manière statistiquement pour les participants qui ont répondu au QFA-C II dans le cadre d’une étude transversale canadienne. Les participants étaient âgés de 18 à 70 ans et avaient un niveau de scolarité postsecondaire. Les deux méthodes d'évaluation furent comparées en termes de concordance et de précision.

Les résultats indiquent que la méthode d'auto-sélection a été moins précise et moins concordante que la méthode d'auto-sélection. Les différences en moyenne de consommation de nutriments entre les deux méthodes étaient respectivement de 10,8. Les femmes, les non-fumeurs et les personnes ayant un niveau de scolarité supérieur au secondaire ont obtenu de meilleurs résultats avec la méthode d'auto-sélection.

Ces résultats suggèrent que la méthode d'auto-sélection peut être une alternative valable à la méthode d'auto-sélection, surtout si elle est utilisée dans des études où la précision et la concordance sont importantes.

Introduction : Il a été prouvé qu’un alimentation de piètre qualité augmente le risque de maladies cardiovasculaires et de cancer. Les études suggèrent que les aliments de qualité supérieure peuvent réduire le risque de ces maladies. Les objectifs de cette étude étaient de développer et de tester une méthode d’évaluation de l’indice de qualité de l’alimentation et de comparer ses résultats avec ceux obtenus à l’aide d’autres méthodes de mesure de l’indice de qualité de l’alimentation. Les résultats indiquent que la méthode d’auto-sélection est une alternative valable à la méthode d’auto-sélection, surtout si elle est utilisée dans des études où la précision et la concordance sont importantes.

argue que le scale provided a quick and simple, approximate assessment of the 'soft' effects of treatment by physicians, overlapping but not identical with quality of life. Use of this scale in the HIM study is supported by the American College of Physicians and the American Medical Association. Copyright © 2011 American Dietetic Association. Published by Elsevier Inc. All rights reserved.

98 men aged 18 to 70 years from the HIM Study in Brazil answered three 54-item QFFQ and three 24-hour recall interviews, and 176 women aged 18 to 70 years completed the same interviews. A 24-hour recall was used as the reference method, and we used the differences between instruments to estimate the differences between the two methods.

We used a linear regression model and a non-parametric test to estimate the differences between the two methods. We found that the difference between instruments was dependent on the magnitude of the intake for energy and most nutrients. The 24-hour recall was more accurate than the QFFQ for estimating the differences between the two methods.

The HHQ was developed in the late 1990s as a tool to assess primary care patients' health status. The HHQ was designed to assess the five domains of health functioning (physical, mental, social, environmental, and interactive) and the five domains of health maintenance (nutrition, exercise, sleep, personal hygiene, and smoking).

The HHQ has been used in several studies to assess the health status of primary care patients. The HHQ has been validated in several studies, including one in which it was compared to the Health of the Nation Outcome Measure (HNOM) and the SF-36, and another in which it was compared to the National Health and Nutrition Examination Survey (NHANES) III.

The HHQ has been shown to be a reliable and valid measure of health functioning. The HHQ has been used in several studies to assess the health status of primary care patients. The HHQ has been validated in several studies, including one in which it was compared to the Health of the Nation Outcome Measure (HNOM) and the SF-36, and another in which it was compared to the National Health and Nutrition Examination Survey (NHANES) III.

The HHQ has been shown to be a reliable and valid measure of health functioning. The HHQ has been used in several studies to assess the health status of primary care patients. The HHQ has been validated in several studies, including one in which it was compared to the Health of the Nation Outcome Measure (HNOM) and the SF-36, and another in which it was compared to the National Health and Nutrition Examination Survey (NHANES) III.

The HHQ has been shown to be a reliable and valid measure of health functioning. The HHQ has been used in several studies to assess the health status of primary care patients. The HHQ has been validated in several studies, including one in which it was compared to the Health of the Nation Outcome Measure (HNOM) and the SF-36, and another in which it was compared to the National Health and Nutrition Examination Survey (NHANES) III.

The HHQ has been shown to be a reliable and valid measure of health functioning. The HHQ has been used in several studies to assess the health status of primary care patients. The HHQ has been validated in several studies, including one in which it was compared to the Health of the Nation Outcome Measure (HNOM) and the SF-36, and another in which it was compared to the National Health and Nutrition Examination Survey (NHANES) III.

The HHQ has been shown to be a reliable and valid measure of health functioning. The HHQ has been used in several studies to assess the health status of primary care patients. The HHQ has been validated in several studies, including one in which it was compared to the Health of the Nation Outcome Measure (HNOM) and the SF-36, and another in which it was compared to the National Health and Nutrition Examination Survey (NHANES) III.

The HHQ has been shown to be a reliable and valid measure of health functioning. The HHQ has been used in several studies to assess the health status of primary care patients. The HHQ has been validated in several studies, including one in which it was compared to the Health of the Nation Outcome Measure (HNOM) and the SF-36, and another in which it was compared to the National Health and Nutrition Examination Survey (NHANES) III.