



Published in final edited form as:

J Am Diet Assoc. 2010 August ; 110(8): 1178–1188. doi:10.1016/j.jada.2010.05.006.

Shortening the retention interval of 24-hour dietary recalls increases fourth-grade children's accuracy for reporting energy and macronutrient intake at school meals

Suzanne Domel Baxter, PhD, RD, LD, FADA,

Research Professor – Institute for Families in Society, University of South Carolina, 1600 Hampton Street, Suite 507, Columbia, SC 29208, 803-777-1824 ext 12 (phone), 803-777-1120 (fax), sbaxter@mailbox.sc.edu

Caroline H. Guinn, RD, LD,

Research Dietitian – Institute for Families in Society, University of South Carolina, 1600 Hampton Street, Suite 507, Columbia, SC 29208, 803-777-1824 ext 24 (phone), 803-777-1120 (fax), cguinn@mailbox.sc.edu

Julie A. Royer, MSPH,

Research Associate – Institute for Families in Society, University of South Carolina, 1600 Hampton Street, Suite 507, Columbia, SC 29208, 803-777-1824 ext 23 (phone), 803-777-1120 (fax), royerj@mailbox.sc.edu

James W. Hardin, PhD,

Research Associate Professor – Department of Epidemiology and Biostatistics, 1600 Hampton Street, Suite 507, Columbia, SC 29208, 803-777-1824 ext 22 (phone), 803-777-1120, jhardin@mailbox.sc.edu

Alyssa J. Mackelprang, BS, and

Research Specialist II – Institute for Families in Society, University of South Carolina, 1600 Hampton Street, Suite 507, Columbia, SC 29208, 803-777-1824 ext 11 (phone), 803-777-1120 (fax), amackelp@mailbox.sc.edu

Albert F. Smith, PhD, MS

Associate Professor – Department of Psychology, Cleveland State University, 2121 Euclid Avenue, Cleveland, OH 44115, 216-687-3723 (phone), 216-687-9294 (fax), a.f.smith@csuohio.edu

Abstract

Background—Accurate information about children's intake is crucial for national nutrition policy and for research and clinical activities. To analyze accuracy for reporting energy and nutrients, most validation studies utilize the *conventional* approach which was not designed to capture errors of reported foods and amounts. The *reporting-error-sensitive* approach captures errors of reported foods and amounts.

© 2010 The American Dietetic Association. Published by Elsevier Inc. All rights reserved.

Correspondence to: Suzanne Domel Baxter.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Objective—To extend results to energy and macronutrients for a validation study concerning retention interval (elapsed time between to-be-reported meals and the interview) and accuracy for reporting school-meal intake, the conventional and reporting-error-sensitive approaches were compared.

Design and participants/setting—Fourth-grade children (n=374) were observed eating two school meals, and interviewed to obtain a 24-hour recall using one of six interview conditions from crossing two target periods (prior-24-hours; previous-day) with three interview times (morning; afternoon; evening). Data were collected in one district during three school years (2004–2005; 2005–2006; 2006–2007).

Main outcome measures—Report rates (reported/observed), correspondence rates (correctly reported/observed), and inflation ratios (intruded/observed) were calculated for energy and macronutrients.

Statistical analyses performed—For each outcome measure, mixed-model analysis of variance was conducted with target period, interview time, their interaction, and sex in the model; results were adjusted for school year and interviewer.

Results—Conventional approach — Report rates for energy and macronutrients did not differ by target period, interview time, their interaction, or sex. Reporting-error-sensitive approach — Correspondence rates for energy and macronutrients differed by target period (four *P*-values<0.0001) and the target-period by interview-time interaction (four *P*-values<0.0001); inflation ratios for energy and macronutrients differed by target period (four *P*-values<0.0001), and inflation ratios for energy and carbohydrate differed by the target-period by interview-time interaction (both *P*-values<0.005).

Conclusions—Shorten the retention interval of dietary recalls to increase accuracy for reporting energy and macronutrients. For validation studies, obtain reference information from a method that provides details about foods and amounts consumed, and use an analytic approach that captures errors of reported foods and amounts.

Keywords

dietary recalls; children; accuracy; validation; school-meal observations; energy; macronutrients

INTRODUCTION

Despite decades of refining dietary-assessment methods, the accuracy of dietary intake data continues to be problematic (1–5). Studies that examine relationships between diet and disease often have null findings and inconsistent results (6). As Schatzkin and colleagues stated in 2009 (6), “The inconsistency and uncertainty in the nutritional epidemiology...can be interpreted in two ways: (a) important, public health-relevant, causal links...are few, and many of the long-standing hypotheses are simply wrong; (b) many of these long-standing hypotheses are right, but methodologic difficulties have prevented us from generating the requisite evidence. The first interpretation is really one of exclusion: as long as methodologic problems prevent us from seeing the truth we cannot rule out the truth.” Clearly, improved dietary assessment tools could be immensely valuable.

Accurate information about children’s intake is crucial for national nutrition policy and for research and clinical activities. For millions of children, school meals are major sources of food (7,8). Accurate information about children’s school-meal intake is increasingly needed to address concerns about whether school meals promote children’s health and well-being (9,10). For many studies, children must self-report school-meal intake because parents lack first-hand knowledge of children’s intake at school. Self-report methods such as dietary

recalls are generally used with children over age nine years, or third grade (11). Children in upper elementary-school grades have, without parental assistance, provided recalls of intake at school, and 24-hour recalls, for national surveys (12,13) and research studies (14–21). Dietary recalls are appropriate for children considering concerns that children lack the cognitive skills needed to complete food frequency questionnaires (15,22–24) and that completing food records may alter eating behavior (24–26).

Methodological research demonstrates that study design influences the accuracy of dietary reports obtained from children. For example, the primary aim of a 2009 validation study was to investigate the effects of retention interval (elapsed time between to-be-reported meals and the interview) on children's accuracy for reporting school-meal intake during 24-hour dietary recalls (27). Fourth-grade children were observed eating two school meals (breakfast and lunch) and interviewed to obtain a 24-hour recall in one of six interview conditions created by crossing two target periods (prior-24-hours [the 24 hours immediately preceding the interview]; previous-day [midnight to midnight of the day before the interview]) with three interview times (morning; afternoon; evening). Food-item-level analyses for omission rates (percentage of observed but unreported items), intrusion rates (percentage of reported but unobserved items), and total inaccuracy (a measure that combined reporting errors for items and amounts) found that children's accuracy for reporting school-meal intake was better for prior-24-hour recalls than previous-day recalls, best for prior-24-hour recalls obtained in the afternoon and evening, and worst for previous-day recalls obtained in the afternoon and evening (27).

This article examines reporting accuracy for energy and macronutrients (protein, carbohydrate, fat) in the retention-interval validation study (27). Although people report intake as food, it is common to investigate accuracy of reported energy and nutrients. However, concern has been raised about how this is accomplished (28,29). In three 2007 articles (30–32), two approaches were compared. The “conventional approach” was not designed to capture reporting errors because all reported items and their reported amounts are converted to energy and nutrients. The conventional approach uses paired *t*-tests and correlations to compare mean differences between reported and reference energy and macronutrients, and calculates a report rate (reported/reference) for energy and each nutrient. In contrast, the “reporting-error-sensitive approach” is sensitive to reporting errors for food items and amounts because it classifies reported items as matches (items in both the reference and reported information) or intrusions (items in the reported information but not in the reference information), and then classifies reported amounts as corresponding, unreported, or overreported. The reporting-error-sensitive approach calculates a correspondence rate (correctly reported/reference) and an inflation ratio (intruded/reference) for energy and each nutrient. In the three articles (30–32), each of which used data from a unique validation study (33–35) conducted with different samples of children, results showed that the conventional approach overestimated accuracy for reporting energy and macronutrients and failed to reveal effects of manipulated aspects of dietary recall interviews. Specifically, in the first article (30), the conventional approach failed to detect improvements in accuracy for reporting energy and macronutrients over multiple interviews that were evident with the reporting-error-sensitive approach, and with food-item-level analyses conducted earlier (33). In the second article (31), the conventional approach found a sequence effect (first versus second interview) on accuracy for reporting energy and macronutrients that was not found with food-item-level analyses conducted earlier (34), but failed to detect effects of reporting-order prompts (forward [morning-to-evening]; reverse [evening-to-morning]) and sex that were evident with the reporting-error-sensitive approach, and with food-item-level analyses conducted earlier (34). In the third article (32), although no significant effect of interview modality (in person; by telephone) on accuracy was found with the conventional or reporting-error-sensitive approaches, or with food-item-level

analyses conducted earlier (35), the conventional approach's report rates for energy and macronutrients were higher than the reporting-error-sensitive approach's correspondence rates.

In extending results for the retention-interval validation study (27) to energy and macronutrients, the current article compared the conventional and reporting-error-sensitive approaches. This article's goal is to encourage a better approach to analyzing data from validation studies so that dietary reporting errors can be better understood.

METHODS

Summary of sample, study design, and data collection

This section summarizes the sample, study design, and data collection for the retention-interval validation study which have been described in detail elsewhere (27).

The University of South Carolina's institutional review board for human subjects approved the project. Written parental consent and child assent were obtained.

During the 2004–2005, 2005–2006, and 2006–2007 school years, children from fourth-grade classes at 17, 17, and 8 elementary schools, respectively, in one district were invited to participate. Across the three school years, of the 2,391 children invited, 1,780 children (74%) agreed. Offer-versus-serve foodservice had been implemented by the district, so children could refuse some meal items (36). Each of 374 children (50% girls; 96% African American; mean±SD age=10.00±0.88 years) was observed eating school breakfast and school lunch, and interviewed to obtain a 24-hour recall using one of six interview conditions created by crossing two target periods (prior-24-hours; previous-day) with three interview times (morning; afternoon; evening). Assignment of children to interview condition was random with the constraint that each condition in the final sample had 62 or 64 children (50% girls) (27).

Reference information was obtained by research staff who observed children eating school meals. Observers followed a written protocol based on procedures used earlier (33–35,37–39). For children randomized to prior-24-hour recalls in the morning, lunch was observed on one day and breakfast on the next day; for all other children, breakfast and lunch were observed on the same day. An observer watched one to three children simultaneously and noted food items and amounts eaten in servings of standardized school-meal portions. Observations occurred with children seated according to their school's typical arrangement, and during entire, regular meal periods to note food trades (40–42). Interobserver reliability was assessed using established procedures (34,35,37–39,43) at least weekly for each observer throughout data collection. For the three school years, mean agreement between observers to within one-fourth serving on amounts eaten ranged from 98% to 100% for breakfast, and from 94% to 97% for lunch (27); these levels of agreement are satisfactory (42,44).

Reported information was obtained by non-observing research staff who interviewed individual children to obtain 24-hour dietary recalls without parental assistance. Morning and afternoon interviews were conducted in person in private locations at children's schools after breakfast and lunch, respectively; evening interviews were conducted by telephone between 6:30 p.m. and 9:00 p.m. In an earlier validation study (35), no significant differences were found between in-person and telephone dietary recalls in fourth-grade children's accuracy. Written interview protocols, described in detail elsewhere (27), were similar to ones used earlier (37,38) and modeled on the Nutrition Data System for Research (NDSR) protocol (Nutrition Coordinating Center, University of Minnesota, Minneapolis).

Instead of using NDSR software during interviews, interviewers used paper forms to note information reported by children. As in earlier studies (33–35,37–39), children reported amounts eaten in qualitative terms (e.g., taste, little bit, most). Each interview was audio recorded and transcribed. Quality control for interviews was assessed using established procedures (34,35,37–39,45); only interviews that passed quality control were analyzed. As described in detail elsewhere (27), of 442 interviews conducted, 46 failed quality control due to interviewer errors during interviews, and an additional 22 interviews were excluded from analyses for other reasons (e.g., observation errors; telephone problems).

Analytic variables

Analyses were restricted to reports of school meals because reference information was available only for school meals. Following criteria used earlier (33–35,37–39) and applied consistently to all recalls, meals in children's 24-hour recalls were treated as referring to school meals if children identified "school" as the location, referred to breakfast as "school breakfast" or "breakfast", referred to lunch as "school lunch" or "lunch", and reported mealtimes to within one hour of observed mealtimes.

As in earlier studies (33–35,37,39), qualitative labels used to record reference information from observations and reported information from recalls were assigned numeric values as none=0.00, taste=0.10, little bit=0.25, half=0.50, most=0.75, all=1.00, or as the actual number of servings if >1.00 serving was observed and/or reported. For reference items and for reported items, information about energy and macronutrients for standardized school-meal portions was obtained primarily from the NDSR database, but sometimes from the school district's nutrition program.

Variables were prepared for two analytic approaches — conventional and reporting-error-sensitive. Each approach involved arithmetic conversion of reference information and reported information to energy (in kilocalories) and macronutrients (in grams).

Conventional variables—For reference items, quantified servings were multiplied by per-serving energy and macronutrient values; for reported items, the same process was applied. Reference amounts for energy and each macronutrient were summed across items a child was observed to have eaten during the target period's two school meals. Reported amounts for energy and each macronutrient were summed across all items a child reported as having eaten for the target period's two school meals irrespective of whether items or amounts were reported correctly.

As in earlier studies (30–32), a report rate for energy and each macronutrient was calculated for each child (see Table 1, footnote h). Report rates have a lower bound of 0% and no upper bound. Customarily, report rates close to 100%, >100%, and <100% have been interpreted as indicating high reporting accuracy, overreporting, and underreporting, respectively (46–48).

Reporting-error-sensitive variables—For each child, reference items were classified as matches or omissions, and reported items were classified as matches or intrusions. Following procedures used earlier (33–35,37–39), reported items were classified as matches unless it was clear that children had not described items observed eaten. As detailed in the Table 3 legend, the constituent amounts of energy and macronutrients of matches were classified as corresponding, unreported, or overreported; the constituent amounts of energy and macronutrients of omissions were classified as unreported; and the constituent amounts of energy and macronutrients of intrusions were classified as overreported (30–32). Each corresponding, unreported, and overreported number of servings was multiplied by the appropriate per-serving values of energy and macronutrients, and summed across a child's

items for the target period's two school meals to create per-child energy and macronutrient values for each amount category.

As in earlier studies (30–32), a correspondence rate for energy and each macronutrient was calculated for each child (see Table 2, footnote d). Correspondence rates have a lower bound of 0% and an upper bound of 100%. Larger correspondence rates indicate better reporting accuracy.

Also, as in earlier studies (30–32), an inflation ratio for energy and each macronutrient was calculated for each child (see Table 2, footnote e). Inflation ratios have a lower bound of 0% and no upper bound. Smaller inflation ratios indicate better reporting accuracy.

Note that the sum of the reporting-error-sensitive approach's correspondence rate and inflation ratio is the conventional approach's report rate; thus, report rate is actually the sum of a measure of accuracy and a measure of error (30–32).

Analyses

Analyses were conducted using Stata 10.0 (Stata, Inc., College Station, TX) and SAS 9.0 (SAS Institute, Inc., Cary, NC). The main effects of interest for each analytic approach were target period, interview time, and their interaction (because target period and interview time together determine retention interval). Because neither report rates nor inflation ratios have upper bounds, these variables were rank-transformed for analyses.

Conventional approach—For each target period and interview condition, paired *t*-tests were conducted to compare mean differences between reported and reference amounts of energy and of each macronutrient with zero. Also, for each target period and interview condition, Pearson correlations were calculated, over children, between reference and reported values of energy and of each macronutrient.

Separate mixed-model analyses of variance (ANOVAs) were conducted to determine whether rank-transformed report rates for energy and each macronutrient depended on target period, interview time, their interaction, and/or sex. Results were adjusted for school year and interviewer. For each analysis, a full model was fit, non-significant terms ($P > 0.05$) were removed, and the model was re-estimated.

Reporting-error-sensitive approach—Separate mixed-model ANOVAs were conducted to determine whether correspondence rates for energy and each macronutrient depended on target period, interview time, their interaction, and/or sex; this approach was also used for rank-transformed inflation ratios. Results were adjusted for school year and interviewer. For each analysis, a full model was fit, non-significant terms ($P > 0.05$) were removed, and the model was re-estimated. When the target-period by interview-time interaction was significant, means for each of the 15 pairs of six conditions were compared using a Bonferroni-adjusted significance criterion of 0.0033.

RESULTS

Analyses did not include data from 39 children (18 girls) who failed to meet criteria for reporting both school meals. Thus, results presented are from 335 children (169 girls).

Conventional approach

Table 1 shows results from the conventional approach for analyzing energy and macronutrients, by target period and interview condition. For each target period, for energy and each macronutrient, reported amounts were less than reference amounts (eight *P*-

values 0.0006; paired *t*-tests). For all six interview conditions for energy, three conditions for protein, five conditions for carbohydrate, and all six conditions for fat, reported amounts were less than reference amounts (20 *P*-values<0.04; paired *t*-tests). For each target period, for energy and each macronutrient, Pearson correlations between reference and reported amounts ranged from 0.33 to 0.46 and were different from zero (eight *P*-values<0.0001). For four interview conditions for energy, three conditions for protein, five conditions for carbohydrate, and all six conditions for fat, Pearson correlations between reference and reported amounts ranged from 0.27 to 0.70 and were different from zero (18 *P*-values<0.05).

None of the effects of target period, interview time, their interaction, and sex was significant for report rates for energy or any macronutrient. Mean report rates for energy and macronutrients ranged from 85% to 105% for the two target periods, and from 77% to 117% for the six interview conditions.

Reporting-error-sensitive approach

Table 2 shows results from the reporting-error-sensitive approach for analyzing energy and macronutrients, by target period and interview condition. Mixed-model ANOVAs of correspondence rates showed that for energy and each macronutrient, there was a significant effect of target period (four *P*-values<0.0001) and a significant target-period by interview-time interaction (four *P*-values<0.0001). Concerning target period, correspondence rates for energy and each macronutrient were better for prior-24-hour recalls (means of 51% to 59%) than previous-day recalls (means of 35% to 43%). Concerning the six interview conditions, pairwise comparisons showed that correspondence rates for energy and each macronutrient were better for prior-24-hour recalls in the afternoon and evening than previous-day recalls in the afternoon and evening (16 *P*-values 0.0005), for prior-24-hour recalls in the evening than prior-24-hour recalls in the morning (four *P*-values 0.0007), and for previous-day recalls in the morning than previous-day recalls in the evening (four *P*-values<0.002). Also, for energy, correspondence rate was better for previous-day recalls in the morning than previous-day recalls in the afternoon (*P*<0.002).

Mixed-model ANOVAs of inflation ratios showed that for energy and each macronutrient, there was a significant effect of target period (four *P*-values<0.0001), and for energy and carbohydrate, a significant target-period by interview-time interaction (energy *P*<0.005, carbohydrate *P*<0.002). Concerning target period, inflation ratios for energy and each macronutrient were better for prior-24-hour recalls (means of 32% to 45%) than previous-day recalls (means of 53% to 63%). Concerning the six interview conditions, pairwise comparisons showed that inflation ratios for energy and carbohydrate were better for prior-24-hour recalls in the afternoon and evening than previous-day recalls in the afternoon and evening (eight *P*-values 0.0001), for prior-24-hour recalls in the morning than previous-day recalls in the afternoon and evening (four *P*-values<0.002), and for previous-day recalls in the morning than previous-day recalls in the evening (both *P*-values 0.0009).

Table 3 shows descriptive statistics for the five amount categories for energy and macronutrients, by target period and interview condition. Statistical tests were not run on these amount categories because they were used to calculate the variables analyzed for the reporting-error-sensitive approach. Descriptive statistics in Table 3 show that unreported amounts from omissions were considerable, and were not offset by overreported amounts from intrusions. Means for corresponding amounts from matches for energy and macronutrients were larger for prior-24-hour recalls than previous-day recalls, clarifying why correspondence rates for energy and macronutrients were better for prior-24-hour recalls than previous-day recalls. Means for overreported amounts from intrusions for energy and macronutrients were smaller for prior-24-hour recalls than previous-day recalls,

clarifying why inflation ratios were better for prior-24-hour recalls than previous-day recalls for energy and macronutrients.

DISCUSSION

The conventional approach depicted accuracy for reporting energy and macronutrients as follows: Underreporting was evident in paired *t*-tests between reported and reference values although Pearson correlations showed significant associations. Customary interpretation of report rates suggested high reporting accuracy. Analyses of report rates for energy and macronutrients did not indicate variation in reporting accuracy over retention intervals.

The reporting-error-sensitive approach provided a substantially different picture of accuracy for reporting energy and macronutrients: Correspondence rates were decidedly smaller than report rates, and inflation ratios were considerable. Analyses of correspondence rates and inflation ratios for energy and macronutrients showed differences in reporting accuracy by retention interval. Specifically, reporting accuracy was better with a shorter than with a longer retention interval—when the target period was the prior-24-hours instead of the previous-day, and when the interview was on the same day as both school meals in the target period instead of on the subsequent day.

Food-item-level analyses conducted earlier (27) found that children's accuracy for reporting school-meal intake was best for the shortest retention interval; specifically, accuracy was better for prior-24-hour recalls than previous-day recalls, and accuracy was best for prior-24-hour recalls in the afternoon and evening, and worst for previous-day recalls in the afternoon and evening. This article's conventional approach for analyzing accuracy for reporting energy and macronutrients indicated that accuracy was high and did not depend on retention interval. Conclusions from the conventional approach conflict with conclusions from food-item-level analyses (27); this conflict is logical because the conventional approach was not designed to capture errors of reported food items or amounts. In contrast, this article's reporting-error-sensitive approach for analyzing accuracy for reporting energy and macronutrients indicated that accuracy was moderate to low, but better for prior-24-hour recalls than previous-day recalls, best for prior-24-hour recalls in the afternoon and evening, and worst for previous-day recalls in the afternoon and evening. Conclusions from the reporting-error-sensitive approach agree with those from food-item-level analyses (27); this agreement is logical because the reporting-error-sensitive approach captures errors of reported food items and amounts.

For validation studies, separating the evaluation of reporting errors for food items and amounts provides insight into what contributes to errors, which in turn provides insight into whether improvements are needed for reporting of food items, amounts, or both. Research indicates that children have considerable difficulty accurately estimating quantity eaten (21,41,47,49,50), even after training. However, this article's results for the amount categories showed that when the correct items were reported, children were fairly accurate in reporting amounts in qualitative terms (e.g., taste, little bit, most). Also, unreported amounts from omissions accounted for more energy and macronutrients than overreported amounts from intrusions; thus, omissions and intrusions, with their respective unreported and overreported amounts, do not balance each other. These results concerning amounts are similar to those from three 2007 articles (30–32); collectively, they suggest that using dietary assessment tools that help children report the correct food items will yield a bonus of improving children's ability to report amounts.

Results from this article agree with results from three 2007 articles (30–32) which showed that the conventional approach both overestimated children's accuracy for reporting energy

and macronutrients and provided a distorted picture of it. Thus, the current results further confirm the importance of using a reporting-error-sensitive approach when analyzing validation-study data to investigate accuracy for reporting energy and macronutrients, and demonstrate the important influence of retention interval on children's accuracy for reporting energy and macronutrients.

In some investigations of accuracy for reporting energy in dietary recalls, reference information has been total energy expenditure (TEE) estimated using the doubly labeled water (DLW) technique (5,51–56). Because TEE from DLW lacks details about food items and amounts consumed, it cannot differentiate whether reporting errors are due to reports of the wrong items, unreported items, or incorrectly reported amounts. Equality of a person's reported energy intake and his or her TEE from DLW does not imply that the person reported the correct items and amounts; it would be possible to have such equality without a single reported item or amount being correct! Because reference information obtained using TEE from DLW does not permit reporting-error-sensitive analyses, DLW data alone do not permit full investigation or understanding of the complexities of dietary-reporting error. In future validation studies, methodological differentiation between food items and amounts actually consumed and those reported (beyond what DLW data alone can provide) may help resolve remaining issues with the accuracy of dietary intake data. Increasing the accuracy of dietary intake data in future studies could better pinpoint true relationships between diet and disease.

In some investigations of dietary recall accuracy in which direct observation of intake has been used to obtain reference information (21,41,46–49,57–60), results for accuracy for reporting energy and macronutrients have been provided using the conventional approach only (21,46–49,57–60). For investigations that used the conventional approach only, based on three 2007 articles (30–32) and this article, it is possible that conclusions concerning accuracy for reporting energy and macronutrients would be different if the reporting-error-sensitive approach were used.

The current analyses were limited by aspects of the original study's design. Children's ages and race/ethnicities were homogeneous. Analyses were restricted to the school-meal parts of 24-hour recalls because only school meals were observed. Qualitative terms were converted to quantitative terms for amounts of standardized school-meal portions, although these processes were applied consistently to reference information and to reported information.

There are several strengths. Reference information was obtained by direct observation, which is considered the gold standard for validation (4). Also, quality control was assessed regularly throughout data collection for observations and interviews. In addition, observations were conducted in a setting (i.e., school) and manner that minimized reactivity (i.e., reciprocation or acting in response) and enhanced generalizability. Results from the secondary aim of the retention-interval validation study (61) showed that school-meal observations did not influence fourth-grade children's 24-hour recalls; thus, conclusions about 24-hour recalls by fourth-grade children observed eating school meals in validation studies are generalizable to 24-hour recalls by comparable but unobserved children in non-validation studies (e.g., epidemiologic studies; interventions).

For many national surveys (62–67), adult household members help children ages six to 11 years report their intake. To our knowledge, this common practice has not been validated. A 1989 study by Eck and colleagues (68) is often incorrectly cited as a rationale to use joint parent-child recalls of children's intake. That study (68) found that joint recalls by mother, father, and child better reflected observed intake of a cafeteria meal by four- to ten-year-old children than did recalls by the mother or father alone. However, children by themselves did

not provide recalls, so no comparison could be made of the accuracy of child-only, parent-only, and joint parent-child recalls of children's intake. Also, studies have found relationships between self-reported intake and various characteristics of adults (especially among women) such as body mass index (54,69–75) and social desirability (76–80); it is plausible that adult characteristics could impact accuracy of joint parent-child recalls of children's intake. Validation studies are needed to compare the accuracy of child-only, parent-only, and joint parent-child recalls of children's intake.

To our knowledge, six validation studies have examined age differences in dietary recall accuracy by elementary-school children; five of these studies found improvement with age (46,81–84), and the other (48) found no effect of age. As four of those studies concerned accuracy for a single meal per child, additional studies concerning intake for multiple meals (e.g., breakfast and lunch) by children from each grade level may be beneficial. However, validation studies to identify “the age” at which elementary-school children “achieve” dietary recall accuracy seem somewhat misplaced considering longstanding concerns about errors in adults' dietary recalls. More benefit may be achieved by future methodological validation studies focused on improving dietary recall accuracy. For example, is dietary recall accuracy better with NDSR's interviewer-administered electronic protocol (85–87), the US Department of Agriculture's interviewer-administered automated multiple-pass method (88–91), or the National Cancer Institute's new self-administered web-based protocol (92) which is being adapted for use by children? Does each pass in a 24-hour recall multiple-pass protocol improve accuracy enough to warrant its use? Do practice dietary recalls improve accuracy enough to justify their time and effort? Is the consistency of dietary recall accuracy better for prior-24-hour recalls than previous-day recalls? Does the combined influence of retention interval and prompts improve dietary recall accuracy, and do so differently by sex?

This article's results have several important applications: First, to increase children's accuracy for reporting school-meal intake, shorten the retention interval between intake and report. For example, obtain dietary recalls in the afternoon about that day's school meals. For this study, for prior-24-hour recalls in the afternoon and evening compared to previous-day recalls in the afternoon and evening, correspondence rates and inflation ratios for energy and macronutrients improved by one-third to one-half. These improvements demonstrate that the level of confidence in elementary-school children's self-reported school-meal intake depends on methodological variables (e.g., retention interval) that are clearly under investigators' and practitioners' control. Second, include details about retention interval (target period and interview time) in publications of studies utilizing dietary recalls; simply stating “recalls” is inadequate. Third, for validation studies, obtain reference information from a method (such as direct observation) that provides details about food items and amounts consumed; DLW data alone cannot provide these details. Finally, when analyzing validation-study data to investigate accuracy for reporting energy and nutrients, use an analytic approach that is sensitive to reporting errors of food items and amounts; the conventional analytic approach overestimates reporting accuracy and fails to detect effects such as retention interval on reporting accuracy.

With the incorporation of web-based, self-administered dietary recalls into prospective cohort studies, all indications are that dietary recalls will not only continue to be used, but will have a more prominent role in future research and clinical practice in the US and worldwide (6). Decisions made by investigators and practitioners about how and when to obtain dietary recalls can improve or impede accuracy, and decisions about data collection methods and analytic approaches have important implications for the quality of results and conclusions concerning reporting accuracy for energy and macronutrients. Applying the

reporting-error-sensitive approach to past, current, and future validation studies may refine methods for improving the accuracy of dietary recalls.

Acknowledgments

This research was supported by the National Heart, Lung, and Blood Institute of the National Institutes of Health (grant R01 HL074358 to SD Baxter). The content of this article is solely the responsibility of the authors and does not necessarily represent the official views of the National Heart, Lung, and Blood Institute or the National Institutes of Health.

The authors appreciate the cooperation of children, faculty, and staff of elementary schools, and staff of Student Nutrition Services, of the Richland One School District (Columbia, SC).

Amy F. Joye, MS, RD was Project Director for this grant until she suffered severe brain damage due to a medical tragedy at age 36. The Amy Joye Memorial Research Award has been established through the American Dietetic Association Foundation to award nutrition research grants in Amy's memory.

REFERENCES

1. Kubena KS. Accuracy in dietary assessment: On the road to good science. *J Am Diet Assoc.* 2000; 100:775–776. [PubMed: 10916514]
2. Trabulsi J, Schoeller DA. Evaluation of dietary assessment instruments against doubly labeled water, a biomarker of habitual energy intake. *Am J Physiol Endocrinol Metab.* 2001; 281:E891–E899.
3. Hill RJ, Davies PSW. The validity of self-reported energy intake as determined using the doubly labelled water technique. *Br J Nutr.* 2001; 85:415–430. [PubMed: 11348556]
4. Mertz W. Food intake measurements: Is there a "gold standard"? *J Am Diet Assoc.* 1992; 92:1463–1465. [PubMed: 1452958]
5. Subar AF, Kipnis V, Troiano RP, Midthune D, Schoeller DA, Bingham S, Sharbaugh CO, Trabulsi J, Runswick S, Ballard-Barbash R, Sunshine J, Schatzkin A. Using intake biomarkers to evaluate the extent of dietary misreporting in a large sample of adults: The OPEN study. *Am J Epidemiol.* 2003; 158:1–13. [PubMed: 12835280]
6. Schatzkin A, Subar AF, Moore S, Park Y, Potischman N, Thompson FE, Leitzmann M, Hollenbeck A, Morrissey KG, Kipnis V. Observational epidemiologic studies of nutrition and cancer: The next generation (with better observation). *Cancer Epidemiol Biomarkers Prev.* 2009; 18:1026–1032. [PubMed: 19336550]
7. Caballero B, Davis S, Davis CE, Ethelbah B, Evans M, Lohman T, Stephenson L, Story M, White J. Pathways: A school-based program for the primary prevention of obesity in American Indian children. *J Nutr Biochem.* 1998; 9:535–543.
8. US Department of Agriculture, Economic Research Service. The Food Assistance Landscape, FY 2007 Annual Report. 2008 [Accessed January 7, 2010]. Available at: <http://www.ers.usda.gov/Publications/EIB6-5>.
9. Ralston, K.; Newman, C.; Clauson, A.; Guthrie, J.; Buzby, J. The National School Lunch Program: Background, Trends, and Issues. Economic Research Report No. EER-61. 2008 [Accessed January 7, 2010]. Available at: <http://www.ers.usda.gov/Publications/ERR61/>.
10. Story M, Kaphingst KM, Robinson-O'Brien R, Glanz K. Creating healthy food and eating environments: Policy and environmental approaches. *Annu Rev Public Health.* 2008; 29:253–272. [PubMed: 18031223]
11. Frank GC. Taking a bite out of eating behavior: Food records and food recalls of children. *J Sch Health.* 1991; 61:198–200. [PubMed: 1943041]
12. Burghardt, J.; Ensor, T.; Hutchinson, G.; Weiss, C.; Spencer, B. The School Nutrition Dietary Assessment Study: Data collection and sampling. Contract No. 53-3198-0-16; MPR Reference No. 7937-140. Princeton, NJ: Mathematica Policy Research, Inc; 1993 [Accessed January 7, 2010]. Available at: <http://www.fns.usda.gov/oane/MENU/Published/CNP/FILES/SNDA-Datacol.pdf>
13. US Department of Agriculture, Food and Nutrition Service, Office of Research, Nutrition, Analysis. School Nutrition Dietary Assessment Study-III: Volume II: Student Participation and

Dietary Intakes, by A Gordon, et al., Project Officer: P McKinney, Report No. CN-7-SNDA-III. Alexandria, VA: 2007 [Accessed January 7, 2010]. Available at: <http://www.fns.usda.gov/oane/menu/Published/CNP/FILES/SNDAlII-Vol2.pdf#xml=http://65.216.150.153/tehis/search/pdfhi.txt?query=SNDA+III&pr=FNS&order=r&cq=&id=48236e0811>.

14. Baranowski T, Baranowski J, Cullen KW, Marsh T, Islam N, Zakeri I, Honess-Morreale L, de Moor C. Squire's Quest! Dietary outcome evaluation of a multimedia game. *Am J Prev Med.* 2003; 24:52–61. [PubMed: 12554024]
15. Field AE, Peterson KE, Gortmaker SL, Cheung L, Rockett H, Fox MK, Colditz GA. Reproducibility and validity of a food frequency questionnaire among fourth to seventh grade inner-city school children: Implications of age and day-to-day variation in dietary intake. *Public Health Nutr.* 1999; 2:293–300. [PubMed: 10512564]
16. Luepker RV, Perry CL, McKinlay SM, Nader PR, Parcel GS, Stone EJ, Webber LS, Elder JP, Feldman HA, Johnson CC, Kelder SH, Wu M. Outcomes of a field trial to improve children's dietary patterns and physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). *JAMA.* 1996; 275:768–776. [PubMed: 8598593]
17. Moore HJ, Eells LJ, McLure SA, Crooks S, Cumbor D, Summerbell CD, Batterham AM. The development and evaluation of a novel computer program to assess previous-day dietary and physical activity behaviours in school children: The Synchronised Nutrition and Activity Program™ (SNAP™). *Br J Nutr.* 2008; 99:1266–1274. [PubMed: 18042307]
18. Perry CL, Bishop DB, Taylor G, Murray DM, Mays RW, Dudovitz BS, Smyth M, Story M. Changing fruit and vegetable consumption among children: The 5-A-Day Power Plus program in St. Paul, Minnesota. *Am J Public Health.* 1998; 88:603–609. [PubMed: 9551002]
19. Receveur O, Morou K, Gray-Donald K, Macaulay AC. Consumption of key food items is associated with excess weight among elementary-school-aged children in a Canadian First Nations Community. *J Am Diet Assoc.* 2008; 108:362–366. [PubMed: 18237583]
20. Rockett HR, Breitenbach M, Frazier AL, Witschi J, Wolf AM, Field AE, Colditz GA. Validation of a youth/adolescent food frequency questionnaire. *Prev Med.* 1997; 26:808–816. [PubMed: 9388792]
21. Weber JL, Lytle L, Gittelsohn J, Cunningham-Sabo L, Heller K, Anliker JA, Stevens J, Hurley J, Ring K. Validity of self-reported dietary intake at school meals by American Indian children: The Pathways Study. *J Am Diet Assoc.* 2004; 104:746–752. [PubMed: 15127059]
22. Baranowski T, Smith M, Baranowski J, Wang DT, Doyle C, Lin LS, Davis Hearn M, Resnicow K. Low validity of a seven-item fruit and vegetable food frequency questionnaire among third-grade students. *J Am Diet Assoc.* 1997; 97:66–68. [PubMed: 8990421]
23. Domel SB, Baranowski T, Davis HC, Leonard SB, Riley P, Baranowski J. Fruit and vegetable food frequencies by fourth and fifth grade students: Validity and reliability. *J Am Coll Nutr.* 1994; 13:33–39. [PubMed: 8157851]
24. Rockett HR, Berkey CS, Colditz GA. Evaluation of dietary assessment instruments in adolescents. *Curr Opin Clin Nutr Metab Care.* 2003; 6:557–562. [PubMed: 12913673]
25. Buzzard, M. 24-hour dietary recall and food record methods. In: Willett, W., editor. *Nutritional Epidemiology.* 2nd ed.. New York, NY: Oxford University Press; 1998. p. 50-73.
26. Smith AF. Concerning the suitability of recordkeeping for validating and generalizing about reports of health-related information. *Rev Gen Psychol.* 1999; 3:133–150.
27. Baxter SD, Hardin JW, Guinn CH, Royer JA, Mackelprang AJ, Smith AF. Fourth-grade children's dietary recall accuracy is influenced by retention interval (target period and interview time). *J Am Diet Assoc.* 2009; 109:846–856. [PubMed: 19394471]
28. Smith, AF. *Cognitive Processes in Long-term Dietary Recall.* Hyattsville, MD: National Center for Health Statistics, Vital and Health Statistics; 1991. Series 6, No. 4
29. Smith AF, Jobe JB, Mingay DJ. Retrieval from memory of dietary information. *Appl Cognit Psychol.* 1991; 5:269–296.
30. Baxter SD, Smith AF, Hardin JW, Nichols MN. Conclusions about children's reporting accuracy for energy and macronutrients over multiple interviews depend on the analytic approach for

- comparing reported information to reference information. *J Am Diet Assoc.* 2007; 107:595–604. [PubMed: 17383265]
31. Baxter SD, Smith AF, Hardin JW, Nichols MN. Conventional energy and macronutrient variables distort the accuracy of children's dietary reports: Illustrative data from a validation study of effect of order prompts. *Prev Med.* 2007; 44:34–41. [PubMed: 16959308]
 32. Smith AF, Baxter SD, Hardin JW, Nichols MN. Conventional analyses of data from dietary validation studies may misestimate reporting accuracy: Illustration from a study of the effect of interview modality on children's reporting accuracy. *Pub Health Nutr.* 2007; 10:1247–1256. [PubMed: 17381899]
 33. Baxter SD, Thompson WO, Litaker MS, Frye FHA, Guinn CH. Low accuracy and low consistency of fourth-graders' school breakfast and school lunch recalls. *J Am Diet Assoc.* 2002; 102:386–395. [PubMed: 11905461]
 34. Baxter SD, Thompson WO, Smith AF, Litaker MS, Yin Z, Frye FHA, Guinn CH, Baglio ML, Shaffer NM. Reverse versus forward order reporting and the accuracy of fourth-graders' recalls of school breakfast and school lunch. *Prev Med.* 2003; 36:601–614. [PubMed: 12689806]
 35. Baxter SD, Thompson WO, Litaker MS, Guinn CH, Frye FHA, Baglio ML, Shaffer NM. Accuracy of fourth-graders' dietary recalls of school breakfast and school lunch validated with observations: In-person versus telephone interviews. *J Nutr Educ Behav.* 2003; 35:124–134. [PubMed: 12773283]
 36. US Department of Agriculture, Food and Nutrition Service. Road to SMI Success - A Guide for School Foodservice Directors. 2007 [Accessed January 7, 2010]. Available at: <http://www.fns.usda.gov/tn/Resources/roadtosuccess.html>
 37. Baxter SD, Smith AF, Litaker MS, Guinn CH, Shaffer NM, Baglio ML, Frye FHA. Recency affects reporting accuracy of children's dietary recalls. *Ann Epidemiol.* 2004; 14:385–390. [PubMed: 15246326]
 38. Baxter SD, Smith AF, Litaker MS, Guinn CH, Nichols MN, Miller PH, Kipp K. Body mass index, sex, interview protocol, and children's accuracy for reporting kilocalories observed eaten at school meals. *J Am Diet Assoc.* 2006; 106:1656–1662. [PubMed: 17000199]
 39. Baxter SD, Smith AF, Guinn CH, Thompson WO, Litaker MS, Baglio ML, Shaffer NM, Frye FHA. Interview format influences the accuracy of children's dietary recalls validated with observations. *Nutr Res.* 2003; 23:1537–1546. [PubMed: 16724161]
 40. Baxter SD, Thompson WO, Davis HC. Trading of food during school lunch by first- and fourth-grade children. *Nutr Res.* 2001; 21:499–503.
 41. Crawford PB, Obarzanek E, Morrison J, Sabry ZI. Comparative advantage of 3-day food records over 24-hour recall and 5-day food frequency validated by observation of 9- and 10-year-old girls. *J Am Diet Assoc.* 1994; 94:626–630. [PubMed: 8195550]
 42. Simons-Morton BG, Baranowski T. Observation in assessment of children's dietary practices. *J Sch Health.* 1991; 61:204–207. [PubMed: 1943043]
 43. Baglio ML, Baxter SD, Guinn CH, Thompson WO, Shaffer NM, Frye FHA. Assessment of interobserver reliability in nutrition studies that use direct observation of school meals. *J Am Diet Assoc.* 2004; 104:1385–1393. [PubMed: 15354155]
 44. Baranowski T, Dworkin R, Henske JC, Clearman DR, Dunn JK, Nader PR, Hooks PC. The accuracy of children's self-reports of diet: Family Health Project. *J Am Diet Assoc.* 1986; 86:1381–1385. [PubMed: 3760429]
 45. Shaffer NM, Baxter SD, Thompson WO, Baglio ML, Guinn CH, Frye FHA. Quality control for interviews to obtain dietary recalls from children for research studies. *J Am Diet Assoc.* 2004; 104:1577–1585. [PubMed: 15389417]
 46. Reynolds LA, Johnson SB, Silverstein J. Assessing daily diabetes management by 24-hour recall interview: The validity of children's reports. *J Pediatr Psychol.* 1990; 15:493–509. [PubMed: 2258797]
 47. Samuelson G. An epidemiological study of child health and nutrition in a northern Swedish county. II. Methodological study of the recall technique. *Nutr Metab.* 1970; 12:321–340. [PubMed: 5519001]

48. Todd KS, Kretsch MJ. Accuracy of the self-reported dietary recall of new immigrant and refugee children. *Nutr Res.* 1986; 6:1031–1043.
49. Lytle LA, Nichaman MZ, Obarzanek E, Glovsky E, Montgomery DH, Nicklas T, Zive MM, Feldman H. Validation of 24-hour recalls assisted by food records in third-grade children. *J Am Diet Assoc.* 1993; 93:1431–1436. [PubMed: 8245378]
50. Weber JL, Cunningham-Sabo L, Skipper B, Lytle L, Stevens J, Gittelsohn J, Anliker J, Heller K, Pablo JL. Portion-size estimation training in second- and third-grade American Indian children. *Am J Clin Nutr.* 1999; 69:782S–787S. [PubMed: 10195603]
51. Moshfegh AJ, Rhodes DG, Baer DJ, Murayi T, Clemens JC, Rumpler WV, Paul DR, Sebastian RS, Kuczynski KJ, Ingwersen LA, Staples RC, Cleveland LE. The US Department of Agriculture Automated Multiple-Pass Method reduces bias in the collection of energy intakes. *Am J Clin Nutr.* 2008; 88:324–332. [PubMed: 18689367]
52. Johnson RK, Driscoll P, Goran MI. Comparison of multiple-pass 24-hour recall estimates of energy intake with total energy expenditure determined by the doubly labeled water method in young children. *J Am Diet Assoc.* 1996; 96:1140–1144. [PubMed: 8906138]
53. Tran KM, Johnson RK, Soultanakis RP, Matthews DE. In-person vs telephone-administered multiple-pass 24-hour recalls in women: Validation with doubly labeled water. *J Am Diet Assoc.* 2000; 100:777–780. 783. [PubMed: 10916515]
54. Johnson RK, Soultanakis RP, Matthews DE. Literacy and body fatness are associated with underreporting of energy intake in US low-income women using the multiple-pass 24-hour recall: A doubly labeled water study. *J Am Diet Assoc.* 1998; 98:1136–1140. [PubMed: 9787719]
55. Sawaya AL, Tucker K, Tsay R, Willett W, Saltzman E, Dallal GE, Roberts SB. Evaluation of four methods for determining energy intake in young and older women: comparison with doubly labeled water measurements of total energy expenditure. *Am J Clin Nutr.* 1996; 63:491–499. [PubMed: 8599311]
56. Blanton CA, Moshfegh AJ, Baer DJ, Kretsch MJ. The USDA automated multiple-pass method accurately estimates group total energy and nutrient intake. *J Nutr.* 2006; 136:2594–2599. [PubMed: 16988132]
57. Carter RL, Sharbaugh CO, Stapell CA. Reliability and validity of the 24-hour recall. *J Am Diet Assoc.* 1981; 79:542–547. [PubMed: 7288060]
58. Lytle LA, Murray DM, Perry CL, Eldridge AL. Validating fourth-grade students' self-report of dietary intake: Results from the 5-A-Day Power Plus program. *J Am Diet Assoc.* 1998; 98:570–572. [PubMed: 9597031]
59. Conway JM, Ingwersen LA, Vinyard BT, Moshfegh AJ. Effectiveness of the US Department of Agriculture 5-step multiple-pass method in assessing food intake in obese and nonobese women. *Am J Clin Nutr.* 2003; 77:1171–1178. [PubMed: 12716668]
60. Conway JM, Ingwersen LA, Moshfegh AJ. Accuracy of dietary recall using the USDA five-step multiple-pass method in men: an observational validation study. *J Am Diet Assoc.* 2004; 104:595–603. [PubMed: 15054345]
61. Baxter SD, Hardin JW, Smith AF, Royer JA, Guinn CH, Mackelprang AJ. Twenty-four hour dietary recalls by fourth-grade children were not influenced by observations of school meals. *J Clin Epidemiol.* 2009; 62:878–885. [PubMed: 19230605]
62. Borrud, LG. Introduction and Overview. In: Tippet, KS.; Cypel, YS., editors. Design and Operation: The Continuing Survey of Food Intakes by Individuals and the Diet and Health Knowledge Survey, 1994–96, NSF Report No 96-1. US Department of Agriculture, Agricultural Research Service; 1997. p. 1-5.
63. Gleason, P.; Suitor, C. children's Diets in the Mid-1900s: Dietary Intake and Its Relationship with School Meal Participation. Alexandria, VA: US Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, Project Officer, E Herzog; 2001 [Accessed January 7, 2010]. Available at: <http://www.fns.usda.gov/oane/menu/published/CNP/FILES/ChilDiet.pdf>
64. US Department of Agriculture, Agricultural Research Service. Food and Nutrient Intakes by Children 1994–96, 1998 Online. [Accessed January 7, 2010]. Available at: http://www.ars.usda.gov/SP2UserFiles/Place/12355000/pdf/scs_all.PDF

65. National Health and Nutrition Examination Survey. MEC In-Person Interviewers Procedures Manual. 2002 [Accessed January 7, 2010]. Available at: http://www.cdc.gov/nchs/data/nhanes/nhanes_01_02/dietary_year_3.pdf
66. Burghardt JA. School Nutrition Dietary Assessment Study: Overview of the study design. *Am J Clin Nutr.* 1995; 61 Suppl:182S–186S. [PubMed: 7832164]
67. US Department of Agriculture, Food and Nutrition Service, Office of Research, Nutrition, and Analysis. School Nutrition Dietary Assessment Study-III: Summary of Findings. 2007 [Accessed January 7, 2010]. Available at: <http://www.fns.usda.gov/oane/MENU/Published/CNP/FILES/SNDAIII-SummaryofFindings.pdf>
68. Eck LH, Klesges RC, Hanson CL. Recall of a child's intake from one meal: Are parents accurate? *J Am Diet Assoc.* 1989; 89:784–789. [PubMed: 2723300]
69. Braam LA, Ocke MC, Bueno-de-Mesquita HB, Seidell JC. Determinants of obesity-related underreporting of energy intake. *Am J Epidemiol.* 1998; 147:1081–1086. [PubMed: 9620052]
70. Briefel RR, Sempos CT, McDowell MA, Chien S, Alaimo K. Dietary methods research in the Third National Health and Nutrition Examination Survey: Underreporting of energy intake. *Am J Clin Nutr.* 1997; 65 Suppl:1203S–1209S. [PubMed: 9094923]
71. Heitmann BL, Lissner L. Dietary underreporting by obese individuals - is it specific or non-specific? *Br Med J.* 1995; 311:986–989. [PubMed: 7580640]
72. Johnson RK, Goran MI, Poehlman ET. Correlates of over- and underreporting of energy intake in healthy older men and women. *Am J Clin Nutr.* 1994; 59:1286–1290. [PubMed: 8198052]
73. Klesges RC, Eck LH, Ray JW. Who underreports dietary intake in a dietary recall? Evidence from the Second National Health and Nutrition Examination Survey. *J Consult Clin Psychol.* 1995; 63:438–444. [PubMed: 7608356]
74. Pryer JA, Vrijheid M, Nichols R, Kiggins M, Elliot P. Who are the 'low energy reporters' in the Dietary and Nutritional Survey of British Adults? *Int J Epidemiol.* 1997; 26:146–154. [PubMed: 9126514]
75. Voss S, Kroke A, Klipstein-Grobusch K, Boeing H. Is macronutrient composition of dietary intake data affected by underreporting? Results from the EPIC-Potsdam Study: European Prospective Investigation into Cancer and Nutrition. *Eur J Clin Nutr.* 1998; 52:119–126. [PubMed: 9505157]
76. Hebert JR, Clemow L, Pbert L, Ockene IS, Ockene JK. Social desirability bias in dietary self-report may compromise the validity of dietary intake measures. *Int J Epidemiol.* 1995; 24:389–398. [PubMed: 7635601]
77. Hebert JR, Ebbeling CB, Matthews CE, Hurley TG, Ma Y, Druker S, Clemow L. Systematic errors in middle-aged women's estimates of energy intake: Comparing three self-report measures to total energy expenditure from doubly labeled water. *Ann Epidemiol.* 2002; 12:577–586. [PubMed: 12495831]
78. Hebert JR, Ma Y, Clemow L, Ockene IS, Saperia G, Stanek EJ, Merriam PA, Ockene JK. Gender differences in social desirability and social approval bias in dietary self-report. *Am J Epidemiol.* 1997; 146:1046–1055. [PubMed: 9420529]
79. Hebert JR, Peterson KE, Hurley TG, Stoddard AM, Cohen N, Field AE, Sorensen G. The effect of social desirability trait on self-reported dietary intake measures among multiethnic female health center employees. *Ann Epidemiol.* 2001; 11:417–427. [PubMed: 11454501]
80. Taren DL, Tobar M, Hill A, Howell W, Shisslak C, Bell I, Ritenbaugh C. The association of energy intake bias with psychological scores of women. *Eur J Clin Nutr.* 1999; 53:570–578. [PubMed: 10452412]
81. Emmons L, Hayes M. Accuracy of 24-hr. recalls of young children. *J Am Diet Assoc.* 1973; 62:409–415. [PubMed: 4691953]
82. Mack, KA.; Blair, J.; Presser, S. Health Survey Research Methods Conference Proceedings. Hyattsville, MD: US Department of Health and Human Services; 1996. Measuring and improving data quality in children's reports of dietary intake; p. 51-55.DHHS publication no. (PHS) 96-1013
83. Baxter SD, Thompson WO, Davis HC. Prompting methods affect the accuracy of children's school lunch recalls. *J Am Diet Assoc.* 2000; 100:911–918. [PubMed: 10955049]

84. Warren JM, Henry CJK, Livingstone MBE, Lightowler HJ, Bradshaw SM, Perwaiz S. How well do children aged 5–7 years recall food eaten at school lunch? *Pub Health Nutr.* 2003; 6:41–47. [PubMed: 12581464]
85. Dennis B, Ernst N, Hjortland M, Tillotson J, Grambsch V. The NHLBI Nutrition Data System. *J Am Diet Assoc.* 1980; 77:641–647. [PubMed: 6893713]
86. NDSR Nutrition Data System for Research. Nutrition Coordinating Center - Mission and History. [Accessed January 7, 2010]. Available at: <http://www.ncc.umn.edu/about/missionandhistory.html>
87. Regents of the University of Minnesota. NDSR Nutrition Data System for Research. Minneapolis, MN: 2007.
88. Bliss RM. Researchers produce innovation in dietary recall. *Agric Res.* 2004; 52(6):10–12.
89. Dwyer J, Picciano MF, Raiten DJ. Future Directions for What We Eat in America--NHANES: The Integrated CSFII-NHANES. *J Nutr.* 2003; 133 Suppl:576S–581S. [PubMed: 12566506]
90. Raper N, Perloff B, Ingwersen L, Steinfeldt L, Anand J. An overview of USDA's Dietary Intake Data System. *J Food Comp Anal.* 2004; 17:545–555.
91. US Department of Agriculture, Agricultural Research Center. USDA Automated Multiple-Pass Method. [Accessed January 7, 2010]. Available at: <http://www.ars.usda.gov/Services/docs.htm?docid=7710>
92. National Cancer Institute, US National Institutes of Health. Automated Self-administered 24-hour Dietary Recall (ASA24). [Accessed January 7, 2010]. Available at: <http://riskfactor.cancer.gov/tools/instruments/asa24/>

Table 1

Results from the conventional approach ^a for analyzing energy and macronutrients, by target period ^b and interview condition ^c

	n	Reference	Reported	<i>f</i>	<i>r</i> ^g	Report Rate (in %) ^h	
		amount ^d Mean ± SD	amount ^e Mean ± SD			Mean ± SD	Minimum; Median; Maximum ⁱ
Energy (kcal)							
<i>Target period</i>							
Prior 24 hour	172	797 ± 262	626 ± 297	-7.09 ****	0.36 ****	85 ± 55	7; 80; 496
Previous day	163	789 ± 263	657 ± 296	-5.27 ****	0.36 ****	90 ± 46	10; 84; 298
Mixed-model results ^j						F = 2.03, P = 0.1550	
<i>Interview condition</i>							
Prior 24 hour / morning	58	750 ± 220	551 ± 306	-4.48 ****	0.20	85 ± 76	7; 70; 496
Prior 24 hour / afternoon	58	858 ± 287	655 ± 325	-5.53 ****	0.59 ****	77 ± 34	23; 75; 186
Prior 24 hour / evening	56	782 ± 268	672 ± 241	-2.52 *	0.18	95 ± 46	22; 90; 319
Previous day / morning	48	848 ± 280	699 ± 308	-3.16 **	0.39 **	87 ± 41	24; 82; 225
Previous day / afternoon	54	766 ± 232	608 ± 275	-3.82 ****	0.29 *	85 ± 42	10; 83; 190
Previous day / evening	61	761 ± 271	668 ± 302	-2.25 *	0.36 **	98 ± 51	16; 90; 298
Mixed-model results ^k						F = 0.52, P = 0.5969	
Protein (g)							
<i>Target period</i>							
Prior 24 hour	172	30 ± 12	24 ± 13	-5.37 ****	0.33 ****	105 ± 180	2; 86; 2124
Previous day	163	29 ± 10	25 ± 13	-3.51 ***	0.34 ****	99 ± 68	0; 88; 547
Mixed-model results ^j						F = 1.39, P = 0.2400	
<i>Interview condition</i>							
Prior 24 hour / morning	58	29 ± 10	21 ± 14	-3.83 ****	0.29 *	112 ± 275	2; 72; 2124
Prior 24 hour / afternoon	58	31 ± 13	24 ± 14	-3.57 ****	0.43 **	85 ± 52	3; 75; 276
Prior 24 hour / evening	56	29 ± 12	26 ± 10	-1.81	0.26	117 ± 137	17; 100; 1033
Previous day / morning	48	31 ± 10	29 ± 14	-1.54	0.60 ****	93 ± 39	13; 93; 203

	n	Reference amount <i>d</i> Mean ± SD	Reported amount <i>e</i> Mean ± SD	<i>d</i>	<i>p</i> ^g	Report Rate (in %) <i>h</i>	
						Mean ± SD	Minimum; Median; Maximum <i>i</i>
Previous day / afternoon	54	28 ± 9	22 ± 11	-3.85 ***	0.18	83 ± 50	10; 77; 266
Previous day / evening	61	27 ± 12	26 ± 13	-0.98	0.24	117 ± 91	0; 102; 547
Mixed-model results <i>k</i>						<i>F</i> = 1.38, <i>P</i> = 0.2540	
Carbohydrate (g)							
<i>Target period</i>							
Prior 24 hour	172	104 ± 33	84 ± 40	-6.42 ****	0.39 ****	86 ± 46	8; 85; 264
Previous day	163	107 ± 40	88 ± 41	-5.19 ****	0.38 ****	90 ± 45	10; 87; 327
Mixed-model results <i>j</i>						<i>F</i> = 0.79, <i>P</i> = 0.3743	
<i>Interview condition</i>							
Prior 24 hour / morning	58	98 ± 32	73 ± 37	-3.85 ***	0.04	87 ± 60	8; 74; 264
Prior 24 hour / afternoon	58	111 ± 36	87 ± 46	-5.55 ****	0.70 ****	78 ± 31	10; 80; 153
Prior 24 hour / evening	56	104 ± 31	92 ± 35	-2.17 *	0.27 *	94 ± 41	25; 89; 255
Previous day / morning	48	114 ± 44	91 ± 41	-3.69 ***	0.44 **	85 ± 38.	22; 83; 207
Previous day / afternoon	54	105 ± 36	84 ± 39	-3.44 **	0.29 *	88 ± 45	10; 88; 204
Previous day / evening	61	102 ± 39	91 ± 43	-1.97	0.41 ***	97 ± 51	27; 88; 327
Mixed-model results <i>k</i>						<i>F</i> = 0.40, <i>P</i> = 0.6740	
Fat (g)							
<i>Target period</i>							
Prior 24 hour	172	29 ± 15	21 ± 13	-6.58 ****	0.46 ****	97 ± 150	2; 75; 1765
Previous day	163	27 ± 13	23 ± 13	-4.05 ***	0.35 ****	102 ± 90	0; 82; 791
Mixed-model results <i>j</i>						<i>F</i> = 3.43, <i>P</i> = 0.0650	
<i>Interview condition</i>							
Prior 24 hour / morning	58	27 ± 12	19 ± 14	-4.51 ****	0.48 ***	107 ± 241	4; 61; 1765
Prior 24 hour / afternoon	58	32 ± 17	23 ± 14	-4.61 ****	0.55 ****	82 ± 61	2; 70; 319
Prior 24 hour / evening	56	27 ± 17	22 ± 11	-2.46 *	0.36 **	101 ± 73	8; 98; 506

	n	Reference amount <i>d</i>	Reported amount <i>e</i>	<i>f</i>	<i>g</i>	Report Rate (in %) <i>h</i>	
		Mean ± SD	Mean ± SD			Minimum; Median; Maximum <i>i</i>	Mean ± SD
Previous day / morning	48	30 ± 13	25 ± 15	-2.14 *	0.35 *	96 ± 71	13; 83; 371
Previous day / afternoon	54	26 ± 12	21 ± 11	-2.72 **	0.31 *	92 ± 55	5; 80; 214
Previous day / evening	61	27 ± 13	23 ± 14	-2.19 *	0.37 **	116 ± 122	0; 88; 791
Mixed-model results <i>k</i>							<i>F</i> = 1.19, <i>P</i> = 0.3058

- ^aThe conventional approach is an analytic approach to evaluate accuracy for reporting energy and nutrients; it was not designed to capture reporting errors because all reported food items along with their reported amounts are converted to energy and nutrients.
- ^bTarget period is the period of time covered by a 24-hour dietary recall. The prior-24-hour target period concerns the 24 hours immediately preceding the interview. The previous-day target period concerns midnight to midnight of the day before the interview.
- ^cThe six interview conditions were created by crossing two target periods with three interview times (morning; afternoon; evening); they are labeled and defined as 1) prior 24 hour / morning — recall about the prior-24-hour target period obtained in a morning interview; 2) prior 24 hour / afternoon — recall about the prior-24-hour target period obtained in an afternoon interview; 3) prior 24 hour / evening — recall about the prior-24-hour target period obtained in an evening interview; 4) previous day / morning — recall about the previous-day target period obtained in a morning interview; 5) previous day / afternoon — recall about the previous-day target period obtained in an afternoon interview; and 6) previous day / evening — recall about the previous-day target period obtained in an evening interview.
- ^dThe reference amount was the amount observed eaten at school breakfast and school lunch. It was calculated for energy and each macronutrient for each child.
- ^eThe reported amount was from the school breakfast and school lunch parts of children's 24-hour dietary recalls. It was calculated for energy and each macronutrient for each child.
- ^fFor each target period and interview condition, paired *t*-tests were conducted to compare mean differences between reported and reference amounts of energy and of each macronutrient with zero. Differences were calculated as reported minus reference, so negative *t* values indicate underreporting. *P* values are indicated as * for *P* < 0.05, ** for *P* < 0.01, *** for *P* < 0.001, and **** for *P* < 0.0001.
- ^gFor each target period and interview condition, Pearson correlations were calculated, over children, between reference and reported energy and each macronutrient. Pearson correlations were tested for differences with zero. *P* values are indicated as * for *P* < 0.05, ** for *P* < 0.01, *** for *P* < 0.001, and **** for *P* < 0.0001.
- ^hReport rate is the reported percentage of the reference (i.e., observed) amount, calculated for energy and each macronutrient for each child as: (sum of reported amounts) / (sum of reference amounts) × 100. It is a measure of reporting accuracy which is indifferent to reporting errors. It has a lower bound of 0%, which indicates nothing was reported. It has no upper bound because there is no limit on what a person can report. Customary interpretation of report rates is that values close to 100%, >100%, and <100% indicate high reporting accuracy, overreporting, and underreporting, respectively.
- ⁱChildren's reports were compared to direct observation of school meals, so there was nothing suspect about maximum values, and it would be inappropriate to classify them as outliers and to exclude them from analyses.
- ^jMixed-model ANOVA results concerning the effect of target period on report rates.
- ^kMixed-model ANOVA results concerning the interaction of target period with interview time on report rates.

Table 2

Results from the reporting-error-sensitive approach ^a for analyzing energy and macronutrients, by target period ^b and interview condition ^c

	n	Correspondence Rate (in %) ^d		Inflation Ratio (in %) ^e	
		Mean ± SD	Minimum; Median; Maximum ^f	Mean ± SD	Minimum; Median; Maximum ^f
Energy (kcal)					
<i>Target period</i>					
Prior 24 hour	172	53 ± 26	0; 56; 100	32 ± 52	0; 19; 496
Previous day	163	37 ± 27	0; 33; 100	53 ± 47	0; 44; 266
Mixed-model results ^g		<i>F</i> = 32.08, <i>P</i> < 0.0001		<i>F</i> = 37.42, <i>P</i> < 0.0001	
<i>Interview condition</i>					
Prior 24 hour / morning	58	45 ± 26	0; 42; 100	40 ± 75	0; 24; 496
Prior 24 hour / afternoon	58	54 ± 23	0; 59; 94	23 ± 24	0; 15; 102
Prior 24 hour / evening	56	61 ± 25	0; 66; 100	33 ± 43	0; 20; 285
Previous day / morning	48	48 ± 29	0; 55; 100	39 ± 43	0; 24; 225
Previous day / afternoon	54	33 ± 25	0; 31; 85	52 ± 36	0; 43; 147
Previous day / evening	61	32 ± 25	0; 31; 91	66 ± 55	0; 55; 266
Mixed-model results ^h		<i>F</i> = 12.60, <i>P</i> < 0.0001 ⁱ		<i>F</i> = 5.48, <i>P</i> = 0.0046 ^j	
Protein (g)					
<i>Target period</i>					
Prior 24 hour	172	59 ± 31	0; 64; 100	45 ± 182	0; 13; 2124
Previous day	163	43 ± 32	0; 36; 100	55 ± 69	0; 34; 522
Mixed-model results ^g		<i>F</i> = 21.26, <i>P</i> < 0.0001		<i>F</i> = 30.14, <i>P</i> < 0.0001	
<i>Interview condition</i>					
Prior 24 hour / morning	58	49 ± 33	0; 45; 100	63 ± 279	0; 17; 2124
Prior 24 hour / afternoon	58	60 ± 28	0; 62; 100	25 ± 38	0; 8; 204
Prior 24 hour / evening	56	69 ± 28	0; 77; 100	48 ± 144	0; 17; 1033
Previous day / morning	48	56 ± 33	0; 63; 100	37 ± 42	0; 22; 178

	n	Correspondence Rate (in %) ^d		Inflation Ratio (in %) ^e	
		Mean ± SD	Minimum; Median; Maximum ^f	Mean ± SD	Minimum; Median; Maximum ^f
Carbohydrate (g)					
<i>Target period</i>					
Prior 24 hour	172	51 ± 25	0; 53; 100	35 ± 40	0; 25; 258
Previous day	163	35 ± 26	0; 31; 100	56 ± 45	0; 44; 327
Mixed-model results ^g		F= 10.84, P<0.0001 ⁱ		F= 35.07, P<0.0001	
<i>Interview condition</i>					
Prior 24 hour / morning	58	43 ± 25	0; 41; 100	44 ± 54	0; 26; 258
Prior 24 hour / afternoon	58	53 ± 22	0; 57; 94	25 ± 21	0; 22; 95
Prior 24 hour / evening	56	58 ± 25	0; 64; 100	36 ± 37	0; 27; 214
Previous day / morning	48	45 ± 28.	0; 49; 100	40 ± 39	0; 29; 207
Previous day / afternoon	54	31 ± 24	0; 28; 89	57 ± 39	0; 45; 174
Previous day / evening	61	30 ± 24	0; 24; 85	67 ± 52	0; 57; 327
Mixed-model results ^h		F= 11.17, P<0.0001 ⁱ		F= 6.90, P=0.0012 ^j	
Fat (g)					
<i>Target period</i>					
Prior 24 hour	172	56 ± 31	0; 57; 100	41 ± 151	0; 6; 1765
Previous day	163	39 ± 32	0; 35; 100	63 ± 92	0; 32; 724
Mixed-model results ^g		F= 23.07, P<0.0001		F= 30.11, P<0.0001	
<i>Interview condition</i>					
Prior 24 hour / morning	58	46 ± 30	0; 45; 100	61 ± 244	0; 6; 1765
Prior 24 hour / afternoon	58	55 ± 28	0; 59; 100	27 ± 52	0; 6; 237
Prior 24 hour / evening	56	66 ± 31	0; 71; 100	34 ± 74	0; 8; 506

	n	Correspondence Rate (in %) ^d		Inflation Ratio (in %) ^e	
		Mean ± SD	Minimum; Median; Maximum ^f	Mean ± SD	Minimum; Median; Maximum ^f
Previous day / morning	48	52 ± 32	0; 56; 100	43 ± 71.	0; 14; 371
Previous day / afternoon	54	35 ± 32	0; 35; 100	57 ± 51	0; 47; 177
Previous day / evening	61	32 ± 30	0; 24; 100	84 ± 125	0; 46; 724
Mixed-model results ^h		$F = 11.84, P < 0.0001$ ⁱ			

^aThe reporting-error-sensitive approach is an analytic approach to evaluate accuracy for reporting energy and nutrients; it is sensitive to reporting errors for food items and amounts.

^bTarget period is the period of time covered by a 24-hour dietary recall. The prior-24-hour target period concerns the 24 hours immediately preceding the interview. The previous-day target period concerns midnight to midnight of the day before the interview.

^cThe six interview conditions were created by crossing two target periods with three interview times (morning; afternoon; evening); they are labeled and defined as 1) prior 24 hour / morning — recall about the prior-24-hour target period obtained in a morning interview; 2) prior 24 hour / afternoon — recall about the prior-24-hour target period obtained in an afternoon interview; 3) prior 24 hour / evening — recall about the prior-24-hour target period obtained in an evening interview; 4) previous day / morning — recall about the previous-day target period obtained in a morning interview; 5) previous day / afternoon — recall about the previous-day target period obtained in an afternoon interview; and 6) previous day / evening — recall about the previous-day target period obtained in an evening interview.

^dCorrespondence rate is the percentage of the reference amount (i.e., the amount observed eaten at school breakfast and school lunch) that was reported correctly in the school breakfast and school lunch parts of children's 24-hour dietary recalls. It was calculated for energy and each macronutrient for each child as: (corresponding amount from matches / reference amount) x 100. A match is a food item in both the reference information and reported information. The corresponding amount from a match is the smaller value of the reported amount and the reference amount, or the reported amount if it is equal to the reference amount. Correspondence rate is a measure of reporting accuracy that is sensitive to reporting errors. It has a lower bound of 0%, which indicates that no reference items were reported eaten. It has an upper bound of 100%, which indicates that all reference items and amounts were reported correctly. Larger values indicate better reporting accuracy.

^eInflation ratio is a non-negative augmentation to correctly reported information which is based on inaccurate reporting. It was calculated for energy and each macronutrient for each child as: ((overreported amount from matches) + (overreported amount from intrusions)) / (reference amount) x 100. The overreported amount from a match is the amount by which the reported amount exceeds the reference amount (or zero if the reported amount is less than or equal to the reference amount). An intrusion is a food item in the reported information but not in the reference information. The overreported amount from an intrusion is the entire reported amount for each intrusion. Inflation ratio is a measure of reporting error. It has a lower bound of 0%, which indicates that there were no intrusions and that no amounts of matches were overreported. Inflation ratio has no upper bound because there is no limit on what a person can report. Smaller values indicate better reporting accuracy.

^fChildren's reports were compared to direct observation of school meals, so there was nothing suspect about maximum values, and it would be inappropriate to classify them as outliers and to exclude them from analyses.

^gMixed-model ANOVA results concerning the effect of target period.

^hMixed-model ANOVA results concerning the interaction of target period with interview time.

ⁱResults from pairwise comparisons for the six interview conditions found that correspondence rates for energy and each macronutrient were better for prior-24-hour recalls in the afternoon and evening than previous-day recalls in the afternoon and evening (16 *P*-values < 0.0005), for prior-24-hour recalls in the evening than prior-24-hour recalls in the morning (four *P*-values < 0.0007), and for previous-day recalls in the morning than previous-day recalls in the evening (four *P*-values < 0.002). Also, for energy, correspondence rate was better for previous-day recalls in the morning than previous-day recalls in the afternoon (*P* < 0.002).

Results from pairwise comparisons for the six interview conditions found that inflation ratios for energy and carbohydrate were better for prior-24-hour recalls in the afternoon and evening than previous-day recalls in the afternoon and evening (eight P -values < 0.0001), for prior-24-hour recalls in the morning than previous-day recalls in the afternoon and evening (four P -values < 0.002), and for previous-day recalls in the morning than previous-day recalls in the evening (both P -values < 0.0009).

Table 3

Descriptive statistics for five amount categories used to create variables for the reporting-error-sensitive approach ^a for analyzing energy and macronutrients, by target period ^b and interview condition ^c

	n	Mean ± SD				
		Overreported amount from intrusions ^d	Overreported amount from matches ^e	Corresponding amount from matches ^f	Unreported amount from matches ^g	Unreported amount from omissions ^h
Energy (kcal)						
<i>Target period</i>						
Prior 24 hour	172	154 ± 169	47 ± 70	425 ± 246	86 ± 126	286 ± 231
Previous day	163	309 ± 228	42 ± 80	306 ± 255	57 ± 93	425 ± 264
<i>Interview condition</i>						
Prior 24 hour / morning	58	173 ± 193	43 ± 61	335 ± 221	57 ± 87	358 ± 224
Prior 24 hour / afternoon	58	132 ± 146	46 ± 71	477 ± 277	100 ± 108	281 ± 235
Prior 24 hour / evening	56	156 ± 165	51 ± 78	464 ± 212	101 ± 167	216 ± 214
Previous day / morning	48	238 ± 244	45 ± 72	416 ± 275	88 ± 117	344 ± 285
Previous day / afternoon	54	309 ± 195	40 ± 74	258 ± 221	48 ± 90	460 ± 229
Previous day / evening	61	364 ± 229	42 ± 91	262 ± 242	41 ± 67	458 ± 266
Protein (g)						
<i>Target period</i>						
Prior 24 hour	172	4 ± 7	2 ± 3	17 ± 11	4 ± 6	9 ± 10
Previous day	163	10 ± 10	2 ± 4	13 ± 11	2 ± 4	13 ± 11
<i>Interview condition</i>						
Prior 24 hour / morning	58	5 ± 8	2 ± 3	14 ± 11	2 ± 4	12 ± 10
Prior 24 hour / afternoon	58	4 ± 7	2 ± 4	18 ± 11	5 ± 6	8 ± 10
Prior 24 hour / evening	56	4 ± 6	2 ± 3	19 ± 9	4 ± 8	5 ± 8
Previous day / morning	48	8 ± 10	3 ± 5	18 ± 13	3 ± 4	10 ± 10
Previous day / afternoon	54	9 ± 8	1 ± 2	11 ± 9	3 ± 5	15 ± 10
Previous day / evening	61	13 ± 11	2 ± 3	11 ± 11	2 ± 4	15 ± 12

	n	Mean ± SD					Unreported amount from omissions ^b
		Overreported amount from intrusions ^d	Overreported amount from matches ^e	Corresponding amount from matches ^f	Unreported amount from matches ^g		
Carbohydrate (g)							
<i>Target period</i>							
Prior 24 hour	172	24 ± 24	6 ± 10	54 ± 32	10 ± 13	41 ± 30	
Previous day	163	44 ± 30	5 ± 10	38 ± 34	8 ± 14	60 ± 37	
<i>Interview condition</i>							
Prior 24 hour / morning	58	27 ± 26	6 ± 9	41 ± 25	8 ± 13	50 ± 31	
Prior 24 hour / afternoon	58	21 ± 21	6 ± 8	61 ± 36	11 ± 13	40 ± 29	
Prior 24 hour / evening	56	25 ± 25	7 ± 11	60 ± 30	10 ± 13	34 ± 29	
Previous day / morning	48	33 ± 29	5 ± 7	52 ± 38	11 ± 17	51 ± 44	
Previous day / afternoon	54	45 ± 27	5 ± 10	33 ± 29	7 ± 14	65 ± 32	
Previous day / evening	61	52 ± 31	5 ± 12	33 ± 33	6 ± 9	63 ± 36	
Fat (g)							
<i>Target period</i>							
Prior 24 hour	172	4 ± 8	2 ± 3	16 ± 12	4 ± 7	9 ± 11	
Previous day	163	10 ± 11	2 ± 4	11 ± 11	2 ± 4	14 ± 12	
<i>Interview condition</i>							
Prior 24 hour / morning	58	5 ± 9	1 ± 2	13 ± 11	2 ± 3	12 ± 9	
Prior 24 hour / afternoon	58	4 ± 7	2 ± 3	18 ± 13	4 ± 5	10 ± 12	
Prior 24 hour / evening	56	4 ± 7	2 ± 4	16 ± 10	5 ± 11	6 ± 10	
Previous day / morning	48	8 ± 12	2 ± 3	15 ± 11	4 ± 5	11 ± 11	
Previous day / afternoon	54	10 ± 10	1 ± 3	9 ± 9	1 ± 3	15 ± 11	
Previous day / evening	61	11 ± 11	2 ± 4	10 ± 11	1 ± 3	16 ± 12	

^aThe reporting-error-sensitive approach is an analytic approach to evaluate accuracy for reporting energy and nutrients; it is sensitive to reporting errors for food items and amounts.

^bTarget period is the period of time covered by a 24-hour dietary recall. The prior-24-hour target period concerns the 24 hours immediately preceding the interview. The previous-day target period concerns midnight to midnight of the day before the interview.

- ^cThe six interview conditions were created by crossing two target periods with three interview times (morning; afternoon; evening); they are labeled and defined as 1) prior 24 hour / morning — recall about the prior-24-hour target period obtained in a morning interview; 2) prior 24 hour / afternoon — recall about the prior-24-hour target period obtained in an afternoon interview; 3) prior 24 hour / evening — recall about the prior-24-hour target period obtained in an evening interview; 4) previous day / morning — recall about the previous-day target period obtained in a morning interview; 5) previous day / afternoon — recall about the previous-day target period obtained in an afternoon interview; and 6) previous day / evening — recall about the previous-day target period obtained in an evening interview.
- ^dThe overreported amount from an intrusion is the entire reported amount for each intrusion. An intrusion is food item in the reported information but not in the reference (i.e., observed) information; in other words, an intrusion is a food item that was not eaten but was reported eaten in some non-zero amount for that meal.
- ^eThe overreported amount from a match is the amount by which the reported amount exceeds the reference amount (or zero if the reported amount is less than or equal to the reference amount). A match is a food item in both the reference information and reported information; in other words, a match is a food item that was eaten in some non-zero amount and was reported eaten in some non-zero amount for that meal.
- ^fThe corresponding amount from a match is the smaller value of the reported amount and the reference amount (or the reported amount if it is equal to the reference amount).
- ^gThe unreported amount from a match is the amount by which the reference amount exceeds the reported amount (or zero if the reference amount is less than or equal to the reported amount).
- ^hThe unreported amount from an omission is the entire reference amount for each omission. An omission is a food item in the reference information but not in the reported information; in other words, an omission is a food item that was eaten in some non-zero amount but was not reported eaten for that meal.