

Evaluation of vitamins K1 and K2 intake: in the diet and from supplements in kidney transplant recipients

The purpose of this questionnaire is to provide information about the amounts of vitamin K intake both in the diet as well as derived from supplements. The research will be extended to information about intake of anticoagulants and drugs that lower blood cholesterol and/or glycemia.

The questionnaire consists of two parts:

1. Patients data: sex, age, weight, height, earlier mentioned drugs and supplements intake.
Respondent provides information about sex, weight, height, intake of anticoagulants or drugs lowering glycemia or cholesterol, and supplements. Respondent provides also information about medical history, including fractures and time of their appearance.
Investigator takes weight measurements of the respondent using body composition analyzer TANITA BC – 545N and interprets the readout of respondent body mass index (BMI) from the analyzer.
2. Food intake diary: information about solid and liquid products consumed over three consecutive days, however excluding Saturdays and Sundays in order to allow for more accurate results, since during weekends respondents diet may differ from that consumed on working days.
Food diary consists of two parts:
A) Meals menu from three consecutive days presented by respondent
B) Detailed products list that enables the respondent to best specify food products consumed which translates into more accurate results.

On the basis of the information gathered from the questionnaire a summary of vitamin K intake from supplements, solid and liquid products will be made. To estimate the exact vitamin K amount we will use the tables of vitamin content in food products from the National Food and Nutrition Institute complemented by American (www.nal.usda.gov) and Dutch (www.frida.fooddata.dk) data bases.

For research purposes we use a program recommended by the National Food and Nutrition Institute – Diet 5D.

Data derived from the respondents will also provide information about drug intake of particular anticoagulants and drugs lowering blood cholesterol and glycemia.

Gathered data will be used only for research purposes. The questionnaire is anonymous and voluntary. After completing the questionnaire, the investigator gives the respondent a data disclosure statement to sign.

Questionnaire – part I

Sex <input type="checkbox"/> Women <input type="checkbox"/> Men	Age..... Height..... Weight.....	BMI
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1. When did you have kidney transplantation? (*state year and month*)

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2. Have you ever had myocardial infarction?

- ☐ no
- ☐ yes

If the answer is yes, please state the date (*year, month*)

3. Have you ever had brain stroke?

- ☐ no
- ☐ yes

If the answer is yes, please state the date (*year, month*)

4. Have you ever had any fractures?

- ☐ no
- ☐ yes

If the answer is yes:

a) did the fracture occur before or after kidney transplanation?

- ☐ before
- ☐ after

b) which bone(s) was involved?

.....

c) when did the fracture occur? (*year, month*)

.....

5. Are you taking drugs lowering blood cholesterol?

- ☐ no
- ☐ yes

If the answer is yes, what is the name of the drug?.....

At what daily dose do you take it?.....

Since when have you been taking it? (*year, month*)

6. Are you taking drugs lowering glycemia?

- ☐ no
- ☐ yes

If the answer is yes, what is the name of the drug?.....

At what daily dose do you take it?.....

Since when have you been taking it? (*year, month*)

7. Are you taking any anticoagulant drugs listed below?

- ☐ Acenocumarol
- ☐ Warfin

If the answer is yes, since when have you been taking it? (*year, month*)

.....

8. Do you take any diet supplements?

- ☐ no
- ☐ yes

If the answer is yes, what is the name of the supplement?.....

At what daily dose do you take it?.....

Since when have you been taking it? (*year, month*)

Questionnaire– part II

CONSUMED FOOD DIARY of the respondent on day one

Type of meal	Meal/product	Components	Measure	Mass (filled in by respondent)
Breakfast	Scrambled eggs with spinach and mushrooms, slice of bread with butter, green tea	Chicken eggs Extra butter Fresh spinach Mushroom Tomato Rye bread Green tea White sugar	2 pieces 1 spoon 1 handful 4 pieces 1 piece 2 slices 1 cup 1 spoon	120 10 30 80 100 80 50 10
Second breakfast	An apple	Apple	1 piece	120
Dinner	Boiled potatoes, roasted chicken, carrot salad, orange juice	Potatoes Chicken fillet Olive oil Carrot Orange juice	2 pieces 1 piece 1 spoon 1 piece 1 cup	150 120 10 45 250
Teatime	Tomato juice	Tomato juice	1 cup	250
Supper	Sandwich with butter, ham, tomato, black tea	Rye bread Extra butter Sopot's sirloin Tomato Black tea White sugar	2 slices 1 spoon 2 slices 4 slices 1 cup 2 teaspoon	80 10 20 50 250 10
Additional meals and liquids, herbs including	Kefir	Kefir	1 cup	250

CONSUMED FOOD DIARY of the respondent on day two

Type of meal	Meal/product	Components	Measure	Mass (filled in by respondent)
Breakfast				
Second breakfast				
Dinner				
Teatime				
Supper				
Additional meals and liquids, herbs including				

CONSUMED FOOD DIARY of the respondent on day three

Type of meal	Meal/product	Components	Measure	Mass (filled in by respondent)
Breakfast				
Second breakfast				
Dinner				
Teatime				
Supper				
Additional meals and liquids, herbs including				

PRODUCTS – DETAILED LIST

CEREALS <input type="checkbox"/> Oats <input type="checkbox"/> Millet <input type="checkbox"/> Buckwheat <input type="checkbox"/> Corn <input type="checkbox"/> Rice <input type="checkbox"/> Quinoa <input type="checkbox"/> Amaranth <input type="checkbox"/> Crunchy / muesli <input type="checkbox"/> Other:	Bread <input type="checkbox"/> Wheat <input type="checkbox"/> Wholemeal rye <input type="checkbox"/> Light rye <input type="checkbox"/> Buckwheat <input type="checkbox"/> Corn <input type="checkbox"/> Own bake <input type="checkbox"/> Other:	Dairy + % fat <input type="checkbox"/> Natural yogurt <input type="checkbox"/> Cottage cheese <input type="checkbox"/> Cheese <input type="checkbox"/> Mozzarella <input type="checkbox"/> Feta cheese <input type="checkbox"/> Cream cheese <input type="checkbox"/> Parmezan <input type="checkbox"/> Camembert <input type="checkbox"/> Blue cheese <input type="checkbox"/> Greek yogurt <input type="checkbox"/> Kefir <input type="checkbox"/> Buttermilk <input type="checkbox"/> Other:
Dairy goat/sheep + % fat <input type="checkbox"/> Goat/Sheep yogurt <input type="checkbox"/> Goat/Sheep cheese <input type="checkbox"/> Goat/Sheep feta cheese <input type="checkbox"/> Cream cheese <input type="checkbox"/> Pecorino Romano cheese <input type="checkbox"/> Other:	Plant products + % fat <input type="checkbox"/> Soy drink <input type="checkbox"/> Soy yogurt <input type="checkbox"/> Coconut yogurt <input type="checkbox"/> Cream: soy, oat, rice, almond <input type="checkbox"/> Drink: oat, rice, coconut-rice, almond, millet <input type="checkbox"/> Other:	Meat products <input type="checkbox"/> Chicken: breast, loin, legs <input type="checkbox"/> Turkey: breast, loin, legs <input type="checkbox"/> Pork loin <input type="checkbox"/> Ground pork <input type="checkbox"/> Beef <input type="checkbox"/> Lamb <input type="checkbox"/> Veal <input type="checkbox"/> Duck/ goose <input type="checkbox"/> Wild meat <input type="checkbox"/> Chicken/pork liver

		<input type="checkbox"/> Other:
Other meat products <input type="checkbox"/> Cold meat: from poultry, pork <input type="checkbox"/> Kabanos: poultry, pork <input type="checkbox"/> Sausages <input type="checkbox"/> Liverwurst <input type="checkbox"/> Other:	Fish <input type="checkbox"/> Salmon <input type="checkbox"/> Trout <input type="checkbox"/> Cod, sole fish, minty zander, bream <input type="checkbox"/> Flounder <input type="checkbox"/> Tuna (steak) <input type="checkbox"/> Tuna in water/oil <input type="checkbox"/> Sprat, sardine <input type="checkbox"/> Herring <input type="checkbox"/> Smoked fish: salmon, Trout, Cod, Tuna <input type="checkbox"/> Prawn <input type="checkbox"/> Sushi <input type="checkbox"/> Other seafood <input type="checkbox"/> Other:	Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Hard boiled <input type="checkbox"/> Soft-boiled <input type="checkbox"/> Scrambled <input type="checkbox"/> Omlete <input type="checkbox"/> Fried <input type="checkbox"/> Quail <input type="checkbox"/> Other:
Carbohydrates <input type="checkbox"/> Potatos <input type="checkbox"/> Batats <input type="checkbox"/> Brown rice <input type="checkbox"/> White rice <input type="checkbox"/> Wholemeat pasta <input type="checkbox"/> Wheat pasta <input type="checkbox"/> Egg-free pasta <input type="checkbox"/> Rice pasta <input type="checkbox"/> Soy pasta <input type="checkbox"/> Mung pasta <input type="checkbox"/> Other types of pasta <input type="checkbox"/> Other:	Other carbohydrates <input type="checkbox"/> Buckwheat groats <input type="checkbox"/> Millow groats <input type="checkbox"/> Wheat groats <input type="checkbox"/> Spelled groats <input type="checkbox"/> Barley <input type="checkbox"/> Couscous from durum wheat/ corn <input type="checkbox"/> Quinoa <input type="checkbox"/> Amaranth <input type="checkbox"/> Wheat pancakes <input type="checkbox"/> Wholemeat pancakes <input type="checkbox"/> Flour pancakes <input type="checkbox"/> Tortilla <input type="checkbox"/> Other:	Vegetarian products <input type="checkbox"/> Tofu <input type="checkbox"/> Soy cutlets <input type="checkbox"/> Tempeh <input type="checkbox"/> Vegetables sandwich creams <input type="checkbox"/> Hummus <input type="checkbox"/> Natto <input type="checkbox"/> Other:
Vegetables <input type="checkbox"/> Tomato <input type="checkbox"/> Cucumber <input type="checkbox"/> Pepper <input type="checkbox"/> Radish, kohirabi, zucchini, pumpkin, eggplant <input type="checkbox"/> Broccoli, cauliflower <input type="checkbox"/> Beetroot <input type="checkbox"/> Corn <input type="checkbox"/> Cabbage <input type="checkbox"/> Brussels, sprouts <input type="checkbox"/> Lettuce, spinach, rucola, chicory <input type="checkbox"/> Carrot <input type="checkbox"/> Parsley <input type="checkbox"/> Celery <input type="checkbox"/> Onion, garlic <input type="checkbox"/> Dill, chives <input type="checkbox"/> Sprouts <input type="checkbox"/> Coriander, basil <input type="checkbox"/> Ginger <input type="checkbox"/> Pattison <input type="checkbox"/> Kale	Pulses <input type="checkbox"/> Green bean <input type="checkbox"/> Peas <input type="checkbox"/> Green peas <input type="checkbox"/> White/red bean <input type="checkbox"/> Lentils <input type="checkbox"/> Broad bean <input type="checkbox"/> Soy <input type="checkbox"/> Other:	Dried tropical food and other <input type="checkbox"/> Sunflower seeds <input type="checkbox"/> Pumpkin seeds <input type="checkbox"/> Sesame <input type="checkbox"/> Coconut shreds <input type="checkbox"/> Almonds <input type="checkbox"/> Walnuts <input type="checkbox"/> Cashews <input type="checkbox"/> Pistaccio <input type="checkbox"/> Hazelnuts <input type="checkbox"/> Peanuts <input type="checkbox"/> Raisins <input type="checkbox"/> Figs <input type="checkbox"/> Cranberry <input type="checkbox"/> Apricot <input type="checkbox"/> Chia seeds, linseed <input type="checkbox"/> Wheat bran <input type="checkbox"/> Other:

<input type="checkbox"/> Other:		
Soups <input type="checkbox"/> Cucumber <input type="checkbox"/> Tomato <input type="checkbox"/> Vegetable <input type="checkbox"/> Chicken soup <input type="checkbox"/> Borsch <input type="checkbox"/> Bean soup <input type="checkbox"/> Barley <input type="checkbox"/> Mushroom soup <input type="checkbox"/> Cream soups <input type="checkbox"/> Instant soups <input type="checkbox"/> Other:	Adds <input type="checkbox"/> Olives: green and black <input type="checkbox"/> Dried tomatos <input type="checkbox"/> Capers <input type="checkbox"/> Tomato souce, passata <input type="checkbox"/> Ajvar <input type="checkbox"/> Balsamic vinegar <input type="checkbox"/> Soy souce <input type="checkbox"/> French dressing <input type="checkbox"/> Yogurt sauce <input type="checkbox"/> Mustard <input type="checkbox"/> Ketchup <input type="checkbox"/> Horseradish <input type="checkbox"/> Honey <input type="checkbox"/> Mayonaisee <input type="checkbox"/> Other:	Herbs <input type="checkbox"/> Curry <input type="checkbox"/> Sweet/ Spicy pepper <input type="checkbox"/> Ginger <input type="checkbox"/> Provence herbs <input type="checkbox"/> Basil <input type="checkbox"/> Oregano <input type="checkbox"/> Thyme <input type="checkbox"/> Chilli <input type="checkbox"/> Turmeric <input type="checkbox"/> Curry paste <input type="checkbox"/> Rosemary <input type="checkbox"/> Cinamon <input type="checkbox"/> Vanilia <input type="checkbox"/> Pepper <input type="checkbox"/> Other:
Fruits <input type="checkbox"/> Apple, pear <input type="checkbox"/> Orange <input type="checkbox"/> Grapefruit <input type="checkbox"/> Ananas, mango, kaki, papaya <input type="checkbox"/> Grapes <input type="checkbox"/> Avokado <input type="checkbox"/> Rhubarb <input type="checkbox"/> Redcurrant, white currant <input type="checkbox"/> Pomegranate <input type="checkbox"/> Mango <input type="checkbox"/> Banana <input type="checkbox"/> Plum <input type="checkbox"/> Peach, nectarine <input type="checkbox"/> Watermelon, melon <input type="checkbox"/> Kiwi <input type="checkbox"/> Strawberry, raspberry, berries, blueberries <input type="checkbox"/> Cherries <input type="checkbox"/> Other:	Fats <input type="checkbox"/> Soy oil <input type="checkbox"/> Rapeseed oil <input type="checkbox"/> Cottonseed oil <input type="checkbox"/> Olive oil <input type="checkbox"/> Margarine <input type="checkbox"/> Butter <input type="checkbox"/> Clarified butter <input type="checkbox"/> Masmix <input type="checkbox"/> Grape seed oil <input type="checkbox"/> Linen oil <input type="checkbox"/> Coconut oil <input type="checkbox"/> Other:	Other: <input type="checkbox"/> Fruit/vegetables coctails <input type="checkbox"/> Juice <input type="checkbox"/> Tea <input type="checkbox"/> Mushrooms <input type="checkbox"/> Fruit in sirup <input type="checkbox"/> Marmalades

Signature of the patient confirms that all the data filled in the questionnaire are consistent with the truth and his/her state of knowledge on the day of fulfilling the questionnaire.

I consent to the processing of my personal data for research purposes according to the regulations of the Bill of August 29, 1997, concerning personal data protection (*Dz. U. z 2002 r. nr 101, poz. 926, with alterations*).

Date of investigation:

Patient's signature: