



# Dietary Intake Datasets in the United States from March 2020 to December 2022: An Evidence Scan

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# Table of contents

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<b>Table of contents</b> .....	<b>3</b>
<b>Introduction</b> .....	<b>4</b>
<b>Project methods</b> .....	<b>5</b>
Develop a protocol .....	5
Search for, screen, and select literature .....	5
Developing and implementing the literature search strategy .....	6
Screen and select studies .....	7
Document the search results .....	7
Extract data .....	7
Description of the evidence .....	8
Results .....	8
Literature search and screening results.....	8
Description of evidence .....	9
Considerations for data analysis work by the 2025 Committee.....	16
<b>References</b> .....	<b>17</b>
<b>Acknowledgments and funding</b> .....	<b>18</b>
<b>Appendices</b> .....	<b>19</b>
Appendix 1: Abbreviations .....	19
Appendix 2: Literature search strategy for evidence scan.....	20
Appendix 3: Excluded articles .....	22

## Introduction

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The U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) support the Dietary Guidelines Advisory Committee (Committee) with data analysis, which uses statistical methods to analyze national data sets to describe the current health and dietary intakes in the United States (U.S.).<sup>a</sup> Nationally representative data is synthesized by the Committee to draw conclusions about nutrients and/or dietary components of public health concern, prevalence of nutrition-related chronic health conditions, current patterns of food and beverage consumption, and current intakes of food groups, nutrients, and dietary components across demographic subpopulations. The data analysis process also examines the alignment of dietary patterns with the current *Dietary Guidelines for Americans, 2020-2025* and helps the Committee ensure its recommendations are practical, relevant, and achievable.<sup>b</sup>

The COVID-19 (Coronavirus Disease 2019) pandemic led to data collection disruptions for key Federal surveys that provide nutrition-related data, including What We Eat in America (WWEIA), National Health and Nutrition Examination Survey (NHANES).<sup>c</sup> The COVID-19 pandemic also impacted people individually. The White House Conference on Hunger, Nutrition, and Health (2021) recognized that the COVID-19 pandemic brought attention to food insecurity, diet-related diseases, and health disparities nationwide.<sup>d</sup> Data on population-based dietary intakes need to be identified to gain perspective of the U.S. diet during the pandemic, including during lockdowns and restrictions. The U.S. national emergency for the COVID-19 pandemic officially expired on May 11, 2023.<sup>e</sup>

To address these data needs, the data analysis team (DAT), comprised of ODPHP and CNPP staff, led an evidence scan to identify and describe data sources which estimated dietary intakes during and after the COVID-19 pandemic that could be provided to the Committee. The evidence scan was conducted in collaboration with USDA's Nutrition Evidence Systematic Review (NESR), which is a team of scientists at the USDA's Center for Nutrition Policy and Promotion (CNPP) who specialize in conducting food- and nutrition-related systematic reviews and other evidence synthesis products, including evidence scans. The evidence scan described in this report was conducted using NESR's evidence scan methodology, which is documented in the USDA Nutrition Evidence Systematic Review: Methodology Manual.<sup>f</sup> All abbreviations used in this report can be found in [Appendix 1](#).

The goal of this evidence scan was to answer the research question: "What evidence has been published on the patterns of food and beverage intake from March 2020 – December 2022, including potential changes in dietary intake due to COVID-19 (Coronavirus Disease 2019)?"

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<sup>a</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. 2025 Dietary Guidelines Advisory Committee Examine the Evidence: Data Analysis. Accessed October 23, 2023. <https://www.dietaryguidelines.gov/examine-evidence#data-analysis>

<sup>b</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025, 9th Edition*. Washington, DC: U.S. Department of Agriculture; 2020. <https://www.dietaryguidelines.gov/>

<sup>c</sup> U.S. Department of Agriculture, Agricultural Research Service. What We Eat in America. Updated August 9, 2022. Accessed May 23, 2023. <https://www.ars.usda.gov/northeast-area/beltsville-md-bhnrc/beltsville-human-nutrition-research-center/food-surveys-research-group/docs/wwaianhanes-overview/>

<sup>d</sup> U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion. White House Conference on Hunger, Nutrition, and Health. Accessed June 15, 2023. <https://health.gov/our-work/nutrition-physical-activity/white-house-conference-hunger-nutrition-and-health>

<sup>e</sup> The White House. Notice on the Continuation of the National Emergency Concerning the Coronavirus Disease 2019 (COVID-19) Pandemic. <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/02/10/notice-on-the-continuation-of-the-national-emergency-concerning-the-coronavirus-disease-2019-covid-19-pandemic-3/>

<sup>f</sup> U.S. Department of Agriculture, Nutrition Evidence Systematic Review Branch. *USDA Nutrition Evidence Systematic Review: Methodology Manual*. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review; 2023. <https://nesr.usda.gov/methodology-overview>

## Project methods

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This section provides an overview of the methodology utilized to conduct this evidence scan. An evidence scan is a systematic and exploratory process used to describe the volume and characteristics of research available on a topic or question and to identify evidence gaps.<sup>a</sup>

### Develop a protocol

An evidence scan protocol is a plan for how a specific scan will be conducted. The evidence scan protocol was established up-front, and designed to capture the most appropriate, relevant, and direct body of evidence related to the question of interest. The protocol describes the rationale for conducting the evidence scan and the methodology used for literature screening and data extraction. The methodology for developing inclusion and exclusion criteria and the search strategy, as well as processes related to screening and selecting studies for inclusion in the evidence scan, is described, below.

### Search for, screen, and select literature

Systematic searching, screening, and selecting the scientific literature is a process through which the DAT sought to identify the most complete and relevant body of evidence related to the evidence scan question: “What evidence has been published on the patterns of food and beverage intake, from March 2020 – December 2022, including potential changes in dietary intake due to COVID-19 (Coronavirus Disease 2019)?” The process started with defining inclusion and exclusion criteria *a priori*, followed by developing and implementing literature search strategies, and finally screening and identifying search results. The entire process was documented, including a complete list of articles that met criteria for inclusion in the scan, and a list of excluded articles, with the rationale for exclusion.

### Define inclusion and exclusion criteria

Inclusion and exclusion criteria provide an objective, consistent, and transparent framework for determining which articles to include in the evidence scan. The DAT established the final inclusion and exclusion criteria, which are detailed in **Table 1**.

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<sup>a</sup> U.S. Department of Agriculture, Nutrition Evidence Systematic Review Branch. *USDA Nutrition Evidence Systematic Review: Methodology Manual*. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review; 2023. <https://nesr.usda.gov/methodology-overview>

**Table 1. Inclusion and exclusion criteria**

Category	Inclusion Criteria	Exclusion Criteria
Study design	<ul style="list-style-type: none"> <li>• Randomized controlled trials (RCTs)</li> <li>• Non-randomized controlled trials</li> <li>• Uncontrolled trials</li> <li>• Prospective cohort studies</li> <li>• Retrospective cohort studies</li> <li>• Case-control studies</li> <li>• Cross-sectional studies</li> <li>• Narrative reviews</li> <li>• Systematic reviews</li> </ul>	<ul style="list-style-type: none"> <li>• Case studies, qualitative studies, clinical trials, protocols, or non-studies (e.g., letters to the editor, commentaries, etc.)</li> </ul>
Intervention/exposure	<ul style="list-style-type: none"> <li>• Studies that measure dietary intake among participants not diagnosed with a disease or health condition</li> </ul>	<ul style="list-style-type: none"> <li>• Studies using data from NHANES</li> <li>• Studies on the role or function of dietary intake on health or disease risk factors</li> <li>• Studies that develop, implement, or evaluate behavior change or education interventions</li> <li>• Validation studies for measurement tools</li> </ul>
Publication date	<ul style="list-style-type: none"> <li>• Published March 2020 – December 2022</li> <li>• Data collected includes at least one dataset from March 2020 or later</li> </ul>	<ul style="list-style-type: none"> <li>• Published before March 2020 or after December 2022</li> <li>• Data collection dates not indicated, or all datasets collected prior to March 2020</li> </ul>
Dietary assessment methods	<ul style="list-style-type: none"> <li>• Multiple pass 24-hour recall, food frequency questionnaire (FFQ), food records</li> </ul>	<ul style="list-style-type: none"> <li>• Screener tools</li> <li>• Hypothetical diets (e.g., diet simulations, food pattern modelling, theoretical models, machine learning)</li> </ul>
Publication status	<ul style="list-style-type: none"> <li>• Articles that have been peer-reviewed</li> <li>• Gray literature: reports that have not been peer-reviewed but are available from government and nongovernmental organizations (e.g., National Bureau of Economic Research)</li> </ul>	<ul style="list-style-type: none"> <li>• Articles that have not been peer-reviewed and are not published in peer-reviewed journals, other than reports from government and nongovernmental organizations</li> </ul>
Language	<ul style="list-style-type: none"> <li>• Articles published in English</li> </ul>	<ul style="list-style-type: none"> <li>• Articles published in languages other than English</li> </ul>
Country	<ul style="list-style-type: none"> <li>• Studies conducted in the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Studies conducted outside the U.S.</li> </ul>
Study participants	<ul style="list-style-type: none"> <li>• Human participants</li> </ul>	<ul style="list-style-type: none"> <li>• Non-human participants (e.g., animal studies, in-vitro models)</li> </ul>

## Developing and implementing the literature search strategy

Using the inclusion and exclusion criteria, the CNPP librarian developed a comprehensive literature search strategy. The librarian worked in collaboration with the DAT and NESR analysts to construct a preliminary search strategy using PubMed operators and search terms. Guided by the DAT, the NESR analysts helped

identify initial key terms and/or relevant articles to ensure that the librarian understood the scope and intent of the evidence scan question. The librarian was responsible for drafting the search and incorporating feedback from the analysts in testing and finalizing the search. The search strategy underwent multiple revisions to refine and adjust the search before it was finalized for use. The search was run in PubMed and captured relevant peer-reviewed articles and reviews published between March 1, 2020, and December 20, 2022. The search strategy is documented in this report in [Appendix 2](#).

## Screen and select studies

The screening of search results was facilitated using a web-based tool (i.e., DistillerSR), and screening forms were developed based on the inclusion and exclusion criteria developed for the evidence scan. All search results, including the gray literature, were screened independently by two members of the DAT. The goal of screening was to review the search results and exclude those that did not meet the inclusion criteria. Screening was completed at three levels. The first level of screening was completed using only the title of each article. If an article was not excluded at this level, it moved forward to the second level, where the abstract was screened. Finally, if an article passed the first two levels, it moved to the third level, where the full text of the article was screened. The DAT members reconciled any discrepancies between the screeners at the full-text level. If necessary, a third member of the DAT was consulted to resolve any differences.

A manual search was also conducted. Manual searching was done to find peer-reviewed published articles not identified through the electronic database search or gray literature. This was typically due to inadequate indexing or filtering limitations of a database. The primary approach used for the manual search was hand searching, in which a member of the DAT systematically searched the reference sections of included articles.

## Document the search results

After the electronic searches were completed, the DAT and librarian documented the literature search and screening results by compiling lists of the included and excluded citations, along with the rationale for exclusion at the full-text level ([Appendix 3](#)). The rationale for articles excluded after title or abstract review was documented and is available upon request.

## Extract data

The DAT extracted and summarized data from each included article and review to objectively describe the body of evidence available for the evidence scan. To expedite data extraction, only the most essential data for answering the question were extracted.

Once the types of data to be extracted were determined, an electronic data extraction form was developed in Microsoft Excel and used to facilitate accurate, consistent, and efficient data extraction. This form ensured that the same information from each article was formatted consistently, which made the content easier to compare and contrast.

One DAT member extracted data from each included article using the data extraction form. In some cases, the required data were not reported in the article. In those situations, the data were recorded as “not reported” or “not applicable.” Next, a second DAT member reviewed the extracted results for completeness, accuracy, and consistent presentation and formatting for all included articles. Any discrepancies in the extracted data were discussed and resolved.

The specific types of extracted data included: author name(s), publication year, participant life stage(s), dietary assessment method(s) used in the study (e.g., food frequency questionnaire), data collection timeframe, whether the article compared dietary intakes before and during/after pandemic, pre-pandemic data comparison year, whether total dietary intake or dietary component intake was measured, the dietary components or nutrients measured, tools or software used, overview of results related to dietary intake (including description

of sample size and demographics), and any additional insights related to the research question. Since the information available in review articles was generally abridged compared to the primary articles, the data extraction fields were abbreviated accordingly, and relevant full text articles from the reviews were incorporated into the manual search results.

## Description of the evidence

The DAT described the volume and characteristics of the evidence identified using text and tables. Considerations were noted that could potentially be useful for the Committee's work.

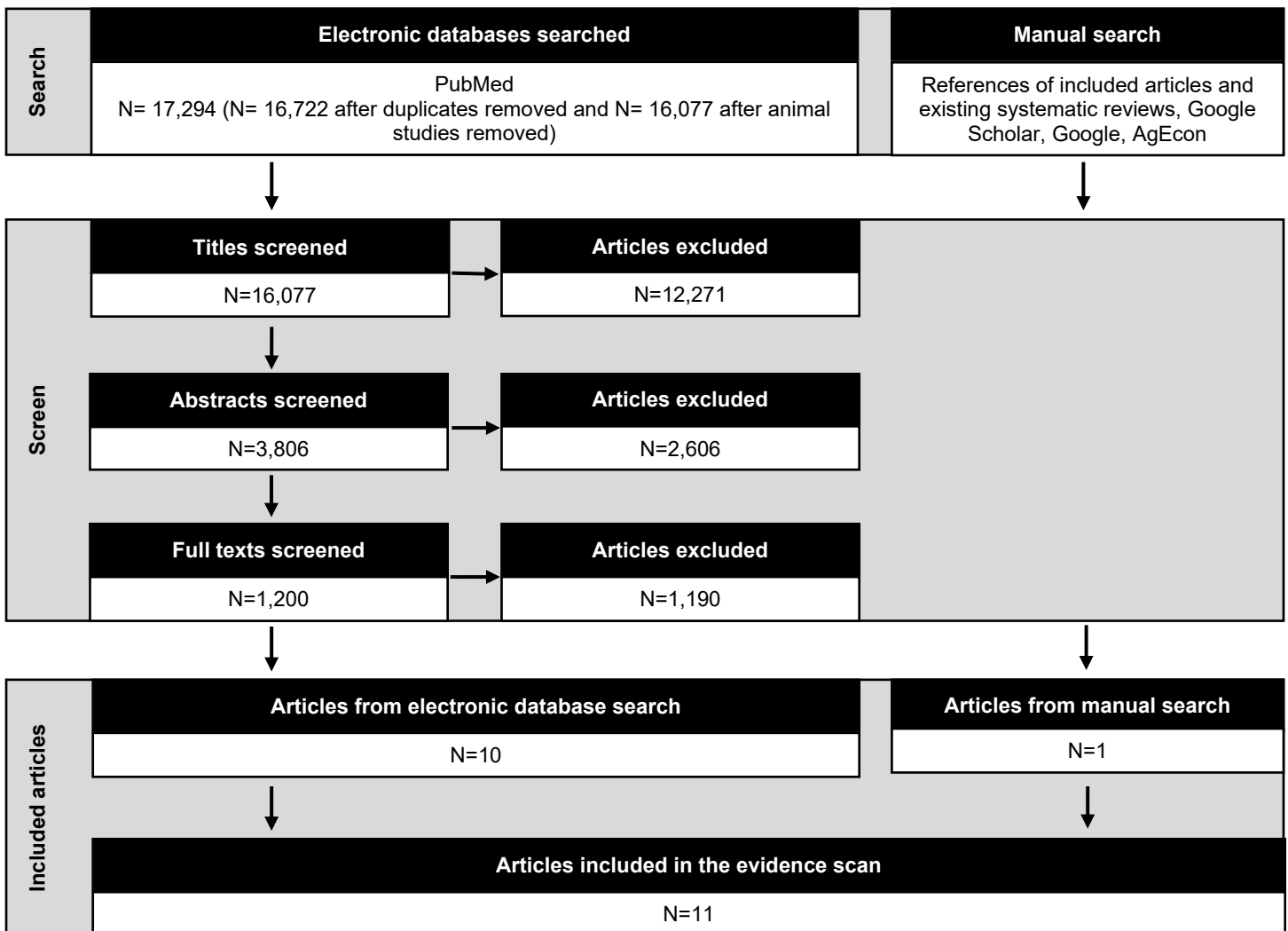
## Results

### Literature search and screening results

The literature search yielded 16,077 search results after the removal of duplicates and animal studies (see **Figure 1**). Dual-screening resulted in the exclusion of 12,270 titles, 2,606 abstracts, and 1,189 full-text articles. Reasons for full-text exclusion are in [Appendix 3](#). One additional article was included from the manual search. No gray literature articles which met the inclusion criteria were identified. Articles are organized in the **Description of results** section by whether they compared dietary intakes during or after the COVID-19 pandemic to those before the COVID-19 pandemic. The final body of evidence meeting the inclusion criteria consisted of 11 articles:

- 5 studies which compared dietary intakes before and during the COVID-19 pandemic.<sup>1-5</sup>
- 5 studies which did not compare dietary intakes before and during the COVID-19 pandemic.<sup>6-10</sup>
- 1 narrative review which included a combination of studies that compared and did not compare intakes before and during the COVID-19 pandemic<sup>11</sup>





## Description of evidence

This evidence scan included 10 studies<sup>1-10</sup> and one narrative review.<sup>11</sup> Six articles were published in 2021,<sup>1,4,6-8,11</sup> and five articles were published in 2022.<sup>2,3,5,9,10</sup> Four articles collected data in 2020,<sup>1,4,8,9</sup> three articles collected data in 2021,<sup>6,7,10</sup> and four articles collected data in both 2020 and 2021.<sup>2,3,5,11</sup>

### Study population

None of the articles included participants who were infants, young children, older adults, or breastfeeding. Of the 11 articles, most articles (n=8) collected data from adult participants,<sup>1,2,4,5,7-9,11</sup> and one article each collected data from children,<sup>3</sup> adolescents,<sup>10</sup> and pregnant persons.<sup>6</sup>

### Population demographics

Among the 10 studies, there were 23 unique demographic variables collected from participants. The most frequently incorporated demographics were race and/or ethnicity, gender or sex, and age. A full list of demographic variables and the number of articles in which they were included can be found below:

- Gender or sex: 9 articles<sup>1-5,7-10</sup>
- Race and/or ethnicity: 8 articles<sup>1-3,5-8,10</sup>
- Age: 8 articles<sup>1-5,7-9</sup>
- Body Mass Index (BMI): 6 articles<sup>1,2,4-7</sup>
- Education: 6 articles<sup>2-4,6-8</sup>
- Other: 6 articles (i.e., working from home,<sup>4</sup> essential worker status,<sup>4</sup> parental status,<sup>4</sup> poverty status,<sup>2</sup> number of children in household,<sup>2</sup> housing instability,<sup>10</sup> single parent household,<sup>10</sup> number of credits enrolled,<sup>7</sup> prenatal supplement use,<sup>6</sup> college class (under- or upperclassmen),<sup>9</sup> major,<sup>9</sup> previous nutrition coursework,<sup>9</sup> sport<sup>9</sup>)
- Employment: 5 articles<sup>2,4,6,7,10</sup>
- Food security or assistance: 4 articles<sup>2,6,8,10</sup>
- Income: 3 articles<sup>1,3,5</sup>
- Body weight: 2 articles<sup>1,5</sup>
- Household size: 2 articles<sup>2,10</sup>
- Geography: 2 articles<sup>3,4</sup>
- Marital status: 2 articles<sup>2,6</sup>
- Smoking: 1 article<sup>6</sup>
- Life stage: 1 article<sup>6</sup>

### Dietary intake assessment and outcomes

The most common dietary assessment methods used in articles were food frequency questionnaires (n=4)<sup>3-5,7</sup> and multiple pass 24-hour recalls (n=4),<sup>1,8-10</sup> with food records being used twice<sup>2,6</sup> and other dietary assessment methods being used once.<sup>11</sup>

Most articles measured total dietary intake of participants (n=6),<sup>1,2,6,8-10</sup> while five articles measured intake of select dietary components including fruit, vegetables, whole grains, saturated fat, sugar sweetened beverages, added sugars, and other components.<sup>3-5,7,11</sup>

The types of tools or software used for dietary intake assessment or outcomes in the evidence scan articles included:

- Healthy Eating Index-2015 (HEI-2015): 4 articles<sup>2,6,8,10</sup>
- Automated Self-Administered 24-Hour Dietary Assessment Tool (ASA-24) food records/recalls: 3 articles<sup>8-10</sup>
- Block Food Frequency Questionnaire (FFQ): 2 articles<sup>3,5</sup>
- Other tools or software: 4 articles (e.g., smartphone food record application,<sup>2</sup> Fred Hutchinson Cancer Research Center's General Nutrition Assessment Food Frequency Questionnaire,<sup>7</sup> FoodWorks18,<sup>1</sup> Food Processor Nutrition Analysis 11.7,<sup>6</sup> Nutrient Data System for Research software<sup>2</sup>)

### Dietary intakes and the COVID-19 pandemic

All 10 articles measured dietary intakes during the COVID-19 pandemic. **Table 2** describes characteristics of the five articles that included a comparison of dietary intakes before and during the COVID-19 pandemic, a timeframe that was defined uniquely in each study.<sup>1-5</sup> Among these articles, there were no pre-pandemic comparison years prior to 2019.

**Table 3** describes characteristics of the five studies that examined dietary intakes during the COVID-19 pandemic only and did not include a comparison to dietary intakes before March 2020.<sup>6-11</sup> A narrative review, which examined a mix of study types, is also included in this table, but only one study which met this evidence scan's inclusion/exclusion criteria was identified. The one study reported on dietary intakes during the pandemic only.

**Table 2. Description of studies that compared dietary intakes before and during the COVID-19 pandemic**

Study	Study Design	Data Collection Timeframe	Population and Characteristics	Dietary Assessment and Measurement Methods	Description of Results
Bekelman, 2022 <sup>3</sup>	Prospective cohort study	July 2019 – March 15, 2020 (before pandemic)  December 2020 – April 2021 (during pandemic)	Parent-child dyads with children ages 4 – 12 years and mean age of 6.9 (N=347)  <ul style="list-style-type: none"> <li>• 53% male</li> <li>• 62% non-Hispanic White</li> <li>• 20% Hispanic</li> <li>• 51% annual household income ≥ \$100,000</li> </ul>	Block FFQ  <u>Dietary component data collected:</u> Sugar sweetened beverages, discretionary foods	No changes were observed for both sugar-sweetened beverage intake and discretionary food intake.
Jimenez Rincon, 2022 <sup>2</sup>	Prospective cohort study	September – November 2019, February 2020 (before pandemic)  March 2020, September – November 2020, February – March 2021 (during pandemic)	Adults with low income, mean age 36.3 years (N=29)  <ul style="list-style-type: none"> <li>• 86.2% female</li> <li>• 69% White</li> <li>• 55.2% &lt;130 Federal poverty level</li> <li>• 44.8% chronic food insecurity</li> </ul>	Food record (smartphone); HEI-2015  <u>Dietary component data collected:</u> Total dietary intake	Total energy intake and observed diet quality indicators were lower during the COVID-19 period (1,540 kcal; HEI-2015 score: 42.8) compared to the pre-pandemic period (1,637 kcal; HEI-2015 score: 46.4). Higher daily food insecurity scores were associated with a lower HEI score, lower intake of whole grains, and a higher intake of salt during the COVID-19 period.
Murphy, 2021 <sup>4</sup>	Cross-sectional study	May – June 2020 (before pandemic/retrospective, after pandemic)	Adults and older adults ages 18 – 92 years old (N=381 from U.S.; N=2,360 from all countries)  Among U.S. participants: <ul style="list-style-type: none"> <li>• 39% retired</li> <li>• 34% full time employment</li> <li>• 25% essential workers</li> <li>• Mean BMI: 29.01 kg/m<sup>2</sup></li> </ul>	FFQ (adapted from Dietary Instrument for Nutrition Education)  <u>Dietary component data collected:</u> Fruits, vegetables, saturated fat	There were no significant changes in intake of fruits, vegetables, or saturated fat before or during the pandemic.
Nzesi, 2022 <sup>5</sup>	Prospective cohort study	October 1, 2018 – February 19, 2020 (before pandemic)  February 20 – March 17, 2020 and October 2, 2020 – April 1, 2021 (after pandemic)	Adults, mean age 39.1 years ± 12.2 for pre-COVID group and 39.8 years ± 13.6 for COVID group (N=95)  <ul style="list-style-type: none"> <li>• 42% White</li> <li>• 25% Black or African American</li> <li>• 18% Hispanic</li> <li>• 8% Asian</li> <li>• 7% Mixed race</li> </ul>	Block FFQ  <u>Dietary component data collected:</u> Total energy, energy from solid foods, energy density of solid food, fruits, vegetables, sugar-sweetened beverages, alcohol, total snack foods, salty snack foods, sweet snack foods, fats and oils, high energy density solid foods, low energy density solid foods	There were significant increases in body weight, BMI, body fat mass, and diastolic blood pressure and a marginal increase in total cholesterol in the during-COVID-19 group relative to the pre-COVID-19 group. The during-COVID-19 group also showed a significant increase in fat and oil intake and a marginally significant decrease in fruit intake, compared to the pre-COVID-19 group. There was no significant change in total energy intake.

Study	Study Design	Data Collection Timeframe	Population and Characteristics	Dietary Assessment and Measurement Methods	Description of Results
Poskute, 2021 <sup>1</sup>	Prospective cohort study	September 2018 – February 19, 2020 (before pandemic)  February 20, 2020 – unspecified date prior to August 2020 (after pandemic)	Adults, mean age 39.4 years ± 12.6 (N=31)  <ul style="list-style-type: none"> <li>• 48% Caucasian</li> <li>• 16% African American</li> <li>• 13% Asian</li> </ul>	USDA automated multiple pass method 24-hour food recall  <u>Dietary component data collected:</u> Total calories, total calories from solid food only, total grams of solid food only, energy density of solid food only, fruit and vegetables, fruit, vegetables, soda, total noncaloric beverages, bottled water, carbonated water, diet soda, total snacks, salty snacks, sweet snacks	There was a significant overall increase in energy density of solid food intake during the pandemic compared to pre-pandemic among females, while energy density of solid food intake decreased for males. Changes in other dietary components were insignificant.

**Table 3. Description of studies that examined dietary intakes during the COVID-19 pandemic only (no comparison to before the pandemic)**

Author (Year)	Study Design	Data Collection Timeframe	Population and Characteristics	Dietary Assessment and Measurement Methods	Description of Results
Daniels, 2021 <sup>7</sup>	Cross-sectional study	March 2021	College students ages 18 – 33 years who were Army ROTC cadets (N=37) <ul style="list-style-type: none"> <li>70% male</li> <li>86.5% White/Caucasian</li> <li>40.5% BMI 25-29.9 kg/m<sup>2</sup></li> </ul>	FFQ (General Nutrition Assessment FFQ) <p><u>Dietary data collected:</u> Fruits, vegetables, whole grains, added sugars, fiber, folate, calcium, iron, saturated fat, sodium, vitamin A, vitamin B12, vitamin C, vitamin E</p>	Mean intakes of food groups were 1.9 oz eq whole grains, 1 serving fruit, and 1.8 serving vegetables <sup>a</sup> . Mean sodium intake was 4,205 mg, while mean added sugars intake was 59 g. Mean energy intake was 2,393 calories and did not differ significantly based on food security status, racial/ethnic category, or body weight status.
Harper, 2022 <sup>10</sup>	Cross-sectional study	December 2020 – March 2021	Adolescents ages 14 – 19 years from SNAP-eligible households, median age 16 years (N=61) <ul style="list-style-type: none"> <li>97% Black</li> <li>50% food insecure</li> </ul>	Multiple pass 24-hour food recall (ASA-24); HEI-2015 <p><u>Dietary data collected:</u> Total dietary intake</p>	Diet quality was low among all adolescents in the sample. Diet quality components were largely similar between participants with food security and those with food insecurity, with a median HEI-2015 score of 46.5 (range 27.1 – 66.7). Most component scores did not align with the <i>Dietary Guidelines for Americans, 2015-2020</i> . Intakes for total fruits, total vegetables, dairy, and whole grains were lower than recommended. Intakes for refined grains, added sugars, sodium, and saturated fat were higher than recommended.
Johnson, 2023 <sup>11</sup>	Narrative review	February – June 2020	Adults not diagnosed with eating disorders (N=250,715 from a total of 71 articles) <p>Included studies from 32 countries (11 U.S. studies)</p>	Various methods <p><u>Dietary data collected:</u> Various data types (both total dietary intake and intake of dietary components)</p>	One individual study meeting this evidence scan's inclusion/exclusion criteria was identified from this narrative review. <sup>4</sup>

<sup>a</sup> Daniels et. al study did not specify serving size for fruits and vegetables.

Author (Year)	Study Design	Data Collection Timeframe	Population and Characteristics	Dietary Assessment and Measurement Methods	Description of Results
Rojhani, 2021 <sup>6</sup>	Cross-sectional study	Unspecified dates between August 2020 – July 2021	<p>Pregnant women participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), mean age of 27.88 years (N=51)</p> <ul style="list-style-type: none"> <li>• 47.1% White</li> <li>• 37.3% Black</li> <li>• 62.7% enrolled in WIC only</li> <li>• 35.3% enrolled in WIC and SNAP</li> <li>• Mean pre-pregnancy BMI: 30.1</li> </ul>	<p>Food record; HEI-2015</p> <p><u>Dietary data collected:</u> Total dietary intake</p>	<p>Diet quality was assessed using the HEI-2015 score on two occasions, once soon after joining the study and again around 28 weeks' gestation. The mean HEI score of the cohort based on analysis of the first three-day period of food records was 59.1, while the mean score for the second three-day period of food records was 56.8. Most participants consumed less than recommended amounts of whole vegetables, whole fruits, and whole grains and exceeded recommended amounts of saturated fat and sodium. More than one-third did not meet recommendations for folate and iron intake, while less than half met the Recommended Dietary Allowance (RDA) for vitamin D.</p>
Silva, 2021 <sup>8</sup>	Cross-sectional study	May 12 – June 12, 2020	<p>College students ages 18 years and older, mean age 27.5 ± 0.4 years (N=301)</p> <ul style="list-style-type: none"> <li>• 87.5% female</li> <li>• 40% White</li> <li>• 27% Hispanic</li> <li>• 18% Black</li> <li>• 10% Asian</li> </ul>	<p>Multiple mass 24-hour food recall (ASA-24); HEI-2015</p> <p><u>Dietary data collected:</u> Total dietary intake</p>	<p>Diet quality was assessed using the HEI-2015 score, with a mean score of 53.8 ± 0.9. The lowest mean component score was whole grains (3.1 ± 0.2). There was a lower total HEI score among participants with very low food security (49.6 ± 2.5) compared to participants with high or marginal food security (54.9 ± 1.0).</p>
Werner, 2022 <sup>9</sup>	Cross-sectional study	March 2020 and June 2020	<p>College students ages 18 – 22 years who were National Collegiate Athletic Association (NCAA) Division I athletes (N=94)</p> <ul style="list-style-type: none"> <li>• 78% female</li> <li>• 22% male</li> </ul>	<p>Multiple pass 24-hour food recall (ASA-24); HEI-2015</p> <p><u>Dietary data collected:</u> Total dietary intake</p>	<p>Individual HEI-2015 scores ranged from 27 to 94, with an average HEI score of 59.2 ± 16.6. Participants demonstrated the highest adequacy component score for total protein (4.3 ± 1.3 out of 5) and the lowest diet quality component score for whole grains (4.2 ± 3.5 out of 10).</p>

## Considerations for data analysis work by the 2025 Committee

This evidence scan identified several considerations which may be important as the 2025 Committee, with the support of the DAT, completes data analysis to understand the current health and dietary intakes of the U.S. population.

- Insufficient research was available to warrant further investigation of food and beverage intakes during the COVID-19 pandemic via a rapid review or systematic review. Few studies examined dietary intakes in individuals not diagnosed with a disease or health condition from March 2020 – December 2022, suggesting that the COVID-19 pandemic may have impacted non-Federal data collection in addition to Federal data collection.
- Of the few studies identified, there were none which collected and analyzed datasets that were nationally representative of the U.S. population. In addition, the samples for most studies were limited in size and demographic representation. Within this evidence scan, most studies did not show differences in total intake before and during the COVID-19 pandemic or found intakes that were similar to what would typically be expected based on national pre-pandemic datasets. However, food and beverage intakes varied by study subpopulation. Therefore, these datasets cannot be used in data analysis to draw conclusions about U.S. dietary intakes on a national scale.
- Since the *Dietary Guidelines for Americans, 2020-2025* was published, the COVID-19 pandemic has caused major disruptions impacting U.S. social, economic, and research activities. Much of the dietary intake research that was conducted in individuals not diagnosed with a disease or health condition utilized a cross-sectional study design, which measured observed intakes for a specific population group at one point during the pandemic and are limited in strength compared to nationally representative data collected at multiple time points. However, studies also examined related outcomes that may have impacted dietary intakes— including food security, participation in Federal nutrition assistance programs, and Federal poverty level— which could be used to provide context on how the pandemic affected the ability for individuals and families to maintain employment, finances, access to transportation, and ultimately access to healthy and affordable foods.
- Researchers and Federal, state, and local governments should plan and prepare for contingencies to support the continuation of dietary intake research and data collection in the event of a future emergency. Availability of dietary intake data would allow future Committees, among others, to understand the consumption of foods and beverages and changes of potential public health relevance during that time.



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1. Poskute AS, Nzesi A, Geliebter A. Changes in food intake during the COVID-19 pandemic in New York City. *Appetite*. 2021;163:105191. doi:10.1016/j.appet.2021.105191
2. Jimenez Rincon S, Dou N, Murray-Kolb LE, et al. Daily food insecurity is associated with diet quality, but not energy intake, in winter and during COVID-19, among low-income adults. *Nutrition Journal*. 2022;21(1):19. doi:10.1186/s12937-022-00768-y.
3. Bekelman TA, Dong Y, Elliott AJ, et al. Health Behavior Changes during the COVID-19 Pandemic: A Longitudinal Analysis among Children. *International Journal of Environmental Research and Public Health*. 2022;19(15)doi:10.3390/ijerph19159220.
4. Murphy B, Benson T, McCloat A, et al. Changes in Consumers' Food Practices during the COVID-19 Lockdown, Implications for Diet Quality and the Food System: A Cross-Continental Comparison. *Nutrients*. 2021;13(1):20. doi:10.3390/nu13010020
5. Nzesi A, Roychowdhury L, De Jesus ML, Brown A, Geliebter A. Body weight, dietary intake, and health risk factors pre-COVID and during the COVID-19 pandemic. *Appetite*. 2022;178:106182. doi:10.1016/j.appet.2022.106182
6. Rojhani A, Ouyang P, Gullon-Rivera A, Dale TM. Dietary Quality of Pregnant Women Participating in the Special Supplemental Nutrition Program for Women, Infants, and Children. *International Journal of Environmental Research and Public Health*. 2021;18(16)doi:10.3390/ijerph18168370
7. Daniels E, Hanson J. Energy-Adjusted Dietary Intakes Are Associated with Perceived Barriers to Healthy Eating but Not Food Insecurity or Sports Nutrition Knowledge in a Pilot Study of ROTC Cadets. *Nutrients*. 2021;13(9)doi:10.3390/nu13093053.
8. Silva FB, Osborn DE, Owens MR, et al. Influence of COVID-19 Pandemic Restrictions on College Students' Dietary Quality and Experience of the Food Environment. *Nutrients*. 2021;13(8)doi:10.3390/nu13082790
9. Werner EN, Robinson CA, Kerver JM, Pivarnik JM. Diet quality of NCAA Division I athletes assessed by the Healthy Eating Index. *Journal of American College Health*. 2022:1-7. doi:10.1080/07448481.2022.2076102
10. Harper K, Caulfield LE, Lu SV, Mmari K, Gross SM. Diet Quality and Contextual Factors Influencing Food Choice among Adolescents with Food Security and Food Insecurity in Baltimore City. *Nutrients*. 2022;14(21)doi:10.3390/nu14214573.
11. Johnson AN, Clockston RLM, Fremling L, et al. Changes in Adults' Eating Behaviors During the Initial Months of the COVID-19 Pandemic: A Narrative Review. *Journal of the Academy of Nutrition and Dietetics*. 2023;123(1):144-194.e30.Epub Sept 6, 2022. doi:10.1016/j.jand.2022.08.132

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The DAT, with assistance from Federal Liaisons, NESR staff and librarians, and Project Leadership, were involved in: establishing all aspects of the project methods for examining the scientific evidence, including the inclusion and exclusion criteria; reviewing all studies that met the criteria set; and describing the body of evidence for the research question. The Committee reviewed and considered the evidence scan for contextual purposes in the data analysis section of their Scientific Report.

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# Appendices

## Appendix 1: Abbreviations

**Table A 1. List of abbreviations**

<b>Abbreviation</b>	<b>Full name</b>
ASA-24	Automated Self-Administered 24-Hour Dietary Assessment Tool
BMI	Body Mass Index
CNPP	Center for Nutrition Policy and Promotion
COVID-19	Coronavirus disease 2019
DAT	Data Analysis Team
FFQ	Food frequency questionnaire
FNS	Food and Nutrition Service
HEI	Healthy Eating Index
HHS	United States Department of Health and Human Services
NCAA	National Collegiate Athletic Association
NHANES	National Health and Nutrition Examination Survey
NEAB	Nutrition and Economic Analysis Branch
NESR	Nutrition Evidence Systematic Review
NGAD	Nutrition Guidance and Analysis Division
OASH	Office of the Assistant Secretary on Health
ODPHP	Office of Disease Prevention and Health Promotion
RDA	Recommended Dietary Allowance
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WWEIA	What We Eat in America

## Appendix 2: Literature search strategy for evidence scan

Database: PubMed

Provider: U.S. National Library of Medicine

Date Searched: December 20, 2022

Search #	Concept	String	Results
#1	Dietary Intake	"Feeding Behavior"[Mesh:NoExp] AND "Eating"[Mesh:NoExp] OR "dietary habit"[tiab] OR "dietary intake"[tiab] OR "eating behavior"[tiab] OR "eating habit"[tiab] OR "eating pattern"[tiab] OR "healthy diet"[tiab] OR "dietary pattern"[tiab] OR "diet pattern"[tiab] OR "food pattern"[tiab] OR "diet quality"[tiab] OR "dietary quality"[tiab] OR "diet variety"[tiab] OR "dietary variety"[tiab] OR "varied diet"[tiab]	83,974
#2	Low- and Middle-Income Countries (LMICs)	("Developing Countries"[Mesh] OR "developing countr*" OR "Under Developed Nation*" OR "underdeveloped nation*" OR "under developed countr*" OR "underdeveloped countr*" OR "low income countr*" OR "middle income countr*" OR "low-middle-income countr*" OR LMIC[tiab] OR LMICs[tiab] OR "third world countr*")	172,603
#3	Common disease populations (cancer)	"Neoplasms"[Mesh] OR neoplasm*[tiab] OR cancer*[tiab] OR carcinoma*[tiab] OR malignan*[tiab] OR tumor[tiab] OR tumors[tiab] OR tumorigen*[tiab] OR tumour*[tiab]	4,912,721
#4	Common disease populations (type 2 diabetes)	"Diabetes Mellitus"[Mesh:NoExp] OR "Diabetes Mellitus, Type 2"[Mesh] OR "type 2 diabet*[tiab] OR "T2D"[tiab] OR "adult onset diabetes"[tiab]	349,271
#5		#1 NOT #2 NOT #3 NOT #4 Filters: Publication Date from 2020/3/1 - 3000/12/12	17,294

### Manual Search

#### Google Scholar

"united states" AND ("dietary pattern\*" OR "food pattern\*" OR "dietary intake" OR "diet quality" OR "eating habit\*" OR "healthy diet\*") AND (dataset OR "data set\*" OR survey\* OR "dietary recall") -nhanes

Limits: Publication Date: 2020- 2023;

Date Searched: February 17, 2023

Results: 17,400, limited to 20 pages

#### Google

##### Search A

"dietary pattern" AND covid site:.gov

Limits: Publication Date: 2020/03/01 - 2023/02/17;

Date Searched: February 17, 2023

Results: 36

##### Search B

"dietary intake" AND covid site:.gov

Limits: Publication Date: 2020/03/01 - 2023/02/17;

Date Searched: February 17, 2023

Results: 30

**Search C**

"eating habits" AND covid site:.gov

Limits: Publication Date: 2020/03/01 - 2023/02/17;

Date Searched: February 17, 2023

Results: 41

**Search D**

nutrition AND survey site:.mil

Limits: Publication Date: 2020/03/01 - 2023/02/17;

Date Searched: February 17, 2023

Results: 17

**Search E**

"dietary intake" AND covid site:.org

Limits: Publication Date: 2020/03/01 - 2023/02/17;

Date Searched: February 17, 2023

Results: 94

**Search F**

"dietary pattern" AND covid site:.org

Limits: Publication Date: 2020/03/01 - 2023/02/17;

Date Searched: February 17, 2023

Results: 111

**AgEcon**

Any of the words: "dietary pattern\*" "dietary intake" "diet quality" "healthy diet" "diet variety"  
AND

Any of the words: covid coronavirus

AND NOT

Exact phrase: NHANES

Limits: Publication Date: 2020/03/01 - 2023/02/17

Date Searched: February 17, 2023

Results: 49

## Appendix 3: Excluded articles

The following table lists the articles excluded after full-text screening for this evidence scan. At least one reason for exclusion is provided for each article, though this may not reflect all possible reasons. Information about articles excluded after title and abstract screening is available upon request.

#	Citation	Exclusion reason(s)
1	Abaj, F.,Koohdani, F.,Rafiee, M.,Alvandi, E.,Yekaninejad, M. S.,Mirzaei, K.. Interactions between Caveolin-1 (rs3807992) polymorphism and major dietary patterns on cardio-metabolic risk factors among obese and overweight women. <i>BMC Endocr Disord.</i> 2021. 21:138	Country
2	Abdelhamid, A.,Jennings, A.,Hayhoe, R. P. G.,Awuzudike, V. E.,Welch, A. A.. High variability of food and nutrient intake exists across the Mediterranean Dietary Pattern-A systematic review. <i>Food Sci Nutr.</i> 2020. 8:4907-4918	Publication date
3	Abdullah, S. R.,Azizul, N. H.,Wan Mohd Zin, R. M.,Sulaiman, N. S.,Mustafa Khalid, N.,Mohd Salim Mullahi Jahn, R. J.,Khalil, M. K. N.,Abu Seman, N.,Zainal Abidin, N. A.,Ali, A.,Tan, Y. Z.,Omar, A.,Johari, M. Z.,Abdul Aziz, N. S.,Baharudin, A.,Seman, Z.,Ibrahim Wong, N.,Md Rasip, M. L.,Yusof, H. M.,Md Noh, M. F.. Cardiometabolic and Anthropometric Outcomes of Intermittent Fasting Among Civil Servants With Overweight and Obesity: Study Protocol for a Nonrandomized Controlled Trial. <i>JMIR Res Protoc.</i> 2022. 11:e33801	Country
4	Abiri, B.,Valizadeh, M.,Nasreddine, L.,Hosseinpanah, F.. Dietary determinants of healthy/unhealthy metabolic phenotype in individuals with normal weight or overweight/obesity: a systematic review. <i>Crit Rev Food Sci Nutr.</i> 2022. #volume#:1-18	Intervention/exposure
5	Abril-Ulloa, V.,Santos, S. P. L.,Morejón-Terán, Y. A.,Carpio-Arias, T. V.,Espinoza-Fajardo, A. C.,Vinueza-Veloz, M. F.. Stress and Diet Quality Among Ecuadorian Adults During the COVID-19 Pandemic. A Cross-Sectional Study. <i>Front Nutr.</i> 2022. 9:924076	Country
6	Abulmeaty, M. M. A.,Aljuraiban, G. S.,Aldisi, D.,Albaran, B.,Aldossari, Z.,Alsager, T.,Razak, S.,Almuhtadi, Y.,El-Shorbagy, E.,Berika, M.,Al Zaben, M.,Almajwal, A.. Association of Gastric Myoelectric Activity with Dietary Intakes, Substrate Utilization, and Energy Expenditure in Adults with Obesity. <i>Nutrients.</i> 2022. 14:#pages#	Country
7	Adams, E. L.,Caccavale, L. J.,LaRose, J. G.,Raynor, H. A.,Bean, M. K.. Home Food Environment Changes and Dietary Intake during an Adolescent Behavioral Weight Loss Intervention Differ by Food Security Status. <i>Nutrients.</i> 2022. 14:#pages#	Publication date
8	Adams, E.,Brickhouse, T.,Dugger, R.,Bean, M.. Patterns Of Food Security And Dietary Intake During The First Half Of The Child Tax Credit Expansion. <i>Health Aff (Millwood).</i> 2022. 41:680-688	Dietary assessment method
9	Adams, L. E.,Sommer, E. C.,Truesdale, K. P.,Barkin, S. L.,Heerman, W. J.. Validation of a new scoring approach of a child dietary questionnaire for use in early childhood among low-income, Latino populations. <i>BMC Nutr.</i> 2022. 8:125	Publication date; Other
10	Adhikari, S.,Kudla, U.,Nyakayiru, J.,Brouwer-Brolsma, E. M.. Maternal dietary intake, nutritional status and macronutrient composition of human breast milk: systematic review. <i>Br J Nutr.</i> 2022. 127:1796-1820	Publication date
11	Afrin, S.,Mullens, A. B.,Chakrabarty, S.,Bhowmik, L.,Biddle, S. J. H.. Dietary habits, physical activity, and sedentary behaviour of children of employed mothers: A systematic review. <i>Prev Med Rep.</i> 2021. 24:101607	Publication date
12	Agakisiyeva, G.,Yildirim, D.,Hizarcioglu-Gulsen, H.,Gumus, E.,Karhan, A. N.,Karabulut, E.,Ozen, H.,Demir, H.,Saltik-Temizel, I. N.. Nutritional characteristics of patients with functional constipation aged 4 years and older. <i>Minerva Pediatr (Torino).</i> 2022. 74:468-476	Country
13	Agrón, E.,Mares, J.,Clemons, T. E.,Swaroop, A.,Chew, E. Y.,Keenan, T. D. L.. Dietary Nutrient Intake and Progression to Late Age-Related Macular Degeneration in the Age-Related Eye Disease Studies 1 and 2. <i>Ophthalmology.</i> 2021. 128:425-442	Intervention/exposure
14	Aguilar, Jgds. Emotional eating in times of coronavirus disease 2019. <i>Nutrition.</i> 2022. 93:111438	Study design
15	Ahmadzadeh, M.,Sohrab, G.,Alaei, M.,Eini-Zinab, H.,Mohammadpour-Ahranjani, B.,Rastgoo, S.,Namkhah, Z.. Growth and Nutritional Status of Phenylketonuric Children and Adolescents. <i>BMC Pediatr.</i> 2022. 22:664	Intervention/exposure
16	Ainscough, K. M.,Kennelly, M. A.,Lindsay, K. L.,O'Brien, E. C.,O'Sullivan, E. J.,Mehegan, J.,Gibney, E. R.,McAuliffe, F. M.. An observational analysis of meal patterns in overweight and obese pregnancy: exploring meal pattern behaviours and the association with maternal and fetal health measures. <i>Ir J Med Sci.</i> 2020. 189:585-594	Publication date

#	Citation	Exclusion reason(s)
17	Akbari, H., Akbari, A., Ghiasvand, R., Tamizifar, B., Saneel, P., Feizi, A., Pourmasoumi, M.. The association between dietary patterns and the risk of developing ulcerative colitis. <i>Clin Nutr ESPEN</i> . 2022. 51:307-312	Country
18	Aksan, A., Erdal, I., Yalcin, S. S., Stein, J., Samur, G.. Osteopontin Levels in Human Milk Are Related to Maternal Nutrition and Infant Health and Growth. <i>Nutrients</i> . 2021. 13:#pages#	Intervention/exposure
19	Alamri, E. S.. Effects of COVID-19 home confinement on eating behavior: A review. <i>J Public Health Res</i> . 2021. 10:#pages#	Country
20	Albert, U., Losurdo, P., Leschiutta, A., Macchi, S., Samardzic, N., Casaganda, B., de Manzini, N., Palmisano, S.. Effect of SARS-CoV-2 (COVID-19) Pandemic and Lockdown on Body Weight, Maladaptive Eating Habits, Anxiety, and Depression in a Bariatric Surgery Waiting List Cohort. <i>Obes Surg</i> . 2021. 31:1905-1911	Country
21	Alderete, T. L., Wild, L. E., Mierau, S. M., Bailey, M. J., Patterson, W. B., Berger, P. K., Jones, R. B., Plows, J. F., Goran, M. I.. Added sugar and sugar-sweetened beverages are associated with increased postpartum weight gain and soluble fiber intake is associated with postpartum weight loss in Hispanic women from Southern California. <i>Am J Clin Nutr</i> . 2020. 112:519-526	Publication date
22	Alhashemi, M., Mayo, W., Alshaghel, M. M., Brimo Alsaman, M. Z., Haj Kasseem, L.. Prevalence of obesity and its association with fast-food consumption and physical activity: A cross-sectional study and review of medical students' obesity rate. <i>Ann Med Surg (Lond)</i> . 2022. 79:104007	Country
23	Ali, A., Sohaib, M., Iqbal, S., Hayat, K., Khan, A. U., Rasool, M. F.. Evaluation of COVID-19 Disease Awareness and Its Relation to Mental Health, Dietary Habits, and Physical Activity: A Cross-Sectional Study from Pakistan. <i>Am J Trop Med Hyg</i> . 2021. 104:1687-1693	Country
24	Alick, C. L., Maguire, R. L., Murphy, S. K., Fuemmeler, B. F., Hoyo, C., House, J. S.. Periconceptional Maternal Diet Characterized by High Glycemic Loading Is Associated with Offspring Behavior in NEST. <i>Nutrients</i> . 2021. 13:#pages#	Publication date
25	Almandoz, J. P., Xie, L., Schellinger, J. N., Mathew, M. S., Marroquin, E. M., Murvelashvili, N., Khatiwada, S., Kukreja, S., McAdams, C., Messiah, S. E.. Changes in body weight, health behaviors, and mental health in adults with obesity during the COVID-19 pandemic. <i>Obesity (Silver Spring)</i> . 2022. 30:1875-1886	Dietary assessment method
26	Almeida, C., Azevedo, J., Gregório, M. J., Barros, R., Severo, M., Padrão, P.. Parental practices, preferences, skills and attitudes on food consumption of pre-school children: Results from Nutriscience Project. <i>PLoS One</i> . 2021. 16:e0251620	Country
27	Almorai, N. M., Saqaan, R., Alharthi, R., Alamoudi, A., Badh, L., Shatwan, I. M.. Snacking patterns throughout the life span: potential implications on health. <i>Nutr Res</i> . 2021. 91:81-94	Study design
28	Al-Qaridhi, A., Ghosh, S., Luo, D., Huang, H.. Magnesium and Zinc Intake Ratio Mediates the Increase of Coronary Artery Calcification through Upregulating Interleukin 6. <i>Libyan J Med</i> . 2022. 17:2028997	Publication date
29	Altomare, A., Del Chierico, F., Rocchi, G., Emerenziani, S., Nuglio, C., Putignani, L., Angeletti, S., Lo Presti, A., Ciccozzi, M., Russo, A., Cocca, S., Ribolsi, M., Muscaritoli, M., Cicala, M., Guarino, M. P. L.. Association between Dietary Habits and Fecal Microbiota Composition in Irritable Bowel Syndrome Patients: A Pilot Study. <i>Nutrients</i> . 2021. 13:#pages#	Publication date; Country
30	Alwis, U. S., Monaghan, T. F., Haddad, R., Weiss, J. P., Roggeman, S., Van Laecke, E., Vande Walle, J., Wein, A. J., Everaert, K.. Dietary considerations in the evaluation and management of nocturia. <i>F1000Res</i> . 2020. 9:#pages#	Intervention/exposure
31	Ambroszkiewicz, J., Gajewska, J., Mazur, J., Klemarczyk, W., Rowicka, G., Ołtarzewski, M., Strucińska, M., Chelchowska, M.. Does a Vegetarian Diet Affect the Levels of Myokine and Adipokine in Prepubertal Children?. <i>J Clin Med</i> . 2021. 10:#pages#	Publication date; Country
32	Amigó, N., Akinkuolie, A. O., Chiuve, S. E., Correig, X., Cook, N. R., Mora, S.. Habitual Fish Consumption, n-3 Fatty Acids, and Nuclear Magnetic Resonance Lipoprotein Subfractions in Women. <i>J Am Heart Assoc</i> . 2020. 9:e014963	Publication date
33	Aminianfar, A., Siassi, F., Qorbani, M., Karimi, J., Sotoudeh, G., Kalikias, Y., Soltani, S.. Relationship between dietary diversity score and general health in female students. <i>Minerva Pediatr (Torino)</i> . 2021. 73:50-58	Country
34	Amisah, E., Gamble, G. D., Wall, C. R., Crowther, C. A., Harding, J. E.. The relationship between maternal dietary patterns during pregnancy in women with gestational diabetes mellitus and infant appetitive feeding behaviour at 6 months. <i>Sci Rep</i> . 2020. 10:20516	Country

#	Citation	Exclusion reason(s)
35	Andreu, A., Flores, L., Molero, J., Mestre, C., Obach, A., Torres, F., Moizé, V., Vidal, J., Navinés, R., Peri, J. M., Cañizares, S.. Patients Undergoing Bariatric Surgery: a Special Risk Group for Lifestyle, Emotional and Behavioral Adaptations During the COVID-19 Lockdown. Lessons from the First Wave. <i>Obes Surg.</i> 2022. 32:441-449	Intervention/exposure
36	Angelo, B. C., DeFendis, A., Yau, A., Alves, J. M., Thompson, P. M., Xiang, A. H., Page, K. A., Luo, S.. Relationships between physical activity, healthy eating and cortical thickness in children and young adults. <i>Brain Imaging Behav.</i> 2022. 16:2690-2704	Intervention/exposure
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1033	Tarro, S., Lahdenperä, M., Vahtera, J., Pentti, J., Lagström, H.. Diet quality in preschool children and associations with individual eating behavior and neighborhood socioeconomic disadvantage. The STEPS Study. <i>Appetite.</i> 2022. 172:105950	Country
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1046	Thompson, I. J. B.,Ritchie, L. D.,Bradshaw, P. T.,Mujahid, M. S.,Au, L. E.. Earlier Introduction to Sugar-Sweetened Beverages Associated With Lower Diet Quality Among WIC Children at Age 3 Years. <i>J Nutr Educ Behav</i> . 2021. 53:912-920	Publication date
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1060	Traversa, C.,Nyman, D. L. E.,Spriet, L. L.. Dietary Intake over a 7-Day Training and Game Period in Female Varsity Rugby Union Players. <i>Nutrients</i> . 2022. 14:#pages#	Country
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1069	Tuck, N. J., Farrow, C., Thomas, J. M.. Frequency of fruit consumption and savoury snacking predict psychological health; selective mediation via cognitive failures. <i>Br J Nutr.</i> 2022. #volume#:1-26	Country
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1087	Veljković, M., Pavlović, D. R., Stojanović, N. M., Džopalić, T., Popović Dragonjić, L.. Behavioral and Dietary Habits That Could Influence Both COVID-19 and Non-Communicable Civilization Disease Prevention-What Have We Learned Up to Now?. <i>Medicina (Kaunas)</i> . 2022. 58:#pages#	Intervention/exposure
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1112	Wang, Y., Hodge, R. A., Stevens, V. L., Hartman, T. J., McCullough, M. L.. Identification and Reproducibility of Plasma Metabolomic Biomarkers of Habitual Food Intake in a US Diet Validation Study. <i>Metabolites</i> . 2020. 10:#pages#	Intervention/exposure
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1132	Wingrove, K.,Lawrence, M. A.,Machado, P.,Stephens, L. D.,McNaughton, S. A.. Using the Hierarchies of Evidence Applied to Lifestyle Medicine (HEALM) Approach to Assess the Strength of Evidence on Associations between Dietary Patterns and All-Cause Mortality. <i>Nutrients.</i> 2022. 14:#pages#	Publication date
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1150	Yang, H. M., Kim, H. R.. Mediation Effect of Maladaptive Coping between Work-to-Family Conflict and Cardiovascular Health Behaviors. <i>Int J Environ Res Public Health.</i> 2022. 19:#pages#	Intervention/exposure
1151	Yang, H., Zhao, Q., Zhang, Z., Jia, W.. Associations between Lifestyle Changes, Risk Perception and Anxiety during COVID-19 Lockdowns: A Case Study in Xi'an. <i>Int J Environ Res Public Health.</i> 2022. 19:#pages#	Country
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1154	Yee, L. M., Silver, R. M., Haas, D. M., Parry, S., Mercer, B. M., Iams, J., Wing, D., Parker, C. B., Reddy, U. M., Wapner, R. J., Grobman, W. A.. Quality of periconceptual dietary intake and maternal and neonatal outcomes. <i>Am J Obstet Gynecol.</i> 2020. 223:121.e1-121.e8	Publication date
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1156	Yelverton, C. A., Rafferty, A. A., Moore, R. L., Byrne, D. F., Mehegan, J., Cotter, P. D., Van Sinderen, D., Murphy, E. F., Killeen, S. L., McAuliffe, F. M.. Diet and mental health in pregnancy: Nutrients of importance based on large observational cohort data. <i>Nutrition.</i> 2022. 96:111582	Country
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