



Request for micro data codebook

Reema Tayyem <rtayyem@hu.edu.jo>
To: Global Diet Team <info@globaldietarydatabase.org>

Tue, Mar 22, 2016 at 3:28 PM

Here is the required information.

Study population:

One hundred sixty seven apparently healthy participants (83 males, 84 females; mean age 27.2 years; age range 18–51) were recruited from King Hussein Medical Center's (KHMC) personnel (including the security manpower, hospital cleaners, and employees in administrative positions) to participate in this cross-sectional study. In addition, out-patients who met the inclusion criteria, which require that the participants are disease-free and at least 18 years old, were also recruited. Participants were conveniently enrolled in the present study except for the blood sample collection and anthropometric measurements to which their responses were about 90.0%. The exclusion criteria included being pregnant or lactating (for women); suffering from eating disorders or having any disease. Socio-demographic and health data were collected by trained research assistants using interview-based questionnaires. The socio-demographic data included age, marital status, household income, education (illiterate, primary and secondary, diploma and B.Sc., and postgraduate degrees), occupation and tobacco usage (current and previous smokers were categorized as smokers and those who never smoked were set as non-smokers). All participants were asked to sign a consent form according to the Jordanian Royal Medical Services (JRMS) ethics approval and filled out the MRI safety questionnaire before participating in this study which extended from October 2014 to July 2015.

Anthropometric measurements:

Body weight was measured to the nearest 0.1 kg, with minimal clothing and without shoes, using a calibrated scale (Tanita, Model SC-331S, Japan) (20). Height was measured to the nearest 1 cm with participants in standing position without shoes using a calibrated portable measuring rod (20). Body mass index (BMI) was calculated as the ratio of weight in kilograms to the square of height in meters and was categorized according to the classification system established by the National Institutes of Health (NIH): normal body weight, 18.5–24.9; overweight, 25.0 to 29.9; and obese, >30.0 (21). WC was measured by tape at the narrowest level between the lowest rib and the iliac crest at the end of normal expiration in standing position (20). WC was also measured from the MR images at a level just below the lower costal margin. All anthropometric measurements were carried out by trained dietitian.

Food Frequency Questionnaire (FFQ)

A validated Arabic quantitative Food Frequency Questionnaire (FFQ), adapted from the Diet History Questionnaire (DHQ I) of the National Cancer Institute of the United States of America [12] was used for dietary assessment. The FFQ questions tracked the information on the dietary history of study participants prior to CRC diagnosis, and to confirm the dietary habits of control participants. A qualified dietitian asked participants, during face-to-face interviews, how frequently, on average, during the past year they had consumed one standard serving of specific food items in nine categories (<1/month, 2–3/month, 1–2/week, 3–4/week, 5–6/week, 1/day, 2–3/day, 4–5/day, or 6/day). An answer in the affirmative resulted in additional questions related to frequency and

amount of food consumed. If the participants' dietary pattern did not include a food type, then related questions were skipped. Food lists in the modified FFQ questions were classified based on types of foods: 21 items of fruits and juices; 21 items of vegetables; eight items of cereals; nine items of milk and dairy products; four items of beans; 16 items of meat such as red meat (lamb and beef), chicken, fish, cold meat, and others; four items of soups and sauces; five items of drinks; nine items of snacks and sweets; and 14 items of herbs and spices [12]. For better portion size estimation food models and standard measuring tools were used. Dietary intakes were analyzed using dietary analysis software (ESHA Food Processor SQL version 10.1.1; ESHA, Salem, OR, USA) with additional data on foods consumed in Jordan.

Parameter	Male			Female			*P-value	Total		
	N	Mean	SEM	N	Mean	SEM		N	Mean	SEM
Height (cm)	77	172.4	0.81	81	158.6	0.66	0.001	157	165.3	0.75
Weight (kg)	77	79.1	1.7	81	68.7	1.36	0.001	157	73.8	1.52
BMI (kg/m ²)	77	26.7	0.59	81	27.5	0.63	0.255	157	27.1	0.43
Waist circumference (cm) by:	65	93.8	1.4	75	86.8	1.3	0.017	140	90.0	0.99
- Tape										
- MRI	83	90.5	1.3	84	83.8	1.4	0.001	167	87.1	0.97
BMI Categories N (%)										
- Normal	35 (45.5)			35(43.8)			0.458	70 (44.6)		
- Overweight	23 (29.9)			20 (25.0)				43 (27.4)		
- Obese	19 (24.6)			25 (31.2)				44 (28.0)		
Marital status N (%)										
- Married	31(40.8)			24 (29.6)			0.053	55 (35.0)		
- Single	45 (59.2)			53 (65.4)				98 (62.4)		
Divorced	-			4 (4.9)				4 (2.5)		
Education N (%)										
- Illiterate	1 (1.5)			-			0.761	1 (0.6)		
- Primary and Secondary education	14 (20.6)			22 (28.2)				36 (21.4)		
- Diploma	12 (17.6)			13 (16.7)				25 (14.9)		
- Bachelor	39 (57.4)			42 (53.8)				101 (61.3)		
- Master and Ph.D.	2 (2.9)			1 (1.3)				3 (1.8)		
Occupation N (%)										
- Yes	43 (64.2)			45 (57.7)			0.063	88 (60.7)		
- No	24 (35.8)			33 (42.3)				57 (39.3)		
Current smoking N (%)										
- Yes	34 (50.9)			10 (13)			0.004	44 (30.6)		
- No	33 (49.1)			67 (87)				100 (69.4)		
* p<0.05: Min-Minimum; Max -Maximum; SEM- standard error of the mean; MRI-magnetic resonance imaging; BMI – body mass index; IL-6 – interleukin-6; TG – triglycerides; HDL– high-density lipoprotein cholesterol; LDL-low-density lipoprotein cholesterol.										

Regards

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On Tue, Mar 22, 2016 at 4:18 PM, Global Diet Team <info@globaldietarydatabase.org> wrote:
Dear Dr. Tayyem,

Thank you very much for your timely and informative response. We are happy to accept the FFQ in Arabic. Also we would like to remind you to fill out a new survey form for the Obesity data you submitted last week. If it would be easier you can email us the responses to the questions below and we can fill out a new survey form on your behalf.

Here are the questions for the survey form:

1. Name of survey
2. Survey Start Date
3. Survey End Date
4. Response Rate
5. Representativeness (nationally representative with sampling weights, nationally representative without sampling weight, sub-national, local or community level, or selected cohort)
6. Individual level or household level dietary data
7. Coverage (only rural, only urban, both rural and urban)
8. If the survey has data separately for urban v. rural areas please provide definitions of these areas.
9. Sample size
10. Sampling Method
11. Age Range
12. Gender
13. Were pregnant women included in the study? Can you provide data separately for this group?
14. Does your study collect information on education? Can you provide data stratified by education?
15. What nutrient database did you use to analyze nutrient compositions?
16. Which dietary factors are included in your study?

Please let us know if there is anything we can do to make this process easier for you. We look forward to hearing from you.

Best regards,
The GDD Core Team

On Thu, Mar 17, 2016 at 3:10 AM, Reema Tayyem <rtayyem@hu.edu.jo> wrote:

Hi

I can send you the questionnaire form but it is written in Arabic. We used the same FFQ that we used for collecting the previous uploaded data. the same processing has been performed for the current uploaded data.

If you have any specific questions, please don't hesitate to contact me.

Regards

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On Wed, Mar 16, 2016 at 9:02 PM, Global Diet Team <info@globaldietarydatabase.org> wrote:

Dear Dr. Tayyem,

Thank you very much for contributing dietary data from your Case Control Study and from your Macro/Micronutrient study to the Global Dietary Database. For your macro/micronutrient study, for which you submitted data on March 9, 2016, please fill out a new survey form on the GDD website, <https://app.globaldietarydatabase.org/surveys/create>. Our team will not be able to process this data until we receive this survey form.

Also we are in the process of cleaning all the data we have received and were wondering if you could provide a codebook, data dictionary, and/or survey questionnaire for both of these datasets. This will be very helpful in understanding how all variables in the dataset are coded so that we may properly incorporate them into the database.

We sincerely appreciate your collaboration in this effort. Should you have any questions or concerns please do not hesitate to ask us.

Many thanks,
The Global Dietary Database Team

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Best regards,
Global Dietary Database Core Team