'Uncomfortable and embarrassed': the stigma of gastrointestinal symptoms as a barrier to accessing care and support for collegiate athletes

Supplemental Materials

I. Interview Guide

Researcher: *Hello, my name is _____ and I am ____. Thank you for taking time to participate in this meeting. I want to encourage you to stop me at any time if you have any questions or would like clarification. Do you have any questions before I begin recording the session? I will start recording the session now.*

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1. **Could you tell me about your involvement with the StFX athletic program**

2. **Thinking about your participation in <u>(sport)</u> during your training or competition, can you tell me about a few moments or instances when you have experienced GI related symptoms?**
    a. Can you describe when your symptoms occurred?
    b. Can you describe what you were doing when your symptoms occurred?
    c. How did you manage or cope?
        i. To what extent did GIS impact your training or competition?
    d. What do you think triggered your GIS related symptoms?
        i. What led you to this insight?
        ii. Are you aware of foods, or other factors, that seem to worsen your symptoms?
        iii. Are you aware of foods, or other factors, that seem to improve your symptoms?
        iv. Are you able to avoid/include these factors during your training or competition?
    e. Was there a health professional or service that helped you to manage your symptoms?
    If yes:
        i. Can you describe who/what you used?
        ii. How did you access their services?
        iii. What helped you to decide to use them?
        iv. Can you describe your experience with them?
        v. What strategies, in particular, were helpful?
        vi. What strategies, in particular, were not helpful?

    f. How did this (these) experience(s) impact your understanding of how to manage your symptoms in the future?

3. **When you think back to experiences of gut discomfort and symptoms while training or competing, how did you feel?**
    a. How were you supported in the management of your symptoms?
        i. Was there a person or resource that supported you?
        ii. What helped you to decide where to look for support?

iii. What has helped to support you in managing your GI symptoms?
iv. What strategies or suggestions were not helpful in managing your GI symptoms?

b. Can you describe any obstacles you have faced in seeking support from other people or resources?
   i. What do you think limits other athletes from seeking support?
   ii. What would help to minimize this?

4. **Do you feel confident about your ability to manage your GI related symptoms in the future?**
   a. What has helped you build that confidence?
   b. What has held you back?

5. **Suppose today is a typical day of training or competition, thinking about your experiences with GI related symptoms, what changes will you make that help you to adapt to your symptoms and maximize your performance?**

6. **What suggestions would you have for other athletes who are experiencing GIS to help them manage or prevent symptoms?**

Researcher: *Thank you for taking time to answer these questions. Would you like to offer any comments, clarification or questions before ending the meeting? At this time, we would like to offer you a copy of the recording of today's meeting and it's transcription. Would you like to receive a record of today's meeting?*

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II. Survey Questionnaire

Start of Block: Block 1 Background

Q100
Welcome to the GI-Study for Student Athletes!
Thank you for your participation!

INSTRUCTIONS: Select (click on) or enter your answer to each question then press the forward (>>) button at the bottom of the screen to proceed through the survey. You may use the back (<<) button at any time to go back and change a previous answer.

The progress bar at the top of the screen will indicate your progress through the survey. This questionnaire has 5 sections. Please try to complete the full survey at one time. However, if you leave the survey you may re-enter at a later time to finish through your email link.

Q1 **PART ONE: Background**

Please enter your Study ID # here.
Note: You should have received an anonymous study ID# in an email from us.
_____

Q2 How old are you?
years (1)
▼ 16 (1) ... 50 (35)

Q3 Which gender do you identify with?
Female (1)
Male (2)
Other (3)
Prefer not to answer (4)

Q4 How many years of university will you have you currently completed by August 31, 2020?
0 (1)
1 (2)
2 (3)
3 (4)
4 (5)
5 (6)
6 (7)
7 or more (8)
Prefer not to answer (9)
Unsure (10)

Q5 For the current academic year do(did) you mainly live:
On-campus (1)
Off-campus (2)
Unsure (3)

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Q6 For the current academic year do(did) you have a meal plan on-campus?
Yes (1)
No (2)
Unsure (3)

Q7 For the current academic year do(did) you have a national or provincial student loan?
Yes (1)
No (2)
Prefer not to answer (3)
Unsure (4)

Q8 What is your current height in feet and inches?
Feet: (1) _____
Inches: (2) _____
I prefer to answer in metric (centimeters) (3) _____

Q9 What is your current weight in pounds?
Pounds: (1) _____
I prefer to answer in metric (kilograms): (2) _____

End of Block: Block 1 Background

Start of Block: Block 2 Sport Info

Q10
PART TWO: SPORT INFORMATION
How many years of university have you been a member of a varsity or club sport team (as of August 31, 2020) ?
0 (8)
1 (1)
2 (2)
3 (3)
4 (4)
5 (5)
6 (6)
7 or more (7)
Unsure (16)

Q11a My primary sport is a:
Varsity sport (1)
Club sport (2)
Q11b My primary sport(s) is/are:
Note: please list only one main sport unless you are a dual or multiple-sport athlete in varsity or club sports at the university level.
_____

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Q12 How often do you train per week during:

	1 time/ week (1)	2 times/ week (10)	3 times/ week (11)	4 times/ week (12)	5 times/ week (13)	6 times/ week (14)	7 times / week (15)	>7 times/ week (2)
Pre-season training (1)								
Competition training (2)								

Q13 How many hours do you train per week (on average) during:

	0 - 2 hours (1)	2 - 5 hours (2)	5 - 10 hours (4)	10 - 15 hours (5)	15 - 20 hours (6)	20 - 25 hours (7)	>25 hours (8)
Pre-season training? (1)							
Competition? (2)							

Q14 Would you say your training is:

[Note: aerobic or endurance activities may include running, cycling, doing "cardio," or participating in other forms of medium intensity tasks over an extended period of time with minimal breaks that are not long enough to allow you to fully catch your breath]
mostly endurance or aerobic (4)
mostly strength, power or speed-based (5)
a mix of both endurance and strength-based activities (6)

Q15 How often do you compete (during your primary sport's competition season)?
Never (1)
1-2 times/year (2)
2 -4 times/year (3)
4 - 6 times/year (4)
6 - 8 times/year (5)
8 - 10 times/year (6)
More than 10 times/year (7)

Q16 Do you follow a structured training plan?
Yes (1)
No (2)
Sometimes (3)

Q17 Which of the following professionals have you worked with to improve your primary sport training or competition? **Check all that apply.**
Head Coach (1)
Assistant Coach (2)
Strength & Conditioning Coach (3)
Sport Medicine Doctor (4)
Athletic Therapist (5)
Professional Dietitian or Nutritionist (6)
StFX Sport Nutrition Intern (7)
Other (please explain below): (8) _____

Q18 What training phase/season are you currently in?
competition (1)
pre-season, preparation training (2)
off-season, rest (3)
prefer not to answer (4)

End of Block: Block 2 Sport Info

Start of Block: Block 3 Medical Hx

Q19 PART THREE: MEDICAL HISTORY

Do you know of any **food allergies** you suffer from?

Note - According to Food Allergy Canada: A **food allergy** is an immune-mediated immune response to a protein in a food. Even eating a very small amount of the food or particles of the food can potentially trigger a life-threatening reaction. People with food allergies are **diagnosed by an allergist** and often prescribed an epinephrine auto-injector in case of a severe allergic reaction. **This is different than a food intolerance or sensitivity.**
Yes, I have a food allergy [if so, please specify which one(s) in the space below]: (1)
_____
No, I don't have a food allergy (3)
Prefer not to answer (4)

Skip To: Q20 If PART THREE: MEDICAL HISTORY Do you know of any food allergies you suffer from? Note - Accord... = Yes, I have a food allergy [if so, please specify which one(s) in the space below]:
Skip To: Q21 If PART THREE: MEDICAL HISTORY Do you know of any food allergies you suffer from? Note - Accord... = No, I don't have a food allergy
Skip To: Q21 If PART THREE: MEDICAL HISTORY Do you know of any food allergies you suffer from? Note - Accord... = Prefer not to answer
Skip To: Q20 If Condition: Yes, I have a food allergy ... Is Not Empty. Skip To: If you have a food allergy, please in....

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Q20 If you have a food allergy, please indicate who this was diagnosed by:
Family doctor (1)
Specialist medical doctor such as immunologist, internist, rheumatologist (2)
Complementary health practitioner (e.g. naturopath, homeopath, holistic nutritionist, chiropractor). If so, please specify which type in the space below: (3) _____
Unsure (4)
I was not diagnosed by a health professional but I believe I have a food allergy (5)
Prefer not to answer (6)

Q21 Do you know of any **food intolerances** or **sensitivities** you suffer from?

Note - According to Food Allergy Canada: A **food intolerance** is the inability to digest or absorb certain foods. For example, someone with lactose intolerance does not have enough of the enzyme lactase to break down the sugar (lactose) found in dairy products. You may experience intestinal gas, painful abdominal cramping or diarrhea, as well as potentially serious long-term health consequences. While the symptoms of a food intolerance or sensitivity may cause extreme discomfort, they are confined to the gastrointestinal tract (gut) and are generally not life-threatening. **This is different than a food allergy.**
Yes, I have a food intolerance or sensitivity [if so, please specify which one(s) below]: (2)
_____
No, I don't have a food intolerance (3)
Prefer not to answer (4)

Skip To: Q22 If Do you know of any food intolerances or sensitivities you suffer from? Note - According to Foo... = Yes, I have a food intolerance or sensitivity [if so, please specify which one(s) below]:
Skip To: Q22 If Condition: Yes, I have a food intolera... Is Not Empty. Skip To: If you have a food intolerance or sen....
Skip To: Q23 If Do you know of any food intolerances or sensitivities you suffer from? Note - According to Foo... = No, I don't have a food intolerance
Skip To: Q23 If Do you know of any food intolerances or sensitivities you suffer from? Note - According to Foo... = Prefer not to answer

Q22 If you have a food intolerance or sensitivity, please indicate who this was diagnosed by:
Family doctor (1)
Specialist medical doctor such as immunologist, internist, rheumatologist (2)
Complementary health practitioner (e.g. naturopath, homeopath, holistic nutritionist, chiropractor). If so, please specify which type in the space below: (3) _____
Unsure (4)
I was not diagnosed by a health professional but I believe I have a food intolerance (5)
Prefer not to answer (6)

Q23 Do you typically follow any of the diets below in everyday life? **Check all that apply.**
Atkins (1)
Carb cycling (train low/compete high) (2)
Gluten free (3)
Low FODMAPs (4)
Paleo/primal (5)
Ketogenic (6)
Vegan/plant-based (7)

Vegetarian (8)
No specific diet (9)
Other (if other, please specify): (10) _____
OPTIONAL - Provide any comments or explanations here: (11)
_____

Q24 Do you **avoid** certain foods in everyday life?
Yes (if yes, please name all foods that you avoid here): (1) _____
No (2)
Prefer not to answer (3)

Skip To: Q25 If Do you avoid certain foods in everyday life? = Yes (if yes, please name all foods that you avoid here):
Skip To: Q25 If Condition: Yes (if yes, please name al... Is Not Empty. Skip To: Why do you avoid these foods? Check a....
Skip To: Q26 If Do you avoid certain foods in everyday life? = No
Skip To: Q26 If Do you avoid certain foods in everyday life? = Prefer not to answer

Q25 **Why** do you avoid these foods? **Check all that apply.**
Food allergy (8)
Food intolerance or sensitivity (9)
I feel sluggish/slow after eating it (10)
I experience headaches after eating it (11)
I feel sick after eating it (12)
I feel guilty after eating it (13)
I do not like it (14)
Other (if other, please specify): (15) _____
OPTIONAL - Provide any comments or explanations here: (16)
_____

Q26 Do you avoid certain foods specifically **during training** that you do not typically avoid in everyday life?
Yes (if yes, please name all foods that you avoid during training): (4)
_____
No (5)

Q27 Do you avoid certain foods specifically **during competition** that you do not typically avoid in everyday life?
Yes (if yes, please name all foods that you avoid during competition): (4)
_____
No (5)

Q28 When do you get gastrointestinal (GI) or gut-related problems **while training**? This may include symptoms such as nausea, vomiting, flatulence, diarrhea, stomach or intestinal cramps, belching, bloating, etc.
Never (1)
Only in some types of training. Please explain: (2) _____
In most types of training (3)
In all types of training (5)

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Q29 When do you get gastrointestinal (GI) or gut-related problems **while competing**? This may include symptoms such as nausea, vomiting, flatulence, diarrhea, stomach or intestinal cramps, belching, bloating, etc.

Never (1)
Only in some competitive events. Please explain: (2) _____
In most competitive events (3)
In all competitive events (5)

Q30 How often do gastrointestinal complaints **interrupt and/or prevent** your:

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
Training? (1)					
Competition? (2)					

Q31 How often do you get gastrointestinal (GI) or gut-related problems **in everyday life, when NOT exercising**?
This may include symptoms such as nausea, vomiting, flatulence, diarrhea, stomach or intestinal cramps, belching, bloating, etc.

Never (1)
Rarely (2)
Sometimes (7)
Often (3)
Always (8)

Q32 Have you seen a **medical professional** as a result of gastrointestinal (stomach or gut-related) issues?
Yes (1)
No (2)
Prefer not to answer (3)

Skip To: Q33 If Have you seen a medical professional as a result of gastrointestinal (stomach or gut-related) iss... = Yes
Skip To: Q35 If Have you seen a medical professional as a result of gastrointestinal (stomach or gut-related) iss... = No
Skip To: Q36 If Have you seen a medical professional as a result of gastrointestinal (stomach or gut-related) iss... = Prefer not to answer

Q33 **What prompted you** to see a medical professional as a result of any of the previous gastrointestinal issues?
Issues becoming more prevalent (1)
Issues becoming more severe (2)
Issues interrupting and/or preventing planned training or competitions (3)
Issues interrupting and/or preventing everyday life activities (4)
Other (if other, please specify): (5) _____
Prefer not to answer (6)

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Q34 What **diagnosis** did you receive? **Check all that apply.**
Cancer(s) (1)
Celiac disease (2)
Fructose malabsorption (3)
Gastroesophageal reflux disease (4)
H. pylori/ulcers (5)
Inflammatory bowel disease (IBD, including Chron's and colitis) (6)
Irritable bowel syndrome (IBS) (7)
Lactose intolerance (8)
Small intestinal bacterial overgrowth (SIBO) (9)
Unsure (10)
No diagnosis was made (11)
Other (if other, please specify): (12) _____
Prefer not to answer (13)
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Cancer(s)
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Celiac disease
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Fructose malabsorption
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Gastroesophageal reflux disease
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = H. pylori/ulcers
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Inflammatory bowel disease (IBD, including Chron's and colitis)
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Irritable bowel syndrome (IBS)
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Lactose intolerance
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Small intestinal bacterial overgrowth (SIBO)
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Unsure
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Other (if other, please specify):
Skip To: Q36 If Condition: Other (if other, please spe... Is Not Empty. Skip To: Which people have you consulted regar....
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = Prefer not to answer
Skip To: Q36 If What diagnosis did you receive? Check all that apply. = No diagnosis was made

Q35 **Why haven't you** seen a medical professional as a result of a gastrointestinal issue? **Check all that apply.**
I do not have any issues (1)
Issues are not severe enough (2)
Issues do not occur often enough (3)
Issues do not prevent my activities in everyday life, training or competition (4)
I am afraid to see someone (5)
I want to handle it another way (6)
Other (if other, please specify): (7) _____
Prefer not to answer (8)

Q36 **Which people** have you consulted regarding any of your gastrointestinal symptoms? **Check all that apply.**
Coach (1)
Family member (2)
Friend (3)
Professional Dietitian or Nutritionist (4)
StFX Sport nutrition intern (7)

Trainer (8)
None (5)
Other (if other, please specify): (6) _____
Not applicable (I don't have GI symptoms) (9)

Q37 Do you feel that certain sport nutrition products (drinks, gels, bars) cause more gastrointestinal (gut) problems for you **while exercising**?
Yes (1)
No (2)
Unsure (3)

Skip To: Q38 If Do you feel that certain sport nutrition products (drinks, gels, bars) cause more gastrointestina... = Yes
Skip To: Q39a If Do you feel that certain sport nutrition products (drinks, gels, bars) cause more gastrointestina... = No
Skip To: Q38 If Do you feel that certain sport nutrition products (drinks, gels, bars) cause more gastrointestina... = Unsure

Q38 If so, **which type(s), flavour and brand(s)** cause more GI (gut) problems for you? For example, a quinoa & cranberry honey bar may have caused some gut symptoms but other Cliff or Luna bar flavours did not.
_____

Q39a Which of the following have your experienced **during exercise** in the past?
Please select **one answer** for each symptom.

	Never (1)	Rarely (2)	Occasionally (3)	Sometimes (4)	Quite often (5)	Fairly frequently (6)	Almost always (7)	Always (8)
Reflux (when liquid backs up into the esophagus (throat) from the stomach) (1)								
Heartburn (a burning sensation in the								

esophagus (throat) (2)

Bloating (stomach feeling larger or fuller than normal) (3)

Upper abdominal (stomach) cramp or painful feeling (4)

Vomiting (5)

Nausea (unpleasant, diffuse sensation of unease and discomfort, often perceived as an urge to vomit) (6)

Q39b Which of the following have your experienced **during exercise** in the past?
Please select **one answer** for each symptom.

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	Never (1)	Rarely (2)	Occasionally (3)	Sometimes (4)	Quite often (5)	Fairly frequently (6)	Almost always (7)	Always (8)
Intestinal (gut) cramp (painful sensation in the intestines, below the stomach) (7)								
Flatulence (passing gas from the digestive tract) (8)								
Urge to defecate (urgent feeling to have a bowel movement) (9)								
Left abdominal pain (10)								
Right abdominal								

pain (12)
Loose stool (bowel movements that appear softer than normal) (13)
Diarrhea (bowel movements that are liquid) (14)
Dizziness (15)
Headache (16)
Muscle cramp (17)
Urge to urinate (18)

Q40 Are there any comments you would like to add relating to GI (gut) problems while training or competing?

_____

End of Block: Block 3 Medical Hx

Start of Block: Block 4 Eating Habits

Q41 PART FOUR: EATING HABITS

Do you consume **drinks or fluids** during:

	Never (1)	Sometimes (2)	Regularly (3)	Always (4)
Training? (1)				

Competition? (2)	

Q42a
What is your **favourite** drink or fluid during:

	No drink (1)	Water (2)	Apple juice or apple-juice based fruit drink (3)	Citrus or berry fruit juice (e.g. orange juice, cranberry juice) (4)	Sports drink, commercial (e.g. Gatorade, Powerade) (5)	Biosteel (sports drink without sugar) (6)	Coca Cola or other sweetened soft drink (7)	Diet soft drink (8)	Other (9)
Training? (1)									
Competition? (2)									

Q42b **If you selected OTHER favourite drink** (during training or competition) please specify in the space below, including the brand names and flavours (if possible):

_____

Q43 Do you consume **solid foods** (including gels and bars) during:

	Never (1)	Sometimes (2)	Regularly (3)	Always (4)
Training? (1)				
Competition? (2)				

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Q44 What **form of food** would you prefer to consume during:

	Drinks (1)	Gels (2)	Bars (3)	Combination of drink/ gel/ bar (4)	Other (5)	I don't use any food during exercise (6)
Training? (1)						
Competition? (2)						

Q45 What **specific foods** do you typically use (including the brand names and flavours if possible) during **training**?

_____

Q46 What **specific foods** do you typically use (including the brand names and flavours if possible) during **competition**?

_____

Q47 Please rate the following sports foods in terms of **digestibility and tolerance** during exercise:
For example, a food that causes no stomach or gut-related issues during exercise might be rated 'very good' tolerance. A food that causes slight or minor issues might be rated 'good' or 'satisfactory' tolerance. A food that causes significant gut issues during exercise might be rated 'poor' tolerance and a food that causes major gut issues or symptoms during exercising might be rated 'unacceptable'.

	Very good (1)	Good (2)	Satisfactory (3)	Poor (4)	Unacceptable (5)	Not applicable (don't use) (6)
Water (1)						
Sports drink (e.g. Gatorade, Powerade) (2)						
Coca Cola or sweetened soft drink (3)						
Diet soft drink (4)						
Gels (Clif, Powergel, SIS gel, GU etc) (5)						

Energy bar (PowerBar, Go Bar, Clif bar, Luna bar etc) (6)
Jelly babies, gummy bears (7)
Energy chews (Clif bloks) (8)
Bananas (9)
Apples and pears (10)
Citrus fruit (e.g. oranges) (11)
Peaches or fresh apricots (12)
Dried apricots (13)
Berries (strawberries, blueberries) (14)
Blackberries or boysenberries (15)
Avocado (16)
Other fruit (please specify): (17)

Q48 Do you have any **additional comments** to add on digestibility and tolerance to food during exercise?:

_____

Q49 Do you consume **caffeine** before or during a competitive event?
Never (1)
Sometimes (2)
Always (3)

Prefer not to answer (4)

Skip To: Q52 If Do you consume caffeine before or during a competitive event? = Never
Skip To: Q50 If Do you consume caffeine before or during a competitive event? = Sometimes
Skip To: Q50 If Do you consume caffeine before or during a competitive event? = Always
Skip To: Q52 If Do you consume caffeine before or during a competitive event? = Prefer not to answer

Q50 If so, in **what form** do you consume caffeine for competition?
Coffee (1)
Tablet (Prolab, Wakeups, Allmax) (2)
Other (please specify the brand or form you consume): (3)
_____
Prefer not to answer (4)

Q51 **Why** do you use caffeine before or during a competitive event?
Because it is a habit (e.g. to drink coffee) (1)
I try to enhance my performance with caffeine (2)
Other reasons. Please specify in the space below. (3) _____
Prefer not to answer (4)

Q52 Which of the following **nutrition supplements** do you take? (in addition to drinks, gels and bars)

	Regularly (1)	Occasionally (2)	Never (3)
Vitamins and minerals (1)			
Salt tablets (2)			
Protein shakes (3)			
Carnitine (4)			
Creatine (5)			
HMB (6)			
Ma Huang (Ephedra) (7)			
Ginseng (8)			
Fish oils or omega-3 (9)			
CLA (10)			
Other (please specify below): (11)			
Other (please specify below): (13)			
Other (please specify below): (14)			

Other (please specify below): (15)	
Other (please specify below): (16)	

Q53 How do you get most of your **sport nutrition information**? **Check all that apply.**
Magazines (1)
Books (2)
Internet (if yes, please specify, in the space below, any sites you find particularly helpful): (3)
_____
Advertisements (4)
Nutritionist/Dietitian (5)
Coach (6)
Other. Please specify: (7) _____

Q54 How often do you train in the **morning without breakfast**?
Never (1)
Once a week (2)
Twice a week (3)
More than twice a week (4)
Other (please specify in the space below): (5) _____
Not applicable - I don't train in the morning (6)

Q55 How long **before** a training session do you normally **eat**?
Less than an hour (1)
1 - 2 hours (2)
2 - 3 hours (3)
More than 3 hours (4)
I don’t know, it does not matter (5)

Q56 **When** do you usually eat **after training**?
Immediately after (1)
Within an hour (2)
It varies, don't know (3)
Other (please specify in the space below): (4) _____
Q57 **Is your diet high in fibre?** For example, do you eat a lot of bran cereals (e.g. All bran), beans, chickpeas, lentils, vegetables such as broccoli and cabbage or seeds?
Yes (1)
No (2)
Unsure (3)

Q58 Do you consume **milk products** (dairy foods such as cow's milk, yogourt or cheese)?
Never (1)
Sometimes (2)
Regularly (3)

End of Block: Block 4 Eating Habits

Start of Block: Block 5 Stress

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Q59 PART FIVE: STRESS and WELL-BEING

In general, would you say your health is:
Excellent (1)
Very good (2)
Good (3)
Fair (4)
Poor (5)

Q60 **Thank you for participating in this survey!**
We appreciate your time and contributions.

Stay tuned to our study website for key findings and future publications.
Press the arrow bar (>) below to complete your response and exit the survey.

End of Block: Block 5 Stress