

## Appendix S1

SECTION 1: SAMPLE CHARACTERISTICS
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**1. Who is completing the questionnaire? \***

- ☐ Mother
- ☐ Father

**2. Your age group: \***

- ☐ 20-29 years
- ☐ 30-39 years
- ☐ 40-49 years
- ☐ > 50 years

**3. Place of origin: \***

- ☐ North (Emilia Romagna, Veneto, Friuli Venezia-Giulia, Liguria, Lombardy, Piedmont, Aosta Valley, Trentino Alto-Adige)
- ☐ Center (Tuscany, Umbria, Lazio, Marche, Abruzzo)
- ☐ South and Islands (Basilicata, Campania, Calabria, Molise, Apulia, Sicily, Sardinia)

**4. Educational level: \***

- ☐ Primary school
- ☐ Middle school
- ☐ High/professional school
- ☐ Bachelor's degree
- ☐ Master's degree/Doctoral degree, etc.

**5. Child's sex: \***

- ☐ Male
- ☐ Female

**6. Child's age group: \***

- ☐ 6-24 months
- ☐ 2-6 years
- ☐ 6-10 years
- ☐ > 10 years

SECTION 2: PARENTS-PEDIATRICIANS' RELATIONSHIP
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**7. Your pediatrician's sex: \***

- ☐ Male
- ☐ Female

**8. Your pediatrician's age group: \***

- ☐ 30-39 years
- ☐ 40-49 years
- ☐ 50-59 years
- ☐ > 60 years

**9. Have you told your pediatrician that your child follows a vegan diet? \***

- ☐ Yes
- ☐ No

**10. If not, why?**

- ☐ I am afraid of being judged
- ☐ My pediatrician advises against a vegan diet in infants/children
- ☐ I do not consider it essential
- ☐ Other

**11. If yes, according to your own experience, how would you describe the pediatrician's attitude with regards to a vegan diet during infancy/childhood?**

- ☐ Against, judgmental
- ☐ Skeptical, dissuasive
- ☐ Unfavorable, but understanding
- ☐ Welcoming, reassuring

**12. If you answered "against, judgmental", or "skeptical, dissuasive", or "unfavorable but understanding", what was the main argument that your pediatrician put forward against a vegan diet?**

- ☐ Human beings evolved to be omnivorous
- ☐ It is not fair to impose a vegan diet on children
- ☐ Protein deficiency
- ☐ Mineral (calcium, iron, zinc...) and vitamin (B12, D) deficiency
- ☐ Other

**13. Have you ever changed your pediatrician due to a conflict over the vegan diet?**

- ☐ Yes
- ☐ No
- ☐ No, but I have seriously considered doing it

**14. Did your pediatrician want to know the reasons why you chose a vegan diet?**

- ☐ Yes
- ☐ No

**15. Did your pediatrician make sure that the child's diet was nutritionally adequate?**

*(They asked you about dietary supplements, follow-up with dietitians, etc.)*

- ☐ Yes
- ☐ No

**16. Have you ever asked your pediatrician for information on how to plan a vegan diet for your child? \***

- ☐ Yes
- ☐ No

**17. If yes, how was the quality of the information, in your opinion?**

- ☐ Excellent
- ☐ Sufficient
- ☐ Insufficient

SECTION 3: NUTRITION COUNSELING AND FEATURES OF THE DIET
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**18. Your child has been following a vegan diet since the time/age of... \***

- ☐ Weaning
- ☐ 12-24 months
- ☐ 2-6 years
- ☐ 6-10 years
- ☐ > 10 years

**19. The choice of excluding any animal foods from the child's diet was... \***

- ☐ Shared by both parents
- ☐ Made by one parent alone

**20. What is the main reason why you chose a vegan diet for your child? \***

- ☐ Respect for animals
- ☐ Health benefits
- ☐ Environmental impact
- ☐ Other

**21. Before making this choice, did you look for information regarding the adequacy and correct planning of a vegan diet during infancy/childhood? \***

- ☐ Yes
- ☐ No

**22. What type of sources did you consult?**

*(You can tick more than one option)*

- ☐ Friends, social networks (e.g. Facebook groups, Instagram, blogs...)
- ☐ Scientific websites (e.g. Pubmed, scienzavegetariana.it, Google Scholar...)
- ☐ Plant-based expert pediatricians, nutritionists, dietitians
- ☐ Other

**23. If you relied on a nutrition professional, they were a:**

- ☐ Medical dietitian
- ☐ Nutritionist
- ☐ Dietitian
- ☐ Other

**24. In your opinion, how was the quality of the information provided by your nutrition professional?**

- ☐ Excellent
- ☐ Decent
- ☐ Insufficient

**25. Which food groups do you regularly offer to your child? \***

*(You can tick more than one option)*

- ☐ Fruit
- ☐ Vegetable
- ☐ Grains
- ☐ Protein foods (e.g. legumes, soy and its derivatives, yogurt, etc.)
- ☐ Nuts and seeds
- ☐ Oils and fats

**26. Does your child regularly take a vitamin B12 supplement? \***

*(Individual supplement: containing only vitamin B12)*

- ☐ Yes, an individual supplement
- ☐ Yes, a multivitamin supplement
- ☐ No

**27. In your opinion, is a vegan diet more expensive than an omnivorous diet? \***

- ☐ Yes
- ☐ No

**28. How often do you offer to your child packaged, convenience foods (e.g. burgers, cutlets) at lunch/dinner? \***

- ☐ Often (at least 2-3 times/week)
- ☐ Occasionally (2-3 times/month)
- ☐ Rarely (once a month)
- ☐ Never

**29. In your opinion, what is the most important issue in the children's diet?**

- ☐ Providing them with "special" foods (e.g. tofu, seitan, tahini...)
- ☐ Always providing them with adequate amounts of energy and nutrients
- ☐ Protecting them from animal foods
- ☐ Other

<b>SECTION 4: CHALLENGES OF A VEGAN DIET</b>
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**30. What is the most unlikely place to find vegan meals for your child? \***

- ☐ School
- ☐ Restaurant, bar...
- ☐ Friends and family's houses
- ☐ None
- ☐ Other

**31. Does your child's school cater for vegan pupils?**

- ☐ Yes
- ☐ No
- ☐ I do not know

**32. Have you ever been criticized (by friends/family/teachers) because of your vegan choice? \***

- ☐ Yes
- ☐ No

**33. If yes, what was the main argument they put forward against a vegan diet during infancy/childhood?**

- ☐ Human beings evolved to be omnivorous
- ☐ It is not fair to impose a vegan diet on children
- ☐ Protein deficiency
- ☐ Mineral and vitamin deficiency
- ☐ Other

**34. Has your child ever been socially excluded by their peers because of the vegan diet? \***

- ☐ Yes
- ☐ No

**35. Out of the home, if your child wanted to taste animal foods... \***

- ☐ I would forbid it
- ☐ I would not forbid it

**\* Question is mandatory.**