Reviewer’s report

Title: DIET@NET: Best practice guidelines for dietary assessment in health research

Version: 1 Date: 19 Sep 2017

Reviewer: Sharon Kirkpatrick

Reviewer's report:

I again commend the authors for this significant effort to improve methods of dietary assessment used in research. Thank you for the changes to address reviewer comments. Overall, the paper seems to 'hang together' better and provides a more coherent message.

Below are some additional thoughts to further improve clarity (since changes were not highlighted, please note that I may in some cases be commenting on text that was present in the initial draft rather than only the changes that have been made).

Page 3: possibly combine 2nd and 3rd paragraphs, which seem to be addressing similar points but in isolation.

Line 71: optimal versus optional

Page 4, lines 81-83: suggest revising to 'this paper summarizes the process of developing the BPG, as well as the guidelines themselves with brief explanations of the statements and guidance for their use' to more accurately capture the scope of the paper.

Page 9, line 193: I am confused by the assertion that FFQs may not be able to capture infrequently consumed foods. I think the evidence suggests that the opposite is true since FFQs query intake over longer periods of time versus recalls/diaries.

Line 196: I believe limited food tables is a source of systematic error/bias, not random error.

Page 9, lines 216-217: may want to mention that using different tools for different ethnic groups is a barrier to harmonizing across studies - may be preferable to use a tool that is amenable to different eating patterns - e.g., recalls/records that allow reporting any food/beverage consumed.

Page 10, lines 224-225: since the paper is targeted at non-experts, may be helpful to include references to a few online systems that are appropriate to different contexts (US, UK, etc.).

Page 11, line 259: 'to reduce error in energy intake' is not clear. Also, suggested that self-report not be used for energy intake due to significant error.

Lines 261-263: I think this might be a little too definitive. Misreporting is probably more complex than this.
Page 12, lines 279-280: might be more accurate to state that these are really the only choices for retrospective studies because you need a method that queries past intake. Recalls and records aren't applicable. It's not really a 'good choice' or a poor choice - in my mind, it's more about acknowledging the limitations of the only possible methods.

Page 12, lines 296-298: specify you are referring to diaries here?

Page 15, line 355: specify urinary potassium (and perhaps 24-hour for both urinary nitrogen and potassium) for clarity?

Page 15, lines 356-358: can you state whether predictive and concentration markers are useful for validation?

Page 16, line 383: for clarity, suggest instead of 'the study' that you instead state that the authors have developed a scoring system.

Page 16, lines 397-399: I believe Kaaks has identified flaws with this method and no longer recommends it.

Page 21, lines 510-511: may be helpful to note that excluding so-called misreporters is not encouraged and that more recent guidance suggests stratifying by reporting status.

Interesting that 47/57 of the participants were female!

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript
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Please indicate the quality of language in the manuscript:

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