

Questionnaire S1: Self-questionnaire: Diet and behavioral factors questionnaire

Patient number.....

Year of birth:.....

Gender: female/male

Diet followed:

- A. veganism (plant diet)
- B. vegetarianism (lacto-ovo) *Duration of veganism/vegetarianism[years]
- C. pescatarianism
- D. mixed/traditional
- E other:.....

Physical activity: LITTLE / MODERATE / HIGH

Sleep duration: hours

Diseases or ailments:

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Medications / dietary supplements taken:

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