**Use of New Electronic Dietary Assessment Tools** **in FHTs**

|  |
| --- |
| **1. I have read the information provided above and I agree to participate in this study.** |
| **Yes** |  |  |
| No |  |  |

|  |
| --- |
| **2. Please provide the name of your FHT listed in alphabetical order below:** |

|  |
| --- |
| **3. My age is between:** |
|  |  |  |
| **20-35** |  |  |
| 36-45 |  |  |
| 46-55 |  |  |
| 56-65 |  |  |
| >65 |  |  |

|  |
| --- |
| **4. I am:** |
|  |  |  |
| Male |  |  |
| **Female** |  |  |

|  |
| --- |
| **5. My total years practicing as healthcare professional:** |
|  |  |  |
| 0-<2 years |  |  |
| 2-<5 years |  |  |
| 5-<10 years |  |  |
| 10-<16 year |  |  |
| 16-<25 years |  |  |
| **25 years or more** |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **6. My current health profession at the FHT is (check one):** |
|  |  |  |
| **Registered Dietitian** |  |  |
| Family Physician |  |  |
| Physician Assistant |  |  |
| Pharmacist |  |  |
| Registered Nurse |  |  |
| Nurse Practitioner |  |  |
| Registered Practical Nurse |  |  |
| Health Educator or Promoter |  |  |
| Social Worker |  |  |
| Student, Intern or Resident |  |  |
| Other |  |  |

|  |
| --- |
| **7. I am a Registered Dietitian OR I have one or more Registered Dietitian(s) (RD) working on my FHT:** |
|  |
| Yes, I am a Registered Dietitian |  |
| **Yes, I have a Registered Dietitian** |  |
| No, I don't have a RegisteredDietitian |  |
| I don't know. |  |

|  |
| --- |
| **8. I assess clients/patients diets or eating habits in my practice:** |
|  |  |  |
| **Every day (or almost every day)** |  |  |
| 3-4 times/week |  |  |
| 1-2 times/week |  |  |
| 1-3 times/month |  |  |
| Less than 1 time/month |  |  |
| I almost never assess diet |  |  |
| I don't assess/obtain diet information from my clients/patients. |  |  |

|  |
| --- |
| **9. I usually obtain dietary or eating habit information from the majority of patients by (check ALL that apply):** |
|  |  |  |
| **Asking a few pointed questions such as what they eat, what time****(s) they eat, etc.** |  |  |
| Asking their usual intake such as what do they usually eat for breakfast, lunch, dinner, times, amounts and/or food brands. |  |  |
| Conducting a detailed recall of food consumed in the past day (24 hourrecall). |  |  |
| Completing a checklist of foods assessing certain nutrients (e.g. foods rich in calcium and vitamin D). This is also called a foodfrequency list. |  |  |
| Having patients write down what they eat for a few days (foodrecord). |  |  |
| Conducting a mix of food records, 24 hour recall and detailed usualintake (diet history). |  |  |
| I do not assess diet; the dietitian inthe team does this. |  |  |
| Other. |  |  |

|  |
| --- |
| **10. I AM currently using one or more new E-DA tools to evaluate at least some of my patients:** |
|  |  |  |
| Yes |  |  |
| **No** |  |  |

|  |
| --- |
| **11. Some of MY PATIENTS are using E-DA tools to track their dietary intake:** |
|  |  |  |
| Yes |  |  |
| **No** |  |  |

|  |
| --- |
| **12. The dietary information is being entered:** |
|  |  |  |
| **Only by my patient/client** |  |  |
| Only by myself (healthcareprovider) |  |  |
| By either myself or mypatients/clients |  |  |
|  |  |  |

|  |
| --- |
| **13. I AM using at least one of the following Web-based tool(s) and/or apps in mobile device****(s) to assess the diet or food intake of my patients/clients (Check ALL that apply):** |
|  |  |  |
| EaTracker (Dietitians of Canada)Web-based Tool |  |  |
| The Food Processor (ESHA) Web-based Tool |  |  |
| Nutra basic Web-based Tool |  |  |
| SelfNutritionData Web-based Tool |  |  |
| MyFitnessPal app |  |  |
| MyNetDiary app |  |  |
| Calorie Tracker app (byLivestrong.com) |  |  |
| Calorie Counter app |  |  |
| LoseIt app |  |  |
| lowGI Diet app |  |  |
| Weight Watchers app |  |  |
| 40.30.30 app |  |  |
| Fast Food Calorie Counter app |  |  |
| Fooducate app |  |  |
| HelpDiabetes carb counter app |  |  |
| **I am not using a Web-based tool or an app to assess diet.** |  |  |
| Other (s) |  |  |

|  |
| --- |
| **14. My PATIENTS/CLIENTS are using at least one of the following Web-based tool(s) and/or apps in mobile device(s) to assess their diet or food intake (Check ALL that apply):** |
|  |  |  |
| EaTracker (Dietitians of Canada)Web-based Tool |  |  |
| The Food Processor (ESHA) Web-based Tool |  |  |
| Nutra basic Web-based Tool |  |  |
| SelfNutritionData Web-based Tool |  |  |
| **MyFitnessPal app** |  |  |
| MyNetDiary app |  |  |
| Calorie Tracker app (byLivestrong.com) |  |  |
| Calorie Counter app |  |  |
| LoseIt app |  |  |
| LowGI Diet app |  |  |
| Weight Watchers app |  |  |
| 40.30.30 app |  |  |
| Fast Food Calorie Counter app |  |  |
| Fooducate app |  |  |
| HelpDiabetes Carb Counter app |  |  |
| I am not using a Web-based tool oran app to assess diet |  |  |
| Other (s) |  |  |

|  |
| --- |
| **skipped question 24** |

|  |
| --- |
| **15. I think that some of the potential BENEFITS of using Electronic Dietary Assessment Tools in my practice are or could be (check ALL that apply):** |
|  |  |  |
| E-DA tools facilitate initial assessment of food intake and/oreating behaviours. |  |  |
| **E-DA tools can potentially be used for self-monitoring nutrients, foods and eating****behaviours.** |  |  |
| E-DA tools might motivate people to track what they eat because of the rapid and visual results. |  |  |
| E-DA tools may be an educational or learning tool because they may allow patients/clients to self-reflectabout their own diet. |  |  |
| E-DA tools may provide more accurate results (vs. paper and pencil) because E-DA tools may use food photographs, potions sizes of foods and ask about somefood habits. |  |  |
| E-DA tools can decrease the time and cost of personnel in conductingdietary assessment (s). |  |  |
| E-DA tools provide more detailed information on diet intake than iscurrently available. |  |  |
| E-DA tools can help me in tracking specific intake of nutrients (e.g., vitamin K, calcium, sodium, potassium) for food-medication interactions or management of achronic condition. |  |  |

|  |  |  |
| --- | --- | --- |
| No benefits. |  |  |
| Other benefits. |  |  |



|  |
| --- |
| **16. I think the use of New Electronic Dietary Assessment Tools is or could be valuable in (check ALL that apply):** |
|  |  |  |
| Wellness check-ups or annual physical examinations (in adultsand/or children). |  |  |
| General health promotion over the lifecycle (e.g., pregnancy, children,women). |  |  |
| Heart disease. |  |  |
| Diabetes with or without otherconditions. |  |  |
| Any combination of dyslipidemia, hypertension, but not diabetes orheart disease. |  |  |
| Cancer. |  |  |
| **Overweight/ obesity without****other conditions.** |  |  |
| Gastrointestinal issues (GI). |  |  |
| None. |  |  |
| Other condition(s). |  |  |

|  |
| --- |
| **skipped question 28** |

|  |
| --- |
| **17. In my opinion, some BARRIERS to the use of Electronic Dietary Assessment Tools in my practice are (check ALL that apply):** |
|  |  |  |
| Time taken by patients to fill out the Electronic Dietary Assessment. |  |  |
| Time taken by provider to offer counselling after conducting dietaryassessment. |  |  |
| **Lack of motivation by patients to complete dietary assessment.** |  |  |
| Training time or education for patients to learn how to use an E-DA tool. |  |  |
| Training time or education for providers to learn how to interpretE-DA data. |  |  |
| Patients’ lack of comfort with useof technology. |  |  |
| Patients’ lack of comfort with disclosure of dietary information. |  |  |
| Many foods are not listed in thedatabases. |  |  |
| Unknown validity/ reliability of thetools. |  |  |
| Safety and confidentiality issues. |  |  |
| Potential misinterpretation of results by patients (for example the day-to-day variability of the diet). |  |  |
| Potential misinterpretation by providers (for example the day-to- day variability of the diet). |  |  |
| Current inability to download dietary |  |

|  |  |  |
| --- | --- | --- |
| data directly into the Electronic Medical Record (EMR). |  |  |
| Cost to Family Health Team to purchase access to Web-based tool |  |  |
| ($500-700 total/year). |  |  |
| Compensation for taking the time to conduct diet assessment and |  |  |
| counselling (provider). |  |  |
| No barriers. |  |  |
| Other barriers. |  |  |



|  |
| --- |
| **18. Would you be open to learning more about New Electronic Dietary Assessment Tools?** |
|  |  |  |
| **Yes** |  |  |
| No |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **19. Are there any comments you would like to provide?** |