

Supplementary Materials

Data Collection

Participants to the study were recruited during educational campaigns for the general population, which were run at our Institution. On these occasions, we usually organize informational events, provide educational materials and offer free endocrine consults to people who voluntarily join the campaign. We enrolled our study group among the adult participants to these information events. All participants were asked to complete a self-reporting questionnaire, that was administered at the first consult by a physician (the PI of the study), to collect data regarding lifestyle and dietary habits. We used the approach of a food frequency questionnaire, evaluating the intake frequencies of food groups (meat, fish, cereals, fruits and vegetables, dairy products) to assess dietary habits. For this purpose, we used a validated Italian questionnaire [1] with the help of a picture booklet to show portions. The questionnaire has been already developed and validated by a panel of experts from the Italian INRAN (*Istituto Nazionale di Ricerca per gli Alimenti e la Nutrizione*) Study Group and it has been widely used for national food consumption survey, to update dietary information in our country [2–5].

Using information from the diet questionnaire and the FFQ, participants were classified in two different diet groups: semi-vegetarian (consuming red meat, poultry or fish no more than once a week) and omnivorous (eating meat or fish almost more frequently), according to other studies in the literature [6]. No further subdivision (vegan, not consuming any animal products, or vegetarian not consuming any meat or fish) was done because of the small number of subjects under study.

Along with eating habits, the participants were asked to record: i. demographic (sex, date of birth, age at time of the present survey, educational background, employment, cohabitation, marital status,...) and anthropometric data (height, weight, BMI, ...); ii. information on their lifestyle, including: smoking habits; alcohol consumption; eating habits (time and place when meals are usually consumed; specific dietary regimens such as gluten-free, lactose-free, vegan diets); physical activity; iii. Information on any previous disease, any drugs or supplements taken in the previous six months (for inclusion/exclusion criteria).

Physical activity (PA) was subdivided into two categories: leisure time PA (e.g., sports, recreation, and transportation), and occupational PA

Occupational PA was quantitated using the following question used in other studies [7,8]:

‘What is your physical activity at work within the last year?’

- ☐ Predominantly sedentary work.
- ☐ Sedentary or standing, sometimes walking work.
- ☐ Walking, sometimes lifting work.
- ☐ Heavy manual work.

Leisure time physical activity was quantitated by the following question used in numerous previous studies [see references below]

‘What is your physical activity during leisure time (including transport to and from work) within the last year?’

- ☐ Almost completely sedentary or light physical activity less than once a week (or less than 2 hours per week).
- ☐ Light physical activity for at least once a week (or 2–4 hours per week).
- ☐ Light physical activity for more than one a week (or more than 4 hours per week) or vigorous physical activity for at least once a week (or 2–4 hours per week).
- ☐ Vigorous physical activity or regular heavy exercise or competitive sports several times per week.

References

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