



Awareness Questionnaire

T0-2

Thank you for participating in the EUthyroid2 study!

We would like to learn more about your opinions and knowledge regarding health and nutrition. Therefore, we hope that you are willing to help us by answering 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 answers can thus help us identify any needs for improvements for the benefit of you and other young people.

The survey is conducted as part of the EUthyroid2 project, and all answers in the survey are given code names and will be handled, looked at, and shared following privacy laws.

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 find it 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 a healthy development and growth of the baby in pregnancy
- Normal strength in bone and teeth
- Ensures a healthy development and growth of the 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 to get pregnant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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 potential 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 intake of iodine?

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 (WHO) advise pregnant women to eat?

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"/> |

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

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
- No, because iodine is not important at the beginning of pregnancy
- Yes, but only at the end of pregnancy
- Yes, the baby’s development and growth can potential be affected by low iodine status from the beginning of pregnancy
- I am not sure

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

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 cow milk
- One portion (200 g) of chicken
- One portion (150 g) of sea fish, freshwater fish, or small indigenous fish species with iodized salt
- One portion (100 g) of rice
- I am not sure

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

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

- Rice with beef curry and non-fortified salt
- Rice with fish (sea fish, freshwater fish, or small indigenous fish species) and iodized salt
- Rice with chicken curry and potatoes
- I am not sure

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 fish into her diet.

Advise her to stop using iodised salt and replace it with Himalayan pink salt.

Suggest that she eat more dairy products like yogurt and milk.

Advise her to consult her healthcare provider about the need for food supplements with iodine.

Recommend using iodised salt instead of salt with no iodine added.

Suggest that she regularly eat seaweed, fruits, and vegetables.

I am not sure

2.19. Iodised salt is available in my local supermarket

Yes

No

I am not sure

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

I have complete control

I have a lot of control

I have some control

Neutral

I have little control

I have very little control

I have no control at all

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 your dietary intake 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 K3.2.

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= ca. 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= ca 150-200 ml milk added) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other cow's milk containing drinks (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?

(This also 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 sea fish?

(This also includes fish fillets and fish products)

| | |
|-----------------------|--------------------------|
| 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 freshwater small indigenous species of fish (e.g., darkina, mola, dhela, tengra, puti, or kachki)?

- Rarely or never
- 1-3 times/ month
- 1 time/ week
- 2-3 times/ week
- 4 or more times/ week

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

This also include food products and dietary supplements that is added with seaweed, kelp, or algae.

- Rarely or never
- 1-3 times/ month
- 1-2 times/ week
- 3 or more times/ week

3.8. 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 the labelling iodine can be given 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
- Rarely or never
- 1 time/ week
- 2-4 times/ week
- 5-7 times/ week

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

- I am not sure
- Rarely or never
- Several times per week, but not always
- Yes, I always use iodized salt
- I am not sure

3.10. How many portions of potatoes (baked, boiled, or cooked with skin) do you consume? (One portion= 1 medium sized potato (150-175 gram))

- | | |
|---------------------------|--------------------------|
| 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"/> |



Questionnaire

Process Evaluation

T0-2

Thank you for filling out the iodine awareness questionnaire!

We would like to assess how the preparation for the implementation of the EUthyroid2 intervention was conducted in each intervention site and region. For this, we would like to ask you questions on how you were trained and what your attitudes are towards the intervention. This will help us to understand why the intervention works well in some settings and maybe not so well in others. Your answers are solely used to assess the implementation preparation. Please answer each question as openly and honestly as you can to indicate the way it applies to you personally.

Questionnaire process evaluation

1. Did you read the Standard Operation Procedures (SOPs) for the EUthyroid2 study?

Yes, I have read the entire document

Yes, I have read part of the document

No

If you have selected “No”, please continue with question 1B.

If you have selected “Yes, I have read the entire document”, or “Yes, I have read part of the document”, please answer the following question 1A and question 2.

1A. Please answer each question as openly and honestly as you can to indicate the way it applies to you personally.

Please rate each of the statements below:

| The SOP... | Completely disagree | Neutral | Completely agree |
|--|---|---------|------------------|
| ...helped me to understand my role and tasks in the EUthyroid2 study | O.....O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ...helped me to understand how to deliver the intervention to the participants in the EUthyroid2 study | O.....O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ...helped me to understand the core intervention components (iodine feedback tool, factsheet, educational conversation, video) | O.....O.....O.....O.....O.....O.....O.....O.....O.....O | | |

Please continue with question 2.

1B. Why did you not read the SOP?

I had no time

I did not receive any SOPs to read

They were too long / too many of them

Other:

Other: (specify in text)

2. Did you watch the training videos on the EUthyroid2 study?

Yes

No

If you have selected “No”, please continue with question 2B.

If you have selected “Yes”, please answer the following question 2A and then question 3.

2A. To understand if the training videos were useful in preparing you for the study, we would like you to answer the following questions as openly and honestly as you can to indicate your satisfaction.

| The training videos... | Completely disagree | Neutral | Completely agree |
|---|---|---------|------------------|
| ...contain information I need on the topic of iodine and iodine deficiency. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ...helped me to understand how to deliver the intervention to the participants in the EUthyroid2 study. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ...helped me to understand my role and tasks in the EUthyroid2 study. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ...helped me to understand the core intervention components (iodine feedback tool, factsheet, educational conversation, video). | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ... helped me to understand how to educate the participants on iodine-deficiency. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ... helped me to understand how to educate the participants on healthy iodine dietary choices. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ... will help me to apply engaging conversation techniques during the education of the women. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ...has given me confidence to educate the study participants on iodine adequately. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ...encouraged me to become more active in order to improve study participants' iodine intake. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ...helped me to understand how to manage and store urine samples. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| ...contain information I need to explain to the study participants how they should collect the urine samples. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |

Completely disagree Neutral Completely agree

Overall, I am satisfied with the training videos. O.....O.....O.....O.....O.....O.....O.....O.....O.....O

Please continue with question 3.

2B. Why did you not watch the training videos? (Multiple answering options possible)

I had no time

I did not receive any access to watch the videos

They were too long / too many of them

Technical issues prevented me from watching them

Other:

Other (specify in text)

3. Did you participate in role play training to practice the educational conversation with the participants?

Yes

No

If you have selected "No", please continue with question 3B.

If you have selected "Yes", please answer the following question 3A and then with question 4.

3A. To understand if the role play training was useful in preparing you for the study, we would like you to answer the following questions as openly and honestly as you can to indicate your satisfaction.

| | <i>completely disagree</i> | <i>neutral</i> | <i>completely agree</i> |
|---|---|----------------|-----------------------------|
| The timeframe of the role play training was appropriate. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| The role-play training was well organised. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| The trainers were competent. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| The trainers were motivated. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| All my questions were answered during the role play training. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| It was helpful for me to test the educational conversation before conducting it in the study. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |
| Overall, I am satisfied with the role play training. | O.....O.....O.....O.....O.....O.....O.....O.....O | | |

Please continue with question 4.

3B. Why did you not participate in the role play training? (Multiple answering options possible)

- I had no time.
- I did not receive any invitation to participate.
- The time and date offered did not suit me.
- Other:

Other (specify in text)

4. Have you received and read the “Checklist for study personnel” for usage in the conversation with the participants?

Yes

No

If you have selected “No”, please continue with question 5.

If you have selected “Yes”, please answer the following question 4A.

4A. To understand if the checklist is helpful for you, we would like you to answer each question as openly and honestly as you can to indicate the way it applies to you personally.

Please rate each of the statements below:

| The checklist ... | <i>Completely disagree</i> | <i>Neutral</i> | <i>Completely agree</i> |
|---|---|----------------|-------------------------|
| ... contains information I need to conduct the education. | ○.....○.....○.....○.....○.....○.....○.....○.....○.....○ | | |
| ... helps me to understand how to educate the participants on iodine-deficiency. | ○.....○.....○.....○.....○.....○.....○.....○.....○.....○ | | |
| ... helps me to understand how to educate the participants on healthy iodine dietary choices. | ○.....○.....○.....○.....○.....○.....○.....○.....○.....○ | | |
| ... helps me to apply engaging conversation techniques during the education of the women. | ○.....○.....○.....○.....○.....○.....○.....○.....○.....○ | | |
| ...gives me confidence to educate the study participants on iodine adequately. | ○.....○.....○.....○.....○.....○.....○.....○.....○.....○ | | |
| ...encourages me to become more active in order to improve study participants’ iodine intake. | ○.....○.....○.....○.....○.....○.....○.....○.....○.....○ | | |

5. In all, how well prepared do you feel for conducting the intervention?

Please rate each of the statements below:

| | <i>Completely disagree</i> | <i>Neutral</i> | <i>Completely agree</i> |
|---|---|----------------|-------------------------|
| I feel well prepared to deliver the intervention in the EUthyroid2 study. | ○.....○.....○.....○.....○.....○.....○.....○.....○.....○ | | |
| All my questions regarding the study were clarified during training / preparation for the EUthyroid2 study. | ○.....○.....○.....○.....○.....○.....○.....○.....○.....○ | | |

6. Now we would like to ask you some questions regarding the EUthyroid2 intervention in a more general way. Please indicate your personal attitudes towards the intervention. We appreciate your openness.

| | Completely disagree | Disagree | Neither agree nor disagree | Agree | Completely agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| The EUthyroid2 intervention’s goal to prevent iodine deficiency in young women is important. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I like the EUthyroid2 intervention components. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can see the potential value of the EUthyroid2 intervention for my work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Is there anything else you would like to feedback about the study, training or implementation?

**This is the end of the questionnaire.
THANK YOU for filling it out!**