Diet Counseling Survey

Thank you for participating in this survey about eating pattern recommendations for patients with type 2 diabetes. This survey will take approximately 15 minutes to complete.

Hello! Thank you for your interest in participating in our survey! The intended participants are nutritionists and diabetes educators, as well as any other clinician who performs diet counseling with patients with type 2 diabetes. Participation in this survey is completely voluntary. Responses to this survey will be only be reported in an aggregate de-identified form.

Please use the sliding scale to estimate the percentage of your total patient caseload who have a diagnosis of type 2 diabetes.

![Sliding scale](image)

(Place a mark on the scale above)

Which of the following eating patterns, if any, do you use when helping patients to manage their type 2 diabetes? (Check all that apply)

- Low-fat
- Energy-modified/calorie restricted (e.g. Mifflin St Jeor Energy Expenditure calculation minus 500-700kcal/day)
- Very low calorie, defined as less than 800kcal/day
- Mediterranean
- Vegetarian
- Vegan
- DASH (low sodium)
- Intermittent fasting/time restricted eating
- Meal replacement
- Paleo
- Low carbohydrate, defined as 50-130 grams of total carbohydrate per day
- Very low carbohydrate (ketogenic) defined as < 50 grams of total carbohydrate per day
- Non-restrictive/Intuitive eating
- Other(s)
Other(s) - Please Specify:

What factors influence your decision to recommend these eating patterns for patients with type 2 diabetes? (Please check your top three)

- My professional expertise concerning the eating pattern(s)
- My own personal experience with following the eating pattern(s) myself
- Success of eating pattern(s) with previous patients
- The patient's prior success with these eating patterns
- The patient's prior failure with other eating patterns
- The patient's preference
- The patient's cultural traditions
- The scientific evidence for the eating pattern(s)
- Likelihood of long-term weight loss
- The typical practice patterns at my site
- Clinical practice guidelines
- Other medical conditions
- US Health and World Report rankings
- The patient's food budget
- Other(s)

Other(s) - Please Specify:

Are there any eating pattern strategies that you recommend patients avoid when managing their type 2 diabetes?

- Yes
- No

Please check all of the eating patterns that you recommend that patients with type 2 diabetes should avoid. (Check all that apply)

- Low-fat
- Energy-modified/calorie restricted (e.g. Mifflin St Jeor Energy Expenditure calculation minus 500-700kcal/day)
- Very low calorie, defined as less than 800kcal/day
- Mediterranean
- Vegetarian
- Vegan
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- Low carbohydrate, defined as 50-130 grams of total carbohydrate per day
- Very low carbohydrate (ketogenic) defined as < 50 grams of total carbohydrate per day
- Non-restrictive/Intuitive eating
- Other(s)

Other(s) - Please Specify:
Which of the following are benefits of a low carbohydrate eating pattern (50-130 total grams of carbohydrates per day) that you discuss with your patients?

- Weight Loss
- Glycemic Control
- Medication Reduction
- Hunger Reduction
- Craving Reduction
- Decreased Cardiovascular Risk Factors
- None
- Other(s)

Other(s) - Please Specify:

Which of the following (if any) concerns do you have about low carbohydrate (50-130 total grams of carbohydrates per day) eating patterns? (Check all that apply)

- Too restrictive
- Too expensive for patient
- Difficult to sustain over time
- Insufficient vegetable intake
- Insufficient fruit intake
- Insufficient whole grain intake
- Risk of cardiovascular disease
- Risk of increased cholesterol
- Risk of hypotension
- Risk of hypoglycemia
- Risk of disordered eating
- Too many side effects (constipation, bad breath, etc.)
- Lack of short-term safety data
- Lack of long-term safety data
- Lack of evidence showing benefit
- Other(s)
- None

Other(s) - Please Specify:

Which of the following are benefits of a low carbohydrate eating pattern (< 50 total grams of carbohydrates per day) that you discuss with your patients? (Check all that apply)

- Weight Loss
- Glycemic Control
- Medication Reduction
- Hunger Reduction
- Craving Reduction
- Decreased Cardiovascular Risk Factors
- None
- Other(s)

Other(s) - Please Specify:
Which of the following (if any) concerns do you have about very low carbohydrate (< 50 total grams of carbohydrates per day) eating patterns? (Check all that apply)

- Too restrictive
- Too expensive for patient
- Difficult to sustain over time
- Insufficient vegetable intake
- Insufficient fruit intake
- Insufficient whole grain intake
- Risk of cardiovascular disease
- Risk of increased cholesterol
- Risk of hypotension
- Risk of hypoglycemia
- Risk of disordered eating
- Too many side effects (constipation, bad breath, etc.)
- Lack of short-term safety data
- Lack of long-term safety data
- Lack of evidence showing benefit
- Other(s)
- None

Other(s) - Please Specify:

What clinical practice guidelines or resources do you use to guide your counseling about carbohydrate restricted eating patterns?

Do you practice in the State of Michigan?  
- Yes
- No

What state do you practice in?
<table>
<thead>
<tr>
<th>Do you offer virtual visits?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

| What concerns (if any) do you have about recommending a low carbohydrate (50-130 total grams of carbohydrates per day) eating pattern for type 2 diabetes? (Check all that apply) |
|-----------------------------|---------------------------------|
| | Too restrictive |
| | Too expensive for patient |
| | Difficult to sustain over time |
| | Insufficient vegetable intake |
| | Insufficient fruit intake |
| | Insufficient whole grain intake |
| | Risk of cardiovascular disease |
| | Risk of increased cholesterol |
| | Risk of hypotension |
| | Risk of hypoglycemia |
| | Risk of disordered eating |
| | Too many side effects (constipation, bad breath, etc.) |
| | Lack of short-term safety data |
| | Lack of long-term safety data |
| | Lack of evidence showing benefit |
| | Other(s) |
| | None |

<table>
<thead>
<tr>
<th>Other(s) - Please Specify</th>
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<tbody>
<tr>
<td>__________________________</td>
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Khosrovaneh K, et al. bmjnph 2024;0:e000845. doi: 10.1136/bmjnph-2023-000845
What concerns do you have (if any) about recommending a very low carbohydrate eating pattern (< 50 total grams of carbohydrates per day) for type 2 diabetes? (Check all that apply)

- Too restrictive
- Too expensive for patient
- Difficult to sustain over time
- Insufficient vegetable intake
- Insufficient fruit intake
- Insufficient whole grain intake
- Risk of cardiovascular disease
- Risk of increased cholesterol
- Risk of hypotension
- Risk of hypoglycemia
- Risk of disordered eating
- Too many side effects (constipation, bad breath, etc.)
- Lack of short-term safety data
- Lack of long-term safety data
- Lack of evidence showing benefit
- Other(s)
- None

Other(s) - Please Specify:

How old are you? (optional)

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Which of the following best describes you? (Check all that apply)

- Hispanic or Latino
- Asian or Pacific Islander
- Black or African American
- Native American or Alaskan Native
- White or Caucasian
- Multiracial or Biracial
- A race/ethnicity not listed here
- Prefer not to answer

To which gender identity do you most identify?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant / Non-Conforming
- Other
- Prefer Not to Answer

Other - Please Specify:
<table>
<thead>
<tr>
<th>What is your practice setting? (Check all that apply)</th>
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<tbody>
<tr>
<td>- Private Practice</td>
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<tr>
<td>- Academic Medical System</td>
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<tr>
<td>- For-Profit Medical System</td>
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<tr>
<td>- Non-Profit Medical System</td>
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<tr>
<td>- Skilled Nursing Facility / Nursing Home</td>
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<tr>
<td>- Telehealth Company</td>
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<tr>
<td>- Government / Military Health System</td>
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<tr>
<td>- Other</td>
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</tbody>
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Other - Please Specify: ____________________________

<table>
<thead>
<tr>
<th>What are your credentials? (Check all that apply)</th>
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<tbody>
<tr>
<td>- RD</td>
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<td>- DSMES</td>
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<tr>
<td>- RN</td>
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<td>- PharmD</td>
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<td>- MD/DO</td>
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<td>- PA</td>
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<td>- NP</td>
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<td>- MA</td>
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<td>- Other(s)</td>
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</tbody>
</table>

Other(s) - Please Specify: ____________________________

<table>
<thead>
<tr>
<th>How many years have you been in clinical practice (not including training)?</th>
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<tbody>
<tr>
<td>- 0-5</td>
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<tr>
<td>- 6-10</td>
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<tr>
<td>- 11-15</td>
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<tr>
<td>- 16-20</td>
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<tr>
<td>- 21+ (years)</td>
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<thead>
<tr>
<th>Which of the following types of additional resources and support would be helpful for you in offering low carbohydrate counseling? (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- I do not plan to provide low carbohydrate counseling</td>
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<tr>
<td>- Patient-facing videos</td>
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<tr>
<td>- Case conferences</td>
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<tr>
<td>- Handouts</td>
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<tr>
<td>- Websites</td>
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<tr>
<td>- Books</td>
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<tr>
<td>- Low carbohydrate diet meal plans</td>
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<tr>
<td>- Patient support groups</td>
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<tr>
<td>- Consulting services</td>
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<tr>
<td>- None - I have sufficient resources/support</td>
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<tr>
<td>- Other(s)</td>
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</tbody>
</table>

Other(s) - Please Specify: ____________________________