

Supplementary material

The Nigerian dietary screening tool: A step toward improved patient-clinician communication in Nigerian hospitals: A pilot implementation study

Nimisoere P. Batubo¹, Carolyn I. Auma¹, J. Bernadette Moore¹, and Michael A. Zulyniak^{1,2,3*}

¹ Nutritional Epidemiology Group, School of Food Science and Nutrition, University of Leeds, Leeds, UK.

² Leeds Institute of Medical Research, Faculty of Medicine and Health, University of Leeds, Leeds, UK.

³ Food, Nutrition and Health, University of British Columbia, Vancouver, BC, Canada.

***Corresponding author:**

michael.zulyniak@ubc.ca (MAZ)

Author Contributions:

NPB and MAZ collaborated on the research methodology design.

NPB led the trial and the analysis and prepared the first draft.

MAZ provided analytical expertise. MAZ, JBM, and CIA provided critical feedback.

NPB revised the manuscript.

All authors approved the final manuscript.

	<i>(such as green tea, black tea, Herbal tea, Lipton, Nescafe, and others)?</i>							
22	Dairy- Milk or milk-based beverages <i>(such as Peak, Three Crowns, Dano, Cowbell, Loya Milk, Coast, Fura da nonon, Hollandia, Nunu, Kunun zaki, Milo, Ovaltine, Chocomilo, Nesquik, Nutri-C, Viju Milk, smoothies, and others)?</i>	<input type="checkbox"/>						
23	Seasonings <i>(such as Salt, Seasoning cubes (e.g., Maggi, Knorr), Sauce (e.g., Soy sauce, Suya sauce, Fish sauce, Oyster sauce), and others)</i>	<input type="checkbox"/>						
24	Salt use <i>How often do you add extra salt to your food at the table when eating?</i>	Never or rarely		Sometimes			Always	
		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	

25	What type of milk do you usually drinks?	Skim milk <input type="checkbox"/>	Low-fat milk <input type="checkbox"/>	Whole milk <input type="checkbox"/>
-----------	---	------------------------------------	---------------------------------------	-------------------------------------

Table S2: Modified version of Measurement Instrument for Determinants of Innovations (MIDI)

This section will ask you to provide any comments, concerns, or suggestions you may have regarding the questionnaire. Your feedback is valuable to us and will help improve the quality of the dietary assessment tool.

You can fill out the questionnaire by placing a “tick” in the box next to your answer based on the response scale.

S/N	Determinants	Response scale				
		Totally disagree	Disagree	Neutral	Agree	Totally agree
Section 1: Determinant associated with the innovation-Nigerian dietary screening tool (NiDST)						
1	Procedural clarity: The NiDST clearly describes the activities I should perform and in which order					
2	Completeness: The food list in the NiDST is comprehensive					
3	Complexity: The NiDST is too complex for me to use. The questions were not clear or easy to understand					
4	Compatibility: The NiDST is a good match for how I used to work (i.e., compatible with my workflows)					
5	Relevance for patient: I think the NiDST is relevant for my patients					
Section 2: Determinants associated with the clinicians						
1	Personal benefits: I think the NiDST supported me to assess patient dietary intake					
2	Personal communication: I think using the NiDST improved my engagement and communication with patients					
3	Outcome expectation: I think using the patient-reported NiDST supported me to offer dietary advice to patients					
4	Professional obligation: I feel it is my responsibility to use the NiDST to assess dietary intake and offer dietary advice to patients routinely					
5	Patient satisfaction: Patients will generally be satisfied if I use their completed NiDST for their dietary discussion					
6	Patient cooperation: Patient will generally cooperate if I use their completed NiDST in dietary discussion					
7	Nutritional knowledge: I have enough knowledge to use and interpret the NiDST as intended					
8	Time available: I have enough time to use the completed NiDST for dietary discussion in outpatient clinic					
Section 3: Determinants associated with the patients						
1	Complexity: The NiDST is too complex for me to complete. The questions were clear or easy to understand					
2	Personal benefit: I think the NiDST help me to understand and reflect on my food intake					
3	Patient engagement: I think the NiDST help me discuss with doctors about my food					
4	Outcome expectations: I think the NiDST Help me discuss with doctors					
5	Awareness of content: I think food list and frequency response options allow me to accurately report my usual food intake					
6	Time available: The time taken to complete the NiDST was acceptable to me during waiting for my consultation					
7	Patient satisfaction: I am satisfied with using the NiDST during outpatient consultation					
8	Personal communication: I think using the NiDST improved my communication with doctor during outpatient consultation					

Thank you for participating in this study.