#### Supplementary Information

# Carbohydrate knowledge, dietary guideline awareness, motivations and beliefs underlying low-carbohydrate dietary behaviours

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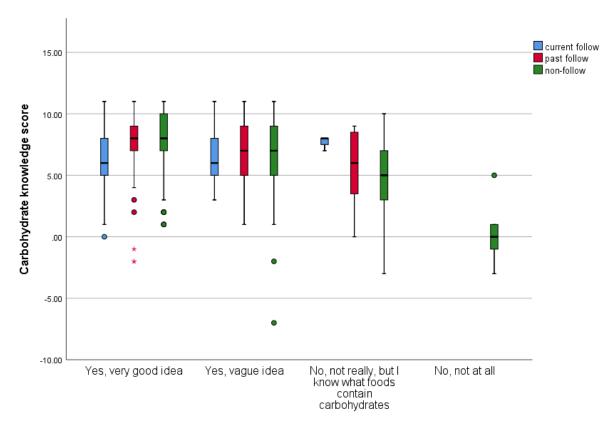
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Perceived understanding of carbohydrates

**Supplemental Figure S1.** Boxplot of carbohydrate knowledge score by level of perceived understanding of carbohydrates stratified by low-carbohydrate diet status.

**Supplemental Table S1.** Theory of planned behaviour constructs (attitude, subjective norm, perceived behavioural control), carbohydrate knowledge, and dietary guideline agreement influencing intention to follow a low-carbohydrate diet, and the intention and perceived behavioural control predicting the LCD behaviour.

Dependent variables (outcomes)	Independent variables (predictors)	Standardized β coefficient	t	p-value	
Behaviour: frequency of starchy food consumption	Intention	-0.38	-10.2	<0.001	adjusted R <sup>2</sup> 0.18, ANOVA p<0.001
	Perceived behavioural control	-0.10	-2.7	0.008	, , , , ,
Intention (model 1)	Attitude	0.60	21.5	<0.001	adjusted R <sup>2</sup> 0.58, ANOVA p<0.001
	Subjective norms	0.14	5.3	<0.001	•
	Perceived behavioural control	0.24	9.5	<0.001	
Intention (model 2)	Attitude	0.53	18.3	<0.001	adjusted R <sup>2</sup> 0.60, ANOVA p<0.001
	Subjective norms	0.13	4.9	<0.001	, , , , ,
	Perceived behavioural control	0.23	9.1	<0.001	
	Carbohydrate knowledge	-0.09	-3.6	<0.001	
	Guideline agreement	-0.13	-4.7	<0.001	
Attitude	Behavioural belief composite score	0.72		<0.001	
Subjective norm	Normative belief composite score	0.46		<0.001	
Perceived behavioural control	Control belief composite score	0.15		<0.001	

## Section 1 - Carbohydrates and Guidelines

4.	Do you understand what the term 'carbohydrate' means? * Required
0	Yes, very good idea
0	Yes, vague idea
0	No, not really, but I know what foods contain carbohydrates
0	No, not at all
	Please provide UP TO 3 words or groups of words that come to mind when thinking about 'carbohydrates' in ation to nutrition & health:
1.	
2.	
3.	
	Please provide UP TO 3 words or groups of words that come to mind when thinking about 'low-carbohydrate ts' in relation to nutrition & health:
uic.	in relation to flatition a fleatin.
1.	
2.	
3.	
	Please provide UP TO 3 words or groups of words that come to mind when thinking about 'high-carbohydrate
die	ts' in relation to nutrition & health:
1.	
2.	
3.	

### Section 1 - Carbohydrates and Guidelines (cont)

These are examples of dietary guidelines/recommendations

- Eatwell plate or Eatwell guide (UK)
- MyPlate (USA)

8. Have you heard about any of the above dietary guidelines/recommendations? * Required
<ul><li>No, I have NOT heard about any of the above before.</li><li>Yes, I have heard of these before</li></ul>
8.a. If YES, which one? Tick all that apply
<ul> <li>□ Eatwell plate or Eatwell guide (UK)</li> <li>□ MyPlate (USA)</li> <li>□ Other</li> <li>□ Not sure</li> </ul>
(8.a.i.) If you selected Other, please specify:
8.b. If <b>YES</b> . Are you following any of the guideline(s) above?
○ Yes ○ No
8.b.i. If YES, Which one?  □ Eatwell plate or Eatwell guide (UK) □ MyPlate (USA) □ Other dietary guideline
8.b.i.a. If you selected Other, please specify:
(8.c.) Do you agree with their recommendations? Tick ONE
<ul> <li>Strongly agree</li> <li>Slightly agree</li> <li>Neutral</li> <li>Slightly disagree</li> <li>Strongly disagree</li> <li>I am not sure.</li> </ul>
8.c.i. Why do you agree or disagree? Optional

	Agree	Diagras	l'm
		Disagree	not sure
Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates. Choose wholegra where possible.	ain	0	0
Eat at least five portions of a variety of fruit and vegetables a day.	0	0	0
Choose unsaturated oils and spreads and eat in small amounts such as vegetable, rapeseed live and sunflower oils.	l,	0	0
Eat foods high in fat, salt and sugar less often and in small amounts. These foods include shocolate, cakes, biscuits, sugary soft drinks, butter, ghee and ice cream	0	0	0
	0	0	

### Carbohydrates

10. What do you think regarding the following statements? Tick ONE for each statement.

	* Required		red
	True	False	I'm not sure
Carbohydrates are a food group which comprises sugars, starches and fibres found in grains, vegetables, fruits and milk products.	0	0	0
Carbohydrates are NOT the body's main source of energy.	0	0	0
Carbohydrates include any sugars, including those coming from sweets, candy, syrup, honey and fruit juice.	0	0	0
Added sugars are sugars that are added to foods and drinks. They include sugars such as glucose, fructose, sucrose or table sugar, syrup, as well as sugars naturally present in honey, fruit juices and fruit juice concentrates.	0	0	0
Starch (from potatoes, bread, rice, pasta) is NOT a carbohydrate.	0	0	0
Fibre (dietary fibre) is found mostly in wholegrain as well as vegetables, pulses and fruits.	0	0	0
Whole grain starchy foods (e.g. wholegrain bread, breakfast cereals, brown rice and whole-wheat pasta) are a good source of fibre, B-vitamins and minerals.	0	0	0
Refined grains have been milled, a process that removes the bran and germ. This PROCESS can remove dietary fibre, minerals, and many B vitamins.	0	0	0
White breads and pasta (made from white flour), and polished white rice are refined starchy foods (refined carbohydrates).	0	0	0
Gluten is a protein found in wheat and some people are allergic to gluten.	0	0	0
High consumptions of whole grains and fibre may increase the risk of obesity, heart disease, diabetes and some cancer types.	0	0	0

Low-carbohydrate diets

<ul><li>Yes</li><li>No, I have not heard nor am I currently following this diet.</li></ul>				
11.a. If YES. Have you tried a low-carbohydrate diet before?	? Tick one			
<ul> <li>Yes, I am following a low-carbohydrate diet at the moment</li> <li>Yes, I have heard and tried this diet before, but I am not follow</li> <li>I have heard about this diet but never tried it.</li> </ul>	wing it at the mo	oment.		
11.b. If YES, what low-carbohydrate diets have you heard of	f or are you fol Now following	lowing? Tick all that Followed in the past	Heard of	Never heard
1. Atkins Diet	0	0	0	0
2. Zone diet	0	0	0	0
3. Sugar Busters diet	0	0	0	0
4. South Beach Diet	0	0	0	0
5. Harcombe Diet	0	0	0	0
6. Paleolithic diet (Paleo diet)	0	0	0	0
7. Ketogenic Diet (Keto diet)	0	0	0	0
8. Gluten-free diet	0	0	0	0
9. a gluten-free diet plus any low-carbohydrate diets	0	0	0	0
10. no specific named diet/my own variation of low-carbohydrate diet	0	0	0	0
11. Do not know the name	0	0	0	0
12. Other kind (please specify below)	0	0	0	0
carbohydrate diet  11. Do not know the name	0	0	0	0

11. Have you heard of a low-carbohydrate diet? Tick ONE \* Required

family members   1	lease don't select more than 1 answer(s) in any single column.				
Fried potato products (e.g. chips, crisps)  All potato products (e.g. chips, crisps)  All potato product/food including mashed/steamed/baked/fried potatoes or crisps  all rice  polished rice (e.g. white bread)  all rice  polished rice (e.g. white rice)  all postato  refined pasta  refined pasta  refined pasta  plasta  refined pasta  products (cakes, scones, or pastries, etc) and snacks (biscuits, crisps)  litems with added sugars including soft/fizzy drinks, sweets, chocolates, ice-cream.  fruits and fruit juices  alcoholic drinks including beer		1	2	3	
All potato products (e.g. chips, crisps)  All potato products (e.g. chips, crisps)  All potato product/food including mashed/steamed/baked/fried potatoes or crisps  all bread  refined bread (e.g. white rice)  all postato products (e.g. white rice	Family members				
Sooks/Magazines Internet website (Blogs, online support web forums) Internet website (Blogs, online support website of local transfers on the support website of local					
Internet website (Biogs, online support web forums)  Idedia (TV, radio, press)  Idedia (TV, radio, pression)  Ided	-				
Media (TV, radio, press) Social medias (facebook, twitter, Pinterest, Instagram, etc) Health care professionals (GP/doctor, nurse, dietitian, etc) Dragnisations (WHO, NHS, government, associations) Dther(s)  2. What would you reduce in your diet, if you decided to follow a low-carbohydrate diet? Tick all that apply to you equired  2. What would you reduce in your diet, if you decided to follow a low-carbohydrate diet? Tick all that apply to you equired  3. Fried potato products (e.g. chips, crisps) All potato product/food including mashed/steamed/baked/fried potatoes or crisps all bread refined bread (e.g. white bread) all rice polished rice (e.g. white rice) all pasta refined pasta breakfast cereals / porridge gluten-containing starchy foods such as whole-wheat breads. bakery products (cakes, scones, or pastries, etc) and snacks (biscuits, crisps) items with added sugars including soft/fizzy drinks, sweets, chocolates, ice-cream. fruits and fruit juices alcoholic drinks including beer					
dealth care professionals (GP/doctor, nurse, dietitian, etc)  Draganisations (WHO, NHS, government, associations)  Dither(s)  1.c.l. if you select 'other' please specify in the box below  2. What would you reduce in your diet, if you decided to follow a low-carbohydrate diet? Tick all that apply to you equired  Fried potato products (e.g. chips, crisps)  All potato product/food including mashed/steamed/baked/fried potatoes or crisps all bread refined bread (e.g. white bread) all rice polished rice (e.g. white rice) all pasta refined pasta breakfast cereals / porridge gluten-containing starchy foods such as whole-wheat breads. bakery products (cakes, scones, or pastries, etc) and snacks (biscuits, crisps) items with added sugars including soft/fizzy drinks, sweets, chocolates, ice-cream. fruits and fruit juices alcoholic drinks including beer	Media (TV, radio, press)				
Organisations (WHO, NHS, government, associations)  Other(s)  1.c.l. if you select 'other' please specify in the box below  2. What would you reduce in your diet, if you decided to follow a low-carbohydrate diet? Tick all that apply to your equired  Fried potato products (e.g. chips, crisps)  All potato product/food including mashed/steamed/baked/fried potatoes or crisps all bread refined bread (e.g. white bread) all rice polished rice (e.g. white rice) all pasta refined pasta breakfast cereals / porridge gluten-containing starchy foods such as whole-wheat breads. bakery products (cakes, scones, or pastries, etc) and snacks (biscuits, crisps) items with added sugars including soft/fizzy drinks, sweets, chocolates, ice-cream. fruits and fruit juices alcoholic drinks including beer	Social medias (facebook, twitter, Pinterest, Instagram, etc)				
Cher(s)    Color   Col	Health care professionals (GP/doctor, nurse, dietitian, etc)				
7.c.i. if you select 'other' please specify in the box below  2. What would you reduce in your diet, if you decided to follow a low-carbohydrate diet? Tick all that apply to your equired  Fried potato products (e.g. chips, crisps)  All potato product/food including mashed/steamed/baked/fried potatoes or crisps all bread refined bread (e.g. white bread) all rice polished rice (e.g. white rice) all pasta refined pasta breakfast cereals / porridge gluten-containing starchy foods such as whole-wheat breads. bakery products (cakes, scones, or pastries, etc) and snacks (biscuits, crisps) items with added sugars including soft/fizzy drinks, sweets, chocolates, ice-cream. fruits and fruit juices alcoholic drinks including beer	Organisations (WHO, NHS, government, associations)				
7.c.i. if you select 'other' please specify in the box below  2. What would you reduce in your diet, if you decided to follow a low-carbohydrate diet? Tick all that apply to your dequired  Fried potato products (e.g. chips, crisps)  All potato product/food including mashed/steamed/baked/fried potatoes or crisps all bread refined bread (e.g. white bread) all rice polished rice (e.g. white rice) all pasta refined pasta breakfast cereals / porridge gluten-containing starchy foods such as whole-wheat breads. bakery products (cakes, scones, or pastries, etc) and snacks (biscuits, crisps) items with added sugars including soft/fizzy drinks, sweets, chocolates, ice-cream. fruits and fruit juices alcoholic drinks including beer	Other(s)				
All potato product/food including mashed/steamed/baked/fried potatoes or crisps all bread refined bread (e.g. white bread) all rice polished rice (e.g. white rice) all pasta refined pasta breakfast cereals / porridge gluten-containing starchy foods such as whole-wheat breads. bakery products (cakes, scones, or pastries, etc) and snacks (biscuits, crisps) items with added sugars including soft/fizzy drinks, sweets, chocolates, ice-cream. fruits and fruit juices alcoholic drinks including beer		to follow a low	-carbohydrate d	iet? Tick all that a	apply to yo
	(2.) What would you reduce in your diet, if you decided to equired	to follow a low	-carbohydrate d	iet? Tick all that a	apply to yo
	Fried potato products (e.g. chips, crisps)  All potato product/food including mashed/steamed/baked all bread refined bread (e.g. white bread) all rice polished rice (e.g. white rice) all pasta refined pasta breakfast cereals / porridge gluten-containing starchy foods such as whole-wheat bre bakery products (cakes, scones, or pastries, etc) and sna items with added sugars including soft/fizzy drinks, sweet fruits and fruit juices alcoholic drinks including beer Other	l/fried potatoes of the potato	or crisps	iet? Tick all that a	apply to yo
2.d. If you delected outer, pieuse speemy.	Fried potato products (e.g. chips, crisps)  All potato product/food including mashed/steamed/baked all bread refined bread (e.g. white bread) all rice polished rice (e.g. white rice) all pasta refined pasta breakfast cereals / porridge gluten-containing starchy foods such as whole-wheat bre bakery products (cakes, scones, or pastries, etc) and sna items with added sugars including soft/fizzy drinks, sweet fruits and fruit juices alcoholic drinks including beer	l/fried potatoes of the second potatoes of th	or crisps	iet? Tick all that a	apply to yo

11.c. If YES, who are your main sources of advice/inspiration regarding your diet.

Rank TOP 3 sources by numerical order 1 to 3. (1 being your biggest influence, 3 being your lowest)

If you are either following or have followed a low-carbohydrate diet in the past, such as the Atkins Diet or any of the diets stated in question 11b.
Click 'YES'
If not, click 'NO'
13. Are you following / have you followed a low-carbohydrate diet in the past? * Required
○ Yes
○ No

# Low-carbohydrate diets practice

14. Please rank the TOP 3 reasons, from 1 to 3, for opting to f reason, 3 the least). * Required	ollow a low-carboh	ydrate diet (1 is th	e most important
Please don't select more than 1 answer(s) per row.			
Please select exactly 3 answer(s).			
Please don't select more than 1 answer(s) in any single column.			
	1	2	3
For losing weight			
For weight maintenance (if you have lost weight using other approaches)			
For diabetes management			
I am allergic to gluten or wheat products			
Because it is better for my health			
no particular reason			
Other (please specify)			
15. How long have you followed a low-carbohydrate diet until now	(or from start to end		
the date you have started:	(dd/mm/yyyy	31	
the date you have stopped: (If still following the diet, enter today da	(dd/mm/yyyy	31	
16. How consistently (on average) do/did you follow a low care  Everyday, every meals  weekdays only  weekends only  4/5 days a week, depending on where I am / who I am with  up to 3 days a week, depending on where I am / who I am with  Other	bohydrate diet? *	: Required	
16.a. If you selected Other, please specify:			

Feelings of hunger Energy Mood Concentration					* Red	quired		
Energy Mood		Not av		Much worse	Slightly worse	No change	Slightly improved	Greatly improved
Mood				0	0	0	0	0
				0	0	0	0	0
Concentration				0	0	0	0	0
Concontration				0	0	0	0	0
Headache				0	0	0	0	0
Anxiety				0	0	0	0	0
Tiredness, fatigue				0	0	0	0	0
Muscle cramps				0	0	0	0	0
Constipation				0	0	0	0	0
). Blood sugar				0	0	0	0	0
1. Blood lipids (e.g. total DL, triglyceride)	cholesterol, LDI	L,	)	0	0	0	0	0
2. Happiness and confid	lence			0	0	0	0	0
3.) What was your wei	ght before star	ting the low-o	carbohy		<b>,</b>			
			* Req	uirea				
our weight before startin					lograms	~		

### Low-carbohydrate diets practice (cont)

21. While following a low-carbohydrate diet, how is / was the portion size or total volume of most of your meals, compared to what you ate before your low-carbohydrate diet? Tick ONE * Required
O Much smaller
○ Slightly smaller
○ No change
○ Slightly bigger
O Much bigger
(22.) Is (Was) your GP aware that you are following (or have followed in the past) a low carbohydrate diet? ** Required
○ Yes
○ No
O Not sure
22.a. If YES, is (was) he/she supportive of following a low-carbohydrate diet?
○ Yes, he/she is supportive.
○ No, he/she is not.
O He/she did not comment.
22.b. Has your GP made any recommendation to you regarding your diet?
○ No.
○ Yes, please specify in a space below.
22.b.i. If you selected Yes, please specify:

23. Have you seen a dietitian/nurse/nutritionist regarding your diet? * Required
<ul><li>○ Yes</li><li>○ No</li><li>○ Not sure</li></ul>
23.a. If Yes, who did you speak to?
<ul><li>□ Dietitian</li><li>□ Nurse</li><li>□ Nutritionist</li><li>□ Other</li></ul>
23.a.i. If you selected Other, please specify:
23.b. If YES, is (was) he/she supportive of following a low-carbohydrate diet?
<ul><li>Yes, he/she is supportive.</li><li>No, he/she is not.</li><li>He/she did not comment.</li></ul>
23.c. Has he/she made any recommendation to you regarding your diet?
<ul><li>○ No.</li><li>○ Yes, please specify in a space below.</li></ul>
23.c.i. If you selected Yes, please specify:
24. Please use this space to add any comments on your low-carbohydrate diet plan. Optional

### Section 2 - Your DIET

25. Click 'view as separate questions instead' above, if you are using mobile phone. How often do you eat these foods. Tick one column for each food (per day or per week or per month).

					* Requ	ired			
	6+ times/day	4-5 times/day	2-3 times/day	Once/day	5-6 times/week	2-4 times/week	Once/week	1-3 times/month	<1 or never/month
Breakfast cereal, porridge	0	0	0	0	0	0	0	0	0
slices of bread/rolls	0	0	0	0	0	0	0	0	0
Fresh fruit	0	0	0	0	0	0	0	0	0
Cooked green vegetables (fresh or frozen)	0	0	0	0	0	0	0	0	0
Cooked root vegetables such as carrots (fresh or frozen)	0	0	0	0	0	0	0	0	0
Raw vegetables or salad (including tomatoes)	0	0	0	0	0	0	0	0	0

### 26. How often do you eat these foods. Tick one column for each food (per day or per week or per month). (Continued)

					* Requ	iired			
	6+ times/day	4-5 times/day	2-3 times/day	Once/day	5-6 times/week	2-4 times/week	Once/week	1-3 times/month	<1 or never/month
Chips	0	0	0	0	0	0	0	0	0
Potatoes (other than chips/crisps)	0	0	0	0	0	0	0	0	0
Pasta or rice	0	0	0	0	0	0	0	0	0
Meat (i.e. beef, pork, lamb)	0	0	0	0	0	0	0	0	0
Processed meats (i.e. sausages, ham)	0	0	0	0	0	0	0	0	0
Chicken	0	0	0	0	0	0	0	0	0

#### 27. How often do you eat these foods. Tick one column for each food (per day or per week or per month). (Continued)

					* Requ	iired			
	6+ times/day	4-5 times/day	2-3 times/day	Once/day	5-6 times/week	2-4 times/week	Once/week	1-3 times/month	<1 or never/month
White fish (i.e. seabass, cod)	0	0	0	0	0	0	0	0	0
Oil rich fish (i.e. salmon, Mackerel)	0	0	0	0	0	0	0	0	0
Cheese	0	0	0	0	0	0	0	0	0
Beans or pulses (i.e. peanut, almonds, etc)	0	0	0	0	0	0	0	0	0
Sweets, chocolates	0	0	0	0	0	0	0	0	0
Ice cream	0	0	0	0	0	0	0	0	0

#### 28. How often do you eat these foods. Tick one column for each food (per day or per week or per month). (Continued)

					* Requ	ired			
	6+ times/day	4-5 times/day	2-3 times/day	Once/day	5-6 times/week	2-4 times/week	Once/week	1-3 times/month	<1 or never/month
Crisps, savoury snacks	0	0	0	0	0	0	0	0	0
Fruit juice (NOT squash)	0	0	0	0	0	0	0	0	0
Soft/fizzy drinks (i.e. Irn- bru, coke)	0	0	0	0	0	0	0	0	0
Sugar reduced/ sugar free soft drinks (i.e. sugar free Irnbru, diet coke)	0	0	0	0	0	0	0	0	0
Cakes, scones, sweet pies or pastries	0	0	0	0	0	0	0	0	0
Biscuits	0	0	0	0	0	0	0	0	0

### Your DIET

29. What kind of bread do you usually eat? Tick ONE
O white
O brown, granary, wheat meal
O wholemeal
O no usual type
O do not know
O do not eat bread at all
Other kind (please specify)
29.a. If you selected Other, please specify:
30. What do you usually spread on bread / toast / crackers? Tick ONE
What do you usually spread on bread / toast / Crackers : Tick ONE
O butter
O hard/block margarine
○ soft margarine
O reduced fat spread
O low fat spread
O Nutella or chocolate spreads
O no usual type
○ do not know
O Nothing
O Other
30.a. If you selected Other, please specify:

		ia oi i	niik do you usua	Ily use? Tick ONE							
O who	ole milk										
O sem	ni-skim	med									
O skin	nmed										
O dair	y alteri	native	s (e.g. soya, rice)								
O no ι	usual ty	/pe									
O do r	not kno	W									
O do r	not drin	ık milk	at all								
			alternative								
O Oth	er kind	(plea	se specify)								
31.a. 1	i you s		d Other, please s	pecity.							
32. Do	32. Do you usually take sugar in:  Yes No I do not drink it How much? (e.g. 1 teaspoon/sachet)										
Tea	0	0	0								
Coffee	0	0									
			0								
			O								
33. WI	hich ty			do you normally eat?							
<ul><li>high</li><li>othe</li><li>no t</li></ul>	n fibre ( er cere usual ty	r <b>pe of</b> (e.g. A als (e.	<b>breakfast cere</b> al III Bran, Branflake	do you normally eat? s, Shredded Wheat, Muesli, Porridge, Weetabix) se Krispies, Special K, Sugar Puffs, Honey Snacks)							

### Attitude towards low-carbohydrate diets

This section will ask your opinion about low-carbohydrate diets.

- Please note that, **low-carbohydrate** diets in this section refer to eating **LESS STARCHY FOODS** (bread, pasta, rice, cereals) and **SWEET FOODS** (e.g. biscuits, cakes, sweets).
- Please tick the level of agreement which apply to your answers OR tick if you do not know.
- This questionnaire will use the term 'Low Carb Diet' instead of 'low-carbohydrate diet'.

34. Please tick the level of agreement which apply to your answers OR tick if you do not know. Click 'view as separate questions instead' above, if you are using mobile phone.

				* Requi	red			
	Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree	Do not know
By following a Low Carb Diet, I can keep my weight in a healthy range	0	0	0	0	0	0	0	0
If I followed a Low Carb Diet, I could become at risk of certain vitamins & minerals deficiencies	0	0	0	0	0	0	0	0
Following a Low Carb Diet could reduce my risk of developing chronic diseases in later life (i.e. diabetes, heart diseases, cancers)	0	0	0	0	0	0	0	0
A Low Carb Diet may cause side-effects such as tiredness, bad breath, constipation, mood instability	0	0	0	0	0	0	0	0
A Low Carb Diet is a good strategy for weight management	0	0	0	0	0	0	0	0
Getting sufficient vitamins and minerals from foods is essential for health	0	0	0	0	0	0	0	0
Having low risk of chronic diseases can make people live longer	0	0	0	0	0	0	0	0
If I follow(ed) a Low Carb Diet, I can (could) tolerate its side-effects such as tiredness, bad breath, constipation, and headache	0	0	0	0	0	0	0	0

				* Requir	red			
	Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree	Do not know
My family thinks I should follow a Low Carb Diet	0	0	0	0	0	0	0	0
My friends/colleagues (would) support me to follow a Low Carb Diet	0	0	0	0	0	0	0	0
My doctor would approve of my Low Carb Diet plan	0	0	0	0	0	0	0	0
Best-selling books about Low Carb Diets helped me decided to go low carb	0	0	0	0	0	0	0	0
Information about a Low Carb Diet on the internet encourages me to follow my diet	0	0	0	0	0	0	0	0
What my family think I should do with my diet matters to me	0	0	0	0	0	0	0	0
My friends/colleagues support regarding my diet matters to me	0	0	0	0	0	0	0	0
Doctor's approval of my choice of weight management is important to me	0	0	0	0	0	0	0	0
My diet plan is based on best-selling books	0	0	0	0	0	0	0	0
My diet plan relies mostly on information from the internet	0	0	0	0	0	0	0	0

#### 36. Please tick the level of agreement which apply to your answers OR tick if you do not know. (continued)

				* Requi	red			
	Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree	Do not know
People who are important to me (such as family, friends, etc.) think that I should NOT follow a Low Carb Diet	0	0	0	0	0	0	0	0
People around me (i.e. family, friends, or partner) have starchy / sweet foods in their habitual diets	0	0	0	0	0	0	0	0
Low Carb Diet products such as Atkins products are expensive and difficult to find in supermarkets	0	0	0	0	0	0	0	0
I do not have time to cook/prepare my meals	0	0	0	0	0	0	0	0
Joining in meal-time with other people who have starchy foods in their diets, (would) make(s) following a Low Carb Diet difficult	0	0	0	0	0	0	0	0
High price and lack of ready-to-eat Low Carb Diet foods make it difficult to follow a Low Carb Diet	0	0	0	0	0	0	0	0
When I do not have much time to cook/prepare my meals, it is (would be) difficult to follow a Low Carb Diet	0	0	0	0	0	0	0	0
I know what I have to do to make my diet 'Low Carb'	0	0	0	0	0	0	0	0
The decision to follow a Low Carb Diet is / would be entirely mine	0	0	0	0	0	0	0	0
I want to follow (or continue eating) a Low Carb Diet in the long term / in the future	0	0	0	0	0	0	0	0

#### 37. Please tick the level of agreement which apply to your answers OR tick if you do not know. (continued)

				* Requi	red			
	Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Agree	Strongly agree	Do not know
Nutrition science focussing on carbohydrates in the diet is biased or not objective	0	0	0	0	0	0	0	0
The food industry is a reason why poor health is rising	0	0	0	0	0	0	0	0
I trust healthcare professionals and scientists working on dietary recommendations	0	0	0	0	0	0	0	0
Recently announced Britain's sugar tax makes me drink LESS SUGAR-SWEETENED soft drink/fizzy drink.	0	0	0	0	0	0	0	0
Recently announced Britain's sugar tax makes me drink MORE SUGAR-FREE soft drink/fizzy drink.	0	0	0	0	0	0	0	0

# Attitude towards low-carbohydrate diets (cont)

38. In my opinion, following a Low Carb Diet is (1:most harmful to 7:most beneficial) * Required											
	1	2	3	4	5	6	7				
Harmful to health								Beneficial for health			
38.a. Why? Optional											

### Section 4 - About You

39. Gender * Required	
○ Male ○ Female	
40. Date of birth * Required	
Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.  (dd/mm/yyyy)	
41. Body weight  * Required * Required  Weight Kilograms *	
# Required * Required  Height Centimetres   43. Ethnicity * Required	
<ul> <li>White British (Scottish, English, Welsh, Northern Irish)</li> <li>African British</li> <li>Indian British</li> <li>Other Asian British</li> <li>Other Europeans</li> <li>Asian</li> <li>African</li> <li>Latin American</li> <li>American</li> <li>Hispanic</li> <li>Mixed ethnicity</li> <li>Other</li> </ul>	
43.a. If you selected Other, please specify:	

turning setting)
<ul> <li>○ No income</li> <li>○ &lt;£15,000</li> <li>○ £15,001 - £30,000</li> <li>○ £30,001 - £50,000</li> <li>○ £50,000 - £80,000</li> <li>○ &gt;£80,000</li> <li>○ Prefer not to say</li> </ul>
45. Education: * Required
<ul> <li>School leaver/standard grade/GCSE</li> <li>Highers/A levels</li> <li>Higher education HND/HNC/NVQs</li> <li>Bachelor's degree</li> <li>Master degree/PhD/Postgraduates</li> <li>Prefer not to say</li> </ul>
46. Did your studies have a major focus on any of the following? * Required
<ul> <li>Nutrition</li> <li>Dietetics</li> <li>Food science</li> <li>Medicine</li> <li>Other Healthcare Professionals (i.e. nursing, midwifery, pharmacy, physiotherapist)</li> <li>No, I did not study any of the above.</li> </ul>

44. Annual income (your total household income if living in a family setting or your personal income if living alone or non-

# Section 4 - About You (cont)

47. Is your job (or part of your job) related to health, nutrition or physical fitness (i.e. doctors, nurses, pharmacists, dietitians, fitness trainer, cooking book writer, working in a media relating to health/nutrition)?
<ul><li>○ Yes, (please specify)</li><li>○ No</li></ul>
47.a. if YES, please specify below
(A) Milestria of a constant defined as a constant of
(48.) What kind of accommodation do you live in?
O own room in flat/house share
student accommodation
own rented flat/house
<ul><li>own purchased house (mortgaged or owned outright)</li><li>Other</li></ul>
O Galler
48.a. If you selected Other, please specify:
49. Who do live with? (tick all that apply)
□ Partner/husband/wife
☐ Children
□ Parents
☐ Friends/Flatmates/Housemates
Alone
Other
49.a. If you selected Other, please specify:
(50.) Are you the main grocery shopper in your household?
○ Yes, always
○ Yes, sometimes/occasionally
○ No

51. Are you the main	cook in your	household?							
<ul><li>Yes, always</li><li>Yes, sometimes/occasionally</li><li>No</li></ul>									
51.a. if YES, How confident at cooking are you from 1 (least) to 7 (highest)?  Please don't select more than 1 answer(s) per row.									
	1	2	3	4	5	6	7		
Least								Highest	

## Section 4 - About You (cont)

(52.) Do you regularly take any vitamin, mineral or other nu	utritional supplements? * Required	
○ Yes		
○ No		
52.a. if Yes, please specify which ones and dosage		
Supplements Name/Brand (e.g. Vitamin C Blackmore)	Dosage (e.g. 1000 mg/tab)	Frequency
1.		Please select 🕶
2.		Please select 🕶
3.		Please select 🕶
4.		Please select V
5.		Please select V
6.		Please select 🗸
7.		Please select •
52.b. if Yes, please provide reason(s) why you take them		
52.c. if NO, why not:		
53. Do you smoke?		
<ul><li>○ Yes</li><li>○ Ex-smoker</li><li>○ No, I do not smoke.</li></ul>		
53.a. if Yes, how many cigarettes per day		
Please enter a number.		
53.b. if Ex-smoker, how long have you stopped smoking?		

54. Have you been told by your GP / doctor that you have any of the following? * Required
Please select at least 1 answer(s).
☐ Type 1 Diabetes
☐ Type 2 Diabetes
☐ Other cause of diabetes
☐ High blood pressure
☐ Heart disease
☐ High blood cholesterol/ triglyceride
□ Epilepsy
□ Irritable bowel syndrome
□ Inflammatory bowel syndrome
☐ Anaemia from iron deficiency
☐ Anaemia from other causes (Thalassemia, cancer, kidney disease)
□ Other
☐ I have not been diagnosed with any disease
54.a. If you selected Other, please specify:
55 Are you allergic to wheat or gluten? * Required
(55.) Are you allergic to wheat or gluten? * Required
55. Are you allergic to wheat or gluten? * Required  O Yes
○ Yes
○ Yes ○ No
○ Yes
<ul><li>Yes</li><li>No</li><li>55.a. if YES, was this diagnosed by a GP / doctor?</li><li>Yes</li></ul>
○ Yes ○ No  55.a. if YES, was this diagnosed by a GP / doctor?
<ul><li>Yes</li><li>No</li><li>55.a. if YES, was this diagnosed by a GP / doctor?</li><li>Yes</li></ul>
<ul><li>Yes</li><li>No</li><li>55.a. if YES, was this diagnosed by a GP / doctor?</li><li>Yes</li></ul>
<ul> <li>○ Yes</li> <li>○ No</li> <li>55.a. if YES, was this diagnosed by a GP / doctor?</li> <li>○ Yes</li> <li>○ No</li> </ul>
<ul><li>Yes</li><li>No</li><li>55.a. if YES, was this diagnosed by a GP / doctor?</li><li>Yes</li></ul>
<ul> <li>Yes</li> <li>No</li> <li>55.a. if YES, was this diagnosed by a GP / doctor?</li> <li>Yes</li> <li>No</li> <li>No</li> <li>How physically active are you? NB: 'raising heart rate' means unable to withhold a conversation at that intensity of</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>55.a. if YES, was this diagnosed by a GP / doctor?</li> <li>Yes</li> <li>No</li> <li>No</li> <li>How physically active are you? NB: 'raising heart rate' means unable to withhold a conversation at that intensity of</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>55.a. if YES, was this diagnosed by a GP / doctor?</li> <li>Yes</li> <li>No</li> <li>No</li> <li>56. How physically active are you? NB: 'raising heart rate' means unable to withhold a conversation at that intensity of physical activity. * Required</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>55.a. if YES, was this diagnosed by a GP / doctor?</li> <li>Yes</li> <li>No</li> <li>No</li> <li>66. How physically active are you? NB: 'raising heart rate' means unable to withhold a conversation at that intensity of physical activity. * Required</li> <li>Fairly inactive (walking only)</li> </ul>
<ul> <li>Yes</li> <li>No</li> <li>S5.a. if YES, was this diagnosed by a GP / doctor?</li> <li>Yes</li> <li>No</li> <li>No</li> <li>66. How physically active are you? NB: 'raising heart rate' means unable to withhold a conversation at that intensity of physical activity. * Required</li> <li>Fairly inactive (walking only)</li> <li>Moderately active (occasionally take exercise, that raise my heart rate, less than 3 times per week)</li> </ul>

57. Are you playing sports or a member of fitness/exercise class?
○ No ○ Yes
57.a. if YES, What sports you play/classes you attend
57.b. How often do you play/attend?
○ 1 day/week
○ 2 days/week
○ 3 days/week
O 4 days/week
O 5 days/week
<ul><li>○ 6 days/week</li><li>○ 7 days/week</li></ul>
57.c. How long do you play/attend for each session? in hour(s) or minutes per day