

Awareness Questionnaire

T0-1

Thank you for participating in the EUthyroid2 study!

We would like to learn more about your opinions and knowledge regarding health and nutrition. We would appreciate if you could complete this questionnaire. Your response will help us evaluate how well the project has worked and why some elements may have worked better than others. Your responses can assist us in identifying any areas for improvement that would benefit both you and other young people. The questionnaire is divided into three sections with different answering options.

1. Background information
2. Attitude and knowledge questionnaire
3. Food frequency questionnaire

All responses in the survey are assigned code names and will be managed, reviewed, and shared in accordance with privacy regulations.

Socioeconomic status

1.1. What is your age? (in years)

1.2. What is your highest level of education qualification?

No formal education (including home schooling)	<input type="checkbox"/>
Primary school education (Key Stage 1 and 2; children aged 5-11 years)	<input type="checkbox"/>
Secondary school education (Key Stage 3 and GCSE) children aged 12-16).	<input type="checkbox"/>
Further education/technical college (aged 16-18 years) – (BTech, A-level, NVQ 1-3. apprenticeships)	<input type="checkbox"/>
Short courses – (e.g. NVQ 4-5, higher national diploma/certificate)	<input type="checkbox"/>
Undergraduate study at university for Bachelor’s degree, (3-4 years)	<input type="checkbox"/>
Postgraduate study at a university for Master’s degree (or postgraduate diploma/certificate)	<input type="checkbox"/>
Postgraduate study at a university for PhD degree	<input type="checkbox"/>

1.3. What is your current student or labour status?

Work full-time	<input type="checkbox"/>
Work part-time	<input type="checkbox"/>
Student (high school)	<input type="checkbox"/>
Student (university or similar)	<input type="checkbox"/>
Part-time student (university or similar) and part-time work	<input type="checkbox"/>
Military services	<input type="checkbox"/>
Unemployed/at home	<input type="checkbox"/>
Other: (specify in text)	<input type="checkbox"/>

Other: (specify in text)

1.4. Do you currently have one of the following diseases related to thyroid function?

- No
- Hyperthyroidism
- Hypothyroidism
- Graves' disease
- Other: (specify in text)

Other (specify in text)

1.5. I follow a

- Omnivore diet (includes all food sources, such as meat, milk, eggs, fish, vegetables, fruit)
- Vegetarian diet (no meat, no fish, but may include dairy and eggs)
- Pesco-vegetarian diet (no meat, but may include fish, dairy and eggs)
- Vegan diet (no animal products such as meat, fish, egg, dairy), only plant-based food sources
- Other diet: (specify in text)

Other diet (specify in text)

1.6. Have you heard, read, or received information about the topic of iodine before?

- Yes
- No
- I am not sure

**1.6.1 If yes, where have you heard, read or received the information on iodine?
(multiple answering options possible)**

- Media: TV, newspapers, radio
- Social media: Tik Tok, Facebook, Instagram, Snapchat, YouTube
- School or university
- Scientific articles
- Health care personnel (doctors, nurse, nutritionist etc.)
- Friends
- Family
- Other: (specify in text)

Other (specify in text)

Iodine Awareness Questionnaire

The next questions are about your preferences, opinions, and knowledge about different foods. Carefully read the questions and answer to the best of your knowledge. There is no right or wrong answer. We are interested in your individual answers. If you are unsure what to answer, please do not guess. Instead use the answering option “I don’t know” or “I am not sure”.

For each statement, please tick the box that applies the most to you.

2.1. For my own health, I find it important to try to...

	Very important	Important	Slightly important	Neither important nor unimportant	Slightly unimportant	Unimportant	Very unimportant
...get enough sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...eat a varied and healthy diet that contains sufficient nutrients (e.g. protein, iron, vitamin D, iodine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...maintain a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...take care of my mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2. Which food components do you consider important to have in your diet?

If you do not know what the different food components are, please tick "I don't know".

	Very important	Important	Slightly important	Neither important nor unimportant	Slightly unimportant	Unimportant	Very unimportant	I don't know
Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iodine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3. How important do you think it is that pregnant women include the following in their diet?

If you do not know what the different food components are, please tick "I don't know".

	Very important	Important	Slightly important	Neither important nor unimportant	Slightly unimportant	Unimportant	Very unimportant	I don't know
Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Folic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iodine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin B12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.4. I feel confident that I get enough of these food components in my diet:

If you do not know what the different food components are, please tick "I don't know".

	Strongly agree	Agree	Slightly Agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree	I don't know
Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iodine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.5. For each statement, please tick how strongly you agree or disagree.

If you do not know what iodine or iodised salt is, please tick "I don't know"

	Strongly agree	Agree	Slightly Agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree	I don't know
I believe that iodine is relevant for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the topic of consuming enough iodine is only relevant to people with a thyroid disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe women should avoid iodised salt if they want to get pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions to the best of your knowledge. If you are unsure what to answer, please do not guess. Instead use the answering option “I don’t know” or “I am not sure”.

2.6. Do you know what iodine is?

Yes

No

I do not remember

2.7. What is iodine important for in your body?

If you are unsure what to answer, please do not guess. Instead use the answering option “I am not sure”. Multiple answer options are possible for this question.

Maintains normal metabolism

Prevents blindness

Ensures healthy development and growth of the baby in pregnancy

Normal strength in bones and teeth

Ensures healthy development and growth of children

Normal blood pressure

I am not sure

2.8. Which of the following are good sources of iodine in the diet?

If you are unsure what to answer, please do not guess. Instead use the answering option "I am not sure". Multiple answer options are possible for this question.

Meat and meat products	<input type="checkbox"/>
Eggs	<input type="checkbox"/>
Bread	<input type="checkbox"/>
Cereals	<input type="checkbox"/>
Milk and dairy products	<input type="checkbox"/>
Fish and seafood	<input type="checkbox"/>
Fruits and vegetables	<input type="checkbox"/>
Potatoes	<input type="checkbox"/>
Vegetable oils	<input type="checkbox"/>
Food supplements (e.g. pills or capsules) with iodine	<input type="checkbox"/>
Himalayan pink salt	<input type="checkbox"/>
Salt with iodine	<input type="checkbox"/>
I am not sure	<input type="checkbox"/>

2.9. For each statement, please state what you think is the right answer:

	Yes	No	I am not sure
All types of salt have iodine added.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compared to regular salt, iodised salt is less healthy for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compared to regular salt, iodised salt reduces a woman's chance of getting pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.10. How much iodine per day do experts advise to eat for adolescents and adults (excluding pregnant women)?
Choose one response only.

If you are unsure what to answer, please do not guess. Instead use the answering option "I am not sure".

- | | |
|-----------------------------|--------------------------|
| 80-100 micrograms (µg)/day | <input type="checkbox"/> |
| 130-150 micrograms (µg)/day | <input type="checkbox"/> |
| 180-200 micrograms (µg)/day | <input type="checkbox"/> |
| 230-250 micrograms (µg)/day | <input type="checkbox"/> |
| 330-350 micrograms (µg)/day | <input type="checkbox"/> |
| 600 micrograms (µg)/day | <input type="checkbox"/> |
| 1000 micrograms (µg)/day | <input type="checkbox"/> |
| I am not sure | <input type="checkbox"/> |

2.11. What are the possible health consequences of a too low intake of iodine?

If you are unsure what to answer, please do not guess. Instead use the answering option "I am not sure". Multiple answer options are possible for this question.

- | | |
|---|--------------------------|
| Increased risk of goitre (swelling of the neck) | <input type="checkbox"/> |
| Reduced growth and development of the foetus and children | <input type="checkbox"/> |
| Weak immune system | <input type="checkbox"/> |
| Thyroid disturbances (e.g., hypo- and hyperthyroidism) | <input type="checkbox"/> |
| Malformations in pregnancy (birth defects) | <input type="checkbox"/> |
| Blindness | <input type="checkbox"/> |
| None | <input type="checkbox"/> |
| I am not sure | <input type="checkbox"/> |

2.12. Are there any potential health consequences of a too high iodine intake?

If you are unsure what to answer, please do not guess. Instead use the answering option "I am not sure".

- | | |
|---------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| I am not sure | <input type="checkbox"/> |

2.13. When is it particularly important that women consume enough iodine?

	Yes	No	I am not sure
The moment they decide they want to get pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The moment they find out that they are pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only during the first two trimesters (6 months) of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In their daily life, independent of pregnancy or their wish to become pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.14. How much iodine per day do experts advise pregnant women to eat?
Choose one response only.

If you are unsure what to answer, please do not guess. Instead use the answering option "I am not sure".

75 micrograms (µg)/day	<input type="checkbox"/>
100 micrograms (µg)/day	<input type="checkbox"/>
140 micrograms (µg)/day	<input type="checkbox"/>
175 micrograms (µg)/day	<input type="checkbox"/>
200 micrograms (µg)/day	<input type="checkbox"/>
250 micrograms (µg)/day	<input type="checkbox"/>
600 micrograms (µg)/day	<input type="checkbox"/>
1000 micrograms (µg)/day	<input type="checkbox"/>
I am not sure	<input type="checkbox"/>

2.15. Are there any risks to getting pregnant while iodine deficient (not having enough iodine)?

Choose one response only.

If you are unsure what to answer, please do not guess. Instead use the answering option "I am not sure".

- | | |
|---|--------------------------|
| No, because the baby can regulate its iodine status itself | <input type="checkbox"/> |
| No, because iodine is not important at the beginning of pregnancy | <input type="checkbox"/> |
| Yes, but only at the end of pregnancy | <input type="checkbox"/> |
| Yes, the baby's development and growth can potentially be affected by low iodine status from the beginning of pregnancy | <input type="checkbox"/> |
| I am not sure | <input type="checkbox"/> |

2.16. Which of these serving sizes of foods would be most likely to meet daily iodine needs?

Choose one response only.

If you are unsure what to answer, please do not guess. Instead use the answering option "I am not sure".

- | | |
|---|--------------------------|
| One glass (200 ml) of plant-based milk (soya, oat, or almond) | <input type="checkbox"/> |
| One glass (200 ml) of fruit smoothies | <input type="checkbox"/> |
| One portion (150 g) of white sea fish (e.g., cod or haddock) | <input type="checkbox"/> |
| One portion (200 g) of chicken | <input type="checkbox"/> |
| I am not sure | <input type="checkbox"/> |

2.17. Which meal would be the most balanced choice for giving you enough iodine?

Choose one response only.

If you are unsure what to answer, please do not guess. Instead use the answering option "I am not sure".

- | | |
|---|--------------------------|
| Salmon fillet with potatoes and broccoli | <input type="checkbox"/> |
| White fish (cod or haddock) with potatoes and carrots | <input type="checkbox"/> |
| Lentil stew with coconut milk | <input type="checkbox"/> |
| I am not sure | <input type="checkbox"/> |

2.18. A pregnant person is concerned about her iodine intake. What advice would you give her to ensure she meets her iodine requirements during pregnancy?

Multiple answer options are possible for this question.

- | | |
|--|--------------------------|
| More white sea fish in her diet. | <input type="checkbox"/> |
| Advise her to stop using iodised salt and replace it with Himalayan pink salt. | <input type="checkbox"/> |
| Suggest that she eat more dairy products like yoghurt and milk. | <input type="checkbox"/> |
| Advise her to consult her healthcare provider about the need for food supplements with iodine. | <input type="checkbox"/> |
| Recommend using iodised salt instead of salt with no iodine added. | <input type="checkbox"/> |
| Suggest that she regularly eat seaweed, fruits, and vegetables. | <input type="checkbox"/> |
| I am not sure | <input type="checkbox"/> |

2.19. Iodised salt is available in my local supermarket

- | | |
|---------------|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| I am not sure | <input type="checkbox"/> |

2.20. On a typical day, how much control do you feel you have over the foods you eat?

- | | |
|----------------------------|--------------------------|
| I have complete control | <input type="checkbox"/> |
| I have a lot of control | <input type="checkbox"/> |
| I have some control | <input type="checkbox"/> |
| Neutral | <input type="checkbox"/> |
| I have little control | <input type="checkbox"/> |
| I have very little control | <input type="checkbox"/> |
| I have no control at all | <input type="checkbox"/> |

2.21. For each statement, please tick how strongly you agree or disagree:

	Strongly agree	Agree	Slightly Agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree	I don't know
My financial situation limits my opportunities to buy foods rich in iodine (e.g., fish, dairy products, iodised salt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a typical day I feel I have control over decisions on what foods I eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel supported by my family to eat healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to choose healthy foods when I am with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.22. There is a lot of information available on healthy nutrition today. How well do you manage to choose the information relevant to you?

Excellent	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Neither good or poor	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>
Extremely poor	<input type="checkbox"/>
I have not been interested in these issues	<input type="checkbox"/>

2.23. Please assess how easy you find it to evaluate the following aspects:

	Very easy	Easy	Rather easy	Neither easy nor hard	Rather hard	Hard	Very hard
How easy is it for you to evaluate the long-term impact of your dietary habits on your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy is it for you to evaluate if a specific food is relevant for a healthy diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.24. In comparison to now, I would like to eat...

	Strongly agree	Agree	Slightly Agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree
...more vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...more fish and seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...more eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...fewer sweet foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...more salt with iodine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...more milk and dairy products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... more fortified plant-based drinks (e.g. oat or soya drinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...less meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...more food supplements with iodine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Frequency Questionnaire

The following questions apply to your typical consumption of various foods. When answering the questions, have intake from the last month in mind. We understand that your intake varies from day to day but try to provide an estimate of your usual intake.

3.1. Do you consume cow's milk? (This does not include other dairy products such as cheese and yoghurt.)

- No
- Sometimes
- Yes

If you have selected 'no' continue with question 3.2.

3.1.1. How many portions of cow's milk and other cow's milk containing drinks do you consume in the following?

	Rarely or never	1-3 portions/ week	4-6 portions/ week	1 portion/ day	2 portions/ day	3-4 portions or more/ day
As a glass of milk (One portion= 200 ml)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On breakfast cereal, in oatmeal, or porridge (One portion= 150-200 ml milk added)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drinks containing cow's milk (E.g., Chocolate milk, Horlicks, milkshake etc. One portion= one glass (200 ml))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk in tea, coffee (latte, cappuccino) or other hot drinks (One portion= one cup (200 ml) of a hot drink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2. How many portions of yoghurt do you consume?

(One portion= one pot (125-150 ml) of yoghurt.)

Rarely or never	<input type="checkbox"/>
1-3 portions/ week	<input type="checkbox"/>
4-6 portions/ week	<input type="checkbox"/>
1 portion/ day	<input type="checkbox"/>
2 portions/ day	<input type="checkbox"/>
3-4 portions or more/ day	<input type="checkbox"/>

3.3. How many portions of cheese and cheese products do you consume?

(One portion= 2 slices of cheese)

Rarely or never	<input type="checkbox"/>
1-3 portions/ week	<input type="checkbox"/>
4-6 portions/ week	<input type="checkbox"/>
1 portion/ day	<input type="checkbox"/>
2 portions/ day	<input type="checkbox"/>
3-4 portions or more/ day	<input type="checkbox"/>

3.4. How many eggs do you eat?

(include eggs you use in cooking and baking)

Rarely or never	<input type="checkbox"/>
1-3 eggs/ week	<input type="checkbox"/>
4-6 eggs/ week	<input type="checkbox"/>
1-2 eggs/ day	<input type="checkbox"/>
3 or more eggs/ day	<input type="checkbox"/>

3.5. How often do you consume white fish?

This includes fish fillets and fish products (such as fish cakes, fish fingers etc.) White fish includes the fish species cod, haddock and coley. It does not include the oily fish species such as salmon, trout, mackerel, and herring.

Rarely or never	<input type="checkbox"/>
1-3 times/ month	<input type="checkbox"/>
1 time/ week	<input type="checkbox"/>
2-3 times/ week	<input type="checkbox"/>
4 or more times/ week	<input type="checkbox"/>

3.6. How often do you consume seaweed, kelp, or algae?

This also include food products and dietary supplements that contain seaweed, kelp, or algae.

Rarely or never	<input type="checkbox"/>
1-3 times/ month	<input type="checkbox"/>
1-2 times/ week	<input type="checkbox"/>
3 or more times/ week	<input type="checkbox"/>

3.7. How often do you use food supplements containing iodine?

If you take a multivitamin and mineral tablet, check if it includes iodine. Be aware that iodine can be labelled as iodine, iodide, potassium iodide, and sodium iodide. This does not include seaweed or kelp supplements (this is included in the previous question).

I am not sure	<input type="checkbox"/>
Rarely or never	<input type="checkbox"/>
1 time/ week	<input type="checkbox"/>
2-4 times/ week	<input type="checkbox"/>
5-7 times/ week	<input type="checkbox"/>

3.8. Do you use salt with iodine (labelled as iodised salt) for cooking and baking at home?

I am not sure	<input type="checkbox"/>
Rarely or never	<input type="checkbox"/>
Several times per week, but not always	<input type="checkbox"/>
Yes, I always use salt with iodine	<input type="checkbox"/>

3.9. Do you consume plant-based milk alternatives?

- No
- Sometimes
- Yes

If you have selected “yes” or “sometimes”, continue with question 3.9.1 If you have selected “no”, this is the end of the questionnaire.

3.9.1 Is your plant-based milk alternative fortified with iodine?

- Yes
- No
- I don’t know

If you have selected “yes”, continue with question 3.9.2 If you have selected “no” or “I don’t know”, this is the end of the questionnaire.

3.9.2. How many portions of plant-based milk alternatives do you consume that are fortified with iodine?

One portion= One glass (200 ml) of plant-based drink. Also, include plant-based drink you use in cooking, for cereals etc.

- Rarely or never
- 1-3 portions/ week
- 4-6 portions/ week
- 1 portion/ day
- 2 portions/ day
- 3-4 portions/ day



Questionnaire

Process Evaluation

T0-1

Thank you for filling out the iodine awareness questionnaire!

Work-related and individual factors can influence the way an innovation such as the EUthyroid2 intervention is implemented. Additionally, implementing new procedures and changing work routines can be stressful and challenging in practice. We want to consider this in the evaluation of this intervention and find out why the intervention works in some places but not in others. We would like to ask you some questions about your work environment.

Questionnaire process evaluation

1. What is your professional background?

Research Staff

University student

Other:

Other: (specify in text)

2. Were you newly hired to deliver the intervention in the EUthyroid2 study?

(Explanation: in some implementation sites, staff that already work at the site will deliver the intervention and in other sites new staff will be hired just to deliver the intervention)

YES, I was hired for intervention delivery

YES, I agreed to volunteer for intervention delivery

NO, I already worked at the intervention site

If you have selected "NO", continue with question 3.

If you have selected "YES", thank you for your effort and time to fill out all questions so far and for supporting the EUthyroid2 study by delivering the intervention; you do not need to complete any further questions.

3. The next questions refer to your work situation in general, as that can influence the implementation of an intervention, such as the EUthyroid2 intervention. This information is solely used to evaluate the implementation of the EUthyroid2 intervention. We appreciate your openness.

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
In all, how satisfied are you with your current working situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the degree to which you agree or disagree with each statement.

	Completely disagree	Disagree	Agree	Completely agree
I have constant time pressure due to a heavy work load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many interruptions and disturbances while performing my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the past few years, my job has become more and more demanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive the respect I deserve from my superior or a respective relevant person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job promotion prospects are poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have experienced or I expect to experience an undesirable change in my work situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job security is poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considering all my efforts and achievements, I receive the respect and prestige I deserve at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considering all my efforts and achievements, my job promotion prospects are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considering all my efforts and achievements, my salary / income is adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The degree of which a workplace and the people working in it are ready to change something in their work environment is a known influencing factor on implementing an intervention. Listed below are several statements regarding the workplace environment where the EUthyroid2 intervention will take place.

Please indicate the degree to which you agree or disagree with each statement.

4. People who work here...

	Completely disagree	Disagree	Neither Agree nor Disagree	Agree	Completely agree
... feel confident that the organization can get people invested in implementing the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... are committed to implementing the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel confident that they can keep track of progress in implementing the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Completely disagree	Disagree	Neither Agree nor Disagree	Agree	Completely agree
... will do whatever it takes to implement the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel confident that the organization can support people as they adjust to the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... want to implement the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel confident that they can keep the momentum going in implementing the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel confident that they can handle the challenges that might arise in implementing the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... are determined to implement the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel confident that they can coordinate tasks so that implementation goes smoothly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... are motivated to implement the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel confident that they can manage the politics of implementing the EUthyroid2 intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is the end of the questionnaire.

THANK YOU for filling it out!