



Awareness Questionnaire

T2

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.

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. Are you pregnant?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

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

No	<input type="checkbox"/>
Hyperthyroidism	<input type="checkbox"/>
Hypothyroidism	<input type="checkbox"/>
Graves' disease	<input type="checkbox"/>
Other: (specify in text)	<input type="checkbox"/>

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

130-150 micrograms (μg)/day

180-200 micrograms (μg)/day

230-250 micrograms (μg)/day

330-350 micrograms (μg)/day

600 micrograms (μg)/day

1000 micrograms (μg)/day

I am not sure

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)

Reduced growth and development of the foetus and children

Weak immune system

Thyroid disturbances (e.g., hypo- and hyperthyroidism)

Malformations in pregnancy (birth defects)

Blindness

None

I am not sure

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

No

I am not sure

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

T-2

Thank you for filling out the questions on your dietary habits and iodine!

The EUthyroid2 study that you have participated in is conducted in different locations and countries. To compare how the study was introduced in each location and how well it worked, we would like to ask you questions on your experiences of the study and your attitudes towards it. Please rate each of the statements below as openly and honestly as you can.

Questionnaire

First, we would like to ask you questions about the iodine feedback tool. It contains only a couple of questions about iodine rich foods and generated an individual feedback for you based on what you filled out.



1. When participating in the study, did you fill out the iodine feedback tool?

Yes

No

I don't remember

If you have selected "NO" or "I don't remember", please continue with question 2.

If you have selected "YES", please answer the following question 1A.

1A. Which version of the iodine feedback tool did you fill out?

Digital / online version

Paper version

1B. After filling out the iodine-feedback tool I was...

	<i>completely disagree</i>	<i>neutral</i>	<i>completely agree</i>
...more aware of my iodine intake.	O.....O.....O.....O.....O.....O.....O.....O.....O		
...curious to learn more about the importance of iodine.	O.....O.....O.....O.....O.....O.....O.....O.....O		
...encouraged to become more active to improve my iodine intake.	O.....O.....O.....O.....O.....O.....O.....O.....O		

The next questions refer to the educational conversation on iodine conducted by study personnel.

2. Were you informed about iodine by study personnel?

- Yes
- No
- I don't remember

If you have selected "NO" or "I don't remember", please continue with question 2D.
 If you have selected "YES", please answer the following question 2A.

2A. Did someone accompany you to the conversation with the study personnel?

- No, I was alone
- Yes, a family member
- Yes, my partner/husband
- Yes, another study participant was present
- Yes, a friend
- Yes, other
- Other (specify in text)

2B. We would like to know more about your conversation with the study personnel. Please rate each of the statements below as openly and honestly as you can. It will help evaluate this part of the study. Some of the statements will be presented to you again, but referring to other study components. This way we can find out which of the components worked best.

The conversation with the study personnel...

completely disagree *neutral* *completely agree*

...gave me information I need. O...O...O...O...O...O...O...O...O...O

...helped me to understand iodine-deficiency. O...O...O...O...O...O...O...O...O...O

...helped me to understand healthy iodine dietary choices. O...O...O...O...O...O...O...O...O...O

The conversation with the study personnel...

completely disagree

neutral

completely agree

...has given me confidence to make sure that I have a healthy iodine intake.

..............................

...has given me the hope that I can prevent iodine deficiency.

...........................

...helps me in decision-making about my iodine intake.

...........................

...showed me how I can make sure that I have a healthy iodine intake.

...........................

...encouraged me to become more active in order to improve my iodine intake.

...........................

2C. We would like to understand how the study personnel communicated with you during the conversation on iodine.

Please rate each of the statements below to indicate how you experienced the conversation with the study personnel:

The study personnel...

completely disagree

neutral

completely agree

... pointed out my strengths and efforts during the conversation.

...........................

... encouraged small steps to improve my iodine intake.

...........................

...created a non-judgemental environment

...........................

...encouraged me to share my thoughts with them on the topic.

...........................

...encouraged me to share knowledge that I already had on the topic.

...........................

...politely asked me to explain the information back to them.

...........................

...explained terms and abbreviations to me.

...........................

...spoke slowly and clearly to me.

...........................

...encouraged me to ask questions when I did not understand something.

...........................

2D. During the conversation with the study personnel did you receive a factsheet (brochure) on iodine



- Yes
- No
- I don't remember

If you have selected "NO" or "I don't remember", please continue with question 4.
If you have selected "YES", please answer the following question 3.

3. Now, we would like to ask some more questions about the iodine factsheet that you received. This will help evaluate the helpfulness and effect of the factsheet.

Did you read the iodine factsheet?

- Yes
- No
- I don't remember

If you have selected "NO" or "I don't remember", please continue with question 4.
If you have selected "YES", please answer the following question 3A.

3A. I read the factsheet.....

- Once
- 2-3 times
- 4 or more times

3B. I showed the factsheet to other people I know

- No-one
- Friends
- Family
- Partner/Husband
- Other:

Other (specify in text)

3C. Please rate each of the statements below as openly and honestly as you can. It will help us to evaluate the iodine-factsheet's content and design in a more specific way.

The Iodine Factsheet...

	<i>completely disagree</i>	<i>neutral</i>	<i>completely agree</i>
...contains information I need.	O...O...O...O...O...O...O...O...O...O		
...helped me to understand iodine-deficiency.	O...O...O...O...O...O...O...O...O...O		
...helped me to understand healthy iodine dietary choices.	O...O...O...O...O...O...O...O...O...O		
...has given me confidence to make sure that I have a healthy iodine intake.	O...O...O...O...O...O...O...O...O...O		
...has given me the hope that I can prevent iodine deficiency.	O...O...O...O...O...O...O...O...O...O		
...helps me in decision-making about my iodine intake.	O...O...O...O...O...O...O...O...O...O		
...showed me how I can make sure that I have a healthy iodine intake.	O...O...O...O...O...O...O...O...O...O		
...encouraged me to become more active in order to improve my iodine intake.	O...O...O...O...O...O...O...O...O...O		
... design was appealing to me (e.g. illustrations, colours, structure).	O...O...O...O...O...O...O...O...O...O		

4 Did the study personnel encourage you to watch the video on iodine? (QR code to access the video is on the factsheet)

Yes

No

I don't remember

5. Now, we would like to ask some more questions about the iodine video that was accessible via the QR code on the factsheet.

Did you watch the video on iodine?

Yes

No

I don't remember

**If you have selected "NO" or "I don't remember", please continue with question 6.
If you have selected "YES", please answer the following question 5A.**

5A. I watched the video...

Once

2-3 times

4 or more times

5B. I showed the video to other people I know

No-one

Friends

Family

Partner/Husband

Other:

Other (specify in text)

--

5C. Please rate each of the statements below as openly and honestly as you can. It will help evaluate the iodine video's content and design in a more specific way.

The Video on iodine...	<i>completely disagree</i>	<i>neutral</i>	<i>completely agree</i>
...contains information I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...helped me to understand iodine deficiency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...helped me to understand healthy iodine dietary choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...has given me confidence to make sure that I have a healthy iodine intake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...has given me the hope that I can prevent iodine deficiency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...helps me in decision-making about my iodine intake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...showed me how I can make sure that I have a healthy iodine intake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...encouraged me to become more active in order to improve my iodine intake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... design was appealing to me (e.g. illustrations, film scene, speed, voices).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Which element of the intervention did you find most helpful to learn about the importance of iodine?

Please tick the box that applies the most to you.

- Iodine feedback tool
- Conversation with the study personnel
- Iodine factsheet
- Video on iodine
- None of the above

7. Which element of the intervention motivated you the most to ensure you have a healthy iodine intake?

Please tick the box that applies the most to you.

- Iodine feedback tool
- Conversation with the study personnel
- Iodine factsheet
- Video on iodine
- None of the above

8. Did you inform yourself about iodine beyond the information given to you in the study?
(multiple answering options possible)

- No
- I searched about iodine online
- I read scientific information/recommendations
- I asked friends/family about it
- Other:

Other (specify in text)

9. Are there any other comments you want to make (positive or negative) about participating in the study?

Specify in text:



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

«barcode»