#### Delphi Questionnaire

**Diet Management Care Maps for Dyslipidemia (DMCMD) Study**

**ID Number**

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Please return completed questionnaire by email, post or FAX to:

Dawna Royall

Department of Family Relations and Applied Nutrition

University of Guelph, Guelph, ON N1G 2W1

FAX: (519) 766-0691 email dawna.royall@sympatico.ca

**Background**

This is the second of three questionnaires you are asked to complete.

The objective of this part of the study is to determine the degree of agreement on counselling process for **five typical client types** seen in practice. This is necessary groundwork for developing something more specific (streamlined) for each client type.

To create the client types we asked you to complete the Client Description Questionnaire. We used that information to create “typical clients” with commonly seen problems and characteristics relevant to diet counselling goals. Other descriptions could have been possible.

We then made a list of all of the diet assessment and counselling goals and client learning objectives or processes either mentioned in current guidelines or in interviews with dietitians who currently provide dyslipidemia counselling.

We have grouped the statements into initial assessment, initial counselling and counselling on follow-up. The **same learning objectives are listed for all counselling sessions**. This will give you an opportunity to prioritize the statements for each counselling session.

Although we realize that you always develop goals in consultation with the client, for this questionnaire you are asked to reflect on the **common counselling objectives** for this type of client.

Many statements may overlap to some degree. Please consider the appropriateness of the goal/ strategy described in **each statement separately** for the typical client type being described.

Although many statements may be considered important in an ideal setting, consider the appropriateness of each of the statements **within your own practice (e.g. time constraints, physical environment).**

To avoid fatigue, it is recommended that you complete these questionnaires in more than one block of time.

**Client Description:** A client presents to you with the following characteristics

In your practice does client described refer to someone seen individually or as part of a group?

Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Statement: *Should this goal / strategy be included in the care of the type of client being considered? Please put an ‘x’ beside (or circle) the number that best describes your opinion.* | Not Important/  Not Appropriate | | | Somewhat | | | Essential /  Highly Appropriate | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. Initial Assessment  *The practitioner will evaluate or assess client’s….* | | | | | | | | | |
| 1. 10-year risk for CVD | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. lab data | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. medical history and comorbidities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. relevant medications | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. height, weight (BMI) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. waist circumference | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. weight history | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. feelings about body weight | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. knowledge of CVD/healthy eating | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. readiness/motivation for lifestyle change | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. menopausal status (women only) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. diet history | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. food records | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. caloric intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. total fat intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. sources of dietary fat | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. use of non hydrogenated margarine | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. carbohydrate intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. intake of added sugars e.g. pop, fruit drinks, candy | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. total fibre intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. soluble fibre intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. total protein intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. type and frequency of consumption of animal protein | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. type and frequency of consumption of plant protein | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. frequency of consumption of vegetarian meals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. frequency of consumption of vegetables and fruits | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. frequency of consumption of desserts, donuts, sweets | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. intake of balanced meals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. role in food preparation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. cooking skills and methods | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. portion size of foods | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. type and frequency of consumption of milk products | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. frequency of consumption of eggs | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. calcium intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. sodium intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. caffeine intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. snacking behaviour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. sources of nutrition information (e.g. media) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. reading food labels | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. frequency of restaurant meals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. use of any dietary supplements | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. alcohol intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. physical activity pattern | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. psychosocial issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. social support issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. cultural issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. economic issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. literacy | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. smoking history | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| **B. Initial Counselling** | | | | | | | | | |
| **General Issues to Address**  *The practitioner will…..* | | | | | | | | | |
| 1. establish rapport | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. establish mutual goals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. motivate client | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. provide positive reinforcement | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. address economic issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. involve spouse or significant others, | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. teach client to complete food records | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| **Likely Initial Counselling Goals or Objectives in Discussion with Client** (Note: these are repeated again under follow-up counselling goals)  *On completion of the initial counselling session, the client.…* | | | | | | | | | |
| 1. understands the role of the dietitian – what the dietitian can do for the client | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. understands the rationale for nutrition therapy in reducing risk factors | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. understands the definition of fats | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. understands BMI | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. reduces calories to establish / maintain weight loss | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. limits foods high in total fat (e.g. goal 20-35% of total calories) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. limits foods high in saturated fat (e.g. goal <7-10% of total calories) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. includes foods high in monounsaturated fat (e.g. goal ≥10% of total calories) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. includes foods high in omega-3 fatty acids | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. limits foods high in trans fatty acids | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. limits foods high in cholesterol (e.g. goal <200 mg/day) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases intake of vegetables and fruit (e.g. goal 5 or more servings /day) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases intake of foods high in fibre (e.g. goal 20-30g/day) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases intake of soluble fibre (e.g. goal ≥10g/day) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. chooses lower fat meat sources | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. chooses vegetarian meals at least some of the time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. limits intake of egg yolks | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases intake of low fat milk products (e.g. goal 2 or more servings/day) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases calcium intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. follows specified meal suggestions / meal plan | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. includes recommended snack suggestions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. consumes 3 meals/day with no snacks | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. follows a balanced diet based on Canada’s Food Guide | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. uses the plate model (visual of foods on plate) to guide meals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. understands portion size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. decreases intake of foods high in added sugar (e.g. sweets, pop, desserts) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. decreases intake of foods high in sodium | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. uses a vitamin/ mineral supplement | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. accurately reads food labels | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. consumes moderate alcohol intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. consumes moderate caffeine intake | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. modifies recipes to reduce total fat/saturated fat | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. uses low-fat cooking techniques | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. selects appropriately from a restaurant menu | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases physical activity as per Canada’s Physical Activity Guide recommendations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. verbalizes need for smoking cessation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. understands changes are lifestyle changes not only diet changes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. understands where to obtain other sources of reliable nutrition information including web-based information | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. uses self-monitoring strategies (e.g. food and activity records) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. uses fat gram or serving counting | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| **C. First Follow-Up Counselling** |  |  |  |  |  |  |  |  |  |
| 1. No scheduled follow-up by the dietitian | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. A follow-up appointment is scheduled by the dietitian for 3-4 weeks after the initial visit | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. A follow-up appointment is scheduled by the dietitian for 1-3months after the initial visit | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. A follow-up appointment is scheduled by the dietitian for 3 months after the initial visit | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. The client initiates follow-up if desired | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| **General Process**  *At a first follow-up appointment, the practitioner will…* | | | | | | | | | |
| 1. evaluate client behaviour in response to the first counselling session | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. evaluate clinical response to the first counselling session (e.g. bloodwork, body weight) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. assess client motivation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. motivate the client | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. provide positive reinforcement | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. address economic issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. involve significant others | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. obtain food records | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| **Likely Follow-Up Counselling Goals or Objectives**  *On completion of the first follow-up counselling session, the client…* | | | | | | | | | |
| 1. reduces calories to establish / maintain weight loss | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. limits foods high in total fat (e.g. goal 20-35% of total calories | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. limits foods high in saturated fat (e.g. goal <7-10% of total calories) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases foods high in monounsaturated fat (e.g. goal ≥10% of total calories) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases foods high in omega-3 fatty acids | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
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| 1. limits foods high in cholesterol (e.g. goal <200 mg/day) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases intake of vegetables and fruit (goal 5 or more servings /day) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases intake of foods high in fibre (e.g. goal 20-30g/day) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
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| 1. chooses lower fat meat sources | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. chooses vegetarian meals at least some of the time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
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| 1. increases intake of low fat milk products (e.g. goal 2 or more servings/day) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. increases calcium intake |  |  |  |  |  |  |  |  |  |
| 1. follows specified meal suggestions / meal plan | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. includes recommended snack suggestions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. consumes 3 meals/day with no snacks | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. follows a balanced diet based on Canada’s Food Guide to Healthy Eating | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. uses the plate model (visual of foods on plate) to guide meals | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. understands portion size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. decreases intake of foods high in added sugar (e.g. sweets, pop, desserts) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. decreases intake of foods high in sodium | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. uses a vitamin / mineral supplement | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
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| 1. understands where to obtain other sources of reliable nutrition information including web-based information | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. uses self-monitoring strategies (e.g. food and activity records) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. uses fat gram or serving counting | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| **Subsequent Follow-Up Counselling** |  |  |  |  |  |  |  |  |  |
| 1. No further scheduled follow-up by the dietitian | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. A follow-up appointment is scheduled by the dietitian for 3-4 weeks after first follow-up | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. A follow-up appointment is scheduled by the dietitian for 3 months after first counselling session | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1. The client initiates further follow-up if desired | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Comments

Thank you!

Please return completed questionnaire by email, post or FAX to:

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Department of Family Relations and Applied Nutrition

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