this setting. Exploring these potential relationships can inform regulations, trainings, and support for providers in the childcare sector.
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APPENDIX B: EXTENDED METHODOLOGY

This cross-sectional study used baseline data from an ongoing cluster randomized controlled intervention conducted by Brown University Healthy Start/Comienzos Sanos study (1R01 HL123016; “Improving Nutrition and Physical Activity Environments in Home-based Child-care”) collected between January 2016 and November 2016. The main trial has been approved by the Institutional Review Board at Brown University.

“Healthy Start/Comienzos Sanos”

Participants in the Rhode Island area were recruited for the main trial through community organizations that provided training and support for FCCP. For the main trial, eligible FCCP had to read and speak English or Spanish, continue operations open for at least 6 months with plans to remain in operation for at least 1 year, provide meals and snacks for at least three eligible children, and required a working phone. Providers were excluded if FCCH closed for more than a month during the study. To be eligible this study, children needed to be aged 2-5 years old and enrolled in FCCH during the observational period, eat at least 1 meal and 1 snack prepared by the FCCP during their day at the FCCH, and consented by their parents.

For the main trial, a total of 132 FCCPs will be randomized into 66 matched pairs. These FCCPs will be randomized into the nutrition and physical activity intervention group or early literacy and reading readiness control group. A monthly topic was chosen and FCCP received a newsletter/video with information related to their topic.

Eligibility criteria

For this analysis, we included FCCP (n = 43) who had complete baseline demographic surveys conducted in-person and over the phone, and those that had
completed two days of baseline dietary observation, which encompassed 124 children observed by trained field staff.

**Data collection**

Field observers trained and certified in the Dietary Observation in Child Care (DOCC) visually estimated the amounts of foods served and consumed by each child in FCCH, and documented a brief description of the type of foods and the quantities of foods served, dropped, traded or added during meals and snacks served in the morning and afternoon. Direct observation has been shown to be a valid and reliable measure of assessing children’s food and beverages in child-care. Post-observation, observers clarified additional details on brands and/or cooking methods with providers and example of the form can be seen in Appendix D. Per protocol, an observer can only accurately and reliably assess three children at a time, therefore, when more than three children were present, two observers collected the data. To prevent estimation drift, staff observers conducted in-house trainings quarterly.

A Registered Dietitian reviewed records prior to data entry through Nutrition Data System for Research 2015 (NDSR 2015). Certified data entry assistants entered foods consumed by children into NDSR 2015 (University of Minnesota Nutrition Coordinating Center, Minneapolis, MN), generating nutrient values through a reliable, consistent method of imputing data for missing food details not captured during documentation. Starting January 2017, NDSR 2015 was then updated to a newer version of the software. Nutrients outputs from the software included macronutrients and United States Department of Agriculture (USDA) defined food pattern equivalents. These food pattern
equivalents were summed and statistical analyses were run using SAS 9.4 (SAS Institute, Cary, NC).

Comparison of mean food group consumed to recommendations

Measures

Details regarding specific food items with corresponding food pattern equivalent groups are described in the extended methods in Appendix B.

Dietary Guidelines for Americans 2015

To compare daily recommendations found in the DGA 2015 to the recommended 2/3 amount to be consumed in child care settings, 2/3 of the 1000 calorie Healthy Food Pattern recommendations for 1-to 3-year old age group were used as the reference standard.\(^{71-73}\) This age group recommendation was supported by the mean age of children (2.9 years old) with available demographic data (n = 170).

Vegetable

Vegetable consumption was assessed by summing food group pattern equivalents generated through NDSR 2015. As per the Dietary Guidelines for Americans 2015, fried white potatoes and other starchy vegetables were included in this analysis. Vegetable consumption was measured by total cups of vegetables, based on the USDA Meal Pattern Equivalents. This included dark green vegetables, deep-yellow vegetables, tomato, white potatoes, fried potatoes, other starchy vegetables, legumes, other vegetables, fried vegetables, vegetable juice. Values were obtained from NDSR output 09.

Fruit

Fruit contains both whole fruit and 100% fruit juice (as consistent with the DGA 2015. Fruit was measured by total cups of fruits, based on the USDA Meal Pattern
Equivalents. This included citrus juice, fruit juice excluding citrus juice, citrus fruit, fruit excluding citrus fruit, avocado or similar, fried fruits, fruit-based savory snack. Values were obtained from NDSR output 09.

Grains

The DGA 2015 recommends that 1/2 of grains should be whole. Total grain was calculated in addition to whole grains and refined grains. Total grain, whole grain and refined grains were measured in ounce equivalents. Values were obtained from raw NDSR output 04.

Dairy

Dairy was calculated in cups, and included milk – whole, milk – reduced fat, milk – low fat and fat free, milk – nondairy and ready to drink, flavored milk – reduced fat, ready to drink flavored milk – low fat and fat free, sweetened flavored milk beverage powder with non-fat dry milk, artificially sweetened flavored milk beverage powder with non-fat dry milk, cheese – full fat, cheese – low fat and fat free, cheese – non-dairy, yogurt – sweetened with whole milk, yogurt – sweetened low fat, yogurt – sweetened fat free, yogurt – artificially sweetened low fat, yogurt – artificially sweetened fat free, yogurt – nondairy, dairy based sweetened meal replacement/supplement, dairy based artificially sweetened meal replacement/supplement. Values were obtained from NDSR output 09.

Protein

Protein was calculated by summing up proteins from both animal and plant sources. Protein was measured in ounces. This included beef, lean beef, veal, lean veal, lamb, lean lamb, fresh pork, lean fresh pork, cured pork, lean cured, game, poultry, lean
poultry, fish – fresh and smoked, lean fish – fresh and smoked, shellfish, cold cuts and sausage, lean cold cuts and sausage, organ meats, eggs, egg substitute, nuts and seeds, nut and seed butters, meat alternatives. Values were obtained from NDSR output 09.

**Oils**

Healthy oils group was measured by summing mono-unsaturated fatty acids (MUFA) and poly-unsaturated fatty acids (PUFA). The MUFA and PUFA values were obtained from NDSR output 04 and reported in grams.

**Sodium**

Sodium was reported in milligrams and obtained from the raw NDSR output 04.

**Dietary Fiber**

Dietary fiber was reported in grams and obtained from the raw NDSR output 04.

**Macronutrients**

Overall calories, percent of calories from saturated fat, percent of calories from added sugars and discretionary calories were determined by summing the total calories obtained from total solid fat and added sugars by total sugars and divided by the total calorie consumption multiplied by 100. Percent of saturated fat calories were obtained from the raw NDSR output 04. Percentage of added sugars calories were obtained by multiplying added sugars by total sugars by 4 calories per gram divided by total calories and multiplied by 100. Both of these values were obtained from NDSR output 04.

**Acculturation**

Language spoken at home at in childcare was chosen as a proxy measure for acculturation, which has been previously used in prior studies on acculturation, and is known to be a strong predictor of acculturation. Response categories were collapsed: “Spanish only” and “Other” was coded as a proxy for being less acculturated as 0, and
more than one language spoken “English only”, “Both, more English than Spanish”, and “Both, equal amounts of time” and “Both, more Spanish than English” as 1.

**Income**

Income response categories were also collapsed into two groups: “Less than $25,000 income” was coded as 0, indicating lower income, and “$25,001 - $50,000” and “$50,000 – $75,000” were combined together to form “$25,001 – $75,000” and coded as 1.

**Education**

Education was also coded by collapsing response categories on the item: “ less than high school diploma” and “high school or GED” as 0, and grouping “Associate’s degree or equivalent” and “Bachelor’s degree” as 1.

**Statistical Analyses**

Analyses were conducted at the FCCH group level. All descriptive statistics on food group variables were conducted by FCCH, and not by individual child. Normality was assessed visually and by examining skewness and kurtosis. For normal variables, a one-sample t-test was used to compare means of food group variables compared to DGA recommendations for FCCH. A one-sample sign test was run to compare medians of non-normally distributed food group variables compared to the DGA recommendations for FCCH. The primary aim was sufficiently powered at β = .80 with a sample size of 22 FCCH. Since analyses were not adjusted for multiple comparisons, the statistically significant threshold was set at p <0.01.

Spearman’s correlations were run to examine the association between acculturation, income and education on legumes, vegetables, fruit, juice, whole grains, refined grains,
percent of calories from discretionary calories, and percent of calories from added sugars. These foods were previously chosen in the literature on acculturation and dietary intake, and were feasibly measured in our study.
Healthy Start
Provider Baseline Survey

Collection: LOGIN
Contains: CUSTOMID

Healthy Start
Provider Eligibility Survey

Please click the button below to begin.

Question: CUSTOMID
Required

Please enter the CUSTOMID to begin.

Please respond to the rest of our questions thinking about the 2-to-5 year old children in your care. Remember, it is very important that you give us honest answers. Don't tell us what you think we want to hear, but what is true for you and the children in your care. We will use the things you tell us to develop the best program for your family child care home and others like yours. Thank you for your most honest answers.

Collection: TAILORING
Contains: BLTAILOR1, BLTAILOR2, BLTAILOR3, BLTAILOR4, BLTAILOR5, BLTAILOR6, BLTAILOR7, BLTAILOR8, BLTAILOR9, BLTAILOR10, BLTAILOR11, BLTAILOR12, BLTAILOR13, BLTAILOR14, BLTAILOR15, BLTAILOR16

Question: BLTAILOR1
Required

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<td>1</td>
</tr>
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</table>

2 TIMES PER WEEK
3 TIMES PER MONTH
88 DON'T KNOW
99 REFUSED

Now I'm going to ask you about 100% fruit juice. By 100% fruit juice, I mean juice that you buy at the store that has no added sugar in it as well as homemade juice that has no added sugar. How often do you serve 100% fruit juice to the children?

[Interviewer Note: FOR NONE, ENTER “0” TIMES PER DAY. ]

>= TIMES PER DAY
>= TIMES PER WEEK
>= TIMES PER MONTH
>= DON'T KNOW
>= REFUSED

Question: BLTAILOR2
Required
Show-if: (BLTAILOR1.PERDAY > 0) or (BLTAILOR1.PERWEEK > 0) or (BLTAILOR1.PERMONTH > 0)

18. Each time you serve 100% fruit juice to the children, how many ounces do you usually give them? To help you think of the amount, a regular size juice box is 6 ounces.

Question: BLTAILOR3
Required

Scale Summary

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<td>88</td>
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<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
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</table>

19. How often do you serve the children fried or pre-fried meats or fish such as chicken nuggets and fish sticks?

[Interviewer Note: FOR NONE, ENTER “0” TIMES PER DAY. ]

[Interviewer Note: “If you do not know what a specific food is,
please base your answer on the foods from the question that you do know.”]

(TIMES PER DAY [ ]
(TIMES PER WEEK [ ]
(TIMES PER MONTH [ ]
(DON’T KNOW [ ]
(REFUSED [ ]

Question: BTLAILOR4
Required
Scale Summary

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<td>3</td>
<td>TIMES PER MONTH</td>
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<td></td>
</tr>
<tr>
<td>99</td>
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20. How often do you serve the children fried or pre-fried potatoes such as French fries, tater tots, or hash browns that are, sold frozen and then cooked in the oven?

[Interviewer Note: FOR NONE, ENTER “0” TIMES PER DAY.]

[Interviewer Note: “If you do not know what some of these pre-fried foods are, please base your answer on the foods from the question that you do know.”]

(TIMES PER DAY [ ]
(TIMES PER WEEK [ ]
(TIMES PER MONTH [ ]
(DON’T KNOW [ ]
(REFUSED [ ]

Question: BTLAILOR5
Required
Scale Summary

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<td>TIMES PER WEEK</td>
</tr>
<tr>
<td>3</td>
<td>TIMES PER MONTH</td>
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</table>

21. How often do you serve fried foods such as fried sweet plantains, fried yucca, empanadas, tostones, or pastelitos?

[Interviewer Note: FOR NONE, ENTER "0" TIMES PER DAY. ]

[Interviewer Note: "If you do not know what some of these fried foods are, please base your answer on the foods from the question that you do know." ]

Times Per Day

Times Per Week

Times Per Month

Don’t Know

Refused

22. How often do you serve the children high-fat meats such as sausage, bacon, hot dogs, salami, chorizo, bologna, or ground beef that is less than 93% lean?

[Interviewer Note: FOR NONE, ENTER "0" TIMES PER DAY. ]

[Interviewer Note: "If you do not know what a specific food is, please base your answer on the foods from the question that you do know." ]

Times Per Day

Times Per Week

Times Per Month
Question: BLTAILOR7
Required

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<td>TIMES PER MONTH</td>
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<tr>
<td>88</td>
<td>DON'T KNOW</td>
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<td>99</td>
<td>REFUSED</td>
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</table>

23. How often do you serve the children sweets, such as cookies, cakes, doughnuts, muffins, ice cream, arroz con leche, and pudding?

[Interviewer Note: FOR NONE, ENTER "0" TIMES PER DAY.]

[Interviewer Note: "If you do not know what a specific food is, please base your answer on the foods from the question that you do know."]

- TIMES PER DAY
- TIMES PER WEEK
- TIMES PER MONTH
- DON'T KNOW
- REFUSED

Question: BLTAILOR8
Required

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<td>3</td>
<td>TIMES PER MONTH</td>
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<tr>
<td>88</td>
<td>DON'T KNOW</td>
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<tr>
<td>99</td>
<td>REFUSED</td>
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</tbody>
</table>

24. How often do you serve the children snack foods, such as potato chips, corn chips, buttered popcorn or buttery or cheesy crackers such as Ritz, Club, or Cheez-It?

[Interviewer Note: FOR NONE, ENTER "0" TIMES PER DAY.]
[Interviewer Note: “If you do not know what some of these snack foods are, please base your answer on the foods from the question that you do know.”]

- TIMES PER DAY
- TIMES PER WEEK
- TIMES PER MONTH
- DON'T KNOW
- REFUSED

25. How often do you lead planned nutrition education activities for the children in circle time lessons, story time, or during cooking or gardening activities? Do you lead these planned lessons...

- Rarely or never
- 1 time per month
- 2-3 times per month
- 1 time per week or more
- DON'T KNOW
- REFUSED

26. How often do you lead planned lessons for the children that are focused on building skills that use large muscles such as skipping, jumping, throwing, catching, kicking, balancing, and stretching? Do you lead these planned lessons...

- Rarely or never
- 1 time per month
- 2-3 times per month
- 1 time per week or more
- DON'T KNOW
- REFUSED

27. How many minutes each day do children 2 years of age and older watch TV in your home? Count all of the minutes that the children watch TV from the time they arrive until the time they leave. Include shows that are educational or just for fun.

[Interviewer Note: FOR NONE, ENTER "0" MINUTES PER DAY. IF PPT ONLY ANSWERS WITH A NUMBER (E.G. "30"), CLARIFY WHETHER THAT IS "EACH DAY"]

- Minutes per day
- Minutes per week
- Minutes per month
28. How many minutes a day do children who are 2 years of age and older usually spend on other screen time such as watching videos, watching shows on a computer or tablet, playing video games or using the computer? Count all of the minutes from the time the children arrive until the time they leave. Count screentime that is educational or just for fun.

[Interviewer Note: FOR NONE, ENTER "0" TIMES PER DAY. IF PPT ONLY ANSWERS WITH A NUMBER (E.G. "30"), CLARIFY WHETHER THAT IS "EACH DAY"]

- Minutes per day
- Minutes per week
- Minutes per month
- DON'T KNOW
- REFUSED

29. Now, I am going to read you a list of child nutrition topics that you might give parents information about through brochures, tip sheets, newsletters, your website, a bulletin board, or informal meetings. Please tell me if you give parents information on any of the following topics:

[Yes/No]
| The types of food children should or should not eat. |
| The types of drinks children should or should not drink |
| Recommended serving sizes for children |
| The importance of serving children a variety of different foods |
| Creating a healthy mealtime environment including sitting down and eating meals together as a family |
| Encouraging children to eat healthy foods instead of pressuring or forcing them |

30. Now please tell me whether or not you give parents information on any of the following physical activity topics:

| The amount of time children should spend being physically active |
| Encouraging children to be physically active |
| Limiting long periods of seated time for children |
| The amount of time children should spend playing outdoors |
| Using the outdoors to encourage children's active play |

31. Please tell me whether or not you give parents information on any of the following screen time topics?

<table>
<thead>
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<th>The amount of screen time children should have including watching programs, playing videogames or using the computer</th>
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<th>No</th>
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<tbody>
<tr>
<td>Why it's important to limit screen time</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other activities children can do instead of screen time</td>
<td>Yes</td>
<td>No</td>
</tr>
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32. Now I'd like to ask whether you share information with parents about your child care home's policies. Do you give them information about:

<table>
<thead>
<tr>
<th>Your child care home’s policies on child nutrition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your child care home’s policies on physical activity</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Your child care home’s policies on outdoor play</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Your child care home’s policies on screen time</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Now I'm going to read you a series of statements and I would like you to tell me how much you agree or disagree with each statement.

33. You enjoy joining in with the children in play. Do you...

[Int Note: Do you agree, disagree, or neither? A little or a lot?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

34. Children behave better when they are given plenty of physical activity. Do you...

[Int Note: Do you agree, disagree, or neither? A little or a lot?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED
35. It is OK to let children watch educational programs on TV or the internet. Do...

[Int Note: Do you agree, disagree, or neither? A little or a lot?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

36. When children serve themselves, they are likely to eat less. Do you...

[Int Note: Do you agree, disagree, or neither? A little or a lot?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
37. Giving children a food treat to reward good behavior is an effective way to manage their behavior. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

38. Society has gone overboard limiting sweets and other desirable food. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
39. Child care providers should eat the same food as the children in their care. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
- REFUSED

40. It is important for child care providers to sit with children while they eat. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

41. A picky eater should be left alone rather than pressured to try new food. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED
42. How children eat while at child care has little or no effect on food habits because those are formed at home. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

43. Child care settings affect children's lifelong eating habits. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

44. Child care settings affect children’s lifelong physical activity habits. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
- REFUSED

45. Children should play outside everyday no matter what the weather is like. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
- REFUSED

Please tell me how often you do the following things with the children you care for.
46. You promise children a reward if they eat a specific food. For example: “If you eat your beans, we can play ball outside.”
- Never
- Rarely
- Sometimes
- Often
- Always
- DON’T KNOW
- REFUSED
47. You reward children with food or sweets when they are well behaved.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always
   - DON'T KNOW
   - REFUSED

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</table>

48. You teach the children about the foods they are eating.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always
   - DON'T KNOW
   - REFUSED

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</table>

49. You give children something to eat to make them feel better when they are upset.
   - Never
   -
50. You leave the TV on during children’s meals and snacks.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON’T KNOW
- REFUSED

51. You encourage children to wait a few minutes before getting seconds so they can decide if they are still hungry.

- Never
- Rarely
- Sometimes
- Often
52. You let children decide for themselves how much they should eat.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

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</table>
53. You encourage children to eat fruits and vegetables by telling them that they taste good.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always
   - DON’T KNOW
   - REFUSED

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54. You ask children if they are hungry before serving them seconds.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always
   - DON’T KNOW
   - REFUSED

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</tbody>
</table>

55. You encourage children to eat a wide variety of foods.
56. You praise children when they try a new food.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

57. You wait to give children seconds until they have finished another food on their plate.

- Never
- Rarely
- Sometimes
Often
Always
DON'T KNOW
REFUSED

Question: BLPRACTICE13
Required
Scale Summary
Code Label Show-If
1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
88 DON'T KNOW
99 REFUSED

58. You show children that you enjoy fruits and vegetables so the children are more likely to eat them.
Never
Rarely
Sometimes
Often
Always
DON'T KNOW
REFUSED

Question: BLPRACTICE14
Required
Scale Summary
Code Label Show-If
1 Never
2 Rarely
3 Sometimes
4 Often
5 Always
88 DON'T KNOW
99 REFUSED

59. You encourage children to eat by using food as a reward. (For example, "if you finish your vegetables, you will get some cookies.")
Never
Rarely
Sometimes
Often
Always
60. You eat chips, sweets, or fast food while you are caring for children.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

61. You watch and guide children’s eating so that they don’t eat more than they should.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always
   - DON’T KNOW
   - REFUSED

63. You ask the children if they are full before you remove an unfinished plate of food.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always
   - DON’T KNOW
   - REFUSED
64. You watch and guide children’s eating so that they don’t eat less than they should.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON’T KNOW
- REFUSED

65. You drink soda or other sugary drinks while you are caring for children.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON’T KNOW
- REFUSED
66. You encourage children to finish their food even if they say they are not hungry.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

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67. You teach children in your care about being physically active.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

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</table>
68. You look for training on how to help children be more physically active.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always
   - DON'T KNOW
   - REFUSED

Please tell me how strongly you agree or disagree with the following statements.

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</table>

69. You look for trainings to learn about healthy eating for children. Do you...
   - Agree a lot
   - Agree a little
   - Neither agree nor disagree
   - Disagree a little
   - Disagree a lot
   - DON'T KNOW
   - REFUSED

<table>
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</table>

70. You talk to parents about the importance of healthy eating. Do you...

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

<table>
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</tbody>
</table>

71. You talk to children about the importance of healthy eating. Do you...

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

Collection: DEMOGRAPHICS
Contains: BLGENDER, BLETHNICITY, BLHISPCTURE, BLRACE

Now I just have a few more questions about you.

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</table>

72. Are you...?

- Male
73. Do you consider yourself to be a Latino/Latina/Hispanic?

- YES
- NO
- REFUSED

74. Which of these groups do you most identify with?

[Int Note: There should be only one choice. If they say they identify with more than one culture, ask which they identify with most. If they still say more than one, choose "other culture" and describe the cultures they say they identify with.]

- Dominican
- Puerto Rican
- Colombian
- Guatemalan
- Mexican
- Haitian
Question: BLRACE
Minimum checks: 1

75. Which of the following best describes your race? (you can select more than one)
- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White / Caucasian
- Other (please describe) [ ]
- DON'T KNOW
- REFUSED

Thank you very much for completing our phone survey. As I mentioned earlier, you are eligible so far to participate in the Healthy Start study. Next you will receive a phone call from Hilda Castillo, our Field Coordinator, who will schedule a time to come to your home to explain the study in more detail. She will also bring some forms that need to be completed by the parents of children in your care. If you agree to participate in the Healthy Start study when Hilda explains it fully to you, there will be 2 more days of observations scheduled at your home. After those 2 observation days, you will receive a $50 gift card and we will be able to tell you whether you are eligible to participate in the study. Hilda will explain all of this again in more detail.
Family Child Care Homes
Provider Eligibility Survey

FCCH FAMILY CHILD CARE HOME
Provider IN-PERSON Survey

Please click the button below to begin.

Question: CUSTOMID
Required

Please enter the CUSTOMID to begin.

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<tr>
<td>2</td>
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OK. Before we start the survey, you need to know that:

- There are no known risks to you if you participate in this survey. However, you might feel uncomfortable answering certain questions.
- There are no direct benefits if you participate in the survey, but you may become more aware of your behaviors as a family child care provider.
• All the answers you give me will be kept strictly confidential. All data for this study will be handled according to Brown University Policy, Federal guidelines, and Rhode Island Law regarding confidentiality. The results of this study may be used for publication, but will not identify you by name.
• Your participation in this survey is voluntary.
• You can stop at any time.
• You can refuse to answer any questions you wish.
• Also, all surveys are audio recorded for quality assurance purposes.

If you have any questions about your participation in this survey, you can call Dr. Patricia Risica, who is in charge of the Family Child Care Homes study at (401) 863-6550. If you have any questions about your rights as a participant in a research study, you can call the Brown University Research Protections Office at (401) 863-3050.

May I continue with the survey?

○ YES
○ NO

| Collection: SURE |
| Contains: BLSURE1, BLSURE2, BLSURE3, BLSURE4, BLSURE5, BLSURE6, BLSURE7, BLSURE8, BLSURE9, BLSURE10, BLSURE11, BLSURE12, BLSURE13, BLSURE14, BLSURE15, BLSURE16, BLSURE17, BLSURE18, BLSURE19, BLSURE20, BLSURE21, BLSURE22, BLSURE23, BLSURE24, BLSURE25, BLSURE26 |
| Show if: {ELIGCONSENT = 1:([YES])} |

**Question:** BLSURE1

**Required**

**Scale Summary**

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1. How sure are you that you can get the children to drink more water?

○ Not at all sure
○ A little sure
○ Sure

http://127.0.0.1:13124/Previewer/Survey.ashx?XmlDocument=55024638-9927-40ff-94be... 12/2/2015
2. How sure are you that you can limit the amount of fruit juice that the children drink to no more than two 4-6 ounce servings per week?
   - Not at all sure
   - A little sure
   - Sure
   - Very sure
   - DON'T KNOW
   - REFUSED

3. How sure are you that you can serve the children only 1% or skim milk?
   - Not at all sure
   - A little sure
   - Sure
   - Very sure
   - DON'T KNOW
   - REFUSED
4. How sure are you that you can serve milk without flavoring?

[INT NOTE: FLAVORING INCLUDES SWEETENED SYRUPS SUCH AS CHOCOLATE AND STRAWBERRY]

- Not at all sure
- A little sure
- Sure
- Very sure
- DON'T KNOW
- REFUSED

5. Sugary drinks include sodas, Kool-Aid, Hawaiian punch, Sunny Delight, lemonade, Gatorade, juices with added sugar, powders that you make into drinks, and any other drinks with added sugar, such as morir sonando, horchata, and batido.

How sure are you that you can avoid serving the children sugary drinks?

[Interviewer Note: “If you do not know what one or some of these drinks are, please base your answer on the drinks in the question that you do know.”]

- Not at all sure
- A little sure
6. How sure are you that you can serve the children fruit two or more times a day?
   ○ Not at all sure
   ○ A little sure
   ○ Sure
   ○ Very sure
   ○ DON'T KNOW
   ○ REFUSED

7. How sure are you that you can serve the children vegetables two or more times a day?
   ○ Not at all sure
   ○ A little sure
   ○ Sure
   ○ Very sure
   ○ DON'T KNOW
   ○ REFUSED
8. Fried and pre-fried foods include french fries, tater tots, hash browns, chicken nuggets, fish sticks, empanadas, and fried plantains. How sure are you that you can serve the children fried or pre-fried foods less than one time per week or never?

[Interviewer Note: “If you do not know what some of these pre-fried foods are, please base your answer on the foods in the question that you do know.”]

- Not at all sure
- A little sure
- Sure
- Very sure
- DON’T KNOW
- REFUSED

9. High-fat meats include sausage, bacon, hot dogs, salami, chorizo, salchichon, bologna, and ground beef that is less than 93% lean. How sure are you that you can serve the children high-fat meats less than one time per week or never?

[Interviewer Note: “If you do not know what some of these high-fat meats are, please base your answer on the foods in the question that you do know.”]

- Not at all sure
- A little sure
10. High-fiber, whole grain foods include whole wheat bread, whole wheat crackers, oatmeal, brown rice, whole grain cereals like Cheerios, and whole grain pasta.

How sure are you that you can serve the children high-fiber, whole grain foods two or more times per day?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON'T KNOW
- REFUSED

11. High-salt, high-fat snack foods include potato chips, corn chips, buttered popcorn or buttery or cheesy crackers such as Ritz, Club, Cheez-It, or Cheese Nips.

How sure are you that you can serve the children high-salt,
high-fat foods less than one time per week or never?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON'T KNOW
- REFUSED

Question: BLSURE12
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<td>99</td>
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</table>

12. High-sugar, high-fat foods include cookies, cakes, doughnuts, muffins, arroz con leche, and ice cream.

How sure are you that you can serve the children high-sugar, high-fat foods less than one time per week or never?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON'T KNOW
- REFUSED

Question: BLSURE13
Required
Scale Summary

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13. How sure are you that you can let the children serve
themselves at mealtime?
○ Not at all sure
○ A little sure
○ Sure
○ Very sure
○ DON'T KNOW
○ REFUSED

**Question: BLSURE14**
**Required**

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14. How sure are you that you can let the children decide for themselves how much food they will eat?

○ Not at all sure
○ A little sure
○ Sure
○ Very sure
○ DON'T KNOW
○ REFUSED

**Question: BLSURE15**
**Required**

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15. How sure are you that you can always praise or encourage children for trying new foods and foods they may not like?

○ Not at all sure
○ A little sure
○ Sure
16. How sure are you that you can lead a planned lesson about nutrition at least once a week?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON’T KNOW
- REFUSED

17. How sure are you that you can give families information about child nutrition and physical activity on a variety of topics?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON’T KNOW
- REFUSED
18. How sure are you that you can provide the children with at least 60 minutes of outdoor play every day?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON'T KNOW
- REFUSED

19. How sure are you that you can provide the children with at least 90 minutes total of physical activity every day?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON'T KNOW
- REFUSED
20. How sure are you that you can provide the children with a variety of toys and equipment to promote their physical activity?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON'T KNOW
- REFUSED

21. How sure are you that you can always praise and encourage the children for being physically active?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON'T KNOW
- REFUSED

22. How sure are you that you can lead a planned physical
activity lesson at least once a week?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON'T KNOW
- REFUSED

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23. How sure are you that you can regularly participate in physical activity with the children?

- Not at all sure
- A little sure
- Sure
- Very sure
- DON'T KNOW
- REFUSED

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24. How sure are you that you can avoid screen time like watching TV, or using a computer, tablet, or smartphone in front of the children?

- Not at all sure
25. How sure are you that you can limit the children’s screen time to 30 minutes per week or less? Screen time includes watching programs on TV or other device, playing video games, or using a computer. Screen time includes both educational and fun shows and games.

- Not at all sure
- A little sure
- Sure
- Very sure
- DON’T KNOW
- REFUSED

26. How sure are you that you can always keep the TV off during meals and snacks?

- Not at all sure
- A little sure
Great! I'd like to start by asking you some questions about how sure you are about doing certain things with the children that you care for..

If water was the only drink that you offered during play time, the children would drink enough. Do you...?

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED
28. If you were to limit the amount of 100% pure fruit juice the children drink, they would get enough vitamins. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
- REFUSED

29. The children like the taste of skim or lowfat (1%) milk. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
### Question: BLBARRIERS30

**Refused**

#### Scale Summary

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30. You have enough time to prepare healthy foods as often as you would like. Do you...?

[Int Note: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

### Question: BLBARRIERS31

#### Scale Summary

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31. Fresh fruits and vegetables go bad too quickly to be able to serve them very often. Do you...?

[Int Note: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
32. Fresh fruits and vegetables are too expensive to serve as often as you would like. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
- REFUSED

33. You are concerned about wasting food because the children won’t eat healthy foods. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
34. It is hard to serve healthy foods because the children are picky. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

35. Some dishes you make would taste just as good if you made them with whole grains. Do you...

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED
36. You have enough time to sit at the table with the children at meal and snack times. Do you...?

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED
37. If you let the children serve themselves, they will make too much of a mess. Do you...?

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
- REFUSED

38. If you let the children serve themselves, they will waste too much food. Do you...?

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
- REFUSED

39. Serving the food at meal and snack time is the adult’s responsibility. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
- REFUSED

40. If you let the children decide how much to eat, they will take the right amount. Do you...?

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
- REFUSED
41. You like the taste of the healthy food that the children are supposed to eat. Do you...?

[Interviewer Note: IF PPT QUESTIONS WHAT IS HEALTHY FOOD, SAY “HEALTHY FOOD IS WHATEVER IT MEANS TO YOU”]

[Int NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

42. You know how to encourage the children to try new foods. Do you...?

[Int NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
43. You know how to talk to children about healthy eating. Do you...?

[Int Note: Do you agree, disagree, or neither? A little or a lot?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

44. You have enough time to lead lessons about nutrition. Do you...?

[Int Note: Do you agree, disagree, or neither? A little or a lot?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED
OR A LOT?]
○ Agree a lot
○ Agree a little
○ Neither agree nor disagree
○ Disagree a little
○ Disagree a lot
○ DON’T KNOW
○ REFUSED

45. You know how to find materials to use to teach children about nutrition. Do you...?

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
○ Agree a lot
○ Agree a little
○ Neither agree nor disagree
○ Disagree a little
○ Disagree a lot
○ DON’T KNOW
○ REFUSED

46. You have enough time to help the children be physically
active. Do you...?

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
○ Agree a lot
○ Agree a little
○ Neither agree nor disagree
○ Disagree a little
○ Disagree a lot
○ DON'T KNOW
○ REFUSED

47. You know how to help the children be more physically active. Do you...?

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
○ Agree a lot
○ Agree a little
○ Neither agree nor disagree
○ Disagree a little
○ Disagree a lot
○ DON'T KNOW
○ REFUSED
48. The children would rather watch TV or play videogames than do physical activities. Do you...

[Int Note: Do you agree, disagree, or neither? A little or a lot?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

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49. You get too tired to join in active play with the children. Do you...

[Int Note: Do you agree, disagree, or neither? A little or a lot?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

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50. You know how to get the children to be physically active during bad weather. Do you...?

[Int Note: Do you agree, disagree, or neither? A little or a lot?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

51. Parents send the right clothing for children to play outside. Do you...?

[Int Note: Do you agree, disagree, or neither? A little or a lot?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED
52. Parents want children to go outside even when it’s cold or raining. Do you...?

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
- REFUSED

53. Parents feel it is safe for children to play outside. Do you...?

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON’T KNOW
54. You worry about the children’s safety when they are playing outside. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

○ Agree a lot
○ Agree a little
○ Neither agree nor disagree
○ Disagree a little
○ Disagree a lot
○ DON'T KNOW
○ REFUSED

55. You know how to lead physical activity lessons. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

○ Agree a lot
○ Agree a little
○ Neither agree nor disagree
○ Disagree a little
Circle one: Disagree a lot, DON'T KNOW, or REFUSED.

Question: BLBARRIER56
Required

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56. The children eat unhealthy foods at home, so it's hard to get them to eat healthy foods in your care. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
- Agree a little
- Neither agree nor disagree
- Disagree a little
- Disagree a lot
- DON'T KNOW
- REFUSED

Question: BLBARRIER57
Required

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57. The children are not physically active at home, so it's hard to get them to be physically active in your care. Do you...

[INT NOTE: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]

- Agree a lot
58. The children have a lot of screen time at home, so it’s hard to limit their screen time in your care. Do you...

[Int Note: DO YOU AGREE, DISAGREE, OR NEITHER? A LITTLE OR A LOT?]
○ Agree a lot
○ Agree a little
○ Neither agree nor disagree
○ Disagree a little
○ Disagree a lot
○ DON'T KNOW
○ REFUSED

For this next set of statements, please tell me how often you do the following activities.

59. Read to the children as a group or in small groups everyday.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

60. Borrow a wide variety of children’s books about pretend and real situations.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED
61. Change the books that you have in your home; so the children have new books to read as well as some old favorites.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

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62. Read books with the children that include rhymes or phrases that are repeated.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

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63. While reading to the children, you point out important features of the book such as the front, back, title, and author.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

64. Provide at least one planned activity each day to introduce the children to letters, sounds, and printed words.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

---

65. Encourage the playful use of language through nursery rhymes and songs.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

66. Encourage the children to talk about their experiences by asking open-ended questions.

[INTERVIEWER NOTE: Open-ended questions are questions that you can’t answer with a yes or a no. An example of an open-ended question is: “What did you do at the library today?”]

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED
67. Introduce new words and their meanings to children during discussions or while reading picture books.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

68. Engage children in games and activities that encourage them to learn and practice new words.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED
69. You encourage children to scribble and experiment with pretend writing during pretend play.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

70. Help children to practice writing their own names and try making books and writing notes.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED
71. Encourage young children to scribble and pretend to be writing.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

72. Conduct games and activities to help children learn to rhyme.

- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED
73. Encourage children to describe things or tell you stories, that you write down so they can see their own words in print.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always
   - DON'T KNOW
   - REFUSED

### Question: BLREAD74

#### Required Scale Summary

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Rarely</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Often</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

74. Include the children’s home languages and cultures in the activities, books or songs that you use in your childcare home.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always
   - DON'T KNOW
   - REFUSED

### Question: BLREAD75

#### Required Scale Summary

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Rarely</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Often</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

75. Use descriptive words when talking and playing with the...
76. How often have you received training in early language and literacy?
- Never
- Rarely
- Sometimes
- Often
- Always
- DON'T KNOW
- REFUSED

77. Read wordless picture books with children.
- Never
- Rarely
-
Sometimes
○ Often
○ Always
○ DON'T KNOW
○ REFUSED

78. Encourage the children to “read” wordless picture books with you and discuss what is happening.
○ Never
○ Rarely
○ Sometimes
○ Often
○ Always
○ DON'T KNOW
○ REFUSED

79. On average, how many hours do you work each week as a child care provider?

Please include the time that you spend caring for the children, as well as administrative time spent planning lessons, managing finances, shopping, etcetera.
80a. What are your Family Child Care Home’s hours of operation?
[START TIME] 

80b. What are your Family Child Care Home’s hours of operation?
[END TIME]

81. How many children (including your own children or grandchildren) are currently enrolled in your Family Child Care Home?

82. How many of those enrolled children are your own children or grandchildren?

83. Of the total number of children reported above (including your own children or grandchildren), please write in how many fall into each age category:
- 0-12 months old
- 13-17 months old
18-24 months old
- older than 2 but less than 3 years old
- 3-4 years old
- 5 or more years old
- DON'T KNOW
- REFUSED

Question: BLDEMO84
Required
Scale Summary

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hispanic</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Non-Hispanic</td>
<td></td>
</tr>
</tbody>
</table>

84. We’d like to know about the ethnic background of the children in your care. Please estimate the number of children who are Hispanic or non-Hispanic. If you don’t know the exact numbers, please estimate to the best of your ability.

- Hispanic: 
- Non-Hispanic: 

Question: BLDEMO85
Required
Scale Summary

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>American Indian/Alaska Native:</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Asian American:</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Black/African American:</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Native Hawaiian / Pacific Islander:</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>White / Caucasian:</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Mixed Race:</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

85. We’d also like to know about the race of the children in your care. Please estimate the number of children in each of the following racial/ethnical groups. If you don’t know the exact numbers, please estimate to the best of your ability.

- American Indian/Alaska Native:
- Asian American:
- Black/African American:
134

Native Hawaiian / Pacific Islander
White / Caucasian:
Mixed Race
Other

Question: BLDEMO86
Required

86. How many years have you been working in the early childhood profession?

Question: BLDEMO87
Required

87. What is your age?

Question: BLDEMO88
Required

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Single, never married</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Married or living with a partner</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Divorced</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Separated</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Widowed</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

Question: BLDEMO89
Required

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>U.S.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

89. What country were you born in?
- U.S.
- Other
- DON'T KNOW
- REFUSED

90. How many years have you lived in the U.S.?

91. Which language(s) are spoken in your home outside of your childcare business?
- English only
- Spanish only
- Both, more English than Spanish
- Both, equal amounts of time
- Both, more Spanish than English
- Other
- DON'T KNOW
- REFUSED
92. Which languages do you speak with the children in your care?
- English only
- Spanish only
- Both, more English than Spanish
- Both, equal amounts of time
- Both, more Spanish than English
- Other
- DON'T KNOW
- REFUSED

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $25,000</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$25,001-$50,000</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$50,001-$75,000</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>$75,001-$100,000</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>$100,001 or more</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

93. What is your total yearly household income from all sources? Remember, all your answers are kept confidential.
- Less than $25,000
- $25,001-$50,000
- $50,001-$75,000
- $75,001-$100,000
- $100,001 or more
- DON'T KNOW
- REFUSED

94. Which of the following programs do you currently participate in? You can choose more than one.
- WIC
- SNAP or Food Stamps
None of the above
DON’T KNOW
REFUSED

Question: BLDEMO95
Required

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I do not have a high school diploma or GED.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I have a high school diploma or GED.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I have an associates degree or 60 semester hours of college credit.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I have a bachelor’s degree.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I have a master’s degree or higher.</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>DON’T KNOW</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

95. Which of the following best describes your level of education?
- I do not have a high school diploma or GED.
- I have a high school diploma or GED.
- I have an associates degree or 60 semester hours of college credit.
- I have a bachelor’s degree.
- I have a master’s degree or higher.
- DON’T KNOW
- REFUSED

Question: BLDEMO96
Required
Show if: (BLDEMO95 is any of 3:[I have an associates degree or 60 semester hours of college credit.] or 4:[I have a bachelor’s degree.] or 5:[I have a master’s degree or higher.])

<table>
<thead>
<tr>
<th>Code</th>
<th>Label</th>
<th>Show-If</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>DON’T KNOW</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

96. Do you have a degree in early childhood education or child development?
- Yes
- No
- DON’T KNOW
- REFUSED

Question: BLDEMO97
Required

Scale Summary
97. Do you have a current CDA (Child Development Associate, a credential administered through the Council for Professional Recognition)?
   ○ YES
   ○ NO
   ○ DON'T KNOW
   ○ REFUSED

98. Not including your own children or grandchildren, how many hours is the average child in your day care each day?

99. Do other people work at your Family Child Care Home?
   ○ YES
   ○ NO
   ○ DON'T KNOW
   ○ REFUSED

100. How many paid workers do you have?

101. How many unpaid workers do you have?
102. How many family members (paid or unpaid) work in your child care home?

103. How many adults (18+), including yourself, live in your household?

104. How many children live in your household?

105. Does your child care home accept CACFP subsidies (also known as the food program)?
   - YES
   - NO
   - DON'T KNOW
   - REFUSED

106. Do you use the following social media?
   - Facebook
   - Twitter
   - DON'T KNOW
   - REFUSED
### Question: BLDEMO107
**Required**

<table>
<thead>
<tr>
<th>Scale Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

107. Do you use your cell phone to check email, social media, or browse the internet?

- YES
- NO

### Question: BLDEMO108
**Required**

<table>
<thead>
<tr>
<th>Scale Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

108. Our intervention will include several short (5 minute) videos. How would you prefer to receive them?

- DVD
- Email
- Text
- NONE OF THE ABOVE

We can provide you with a DVD player.

Thank you for completing this survey.
APPENDIX D: DIETARY OBSERVATION IN CHILD CARE (DOCC) FORM

DIET OBSERVATION FORM

Home ID: ___________________________  Date: _______ / _______ / _____

Observer: ___________________________  Meal:

Meal start time: ________________  Meal end time: ________________

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Description</th>
<th>Amount Served</th>
<th>Amount +/-</th>
<th>Amount Remaining</th>
<th>Amount Consumed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child ID:</td>
<td>Description:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start time:</td>
<td>End time:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Child ID: ______  Description: __________________________
Start time: __________  End time: ________________

Child ID: ______  Description: __________________________
Start time: __________  End time: ________________

Child ID: ______  Description: __________________________
Start time: __________  End time: ________________

Child ID: ______  Description: __________________________
Start time: __________  End time: ________________
## APPENDIX E: NDSR OUTPUT FILES

### Intake Properties Totals File (File 04)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Life Stage Group (based on the current Dietary Reference Intakes (1997-2001 National Academy of Sciences, Food and Nutrition Board) for Recommended Dietary Allowances (RDA) and Adequate Intakes (AI))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NDSR 4.0_28 through 4.04_32 RDA Category (based on 1989 RDAs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01 = Infants 0.0-0.5 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>02 = Infants 0.5-1.0 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>03 = Children 1-3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>04 = Children 4-6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>05 = Child 7-10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>06 = Males 11-14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>07 = Males 15-18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>08 = Males 19-24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>09 = Males 25-50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 = Males 51+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11 = Females 11-14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 = Females 15-18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13 = Females 19-24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14 = Females 25-50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 = Females 51+</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 = Pregnant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17 = Lactating 1st 6 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18 = Lactating 2nd 6 months</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Intake Amount</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = Close to the amount that you usually eat?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = A lot more than usually eat?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = A lot less than usually eat?</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Intake Reliability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = Reliable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = Unreliable because the participant was unable to recall one or more meals</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Data Collected in NCC Database Version</td>
<td></td>
</tr>
</tbody>
</table>
### Intake Properties Totals File (File 04)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Data Collected in Software Version</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Total Grams</td>
<td>Calculated from the Food File (File 02). May not include the weights of all preparation ingredients.</td>
</tr>
</tbody>
</table>

### Intake Properties Totals File (File 04)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Energy (kilocalories)</td>
<td>kcal</td>
</tr>
<tr>
<td>21</td>
<td>Total Fat</td>
<td>g</td>
</tr>
<tr>
<td>22</td>
<td>Total Carbohydrate</td>
<td>g</td>
</tr>
<tr>
<td>23</td>
<td>Total Protein</td>
<td>g</td>
</tr>
<tr>
<td>24</td>
<td>Animal Protein</td>
<td>g</td>
</tr>
<tr>
<td>25</td>
<td>Vegetable Protein</td>
<td>g</td>
</tr>
<tr>
<td>26</td>
<td>Alcohol</td>
<td>g</td>
</tr>
<tr>
<td>27</td>
<td>Cholesterol</td>
<td>mg</td>
</tr>
<tr>
<td>28</td>
<td>Total Saturated Fatty Acids (SFA)</td>
<td>g</td>
</tr>
<tr>
<td>29</td>
<td>Total Monounsaturated Fatty Acids (MUFA)</td>
<td>g</td>
</tr>
<tr>
<td>30</td>
<td>Total Polyunsaturated Fatty Acids (PUFA)</td>
<td>g</td>
</tr>
<tr>
<td>31</td>
<td>Fructose</td>
<td>g</td>
</tr>
<tr>
<td>32</td>
<td>Galactose</td>
<td>g</td>
</tr>
<tr>
<td>33</td>
<td>Glucose</td>
<td>g</td>
</tr>
<tr>
<td>34</td>
<td>Lactose</td>
<td>g</td>
</tr>
<tr>
<td>35</td>
<td>Maltose</td>
<td>g</td>
</tr>
<tr>
<td>36</td>
<td>Sucrose</td>
<td>g</td>
</tr>
<tr>
<td>37</td>
<td>Starch</td>
<td>g</td>
</tr>
<tr>
<td>38</td>
<td>Total Dietary Fiber</td>
<td>g</td>
</tr>
<tr>
<td>39</td>
<td>Soluble Dietary Fiber</td>
<td>g</td>
</tr>
<tr>
<td>40</td>
<td>Insoluble Dietary Fiber</td>
<td>g</td>
</tr>
<tr>
<td>41</td>
<td>Pectins</td>
<td>g</td>
</tr>
<tr>
<td>42</td>
<td>Total Vitamin A Activity (International Units)</td>
<td>IU</td>
</tr>
<tr>
<td>43</td>
<td>Beta-Carotene Equivalents (derived from provitamin A carotenoids)</td>
<td>mcg</td>
</tr>
<tr>
<td>44</td>
<td>Retinol</td>
<td>mcg</td>
</tr>
<tr>
<td>45</td>
<td>Vitamin D (calciferol)</td>
<td>mcg</td>
</tr>
<tr>
<td>46</td>
<td>Total Alpha-Tocopherol Equivalents (see columns 171-173)</td>
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<td>47</td>
<td>Vitamin E (Total Alpha-Tocopherol) (see columns 171-173)</td>
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<td>57</td>
<td>Vitamin B6 (pyridoxine, pyridoxyl, and pyridoxamine)</td>
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<td>58</td>
<td>Total Folate (see columns 149-151)</td>
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<td>PUFA 22:6 (docosahexaenoic acid [DHA])</td>
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## Intake Properties Totals File (File 04)

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<td>Ash</td>
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<td>Water</td>
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<td>Total Trans-Fatty Acids (TRANS)</td>
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<td>Column</td>
<td>Description</td>
<td>Units</td>
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<td>171</td>
<td>Vitamin E (International Units)</td>
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<td>172</td>
<td>Natural Alpha-Tocopherol (RRR-alpha-tocopherol or d-alpha-tocopherol)</td>
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<td>Added Sugars (by Available Carbohydrate)</td>
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### Intake Properties Totals File (File 04)

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<td>Glycemic Load (glucose reference)</td>
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<td>191</td>
<td>Glycemic Load (bread reference)</td>
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<td>Choline</td>
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<td>Total Conjugated Linoleic Acid (CLA 18:2)</td>
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<td>CLA cis-9, trans-11</td>
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<td>CLA trans-10, cis-12</td>
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<td>Tagatose</td>
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<td>Vitamin D2 (ergocalciferol)</td>
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<td>Added Sugars (by Total Sugars)</td>
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<td>Total Grains (ounce equivalents)</td>
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<td>Whole Grains (ounce equivalents)</td>
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<td>Refined Grains (ounce equivalents)</td>
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### Serving Count Totals File (File 09):

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<td>3</td>
<td>Date of Intake</td>
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<td>4-171</td>
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### Serving Count Subgroup Specifications:

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<td>Citrus Juice</td>
<td>Must be 100% citrus juice; includes sweetened and unsweetened.</td>
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<td>Description</td>
<td>Notes</td>
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<tr>
<td>--------</td>
<td>-------------------------------------------------</td>
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<tr>
<td>FRU0200</td>
<td>Fruit Juice excluding Citrus Juice</td>
<td>Must be 100% juice; includes sweetened and unsweetened.</td>
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<tr>
<td>FRU0300</td>
<td>Citrus Fruit</td>
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</tr>
<tr>
<td>FRU0400</td>
<td>Fruit excluding Citrus Fruit</td>
<td>Includes fruit in cereal, excludes fruit in candy, ice cream, granola bars, pie, cake and other baked goods.</td>
</tr>
<tr>
<td>FRU0500</td>
<td>Avocado and Similar</td>
<td>Includes avocado in guacamole.</td>
</tr>
<tr>
<td>FRU0600</td>
<td>Fried Fruits</td>
<td>e.g., fried apple, banana, plantain, etc.</td>
</tr>
<tr>
<td>FRU0700</td>
<td>Fruit-based Savory Snack</td>
<td>e.g., apple chips, banana chips, dried banana flakes, etc.</td>
</tr>
<tr>
<td>VEG0100</td>
<td>Dark-green Vegetables</td>
<td>Includes vegetables in salads, soups, stews, stir-fry and similar mixed dishes. e.g., broccoli, collards, romaine, spinach, etc.</td>
</tr>
<tr>
<td>VEG0200</td>
<td>Deep-yellow Vegetables</td>
<td>Includes vegetables in salads, soups, stews, stir-fry and similar mixed dishes. e.g., carrots, winter squash, sweet potatoes, pumpkin, etc.</td>
</tr>
<tr>
<td>VEG0300</td>
<td>Tomato</td>
<td>Includes tomato in salads, soups, stews, stir-fry and similar mixed dishes. e.g., salsa, tomato sauce, tomato-based spaghetti sauce, tomato puree, and tomato paste.</td>
</tr>
<tr>
<td>VEG0400</td>
<td>White Potatoes</td>
<td>Includes white potatoes in recipes, potato</td>
</tr>
<tr>
<td>Subgroup ID Code</td>
<td>Description</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------</td>
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<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>VEG0800</td>
<td>Fried Potatoes</td>
<td>salad, scalloped potatoes, etc.</td>
</tr>
<tr>
<td>VEG0450</td>
<td>Other Starchy Vegetables</td>
<td>e.g., French fries, hash browns, pan fried potatoes, fried potato skins, etc. Includes vegetables in salads, soups, stews, stir-fry and similar mixed dishes. e.g., corn, immature lima beans, lentil sprouts, peas, etc.</td>
</tr>
<tr>
<td>VEG0700</td>
<td>Legumes (cooked dried beans)</td>
<td>Includes mature cooked dried beans in salads, soups, stews, stir-fry, and similar mixed dishes. e.g., mature lima beans, refried beans, baked beans, pork and beans, etc.</td>
</tr>
<tr>
<td>VEG0600</td>
<td>Other Vegetables</td>
<td>Includes vegetables in salads, soups, stews, stir-fry, and similar mixed dishes. e.g., beets, cabbage, mung bean sprouts, summer squash, etc.</td>
</tr>
<tr>
<td>VEG0900</td>
<td>Fried Vegetables</td>
<td>e.g., breaded and fried broccoli, mushrooms, onion rings etc. Excludes stir-fry or sauté.</td>
</tr>
<tr>
<td>VEG0500</td>
<td>Vegetable Juice</td>
<td>Must be 100% juice. e.g., carrot, tomato, V-8, etc.</td>
</tr>
<tr>
<td>FMC0100</td>
<td>Vegetable-based Savory Snack</td>
<td>e.g., potato chips, canned onion rings, etc.</td>
</tr>
<tr>
<td>GRW0100</td>
<td>Grains, Flour and Dry Mixes - Whole Grain</td>
<td>e.g., brown rice, cracked wheat, oatmeal, whole grain corn meal, whole rye meal, whole wheat flour, etc.</td>
</tr>
<tr>
<td>GRS0100</td>
<td>Grains, Flour and Dry Mixes - Some Whole Grain</td>
<td>e.g., oat bran, rice bran, wheat germ, etc.</td>
</tr>
<tr>
<td>GRR0100</td>
<td>Grains, Flour and Dry Mixes - Refined Grain</td>
<td>e.g., corn meal, pearled barley, rye flour, wheat flour, white rice, etc.</td>
</tr>
<tr>
<td>GRW0200</td>
<td>Loaf-type Bread and Plain Rolls - Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRS0200</td>
<td>Loaf-type Bread and Plain Rolls - Some Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRR0200</td>
<td>Loaf-type Bread and Plain Rolls - Refined Grain</td>
<td></td>
</tr>
<tr>
<td>GRW0300</td>
<td>Other Breads (quick breads, corn muffins, tortillas) - Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRS0300</td>
<td>Other Breads (quick breads, corn muffins, tortillas) - Some Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRR0300</td>
<td>Other Breads (quick breads, corn muffins, tortillas) - Refined Grain</td>
<td></td>
</tr>
<tr>
<td>GRW0400</td>
<td>Crackers - Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRS0400</td>
<td>Crackers - Some Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRR0400</td>
<td>Crackers - Refined Grain</td>
<td></td>
</tr>
<tr>
<td>GRW0500</td>
<td>Pasta - Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRS0500</td>
<td>Pasta - Some Whole Grain</td>
<td></td>
</tr>
<tr>
<td>Subgroup ID Code</td>
<td>Description</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>GRR0500</td>
<td>Pasta - Refined Grain</td>
<td></td>
</tr>
<tr>
<td>GRW0600</td>
<td>Ready-to-eat Cereal (not presweetened) - Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRS0600</td>
<td>Ready-to-eat Cereal (not presweetened) - Some Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRR0600</td>
<td>Ready-to-eat Cereal (not presweetened) - Refined Grain</td>
<td></td>
</tr>
<tr>
<td>GRW0700</td>
<td>Ready-to-eat Cereal (presweetened) - Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRS0700</td>
<td>Ready-to-eat Cereal (presweetened) - Some Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRR0700</td>
<td>Ready-to-eat Cereal (presweetened) - Refined Grain</td>
<td></td>
</tr>
<tr>
<td>GRW0800</td>
<td>Cakes, Cookies, Pies, Pastries, Danish, Doughnuts and Cobblers - Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRS0800</td>
<td>Cakes, Cookies, Pies, Pastries, Danish, Doughnuts and Cobblers - Some Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRR0800</td>
<td>Cakes, Cookies, Pies, Pastries, Danish, Doughnuts and Cobblers - Refined Grain</td>
<td></td>
</tr>
<tr>
<td>GRW1000</td>
<td>Snack Bars - Whole Grain</td>
<td>e.g., breakfast bars, energy bars, granola bars, etc.</td>
</tr>
<tr>
<td>GRS1000</td>
<td>Snack Bars - Some Whole Grain</td>
<td>e.g., breakfast bars, energy bars, granola bars, etc.</td>
</tr>
<tr>
<td>GRR1000</td>
<td>Snack Bars - Refined Grain</td>
<td>e.g., breakfast bars, energy bars, granola bars, etc.</td>
</tr>
<tr>
<td>GRW0900</td>
<td>Snack Chips - Whole Grain</td>
<td>e.g., corn chips, rice cakes, etc.</td>
</tr>
<tr>
<td>GRS0900</td>
<td>Snack Chips - Some Whole Grain</td>
<td>e.g., wheat nuts, etc.</td>
</tr>
<tr>
<td>GRR0900</td>
<td>Snack Chips - Refined Grain</td>
<td>e.g., cheese puffs, pretzels, etc.</td>
</tr>
<tr>
<td>GRW1100</td>
<td>Popcorn</td>
<td></td>
</tr>
<tr>
<td>GRW1200</td>
<td>Flavored Popcorn</td>
<td>e.g., caramel, cheese, etc.</td>
</tr>
<tr>
<td>GRR1300</td>
<td>Baby Food Grain Mixtures – Refined Grain</td>
<td></td>
</tr>
<tr>
<td>MRF0100</td>
<td>Beef</td>
<td></td>
</tr>
<tr>
<td>MRL0100</td>
<td>Lean Beef</td>
<td>• 10% fat</td>
</tr>
<tr>
<td>MRF0200</td>
<td>Veal</td>
<td></td>
</tr>
<tr>
<td>MRL0200</td>
<td>Lean Veal</td>
<td>• 10% fat</td>
</tr>
<tr>
<td>MRF0300</td>
<td>Lamb</td>
<td></td>
</tr>
<tr>
<td>MRL0300</td>
<td>Lean Lamb</td>
<td>• 10% fat</td>
</tr>
<tr>
<td>MRF0400</td>
<td>Fresh Pork</td>
<td></td>
</tr>
<tr>
<td>MRL0400</td>
<td>Lean Fresh Pork</td>
<td>• 10% fat</td>
</tr>
<tr>
<td>MCF0200</td>
<td>Cured Pork</td>
<td></td>
</tr>
<tr>
<td>MCL0200</td>
<td>Lean Cured Pork</td>
<td>• 10% fat</td>
</tr>
<tr>
<td>MRF0500</td>
<td>Game</td>
<td>e.g., buffalo, venison, rabbit, squirrel, etc.</td>
</tr>
<tr>
<td>MPF0100</td>
<td>Poultry</td>
<td>e.g., chicken, duck, grouse, pheasant, quail, turkey, etc.</td>
</tr>
<tr>
<td>Subgroup ID Code</td>
<td>Description</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MPL0100</td>
<td>Lean Poultry</td>
<td>e.g., chicken, duck, grouse, pheasant, quail, turkey, etc.</td>
</tr>
<tr>
<td>MPF0200</td>
<td>Fried Chicken - Commercial Entrée and Fast Food</td>
<td></td>
</tr>
<tr>
<td>MFF0100</td>
<td>Fish - Fresh and Smoked</td>
<td></td>
</tr>
<tr>
<td>MFL0100</td>
<td>Lean Fish - Fresh and Smoked</td>
<td></td>
</tr>
<tr>
<td>MFF0200</td>
<td>Fried Fish - Commercial Entrée and Fast Food</td>
<td></td>
</tr>
<tr>
<td>MSL0100</td>
<td>Shellfish</td>
<td></td>
</tr>
<tr>
<td>MSF0100</td>
<td>Fried Shellfish - Commercial Entrée and Fast Food</td>
<td></td>
</tr>
<tr>
<td>MCF0100</td>
<td>Cold Cuts and Sausage</td>
<td>Fresh and cured</td>
</tr>
<tr>
<td>MCL0100</td>
<td>Lean Cold Cuts and Sausage</td>
<td>Fresh and cured, • 10% fat</td>
</tr>
<tr>
<td>MOF0100</td>
<td>Organ Meats</td>
<td></td>
</tr>
<tr>
<td>MOF0200</td>
<td>Baby Food Meat Mixtures</td>
<td>e.g., dinner combinations with meat, pasta and/or vegetables.</td>
</tr>
<tr>
<td>FMC0200</td>
<td>Meat-based Savory Snack</td>
<td>e.g., fried pork rinds.</td>
</tr>
<tr>
<td>MOF0300</td>
<td>Eggs</td>
<td></td>
</tr>
<tr>
<td>MOF0400</td>
<td>Egg Substitute</td>
<td></td>
</tr>
<tr>
<td>MOF0500</td>
<td>Nuts and Seeds</td>
<td></td>
</tr>
<tr>
<td>MOF0600</td>
<td>Nut and Seed Butters</td>
<td></td>
</tr>
<tr>
<td>MOF0700</td>
<td>Meat Alternatives</td>
<td>e.g., tofu, tempeh, soy nuts, veggie burgers, etc.</td>
</tr>
<tr>
<td>DMF0100</td>
<td>Milk - Whole</td>
<td></td>
</tr>
<tr>
<td>DMR0100</td>
<td>Milk - Reduced Fat</td>
<td></td>
</tr>
<tr>
<td>DML0100</td>
<td>Milk - Low Fat and Fat Free</td>
<td></td>
</tr>
<tr>
<td>DNN0100</td>
<td>Milk - Nondairy</td>
<td></td>
</tr>
<tr>
<td>DMF0200</td>
<td>Ready-to-drink Flavored Milk - Whole</td>
<td>e.g., chocolate, strawberry flavored, etc.</td>
</tr>
<tr>
<td>DMR0200</td>
<td>Ready-to-drink Flavored Milk - Reduced Fat</td>
<td>e.g., chocolate, strawberry flavored, etc.</td>
</tr>
<tr>
<td>DML0200</td>
<td>Ready-to-drink Flavored Milk - Low Fat and Fat Free</td>
<td>e.g., chocolate, strawberry flavored, etc.</td>
</tr>
<tr>
<td>DLM0300</td>
<td>Sweetened Flavored Milk Beverage Powder with Non-fat Dry Milk</td>
<td>e.g., powdered hot chocolate or cocoa to mix with water, etc.</td>
</tr>
<tr>
<td>DLM0400</td>
<td>Artificially Sweetened Flavored Milk Beverage Powder with Non-fat Dry Milk</td>
<td>e.g., powdered hot chocolate or cocoa to mix with water, etc.</td>
</tr>
<tr>
<td>SWT0600</td>
<td>Sweetened Flavored Milk Beverage Powder without Non-fat Dry Milk</td>
<td>e.g., powdered hot chocolate or cocoa to mix with milk, etc.</td>
</tr>
<tr>
<td>MSC1100</td>
<td>Artificially Sweetened Flavored Milk Beverage Powder without Non-fat Dry Milk</td>
<td>e.g., powdered hot chocolate or cocoa to mix with milk, etc.</td>
</tr>
<tr>
<td>DCF0100</td>
<td>Cheese - Full Fat</td>
<td>Includes natural and process cheese, cottage cheese, cream cheese, etc.</td>
</tr>
<tr>
<td>DCR0100</td>
<td>Cheese - Reduced Fat</td>
<td>Includes natural and process cheese, cottage cheese, cream cheese, etc.</td>
</tr>
<tr>
<td>DCL0100</td>
<td>Cheese - Low Fat and Fat Free</td>
<td>Includes natural and process cheese, cottage cheese, cream cheese, etc.</td>
</tr>
<tr>
<td>Subgroup ID Code</td>
<td>Description</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>DCN0100</td>
<td>Cheese - Nondairy</td>
<td></td>
</tr>
<tr>
<td>DYF0100</td>
<td>Yogurt - Sweetened Whole Milk</td>
<td></td>
</tr>
<tr>
<td>DYR0100</td>
<td>Yogurt - Sweetened Low Fat</td>
<td></td>
</tr>
<tr>
<td>DYL0100</td>
<td>Yogurt - Sweetened Fat Free</td>
<td></td>
</tr>
<tr>
<td>DYF0200</td>
<td>Yogurt - Artificially Sweetened Whole Milk</td>
<td></td>
</tr>
<tr>
<td>DYR0200</td>
<td>Yogurt - Artificially Sweetened Low Fat</td>
<td></td>
</tr>
<tr>
<td>DYL0200</td>
<td>Yogurt - Artificially Sweetened Fat Free</td>
<td></td>
</tr>
<tr>
<td>DYN0100</td>
<td>Yogurt - Nondairy</td>
<td></td>
</tr>
<tr>
<td>DOT0100</td>
<td>Frozen Dairy Dessert</td>
<td>e.g., frozen yogurt, ice cream, ice cream treats, etc.</td>
</tr>
<tr>
<td>DOT0200</td>
<td>Frozen Nondairy Dessert</td>
<td></td>
</tr>
<tr>
<td>DOT0300</td>
<td>Pudding and Other Dairy Dessert</td>
<td></td>
</tr>
<tr>
<td>DOT0400</td>
<td>Artificially Sweetened Pudding and Other Dairy Dessert</td>
<td></td>
</tr>
<tr>
<td>FCF0100</td>
<td>Cream</td>
<td>e.g., coffee cream, whipping cream, sour cream, etc.</td>
</tr>
<tr>
<td>FCR0100</td>
<td>Cream - Reduced Fat</td>
<td>e.g., coffee cream, whipping cream, sour cream, etc.</td>
</tr>
<tr>
<td>FCL0100</td>
<td>Cream - Low Fat and Fat Free</td>
<td>e.g., coffee cream, whipping cream, sour cream, etc.</td>
</tr>
<tr>
<td>FCN0100</td>
<td>Cream - Nondairy</td>
<td>e.g., coffee cream, whipping cream, sour cream, etc.</td>
</tr>
<tr>
<td>DOT0500</td>
<td>Dairy-based Sweetened Meal Replacement/Supplement</td>
<td></td>
</tr>
<tr>
<td>DOT0600</td>
<td>Dairy-based Artificially Sweetened Meal Replacement/Supplement</td>
<td></td>
</tr>
<tr>
<td>DOT0700</td>
<td>Infant Formula</td>
<td>Includes concentrate, ready-to-feed and dry powder.</td>
</tr>
<tr>
<td>DOT0800</td>
<td>Infant Formula - Nondairy</td>
<td>Includes concentrate, ready-to-feed and dry powder.</td>
</tr>
<tr>
<td>FMF0100</td>
<td>Margarine - Regular</td>
<td></td>
</tr>
<tr>
<td>FMR0100</td>
<td>Margarine - Reduced Fat</td>
<td></td>
</tr>
<tr>
<td>FOF0100</td>
<td>Oil</td>
<td>Includes cooking sprays.</td>
</tr>
<tr>
<td>FSF0100</td>
<td>Shortening</td>
<td></td>
</tr>
<tr>
<td>FAF0100</td>
<td>Butter and Other Animal Fats - Regular</td>
<td>Includes butter/margarine blends and honey butter.</td>
</tr>
<tr>
<td>FAR0100</td>
<td>Butter and Other Animal Fats - Reduced Fat</td>
<td>Includes butter/margarine blends and honey butter.</td>
</tr>
<tr>
<td>FDF0100</td>
<td>Salad Dressing - Regular</td>
<td>Includes mayonnaise and mayonnaise-type dressing.</td>
</tr>
<tr>
<td>FDR0100</td>
<td>Salad Dressing - Reduced Fat/Reduced Calorie/Fat Free</td>
<td>Includes mayonnaise and mayonnaise-type dressing.</td>
</tr>
<tr>
<td>SWT0400</td>
<td>Sugar</td>
<td></td>
</tr>
<tr>
<td>MSC1200</td>
<td>Sugar Substitute</td>
<td>e.g., aspartame, saccharin, etc.</td>
</tr>
<tr>
<td>SWT0500</td>
<td>Syrup, Honey, Jam, Jelly, Preserves</td>
<td></td>
</tr>
<tr>
<td>Subgroup ID Code</td>
<td>Description</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>SWT0700</td>
<td>Sauces, Sweet - Regular</td>
<td>e.g., fudge, caramel, butterscotch, etc.</td>
</tr>
<tr>
<td>SWT0800</td>
<td>Sauces, Sweet - Reduced Fat/Reduced Calorie/Fat Free</td>
<td>e.g., fudge, caramel, butterscotch, etc.</td>
</tr>
<tr>
<td>SWT0100</td>
<td>Chocolate Candy</td>
<td></td>
</tr>
<tr>
<td>SWT0200</td>
<td>Non-chocolate Candy</td>
<td></td>
</tr>
<tr>
<td>SWT0300</td>
<td>Frosting or Glaze</td>
<td></td>
</tr>
<tr>
<td>BVS0400</td>
<td>Sweetened Soft Drinks</td>
<td>Includes with and without caffeine.</td>
</tr>
<tr>
<td>BVA0400</td>
<td>Artificially Sweetened Soft Drinks</td>
<td>Includes with and without caffeine.</td>
</tr>
<tr>
<td>BVU0300</td>
<td>Unsweetened Soft Drinks</td>
<td>Includes with and without caffeine.</td>
</tr>
<tr>
<td>BVS0300</td>
<td>Sweetened Fruit Drinks</td>
<td></td>
</tr>
<tr>
<td>BVA0300</td>
<td>Artificially Sweetened Fruit Drinks</td>
<td></td>
</tr>
<tr>
<td>BVS0500</td>
<td>Sweetened Tea</td>
<td></td>
</tr>
<tr>
<td>BVA0500</td>
<td>Artificially Sweetened Tea</td>
<td></td>
</tr>
<tr>
<td>BVU0400</td>
<td>Unsweetened Tea</td>
<td></td>
</tr>
<tr>
<td>BVS0100</td>
<td>Sweetened Coffee</td>
<td></td>
</tr>
<tr>
<td>BVA0100</td>
<td>Artificially Sweetened Coffee</td>
<td></td>
</tr>
<tr>
<td>BVU0100</td>
<td>Unsweetened Coffee</td>
<td></td>
</tr>
<tr>
<td>BVS0200</td>
<td>Sweetened Coffee Substitutes</td>
<td></td>
</tr>
<tr>
<td>BVA0200</td>
<td>Artificially Sweetened Coffee Substitutes</td>
<td></td>
</tr>
<tr>
<td>BVU0200</td>
<td>Unsweetened Coffee Substitutes</td>
<td></td>
</tr>
<tr>
<td>BVS0600</td>
<td>Sweetened Water</td>
<td></td>
</tr>
<tr>
<td>BVA0600</td>
<td>Artificially Sweetened Water</td>
<td></td>
</tr>
<tr>
<td>BVU0500</td>
<td>Unsweetened Water</td>
<td>e.g., spring, tap, bottled, etc.</td>
</tr>
<tr>
<td>BVS0700</td>
<td>Nondairy-based Sweetened Meal Replacement/Supplement</td>
<td>Includes meal replacement drinks, sports drinks.</td>
</tr>
<tr>
<td>BVA0700</td>
<td>Nondairy-based Artificially Sweetened Meal Replacement/Supplement</td>
<td>Includes meal replacement drinks, sports drinks.</td>
</tr>
<tr>
<td>BVU0600</td>
<td>Nondairy-based Unsweetened Meal Replacement/Supplement</td>
<td>Includes meal replacement drinks, sports drinks.</td>
</tr>
<tr>
<td>BVO0100</td>
<td>Non-alcoholic Beer</td>
<td></td>
</tr>
<tr>
<td>BVO0200</td>
<td>Non-alcoholic Light Beer</td>
<td></td>
</tr>
<tr>
<td>BVE0100</td>
<td>Beer and Ales</td>
<td></td>
</tr>
<tr>
<td>BVE0400</td>
<td>Cordial and Liqueur</td>
<td></td>
</tr>
<tr>
<td>BVE0300</td>
<td>Distilled Liquor</td>
<td></td>
</tr>
<tr>
<td>BVE0200</td>
<td>Wine</td>
<td></td>
</tr>
<tr>
<td>MSC0100</td>
<td>Gravy - Regular</td>
<td></td>
</tr>
<tr>
<td>MSC0200</td>
<td>Gravy - Reduced Fat/Fat Free</td>
<td></td>
</tr>
<tr>
<td>MSC0300</td>
<td>Sauces and Condiments - Regular</td>
<td>e.g., alfredo sauce, cheese sauce, hollandaise sauce, tartar sauce, white sauce, etc.</td>
</tr>
<tr>
<td>MSC0400</td>
<td>Sauces and Condiments - Reduced Fat</td>
<td>e.g., barbeque sauce, catsup, mustard, soy sauce, steak sauce, taco sauce, etc.</td>
</tr>
<tr>
<td>MSC0500</td>
<td>Pickled Foods</td>
<td>e.g., capers, olives, sauerkraut, pickled vegetables, etc.</td>
</tr>
<tr>
<td>Subgroup ID Code</td>
<td>Description</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MSC0600</td>
<td>Miscellaneous Dessert</td>
<td>e.g., gelatin dessert, lemon pudding and pie filling, etc.</td>
</tr>
<tr>
<td>MSC0700</td>
<td>Non-grain Flour and Similar</td>
<td>e.g., chickpea, potato, peanut, soy flour, etc.</td>
</tr>
<tr>
<td>MSC0800</td>
<td>Soup Broth</td>
<td>e.g., clear broth, consommé, bouillon, etc.</td>
</tr>
<tr>
<td>MSC0900</td>
<td>Baby Food Dessert</td>
<td>e.g., fruit cobblers, fruit desserts, etc.</td>
</tr>
<tr>
<td>MSC1000</td>
<td>Miscellaneous Baby Food Mixtures</td>
<td>e.g., baby food soups, vegetable and cheese mixtures, fruit and vegetable combinations, etc.</td>
</tr>
<tr>
<td>GRW1300</td>
<td>Baby Food Grain Mixtures – Whole Grain</td>
<td></td>
</tr>
<tr>
<td>GRS1300</td>
<td>Baby Food Grain Mixtures – Some Whole Grain</td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX F: FOOD GROUP EQUATIONS

<table>
<thead>
<tr>
<th>Food Group</th>
<th>SAS Variable Name</th>
<th>NDSR SERVING COUNT SIZE</th>
<th>Summation equations by NDSR Output variable names (these are NDSR output columns for food groups equivalents by their label)</th>
<th>Summation equation</th>
<th>Variable type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables (CUPS)</td>
<td>vegetables</td>
<td>Leafy veg</td>
<td>Dark-green vegetables + Deep-yellow vegetables + Tomato + White potatoes + Fried Potatoes + Other starchy vegetables + Legumes (cooked dried beans) + Other vegetables + Fried vegetables + Vegetable juice</td>
<td>(VEG0100+VEG0200+VEG0300+VEG0400+VEG0800+VEG0450+VEG0700+VEG0600+VEG0900+VEG0500)/2;</td>
<td>continuous</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 CP = 1 serving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>½ CP = 1 serving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dark green veg</td>
<td>Dark-green vegetables VEG0100/2;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Red orange veg</td>
<td>Deep-yellow vegetables + Tomato (VEG0200+VEG0300)/2;</td>
<td></td>
<td>continuous</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Legumes</td>
<td>Legumes VEG0700/2</td>
<td></td>
<td>continuous</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Starchy veg</td>
<td>Other starchy vegetables = (VEG0400+VEG0800+VEG0500)/2;</td>
<td></td>
<td>continuous</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other veg</td>
<td>Other vegetables = (VEG0900)/2;</td>
<td></td>
<td>continuous</td>
</tr>
<tr>
<td>Fruit (CUP Servings)</td>
<td>fruit</td>
<td>½ CP = 1 serving</td>
<td>Citrus Juice + Fruit juice excluding citrus juice + Citrus Fruit + Fruit excluding Citrus Fruit + Avocado or similar + Fried Fruits + Fruit-based savory snack</td>
<td>(FRU0100+FRU0200+FRU0300+FRU0400+FRU0500+FRU0600+FRU0700)/2;</td>
<td>continuous</td>
</tr>
<tr>
<td>Juice</td>
<td>juice</td>
<td>1 oz = 1 serving</td>
<td>Citrus Juice + Fruit Juice excluding citrus Juice</td>
<td>(FRU0100+FRU0200)/2;</td>
<td>continuous</td>
</tr>
<tr>
<td>Whole Grains (OZ)</td>
<td>wholegrainsozeq</td>
<td>1 oz = 1 serving</td>
<td>Whole Grains ounce equivalents no summation (raw NDSR output)</td>
<td></td>
<td>continuous</td>
</tr>
<tr>
<td>Refined Grains (OZ)</td>
<td>refgrainsozeq</td>
<td>1 oz = 1 serving</td>
<td>Refined Grains ounce equivalents no summation (raw NDSR output)</td>
<td></td>
<td>continuous</td>
</tr>
<tr>
<td>Category</td>
<td>Calculation</td>
<td>Units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-fat dairy</td>
<td>( (DML0100+DMN0100+DML0200+DML0300+DML0400+DCL0100+DCL0200+DML0300+DCL0200+)</td>
<td>continuous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein (OZ)</td>
<td>( (MRF0100+MRL0100+MRF0200+MRL0200+MRF0300+MRL0300+MRF0400+MRL0400+MCF0200+MCL0200+MRF0500+MFP0100+MPL0100+MFP0200+MFF0100+MFL0100+MFF0200+MSL0100+MSF0100+MCF0100+MCL0100+MFO0100+MOF0200+MOF0300+MOF0400+MOF0500+MOF0600+MOF0700); )</td>
<td>continuous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seafood</td>
<td>Fish – fresh and smoked + lean fish – fresh and smoked + shellfish ( (MFF0100+MFL0100+MSL0100); )</td>
<td>continuous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant protein</td>
<td>( (MOF0500+MOF0600+MOF0700)+(VEG0700*2); )</td>
<td>continuous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oils (grams)</td>
<td>( (totMUFA+totPUFA); )</td>
<td>continuous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary Calories (%KCAL)</td>
<td>( (Total solid fat + added sugars by total sugars) / kcals * 100 )</td>
<td>continuous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturated fat (% kcal)</td>
<td>% calories from SFA ( no summation (raw NDSR output); )</td>
<td>continuous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Added sugars (% kcal)</td>
<td>Added sugars by total sugars * 4 / kcals * 100 ( =\text{addedsugbytot<em>4/kcal</em>100}; )</td>
<td>continuous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium</td>
<td>( \text{Mg}; )</td>
<td>no summation (raw NDSR output)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td>Total Dietary fiber ( \text{grams}; )</td>
<td>no summation (raw NDSR output)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total KCAL</td>
<td>( \text{calories}; )</td>
<td>no summation (raw NDSR output)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G: SAS CODE

*---Maggie Thesis Final Analysis---*/
/******-03.13.2017--------*/
libname mtsai 'C:\Users\mtsai\Dropbox\Healthy Start_URI data\Data - Statistical Analyses\Maggie\Results';
/*importing NDSR batch 1, batch 2, batch 3 baseline tab delimited files 04 and 09 .txt files from folder**/
proc import datafile="C:\Users\mtsai\Dropbox\Healthy Start_URI data\Data\Maggie\HSBLB1Cd\HSBLB1C04.txt" out=mtsai.HSBLB1C04 dbms=tab replace;
getnames=yes;
proc import datafile="C:\Users\mtsai\Dropbox\Healthy Start_URI data\Data\Maggie\HSBLB2Cd\HSBLB2C04.txt" out=mtsai.HSBLB2C04 dbms=tab replace;
getnames=yes;
proc import datafile="C:\Users\mtsai\Dropbox\Healthy Start_URI data\Data\Maggie\HSBLB3Cd\HSBLB3C04.txt" out=mtsai.HSBLB3C04 dbms=tab replace;
getnames=yes;
proc import datafile="C:\Users\mtsai\Dropbox\Healthy Start_URI data\Data\Maggie\HSBLB1Cd\HSBLB1C09.txt" out=mtsai.HSBLB1C09 dbms=tab replace;
getnames=yes;
proc import datafile="C:\Users\mtsai\Dropbox\Healthy Start_URI data\Data\Maggie\HSBLB2Cd\HSBLB2C09.txt" out=mtsai.HSBLB2C09 dbms=tab replace;
getnames=yes;
proc import datafile="C:\Users\mtsai\Dropbox\Healthy Start_URI data\Data\Maggie\HSBLB3Cd\HSBLB3C09.txt" out=mtsai.HSBLB3C09 dbms=tab replace;
getnames=yes;

proc sort data=mtsai.HSBLB1C04; by participant_ID date_of_intake;
proc sort data=mtsai.HSBLB1C09; by participant_ID date_of_intake;
proc sort data=mtsai.HSBLB2C04; by participant_ID date_of_intake;
proc sort data=mtsai.HSBLB2C09; by participant_ID date_of_intake;
proc sort data=mtsai.HSBLB3C04; by participant_ID date_of_intake;
proc sort data=mtsai.HSBLB3C09; by participant_ID date_of_intake;

/*merging raw followup NDSR file 04 and file 09 from baseline batch 1 ; merge data from baseline*/
data mtsai.HSBLB1C0409raw;
merge mtsai.HSBLB1C04 mtsai.HSBLB1C09;
by participant_ID Date_of_Intake;
/*merging raw followup NDSR file 04 and file 09 from baseline batch 2; merge data from baseline*/
data mtsai.HSBLB2C0409raw;
merge mtsai.HSBLB2C04 mtsai.HSBLB2C09;
by participant_ID Date_of_Intake;
/*merging raw followup NDSR file 04 and file 09 from baseline batch 2; merge data from baseline*/
data mtsai.HSBLB3C0409raw;
merge mtsai.HSBLB3C04 mtsai.HSBLB3C09;
by participant_ID Date_of_Intake;
/*removing second header row as first observation for batch 1*/
data mtsai.HSBLB1C0409;
set mtsai.HSBLB1C0409raw (firstobs=2);

/*removing second header row as first observation for batch 2*/
data mtsai.HSBLB2C0409;
set mtsai.HSBLB2C0409raw (firstobs=2);

/*removing second header row as first observation for batch 3*/
data mtsai.HSBLB3C0409;
set mtsai.HSBLB3C0409raw (firstobs=2);

/*merging together Batch 2, Batch 1, Batch 3 File0409 datasets*/
data mtsai.HSBLB1B2B3C0409;
merge mtsai.HSBLB1C0409 mtsai.HSBLB2C0409 mtsai.HSBLB3C0409;
by participant_ID Date_of_Intake;

/*renaming variables*/
data mtsai.rename_HSB1B2B3C0409;
set mtsai.HSBLB1B2B3C0409
(rename=(Participant_ID=partid
Date_of_Intake=dintake
Project_Name=quarter
Date_of_Entry=dentry
Day_of_Intake=dayintake
Visit_Number=visitnum
Interviewer_ID=intid
Site_ID=homeid
Total_Grams=totgrams
Energy__kcal_=kcal
Total_Fat__g_=totfat
Total_Carbohydrate__g_=totcho
Total_Protein__g_=totpro
Animal_Protein__g_=anipro
Vegetable_Protein__g_=vegpro
Alcohol__g_=alcohol
Cholesterol__mg_=cholesterol
Total_Saturated_Fatty_Acids__SFA=totSFA
Total_Monounsaturated_Fatty_Acid=totMUFA
Total_Polyunsaturated_Fatty_Acid=totPUFA
Total_Dietary_Fiber__g_=totfiber
Soluble_Dietary_Fiber__g_=solfiber
Sodium__mg_=sodium
__Calories_from_Fat=percentkcalsFAT
__Calories_from_Carbohydrate=percentkcalsCHO
__Calories_from_Protein=percentkcalsPRO
__Calories_from_Alcohol=percentkcalsALC
__Calories_from_SFA=percentkcalsSFA
__Calories_from_MUFA=percentkcalsMUFA
__Calories_from_PUFA=percentkcalsPUFA
Total_Trans_Fatty_Acids__TRANS_=totTFA
Added_Sugars__by_Total_Sugars__=addedsugbytot
Total_Grains__ounce_equivalents_=totgrainsozeq
Whole_Grains__ounce_equivalents_=wholegrainsozeq
Refined_Grains__ounce_equivalent=refgrainsozeq
Solid_Fats__g_=totSOF
));
/*dropping unnecessary variables for analysis*/
data mtsai.drop_HSBLB1B2B3C0409;
set mtsai.rename_HSBLB1B2B3C0409
(drop=Project_Abbreviation
Record_Type
Participant_Name
Gender
Date_of_Birth
DRI_Life_Stage_Group_or_RDA_Cate
Intake_Amount
Intake_Reliability
Data_Collected_in_NCC_Database_V
Data_Collected_in_Software_Versi
Fructose__g_
Galactose__g_
Glucose__g_
Lactose__g_
Maltose__g_
Sucrose__g_
Starch__g_
Insoluble_Dietary_Fiber__g_
Pectins__g_
Total_Vitamin_A_Activity__Intern
Beta_Carotene_Equivalents__deriv
Retinol__mcg_
Vitamin_D_calciferol__mcg_
Total_Alpha_Tocopherol_Equivalen
Vitamin_E_Total_Alpha_Tocophero
Beta_Tocopherol__mg_
Gamma_Tocopherol__mg_
Delta_Tocopherol__mg_
Vitamin_K__phyloquinone__mcg_
Vitamin_C__ascorbic_acid__mg_
Thiamin_vitamin_B1__mg_
Riboflavin_vitamin_B2__mg_
Niacin_vitamin_B3__mg_
Pantothenic_Acid__mg_
Vitamin_B_6__pyridoxine__pyrido
Total_Folate__mcg_
Vitamin_B_12__cobalamin__mcg_
Calcium__mg_
Phosphorus__mg_
Magnesium__mg_
Iron__mg_
Zinc__mg_
Copper__mg_
Selenium__mcg_
Potassium__mg_
SFA_4_0__butyric_acid__g_
SFA_6_0__caproic_acid__g_
SFA_8_0__caprylic_acid__g_
SFA_10_0__capric_acid__g_
SFA_12_0__lauric_acid__g_
SFA_14_0__myristic_acid__g_
SFA_16_0__palmitic_acid__g_
SFA_17_0__margaric_acid__g_
SFA_18_0__stearic_acid__g_
SFA_20_0__arachidic_acid___g_
SFA_22_0__behenic_acid___g_
MUFA_14_1__myristoleic_acid___g_
MUFA_16_1__palmitoleic_acid___g_
MUFA_18_1__oleic_acid___g_
MUFA_20_1__gadoleic_acid___g_
MUFA_22_1__erucic_acid___g_
PUFA_18_2__linoleic_acid___g_
PUFA_18_3__linolenic_acid___g_
PUFA_18_4__parinaric_acid___g_
PUFA_20_4__arachidonic_acid___g_
PUFA_20_5__eicosapentaenoic_acid
PUFA_22_5__docosapentaenoic_acid
PUFA_22_6__docosahexaenoic_acid
Tryptophan__g_
Threonine__g_
Isoleucine__g_
Leucine__g_
Lysine__g_
Methionine__g_
Cystine__g_
Phenylalanine__g_
Tyrosine__g_
Valine__g_
Arginine__g_
Histidine__g_
Alanine__g_
Aspartic_Acid__g_
Glutamic_Acid__g_
Glycine__g_
Proline__g_
Serine__g_
Aspartame__mg_
Saccharin__mg_
Caffeine__mg_
Phytic_Acid__mg_
Oxalic_Acid__mg_
_3_Methylhistidine__mg_
Sucrose_Polyester__g_
Ash__g_
Water__g_
Polyunsaturated_to_Saturated_Fat
Cholesterol_to_Saturated_Fatty_A
Total_Vitamin_A_Activity__Retino
TRANS_18_1__trans_octadecenoic_a
TRANS_18_2__trans_octadecadieno
TRANS_16_1__trans_hexadecenoic_a
User_Nutrient_1__mg_
User_Nutrient_2__mg_
User_Nutrient_3__mg_
User_Nutrient_4__mg_
User_Nutrient_5__mg_
User_Nutrient_6__mg_
User_Nutrient_7__mg_
User_Nutrient_8__mg_
User_Nutrient_9__mg_
User_Nutrient_10__mg_

160
<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Beta-Carotene (provitamin A)</td>
<td></td>
</tr>
<tr>
<td>Alpha-Carotene (provitamin A)</td>
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</tr>
<tr>
<td>Beta-Cryptoxanthin (provitamin A)</td>
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</tr>
<tr>
<td>Lutein + Zeaxanthin (mcg)</td>
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</tr>
<tr>
<td>Lycopene (mcg)</td>
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</tr>
<tr>
<td>Dietary Folate Equivalents (mcg)</td>
<td></td>
</tr>
<tr>
<td>Natural Folate (food folate)</td>
<td></td>
</tr>
<tr>
<td>Synthetic Folate (folic acid)</td>
<td></td>
</tr>
<tr>
<td>Data Generated in NCC Database</td>
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</tr>
<tr>
<td>Data Generated in Software Versi</td>
<td></td>
</tr>
<tr>
<td>User Nutrient 11 (mg)</td>
<td></td>
</tr>
<tr>
<td>User Nutrient 12 (mg)</td>
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</tr>
<tr>
<td>User Nutrient 13 (mg)</td>
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<td>User Nutrient 14 (mg)</td>
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<td>User Nutrient 17 (mg)</td>
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<td>User Nutrient 18 (mg)</td>
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<td>User Nutrient 19 (mg)</td>
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<td>User Nutrient 20 (mg)</td>
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</tr>
<tr>
<td>Energy (kJ)</td>
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<tr>
<td>Niacin Equivalents (mg)</td>
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</tr>
<tr>
<td>Total Sugars (g)</td>
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</tr>
<tr>
<td>Omega-3 Fatty Acids (g)</td>
<td></td>
</tr>
<tr>
<td>Manganese (mg)</td>
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</tr>
<tr>
<td>Vitamin E (International Units)</td>
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<tr>
<td>Natural Alpha Tocopherol (RRR)</td>
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</tr>
<tr>
<td>Synthetic Alpha Tocopherol (all)</td>
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</tr>
<tr>
<td>Daidzein (mg)</td>
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<tr>
<td>Genistein (mg)</td>
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<tr>
<td>Glycitein (mg)</td>
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<tr>
<td>Coumestrol (mg)</td>
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</tr>
<tr>
<td>Biochanin-A (mg)</td>
<td></td>
</tr>
<tr>
<td>Formononetin (mg)</td>
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</tr>
<tr>
<td>Added Sugars by Available Carbo</td>
<td></td>
</tr>
<tr>
<td>Acesulfame Potassium (mg)</td>
<td></td>
</tr>
<tr>
<td>Sucralose (mg)</td>
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</tr>
<tr>
<td>Available Carbohydrate (g)</td>
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</tr>
<tr>
<td>Glycemic Index (glucose reference)</td>
<td></td>
</tr>
<tr>
<td>Glycemic Load (bread reference)</td>
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</tr>
<tr>
<td>Glycemic Load (bread reference)</td>
<td></td>
</tr>
<tr>
<td>Choline (mg)</td>
<td></td>
</tr>
<tr>
<td>Betaine (mg)</td>
<td></td>
</tr>
<tr>
<td>Erythritol (g)</td>
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</tr>
<tr>
<td>Inositol (g)</td>
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</tr>
<tr>
<td>Isomalt (g)</td>
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</tr>
<tr>
<td>Lactitol (g)</td>
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<tr>
<td>Maltitol (g)</td>
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<tr>
<td>Mannitol (g)</td>
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</tr>
<tr>
<td>Pinitol (g)</td>
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</tr>
<tr>
<td>Sorbitol (g)</td>
<td></td>
</tr>
<tr>
<td>Xylitol (g)</td>
<td></td>
</tr>
<tr>
<td>Nitrogen (g)</td>
<td></td>
</tr>
</tbody>
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Total_Conjugated_Linoleic_Acid__
CLA_cis_9__trans_11__g_
CLA_trans_10__cis_12__g_
Tagatose__mg_
Vitamin_D2__ergocalciferol__mcg
Vitamin_D3__cholecalciferol__mc
PUFA_18_3_n_3__alpha_linolenic_a
quarter
dentry
dayintake
intid
totgrams);
/*using dataset from HSBLB1B2B3 dropped variables and renamed variables
set*/
data mtsai.HSBLB1B2B3C_MT;
set mtsai.drop_HSBLB1B2B3C0409;
/*creating food group variables*/
vegetables=(VEG0100+VEG0200+VEG0300+VEG0400+VEG0800+VEG0450+VEG0600+VEG0900+VEG0500)/2;
dgrnveg=VEG0100/2;
roveg=(VEG0200+VEG0300)/2;
legumes=VEG0700/2;
starchyveg=(VEG0400+VEG0800+VEG0450)/2;
otherveg=(VEG0900)/2;
fruit=(FRU0100+FRU0200+FRU0300+FRU0400+FRU0500+FRU0600+FRU0700)/2;
juice=(FRU0100+FRU0200)/2;
dairy=(DMF0100+DMR0100+DML0100+DMN0100+DCF0100+DCR0100+DCL0100+DCN0100+DYF0200+DYR0200+DYL0200+DOT0400+DOT0600);
/*variables for whole grains and refined grains intake:
wholegrainsozeq, reffrainedgrainsozeq and totgrainsozeq*/
lfatdairy=(DML0100+DMN0100+DML0200+DML0300+DML0400+DCL0100+DCN0100+DYF0100+DYL0100+DYR0200+DYL0200);
protein=(MRF0100+MRL0100+MRF0200+MRL0200+MRF0300+MRL0300+MRF0400+MRL0400+MCF0200+MCL0200+MRF0500+MPL0100+MPL0200+MFF0100+MFF0200+MSL0100+MCF0100+MCL0100+MOF0100+MOF0200+MOF0300+MOF0400+MOF0500+MOF0600+MOF0700);
seafood=(MFF0100+MFL0100+MSL0100);
meat=(MRF0100+MRL0100+MRF0200+MRL0200+MRF0300+MRL0300+MRF0400+MRL0400+MCF0200+MCL0200+MRF0500+MPL0100+MPL0200+MFF0100+MFF0200+MSL0100+MCF0100+MCL0100+MOF0100+MOF0200+MOF0300+MOF0400+MOF0500+MOF0600+MOF0700);
plantpro=(MOF0500+MOF0600+MOF0700)+(VEG0700*2);
oils=(totMUFA+totPUFA);
pctdiscretekcal=(totSOF*9+addedsugbytot*4)/kcal*100;/*variable for percent of saturated fat intake: percentkcalSFA*/
pctaddsugars=(addedsugbytot*4/kcal)*100;/*variable for sodium intake: sodium */
/*variable for total dietary fiber: totfiber */;
/*datacheck of each component sum*/
proc print data=mtsai.HSBLB1B2B3C_MT;
var vegetables VEG0100 VEG0200 VEG0300 VEG0400 VEG0800 VEG0450 VEG0700 VEG0600 VEG0900 VEG0500 /*divided by 2*/
dgrnveg VEG0100 /*divided by 2*/
roveg VEG0200 VEG0300 /*divided by 2*/
legumes VEG0700 /*divided by 2*/
starchyveg VEG0400 VEG0800 VEG0450 /*divided by 2*/
otherveg VEG0900 /*divided by 2*/
fruit FRU0100 FRU0200 FRU0300 FRU0400 FRU0500 FRU0600 FRU0700 /*divided by 2*/
juice FRU0100 FRU0200 /*divided by 2*/
dairy DMF0100 DMR0100 DML0100 DMN0100 DML0400 DCF0100 DCR0100 DCL0100
DCN0100 DYF0200 DYR0200 DYL0200 DOT0400 DOT0600 /*divided by 2*/
lfatdairy DML0100 DMN0100 DML0200 DML0300 DML0400 DCL0100 DCN0100
DYL0100 DYN0100 DYR0200 DYL0200
protein MRF0100 MRL0100 MRF0200 MRL0200 MRF0300 MRL0300 MRF0400 MRL0400
MCF0200 MCL0200 MRF0500 MFP0100 MPL0100 MFP0200 MFP0300 MFP0400 MFP0500
MSL0100 MSF0100 MCF0100 MCL0100 MOF0100 MOF0200 MOF0300 MOF0400 MOF0500
MOF0600 MOF0700
seafood MFP0100 MLO100 MSL0100
meat MRF0100 MRL0100 MRF0200 MRL0200 MRF0300 MRL0300 MRF0400 MRL0400
MCF0200 MCL0200 MRF0500 MFP0100 MPL0100 MFP0200 MFP0300 MFP0400 MFP0500
MOF0200 MOF0300 MOF0400
plantpro MOF0500 MOP0600 MOP0700 VEG0700 /*VEG0700x2*/
oils totMUFA totPUFA
pctdiscretekcal totSOF addedsugbytot kcal /*totSOF x 9 + addedsugbytotx4 divided by kcalx100*/
pctaddsugars /*addedsugbytotx4 divided by kcalx100*/
;
where partid='HS1008CH01';

/*choosing relevant variables to keep in dataset*/
data mtsai.HSBLB1B2B3C_MTvar;
set mtsai.HSBLB1B2B3C_MT;
keep homeid partid dintake visitnum kcal totfat totcho totpro anipro
vegpro alcohol cholesterol totSFA totMUFA totPUFA totfiber solfiber
sodium percentkcalsFAT percentkcalsCHO percentkcalsPRO percentkcalsALC
percentkcalsSFA percentkcalsMUFA percentkcalsPUFA totTFA
addedsugbytot totgrainsseq wholegrainsseq refgrainsseq totSOF kcal
vegetables dgrnveg roveg legumes starchyveg otherveg fruit juice dairy
lfatdairy protein meat seafood plantpro oils pctdiscretekcal
pctaddsugars;

/*Averaging scores by FCCHID without dropped observations*/
proc means data=mtsai.HSBLB1B2B3C_MTvar;
class homeid;
var kcal totfat totcho totpro anipro vegpro alcohol cholesterol totSFA
totMUFA totPUFA totfiber solfiber sodium percentkcalsFAT percentkcalsCHO percentkcalsPRO percentkcalsALC
percentkcalsSFA percentkcalsMUFA percentkcalsPUFA totTFA
addedsugbytot totgrainsseq wholegrainsseq refgrainsseq totSOF kcal
vegetables dgrnveg roveg legumes starchyveg otherveg fruit juice dairy
lfatdairy protein meat seafood plantpro oils pctdiscretekcal
pctaddsugars;
output out=mtsai.HSBLB1B2B3C_MTavg (where=(_type_=1))
mean=kcal totfat totcho totpro anipro vegpro alcohol cholesterol totSFA
totMUFA totPUFA totfiber solfiber sodium percentkcalsFAT percentkcalsCHO percentkcalsPRO percentkcalsALC
percentkcalsSFA percentkcalsMUFA percentkcalsPUFA totTFA
addedsugbytot totgrainsseq wholegrainsseq refgrainsseq totSOF kcal
vegetables dgrnveg roveg legumes starchyveg otherveg fruit juice dairy
lfatdairy protein meat seafood plantpro oils pctdiscretekcal
pctaddsugars;
proc print data=mtsai.HSBLB1B2B3C_MTavg; run;

/*merging dataset by home_IDs*/
proc import datafile="C:\Users\mtsai\Dropbox\Healthy Start_URI
data\Data\Maggie\Provider_SocioDemo\FCCH_BLINPERSON_3152017.csv"
out=mtsai.ProvDemoBL1raw dbms=csv replace;
getnames=yes;

proc import datafile="C:\Users\mtsai\Dropbox\Healthy Start_URI
data\Data\Maggie\Provider_SocioDemo\FCCH_ELIGBLPHONE_3152017.csv"
out=mtsai.ProvDemoBL2raw dbms=csv replace;
getnames=yes;

/*renaming customid variable from DATSTAT to homeid to match FCCH IDs
together*/
data mtsai.ProvDemo1;
set mtsai.ProvDemoBL1raw
(rename=(CUSTOMID = homeid));

data mtsai.ProvDemo2;
set mtsai.ProvDemoBL2raw
(rename=(CUSTOMID = homeid));

/*merging FCCHBLINPERSON and FCCHPHONE surveys*/
data mtsai.ProvDemo12;
merge mtsai.ProvDemo1 mtsai.ProvDemo2;
by homeid;

/*choosing relevant variables to keep in ProvDemo dataset*/
data mtsai.ProvDemo;
set mtsai.ProvDemo12;
keep homeid
BLGENDER
BLETHNICITY
BLHISPCULTURE
BLDEMO88
BLDEMO89
BLDEMO91
BLDEMO92
BLDEMO93
BLDEMO94
BLDEMO95
BLDEMO96
BLDEMO105
BLDEMO86
BLDEMO87
BLDEMO90
BLDEMO103
BLDEMO104;

proc sort data=mtsai.HSBLB1B2B3C_MTavg; by homeid; run;
proc sort data=mtsai.ProvDemo; by homeid; run;

/*merging Provider data and Child DOCC data from baseline consumed*/
data mtsai.HSBLB1B2B3C_Pmerge;
merge mtsai.HSBLB1B2B3C_MTavg mtsai.ProvDemo;
by homeid;
run;

/**dropping homes without dietary data datacheck - 34; cleaning dataset for incorrect data variables (BLGENDER 1 = 2. 100% female providers)**/
data mtsai.HSBLB1B2B3C_nodropclean;
set mtsai.HSBLB1B2B3C_Fmerge;
if nmiss(of kcal) > 0 then delete;
if nmiss(of BLGENDER) = 1 then delete;
if BLGENDER = 1 then BLGENDER = 2;
if BLDEMO91 = 99 then BLDEMO91 = ".";
if BLDEMO93 = 99 then BLDEMO93 = ".";
if BLDEMO95 = 99 then BLDEMO95 = ".";
proc print;
run;

/**descriptives for categorical variables**/
proc freq data=mtsai.HSBLB1B2B3C_nodropclean;
tables BLGENDER BLETHNICITY BLHISPCULTURE BLDEMO88 BLDEMO89 BLDEMO91 BLDEMO92
BLDEMO93 BLDEMO94 BLDEMO95 BLDEMO96 BLDEMO105;
run;

/**descriptives for continuous variables**/
proc univariate data=mtsai.HSBLB1B2B3C_nodropclean
OUTTABLE=mtsai.HSBLB1B2B3C_univariates normal;
var kcal totfat totcho totpro anipro vegpro alcohol cholesterol totSFA
totMUFA totPUFA totfiber solfiber sodium percentkcalsFAT percentkcalsCHO percentkcalsPRO percentkcalsALC
percentkcalsSFA percentkcalsMUFA percentkcalsPUFA totTFA
totgrainsozeq wholegrainsozeq refgrainsozeq totSOF
dgrnveg roveg legumes starchyveg otherveg fruit juice dairy plantpro oils pctratio
proc print;
run;

/**descriptives for child demos**/
proc import datafile="C:\Users\mtsai\Dropbox\Healthy Start_URI Data\Maggie\Child_SocioDemo\FCCH_ChildDemos.txt"
out=mtsai.ChildDemoraw dbms=tab replace;
getnames=yes;
run;
/*renaming childid variable from DATSTAT to homeid to match FCCH IDs together*/
data mtsai.ChildDemo;
set mtsai.ChildDemoraw
(rename=(childID = partid));
proc print;
run;

proc freq data=mtsai.ChildDemo;
tables CDEMSEX;
run;

proc means data=mtsai.ChildDemo N Mean STD;
var CATCHAGE;
run;

/**conducting 2-sided t-test for food groups and 1,000 kcal, 1/2 recommendations**/
proc ttest data=mtsai.HSBLB1B2B3C_nodropclean sides=2 alpha=0.05
h0=750;
   var sodium;
   run;
proc ttest data=mtsai.HSBLB1B2B3C_nodropclean sides=2 alpha=0.05
h0=1.5;
   var totgrainsozeq;
   run;
proc ttest data=mtsai.HSBLB1B2B3C_nodropclean sides=2 alpha=0.05
h0=0.75;
   var refgrainsozeq;
   run;
proc ttest data=mtsai.HSBLB1B2B3C_nodropclean sides=2 alpha=0.05 h0=15;
   var pctdiscretekcal;
   run;
proc ttest data=mtsai.HSBLB1B2B3C_nodropclean sides=2 alpha=0.05 h0=7;
   var totfiber;
   run;

/**conducting 2-sided t-test for food groups and 1,000 kcal, 2/3 recommendations**/
proc ttest data=mtsai.HSBLB1B2B3C_nodropclean sides=2 alpha=0.05
h0=1000;
   var sodium;
   run;
proc ttest data=mtsai.HSBLB1B2B3C_nodropclean sides=2 alpha=0.05 h0=2;
   var totgrainsozeq;
   run;
proc ttest data=mtsai.HSBLB1B2B3C_nodropclean sides=2 alpha=0.05 h0=1;
   var refgrainsozeq;
   run;
proc ttest data=mtsai.HSBLB1B2B3C_nodropclean sides=2 alpha=0.05 h0=15;
   var pctdiscretekcal;
   run;
proc ttest data=mtsai.HSBLB1B2B3C_nodropclean sides=2 alpha=0.05
h0=9.34;
   var totfiber;
   run;
/** conducting one-sample median test for food groups and 1,000 kcal, 1/2 recommendations **/
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 0.5;
      var vegetables;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 0.5;
      var fruit;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 1;
      var dairy;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 1;
      var protein;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 7.5;
      var oils;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 10;
      var pctaddedsugars;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 10;
      var percentkcalsSFA;
   run;
/** conducting one-sample median test for food groups and 1,000 kcal, 2/3 recommendations **/
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 0.667;
      var vegetables;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 0.667;
      var fruit;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 1;
      var wholegrainsozeq;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 1.334;
      var dairy;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 1.334;
      var protein;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 10;
      var oils;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 10;
      var pctaddedsugars;
   run;
   proc univariate data = mtsai.HSBLB1B2B3C_nodropclean loccount mu0 = 10;
      var percentkcalsSFA;
   run;
/** building acculturation scale from demographic data **/
   data mtsai.HSBLB1B2B3C_nativ;
   set mtsai.HSBLB1B2B3C_nodropclean;
/*nativity scoring algorithm*/
/* BLDEMO89 = Country of origin 1=US, 2=Other*/
if BLDEMO89 = 1 then nativity = 3; /*assign highest nativity score=3*/
else if BLDEMO89 = 2 then do;
end;
if BLDEMO90 ge 20 then /*years lived in US gt 20*/
nativity = 2; /*assign nativity score=2*/
else if BLDEMO89 = 2 then do;
if BLDEMO90 in (10:19) then /*years lived in US bt 10 to 19 years*/
nativity = 1; /*assign nativity score=1*/
end;
else if BLDEMO89= 2 then do;
if BLDEMO90 lt 10 then /*years lived in US lt 10 years*/
nativity = 0; /*assign nativity score=0*/
end;
proc print;
run;

/*language scoring algorithm*/
data mtsai.HSBLB1B2B3C_nativlang;
set mtsai.HSBLB1B2B3C_nativ;
/*BLDEMO91 = language spoken at home; 1=English, 2=Spanish, 3= both, more Eng than Span, 4=both, equal, 5 = both, more span than eng, 6 = other*/
if BLDEMO91 = 2 or BLDEMO91 = 5 or BLDEMO91 = 6 then /*Spanish, Other - Creole, More Span*/
lang = 0; /*assign lowest language acculturation score=0*/
else if BLDEMO91 = 4 then /*both equally*/
lang = 1; /*assign lowest language acculturation score=0*/
else if BLDEMO91 = 1 OR BLDEMO91 = 3 then /*English or more eng than span*/
lang = 2; /*assign language acculturation score=2*/
run;
/*datacheck for BLDEMO91 language acculturation algorithm =0*/
proc print data=mtsai.HSBLB1B2B3C_nativlang;
  var homeid BLDEMO91 lang;
  where lang = 0;
run;

/*datacheck for BLDEMO91 language acculturation algorithm =1*/
proc print data=mtsai.HSBLB1B2B3C_nativlang;
  var homeid BLDEMO91 lang;
  where lang = 1;
run;

/*datacheck for BLDEMO91 language acculturation algorithm =2*/
proc print data=mtsai.HSBLB1B2B3C_nativlang;
  var homeid BLDEMO91 lang;
  where lang = 2;
run;

/*building composite acculturation score*/
data mtsai.HSBLB1B2B3C_accult;
set mtsai.HSBLB1B2B3C_nativlang;
  accult=nativity+lang;
proc print;
run;

/*checking acculturation descriptives*/
proc means data=mtsai.HSBLB1B2B3C_accult
  N MEAN STD MIN MAX SKEWNESS KURTOSIS; var accult; run;

/*checking reliability of acculturation*/
proc corr alpha data=mtsai.HSBLB1B2B3C_accult; var nativity lang; run; quit;

/*checking correlations between acculturation and variables of interest*/
proc sgplot data = mtsai.HSBLB1B2B3C_accult;
  xaxis label = "Acculturation score (0-5)";
  yaxis label = "Vegetables consumed (cups)";
  scatter x = accult y = vegetables;
  loess x = accult y = vegetables/nomarkers;
  reg x = accult y = vegetables;
  ellipse x = accult y = vegetables;
run;

proc sgplot data = mtsai.HSBLB1B2B3C_accult;
  xaxis label = "Acculturation score (0-5)";
  yaxis label = "Juice consumed (cups)";
  scatter x = accult y = juice;
  loess x = accult y = juice/nomarkers;
  reg x = accult y = juice;
  ellipse x = accult y = juice;
run;

proc sgplot data = mtsai.HSBLB1B2B3C_accult;
  xaxis label = "Acculturation score (0-5)";
  yaxis label = "Fruit consumed (cups)";
  scatter x = accult y = fruit;
  loess x = accult y = fruit/nomarkers;
PROC CORR DATA=mtsai.HSBLB1B2B3C_accult SPEARMAN OUTS=mtsai.HSBLB1B2B3C_pearson; VAR accult fruit vegetables legumes wholegrainsozeq refgrainsozeq pctdiscretekcal juice pctaddsugars; RUN; QUIT;
/*pearson correlation*/
PROC CORR DATA=mtsai.HSBLB1B2B3C_accult PEARSON OUTP=mtsai.HSBLB1B2B3C_pearson; VAR accult fruit vegetables legumes wholegrainsozeq refgrainsozeq pctdiscretekcal juice pctaddsugars; RUN; QUIT;
/*checking frequencies and cross-tabs for acculturation and other demographics*/
PROC FREQ DATA= mtsai.HSBLB1B2B3C_accult;
tables accult;
run;

/*collapsing AA degree and bachelor's degree together for educational level - BLDEMO95*/
data mtsai.HSBLB1B2B3C_colledu;
set mtsai.HSBLB1B2B3C_accult;

/*BLDEMO95 = educational attainment; 1= < HS, 2= HS, 3= AA degree or some college, 4= Bachelor's, 5= Grad School*/
if BLDEMO95 = 1 then
college = 1; /* < HS */
else if BLDEMO95 = 2 then /* HS level*/
college = 2; /**<*/
else if BLDEMO95 = 3 OR BLDEMO95 = 4 OR BLDEMO95 = 5 then /*collapsing AA degree + educational levels*/
college = 3; /* college*/
run;

/*collapsing income demographic variables*/
data mtsai.HSBLB1B2B3C_income;
set mtsai.HSBLB1B2B3C_colledu;

if BLDEMO93 = 1 then /* < 25k*/
income = 1; /* < 25k*/
else if BLDEMO93 = 2 then
income = 2; /* 25k - 75k*/
else if BLDEMO93 = 3 then /* 50k - 75k*/
income = 2; /* 25k - 75k*/
run;

/*checking correlations between acculturation and variables of interest*/
proc corr data=mtsai.HSBLB1B2B3C_income; var accult vegetables legumes wholegrainsozeq refgrainsozeq pptdiscretekcal juice pctaddssugars; run;
quit;

/*performing ANOVA with acculturation as DV, and demographics as categorical IV*/
proc means data = mtsai.HSBLB1B2B3C_income N MEAN STD MIN MAX SKEWNESS KURTOSIS; var income college accult; run;
proc corr data = mtsai.HSBLB1B2B3C_income; var college accult income; run;

proc anova data = mtsai.HSBLB1B2B3C_income;
   class college;
   model accult = college;
run;

/*performing ANOVA with acculturation as DV, and income as categorical IV*/
proc means data = mtsai.HSBLB1B2B3C_income N MEAN STD MIN MAX SKEWNESS KURTOSIS; var BLDEMO93 accult; run;
proc corr data = mtsai.HSBLB1B2B3C_income; var BLDEMO93 accult; run;
proc anova data = mtsai.HSBLB1B2B3C_income;
class BLDEMO93;  
model accult = BLDEMO93;  
run;  
proc anova data = mtsai.HSBLB1B2B3C_income;  
class BLDEMO93;  
model vegetables = BLDEMO93;  
run;  
/*finding means of low acculturation vs high acculturation for food groups*/  
proc means data = mtsai.HSBLB1B2B3C_accult; var legumes; where accult = 1 OR accult = 2; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var legumes; where accult = 3 OR accult = 4 OR accult = 5; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var vegetables; where accult = 1 OR accult = 2; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var vegetables; where accult = 3 OR accult = 4 OR accult = 5; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var wholegrainsozeq; where accult = 1 OR accult = 2; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var wholegrainsozeq; where accult = 3 OR accult = 4 OR accult = 5; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var fruit; where accult = 1 OR accult = 2; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var fruit; where accult = 3 OR accult = 4 OR accult = 5; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var juice; where accult = 1 OR accult = 2; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var juice; where accult = 3 OR accult = 4 OR accult = 5; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var refgrainsozeq; where accult = 1 OR accult = 2; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var refgrainsozeq; where accult = 3 OR accult = 4 OR accult = 5; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var pctdiscretekcal; where accult = 1 OR accult = 2; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var pctdiscretekcal; where accult = 3 OR accult = 4 OR accult = 5; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var pctaddsugars; where accult = 1 OR accult = 2; run;  
proc means data = mtsai.HSBLB1B2B3C_accult; var pctaddsugars; where accult = 3 OR accult = 4 OR accult = 5; run;  
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/* collapsing data into low acculturation and high acculturation */
data mtsai.HSBLB1B2B3C_incomeaccult;
set mtsai.HSBLB1B2B3C_income;
if accult = 1 OR accult = 2 then
  low1high2accult = 1; /* assigns 0-1 scores into low acculturation */
else if accult = 3 then /* assigns 3-5 scores into low acculturation */
  low1high2accult = 2; /* assigns 3+ scores into high acculturation */
run;

proc freq data=mtsai.HSBLB1B2B3C_incomeaccult;
tables low1high2accult;
run;

/* yes/no dichotomizations of meeting food reqs */
data mtsai.HSBLB1B2B3C_scores; set mtsai.HSBLB1B2B3C_incomeaccult;
if vegetables lt 0.667 then veg = 0;
else if vegetables ge 0.667 then veg = 1;
if refgrainsozeq le 1.5 then refgrain = 1;
else if refgrainsozeq gt 1.5 then refgrain = 0;
if wholegrainsozeq lt 1.5 then wgrain = 1;
else if wholegrainsozeq ge 1.5 then wgrain = 0;
if fruit lt 0.667 then fru = 0;
else if fruit ge 0.667 then fru = 1;
if dairy lt 1.334 then milk = 0;
else if dairy ge 1.334 then milk = 1;
if protein lt 1.334 then pro = 0;
else if protein ge 1.334 then pro = 1;
if sodium le 1000 then sod = 1;
else if sodium gt 1000 then sod = 0;
if oils lt 7.5 then oil = 0;
else if oils ge 7.5 then oil = 1;
if totfiber lt 9.334 then fiber = 0;
else if totfiber ge 9.334 then fiber = 1;
if pctdiscretekcal le 15 then discretekcal = 1;
else if pctdiscretekcal gt 15 then discretekcal = 0;
if pctaddsugars le 10 then addsugars = 1;
else if pctaddsugars gt 10 then addsugars = 0;
if percentkcalsSFA le 10 then pctkcalSFA = 1;
else if percentkcalsSFA gt 10 then pctkcalSFA = 0;
run;

/* looking at frequencies of dichotomized data */
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult college income veg wgrain refgrain fru milk pro sod oil fiber discretekcal addsugars pctkcalSFA;
run;

/* running chi-squared tests */
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*veg/ chisq; /* accult by vegetables rec */
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*fru/ chisq; /* accult by fruit rec */
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*wgrain/ chisq; /* accult by whole grains rec */
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*refgrain/ chisq; /*accult by refined grains rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*milk/ chisq; /*accult by dairy rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*pro/ chisq; /*accult by protein rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*sod/ chisq; /*accult by sodium rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*oil/ chisq; /*accult by oil rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*fiber/ chisq; /*accult by fiber rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*discretekcal/ chisq; /*accult by discretionary calories rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*addsugars/ chisq; /*accult by addedsugars rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables low1high2accult*pctkcalSFA/ chisq; /*accult by percent of kcals SFA rec*/
run;

/*transforming variables*/
data mtsai.HSBLB1B2B3C_trans;
set mtsai.HSBLB1B2B3C_scores;
loils=log10(oils);
run;

/*checking descriptives on univariate data*/
proc univariate data= mtsai.HSBLB1B2B3C_trans;
var loils; histogram; run;
proc freq data=mtsai.HSBLB1B2B3C_mtvar;
tables partid; run;

/**conducting 2-sided t-test for food groups and 1,000 kcal, 2/3 recommendations on transformed dataset, and with kurtotic data**/
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=1; /*not used in analysis*/
var loils; /*log-10 transformed oils*/ run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=667; var kcal; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=.667; var vegetables; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=.667; var fruit; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=2;
  var totgrainsozeq; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=1;
  var refgrainsozeq; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=1;
  var wholegrainsozeq; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=11.334;
  var dairy; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=1.334;
  var protein; run;
proc univariate data =mtsai.HSBLB1B2B3C_nodropclean loccount mu0=10;
  var oils; /*kurtosis value = 14*/ run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=9.334;
  var totfiber; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=1000;
  var sodium; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=10;
  var pctaddsgsugars; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=10;
  var percentkcalSFA; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.05 h0=15;
  var pctdiscretkecal; run;
/*running chi-squared with income*foodgroup data*/
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*veg/ chisq; /*income by vegetables rec*/
  run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*fru/ chisq; /*income by fruit rec*/
  run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*wgrain/ chisq; /*income by whole grains rec*/
  run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*refgrain/ chisq; /*income by refined grains rec*/
  run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*milk/ chisq; /*income by dairy rec*/
  run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*pro/ chisq; /*income by protein rec*/
  run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*sod/ chisq; /*income by sodium rec*/
  run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*oil/ chisq; /*income by oil rec*/
  run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*fiber/ chisq; /*income by fiber rec*/
  run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*discretkecal/ chisq; /*income by discretionary calories rec*/
  run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
  tables income*addsugars/ chisq; /*income by addedsugars rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables income*pctkcalSFA / chisq; /*income by percent of kcals SFA rec*/
run;
/*running chi-squared with education*foodgroup data*/
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*veg / chisq; /*educational level by vegetables rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*fru / chisq; /*educational level by fruit rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*wgrain / chisq; /*educational level by whole grains rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*refgrain / chisq; /*educational level by refined grains rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*milk / chisq; /*educational level by dairy rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*pro / chisq; /*educational level by protein rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*sod / chisq; /*educational level by sodium rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*oil / chisq; /*educational level by oil rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*fiber / chisq; /*educational level by fiber rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*discretekcal / chisq; /*educational level by discretionary calories rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*addsugars / chisq; /*educational level by addedsugars rec*/
run;
proc freq data=mtsai.HSBLB1B2B3C_scores;
tables college*pctkcalSFA / chisq; /*educational level by percent of kcals SFA rec*/
run;
/*finding means of low and high acculturation*/
proc sort data = mtsai.HSBLB1B2B3C_scores; by low1high2accult; run;
proc means data = mtsai.HSBLB1B2B3C_scores; var legumes vegetables wholegrainsozeq fruit juice refgrainsozeq pctdiscretekcal pctaddsugars;
by low1high2accult; run;
/*updated t-test, check for adjustment to planned comparisons*/
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=667;
var kcal; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=.667;
var vegetables; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=.667;
var fruit; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=2;
var tograinsozeq; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=1;
var refgrainsozeq; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=1;
var wholegrainsozeq; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=11.334;
var dairy; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=1.334;
var protein; run;
proc univariate data =mtsai.HSBLB1B2B3C_nodropclean loccount mu0=10 alpha=0.01;
var oils; /*kurtosis value = 14*/ run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=9.334;
var totfiber; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=1000;
var sodium; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=10;
var pctaddssugars; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=10;
var percentkcalsSFA; run;
proc ttest data=mtsai.HSBLB1B2B3C_trans sides=2 alpha=0.01 h0=15;
var pctdiscretekcal; run;

/*******************04.24.2017**************************
/*******************final check of numerical
data***************************/
proc univariate data=mtsai.HSBLB1B2B3C_scores OUTTABLE=mtsai.HSBLB1B2B3C_univariates normal;
var kcal totfat totcho totpro anipro vegpro alcohol cholesterol totSFA
totMUFA totPUFA totfiber solfiber
sodium percentkcalsFAT percentkcalsCHO percentkcalsPRO percentkcalsALC
percentkcalsSFA percentkcalsMUFA percentkcalsPUFA totTFA
addedsugbytot tograinsozeq wholegrainsozeq refgrainsozeq totSOF
vegetables dgrnveg roveg legumes starchyveg otherveg fruit juice dairy
lfatdairy protein meat seafood plantpro oils pctdiscretekcal
pctaddssugars;
histogram;
proc print;
run;