

Appendix. Survey completed by the study participants.

ADHERENCE TO THE MEDITERRANEAN DIET BY HEALTHCARE PERSONNEL

We request your collaboration in order to perform a cross-sectional study to evaluate adherence to the Mediterranean diet in healthcare personnel in the context of an undergraduate Senior Thesis.

The aim is to collect your honest responses to the questions posed below. The information provided will be completely anonymous and used only for research purposes.

Professional category:

- Nurse Assistant Nursing Technician Hospital porter
 Doctor Resident Health Centre Medical specialty (non-emergency) Medical Student 1st year
 Medical specialty (emergency) 2nd year
 Medical-surgical specialty 3rd year
 Surgical specialty 4th year
 5th year
 6th year
 MIR (Resident Medical

Shift: Set shift Rotating shift
 Does your work schedule include **nights:** yes no
 Do you work **on-call shifts:** yes no If yes: ≤ 4/month > 4/month

Age: ____ **Sex:** Male Female **Height:** ____ **Weight:** ____

HTN: yes no If yes, *are you in treatment:* yes no
Diabetes Mellitus: yes no If yes, *are you in treatment:* yes no
Dyslipidaemia: yes no If yes, *are you in treatment:* yes no
Ischaemic heart disease: yes no
Peripheral artery disease: yes no **Cerebrovascular accident:** yes no
COPD: yes no **Chronic kidney disease:** yes no

Alcohol:

How often do you have a drink containing alcohol?
 Never ≤1 time per month 2-4 times per month
 2-3 times per week ≥4 times per week
 How many drinks containing alcohol do you have on a typical day when drinking?
 1 or 2 3 or 4 5 or 6 7 or 9
 ≥10
 How often do you have six or more alcoholic drinks on one occasion?
 Never <1 time per month Monthly Weekly
 Daily or almost daily

Tobacco:

- Non-smoker Smoker Ex-smoker (>1 year)

Physical activity:

How often do you do physical activity during your free time?:

- I do not do physical activity 1-2 weekly sessions ≥ 3 weekly sessions

How much time do you dedicate to said activity?:

- < 30 min. per session 30 min. - 1 h per session >1 h per session

The effort exerted in said exercise is:

- Light Moderate Intense Maximum exertion

Are you the person who regularly cooks in your home? yes no

Below, we are interested in learning about your eating habits. Please answer these questions related to your diet. Mark with an X:

Question: (yes =1 point; no = 0 points)	Yes	No
1. Do you use olive oil for cooking?		
2. Do you eat a total of ≥ 2 tablespoons of olive oil throughout the day (including oil for frying, meals eaten outside the house, for salads, etc.)?		
3. Do you eat ≥ 2 servings of greens or vegetables per day, at least 1 of which is in salad or raw (side dishes or garnishes count as 1/2 serving)?		
4. Do you eat ≥ 3 pieces of fruit (including natural juice) per day?		
5. Do you eat <1 serving of red meat, hamburger meat, sausages, or cured meat per day (one serving is equal to 100-150 g)?		
6. Do you eat <1 serving of butter, margarine, or cream per day (one serving is equal to 12 g)?		
7. Do you drink <1 carbonated and/or sugary beverage (fizzy drinks, colas, tonic, bitters) per day?		
8. Do you drink wine? Do you drink ≥ 3 glasses per week?		
9. Do you eat ≥ 3 servings of legumes per week (one serving or plate is equal to 150 g)?		
10. Do you eat ≥ 3 servings of fish or seafood per week (one plate, piece, or portion is equal to 100-150 g of fish or 4-5 pieces of shellfish)?		
11. Do you eat commercial pastries (not home-made) such as biscuits, puddings, sweets or cakes ≤ 3 times per week?		
12. Do you eat nuts ≥ 1 time per week (one serving is equal to 30 g)?		
13. Do you preferentially eat chicken, turkey, or rabbit instead of beef, pork, hamburger meat or sausages (chicken: one piece or serving is equal to 100-150 g)?		
14. Do you eat cooked vegetables, pasta, rice, or other dishes dressed with a sauce made from tomato, garlic, onion, or leek and olive oil ≥ 2 times per week?		

Total score:

< 9 = low adherence

≥ 9 = good adherence