

Supplementary Table 14. Examples of Major Surveillance Surveys for Diet, Physical Activity, and Tobacco Use in the United States

Survey	Description	Methodology	Frequency	What Is Measured
<p>National Health and Nutrition Examination Survey (NHANES) http://www.cdc.gov/nchs/nhanes.htm</p> <p>National Center for Health Statistics*</p>	<p>A program of studies that assesses the health and nutritional status of adults and children in the United States</p>	<p>A nationally representative sample of ≈5000 persons located in counties across the country is examined every year. Fifteen counties are visited annually. NHANES incorporates both a physical examination and an interview.</p>	<p>Ongoing</p>	<p>The NHANES interview includes demographic, socioeconomic, dietary, and health-related questions. The examination component consists of medical, dental, and physiological measurements, as well as laboratory tests.</p>
<p>Youth Risk Behavioral Surveillance System (YRBSS) http://www.cdc.gov/HealthyYouth/yrbs/index.htm</p> <p>CDC and state, territorial, and local education and health agencies and tribal governments*</p>	<p>Monitors priority health-risk behaviors and prevalence of obesity and asthma among youth and young adults</p>	<p>Includes a national school-based survey and district surveys</p>	<p>Every 2 y since 1991</p>	<p>YRBSS monitors 6 categories of priority health risk:</p> <ul style="list-style-type: none"> • Behaviors that contribute to unintentional injuries and violence • Tobacco use • Alcohol and other drug use • Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases • Unhealthy dietary behaviors • Physical inactivity <p>In addition, YRBSS monitors the prevalence of obesity and asthma.</p>
<p>Behavioral Risk Factor Surveillance System (BRFSS) http://www.cdc.gov/brfss/</p> <p>CDC, states, territories, and tribal governments*</p>	<p>A state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and healthcare access primarily related to chronic disease and injury</p>	<p>Currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam. More than 350,000 adults are interviewed by telephone each year.</p>	<p>Annually since 1984</p>	<p>BRFSS collects data on behaviors that are associated with preventable chronic diseases, injuries, and infectious diseases. States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.</p>
<p>Household Food Acquisition and Purchase Survey (FoodAPS) http://www.ers.usda.gov/Briefing/DietQuality/food_aps.htm</p> <p>USDA Economic Research Service*</p>	<p>A nationally representative survey of household food purchases and acquisitions</p>	<p>Detailed information will be collected about foods purchased for consumption at home and away from home as well as foods acquired through food and nutrition assistance programs (both public and private). The survey will collect information from up to 3500 low-income and 1500 higher-income households.</p>	<p>Full-scale implementation of the study is expected in 2012.</p>	<p>FoodAPS will provide data about household food choices.</p> <ul style="list-style-type: none"> • Quantities, prices, and expenditures for all at-home and away-from-home foods and beverages bought and acquired from all sources • Nutritional value of foods bought and acquired • Eating occasions by household members

		Methodology is still being finalized.		<ul style="list-style-type: none"> Household characteristics, including income, program participation, nonfood expenditures, food security, health status, and diet and nutrition knowledge Household access to food, including location of purchase and distance to outlets
<p>Quarterly Food-at-Home Price Database (QFAHPD)</p> <p>http://www.ers.usda.gov/Briefing/CPIFoodAndExpenditures/qfahpd.htm</p> <p>USDA Economic Research Service*</p>	Provides food price data to support research on the economic determinants of diet quality and health outcomes. Contains regional and market-level quarterly prices across all 48 contiguous states.	The database is constructed from Nielsen Homescan data and includes quarterly observations on the mean price of 52 food categories for 35 market groups covering the contiguous United States.	1999-2006	The food categories created by QFAHPD correspond with the 2005 Dietary Guidelines for Americans and capture price premiums for convenience and processing. Prices are presented in dollars per 100 g of food as purchased by consumers.
<p>School Health Profiles (Profiles)</p> <p>http://www.cdc.gov/healthyouth/profiles/index.htm</p> <p>States, territories, tribal governments, and school districts*</p>	Provides data on health policies and activities at schools for states and large urban school districts	A representative sample of public middle schools and high schools in a state, territory, tribal government, or school district collected with self-administered, mailed questionnaires	Every 2 y since 1994	Profiles school health education requirements and content, physical education requirements, school health policies related to HIV infection/AIDS, prevention of tobacco use, nutrition, asthma management activities, and family and community involvement in school health programs
<p>School Health Policies and Practices Study (SHPPS)</p> <p>http://www.cdc.gov/HealthyYouth/shpps/index.htm</p> <p>CDC*</p>	Provides national data on 8 components of school health at the state, school district, school, and classroom levels	Information collected includes all states, a nationally representative sample of school districts, and a nationally representative sample of public and private elementary schools, middle schools, and high schools. Computer-assisted personal interviews, Web-based surveys, and self-administered, mailed questionnaires are used.	Every 6 y since 1994	SHPPS studies health education, physical education and activity, health services, mental health and social services, nutrition services, healthy and safe school environment, faculty and staff health promotion, and family and community involvement.
<p>National Youth Tobacco Survey (NYTS)</p> <p>http://www.cdc.gov/tobacco/data_statistics/surveys/NYTS/index.htm</p>	A school-based survey of students in grades 6-12 that provides national data on long-term, intermediate, and short-term indicators key to the design, implementation, and evaluation of comprehensive tobacco prevention and control programs. The NYTS also serves	<ul style="list-style-type: none"> Both public and private schools eligible for inclusion Multistage design*; schools randomly selected, with probability proportional to enrollment size <p>*Classrooms are chosen</p>	Every 2 or 3 y since 1999	The NYTS was designed to examine correlates of tobacco use such as demographics, minors' access to tobacco, and exposure to secondhand smoke. The NYTS provides nationally representative data about middle and high school youths' tobacco-related

<p>CDC, states, territories, and tribal governments*</p>	<p>as a baseline for comparing progress toward meeting selected Healthy People 2010 goals for reducing tobacco use among youth.</p>	<p>randomly within selected schools, and all students in selected classes are eligible to participate.</p> <ul style="list-style-type: none"> • Anonymous and self-administered questionnaire • Only 1 class period required to administer questionnaire. • State-level data collected, but data can be analyzed at the local level. 		<p>beliefs, attitudes, behaviors, and exposure to pro- and anti-tobacco influences.</p>
<p>Global Youth Tobacco Surveillance (GYTS)</p> <p>http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5701a1.htm</p> <p>WHO, CDC, Canadian Public Health Association, individual countries*</p>	<p>A school-based survey designed to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programs. The GYTS uses a standard methodology for constructing the sampling frame, selecting schools and classes, preparing questionnaires, following consistent field procedures, and using consistent data management procedures for data processing and analysis. Information generated from the GYTS can be used to stimulate the development of tobacco control programs and can serve as a means to assess progress in meeting program goals.</p>	<p>GYTS is composed of 56 “core” questions. The questionnaire also allows countries to insert their own country-specific questions.</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Knowledge and attitudes of young people toward cigarette smoking • Prevalence of cigarette smoking and other tobacco use among young people • Role of the media and advertising in young people’s use of cigarettes • Access to cigarettes • Tobacco-related school curriculum • Environmental tobacco smoke • Cessation of cigarette smoking
<p>Tobacco Marketing Surveillance Project—Trinkets and Trash</p> <p>http://www.trinketsandtrash.org/</p> <p>University of Medicine and Dentistry of New Jersey*</p>	<p>Tobacco marketing surveillance project and archive</p>	<p>Monitors tobacco industry marketing in magazines, direct mail, email, websites, and other channels</p>	<p>Ongoing</p>	<p>Trinkets and Trash makes images and information available through its website.</p>
<p>American Time Use Survey (ATUS)</p> <p>http://www.bls.gov/tus/</p> <p>Bureau of Labor Statistics; US Census Bureau*</p>	<p>Provides nationally representative estimates of how, where, and with whom Americans spend their time and is the only federal survey providing data on the full range of nonmarket activities, from child care to volunteering. ATUS data files are used by researchers to study a broad range of issues; the data files include information collected from</p>	<p>Data are collected through telephone interviews. Census Bureau interviewers use computer-assisted telephone interviewing. Households without telephones can also be selected for the ATUS sample. In a letter about the survey, the Bureau of Labor Statistics asks respondents in these households to call a toll-free</p>	<p>Annually since 2003</p>	<p>Age; sex; race; activity start time, stop time, duration, and location; family income; school enrollment; educational attainment; marital status; employment status; usual hours of work; multiple job status; full- or part-time work; occupation; body weight; geographic location/region of the country; eating and health module</p>

	>98,000 interviews conducted from 2003 to 2009. Data files can be linked to data files from the Current Population Survey, expanding the context in which time-use data can be analyzed. ATUS data are being used to examine eating and drinking patterns and how they relate to a person's overall health; how Americans use food assistance programs; and how different groups of Americans spend their leisure time, such as watching television, socializing, and exercising.	number to complete the interview. Respondents are only interviewed once.		
Demographic and Health Surveys (DHS) http://www.measuredhs.com/ One implementing agency, usually a bona fide governmental, nongovernmental, or private sector organization such as a national statistical office, a family planning organization, a ministry of health, a university, a government research group, or a private research group. Involvement of ministries of health is becoming more important because of the increased health content of DHS surveys and the need to have access to specialized staff who can collect biological specimens such as blood samples.*	Provides data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition.	Standard DHS surveys have large sample sizes (usually between 5000 and 30,000 households) and typically are conducted every 5 y to allow comparisons over time. Interim DHS surveys focus on collection of information on key performance monitoring indicators but may not include data for all impact evaluation measures (such as mortality rates). These surveys are conducted between rounds of DHS surveys and have shorter questionnaires than DHS surveys. Although nationally representative, these surveys have smaller samples than DHS surveys (2000-3000 households).	Every 5 y	Anemia, child health, education, family planning, fertility, fertility preferences, gender/domestic violence, HIV prevalence, knowledge, attitudes, and behavior, household and respondent characteristics, infant/child mortality, malaria, maternal health, maternal mortality, nutrition, wealth/SES, and women's empowerment.
National Health Interview Survey (NHIS) http://www.cdc.gov/nchs/nhis.htm	Monitors the health of the nation on a broad range of health topics, including health status, healthcare access, and progress toward achieving national health objectives	The NHIS is a large-scale household interview survey of a statistically representative sample of the US civilian non-institutionalized population. Interviewers visit 35,000-40,000 households across the country and collect data on about 75,000-	Annually since 1957	Demographic variables, SES, general health, health conditions, health behaviors, medical care/access, household information, and geography

<p>US Census Bureau, National Center for Health Statistics*</p>		<p>100,000 individuals. The questionnaire consists of 2 main parts: a core set of questions that remain basically unchanged from year to year and supplemental questions that change from year to year and that collect additional data pertaining to current issues of national importance. About 20 min of an average NHIS interview is devoted to supplemental questions. Federal agencies and private nonprofit organizations may sponsor supplements. NHIS analyses on a variety of topics are published through <i>Vital and Health Statistics Series Reports, National Health Statistics Reports, NCHS Data Briefs, and Health E-Stats.</i></p>		
<p>Early Childhood Longitudinal Program (ECLS-B) http://nces.ed.gov/ecls/birth.asp US Department of Education, National Center for Education Statistics*</p>	<p>ECLS was designed to provide decision makers, researchers, child care providers, teachers, and parents with detailed information about children's early life experiences. ECLS-B, the birth cohort of ECLS, looks at children's health, development, care, and education during the formative years from birth through kindergarten entry.</p>	<p>ECLS-B collects information from children, parents, child care providers, teachers, and schools. It is a nationally representative sample of children born in 1998 and 2001. The children participating in the study came from diverse socioeconomic and racial/ethnic backgrounds with oversamples of Asian and Pacific Islander children, American Indian and Alaska Native children, Chinese children, twins, and low and very low birth weight children. ECLS-B is a longitudinal study.</p>	<p>Ongoing from 1998</p>	<p>Cognitive assessment, child development, school readiness, early school experience. ECLS provides national data on children's status at birth and at various points thereafter; children's transitions to nonparental care, early education programs, and school; and children's experiences and growth through 8th grade. ECLS also provides data to analyze the relations among a wide range of family, school, community, and individual variables with children's development, early learning, and performance in school.</p>
<p>National Collaborative on Childhood Obesity Research (NCCOR) Measures Registry http://www.nccor.org/measures National Collaborative on Childhood Obesity Research*</p>	<p>Free, searchable online registry was designed to provide measures and resources for use in childhood obesity research. The purpose of the registry is to promote consistent use of common measures and research methods across childhood obesity prevention and research at the individual, community, and population levels. Measures are defined broadly as tools and methodologies to assess individual diet,</p>	<p>The Measures Registry was developed by a collaborative team of NCCOR members, contractors, and academic experts who searched bibliographic resources for peer-reviewed articles in 4 domains: (1) individual dietary behavior, (2) individual physical activity behavior, (3) food environment, and (4) physical activity environment. Selected articles deemed to contain</p>	<p>Ongoing from 2011</p>	<p>The Measures Registry includes nearly 750 measures in 4 domains. Types of measures in the Registry include questionnaires, instruments, diaries, logs, electronic devices, direct observation of people or environments, protocols, and analytic techniques. Details about each measure include validity, reliability, protocols for use, and settings, geographic areas, and populations in which the measure has</p>

	physical activity, and the environments in which these behaviors occur.	measures in these domains were then summarized for entry into the searchable database. Data abstraction form, search parameters, and coding decisions for describing measures are available on the website.	been used. Users can search for measures and details about how to use them, find measures in development, link to other measures registries and related resources, and submit new measures for inclusion.
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CDC indicates Centers for Disease Control and Prevention; USDA, US Dept of Agriculture; HIV, human immunodeficiency virus; AIDS, acquired immune deficiency syndrome; WHO, World Health Organization; CPS, current population surveys; and SES, socioeconomic status.

*Ownership of data.

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