

This questionnaire was used in the study published in Nutrition 2005;21:51-58 (Steyn NP, Labadarios D,Robertson HL, Nel J)

QUESTIONNAIRE ON KNOWLEDGE and PRACTICES OF DIETITIANS and NUTRITIONISTS CONCERNING NUTRITIONAL SUPPLEMENTS AND FORTIFIED FOODS

This questionnaire is to be completed anonymously and you will not be identified as an individual participant. Please answer truthfully.

Section A: QUESTIONS REGARDING YOUR BACKGROUND:

1. What is your gender? Male Female
2. What is your age in years?.....
3. What are your qualifications?
4. How long have you been practicing (in years)?.....
5. Do you work/practice in a rural or urban area? Mainly urban; Mainly rural.
6. What is your main field of practice?(mark only one) Private practice; teaching; education/community; clinical (hospital based); institutional management; other.....
7. Do you prescribe/recommend nutritional supplements for your patients/clients? Yes No
8. Do you sell nutritional supplements? Yes No
9. Do you recommend the use of fortified foods to your clients? Yes No
10. If yes, which foods in particular?

FOODS	YES OR NO, IF YES PLEASE SPECIFY Type and BRAND
Breakfast Cereals	
Margarine	
Milk	
Bread	
Maizemeal	
Fruit Juices	
Other	

11. What advice do your clients most commonly request with regard to nutritional supplements?

.....

.....

.....

Section B1: QUESTIONS REGARDING YOUR ADVICE TO CLIENTS

How often do you recommend/prescribe the following? Fill in every line

	Never	Less than 1x week occasionally	3-5x week	Daily	Specific brand if recommended
1. Multivitamins*					
2. Multivitamins & ≠ minerals					
3. B complex vitamins					
4. Multivitamins & iron					
5. Multivitamins & calcium					
Single vitamins/minerals					
1. Vitamin C					
2. Vitamin E					
3. Vitamin A					
4. Vitamin B6					
5. Vitamin B12					
6. Calcium					
7. Iron					
8. Potassium					
9. Magnesium					
10. Zinc					
Other ingredients					
Omega 3/6					
Lycopene					
Lutein					
Other Please specify eg. Lecithin, Garlic					

*Multivitamins is the term used to specify a combination of 2 or more vitamins

Section B2: QUESTIONS RELATED TO YOUR OWN PRACTICES

How often do you YOURSELF use any of the following? Please tick every line

	Never	Less than 1x week/ occasionally	3-5x week	Daily	Specific brand
1. Multivitamins alone*					
2. Multivitamins & minerals					
3. B complex vitamins					
4. Multivitamins & iron					
5. Multivitamins & calcium					
Single vitamins/minerals					
1. Vitamin C					
2. Vitamin E					
3. Vitamin A					
4. Vitamin B6					
5. Vitamin B12					
6. Calcium					
7. Iron					
8. Potassium					
9. Magnesium					
10. Zinc					
Other ingredients:					
Omega 3/6 FAs					
Lycopene					
Lutein					
Other, specify eg. Lecithin, garlic					

*Multivitamins is the term used to specify a combination of 2 or more vitamins

Section C:FINAL QUESTIONS TO TEST KNOWLEDGE OF MICRONUTRIENTS

PLEASE MAKE A CIRCLE AGAINST THE OPTION OF YOUR CHOICE FOR EACH QUESTION: T= TRUE; F = FALSE; ? = DON'T KNOW

Question	Response		
The body cannot differentiate between vitamins found naturally in foods and vitamins which are industrially synthesized and added to foods	T	F	?
Daily intakes of vitamin A exceeding 30 000 retinol equivalents or 100 000IU by pregnant women can result in fetal abnormalities	T	F	?
The most recent recommended dietary allowance (RDA) for thiamin is 0.9-1.2 mg/day for adults	T	F	?
Both iron overload and iron deficiency result in alterations in the immune response of humans	T	F	?
A high dietary fibre intake (>30g/day) may decrease calcium absorption	T	F	?
The recommended dietary allowance (RDA) for vitamin C for adults is 100 mg per day	T	F	?
The EAR (estimated average requirement) is the nutrient intake value that is estimated to meet the nutrient requirements of 97% of individuals in a given life stage	T	F	?
Tryptophan is a precursor of niacin	T	F	?
Chronic vitamin A toxicity is induced by consuming 3 times the recommended dose for 14 days	T	F	?
The bioavailability of folate in food is lower than that from vitamin supplements containing folic acid	T	F	?
Diets rich in lutein and zeaxanthin may play a role in reducing the risk of eye diseases such as age related macular degeneration and cataracts	T	F	?
The body's requirement for thiamin is related to the intake of carbohydrate	T	F	?
Exposing carotenoids to heat generally decreases their bio-availability	T	F	?
High doses of nicotinic acid result in histamine release which may be harmful to persons with asthma or peptic ulcers	T	F	?
Acute and chronic infections and disease can reduce levels of vitamin C in plasma and leucocytes	T	F	?

Question	Response		
Riboflavin deficiency is most commonly seen in conjunction with other nutrient deficiencies such as niacin deficiency	T	F	?
High doses of zinc sulphate (2g/day or more) can cause gastrointestinal irritation and vomiting	T	F	?
High intakes of calcium, protein, and vitamin D decrease the daily requirements for magnesium	T	F	?
The adequate intake (AI) is a nutrient recommendation which is made when there is insufficient evidence to set an estimated average requirement (EAR)	T	F	?
Side effects of nicotinic acid doses of 3g or more include elevated serum uric acid levels, hyperglycemia and impaired liver function	T	F	?
Folate deficiency often resemble the haematologic features of vitamin B12 deficiency	T	F	?
Riboflavin is toxic in doses exceeding 10 times the RDA	T	F	?
Low folate levels in populations have been found to be associated with higher levels of homocysteine	T	F	?
Protein-induced hypercalciuria, has been reported to be associated with a high-protein diet, especially from animal proteins	T	F	?
The RDA for iron in adult women is 15mg of iron per day	T	F	?
In medical practice the most common cause of vitamin K deficiency is the use of anticoagulant drugs such as warfarin	T	F	?
Early symptoms of riboflavin deficiency include photophobia, soreness of lips, mouth and tongue	T	F	?
Women taking oral contraceptive agents have an increased risk of developing riboflavin deficiency	T	F	?
Ascorbic acid and meat are the most important promoters of non-heme iron absorption	T	F	?
To date vitamin B12 has shown no appreciable toxicity	T	F	?
The dietary reference intakes (DRIs) will replace the original RDA published in 1989	T	F	?
Vitamin E plays a role in reducing the risk of age related health problems such as cataracts, cardiovascular disease and decreased immune function	T	F	?
High intakes of calcium may interfere with the absorption of other trace elements such as iron, zinc and manganese	T	F	?

Question	Response		
The cheapest and most effective treatment of iron deficiency anemia is ferrous sulphate supplements given in a dose of 2 tablets of 100mg iron three times/day	T	F	?
Microbial synthesis supplies the body with a large proportion of the daily vitamin K requirements	T	F	?
Vitamin levels applied in food fortification are typically in the range of 15 to 33% of the RDA per serving	T	F	?
Pregnant women and the elderly are at increased risk of zinc deficiency	T	F	?
Drugs that induce diuresis decrease the absorption of thiamin	T	F	?
Increasing amounts of PUFA in the diet increase the vitamin E requirements because of the propensity of PUFA's to undergo lipid peroxidation	T	F	?
The 1989 RDA for zinc intake in adults is 150 mg per day	T	F	?
The n-3 and n-6 fatty acids compete with each other for enzymes to convert them to the metabolically active eicosanoids	T	F	?
The RDA for vitamin B12 for adults is 2-2.4 mcg B12 per day	T	F	?
The major promoters of non-heme iron absorption are phytates and polyphenols	T	F	?
Essential fatty acid deficiency in humans has been reported with linoleic acid levels less than 2-5g per day or less than 1-2% of total daily energy	T	F	?
Up to 90% of vitamin B12 is destroyed when milk is pasteurized or evaporated	T	F	?
Doses of nicotinic acid in excess of 100 mg (6x RDA) have no adverse effects	T	F	?
A very high intake of calcium, in the presence of vitamin D can lead to excessive calcification in soft tissues	T	F	?
The calcium requirement (Adequate Intake) for adults ranges from 1000-1300 mg per day	T	F	?
The recommended intake of calcium for pregnancy & lactation is 2000mg per day	T	F	?
Magnesium deficiency is characterised by nausea, muscle weakness, personality changes and vomiting	T	F	?