



FUNCTIONAL FOODS AND NUTRACEUTICALS

SURVEY AMONG HEALTH PROFESSIONALS PHASE II
(PHYSICIANS AND NURSES)

FINAL REPORT

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INTRODUCTION

Functional foods and nutraceuticals (FFNs) are a relatively new category of products that provide demonstrated physiological benefits or reduce the risk of chronic disease, above and beyond their basic nutritional functions. Given the increasing importance placed by the Canadian public on their health and because the health benefits of FFNs could significantly reduce health care expenditures in Canada (particularly those associated with heart problems/high cholesterol, cancer, diabetes and osteoporosis), these foods represent a considerable value-added opportunity for Canada's agri-food sector. Health professionals have an important role to play in this area as a key source of information for consumers about nutrition and health, and because they have a substantial influence on the regulatory policy environment around health claims such as those for FFNs.

In 2004, Environics was commissioned by Agriculture and Agri-Food Canada (AAFC) to conduct Phase I of a survey of Canadian health professionals on FFNs. This phase included interviews with dietitians/nutritionists, homeopaths, naturopaths, chiropractors and pharmacists.¹ To provide a more complete picture of health professionals' views towards FFNs, AAFC commissioned Environics to repeat this survey in spring 2005 with Canadian physicians and nurses. The results of both phases of research are intended to help industry and government efficiently direct resources in the implementation of market development, research and investment strategies to help brand Canada as a world centre of excellence in this area.

More specifically, the research is intended to:

- Determine the attitudes and recommendation behaviours of Canadian physicians and nurses toward FFNs, and the factors that influence these;
- Identify products or product categories considered most important;
- Assess the level of knowledge about FFNs, as well as opinions about their safety; and
- Identify sources of information about FFNs that are used and considered important.

The Phase II of this research involved a mixed methodology. The survey of physicians consisted of telephone interviews with a representative sample of 150 physicians across Canada, replicating the methodology of the Phase I survey. Since there is no comprehensive, national list of telephone numbers available for nurses, this part of the research involved a mail survey completed with 331 Canadian nurses who are members of the Canadian Association of Nurses in Oncology (CANO) or the College of Nurses of Ontario (CNO).

The margin of sampling error for the physicians sample is plus or minus 8.0 percentage points, and for the nurses sample is plus or minus 5.3 percentage points (both at the 95% confidence level). For both physicians and nurses, the margin of error is greater for results pertaining to regional or other subgroups of the total sample. A more detailed description of the methodology used to conduct this study is provided at the back of this report, along with a copy of the questionnaire (Appendix).

1 A total of 800 interviews were conducted in Phase I, including 184 dietitians, 180 naturopaths, 117 homeopaths, 161 pharmacists and 158 chiropractors.

This report begins with an executive summary outlining key findings and conclusions, followed by a detailed analysis of the survey data.² Results from the Phase I survey are included where appropriate for comparison purposes, although the focus of the analysis is on physicians and nurses (further detail on the Phase I results are available in the separate Phase I report). Provided

under separate cover is a set of detailed “data tables” that present the results for all questions by population segments as defined by region and other relevant characteristics. These tables are referenced by question number in the detailed analysis, which can be found adjacent to or below the graphs and tables. *All results are expressed as a percentage, unless otherwise noted.*

² Graphs and tables are based on the total sample surveyed, unless otherwise specified. The minimum subsample size used throughout this report is 30, since sample sizes under 30 are typically considered too small to report

EXECUTIVE SUMMARY

The results of this survey reveal that physicians and nurses generally endorse the concept of functional foods and nutraceuticals (FFNs). They accept the idea that certain foods have health benefits beyond basic nutrition, and are familiar with many types of these foods and their associated health benefits. Yet, while physicians appear to have made a place in their practice for these foods, nurses' discussions with patients and recommendations about FFNs remain limited.

Despite their general orientation, physicians and nurses appear less engaged on this topic than some of the health professionals surveyed in Phase I (especially naturopaths, dietitians, homeopaths and chiropractors). In particular, they are less open to learning more about FFNs, not because they already feel fully knowledgeable but perhaps because they face so many other demands on their time and expertise. For those who would like more information, the key question continues to be about the efficacy of these foods and food products.

The following points summarize the main findings from the research:

General attitudes and actions regarding FFNs

- Physicians and nurses believe in the benefits certain foods can have for our health, beyond just basic nutrition (66% and 57% strongly agree, respectively). However, their convictions are not as strong as those held by naturopaths, chiropractors, dietitians and homeopaths (between 73% and 83% strongly agree).
- Physicians' general confidence in these foods is reflected in their discussions with patients. Nine in ten physicians initiate a discussion about foods with added health benefits at least once a week, which

is second in frequency only to naturopaths. Yet, despite a similar degree of confidence in the added benefits of certain foods, nurses report considerably less frequent conversations with their patients (only half do so at least once a week).

- Interestingly, while physicians discuss these foods quite frequently, they report doing so with a relatively limited set of patients (average of 36% of patients over the past year). In contrast, nurses introduce the topic with a somewhat larger proportion of their patients (average of 47%), but with less frequency per patient.
- Both physicians and nurses report a growing interest in this topic among their patients in the past few years, consistent with the perceptions of the health professionals surveyed in Phase I.

Key product areas and health concerns

- Physicians demonstrate a strong preference for FFNs in their naturally occurring format, recommending them more often to their clients over more engineered products. In this sense, they most resemble dietitians. Nurses are less comfortable with all of the food formats, from familiar foods to dietary supplements to foods specially enhanced to contain more of a functional component, making among the least frequent recommendations of the health professions.
- Yet, when asked to think about foods that reduce the risk of a disease or health concern, both nurses and physicians identify a wide range of foods or food components that play this role. Physicians are most likely to associate this role with fruits and vegetables, while nurses are more apt to link it with fibre.

- The health problems that are most often discussed in relation to foods are those that reflect the focus of physicians' and nurses' practices or specialties. These health professions most commonly associate foods with added health benefits with preventing or reducing the risk of heart disease, cancer, high blood pressure, diabetes and weight loss. Compared to the other health professions surveyed in Phase I, they are less likely to associate these foods with promoting overall health, addressing digestive problems, arthritis or allergies.
- Regardless of the format, physicians and nurses are most likely to recommend FFNs to reduce the risk of a health condition, rather than treating an existing condition or generally maintaining good health. This contrasts somewhat with the health professions surveyed in Phase I, who are more oriented toward recommending these foods for the maintenance of good health.

Knowledge and Information sources on FFNs

- Physicians and nurses rate themselves among the least knowledgeable of all health professions, both about functional foods but particularly about nutraceuticals. Physicians have a clear interest in addressing this knowledge gap for functional foods, similar to dietitians, homeopaths and naturopaths, but not as much for nutraceuticals. However, nurses are least interested of all the health professions in learning more about both topics.
- Their relatively limited knowledge does not lead physicians or nurses to express greater concern than do the other health professions about the safety of FFNs. However, knowledge is a factor in other ways.
 - Physicians and nurses who are less knowledgeable about these topics initiate discussions and recommend the different formats of FFNs less frequently. Thus, education about functional foods and nutraceuticals appears to be an important first step in promoting these foods to health professionals.
- Both professions have previously consulted a range of information sources on FFNs, with physicians looking to medical journals, and nurses relying on the Internet and their colleagues. However, few physicians and nurses are satisfied with the information currently available to them. In particular, they would like concrete and credible information, such as published research results, about the effectiveness of FFNs.
- Not surprisingly then, medical journals enjoy a strong degree of credibility with physicians and nurses for providing information on FFNs. Professional associations and non-governmental associations are also very positively regarded, consistent with the opinions of health professionals surveyed in Phase I. A key difference is that physicians and nurses tend to assign higher credibility to most sources in relation to functional foods over nutraceuticals, which the other health professions did not.
- Consistent with the views of health professionals surveyed in Phase I, physicians and nurses consider dietitians best qualified to advise patients about FFNs. When deciding on a referral, physicians and nurses are most likely to take into account the specialized knowledge and/or education of that individual.

SUPPORT FOR CONCEPT OF FFNS

Belief in the additional health benefits of certain foods

Physicians and nurses believe that certain foods have health benefits beyond basic nutrition. Physicians in particular associate this role with fruits and vegetables, while nurses are more likely to link it with fibre.

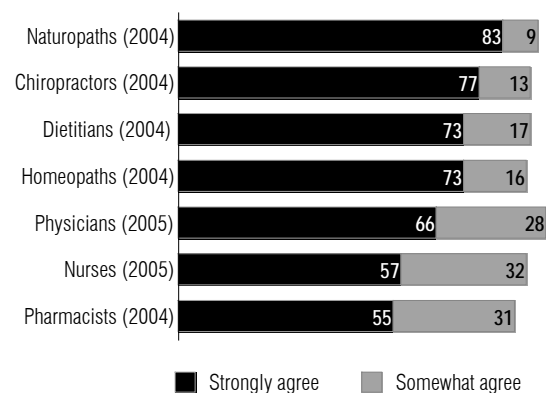
The survey began by asking physicians and nurses how much they agree or disagree that certain foods have health benefits that go beyond basic nutrition and may reduce the risk of disease or other health concerns. The actual terms “functional foods” and “nutraceuticals” were not used until later in the survey.

About nine in ten physicians and nurses agree (either strongly or somewhat) that certain foods play a role beyond basic nutrition. Physicians have slightly more confidence in the added benefits of these foods, with 66 percent indicating they strongly agree and a further 28 percent indicating they somewhat agree. Nurses express slightly less confidence, with 57 percent agreeing strongly and a further 32 percent agreeing somewhat.

Physicians’ and nurses’ overall level of agreement is similar to that expressed by the health professionals surveyed in Phase I (ranging from 86% to 92%). However, convictions are not as strong as those held by naturopaths, chiropractors, dietitians or homeopaths (between 73% and 83% strongly agree). In fact, nurses fall together with pharmacists as the least certain of all professions that some foods can reduce the risk of disease or other health concerns (57% and 55% strongly agree, respectively).

The number of years in practice is a factor influencing opinions of physicians on the added health benefits of certain foods. The strongest convictions are held by physicians who have been practicing for 25 years or less (98% strongly or somewhat agree vs. 89% among

Certain foods have health benefits beyond basic nutrition/may reduce risk of disease By health profession



Q.2

I would like to begin with a few questions about food. By that, I am referring to everything we eat, including fruits, vegetables, grains, meats, dairy, as well as beverages and nutritional supplements. However, I won't repeat these items each time, I'll just say food. Do you strongly disagree, somewhat disagree, somewhat agree or strongly agree that certain foods have health benefits that go beyond basic nutrition and may reduce the risk of disease or other health concerns?

those practicing for more than 25 years). Region plays a role for nurses, with those in Quebec least apt to strongly agree (39% vs. 67% in Ontario and 59% elsewhere in Canada).

Along with their general belief that certain foods can reduce the risk of a specific disease or other health concern, physicians and nurses name (without prompting) a variety of such foods and food components (an average of 2.2 foods for physicians, and 2.8 for nurses).

Among physicians, the most commonly mentioned foods are fruits and vegetables together (33%), with a smaller number of mentions for fruits (10%) and vegetables (10%) separately (and without further specifying the type of fruit or vegetable). This is generally similar to the responses of health professionals surveyed in Phase I, who were most likely to identify fruits (25%) and vegetables (28%) separately, with a small number specifically identifying the two together (10%). Physicians are also more likely than other health professionals to mention fish (18%) and anti-oxidants (15%).

Nurses identify slightly different foods with added health benefits. In particular, nurses are much more likely to mention fibre (37%), compared to doctors (19%) or any of the professions in the Phase I study (13%). Nurses are also more likely to identify calcium (13%), milk (12%) or dairy products (11%). In turn, there are overall fewer mentions of fruit and vegetables, either separately or together. This does not appear to be influenced by their area of specialty, since the types of foods did not vary between members of CANO (primarily oncology nurses) and CNO.

In general, the types of foods identified as reducing the risk of a specific disease or health concern are similar among all segments of the physician and nurse populations, with a few exceptions. Physicians in Quebec and the Atlantic provinces are more likely than those in other regions to name fish, fatty acids and calcium. Physicians who have been practicing for 25 years or less are more likely to mention fibre and tomatoes, while those who work fewer hours per week and see fewer patients per day are more apt to identify fruits and vegetables (together).

Among nurses, those in Quebec are least likely to identify calcium and green leafy vegetables. Broccoli is more commonly mentioned by nurses with more years in practice, and dairy by those who work fewer hours per week.

Foods reported to or are thought to reduce the risk of disease/health concerns

	PHYSICIANS	NURSES	PHASE I
Fruits and vegetables (mentioned together)	33	15	10
Vegetables	10	11	28
Fruits	10	10	25
Fibre	19	37	13
Fatty acid/omega 3	18	16	12
Fish	18	10	8
Anti-oxidants	15	8	11
Grains/oats/cereal	11	17	13
Green/leafy vegetables	8	11	6
Vitamins/supplements	7	1	14
Calcium	7	13	4
Tomatoes	6	10	4
Broccoli	5	8	4
Oil	5	1	6
Milk	2	12	3
Dairy	1	11	2
Soy	1	6	5
Flax (seed, oil)	1	5	4
Meat/poultry	1	5	3
Cranberry juice	–	7	–
Blueberries	–	5	–
Other mentions (<5%)	34	64	33
None/don't know/no answer	–	*	9

* Less than one percent

Q.3

What foods or food components that reduce the risk of a specific disease or health concern come to mind?

Perceived health benefits of certain foods

Physicians and nurses associate these foods with a wide variety of health benefits, but particularly with addressing heart conditions and cancer.

Physicians and nurses who named a certain food as having health benefits beyond basic nutrition were then asked what specific disease or health concern that food is good for. Perceived health benefits were examined for all types of foods combined instead of separately, to identify differences by health profession.

Among physicians, a reduced risk of heart problems or high cholesterol (57%) is the most frequently mentioned health benefit associated with specific types of foods. About three in ten physicians each associate specific foods with addressing cancer (33%), colon cancer (28%), and circulatory or blood pressure problems (33%). A number of other health concerns are mentioned, including diabetes (15%), overall health (12%) and osteoporosis (11%).

Nurses are also most likely to associate foods with treating or preventing heart problems or high cholesterol (49%), cancer (43%) and colon cancer (37%). The focus on cancer is only partially due to the large segment of nurses in the sample who specialize in oncology (84% of CANO members mention any type of cancer), since cancer is also the top health concern mentioned by CNO members (64%).

Compared to physicians, nurses are less likely to associate foods with reducing the risk of heart problems/high cholesterol (49%), circulatory or blood pressure concerns (18%), diabetes (9%) and overall health (7%). However, they are almost three times as likely as physicians to associate certain foods with treating or preventing osteoporosis (31% vs. 11%). The greater focus on osteoporosis originates primarily from CNO members (40%) compared to CANO members (25%).

Perceived health benefits of foods

By health profession

HEALTH PROBLEMS ADDRESSED BY FOOD	PHYSICIANS	NURSES	DIETITIANS	NATUROPATHS	HOMEOPATHS	PHARMACISTS	CHIROPRACTORS
Heart problems/high cholesterol	57	49	69	47	39	58	48
Cancer (non-specific)	33	43	63	35	33	28	42
Circulatory/blood pressure	33	18	11	9	5	12	9
Colon cancer	28	37	15	13	8	8	13
Diabetes	15	9	27	17	11	7	7
Everything/overall health	12	7	11	16	25	7	12
Osteoporosis	11	31	15	6	3	10	10
Poor digestion/intestinal health	9	13	15	20	14	15	24
Obesity/weight control	7	9	14	6	4	8	5
Constipation/diarrhea	3	9	3	4	–	2	1
Immune system/immunity	3	9	5	12	10	6	12
Arthritis/joint health	2	2	9	13	7	5	14

Q.4a

You mentioned {first mention at Q.3}. What disease or health concern would you say that is good for?

Q.4b

And what disease or health concern would you say {second mention at Q.3} is good for?

Q.4c

And what disease or health concern would you say {third mention at Q.3} is good for?

Subsample: Those who mentioned the food as reducing the risk of a specific disease or health concern

A broad review of the results compared to the Phase I survey suggests that physicians and nurses are more likely to think of certain foods in relation to blood pressure issues, while the group of health professionals which includes dietitians, chiropractors, homeopaths, naturopaths and pharmacists are more likely to think of digestive concerns and arthritis. This is likely due at least in part to the focus of the practices of these various health professionals.

The larger sample of nurses also allowed for an analysis of the perceived health problems that can be addressed by individual foods among this profession specifically. A reduced risk of cancer (any type) is the top health benefit associated with many foods, including fibre, fruits and vegetables, green leafy vegetables and tomatoes. Addressing heart problems or high cholesterol is a health benefit more commonly associated with grains, oats or cereal, and fatty acids, while addressing osteoporosis is more apt to be associated with calcium, milk and dairy products.

Perceived health benefits of foods

Nurses By type of food

HEALTH PROBLEMS ADDRESSED BY FOOD SUBSAMPLE*	FIBRE (120)	GRAINS/OATS/ CEREALS (57)	FRUITS/ VEGETABLES (54)	FATTY ACIDS/ OMEGA 3 (53)	CALCIUM (46)	GREEN LEAFY VEGETABLES (42)	MILK (38)
Cancer (any type)	77	36	74	24	4	55	2
Poor digestion/intestinal health	12	8	6	–	–	7	5
Constipation/diarrhea	12	7	1	–	–	2	–
Heart problems/high cholesterol	11	38	30	57	9	8	2
Diabetes	10	9	10	3	–	7	–
Circulatory/blood pressure	7	12	11	22	–	2	6
Obesity/weight control	5	14	3	–	1	5	3
Bowel problems	4	10	2	–	–	–	2
Osteoporosis	3	2	–	–	78	2	86
Everything/overall health	1	1	14	1	–	3	–
Dental health	–	–	–	–	15	–	2

Q.4a

You mentioned {first mention at Q.3}. What disease or health concern would you say that is good for?

Q.4b

And what disease or health concern would you say {second mention at Q.3} is good for?

Q.4c

And what disease or health concern would you say {third mention at Q.3} is good for?

* Subsample: Nurses who mentioned the food as reducing the risk of a specific disease or health concern

DISCUSSIONS WITH PATIENTS ABOUT FFNs

Frequency of discussions with patients

Whether initiated by the health professional or the patient, physicians have frequent discussions about health-promoting foods with a small group of patients, while nurses discuss this topic with a greater number of patients but less often.

Physicians and nurses were asked about their conversations with patients about foods that are thought to promote health or reduce the risk of health concerns, in terms of frequency and relative number. These questions were asked first in relation to discussions initiated by the health professional and then by the patient.

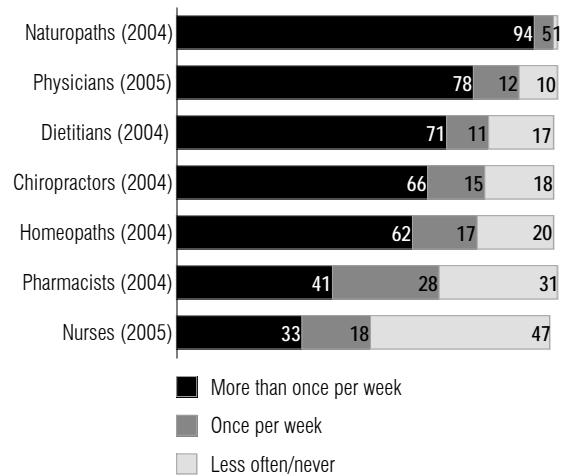
Initiated by health professional. Physicians initiate these types of discussions with considerable frequency, with nearly eight in ten (78%) indicating they bring up this topic with patients more than once a week. Nurses are much less likely to initiate such frequent discussions about these types of foods, with only one in three (33%) raising the topic more than once a week, and almost half (47%) doing so no more than two or three times a month.

Compared to the health professionals surveyed in Phase I, physicians come second in the frequency of their discussions only to naturopaths (94% more than once a week), while nurses are least likely of all professions to bring up this topic with their patients.

All segments of the physician population frequently raise the topic of these types of foods with their patients, but particularly those who are most knowledgeable about functional foods and nutraceuticals. Knowledge of these topics also results in more frequent discussions for nurses, as does a stronger belief in the health benefits of certain foods.

Frequency of initiating discussion about foods that promote health

By health profession



Q.5

In the past year, how often have you initiated a discussion with your patients about foods or food components that are thought to promote health or reduce the risk of a health condition? Would you say ...?

Physicians and nurses were also asked about the *proportion* of their patients with which they had initiated such a conversation over the past year.³ Although physicians initiate these discussions more frequently, nurses do so with a greater proportion of their patients. That is, there is a small group of patients with whom physicians discuss these foods quite frequently, while nurses introduce the topic across more of their patient base but with less frequency per patient.

³ This is a new question in Phase II, and therefore no comparable data exists for the health professionals from Phase I.

The adjacent graphic illustrates the percentage of patients with whom physicians and nurses say they have initiated a conversation about foods with added health benefits. One in five (20%) nurses could not provide an estimated percentage, and therefore the results have been analyzed only among the group who did respond to the question. On average, physicians have initiated this discussion with more than one-third of their patients (36%), while nurses have done so with almost half (47%) of their patients.

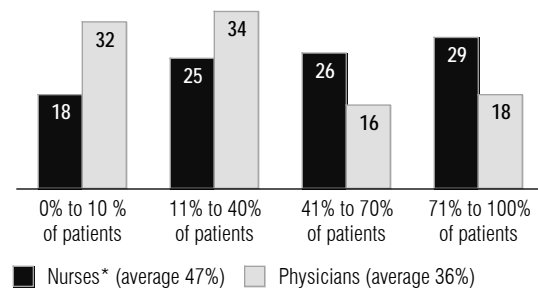
The average percentage of patients with whom they raise the topic of foods with added health benefits is higher among physicians in Quebec and the Atlantic provinces, women doctors, and those who are more knowledgeable about functional foods and nutraceuticals. Among nurses, the average number is higher for those who see fewer patients per day, who more strongly believe in the added health benefits of certain foods, and who are more knowledgeable about functional foods (but not nutraceuticals).

Initiated by patient. As reported by physicians and nurses, patients do not appear to initiate discussions about foods that promote health as often as do physicians and nurses themselves. Only one in two (53%) physicians and two in ten (21%) nurses say they are approached by their patients on this topic more than once a week.

Despite being among the health professionals who *initiate* such discussions most frequently, physicians are relatively less likely to report having their patients approach them about this topic, compared to the health professionals surveyed in Phase I. Physicians report a frequency of client-initiated conversations that is similar to chiropractors (53% and 56% are approached more than once a week, respectively), but well below that of naturopaths, dietitians or homeopaths. Of all health professionals, nurses indicate that their clients approach them about foods with added health benefits the least often.

All segments of the physician population have client-initiated discussions about these types of foods with similar frequency. More frequent client-initiated conversations are reported by nurses with more years in practice, those who see more patients per day, and those with greater knowledge of nutraceuticals (but not functional foods).

Percentage of patients with whom you initiated discussion about foods that promote health
By health profession 2005



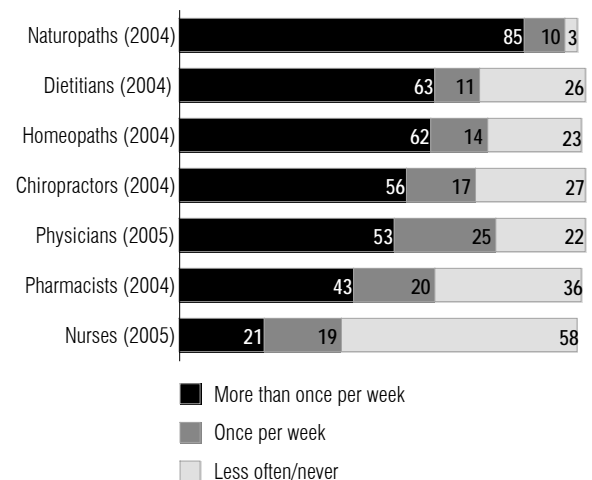
* 20% of nurses surveyed did not provide an answer and thus are not included in this graph

Q.6

And, over the past year, with approximately what percentage of your patients did you initiate a conversation about these types of foods or food components?

Frequency of patient-initiated discussion about foods that promote health

By health profession



Q.7

In the past year, how often have your patients initiated a discussion with you about foods or food components that are thought to promote health or reduce the risk of a health condition? Would you say ...?

Physicians and nurses were also asked about the *proportion* of patients who had initiated such a conversation with them over the past year.⁴ Nurses report a greater proportion of patient-initiated discussions (on average, 33% of their patients have done so) than do physicians (on average, 18% of patients). Consistent with health professional-initiated conversations, there appears to be a small group of patients who raise this topic with their physician fairly frequently, while nurses hear about this topic from more of their patients but not as often.

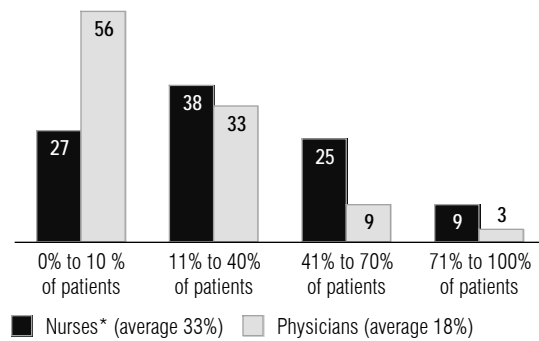
The average number of patients who raise this topic with their physicians is higher among women physicians, and those who are more knowledgeable about functional foods and nutraceuticals. The reported proportion of patients who do the same with their nurse is consistent across all segments of the nurse population.

Notwithstanding the lower frequency of client-initiated versus health professional-initiated conversations about foods that promote health, most physicians and nurses perceive an increase in their patients' interest in this topic over the past five years. Over eight in ten physicians (83%) and over seven in ten nurses (73%) say their patients' interest in these types of foods has increased during this time period. The remainder say their patients' interest has not changed, with no physicians or nurses indicating interest has decreased.

In comparison with the health professionals surveyed in Phase I, physicians are among those most likely to perceive an increase in interest among their patients, together with dietitians, pharmacists and homeopaths (between 82% and 85% say that their client's interest has increased). In contrast, nurses are among those less likely to report such a change, although it is still the majority opinion even within this profession.

Percentage of patients initiating discussion about foods that promote health

By health profession 2005



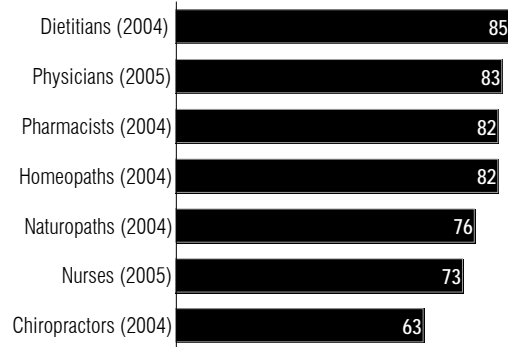
* 18% of nurses surveyed did not provide an answer and thus are not included in this graph

Q.8

And over the past year, approximately what percentage of your patients have initiated a conversation with you about these types of foods or food components?

Change in patient interest in foods that promote health in past five years

"Increased" By health profession



Q.9

Compared to five years ago, would you say your patients' interest in these types of foods or food components has increased, decreased or remained about the same?

⁴ This is a new question in Phase II, and therefore no comparable data exists for the health professionals from Phase I.

Health problems that prompt discussions

The health problems that prompt discussion about foods with added health benefits depend primarily on the physicians' or nurses' area of practice.

There is a long list of patient health problems or goals that might prompt discussions about foods with added health benefits (the table below shows the top mentions for physicians and nurses), and they differ by the type of health professional consulted, reflecting differences in practices or specialties. Physicians are most likely to discuss foods with added health benefits with clients suffering or at risk from heart disease (50%) or diabetes (46%), or who want to lose weight (45%).

Nurses are most likely to be prompted to discuss these foods in relation to cancer (41%). This reflects the presence in the sample of oncology nurses (CANO members): over half (55%) of this group mention cancer, compared to only two in ten (19%) CNO members. This also helps to explain the relatively high proportion of all nurses surveyed who discuss foods in relation to health problems (not shown in the table) such as constipation (17%),⁵ tiredness (10%), nausea and vomiting (10%), and immune problems (9%), all of

which can be side effects of cancer treatment. In turn, CNO members are more apt to discuss such foods in relation to weight loss, diabetes, heart disease, female concerns such as pregnancy, high blood pressure and osteoporosis.

In comparison to the health professionals surveyed in Phase I, physicians are most similar to dietitians in the types of patient health problems or goals that prompt discussions about foods (although the level of mentions of weight loss is considerably higher among physicians). Both physicians and nurses are less likely than other professions to discuss these foods in relation to an overall healthy lifestyle, arthritis or allergies (not shown in the table).

The triggering health problems are generally similar among all segments of the physician population, with some slight variation by region. Physicians in Quebec and the Atlantic provinces are more likely to be prompted by patient problems with high blood pressure, and less apt to mention cancer, cholesterol or osteoporosis. Differences among the nurse population are attributable primarily to the type of nurse, as discussed in an earlier paragraph.

Patient health problems most likely to prompt discussion about foods

Top mentions By health profession

	PHYSICIANS	NURSES	DIETITIANS	NATUROPATHS	HOMEOPATHS	PHARMACISTS	CHIROPRACTORS
Heart disease/cardiovascular disease	50	18	43	27	17	32	13
Diabetes	46	20	40	21	11	24	7
Weight loss	45	24	29	17	14	13	26
High blood pressure	17	7	10	14	13	17	10
Cancer	14	41	11	8	12	7	3
Cholesterol	14	4	7	2	2	12	1
Osteoporosis	10	6	3	1	–	3	5
For healthy diet/lifestyle	9	7	17	25	28	16	31
Digestive problems	7	8	10	19	14	6	8
Female concerns	7	12	7	10	10	8	3

Q.10

In your own practice, what types of patient health problems or goals are most likely to prompt a discussion about the use of these types of foods or food components?

⁵ “Constipation” has been categorized separately from other mentions of “digestive problems” due to the relatively high number of mentions (related to the fact that the sample includes a large proportion of nurses specializing in the area of cancer).

FFN RECOMMENDATIONS MADE TO PATIENTS

FFN formats recommended in past year

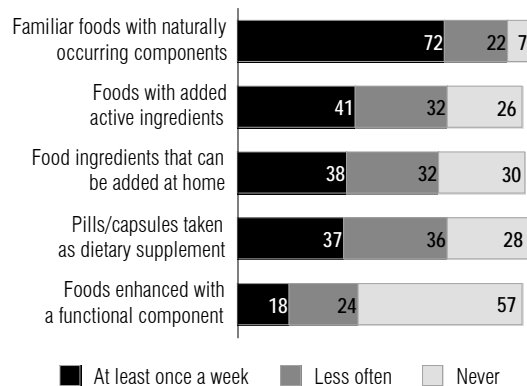
Physicians are most comfortable recommending familiar foods with naturally occurring components, with a recommendation pattern that most resembles dietitians. Nurses make among the least frequent recommendations of all types of foods, similar to pharmacists.

Foods with additional health benefits come in a variety of forms. Physicians and nurses were asked about five different formats: (1) familiar foods that have naturally occurring components (e.g., fish where omega 3 is found naturally); (2) foods with added active ingredients (e.g., bread with added flax); (3) foods specially enhanced to contain more of a functional component (e.g., tomatoes grown using biotechnology to have extra lycopene); (4) food ingredients that can be added to foods prepared at home (e.g., flax sprinkled on food); and (5) pills or capsules that are taken as a dietary supplement (e.g., omega 3 capsules). Physicians and nurses were asked how often they had recommended each of these formats to their patients in the past year.

There is a clear hierarchy among physicians in the frequency with which the different food formats are recommended. Familiar foods are by far the most frequently recommended, with seven in ten physicians (72%) recommending them at least once a week over the past year. About four in ten physicians each recommended foods with added active ingredients (41%), food ingredients added at home (38%) and pills/capsules (37%) with the same frequency. One in five (18%) physicians recommended foods enhanced with functional components at least once a week, and the majority (57%) did not recommend them at all. Physicians who are more knowledgeable about FFNs made more frequent recommendations for all five types of formats.

Frequency of recommending certain food types in past year

Physicians 2005



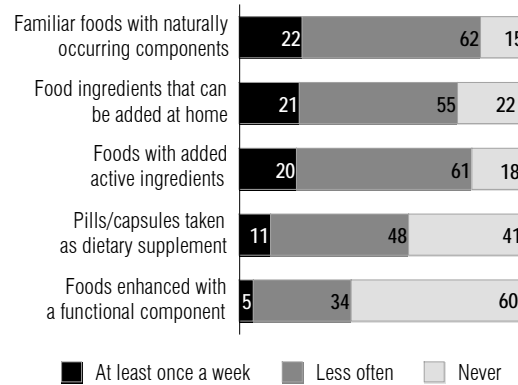
Q.11

In the past year, how often, if ever, have you recommended each of the following types of foods to your patients? Let's start with ... Familiar foods with naturally occurring components (such as fish where omega 3 is found naturally) ... Foods with added active ingredients (such as bread with added flax) ... Foods specially enhanced to contain more of a functional component (such as tomatoes grown using biotechnology to have extra lycopene) ... Food ingredients that can be added to foods prepared at home (such as omega 3 oil) ... Pills or capsules that are taken as a dietary supplement, such as omega 3 capsules. Have you recommended this type of food to your patients ... more often than once a week ... once a week ... two to three times a month ... once a month ... less often than once a month ... never?

Nurses recommended all food formats with far less frequency than did physicians. One in five nurses each recommended familiar foods (22%), food ingredients added at home (21%) and foods with added active ingredients (20%) at least once a week. Very few nurses recommended pills/capsules (11%) or enhanced foods (5%) with the same frequency. Generally speaking, recommendations for all of these food formats were made most frequently by nurses who are knowledgeable about FFNs, who believe in health benefits of these foods, and who have been practicing in their field for more than 20 years.

When compared to the health professionals surveyed in Phase I, all groups are most likely to recommend familiar foods and least likely to recommend specially enhanced foods. Physicians most resemble dietitians in their recommendation pattern, with a strong focus on familiar foods. Nurses make among the less frequent recommendations, similar to pharmacists, although the latter profession reports more frequent recommendations for pills/capsules.

Frequency of recommending certain food types in past year Nurses 2005



Q.11

In the past year, how often, if ever, have you recommended each of the following types of foods to your patients? Let's start with ... Familiar foods with naturally occurring components (such as fish where omega 3 is found naturally) ... Foods with added active ingredients (such as bread with added flax) ... Foods specially enhanced to contain more of a functional component (such as tomatoes grown using biotechnology to have extra lycopene) ... Food ingredients that can be added to foods prepared at home (such as omega 3 oil) ... Pills or capsules that are taken as a dietary supplement, such as omega 3 capsules. Have you recommended this type of food to your patients ... more often than once a week ... once a week ... two to three times a month ... once a month ... less often than once a month ... never?

Food formats recommended at least once a week By health profession

	PHYSICIANS	NURSES	DIETITIANS	NATUROPATHS	HOMEOPATHS	PHARMACISTS	CHIROPRACTORS
Familiar foods	72	22	77	86	61	30	56
Added active ingredients	41	20	47	40	29	10	17
Food ingredients to add at home	38	21	45	86	53	12	38
Dietary supplements	37	11	30	85	55	33	47
Enhanced with functional component	18	5	15	12	10	5	9

Q.11

In the past year, how often, if ever, have you recommended each of the following types of foods to your patients? Let's start with ... Familiar foods with naturally occurring components (such as fish where omega 3 is found naturally) ... Foods with added active ingredients (such as bread with added flax) ... Foods specially enhanced to contain more of a functional component (such as tomatoes grown using biotechnology to have extra lycopene) ... Food ingredients that can be added to foods prepared at home (such as omega 3 oil) ... Pills or capsules that are taken as a dietary supplement, such as omega 3 capsules. Have you recommended this type of food to your patients ... more often than once a week ... once a week ... two to three times a month ... once a month ... less often than once a month ... never?

Purpose of FFN format recommendation

Regardless of the food format, physicians and nurses are most likely to recommend these foods to reduce the risk of a health condition.

Among those who have recommended each food format in the past year, for what purposes are they recommending them? Physicians and nurses are most likely to recommend most formats to reduce the risk of a health condition, and least likely to recommend them for the treatment of existing health conditions.⁶ The one exception is food ingredients that can be added

at home, which physicians say they are most likely to recommend for the maintenance of good health.

These results contrast somewhat with the health professionals surveyed in Phase I, who indicated that their top purpose for recommending three of the food formats (familiar foods, added active ingredients and foods enhanced with a functional component) was the maintenance of good health. However, similar to physicians and nurses, treatment of an existing health condition was the least common reason for recommending each format.

Purpose for which food format recommended Physicians

	FAMILIAR FOODS (140)	FOOD INGREDIENTS (105)	DIETARY SUPPLEMENTS (109)	ADDED ACTIVE INGREDIENTS (110)	ENHANCED WITH FUNCTIONAL COMPONENT (63)
SUBSAMPLE*					
Reduce the risk of health condition	86	71	72	73	67
Maintenance of good health	79	76	66	66	59
Treatment of existing health condition	68	64	67	63	54

Purpose for which food format recommended Nurses

	FAMILIAR FOODS (272)	FOOD INGREDIENTS (254)	DIETARY SUPPLEMENTS (188)	ADDED ACTIVE INGREDIENTS (262)	ENHANCED WITH FUNCTIONAL COMPONENT (130)
SUBSAMPLE*					
Reduce the risk of health condition	53	41	42	44	60
Maintenance of good health	33	28	24	26	14
Treatment of existing health condition	13	29	16	29	2

Q.12

In the past year, did you recommend the use of ... Familiar foods with naturally occurring components (such as fish where omega 3 is found naturally) ... Foods with added active ingredients (such as bread with added flax) ... Foods specially enhanced to contain more of a functional component (such as tomatoes grown using biotechnology to have extra lycopene) ... Food ingredients that can be added to foods prepared at home (such as omega 3 oil) ... Pills or capsules that are taken as a dietary supplement (such as omega 3 capsules) ... for any of the following purposes ...?

** Subsample: Those who have recommended the food format in the past year*

Note: Wording slightly different for physicians

⁶ The results for nurses are not directly comparable to those for physicians, but can be generally compared. Nurses were asked to choose only one (main) purpose for which they recommended each type of food, so the results add to 100% (when other responses and those who said none or don't know are included). Physicians (as well as the health professionals surveyed in Phase I) were allowed multiple responses, indicating if they had recommended the foods for each one of the possible purposes.

Reasons for not recommending food formats

Most physicians and nurses who have not recommended a certain food format say it is because they do not have enough information or knowledge about it.

Physicians and nurses who never recommend a food format, or who do so less often than once a month, were asked why they do not recommend these foods more often.⁷

Across all food formats, physicians are most likely to say they do not recommend them because of a lack of information or knowledge about them. This is particularly the case for foods enhanced with functional components. The one exception is pills or capsules taken as dietary supplements, which physicians say they do not recommend because they prefer a balanced diet and natural foods. Less common reasons why physicians do not recommend a certain food format are a perceived lack of effectiveness, a lack of interest or awareness on the part of the physician, a lack of patient interest or perceived safety issues.

Reason for not recommending food format

Physicians

SUBSAMPLE*	FOOD INGREDIENTS (56)	DIETARY SUPPLEMENTS (61)	ADDED ACTIVE INGREDIENTS (53)	ENHANCED WITH FUNCTIONAL COMPONENT (100)
Don't know enough about them/need more information	37	20	39	65
Net – Prefer other	11	39	23	12
Recommend balanced/whole diet/not just individual foods	7	23	9	12
Natural foods are better	3	16	4	1
Recommend flax/other source of flax instead	1	–	6	–
Net – Not effective	15	24	16	18
Haven't seen scientific evidence for health claims	10	19	8	11
Don't believe they work/are effective	4	5	8	6
Net – Lack of physician awareness/interest	15	10	13	5
Not enough time	9	5	8	2
Don't think it's necessary/no reason to	4	3	2	2
Don't think about it	2	–	2	–
Patients have not asked about them	11	4	3	2
Safety issues	8	5	2	3
Other mentions	16	8	6	7
Don't know/no answer	–	2	6	1

Q.13

For each type of food that you recommended to your patients less often than once a month or never, please indicate why you do not recommend this type of food more often ... Familiar foods with naturally occurring components (such as fish where omega 3 is found naturally) ... Foods with added active ingredients (such as bread with added flax) ... Foods specially enhanced to contain more of a functional component (such as tomatoes grown using biotechnology to have extra lycopene) ... Food ingredients that can be added to foods prepared at home (such as omega 3 oil) ... Pills or capsules that are taken as a dietary supplement (such as omega 3 capsules).

* Subsample: Those who recommend this type of food less often than once a month, or never, in the past year

⁷ Only 16 physicians indicated that they recommend “familiar foods” so infrequently, too few to analyze this question for that type of food format.

For nurses, the reasons recommendations are not frequently made varies by food format. When it comes to familiar foods, food ingredients that can be added at home, and foods with added active ingredients, the two most common reasons why nurses do not recommend them is a lack of information or knowledge, or a lack of connection with patient needs (e.g. not relevant, patients have not asked for or don't like them). As with physicians, a lack of knowledge is nurses' primary reason for not recommending foods enhanced with a functional component. Pills or capsules are not recommended by nurses also due to a lack of knowledge or

because the preference is for recommending a balanced diet. In each case, a large number of nurses chose not to answer the question.

The reasons physicians and nurses do not recommend particular food formats are generally similar to those given by the health professionals surveyed in Phase I. The most common reason all around is a lack of knowledge or information about these foods. However, the health professionals surveyed in Phase I were more likely to express a preference for recommending a balanced or whole diet.

Reason for not recommending food format Nurses

SUBSAMPLE**	FAMILIAR FOODS (130)	FOOD INGREDIENTS (154)	DIETARY SUPPLEMENTS (220)	ADDED ACTIVE INGREDIENTS (137)	ENHANCED WITH FUNCTIONAL COMPONENT (255)
Don't know enough about them/need more info	27	15	16	26	42
Net – Depends on patient	29	13	6	26	13
Not relevant for my patients/ practice	17	5	2	12	5
Patients have not asked about them	8	4	3	9	6
Patients don't like/won't/can't eat it	2	3	1	4	2
Net – Lack of awareness/interest	13	8	4	12	7
Don't think about it	4	2	*	4	2
Refer to other/dietitian/nutritionist	4	3	2	4	3
Don't think it is necessary/no reason to	3	*	1	1	*
Don't believe they are effective	2	1	1	2	1
Safety issues	2	1	8	–	5
Recommend balanced diet/not just individual foods	1	2	11	1	3
Other mentions	4	5	13	5	12
Don't know/no answer	21	57	46	28	24

* Less than one percent

Q.13

For each type of food that you recommended to your patients less often than once a month or never, please indicate why you do not recommend this type of food more often ... Familiar foods with naturally occurring components (such as fish where omega 3 is found naturally) ... Foods with added active ingredients (such as bread with added flax) ... Foods specially enhanced to contain more of a functional component (such as tomatoes grown using biotechnology to have extra lycopene) ... Food ingredients that can be added to foods prepared at home (such as omega 3 oil) ... Pills or capsules that are taken as a dietary supplement (such as omega 3 capsules).

**** Subsample:** Those who recommend this type of food less often than once a month, or never, in the past year

Food recommended for specific health concerns

Physicians and nurses recommend a variety of different foods to their patients to prevent or reduce the risk of a single health concern. In many cases, these differ from the recommendations made by health professionals surveyed in Phase I.

Physicians and nurses were read a list of diseases and health concerns, and were asked which foods or food components they have recommended to their patients to either prevent or reduce the risk of that health concern. In each case, physicians and nurses name several different foods they have recommended. The following tables provide a summary of the top mentions for each health condition, in comparison to those recommended by the health professionals surveyed in Phase I.

Foods recommended for specific health concerns

By health professions

	PHYSICIANS	NURSES	DIETITIANS	NATUROPATHS	HOMEOPATHS	PHARMACISTS	CHIROPRACTORS
Arthritis							
Glucosamine	28	11	2	21	6	48	45
Calcium	12	5	3	4	3	3	3
Omega 3	7	4	19	20	19	3	21
Fish, fish oil	6	8	8	24	6	9	15
Aging and Alzheimer's disease							
Vitamins A, C, E	17	6	7	13	6	15	17
Omega 3	12	8	10	19	15	1	9
Antioxidants	2	6	8	16	9	11	11
Menopause symptoms							
Soy/soybeans	48	29	31	37	15	28	13
Yams/sweet potatoes	10	2	–	2	7	3	5
Primrose oil	7	8	7	11	14	21	7
Diabetes							
Fibre	22	12	29	15	5	7	9
Vegetables (general)	12	6	22	15	7	11	7
Fruits & vegetables	10	11	–	–	–	–	–
Low sugar foods	7	8	20	13	5	12	18
Fruits (general)	4	4	15	21	7	13	3
Digestion or intestinal health							
Fibre	61	49	53	26	18	35	28
Grain/whole grains	7	14	5	2	4	1	3
Fruits & vegetables	7	14	–	–	–	–	–
Vegetables (general)	8	8	17	12	5	15	7

Continued ...

Q.14

For each one of the following diseases and health concerns, please tell me what foods or food components, if any, you have recommended to your patients, to either prevent or reduce the risk of that health concern ...

Subsample: 50 percent of sample for all except nurses

Foods recommended for specific health concerns

By health professions *Continued*

	PHYSICIANS	NURSES	DIETITIANS	NATUROPATHS	HOMEOPATHS	PHARMACISTS	CHIROPRACTORS
Eye disease or vision deterioration							
Carrots	32	16	12	6	17	16	16
Vitamin A	20	12	10	15	8	28	27
Lutein	4	3	6	13	6	33	4
Cardiovascular disease							
Fish, fish oil	41	15	16	26	6	17	8
Omega 3	40	20	29	25	17	32	22
Green leafy vegetables	15	1	12	9	5	6	9
Fruits & vegetables	7	16	–	–	–	–	–
Vegetables (general)	7	3	22	17	14	2	11
Fruits (general)	7	1	18	16	13	3	12
Mental performance							
Fish, fish oil	12	8	5	10	13	2	6
Gingko	11	3	6	25	16	24	18
DHA/EPA/Omega 3	7	9	9	14	16	4	7
Vitamins/minerals	5	7	11	18	19	14	27
Prostate Cancer							
Tomatoes	20	19	20	12	4	15	10
Lycopene	10	8	20	12	4	15	10
Saw palmetto	10	2	2	7	16	14	20
Zinc	–	1	7	24	10	5	12
Urinary tract infections							
Cranberry juice	66	70	52	50	48	62	55
Cranberries	37	14	24	36	32	33	29
Water	12	14	15	6	10	8	10
Vitamin C	10	1	–	–	–	–	–
Osteoporosis							
Milk	56	31	27	7	8	28	6
Calcium	54	52	56	49	42	73	63
Vitamin D	21	16	28	13	8	32	19
Colon cancer							
Fibre	67	57	51	44	22	47	39
Green leafy vegetables	21	6	11	10	12	6	8
Vegetables (general)	11	25	19	13	5	3	3
Fruit (general)	8	22	21	7	8	4	2

Q.14

For each one of the following diseases and health concerns, please tell me what foods or food components, if any, you have recommended to your patients, to either prevent or reduce the risk of that health concern ...

Subsample: 50 percent of sample for all except nurses

KNOWLEDGE AND OPINIONS ABOUT FFNs

Knowledge about FFNs

Physicians and nurses rate themselves among the least knowledgeable of all the health professions about both functional foods and nutraceuticals.

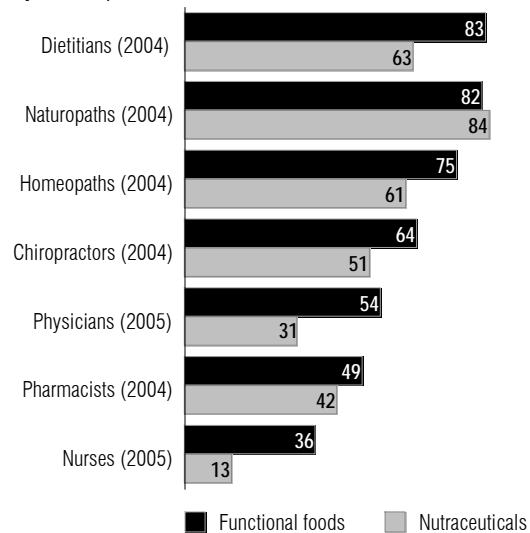
Physicians and nurses were given definitions for functional foods and nutraceuticals, and then asked how knowledgeable they consider themselves to be about each type.⁸ This is a self-rated measure, and should not be considered an objective measure of actual knowledge.

Overall, physicians feel moderately knowledgeable about functional foods, but less so about nutraceuticals. Just over half of physicians judge themselves to be very (9%) or somewhat (45%) knowledgeable about functional foods, while four in ten (45%) say they are not knowledgeable. By comparison, only three in ten physicians say they are very (4%) or somewhat (27%) knowledgeable about nutraceuticals, while seven in ten (69%) are not knowledgeable.

Nurses also feel better informed about functional foods than about nutraceuticals, although in both cases to a lesser extent than physicians. Just over one in three nurses say they are very (1%) or somewhat (35%) knowledgeable about functional foods, while the remaining six in ten (63%) say they are not knowledgeable. Nurses express even less confidence in their knowledge of nutraceuticals, with just over one in ten (13%) saying they are somewhat knowledgeable (no nurses indicate they are very knowledgeable about this topic), and the remainder feeling not very (40%) or not at all (45%) knowledgeable.

Knowledge of functional foods and nutraceuticals

“Very” and “somewhat” knowledgeable
By health profession



PhQ.15/NQ.26

Generally, foods with additional health benefits are divided into two groups based on format. Functional foods are similar in appearance to conventional foods. An example is omega 3 enriched eggs. Nutraceuticals are food components sold as powder, pill or extract, such as beta glucan from oats or antioxidants from blueberries. Would you say you are very, somewhat, not very or not at all knowledgeable about ...?

⁸ Physicians and nurses were provided with the following definitions: “Generally, foods with additional health benefits are divided into two groups based on format. Functional foods are similar in appearance to conventional foods but have enhanced health benefits. An example is omega 3 enriched eggs. Nutraceuticals are food components sold as powder, pill or extract, such as beta glucan from oats or antioxidant from blueberries.”

Compared to the health professionals surveyed in Phase I, physicians and nurses rate themselves among the least knowledgeable about both functional foods and nutraceuticals.

Generally speaking, the reported level of knowledge about functional foods and nutraceuticals is similar within all segments of the physician and nurse populations, respectively. Both physicians and nurses who are more knowledgeable about nutraceuticals are also more likely to believe in the added health benefits of certain foods (although the same pattern is not evident among those with greater knowledge of functional foods). They also initiate discussions with their patients, and recommend the different formats of FFNs to their patients, more frequently.

Safety of FFNs

Physicians and nurses are generally, if not completely confident in the safety of functional foods. Physicians are also fairly confident in the safety of nutraceuticals, while nurses are considerably less so.

Although physicians and nurses do not consider themselves to be particularly knowledgeable on the topic of functional foods and nutraceuticals, what are their opinions about the safety of these types of foods and food components?⁹

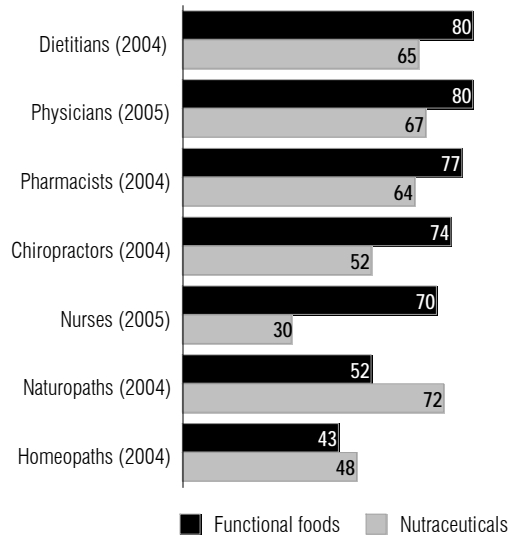
In fact, physicians consider functional foods and nutraceuticals to be fairly, if not entirely safe. Eight in ten physicians (80%) say functional foods are completely or generally safe, while one in ten (9%) say they are unsafe, and a further one in ten (10%) say it depends or they are unsure. Physicians express less confidence in the safety of nutraceuticals (67% say they are completely or generally safe), although the remainder are more apt to be unsure or to say that their safety depends (30%) rather than to say they are unsafe (3%).

Nurses express a similar level of confidence in the safety of functional foods as physicians, but are considerably less sure about the safety of nutraceuticals. Seven in ten nurses (70%) say functional foods are generally or completely safe, very few (3%) say they are unsafe, but more than one-quarter (27%) indicate that they are unsure or that safety depends on certain (unspecified) factors. By comparison, only one in three nurses (30%) say nutraceuticals are safe. Once again, this is due primarily to nurses who say they are unsure about the safety of nutraceuticals or that it depends (58%) rather than those who feel they are unsafe (12%).¹⁰

Perceived safety of functional foods and nutraceuticals

“Completely” and “generally safe”

By health profession



NQ.16/NQ.27/PbQ.18

In your opinion, would you say that functional foods/ nutraceuticals are completely safe, generally safe, not very safe or not at all safe?

Base: Except for nurses, split sample between functional foods and nutraceuticals

9 For physicians, the remaining questions in this report were asked using a split sample technique: half of respondents were asked the questions only about functional foods, while the other half were only asked about nutraceuticals. Because physicians were surveyed by phone, a split sample was used to avoid tiring respondents with an excessive interview length. This technique was also used in the Phase I survey conducted in 2004. However, the mail survey conducted with nurses allowed for a longer questionnaire, and therefore nurses were asked about both types of foods.

10 The much higher number of “depends” responses among nurses is due to the mail format of the nurse questionnaire, which visually presented “depends” as a response category. On the phone, physicians were not offered “depends” as a response category, although it was recorded if they volunteered it.

In comparison to the health professionals surveyed in Phase I, both physicians and nurses are among the more confident professions when it comes to the safety of functional foods (similar to dietitians, pharmacists and chiropractors). Physicians are also one of the professions most convinced about the safety of nutraceuticals (together with naturopaths, dietitians and pharmacists), while nurses are the least likely to express confidence on this topic.

Physicians and nurses who are better informed about the types of food are also more likely to rate them as safe. For example, almost nine in ten (87%) nurses who say they are knowledgeable about functional foods judge them to be safe, compared to only six in ten (60%) who are less knowledgeable about this topic. The same pattern holds true for physicians for functional foods and nutraceuticals combined (base sizes are too small to analyze each food type separately).

Regardless of their opinion of the safety of these foods, physicians and nurses were asked what safety concerns they believe to be associated with functional foods and/or nutraceuticals (unprompted). For physicians, the most common concerns about both functional foods (45%) and nutraceuticals (42%) are related to their potential impact on patients, particularly in terms of the risk of overuse or overdose, and the lack of information about long-term effects and about interactions with other foods or drugs. Physicians also raise concerns about the source of these foods, and that there is not enough information available about them. Small groups of physicians have no specific worries about functional foods (22%) or nutraceuticals (14%).

Nurses are also most likely to raise patient-related concerns about overuse and interactions, although to a greater degree for nutraceuticals (45%) than for functional foods (32%). However, a greater proportion express worries about the source of these foods (31% for functional foods, and 26% for nutraceuticals) than do

physicians, in terms of the manufacturing or growing process, genetic modification and potential contamination or impurities. Nurses also raise concerns about the lack of regulations for nutraceuticals (17%), which is less an issue for functional foods (5%), and about their lack of knowledge about both functional foods (11%) and nutraceuticals (13%). Nurses are more likely to say they have no concerns about functional foods (22%) than about nutraceuticals (12%).

In general, the types of concerns expressed by physicians and nurses are similar to those raised by health professionals surveyed in Phase I. No new concerns were raised by a significant proportion of either physicians or nurses. Education about functional foods and nutraceuticals is likely the best first step toward alleviating the concerns that do exist.

When physicians' responses about functional foods and nutraceuticals are combined, a few regional differences appear in their safety concerns. A risk of overuse is most common among physicians in Ontario, while concerns about food or drug interactions are most common in Quebec and the Atlantic provinces. Physicians in the West are more apt to say they don't have enough information about these topics.

Among nurses, concerns about the source and the lack of regulations when it comes to nutraceuticals are less prominent in Quebec than in Ontario and other parts of the country. Also in reference to nutraceuticals, CANO members are more concerned about drug interactions, self-prescription or proper use, and potential contamination, while CNO members are more apt to have no concerns. It is unclear why this is the case, although it may be related to the seriousness of the health issues facing cancer patients in the care of CANO members. There are no differences among the various segments of the nurse population in their safety concerns associated with functional foods.

Safety concerns associated with functional foods and nutraceuticals

	PHYSICIANS		NURSES		PHASE I	
	FUNCTIONAL FOODS	NUTRACEUTICALS	FUNCTIONAL FOODS	NUTRACEUTICALS	FUNCTIONAL FOODS	NUTRACEUTICALS
Patient impact	45	42	32	45	26	37
Overdose/overuse/strength of product	24	16	10	24	5	10
Don't know long-term effects	15	8	8	5	9	8
Interactions with other food/drugs	8	16	7	17	4	12
Self-prescription concerns/proper use	4	1	5	7	3	8
Don't think they are safe	1	1	4	6	6	7
Source	15	16	31	26	16	13
Contamination/purity	8	4	9	13	6	6
Genetic modification is unnatural	6	10	13	5	7	3
Manufacturing/growing concerns	3	3	13	13	4	4
Don't know enough about them/ need more information	15	13	11	13	14	15
Haven't seen scientific evidence for health claims	7	7	6	6	5	4
Lack/need regulations	4	7	5	17	8	13
Recommend balanced/whole diet/ not just individual foods	1	4	4	4	6	4
Other mentions	4	13	6	8	11	11
No concerns	22	14	22	12	23	13
Don't know/no answer	3	7	7	8	9	10

PbQ.19/NQ.17/NQ.28

What safety concerns, if any, do you think are associated with functional foods/nutraceuticals?

Base: Except for nurses, split sample between functional foods and nutraceuticals

Professions most qualified to advise patients

Physicians and nurses view dietitians and nutritionists as the most qualified to advise patients about functional foods and nutraceuticals.

Physicians and nurses were asked which type(s) of health professionals they believe are best qualified to advise patients about functional foods and nutraceuticals. It should be noted that the raw data for nurses is quite different because of the format of the mail questionnaire, which visually provided each of the types of health professions for consideration. For physicians (and for the health professionals surveyed in Phase I), the question was asked without providing response options. Nonetheless, a relative comparison can be made which indicates that, for both professions, this role is perceived to be best suited to dietitians and nutritionists, consistent with the perceptions of the health professionals surveyed in Phase I.

In Phase I, it was found that each profession was more likely than the others to consider their own health profession the best qualified for advising patients on these

types of foods. This is also the case for physicians who are next most likely to name their own profession, after dietitians and nutritionists, as the best suited for this role. In turn, they are much less likely to name naturopaths, chiropractors, homeopaths or nurses. Between the two types of food, the only difference is that physicians are less likely to say nutritionists are best qualified to advise patients about nutraceuticals than about functional foods.

Nurses' preference for the type of health professional to advise patients varies somewhat depending on whether they are considering functional foods or nutraceuticals. While in both cases, nutritionists and dietitians are named most suitable, this is more likely for functional foods than for nutraceuticals. Nurses are also more likely to consider their own profession to be more suited to advising on functional foods. In turn, naturopaths, pharmacists and homeopaths are all considered more appropriate candidates for discussing nutraceuticals. Nurses consider physicians to be equally qualified on both topics.

Most qualified profession to advise patients

	PHYSICIANS		NURSES		PHASE I	
	FUNCTIONAL FOODS	NUTRACEUTICALS	FUNCTIONAL FOODS	NUTRACEUTICALS	FUNCTIONAL FOODS	NUTRACEUTICALS
Dietitian	57	54	91	71	43	35
Nutritionist	51	35	84	64	33	27
Physician	30	24	26	23	10	14
Nurse	8	6	33	15	–	–
Naturopath	5	9	36	43	37	43
Pharmacist	3	9	23	45	7	18
Homeopath	–	–	22	30	5	5
Chiropractor	–	1	4	3	11	10
Other mentions	4	5	2	2	8	15
None	–	4	2	2	4	5
Don't know	2	–	*	2	5	4

* Less than one percent

PbQ.20/NQ.18/NQ.29

Which type or types of health professionals do you feel are best qualified to advise consumers about functional foods/nutraceuticals?

Base: Except for nurses, split sample between functional foods and nutraceuticals

When physicians' preferences are combined for functional foods and nutraceuticals, they are very consistent across segments of the population. The only significant difference is that dietitians are considered better suited to play this role by women physicians, physicians who work fewer hours per week, and those who are less likely to believe in the added health benefits of certain foods.

Some differences among the nurse population were also noted. Ontario nurses are more likely than those in other regions to believe that physicians and homeopaths are best suited to advise patients about functional foods. When it comes to nutraceuticals, nurses who rate themselves more knowledgeable about nutraceuticals are more apt to consider homeopaths and naturopaths the best qualified on this topic.

Referrals to other health professionals

Physicians and nurses are most likely to have referred their patients to a dietitian or nutritionist for further information on functional foods or nutraceuticals, consistent with their opinions about which profession is best suited to play an advisory role.

Patient referrals for further information about FFNs generally reflect physicians' and nurses' opinions about which profession is best qualified to advise on these topics. Both physicians and nurses are much more likely to have referred their patients to dietitians or nutritionists than to any other health professions. The one exception is that nurses are also fairly likely to have recommended their patients speak to a pharmacist about nutraceuticals.

However, a considerable number have never referred their patients to anyone else to discuss functional foods (24% of physicians, 22% of nurses) or nutraceuticals (40% of physicians, 51% of nurses). Both professions are less likely to have made referrals if they consider themselves less knowledgeable about the topic. This suggests that a low referral rate is not due to the fact

Health professions to which referrals are made

	PHYSICIANS		NURSES		PHASE I	
	FUNCTIONAL FOODS	NUTRACEUTICALS	FUNCTIONAL FOODS	NUTRACEUTICALS	FUNCTIONAL FOODS	NUTRACEUTICALS
Dietitian	54	40	69	30	21	14
Nutritionist	25	14	45	20	14	10
Naturopath	4	5	8	10	19	19
Physician	3	2	12	10	4	3
Pharmacist	3	4	8	22	1	6
Nurse	1	–	4	2	–	–
Homeopath	–	–	3	5	1	2
Chiropractor	–	–	1	1	2	1
Other mentions	3	–	–	1	4	5
None	24	40	22	51	50	52
Don't know	–	–	*	1	2	2

* Less than one percent

PbyQ.21/NQ.19/NQ30

To which type of health professionals, if any, have you referred your patients for more information about functional foods/nutraceuticals?

Base: Except for nurses, split sample between functional foods and nutraceuticals

that physicians and nurses are providing the advice to patients themselves, but because they do not have enough information about these types of foods to think about making a referral.

Physicians and nurses who have made referrals were asked the reasons for choosing to refer a patient to a particular health professional. As was the case for the health professionals surveyed in Phase I, the main reasons for making that referral are the specialized knowledge and/or education of that individual.

Reasons for referring patients to another health professional

SUBSAMPLE*	PHYSICIANS (101)	NURSES	
		FUNCTIONAL FOODS (262)	NUTRACEUTICALS (153)
Net – Knowledge/education	81	67	54
Have specialized knowledge about this area	68	31	28
Have relevant education	31	–	–
Better qualified/experienced	2	36	27
Have most up-to-date/current information	–	11	10
Relevant to their practice	8	–	–
Patient requested a referral	7	2	4
Have a contact (personal or professional)	4	–	–
To better treatment (e.g. for diabetes)	1	6	–
I'm not familiar enough/can't help	–	10	9
For specific conditions/health issues	–	10	–
To ensure no drug interactions	–	–	9
Availability/accessibility	–	9	6
Most credible/reliable/trust them/unbiased	–	1	4
They're part of my team/work with them	–	5	4
Other mentions	14	21	28
dk/na	–	3	8

PhyQ.22/NQ.20/NQ31

Why did you recommend that your patients refer to a {health professional mentioned in previous question}?

Base: Split sample between functional foods and nutraceuticals – physicians only

** Subsample: Have ever recommended a patient to a health professional*

INFORMATION SOURCES ABOUT FFNS

Experience with information sources

Physicians rely primarily on medical journals for information on functional foods and nutraceuticals, while nurses have a stronger preference for consulting the Internet and their colleagues.

To guide future decisions about communications with physicians and nurses on functional foods and nutraceuticals, it is useful to understand what information sources they are currently using. The sources used for information on FFNs over the past two years vary quite considerably between physicians and nurses.

Physicians have a strong preference for medical journals, particularly for information on functional foods (70%) but also on nutraceuticals (53%). Other sources of information for physicians, on both topics, include the media, health magazines, and seminars or conferences.

By comparison, nurses are much less likely to refer to medical journals when seeking information on these topics. Instead, they report wider consultation of the Internet (more so for functional foods than for nutraceuticals) and of their colleagues than do physicians. In addition, they are also much more likely to say they have not used any of these information sources, primarily when it comes to nutraceuticals (48%) but also in the case of functional foods (28%).

Information sources used in past two years

By health profession

	PHYSICIANS		NURSES		PHASE I
	FUNCTIONAL FOODS	NUTRACEUTICALS	FUNCTIONAL FOODS	NUTRACEUTICALS	
Medical journals	70	53	16	10	32
Media/TV/newspaper	18	21	15	8	7
Health magazine	15	14	14	9	9
Seminars/conferences/workshops	14	13	6	3	8
Internet/websites	9	13	30	17	26
Professional associations	7	4	1	1	12
Books on health	5	8	8	6	16
Industry/food company	4	3	1	5	10
Colleagues	3	6	15	11	5
Pamphlets/flyers	–	1	9	1	1
Other mentions	19	14	25	19	28
None/don't need that information/dk/na	14	20	28	48	17

PhQ.17/NQ.21/NQ.32

In the past two years, what sources of information, if any, have you used for information on functional foods/nutraceuticals? Any others?

Base: Except for nurses, split sample between functional foods and nutraceuticals

Compared to the health professionals surveyed in Phase I (whose responses were combined for the two food types since the respective information sources did not vary significantly), physicians demonstrate greater reliance and nurses less reliance on medical journals. In addition, both physicians and nurses are less likely to consult alternative sources such as professional associations, books on health and the food industry about functional foods and nutraceuticals.

Satisfaction with information available on FFNs

Few physicians and nurses are satisfied with the information currently available about FFNs. However, satisfaction is generally higher for information on functional foods than on nutraceuticals, the reverse of most health professions surveyed in Phase I.

Physicians and nurses have consulted a variety of sources for information about functional foods and nutraceuticals, but are generally dissatisfied with the current information available. Only a minority of physicians and nurses say they are satisfied with the information sources, although satisfaction is greater with sources about functional foods than with those about nutraceuticals.

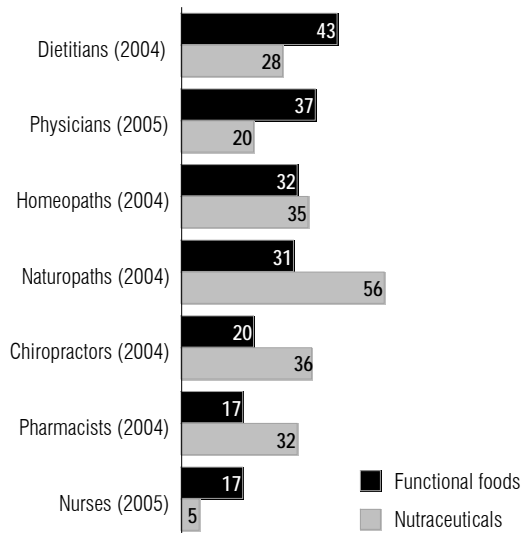
Close to four in ten (37%) physicians are satisfied with the information available on functional foods, compared to two in ten (20%) who say the same about nutraceuticals. Nurses express even less satisfaction, although a significant minority indicate they are unsure or unable to answer the question (this was a response category provided on the mail survey). One in six (17%) nurses are satisfied with the information available to them about functional foods, while more than half (54%) are dissatisfied and one-quarter (28%) cannot say. Only five percent of nurses are satisfied with the current information sources on nutraceuticals, compared to almost two-thirds (64%) who are dissatisfied, while the remainder (31%) cannot say.

With their greater satisfaction with the information available on functional foods than on nutraceuticals, physicians and nurses are more similar to dietitians than to the other health professionals surveyed in Phase I.

Among the other health professionals, naturopaths, chiropractors and pharmacists all expressed greater satisfaction with nutraceuticals, while homeopaths were equally satisfied with the information on both topics. Overall, however, nurses are the least satisfied of all the health professions with the information available on functional foods (together with chiropractors and pharmacists) and on nutraceuticals.

When physicians' responses about functional foods and nutraceuticals are combined, the level of satisfaction about sources of information is consistent across the population. Among nurses, those who are most knowledgeable about functional foods are also more likely to say they are satisfied with the information currently available, while those who are less knowledgeable are less likely to be able to answer the question. The same pattern holds true for information about nutraceuticals, with the highest satisfaction levels reported among nurses who are most informed about the topic.

Satisfaction with information currently available By health profession



PhQ.23/NQ.22/NQ.33

Are you generally satisfied with the information that is currently available to health professionals about functional foods/nutraceuticals?

Base: Except for nurses, split sample between functional foods and nutraceuticals

Interest in learning more about FFNs

Physicians, and to a lesser extent nurses, are generally interested in learning more about FFNs, particularly about their benefits and effectiveness, and unbiased research.

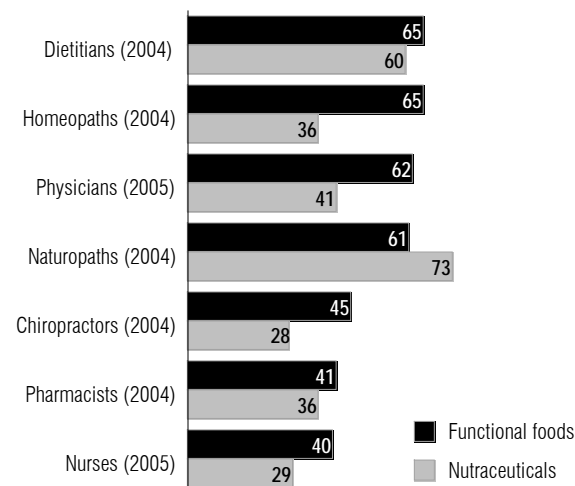
Physicians and nurses were asked how interested they are in learning more about functional foods and nutraceuticals. Physicians are clearly interested in learning about functional foods, with six in ten (62%) indicating they are very interested and a further three in ten (31%) saying they are somewhat interested (the remainder are not interested). A slightly lower proportion of physicians are very interested in learning about nutraceuticals (41%), while 46 percent are somewhat interested.

Nurses are less interested in both types of information, although they also have a preference for information about functional foods over nutraceuticals. Four in ten (40%) nurses are very interested in learning more about functional foods, while one in two (51%) are somewhat interested. Fewer nurses say they are very interested in learning about nutraceuticals (29%), while one in two (52%) are again somewhat interested.

In terms of overall level of interest for information, physicians most resemble homeopaths, with considerable interest in functional foods but only moderate interest in nutraceuticals. Nurses' level of interest is closest to that of chiropractors and pharmacists, who express the least interest in both topics. Physicians and nurses are most similar to dietitians, homeopaths and chiropractors surveyed in Phase I in terms of their greater interest in functional foods over nutraceuticals, which is the reverse of interest expressed by naturopaths (who are most interested in finding out about nutraceuticals).

Interest in learning more about functional foods and nutraceuticals

"Very interested" By health profession



PhQ.24/NQ.23/NQ.34

In general, how interested would you say you are in learning more about functional foods/nutraceuticals? Would you say that you are ...?

Base: Except for nurses, split sample between functional foods and nutraceuticals

When physicians' responses about functional foods and nutraceuticals are combined, the level of interest in further information is significantly higher among physicians in Quebec and the Atlantic provinces (66% very interested) than in Ontario (49%) or the West (37%). Physicians who are most knowledgeable about nutraceuticals also express greater interest in learning about these two topics (the same pattern is not evident for knowledge about functional foods).

Knowledge is also a key determinant for nurses. Those who are most knowledgeable about functional foods or about nutraceuticals are also more likely to express interest in learning more about that topic.

Physicians and nurses who said they would be interested in learning more about functional foods and nutraceuticals were then asked to identify the *types* of information they would like to learn more about. For both functional foods and nutraceuticals, physicians and nurses would most like to have evidence of their benefits. For physicians in particular, and to a slightly lesser extent for nurses, this means having unbiased research results. The health professionals surveyed in Phase I were also most interested in these two types of information. Interestingly, both physicians and nurses are more likely to say there is no information they are particularly interested in.

A wide range of other information needs were raised, including things like general information, drug interactions or side effects, the structure or make-up of these foods, and availability/sources. Physicians are more likely to raise questions about drug interactions and new product information when it comes to functional foods than are nurses and the other health professions. In turn, nurses are less likely to be curious about the structure or make-up of both functional foods and nutraceuticals. Finally, physicians and nurses are somewhat less likely to mention information about production or processing issues than are health professionals surveyed in Phase I.

Types of information want to learn more about

	PHYSICIANS		NURSES		PHASE I	
	FUNCTIONAL FOODS (67)	NUTRACEUTICALS (68)	FUNCTIONAL FOODS (297)	NUTRACEUTICALS (271)	FUNCTIONAL FOODS (349)	NUTRACEUTICALS (349)
SUBSAMPLE*						
Research/unbiased research	34	35	23	26	31	27
Benefits/effectiveness	32	36	40	41	39	37
General information	18	20	17	25	21	27
Drug interactions/side effects	17	13	9	20	3	12
Components/structure/make-up	16	15	2	5	10	7
Availability/sources of foods	15	15	13	10	17	10
Safety/quality issues	12	13	19	19	11	14
New products/information	12	6	5	3	4	7
Dosage/usage	9	10	9	14	5	10
Response to disease/prevention	8	5	3	–	–	–
Production/processing issues	3	3	9	7	15	8
Items of food/what foods are	2	1	5	–	–	–
Other mentions	17	17	20	29	4	5
None/nothing	21	16	17	10	–	–
Don't know/no answer	1	2	11	11	6	9

PbQ.25/NQ.24/NQ.35

What types of information about functional foods/nutraceuticals would you like to learn more about?

Base: Except for nurses, split sample between functional foods and nutraceuticals

**Subsample: Those who said they would be very or somewhat interested in learning more about functional foods/nutraceuticals*

Most credible source of information

Physicians and nurses trust medical journals, their professional associations and non-governmental associations the most for information about functional foods and nutraceuticals.

When asked about the credibility of various sources of information about functional foods and nutraceuticals, physicians and nurses rate the sources in a similar order as did the health professionals surveyed in Phase I. However, one key difference is that physicians and nurses tend to distinguish between the credibility of the sources regarding functional foods versus nutraceuticals, while the other health professions generally did not.

Similar to the health professionals surveyed in Phase I, the top three most credible sources as judged overall by physicians and nurses are research published in medical journals, professional associations and non-governmental health associations. Consumer interest groups and the government are also considered to be relatively credible sources of information by physicians and nurses. Among the lowest rated sources are websites not associated with a recognized organization, while physicians also place little trust in the information provided by health food stores, and nurses consider the media to be the least credible source. In many cases, physicians have more confidence in these sources than do nurses, with the exception of consumer interest groups, food industry groups and health food stores, on which both groups place similar confidence.

Credibility of information sources

“Highly” and “generally” credible

	PHYSICIANS		NURSES		PHASE I
	FUNCTIONAL FOODS	NUTRACEUTICALS	FUNCTIONAL FOODS	NUTRACEUTICALS	
Research published in medical journals	87	82	82	70	73
Professional associations	85	80	75	62	80
Non-governmental health associations	83	77	76	61	63
Consumer interest groups	62	51	61	52	56
Government	61	53	55	46	47
New health claims on food packaging	34	23	11	9	36
Media (TV/newspaper/magazines)	22	10	5	2	14
Food industry groups/companies	20	16	25	21	25
Health food stores	15	3	15	17	28
Websites not associated with a recognized organization	13	7	6	6	13

PbQ.26/NQ.25/NQ.36

How would you rate the credibility of each of the following sources of information about functional foods/nutraceuticals? Let's start with ... The government ... Professional associations such as {insert relevant association: Dietitians of Canada; the Canadian Naturopathic Association; the Ontario Homeopathic Association; the Canadian Pharmacists Association; the Canadian Chiropractic Association} ... Food industry groups and companies ... Consumer interest groups, such as the Consumer Association of Canada or the Canadian Centre for Science and Public Interest ... Research published in medical journals ... The media, including TV, newspapers and magazines ... Websites not associated with a recognized organization ... The new health claims on food packaging ... Health food stores ... Non-governmental health associations, such as the Heart and Stroke Association. Would you say it is highly credible, generally credible, somewhat credible, not very credible or not at all credible?

Base: Except for nurses, split sample between functional foods and nutraceuticals

Both physicians and nurses assign higher credibility to sources of information on functional foods than on nutraceuticals. Among physicians, the credibility gap is largest for consumer interest groups, health claims on food packaging, the media and health food stores. Among nurses, this gap is largest for research published in medical journals, professional associations and non-governmental health associations.

When physicians' responses are combined for functional foods and nutraceuticals, some variation in levels of credibility appear. In general (but not in every case), credibility of the various sources is rated higher among physicians with more knowledge about functional foods and/or nutraceuticals, and among those who believe in the health benefits of these foods and food components. No such pattern is clearly evident among nurses, whether in the case of functional foods or nutraceuticals.

SURVEY METHODOLOGY

This survey of Canadian physicians and nurses was designed to replicate as closely as possible a similar survey conducted in March 2004 among dietitians, naturopaths, homeopaths, pharmacists and chiropractors (Phase I). While the Phase I research involved a telephone survey with the five different health professions, Phase II involved a mixed methodology.

The physician survey is based on the results of telephone interviews conducted with 150 Canadian physicians between February 11 and March 3, 2005. The margin of error for a sample of 150 is +/- 8.0 percentage points, 19 times in 20. Since no comprehensive, national list of telephone numbers exists for nurses, this part of the research involved 331 completed mail surveys with Canadian nurses who are members of CANO or CNO. The surveys were mailed out on March 10 and were accepted up to March 31, 2005. The margin of error for this sample is +/- 5.3 percentage points, 19 times in 20. For both physicians and nurses, the margin of error is greater for results pertaining to regional or other subgroups of the total sample. Details on each part of the Phase II research are provided below.

Physicians

Sample design

The sampling method was designed to complete telephone interviews with a representative sample of 150 Canadian physicians who are currently active in clinical practice where they see patients on a regular basis. The sample of physicians was purchased from list suppliers. These lists are generated from published sources, which are primarily telephone directories but also include databases published by associations or industry publications. Contacts were pulled randomly from this sample frame to achieve a nationally representative sample. Consistent with most survey research conducted with health professionals, a small cash incentive was offered

to generate the required level of participation within the available time frame.

In the data analysis, the sample was weighted by region based on population data to reflect the actual proportions. The final sample is distributed as follows:

Final sample distribution by region – physicians

REGION	UNWEIGHTED SAMPLE	POPULATION*
Atlantic Canada	11	8%
Quebec	39	26%
Ontario	51	34%
Prairies	22	17%
British Columbia	27	15%
CANADA	150	100%

* Source: Canadian Medical Association data for GPs/family physicians, January 2003

Questionnaire design

The questionnaire used for this survey was based on the Phase I questionnaire, to allow for comparisons between the health professions. A few new questions were added, and some questions dropped, to ensure the questionnaire addressed the general research objectives and specific areas of interest as outlined by AAFC.

Once the questionnaire was finalized and approved by AAFC, any changes were translated into French using the company's professional translators. A copy of the French language version of the questionnaire is attached as Appendix A.

Pre-test. Prior to finalizing the survey for field, Environics conducted a full pre-test with "live" respondents. This consisted of telephone interviews in the same manner as for the full survey, but with a small sample of physicians.

The interviews were taped and reviewed by Environics' senior research team. Following the pre-test, Environics provided AAFC with a detailed assessment of the pre-test results. No changes were required as a result of the pre-test.

Fieldwork

Telephone interviewing. Interviewing was conducted from Environics' central facilities in Toronto and Montreal, between February 11 and March 3, 2005. Field supervisors were present at all times to ensure accurate interviewing and recording of responses. Ten percent of each interviewer's work was unobtrusively monitored for quality control in accordance with the standards set out by the Marketing Research and Intelligence Association (MRIA). The average length of time required to complete an interview was 22 minutes.

Callbacks were carefully and professionally managed to maximize the chances of reaching each physician selected in the sample, while respecting their busy schedules. Specific call-back appointments scheduled during the interviewing period were kept.

All surveys were conducted in respondents' official language of choice. In addition, respondents were advised of their rights under the Privacy and Access to Information Act (e.g., identifying purpose of research, identifying sponsoring agency and research supplier, the voluntary nature of the survey, and the protection of their responses under the Act). Respondents were also told how to obtain a copy of the final report, if so requested. This survey was registered under the survey registration system which permits the public to verify a survey call, inform themselves about the industry and/or register a complaint.

Completion results

A total of 2,845 numbers were available for this survey. During fieldwork, a total of 2,832 telephone numbers were drawn from this sample, and a total of 150 interviews were completed.

The effective response rate for the survey is six percent¹¹: the number of completed interviews (150) divided by the total dialled sample (2,832) minus the non-eligible businesses, the non-valid/ residential numbers, the numbers not in service, and the numbers that presented a language barrier (152). The actual completion rate is 13 percent: the number of completed interviews (150) divided by the number of qualified respondents contacted directly (1,188). The following table presents the final disposition of all numbers dialled.

Completion results – physicians

	#	%
Total dialled sample	2,832	100
Businesses not eligible/quota full	41	1
Residential/not in service	111	4
Language barrier	0	0
Subtotal	152	5
New base (2,832 – 152)	2,680	100
No answer/line busy/respondent not available/callbacks	1,492	56
Refusals	1,038	39
Mid-interview termination	0	0
Subtotal	2,530	94
Net completions (2,680 – 2,530)	150	6
Completion rate [150/(2,680 – 1,492)]		13

Note: percentages may not sum exactly due to rounding.

¹¹ While this is a relatively low response rate, it is typical for surveys with this target group, since physicians can be difficult to reach by telephone at their office. Nonetheless, a phone methodology was chosen to maintain a consistent methodology with Phase I, and for timing reasons (self-completion mail surveys require a longer timeline).

Nurses

Sample design

The sampling method for this part of the study was designed to complete mail surveys with a minimum of 200 Canadian nurses who are currently active in clinical practice where they see patients on a regular basis. The sample list was generated from two sources, the Canadian Association of Nurses in Oncology (CANO) and the College of Nurses of Ontario (CNO).

CANO members were included because the association was willing to provide a list of members names and addresses, and because they represent a nursing specialty that has experience with functional foods and nutraceuticals. CNO members were included because the College is the only nurse association that provides a membership list for purchase (the list includes only members who have previously agreed to be contacted for such purposes) from which we could supplement to ensure a sufficient final sample size.

The CANO list consisted of mailing addresses for 653 members across Canada, while CNO provided mailing addresses for 1500 members (168 of which are outside Ontario and 1332 are in Ontario). To maximize the regional representation across the country, the survey was mailed to a total of 1200 contacts as follows: all 653 CANO contacts, all 168 CNO contacts outside Ontario and 379 CNO contacts chosen at random in Ontario. Consistent with most survey research conducted with health professionals, a small cash incentive was offered to generate the required level of participation within the available time frame.

In the data analysis, the sample was weighted by region based on population data to reflect the actual proportions. The final sample is distributed as follows:

Final sample distribution by region – nurses

REGION	UNWEIGHTED SAMPLE	POPULATION*
Atlantic Canada	17	7%
Quebec	44	24%
Ontario	218	39%
West	52	30%
CANADA	331	100%

* Source: Canadian Institute for Health Information statistics on registered nurses, 2003

Questionnaire design

The questionnaire used for this survey was developed by Environics in consultation with AAFC, to ensure the content was as similar as possible to the physician questionnaire, but translated into a mail survey format. The main difference between the mail and telephone survey is that nurses (mail) were asked the set of questions near the end of the survey about both functional foods and nutraceuticals. A split sample technique was used for physicians (telephone) so that they were asked only about one or the other topics, to avoid tiring respondents with an excessive interview length. The results between physicians and nurses also vary in some cases because nurses were visually provided with certain response categories (such as “depends” or “cannot say”), that were not offered to physicians (but were recorded if volunteered).

Once the questionnaire was finalized and approved by AAFC, it was translated into French using the company’s professional translators.

Fieldwork

The questionnaires were mailed on March 10, 2005 and accepted back until March 31, 2005. English-only surveys were mailed to nurses outside Quebec, while nurses within Quebec were provided with both English and French surveys. Each package included a cover letter explaining the purpose of the study and providing relevant information and contact information should respondents have questions.

EnviroNics manually edited and data entered the returned questionnaires. Following editing and data cleaning, 331 questionnaires were included in the final results.

Sample profile

The table below presents a profile of the final weighted sample of all Phase I and Phase II health professions by region/province and demographic characteristics

Completion results

A total of 2,153 addresses were available for this survey. During fieldwork, a total of 1,200 addresses were drawn from this database, and a total of 331 surveys were returned. The response rate for this survey is 28 percent: the total number of returned surveys (331) divided by the number of questionnaires mailed (1,200). This represents an excellent completion rate for this type of survey involving a busy professional group,¹² and yielded considerably more than the desired minimum of 200 surveys.

Sample profile – all professions

	PHYSICIANS	NURSES	DIETITIANS	NATUROPATHS	HOMEOPATHS	PHARMACISTS	CHIROPRACTORS
Region							
Atlantic provinces	7	7	8	8	8	8	8
Quebec	26	24	23	23	23	23	23
Ontario	34	39	39	39	39	39	39
Prairies	17	21	19	19	19	19	19
British Columbia	15	9	11	11	11	11	11
Gender							
Male	76	n/a	8	36	33	65	80
Female	25	n/a	92	64	67	35	20
Years in practice							
Less than 10 years	2	18	33	56	49	15	39
10 to 14 years	8	12	16	13	23	23	18
15 years or more	90	69	51	31	27	62	42
Working hours							
Full-time	97	81	72	72	61	93	86
Part-time	3	18	29	28	37	7	15
Language of interview							
English	75	96	78	78	78	77	78
French	25	5	22	22	22	23	22

¹² By comparison, general population surveys typically yield a 10-15% response rate, while the response rate for the Phase I survey was 18%.

QUESTIONNAIRES

**Agriculture and Agri-Food Canada
FFN Health Professionals Survey Phase II – Family Physicians**

FINAL Questionnaire

Introduction

Good morning/afternoon/evening. May I please speak to [NAME]?

My name is _____ and I am calling from Environics Research Group, a public opinion research company. Today we are conducting a survey with Canadian health professionals about issues relating to food and health, on behalf of Agriculture and Agri-Food Canada.

[IF GATEKEEPER:] We would like to interview the doctor by phone for about 20 minutes about food and health issues. As a thank you for the doctor's participation, we are offering a cash honorarium. The interview can be conducted at the doctor's convenience, and a cheque will be mailed upon completion of the interview.

Please be assured that we are not selling or soliciting anything. Your opinion is important to us and your responses will be kept strictly confidential and anonymous. This survey is registered with the national survey registration system.

IF ASKED: The survey will take about 20 minutes to complete.

IF ASKED: The results of this survey will be made public once it has been completed.
For further information about this study, you can contact Allison Miranda at Agriculture and Agri-Food Canada, at 613-759-7702.

IF ASKED: This survey is registered with the Canadian Survey Research Council, under the registration number **xxxx**

IF ASKED: Your phone number was randomly selected from a published list of family physicians.

1. Are you currently active in clinical practice where you see patients on a regular basis?

01 - Yes

CONTINUE

02 - No

THANK AND TERMINATE; "This survey is directed to those currently active in clinical practice who see patients on a regular basis"

Section A – Awareness and Recommendations

2. I would like to begin with a few questions about food. By that, I am referring to everything we eat, including fruits, vegetables, grains, meats, dairy, as well as beverages and nutritional supplements. However, I won't repeat these items each time, I'll just say food.

IF RESPONDENT INDICATES UNDERSTANDING, CONTINUE. OTHERWISE CLARIFY.

Do you strongly disagree, somewhat disagree, somewhat agree or strongly agree that certain foods have health benefits that go beyond basic nutrition and may reduce the risk of disease or other health concerns? [2004/2]

- 01 - Strongly disagree
- 02 - Somewhat disagree
- 03 - Somewhat agree
- 04 - Strongly agree
- VOLUNTEERED
- 99 - DK/NA

3. What foods or food components that reduce the risk of a specific disease or health concern come to mind? [2004/3]
DO NOT READ. ACCEPT ALL MENTIONS BUT RECORD FIRST THREE SEPARATELY.
PROBE: Any others?

- 06 - Vegetables (unspecified)
- 14 - Green/leafy vegetables
- 08 - Tomatoes
- 12 - Broccoli
- 07 - Fruits (unspecified)
- 24 - Fruits and vegetables (mentioned together)
- 09 - Anti-oxidants
- 35 - Calcium
- 20 - Fatty acids/omega 3
- 13 - Fibre
- 15 - Fish (unspecified)
- 10 - Flax (seed, oil)
- 19 - Grains/oats/cereal
- 39 - Herbs/spices
- 18 - Oil
- 28 - Soy
- 11 - Vitamins/supplements (unspecified)
- 17 - Vitamin C
- 97 - Other (SPECIFY _____)
- 99 - DK/NA

- 4a. You mentioned [FIRST MENTION AT Q.3]. What disease or health concern would you say that is good for? [2004/4a]
DO NOT READ – RECORD ALL THAT APPLY.
- 4b. And what disease or health concern would you say [SECOND MENTION AT Q.3] is good for? [2004/4b]
DO NOT READ – RECORD ALL THAT APPLY.
- 4c. And what disease or health concern would you say [THIRD MENTION AT Q.3] is good for? [2004/4c]
DO NOT READ – RECORD ALL THAT APPLY.

- 01 - Aging, reducing free radicals
- 02 - Alzheimers
- 03 - Anemia
- 04 - Arthritis joint health
- 05 - Breast cancer
- 06 - Cancer
- 07 - Colds and flus
- 08 - Colon cancer
- 09 - Depression
- 10 - Diabetes
- 11 - Eye disease/vision
- 12 - Heart problems, high cholesterol
- 13 - Low energy physical performance
- 14 - Mental performance
- 15 - Osteoporosis
- 16 - Poor digestion, intestinal health
- 17 - Prostate cancer
- 18 - Urinary tract infection
- 45 - Everything/overall health
- 46 - Circulatory/cardiovascular/blood pressure
- 97 - Other (SPECIFY _____)
- 99 - DK/NA

5. In the past year, how often have you initiated a discussion with your patients about foods or food components that are thought to promote health or reduce the risk of a health condition? Would you say...? [2004/6]
READ

[INTERVIEWER NOTE: This question refers to how often these foods are discussed across the entire practice as a whole, not with individual patients).

- 01 - More often than once a week
- 02 - Once a week
- 03 - Two to three times a month
- 04 - Once a month
- 05 - Less often than once a month
- 97 - Never
- VOLUNTEERED
- 98 - Depends
- 99 - DK/NA

6. And over the past year, with approximately what percentage of your patients did you initiate a conversation about these types of foods or food components? [NEW]
ACCEPT ESTIMATE BUT NOT A RANGE

01 - RECORD ____ ____ ____ %
VOLUNTEERED
99 - DK/NA

7. In the past year, how often have your patients initiated a discussion with you about foods or food components that are thought to promote health or reduce the risk of a health condition? Would you say...? [2004/7]
READ

[INTERVIEWER NOTE: This question refers to how often these conversations are initiated across the entire practice as a whole, not by individual patients).

01 - More often than once a week
02 - Once a week
03 - Two to three times a month
04 - Once a month
05 - Less often than once a month
97 - Never
VOLUNTEERED
98 - Depends
99 - DK/NA

8. And over the past year, approximately what percentage of your patients have initiated a conversation with you about these types of foods or food components? [NEW]
ACCEPT ESTIMATE BUT NOT A RANGE

01 - RECORD ____ ____ ____ %
VOLUNTEERED
99 - DK/NA

9. Compared to five years ago, would you say your patients' interest in these types of foods or food components has increased, decreased or remained about the same? [2004/8]

01 - Increased
02 - Decreased
03 - Remained about the same
VOLUNTEERED
99 - DK/NA

10. In your own practice, what types of patient health problems or goals are most likely to prompt a discussion about the use of these types of foods or food components? [2004/9]
DO NOT READ – RECORD ALL THAT APPLY. PROBE: Any others?

01 - To have a healthy diet/healthy lifestyle
02 - To improve athletic performance
03 - To improve mental functioning / performance
04 - For a specific health or medical conditions (unspecified)
05 - For heart disease / cardiovascular disease
06 - For diabetes
07 - For high blood pressure
08 - For allergies / allergens
09 - To add nutritious foods to diet (unspecified)
10 - To add fibre to diet
17 - To supplement diet with extra vitamins or minerals
18 - For weight loss
25 - For digestive problems
23 - For arthritis
27 - For cancer
97 - Other (SPECIFY _____)
99 - DK/NA

11. In the past year, how often, if ever, have you recommended each of the following types of foods to your patients? Let's start with [ITEM]. Have you recommended this type of food to your patients... [READ SCALE]? [2004/10]

What about...? READ AND ROTATE ITEMS. REPEAT SCALE AS NECESSARY.

- a. Familiar foods with naturally occurring components, such as fish where omega 3 is found naturally
- b. Foods with added active ingredients, such as bread with added flax
- c. Foods specially enhanced to contain more of a functional component, such as tomatoes grown using biotechnology to have extra lycopene
- d. Food ingredients that can be added to foods prepared at home, such as flax sprinkled on food
- e. Pills or capsules that are taken as a dietary supplement, such as omega 3 capsules

01 - More often than once a week
02 - Once a week
03 - Two to three times a month
04 - Once a month
05 - Less often than once a month
97 - Never
VOLUNTEERED
98 - Depends
99 - DK/NA

12. FOR EACH CODE 1-5 AT Q.11, ASK: In the past year, did you recommend the use of [FOOD] for any of the following purposes? [2004/11]
READ A-E IN SAME ORDER AS Q.11. ONLY REPEAT DESCRIPTIONS IN BRACKETS IF NECESSARY. READ RESPONSES IN ORDER SHOWN – REPEAT ONLY AS NECESSARY - CODE ALL THAT APPLY.

- a. Familiar foods with naturally occurring components (such as fish where omega 3 is found naturally)
- b. Foods with added active ingredients (such as bread with added flax)
- c. Foods specially enhanced to contain more of a functional component (such as tomatoes grown using biotechnology to have extra lycopene)
- d. Food ingredients that can be added to foods prepared at home (such as flax sprinkled on food)
- e. Pills or capsules that are taken as a dietary supplement (such as omega 3 capsules)

01 - For the maintenance of good health

02 - For reducing the risk of chronic diseases or other health conditions, or

03 - For the treatment of chronic diseases or other health conditions

VOLUNTEERED

97 - Other reason (SPECIFY _____)

99 - DK/NA

13. FOR EACH CODE 5 OR 97 AT Q.11, ASK: Why do you not recommend [FOOD] more often? [\[2004/12\]](#)
READ A-E IN SAME ORDER AS Q.11. ONLY REPEAT DESCRIPTIONS IN BRACKETS IF NECESSARY. DO NOT READ RESPONSES - CODE ALL THAT APPLY.

- a. Familiar foods with naturally occurring components (such as fish where omega 3 is found naturally)
- b. Foods with added active ingredients (such as bread with added flax)
- c. Foods specially enhanced to contain more of a functional component (such as tomatoes grown using biotechnology to have extra lycopene)
- d. Food ingredients that can be added to foods prepared at home (such as flax sprinkled on food)
- e. Pills or capsules that are taken as a dietary supplement (such as omega 3 capsules)

01 - Don't know enough about them / Need more information

02 - Not endorsed by professional association

03 - Don't think they are safe

04 - Don't know long-term effects

05 - Recommend balanced / whole diet / Not just individual foods

06 - Need government regulations first

07 - Haven't not seen scientific evidence / basis for health claims

08 - Don't believe they are effective / they don't work

09 - Patients have not asked about them

10 - Depends on the food

97 - Other (SPECIFY _____)

99 - DK/NA

14. I am now going to read a list of diseases and health concerns. For each one, please tell me what foods or food components, if any, you have recommended to your patients, to either prevent or reduce the risk of that health concern. [2004/13]
READ AND ROTATE. ASK FOR 6 ITEMS IN RANDOM ORDER.
IF ASKED: What have you recommended in the past 12 months?

- a. Arthritis
- b. Aging or Alzheimer's disease
- c. Menopause symptoms
- d. Diabetes
- e. Digestion or intestinal health
- f. Eye disease or vision deterioration
- g. Cardiovascular disease
- h. Mental performance
- i. Prostate cancer
- j. Urinary tract infections
- k. Osteoporosis
- l. Colon cancer

[SEE CODE LISTS AT END OF QUESTIONNAIRE]
97 - Other (SPECIFY _____)
98 - None/nothing
99 - DK/NA

Section B – Knowledge and Opinions

Generally, foods with additional health benefits are divided into two groups based on format. Functional foods are similar in appearance to conventional foods but have enhanced health benefits. An example is omega 3 enriched eggs. Nutraceuticals are food components sold as powder, pill or extract, such as beta glucan from oats or antioxidants from blueberries.

15. Would you say you are very, somewhat, not very or not at all knowledgeable about [FIRST ITEM]?
What about [SECOND ITEM]? [2004/14]
READ AND ROTATE.

- a. Functional foods
- b. Nutraceuticals

01 - Very knowledgeable
02 - Somewhat knowledgeable
03 - Not very knowledgeable
04 - Not at all knowledgeable
VOLUNTEERED
99 - DK/NA

16. RANDOMLY CHOOSE "FFN" - REMAINING QUESTIONS TO BE ASKED ONLY FOR:

- 01 - Functional foods
- 02 - Nutraceuticals

17. In the past two years, what sources of information, if any, have you used for information on [FFN] ?
[2004/16]

DO NOT READ - RECORD ALL THAT APPLY. PROBE: Any others?

- 01 - Medical journals
- 02 - Professional association (e.g. Canadian Medical Association)
- 03 - Colleagues
- 04 - Media / TV / newspaper
- 05 - Internet / websites
- 06 - Food packaging / health claims on packages
- 07 - Industry / Food company
- 09 - Federal government
- 10 - Provincial government
- 11 - Government (unspecified)
- 12 - Health Canada
- 17 - Health association / Non-governmental association (NGO) (unspecified)
- 18 - Health magazine
- 21 - Books on health
- 25 - Seminars / conferences / workshops
- 28 - Educational institutions
- 97 - Other (SPECIFY _____)
- 98 - None / don't need that information
- 99 - DK/NA

18. In your opinion, would you say that [FFN] are completely safe, generally safe, not very safe or not at all safe? [2004/17]

- 01 - Completely safe
- 02 - Generally safe
- 03 - Not very safe
- 04 - Not at all safe
- VOLUNTEERED
- 95 - Depends (unspecified)
- 96 - Depends on type of food
- 97 - Depends on how food is used
- 98 - Depends on individual/client
- 99 - DK/NA

19. What safety concerns, if any, do you think are associated with [FFN]? [2004/18]
DO NOT READ – RECORD ALL THAT APPLY.

- 01 - Don't know enough about them / Need more information
- 02 - Not endorsed by professional association
- 03 - Don't think they are safe
- 04 - Don't know long-term effects
- 05 - Recommend balanced / whole diet / Not just individual foods
- 06 - Need government regulations first
- 07 - Haven't not seen scientific evidence / basis for health claims
- 08 - Don't believe they are effective / they don't work
- 09 - Patients have not asked about them
- 10 - Depends on the food
- 21 - Overdose / overuse / strength of product
- 17 - Interactions with other foods / drugs
- 23 - Concerns about self-prescription / proper use
- 24 - Genetic modification / unnatural
- 20 - Manufacturing / growing concerns
- 16 - Concerns about contamination / purity
- 97 - Other (SPECIFY _____)
- 99 - DK/NA

20. Which type or types of health professionals do you feel are best qualified to advise consumers about [FFN]? [2004/19]
DO NOT READ – RECORD ALL THAT APPLY.

- 01 - Chiropractor
- 02 - Dietitian / registered dietitian
- 03 - Homeopath
- 04 - Nutritionist
- 05 - Pharmacist
- 06 - Physician / general practitioner / family doctor
- 07 - Naturopath
- 24 - Nurse
- 97 - Other (SPECIFY _____)
- 99 - DK/NA

21. To which type of health professionals, if any, have you referred your **patients** for more information about [FFN]? [2004/20]
DO NOT READ – RECORD ALL THAT APPLY.

- 01 - Chiropractor
- 02 - Dietitian / registered dietitian
- 03 - Homeopath
- 04 - Nutritionist
- 05 - Pharmacist
- 06 - Physician / general practitioner / family doctor
- 07 - Naturopath
- 24 - Nurse
- 97 - Other (SPECIFY _____)
- 98 - None / never referred patients SKIP TO Q.23
- 99 - DK/NA SKIP TO Q.23

22. (ASK FOR EACH RESPONSE AT Q.20) Why did you recommend that your patients refer to a [Q.21 RESPONSE]? [2004/21]
DO NOT READ – RECORD ALL THAT APPLY.

- 01 – Have relevant education
- 02 – Have specialized knowledge about this area
- 03 – Relevant to their practice
- 04 – Have a contact (personal or professional)
- 05 – Patient requested a referral
- 97 - Other (SPECIFY _____)
- 99 - DK/NA

Section C – Source of Information

23. Are you generally satisfied with the information that is currently available to health professionals about [FFN]? [2004/22]

- 01 - Yes
- 02 - No
- 99 - DK/NA

24. In general, how interested would you say you are in learning more about [FFN]? Would you say that you are...? [2004/23]

- 01 - Very interested
- 02 - Somewhat interested
- 03 - Not very interested SKIP TO Q.26
- 04 - Not at all interested SKIP TO Q.26
- VOLUNTEERED
- 99 - DK/NA SKIP TO Q.26

25. What types of information would you like to learn more about? [2004/24]
DO NOT READ – RECORD ALL MENTIONS

- 01 - Research / unbiased research
- 02 - Availability / sources
- 03 - General information
- 04 - Safety / quality issues
- 05 - Benefits / effectiveness
- 06 - New products / information
- 07 - Components / structure / make-up
- 08 - Drug interactions / side effects
- 09 - Dosage / usage
- 10 - Production / processing issues
- 97 - Other (SPECIFY _____)
- 99 - DK/NA

26. How would you rate the credibility of each of the following sources of information about [FFN]? Let's start with [ITEM]. Would you say it is highly credible, generally credible, somewhat credible, not very credible or not at all credible? [2004/26]

What about...? READ AND ROTATE. REPEAT SCALE AS NECESSARY.

- a. The government [IF ASKED: This means all levels of government]
- b. Professional associations such as the Canadian Medical Association
- c. Food industry groups and companies
- d. Consumer interest groups, such as the Consumer Association of Canada or the Canadian Centre for Science and Public Interest
- e. Research published in medical journals
- f. The media, including TV, newspapers and magazines
- g. Websites not associated with a recognized organization
- h. The new health claims on food packaging
- i. Health food stores
- j. Non-governmental health associations, such as the Heart and Stroke **Foundation**

- 01 - Highly credible
- 02 - Generally credible
- 03 - Somewhat credible
- 04 - Not very credible
- 05 - Not at all credible
- VOLUNTEERED
- 97 - Depends
- 99 - DK/NA

Section D – Demographics

I would like to ask you a few final questions for statistical purposes. Please be assured that all of your responses will be kept entirely anonymous and absolutely confidential.

27. For how many years have you been actively practicing in your profession? [2004/27]

- 01 - (SPECIFY _____)
- 98 - Refuse
- 99 - DK/NA

28. Which of the following best describes a typical working week for you? Would you say you work...? [REVISED]

- 01 - Over 60 hours per week
- 02 - 50-60 hours per week
- 03 - 40-49 hours per week
- 04 - 30-39 hours per week
- 05 - Part-time or less than 30 hours per week
- VOLUNTEERED
- 97 - Other (SPECIFY _____)
- 99 - DK/NA

29. Approximately how many patients do you see on a typical day? [NEW]
ACCEPT ESTIMATE BUT NOT A RANGE

- 01 - RECORD NUMBER ____ _
- 99 - DK/NA

30. FOR NURSES ONLY (MAIL-OUT SURVEY)

31. And finally, may I have the first three digits of the postal code of your workplace?
(NEW BRUNSWICK ONLY:) And finally, may I have the six digits of the postal code of your workplace?

This completes the survey. On behalf of Agriculture and Agri-food Canada, thank you very much for taking the time to help us with this important research project.

IF RESPONDENT ASKS FOR INFORMATION ABOUT THIS SURVEY: You can get more information about this survey by contacting Allison Miranda at Agriculture and Agri- Food Canada, at 613-759-7702.

RECORD:

32. Gender

- Female
- Male

33. LANGUAGE OF INTERVIEW

- English
- French

34. Province (SYSTEM RECORDED)

- 01 - British Columbia
- 02 - Alberta
- 03 - Saskatchewan
- 04 - Manitoba
- 05 - Ontario
- 06 - Quebec
- 07 - Newfoundland
- 08 - Nova Scotia
- 09 - New Brunswick
- 10 - Prince Edward Island

35. Profession (SYSTEM RECORDED FROM SAMPLE)

- 01 - Family Physician
- 02 - Nurse

CODELIST FOR DISEASE-FOOD PAIRS (Q.13) / (ALSO TO BE USED AS BASIS FOR CODING Q.3/5)

Arthritis

- (Antioxidants)
- (Collagen)
- (Chondroitine sulfate)
- (DHA)
- (EPA)
- (Fish, fish oil)
- (Gelatin)
- (Glucosamin)
- (Green leafy vegetables)
- (Omega 3)
- (Shark cartilage)
- (Tuna fish, tuna fish oil)
- (Vitamin A, C, E)

Aging or Alzheimer's

- (Antioxidants)
- (Carrots)
- (DHA)
- (EPA)
- (Fish, fish oil)
- (Gingko)
- (Omega 3)
- (Squash)
- (Sweet potato)
- (Tuna fish, tuna fish oil)
- (Vitamins A, C, or E)

Menopause Symptoms (Please alphabetize list)

Allium vegetables

- (garlic)
- (onions)
- (chives)
- (leeks)

Cruciferous vegetables

- (broccoli)
- (cauliflower)
- (cabbage)
- (brussels sprouts)
- (kale)
- (turnips)
- (bok choy)
- (kohlrabi)

Solanaceous vegetables

- (tomatoes)
- (peppers)

Citrus fruits

- (oranges)
- (lemons)
- (grapefruit)

Other fruits

- (grapes)
- (berries)
- (cherries)
- (apples)
- (cantaloupe)

(watermelon)
(pomegranate)
(Beans)
(whole grains)
(soybeans)
(oats)
(barley)
(brown rice)
(whole wheat)
(flax seed)
(isoflavones)
soy (tofu; soy milk; soy protein etc)
(Licorice root)
(Green tea)
(Evening primrose oil)
(black cohosh)
(ginseng)

Diabetes

(Bran)
(Chromium)
(Fiber)
(Legumes)
(Lentils)
(Oats, oat bran)
(other beans)
(Prunes, prune juice)
(Split peas)
(Wheat bran)

Digestion or intestinal health

(Acidophilus)
(Artichokes)
(Bacteria)
(Bifidus)
(Bran)
(Culture)
(Fiber)
(FOS, Fructo-oligosaccharides)
(Lactobacillus)
(Onion Powder)
(Prune, prune juice)
(Shallots)
(Wheat bran)
(Yogurt)
(probiotics)
(inulin)

Eye disease, vision deterioration

(Carrots)
(DHA, EPA, Omega 3)
(Fish, fish oil)
(Green leafy vegetables)
(Lutein)
(Tuna fish, tuna fish oil)
(Vitamin A)

Cardiovascular disease

(Allyl, allyl sulfides)
(Antioxidants)
(aspirin)
(Avocado)
(Beta glucan)
(Calcium)
(Canola oil)
(DHA)
(EPA)
(Fish, fish oil)
(flavonoids)
(Flax, flaxseed oil)
(Folic acid, folate)
(Garlic)
(Green leafy vegetables)
(Ice Cream)
(Isoflavones)
(Oats)
(Olive oil)
(Omega 3)
(Oranges, Orange juice)
(Phenol)
(Plantain)
(Psyllium)
(Red wine)
(Sardines)
(Soy)
(Tannins)
(Tofu)
(Tums)
(Tuna fish, tuna fish oil)
(Vitamins A, C, E)
(Whole grains)

Mental Performance

(Caffeine)
(DHA, EPA, Omega 3)
(Fish, fish oil)
(fructose)
(Gingko)
(Ginseng)
(glucose)
(Sugar)
(Tuna fish, tuna fish oil)

Prostate cancer

(Ketchup)
(Lycopene)
(Red peppers)
(Saw palmetto)
(Tomato Sauce)
(Tomatoes)

Urinary Tract Infections

(Cranberries)
(Cranberry juice)
(Water)

Osteoporosis

(Calcium)
(Genestein)
(Green leafy vegetables)
(Ice Cream)
(Isoflavones)
(Milk)
(Sardines)
(Soy)
(Tofu)
(Tums)
(Yogurt)

Colon cancer

(Bran)
(Calcium)
(Fiber)
(Green leafy vegetables)
(Ice Cream)
(Milk)
(Oats)
(Prunes, prune juice)
(Sardines)
(Tums)
(Wheat bran)
(Whole bran)
(Yogurt)
(probiotics)



ENVIRONICS
RESEARCH GROUP

Agriculture and Agri-Food Canada: A Survey of Nurses about Food and Health

1. Are you currently active in clinical practice where you see patients on a regular basis?
Please circle one number only

Yes..... 1 → PLEASE CONTINUE
 No 2 → PLEASE DISREGARD SURVEY OR
 PASS TO COLLEAGUE WHO FITS
 THIS DESCRIPTION

SECTION A – FOODS AND FOOD COMPONENTS
--

The first few questions on this survey are about food. By that, we are referring to everything we eat, including fruits, vegetables, grains, meats, dairy, as well as beverages and nutritional supplements.

2. Do you agree or disagree that certain foods have health benefits that go beyond basic nutrition and may reduce the risk of disease or other health concerns?
Please circle one number only

Strongly disagree..... 1
 Somewhat disagree 2
 Somewhat agree..... 3
 Strongly agree 4
 Cannot say..... 9

3. What foods or food components that reduce the risk of a specific disease or health concern come to mind?
Write in up to three foods or foods components in the spaces provided in Column Q.3 below
4. For each of the foods listed at Question 3, what diseases or health concerns would you say that is good for?
Write in as many diseases or health concerns as apply in the spaces provided in Column Q.4 below

Q.3 <u>Food/Food Component that Reduces Risk</u>		Q.4 <u>Diseases/Health Concerns Food is Good For</u>
	→	
	→	
	→	

5. In the past year, how often have you initiated a discussion with your patients about foods or food components that are thought to promote health or reduce the risk of a health condition?
Please circle one number only. NOTE: This question refers to how often these foods are discussed across the entire practice as a whole, not with individual patients.

- More often than once a week 1
- Once a week 2
- Two to three times a month 3
- Once a month 4
- Less often than once a month 5
- Never 6
- Cannot say..... 9

6. And over the past year, with approximately what percentage of your patients did you initiate a conversation about these types of foods or food components?
Please write in percentage.

Percentage ____ ____ ____ %
 Cannot say..... 999

7. In the past year, how often have your patients initiated a discussion with you about foods or food components that are thought to promote health or reduce the risk of a health condition?
Please circle one number only. NOTE: This question refers to how often these conversations are initiated across the entire practice as a whole, not by individual patients.

- More often than once a week 1
- Once a week 2
- Two to three times a month 3
- Once a month 4
- Less often than once a month 5
- Never 6
- Cannot say..... 9

8. And over the past year, approximately what percentage of your patients have initiated a conversation with you about these types of foods or food components?
Please write in percentage.

Percentage ____ ____ ____ %
 Cannot say..... 999

9. Compared to five years ago, would you say your patients' interest in these types of foods or food components has increased, decreased or remained about the same?

Please circle one number only

- Increased 1
- Decreased 2
- Remained about the same..... 3
- Cannot say..... 9

10. In your own practice, what types of patient health problems or goals are most likely to prompt a discussion about the use of these types of foods or food components?

Please write in all health problems or goals that apply

11. For each of the following types of foods, please indicate how often, if ever, you recommended it to your patients in the past year.

Please circle one number for each type of food

	More than once a week	Once a week	2 - 3 times a month	Once a month	Less than once a month	Never
a. Familiar foods with naturally occurring components, such as fish where omega 3 is found naturally	1	2	3	4	5	9
b. Foods with added active ingredients, such as bread with added flax.....	1	2	3	4	5	9
c. Foods specially enhanced to contain more of a functional component, such as tomatoes grown using biotechnology to have extra lycopene	1	2	3	4	5	9
d. Food ingredients that can be added to foods prepared at home, such as flax sprinkled on food ..	1	2	3	4	5	9
e. Pills or capsules that are taken as a dietary supplement, such as omega 3 capsules	1	2	3	4	5	9

Instructions for Q.12 and Q.13:

Answer Q.12 for each of the food types that you recommended to your patients at some point in the past year (any '1' to '5' at Q.11 on the previous page).

Answer Q.13 for each of the food types that you recommended less often than once a month or never (any '5' or '9' at Q.11 on the previous page).

12. For each of the food types that you have recommended to your patients at some point in the past year, please indicate for which of the following purposes, if any, you recommended them:
Please circle one number for each type of food given '1' to '5' at Q.11

- For the maintenance of good health
- To reduce the risk of chronic disease or other health concerns
- For the treatment of chronic disease or other health concerns
- Another reason (please write in)
- Or, None of the above

	Main- tenance	Reduce risk	Treat- ment	Other (Please write in)	None
a. Familiar foods with naturally occurring components, such as fish where omega 3 is found naturally	1	2	3	_____	9
b. Foods with added active ingredients, such as bread with added flax.....	1	2	3	_____	9
c. Foods specially enhanced to contain more of a functional component, such as tomatoes grown using biotechnology to have extra lycopene	1	2	3	_____	9
d. Food ingredients that can be added to foods prepared at home, such as flax sprinkled on food ..	1	2	3	_____	9
e. Pills or capsules that are taken as a dietary supplement, such as omega 3 capsules.....	1	2	3	_____	9

13. For each type of food that you recommended to your patients less often than once a month or never, please indicate why do you not recommend this type of food more often?
Please write in for each type of food given '5' or '9' at Q.11

	Reasons why do not recommend more often
a. Familiar foods with naturally occurring components, such as fish where omega 3 is found naturally	
b. Foods with added active ingredients, such as bread with added flax.....	
c. Foods specially enhanced to contain more of a functional component, such as tomatoes grown using biotechnology to have extra lycopene	
d. Food ingredients that can be added to foods prepared at home, such as flax sprinkled on food ..	
e. Pills or capsules that are taken as a dietary supplement, such as omega 3 capsules.....	

14. For each one of the following diseases and health concerns, please indicate what foods or food components, if any, you have recommended to your patients, to either prevent or reduce the risk of that health concern. *Please write in all foods or food components that apply*

Diseases/Health Concerns	Foods/Food Components to Prevent/Reduce Risk
a. Arthritis	→
b. Aging or Alzheimer's disease	→
c. Menopause symptoms	→
d. Diabetes	→
e. Digestion or intestinal health	→
f. Eye disease or vision deterioration	→
g. Cardiovascular disease	→
h. Mental performance	→
i. Prostate cancer	→
j. Urinary tract infections	→
k. Osteoporosis	→
l. Colon cancer	→

SECTION B – FUNCTIONAL FOODS

Generally, foods with additional health benefits are divided into two groups based on format.

Functional foods are similar in appearance to conventional foods but have enhanced health benefits. An example is omega 3 enriched eggs.

Nutraceuticals are food components sold as powder, pill or extract, such as beta glucan from oats or antioxidants from blueberries.

This section of the survey is about **functional foods**.

15. How knowledgeable would you say you are about functional foods?

Please circle one number only

- | | |
|-------------------------------|---|
| Very knowledgeable | 1 |
| Somewhat knowledgeable..... | 2 |
| Not very knowledgeable | 3 |
| Not at all knowledgeable..... | 4 |
| Cannot say..... | 9 |

16. In your opinion, how safe are functional foods?

Please circle one number only

- | | |
|-----------------------|---|
| Completely safe | 1 |
| Generally safe..... | 2 |
| Not very safe..... | 3 |
| Not at all safe..... | 4 |
| Depends | 5 |

17. What safety concerns, if any, do you think are associated with functional foods?

Please write in all safety concerns that apply

18. Which type or types of health professionals do you feel are best qualified to advise consumers about functional foods?

Please circle all that apply

- | | |
|--|---|
| Chiropractor | 1 |
| Dietitian / registered dietitian | 2 |
| Homeopath | 3 |
| Nutritionist..... | 4 |
| Pharmacist..... | 5 |
| Physician / GP / family doctor..... | 6 |
| Naturopath | 7 |
| Nurse | 8 |
| Other (<i>Please write in</i>) _____ | |
| None/none are qualified..... | 9 |

19. To which type of health professionals, if any, have you referred your patients for more information about functional foods?

Please circle all that apply

- Chiropractor 1
- Dietitian / registered dietitian 2
- Homeopath 3
- Nutritionist..... 4
- Pharmacist..... 5
- Physician / GP / family doctor..... 6
- Naturopath 7
- Nurse 8
- Other (*Please write in*) _____
- None/did not refer to any 9 → *Skip to Q.21*

20. Why did you recommend that your patients refer to this (these) health professional(s)?

Please write in all reasons that apply

21. In the past two years, what sources of information, if any, have you used for information on functional foods?

Please write in all sources of information that apply

22. Are you generally satisfied with the information that is currently available to health professionals about functional foods?

Please circle one number only

- Yes..... 1
- No 2
- Cannot say..... 9

23. In general, how interested would you say you are in learning more about functional foods?
Please circle one number only

- Very interested..... 1
- Somewhat interested..... 2
- Not very interested..... 3
- Not at all interested..... 4
- Cannot say..... 9

24. What types of information about functional foods, if any, would you like to learn more about?
Please write in all types of information that apply

25. How would you rate the credibility of each of the following sources of information about functional foods?
Please circle one number for each information source

Information Source	<u>Highly credible</u>	<u>Generally credible</u>	<u>Some-what credible</u>	<u>Not very credible</u>	<u>Not at all credible</u>	<u>Cannot say</u>
a. The government (all levels).....	1	2	3	4	5	9
b. Professional associations such as the Canadian Nurses Association.....	1	2	3	4	5	9
c. Food industry groups and companies.....	1	2	3	4	5	9
d. Consumer interest groups, such as the Consumer Association of Canada or the Canadian Centre for Science and Public Interest.....	1	2	3	4	5	9
e. Research published in medical journals.....	1	2	3	4	5	9
f. The media, including TV, newspapers and magazines.....	1	2	3	4	5	9
g. Websites not associated with a recognized organization.....	1	2	3	4	5	9
h. The new health claims on food packaging...	1	2	3	4	5	9
i. Health food stores.....	1	2	3	4	5	9
j. Non-governmental health associations, such as the Heart and Stroke Foundation....	1	2	3	4	5	9

SECTION C – NUTRACEUTICALS

This section of the survey is about **nutraceuticals** (food components sold as powder, pill or extract, such as beta glucan from oats or antioxidants from blueberries).

26. How knowledgeable would you say you are about nutraceuticals?

Please circle one number only

- Very knowledgeable 1
- Somewhat knowledgeable 2
- Not very knowledgeable 3
- Not at all knowledgeable..... 4
- Cannot say..... 9

27. In your opinion, how safe are nutraceuticals?

Please circle one number only

- Completely safe 1
- Generally safe..... 2
- Not very safe..... 3
- Not at all safe..... 4
- Depends 5

28. What safety concerns, if any, do you think are associated with nutraceuticals?

Please write in all safety concerns that apply

29. Which type or types of health professionals do you feel are best qualified to advise consumers about nutraceuticals?

Please circle all that apply

- Chiropractor 1
- Dietitian / registered dietitian 2
- Homeopath 3
- Nutritionist..... 4
- Pharmacist..... 5
- Physician / GP / family doctor..... 6
- Naturopath 7
- Nurse 8
- Other (*Please write in*) _____
- None/none are qualified..... 9

30. To which type of health professionals, if any, have you referred your patients for more information about nutraceuticals?

Please circle all that apply

- Chiropractor 1
- Dietitian / registered dietitian 2
- Homeopath 3
- Nutritionist..... 4
- Pharmacist..... 5
- Physician / GP / family doctor..... 6
- Naturopath 7
- Nurse 8
- Other (*Please write in*) _____
- None/did not refer to any 9 → *Skip to Q.32*

31. Why did you recommend that your patients refer to this (these) health professional(s)?

Please write in all the reasons that apply

32. In the past two years, what sources of information, if any, have you used for information on nutraceuticals?

Please write in all sources of information that apply

33. Are you generally satisfied with the information that is currently available to health professionals about nutraceuticals?

Please circle one number only

- Yes..... 1
- No 2
- Cannot say..... 9

34. In general, how interested would you say you are in learning more about nutraceuticals?
Please circle one number only

- Very interested..... 1
- Somewhat interested..... 2
- Not very interested..... 3
- Not at all interested..... 4
- Cannot say..... 9

35. What types of information about nutraceuticals, if any, would you like to learn more about?
Please write in all types of information that apply

36. How would you rate the credibility of each of the following sources of information about nutraceuticals?
Please circle one number for each information source

Information Source	<u>Highly credible</u>	<u>Generally credible</u>	<u>Some-what credible</u>	<u>Not very credible</u>	<u>Not at all credible</u>	<u>Cannot say</u>
a. The government (all levels).....	1	2	3	4	5	9
b. Professional associations such as the Canadian Nurses Association.....	1	2	3	4	5	9
c. Food industry groups and companies.....	1	2	3	4	5	9
d. Consumer interest groups, such as the Consumer Association of Canada or the Canadian Centre for Science and Public Interest.....	1	2	3	4	5	9
e. Research published in medical journals.....	1	2	3	4	5	9
f. The media, including TV, newspapers and magazines.....	1	2	3	4	5	9
g. Websites not associated with a recognized organization.....	1	2	3	4	5	9
h. The new health claims on food packaging...	1	2	3	4	5	9
i. Health food stores.....	1	2	3	4	5	9
j. Non-governmental health associations, such as the Heart and Stroke Foundation....	1	2	3	4	5	9

Please continue to last page of survey.../

SECTION D – BACKGROUND INFORMATION

Now we'd like to ask you some questions about your professional life, so that we can better analyze the results of the survey. Your answers will be kept anonymous and confidential.

37. For how many years have you been actively practicing in your profession? _____ years

38. Which of the following best describes a typical working week for you?
Please circle one number only

- Over 60 hours per week 1
- 50-60 hours per week 2
- 40-49 hours per week 3
- 30-39 hours per week 4
- Part-time or less than 30 hours per week 5
- Other (*Please write in*) _____

39. Approximately how many patients do you see on a typical day? _____ patients

40. Which of the following best describes your nursing role?
Please circle one number only

- Public health nurse 1
- Community health nurse 2
- Nurse practitioner 3
- Other (*Please write in*) _____

On behalf of Agriculture and Agri-food Canada, thank you very much for helping with this important research project.

Please return this survey to Environics using the enclosed, postage-paid envelope postmarked on or before March 31, 2005 to receive your honorarium.

Agriculture et agroalimentaire Canada
Sondage auprès des professionnels de la santé au sujet des aliments
Fonctionnels et nutraceutiques Phase II – Médecins de famille

Questionnaire FINAL

Introduction

Bonjour/Bonsoir. Puis-je parler à [NOM] ?

Bonjour/Bonsoir. Je me nomme _____ et vous appelle au nom d'Environics Research Group, une société de recherche sur l'opinion publique. Aujourd'hui, nous effectuons un sondage auprès de professionnels de la santé canadiens pour le compte d'Agriculture et Agroalimentaire Canada sur des questions relatives aux aliments et à la santé.

[SI SECRÉTAIRE:] Nous aimerions mener une entrevue par téléphone avec le médecin sur des questions relatives à l'alimentation et à la santé. L'entrevue durera environ 20 minutes. Afin de remercier le médecin pour sa participation, nous offrons des honoraires de \$. L'entrevue peut être faite au moment qui convient au médecin et dès qu'elle sera terminée, nous enverrons le chèque.

Veuillez avoir l'assurance que nous ne cherchons pas à vous vendre quoi que ce soit. Votre opinion est importante à nos yeux et vos réponses demeureront strictement confidentielles et anonymes. Ce sondage est inscrit dans le système national d'enregistrement des sondages.

SI ON LE DEMANDE : Il faut une vingtaine de minutes pour répondre au sondage.

SI ON LE DEMANDE : Les résultats de ce sondage seront rendus publics une fois qu'il sera terminé. Pour plus de renseignements au sujet de cette étude, vous pouvez communiquer avec Allison Miranda d'Agriculture et Agroalimentaire Canada, au (613) 759-7702.

SI ON LE DEMANDE : Ce sondage est inscrit auprès du CSRC, soit le Canadian Survey Research Council, sous le n^o **xxxx**

SI ON LE DEMANDE : Votre numéro de téléphone a été choisi au hasard à partir d'une liste publiée de médecins de famille.

1. Êtes-vous actif(ve) en pratique clinique où vous voyez des patients régulièrement ?

- 01 - Oui CONTINUER.
02 - Non REMERCIER ET TERMINER; « Ce sondage s'adresse aux personnes actives en pratique clinique et qui voient des patients de façon régulière. »

Partie A – Sensibilisation et recommandations

2. J'aimerais que nous commencions par quelques questions au sujet des aliments. Avant de vous les poser, je veux établir clairement que chaque fois que j'utiliserai le mot « aliments », je ferai allusion à tout ce que nous mangeons, y compris les fruits, les légumes, les céréales, la viande, les produits laitiers, ainsi que les boissons et suppléments nutritionnels. SI LE/LA RÉPONDANT(E) INDIQUE QU'IL/ELLE COMPREND, CONTINUER. SINON PRÉCISER.

Êtes-vous fortement en désaccord, plutôt en désaccord, plutôt d'accord ou fortement d'accord pour dire que certains aliments présentent des avantages pour la santé qui dépassent simplement la nutrition et peuvent réduire le risque de maladie ou d'autres troubles de santé ? [2004/2]

- 01 – Fortement en désaccord
- 02 – Plutôt en désaccord
- 03 – Plutôt d'accord
- 04 – Fortement d'accord
- NON SUGGÉRÉ
- 99 - NSP/PR

3. Quels sont les aliments ou constituants alimentaires pouvant réduire le risque de certaines maladies précises qui vous viennent à l'esprit ? [2004/3]
PRÉCISER. INSCRIRE TOUTES LES MENTIONS QUI S'APPLIQUENT MAIS CODER LES TROIS PREMIÈRES SÉPAREMENT. SONDEZ: Y en a-t-il d'autres?

- 06 - Légumes (non précisé)
- 14 – Légumes verts/légumes-feuilles
- 08 - Tomates
- 12 - Brocoli
- 07 - Fruits (non précisé)
- 24 - Fruits et légumes (mentionnés ensemble)
- 09 - Antioxydants
- 35 - Calcium
- 20 – Acides gras/omega 3
- 13 - Fibres
- 15 - Poisson (non précisé)
- 10 - Lin (graines, huile)
- 19 - Grains/avoine/céréales
- 39 – Fines herbes/épices
- 18 - Huile
- 28 - Soja
- 11 - Vitamines/suppléments (non précisé)
- 17 - Vitamine C
- 97 - Autre (PRÉCISER_____)
- 99 - NSP/PR

- 4a. Vous avez mentionné [PREMIÈRE MENTION À Q.3]. À quelle maladie ou quel trouble de santé diriez-vous que cela s'applique ? [2004/4a]
NE PAS LIRE – INSCRIRE TOUTES LES RÉPONSES QUI S'APPLIQUENT.
- 4b. Et, à quelle maladie ou quel trouble de santé diriez-vous que [DEUXIÈME MENTION À Q.3] s'applique ? [2004/4b]
NE PAS LIRE – INSCRIRE TOUTES LES RÉPONSES QUI S'APPLIQUENT.
- 4c. Et, à quelle maladie ou quel trouble de santé diriez-vous que [TROISIÈME MENTION À Q.3] s'applique ? [2004/4c]
NE PAS LIRE – INSCRIRE TOUTES LES RÉPONSES QUI S'APPLIQUENT.

01 – Vieillessement, neutralisation des radicaux libres
02 – Maladie d'Alzheimer
03 – Anémie
04 – Arthrite, santé des articulations
05 – Cancer du sein
06 – Cancer
07 – Rhumes et gripes
08 – Cancer du côlon
09 – Dépression
10 – Diabète
11 – Maladies de l'oeil/trouble de la vue
12 – Troubles cardiaques, cholestérol élevé
13 – Faible niveau d'énergie, performance physique
14 – Performance mentale
15 – Ostéoporose
16 – Mauvaise digestion, santé intestinale
17 – Cancer de la prostate
18 – Infection des voies urinaires
45 - Tout/santé générale
46 – Problèmes de circulation/problèmes cardiovasculaires/tension artérielle
97 – Autre (PRÉCISER _____)
99 - NSP/PR

5. Depuis un an, à quelle fréquence avez-vous pris l'initiative de discuter avec vos patients des aliments ou des constituants alimentaires dont on dit qu'ils favorisent la santé ou réduisent le risque d'un trouble de santé ? Diriez-vous... ? [2004/6]
LIRE.

[NOTA À L'INTERVIEWEUR(EUSE) : Cette question fait allusion à la fréquence à laquelle ces aliments ont été abordés dans l'ensemble de la pratique, pas avec des patients pris individuellement.]

01 – Plus souvent qu'une fois par semaine
02 – Une fois par semaine
03 – Deux à trois fois par mois
04 – Une fois par mois
05 – Moins souvent qu'une fois par mois
97 – Jamais
NON SUGGÉRÉ
98 – Tout dépend
99 - NSP/PR

6. Et au cours de la dernière année, avec environ quel pourcentage de vos patients avez-vous pris l'initiative de discuter de ces types d'aliments ou de constituants alimentaires ? [NEW]
ACCEPTER UNE ESTIMATION MAIS PAS UNE FOURCHETTE

01 - INSCRIRE ____ ____ ____ %
NON SUGGÉRÉ
99 - NSP/PR

7. Depuis un an, à quelle fréquence vos patients ont-ils pris l'initiative de discuter avec vous des aliments ou des constituants alimentaires dont on dit qu'ils favorisent la santé ou réduisent le risque d'un trouble de santé ? Diriez-vous... ? [2004/7]
LIRE.

[NOTA À L'INTERVIEWEUR(EUSE) : Cette question fait allusion à la fréquence à laquelle ces conversations ont été abordées dans l'ensemble de la pratique, pas avec des patients pris individuellement.]

01 – Plus souvent qu'une fois par semaine
02 – Une fois par semaine
03 – Deux à trois fois par mois
04 – Une fois par mois
05 – Moins souvent qu'une fois par mois
97 – Jamais
NON SUGGÉRÉ
98 – Tout dépend
99 - NSP/PR

8. Et au cours de la dernière année, approximativement quel pourcentage de vos patients ont pris l'initiative de discuter avec vous de ces types d'aliments ou de constituants alimentaires ? [NEW]
ACCEPTER UNE ESTIMATION MAIS PAS UNE FOURCHETTE

01 - INSCRIRE ____ ____ ____ %
NON SUGGÉRÉ
99 - NSP/PR

9. Comparativement à il y a cinq ans, diriez-vous que l'intérêt manifesté par vos patients à l'égard de ces types d'aliments ou de constituants alimentaires a augmenté, diminué ou est demeuré à peu près semblable ? [2004/8]

01 – Augmenté
02 – Diminué
03 – Demeuré à peu près semblable
NON SUGGÉRÉ
99 - NSP/PR

10. Dans votre propre pratique, quels sont les types de problèmes de santé ou d'objectifs en matière de santé de vos patients qui ont le plus tendance à soulever une discussion au sujet de l'utilisation de ces types d'aliments ou de constituants alimentaires ? [2004/9]
NE PAS LIRE – INSCRIRE TOUTES LES RÉPONSES QUI S'APPLIQUENT. SONDEZ: Y en a-t-il d'autres?

01 – Avoir un régime alimentaire sain/un style de vie sain
02 – Améliorer la performance athlétique
03 – Améliorer les fonctions mentales / la performance mentale
04 – Un trouble médical ou de santé précis (non précisé)
05 – Les maladies du cœur / les maladies cardiovasculaires
06 – Le diabète
07 – L'hypertension
08 – Les allergies / les allergènes
09 – Pour ajouter des aliments nutritifs à l'alimentation (non précisés)
10 – L'ajout de fibre alimentaire au régime
17 – Compléter le régime par l'ajout de vitamines ou de minéraux additionnels
18 – La perte de poids
25 – Pour des problèmes digestifs
23 – Pour l'arthrite
27 – Pour le cancer
97 – Autre (PRÉCISER _____)
99 - NSP/PR

11. Depuis un an, s'il y a lieu, combien de fois avez-vous recommandé chacun des types d'aliments suivants à vos patients ? Commençons par [ITEM]. Avez-vous recommandé ce type d'aliment à vos patients... [LIRE LES CHOIX.] [2004/10]
LECTURE ET ROTATION DES ITEMS. RÉPÉTER LES CHOIX AU BESOIN.

a. Des aliments conventionnels dans lesquels on retrouve naturellement certaines substances, tel le poisson dans lequel on retrouve naturellement des acides gras omega-3

b. Des aliments avec addition d'ingrédients, tel le pain additionné de lin

c. Des aliments à teneur enrichie par un composant fonctionnel, telles les tomates produites à l'aide de la biotechnologie de manière à contenir plus de lycopène

d. Des ingrédients alimentaires pouvant être ajoutés aux aliments préparés à la maison, comme de la graine de lin saupoudrée sur les aliments

e. Des comprimés ou des capsules prises comme supplément alimentaire, telles les capsules d'acides gras omega-3

01 – Plus souvent qu'une fois par semaine
02 – Une fois par semaine
03 – Deux à trois fois par mois
04 – Une fois par mois
05 – Moins souvent qu'une fois par mois
97 – Jamais
NON SUGGÉRÉ
98 – Tout dépend
99 - NSP/PR

12. POUR CHACUE CODE DE 1-5 À Q.11, POSER : Depuis un an, avez-vous recommandé l'utilisation de [ALIMENT] pour l'une ou l'autre des raisons suivantes ? [2004/11]
LIRE A-E DANS LE MÊME ORDRE QU'À Q.11. RÉPÉTER SEULEMENT LES DESCRIPTIONS ENTRE PARENTHÈSES AU BESOIN. LIRE LES RÉPONSES DANS L'ORDRE MONTRÉ – RÉPÉTER SEULEMENT AU BESOIN - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT.

- a. Des aliments conventionnels dans lesquels on retrouve naturellement certaines substances (tel le poisson dans lequel on retrouve naturellement des acides gras omega-3)
- b. Des aliments avec addition d'ingrédients (tel le pain additionné de lin)
- c. Des aliments à teneur enrichie par un composant fonctionnel (telles les tomates produites à l'aide de la biotechnologie de manière à contenir plus de lycopène)
- d. Des ingrédients alimentaires pouvant être ajoutés aux aliments préparés à la maison (comme de la graine de lin saupoudrée sur les aliments)
- e. Des comprimés ou des capsules prises comme supplément alimentaire (telles les capsules d'acides gras omega-3)

01 – Pour le maintien d'une bonne santé

02 – Pour réduire le risque de maladies chroniques ou d'autres troubles de santé, ou

03 – Pour le traitement de maladies chroniques ou d'autres troubles de santé

NON SUGGÉRÉ

97 – Autre raison (PRÉCISER _____)

99 - NSP/PR

13. POUR CHAQUE CODE 5 OU 97 À Q.11, POSER : Pourquoi n'avez-vous pas recommandé [ALIMENT] plus souvent ? [2004/12]
LIRE A-E DANS LE MÊME ORDRE QU'À Q.11. RÉPÉTER SEULEMENT LES DESCRIPTIONS ENTRE PARENTHÈSES AU BESOIN. LIRE LES RÉPONSES DANS L'ORDRE MONTRÉ – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT.

- a. Des aliments conventionnels dans lesquels on retrouve naturellement certaines substances (tel le poisson dans lequel on retrouve naturellement des acides gras omega-3)
- b. Des aliments avec addition d'ingrédients (tel le pain additionné de lin)
- c. Des aliments à teneur enrichie par un composant fonctionnel (telles les tomates produites à l'aide de la biotechnologie de manière à contenir plus de lycopène)
- d. Des ingrédients alimentaires pouvant être ajoutés aux aliments préparés à la maison (comme de la graine de lin saupoudrée sur les aliments)
- e. Des comprimés ou des capsules prises comme un supplément alimentaire (telles les capsules d'acides gras omega-3)

- 01 – N'en connaît pas suffisamment à leur sujet/Besoin de plus de renseignements
- 02 – Ne sont pas approuvés par l'association professionnelle
- 03 – Ne pense pas qu'ils sont sans danger
- 04 – Ne connaît pas les effets à long terme
- 05 – Recommande un régime équilibré / régime en entier / pas uniquement des aliments individuels
- 06 – Besoin d'abord d'une réglementation du gouvernement
- 07 – N'a pas vu de preuve scientifique / fondement des allégations concernant la santé
- 08 – Ne croit pas qu'ils sont efficaces / ne fonctionnent pas
- 09 – Les patients n'ont pas posé de question à leur sujet
- 10 – Tout dépend de l'aliment
- 97 – Autre (PRÉCISER_____)
- 99 - NSP/PR

14. À présent, je vais vous lire une liste de maladies ou de troubles de santé. Pour chacun, veuillez s'il vous plaît me dire, s'il y a lieu, quels aliments ou constituants alimentaires vous avez recommandés à vos patients, soit pour prévenir ou pour réduire le risque de ce trouble de santé. [2004/13]
LECTURE ET ROTATION. POSER POUR LES 6 ITEMS DANS UN ORDRE ALÉATOIRE.
SI ON LE DEMANDE : Qu'avez-vous recommandé au cours des 12 derniers mois ?

- a. Arthrite
- b. Vieillesse ou maladie d'Alzheimer
- c. Symptômes de la ménopause
- d. Diabète
- e. Digestion ou santé intestinale
- f. Maladie de l'oeil ou détérioration de la vue
- g. Maladie cardiovasculaire
- h. Performance mentale
- i. Cancer de la prostate
- j. Infections des voies urinaires
- k. Ostéoporose
- l. Cancer du côlon

[VOIR LES LISTES DE CODES À LA FIN DU QUESTIONNAIRE.]

- 97 - Autre (PRÉCISER_____)
- 98 - Aucune
- 99 - NSP/PR

Partie B – Connaissances et opinions

Règle générale, les aliments procurant des bienfaits additionnels pour la santé sont divisés en deux groupes selon leur présentation. Les aliments fonctionnels sont semblables en apparence aux aliments classiques mais ils ont des avantages accrus pour la santé. Un exemple serait les œufs enrichis d'acides gras omega-3. Les nutraceutiques sont des constituants alimentaires vendus sous forme de poudre, de comprimés ou d'extraits, tels le bêta-glucane extrait de l'avoine ou les antioxydants provenant des bleuets.

15. Diriez-vous que vous êtes très bien, plutôt bien, pas très bien ou pas du tout informé(e) au sujet [PREMIER ITEM] ? Et au sujet de [DEUXIÈME ITEM] ? [2004/14]
LECTURE ET ROTATION.

a. Les aliments fonctionnels

b. Les nutraceutiques

01 – Très bien informé(e)

02 – Plutôt bien informé(e)

03 – Pas très bien informé(e)

04 – Pas du tout informé(e)

NON SUGGÉRÉ

99 - NSP/PR

16. CHOISIR AU HASARD « AFN » - POSER LE RESTE DES QUESTIONS UNIQUEMENT POUR :

01 – Aliments fonctionnels

02 – Nutraceutiques

17. Au cours des deux dernières années, s'il y a lieu, quelles sources d'information avez-vous utilisées pour obtenir de l'information au sujet des « AFN » ? SONDEZ: Y en a-t-il d'autres? [2004/16]
NE PAS LIRE – INSCRIRE TOUTES LES RÉPONSES QUI S'APPLIQUENT.

01 – Revues médicales

02 – Association professionnelle (p.ex.. Association médicale du Canada)

03 – Collègues

04 – Médias / télévision / journaux

05 – Internet / sites Web

06 - Emballage des aliments / Allégations concernant la santé sur l'emballage

07 – Industrie / Compagnies alimentaires

09 – Le gouvernement fédéral

10 - Le gouvernement provincial

11 – Le gouvernement (non précisé)

12 – Santé Canada

17 – Association en santé / organisme non gouvernemental (ONG) (non précisé)

18 – Magazine sur la santé

21 – Livres sur la santé

25 - Séminaires / conférences / ateliers

28 – Établissements d'enseignement

97 – Autre (PRÉCISER _____)

98 – Aucune / pas besoin de cette information

99 - NSP/PR

18. Selon vous, diriez-vous que les [AFN] sont tout à fait inoffensifs, généralement inoffensifs, pas très inoffensifs ou pas du tout inoffensifs ? [2004/17]

- 01 – Tout à fait inoffensifs
- 02 – Généralement inoffensifs
- 03 – Pas très inoffensifs
- 04 – Pas du tout inoffensifs
- NON SUGGÉRÉ
- 95 – Tout dépend (non précisé)
- 96 – Tout dépend du type d'aliment
- 97 – Tout dépend de la façon d'utiliser l'aliment
- 98 – Tout dépend de l'individu/du patient
- 99 - NSP/PR

19. S'il y a lieu, quelles sont selon vous les préoccupations relatives à l'innocuité associées aux [AFN] ? [2004/18]

NE PAS LIRE. INSCRIRE TOUTES LES RÉPONSES QUI S'APPLIQUENT.

- 01 – N'en connaît pas suffisamment à leur sujet/Besoin de plus de renseignements
- 02 – Ne sont pas approuvés par l'association professionnelle
- 03 – Ne pense pas qu'ils sont sans danger
- 04 – Ne connaît pas les effets à long terme
- 05 – Recommande un régime équilibré / régime en entier / pas uniquement des aliments individuels
- 06 – Besoin d'abord d'une réglementation de gouvernement
- 07 – N'a pas vu de preuve scientifique / fondement des allégations concernant la santé
- 08 – Ne croit pas qu'ils sont efficaces / ne fonctionnent pas
- 09 – Les patients n'ont pas posé de question à leur sujet
- 10 – Tout dépend de l'aliment
- 21 - Surdose / surutilisation / force du produit
- 17 - Interactions avec d'autres aliments / médicaments
- 23 – Préoccupation quant à l'autoprescription / à l'utilisation adéquate
- 24 – Modification génétique / non naturel
- 20 – Préoccupations quant à la fabrication / à la culture
- 16 – Préoccupations quant à la contamination / à la pureté
- 97 – Autre (PRÉCISER_____)
- 99 - NSP/PR

20. Quel est ou quels sont les types de professionnels de la santé qui sont les mieux qualifiés pour conseiller les consommateurs au sujet des [AFN] ? [2004/19]

NE PAS LIRE – INSCRIRE TOUTES LES RÉPONSES QUI S'APPLIQUENT.

- 01 – Chiropraticiens(nes)
- 02 – Diététistes / diététistes professionnels
- 03 – Homéopathes
- 04 – Nutritionnistes
- 05 – Pharmaciens(nes)
- 06 – Médecins / omnipraticiens(nes) / médecins de famille
- 07 – Naturopathes
- 24 - Infirmière
- 97 – Autres (PRÉCISER_____)
- 99 - NSP/PR

21. À quel type de professionnels de la santé, s'il y a lieu, avez-vous référé vos **patients** pour obtenir plus de renseignements au sujet des [AFN] ? [2004/20]
NE PAS LIRE – INSCRIRE TOUTES LES RÉPONSES QUI S'APPLIQUENT.

01 – Chiropraticiens(nes)
02 – Diététistes / diététistes professionnels
03 – Homéopathes
04 – Nutritionnistes
05 – Pharmaciens(nes)
06 – Médecins / omnipraticiens(nes) / médecins de famille
07 – Naturopathes
24 - Infirmière
97 – Autre (PRÉCISER _____)
98 – Aucun / Jamais référé de patients SAUTER À Q.23.
99 - NSP/PR SAUTER À Q.23.

22. (POUR CHAQUE RÉPONSE DONNÉE À Q.21) Pourquoi avez-vous référé des patients à un(e) [RÉPONSE DE Q.21] ? [2004/21]
NE PAS LIRE – INSCRIRE TOUTES LES RÉPONSES QUI S'APPLIQUENT.

01 – Possèdent la scolarité appropriée
02 – Possèdent des connaissances spécialisées en ce domaine
03 – Pertinent pour leur pratique
04 – A une personne-ressource (contact personnel ou professionnel)
05 – Patient(e) a demandé à être référé(e)
97 – Autre (PRÉCISER _____)
99 - NSP/PR

Partie C – Sources d'information

23. Êtes-vous généralement satisfait(e) des renseignements disponibles pour les professionnels de la santé à l'heure actuelle au sujet des [AFN] ? [2004/22]

01 – Oui
02 – Non
99 - NSP/PR

24. Règle générale, dans quelle mesure êtes-vous intéressé(e) à en apprendre davantage au sujet des [AFN] ? Diriez-vous que vous êtes... ? [2004/23]

01 – Très intéressé(e)
02 – Plutôt intéressé(e)
03 – Pas très intéressé(e) SAUTER À Q.26
04 – Pas du tout intéressé(e) SAUTER À Q.26.
NON SUGGÉRÉ
99 - NSP/PR SAUTER À Q.26.

25. Quels types de renseignements aimeriez-vous obtenir davantage ? [2004/24]
NE PAS LIRE – INSCRIRE TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 - Recherche / recherche sans préjugé
- 02 - Disponibilité / sources
- 03 – Informations générales
- 04 – Questions de sécurité / de qualité
- 05 - Avantages / efficacité
- 06 – Nouveaux produits / informations
- 07 - Composantes / structure / composition
- 08 – Interactions avec les médicaments / effets secondaires
- 09 - Dosage / consommation
- 10 - Production / questions relatives à la fabrication
- 97 - Autre (PRÉCISER _____)
- 99 - NSP/PR

26. De quelle façon classeriez-vous la crédibilité de chacune des sources d'information suivantes au sujet des [AFN] ? Commençons par [CHOIX]. Diriez-vous que cette source est très crédible, passablement crédible, plutôt crédible, pas très crédible ou pas du tout crédible ? [2004/26]
LECTURE ET ROTATION. RÉPÉTER LES CHOIX DE RÉPONSE AU BESOIN.

- a. Le gouvernement [SI ON LE DEMANDE : cela signifie tous les ordres de gouvernement.]
- b. Une association professionnelle telle que l'Association médicale du Canada
- c. Les groupes ou sociétés du secteur alimentaire
- d. Les groupes de défense des intérêts des consommateurs, tel que l'Association canadienne des consommateurs ou le Canadian Centre for Science and Public Interest
- e. Les travaux de recherche publiés dans des revues médicales
- f. Les médias, y compris la télévision, les journaux et magazines
- g. Les sites Web non affiliés à un organisme reconnu
- h. Les nouvelles allégations au sujet de la santé sur l'emballage des aliments
- i. Les magasins d'aliments naturels
- j. Les associations en santé non gouvernementales telle la **Fondation** des maladies du cœur

- 01 – Très crédible
- 02 – Passablement crédible
- 03 – Plutôt crédible
- 04 – Pas très crédible
- 05 – Pas du tout crédible
- NON SUGGÉRÉ
- 97 – Tout dépend
- 99 - NSP/PR

Partie D – Questions démographiques

J'aimerais vous poser, en terminant, quelques questions aux fins de statistiques. Veuillez avoir l'assurance que toutes vos réponses demeureront entièrement anonymes et strictement confidentielles.

27. Depuis combien d'années êtes-vous en pratique active dans votre profession ? [2004/27]

- 01 – (PRÉCISER _____)
- 98 – Refus
- 99 – NSP/PR

28. Laquelle des catégories suivantes décrit le mieux votre semaine de travail typique ? Diriez-vous que vous travaillez...? [REVISED]

- 01 – Plus de 60 heures par semaine
- 02 – De 50 à 60 heures par semaine
- 03 – De 40 à 49 heures par semaine
- 04 – De 30 à 39 heures par semaine
- 05 – À temps partiel ou moins de 30 heures par semaine
- NON SUGGÉRÉ
- 97 - Autre (PRÉCISER _____)
- 99 - NSP/PR

29. Approximativement combien de patients voyez-vous pendant une journée typique ? [NEW]
ACCEPTER UNE ESTIMATION MAIS PAS UNE FOURCHETTE

- 01 – INSCRIRE LE NOMBRE _____
- 99 – NSP/PR

30. POUR LES INFIRMIÈRES SEULEMENT (SONDAGE POSTAL)

31. Et, pour terminer, puis-je avoir les trois premiers caractères du code postal de votre lieu de travail ? (NOUVEAU-BRUNSWICK SEULEMENT :) Et, pour terminer, puis-je avoir les six caractères du code postal de votre lieu de travail ?

Voilà qui termine le sondage. Au nom d'Agriculture et Agroalimentaire Canada, merci beaucoup d'avoir pris le temps de nous aider dans ce projet de recherche important.

SI LE/LA RÉPONDANT(E) DEMANDE DES RENSEIGNEMENTS AU SUJET DE CE SONDAGE : Vous pourrez obtenir plus de renseignements au sujet de cette étude en communiquant avec Allison Miranda d'Agriculture et Agroalimentaire Canada, au (613) 759-7702

INSCRIRE :

32. Sexe

- Féminin
- Masculin

33. LANGUE DE L'ENTREVUE

- Anglais
- Français

34. Province (INSCRIT PAR LE SYSTÈME)

- 01 – Colombie-Britannique
- 02 – Alberta
- 03 – Saskatchewan
- 04 – Manitoba
- 05 – Ontario
- 06 – Québec
- 07 – Terre-Neuve
- 08 – Nouvelle-Écosse
- 09 – Nouveau-Brunswick
- 10 – Île-du-Prince-Édouard

35. Profession (INSCRIT PAR LE SYSTÈME À PARTIR DE L'ÉCHANTILLON)

- 01 – Médecin de famille
- 02 - Infirmière

LISTE DES CODES DES PAIRES MALADIE-ALIMENTS (Q.13)/(ÉGALEMENT UTILISÉ COMME BASE POUR CODER Q.3/5)

Arthrite

- (antioxydants)
- (collagène)
- (sulfate de chondroïtine)
- (ADH)
- (acide eicosapentanoïque)
- (poisson, huile de poisson)
- (gélatine)
- (glucosamine)
- (légumes verts)
- (omega-3)
- (cartilage de requin)
- (thon, huile de thon)
- (vitamines A, C, E)

Vieillessement ou maladie d'Alzheimer

- (antioxydants)
- (carottes)
- (ADH)
- (acide eicosapentanoïque)
- (poisson, huile de poisson)
- (ginkgo biloba)
- (omega-3)
- (courge)
- (patate douce)
- (thon, huile de thon)
- (vitamines A, C, E)

Symptômes de la ménopause

Légumes de la famille *Allium*

- (ail)
- (oignons)
- (ciboulette)
- (poireaux)

Légumes crucifères

- (brocoli)
- (chou-fleur)
- (chou)
- (choux de Bruxelles)
- (chou frisé)
- (navet)
- (chou chinois)
- (chou-rave)

Solanacées

- (tomates)
- (poivrons)

Agrumes

- (oranges)
- (citrons)
- (pamplemousse)

Autres fruits

- (raisin)

(petits fruits)
(cerises)
(pommes)
(cantaloup)
(melon d'eau)
(grenades)
(haricots)
(grains entiers)
(fève soja)
(avoine)
(orge)
(riz brun)
(blé entier)
(graines de lin)
(isoflavones)
soja (tofu; boisson de soja; protéine de soja, etc.)
(bois de réglisse)
(thé vert)
(huile d'onagre)
(actée en grappes)
(ginseng)

Diabète

(son)
(chrome)
(fibres alimentaires)
(légumineuses)
(lentilles)
(avoine, son d'avoine)
(autres fèves)
(pruneaux, jus de pruneau)
(pois cassés)
(son de blé)

Digestion ou santé intestinale

(acidophilus)
(artichaut)
(bactéries)
(bifidus)
(son)
(culture)
(fibres alimentaires)
(FOS, fructo-oligosaccharides)
(lactobacille)
(poudre d'oignon)
(pruneaux, jus de pruneau)
(échalote)
(son de blé)
(yogourt)
(probiotiques)
(inuline)

Maladie de l'œil, détérioration de la vue

(carottes)
(ADH, acide eicosapentanoïque, omega-3)
(poisson, huile de poisson)
(légumes verts)
(lutéine)
(thon, huile de thon)
(vitamine A)

Maladies cardiovasculaires

(allyle, sulfure d'allyle)
(antioxydants)
(aspirine)
(avocat)
(bêta-glucane)
(calcium)
(huile de canola)
(ADH)
(acide eicosapentanoïque)
(poisson, huile de poisson)
(flavonoïdes)
(lin, huile de lin)
(acide folique, folate)
(ail)
(légumes verts)
(crème glacée)
(isoflavones)
(avoine)
(huile d'olive)
(omega-3)
(oranges, jus d'orange)
(phénol)
(plantain)
(psyllium)
(vin rouge)
(sardines)
(soja)
(tannins)
(tofu)
(Tums)
(thon, huile de thon)
(vitamines A, C, E)
(grains entiers)

Performance mentale

(caféine)
(ADH, acide eicosapentanoïque, omega-3)
(poisson, huile de poisson)
(fructose)
(ginkgo biloba)
(ginseng)
(glucose)
(sucre)
(thon, huile de thon)

Cancer de la prostate

(ketchup)
(lycopène)
(poivrons rouges)
(chou palmiste nain)
(sauce tomate)
(tomates)

Infections des voies urinaires

(canneberges)
(jus de canneberges)
(eau)

Ostéoporose

(calcium)
(genistein)
(légumes verts)
(crème glacée)
(isoflavones)
(lait)
(sardines)
(soja)
(tofu)
(Tums)
(yogourt)

Cancer du côlon

(son)
(calcium)
(fibres alimentaires)
(légumes verts)
(crème glacée)
(lait)
(avoine)
(pruneaux, jus de pruneau)
(sardines)
(Tums)
(son de blé)
(son entier)
(yogourt)
(probiotiques)



Agriculture et Agroalimentaire Canada

Sondage auprès des infirmières au sujet de l'alimentation et de la santé

1. Êtes-vous actif/active en pratique clinique où vous voyez des patients régulièrement ?
Veuillez encercler un nombre seulement.

Oui 1 → VEUILLEZ CONTINUER
Non 2 → VEUILLEZ IGNORER CE SONDAGE OU LE
TRANSMETTRE À UN OU UNE COLLÈGUE QUI
CORRESPOND À LA DESCRIPTION

SECTION A – ALIMENTS ET CONSTITUANTS ALIMENTAIRES

Les premières questions de ce sondage portent sur les aliments. Nous parlons ici de tout ce que nous mangeons, comme les fruits, les légumes, les céréales, les viandes, les produits laitiers ainsi que les boissons et les suppléments nutritionnels.

2. Êtes-vous d'accord ou en désaccord pour dire que certains aliments présentent des avantages pour la santé qui dépassent simplement la nutrition et peuvent réduire le risque de maladie ou d'autres troubles de santé ?
Veuillez encercler un nombre seulement.

Fortement en désaccord 1
Plutôt en désaccord 2
Plutôt d'accord 3
Fortement en désaccord 4
Ne peut pas dire 9

3. Quels sont les aliments ou constituants alimentaires pouvant réduire le risque de certaines maladies précises qui vous viennent à l'esprit ? *Dans les cases prévues à la colonne de la Q.3 ci-dessous, inscrivez jusqu'à trois aliments ou constituants alimentaires.*
4. Veuillez indiquer à quelles maladies ou à quels troubles de la santé chacun des aliments ou constituants alimentaires mentionnés à la question 3 s'applique. *Dans les cases prévues à la colonne de la Q.4 ci-dessous, inscrivez toutes les maladies ou tous les troubles de la santé qui correspondent.*

Q.3
Aliment/constituant alimentaire qui réduit les risques

Q.4
Maladie/trouble de la santé qui correspond

→

→

→

5. Depuis un an, à quelle fréquence avez-vous pris l'initiative de discuter avec vos patients des aliments ou des constituants alimentaires dont on dit qu'ils favorisent la santé ou réduisent le risque d'un trouble de santé ?
Veillez encercler un nombre seulement. NOTE : cette question porte sur la fréquence à laquelle vous discutez de ces aliments dans l'ensemble de votre pratique, et non avec des patients pris individuellement.

Plus souvent qu'une fois par semaine 1
Une fois par semaine..... 2
Deux à trois fois par mois 3
Une fois par mois..... 4
Moins souvent qu'une fois par mois 5
Jamais 6
Ne peut pas dire 9

6. Et, au cours de la dernière année, avec environ quel pourcentage de vos patients avez-vous pris l'initiative de discuter de ces types d'aliments ou de constituants alimentaires ?
Veillez inscrire un pourcentage.

Pourcentage ____ ____ ____ %
Ne peut pas dire 999

7. Depuis un an, à quelle fréquence vos patients ont-ils pris l'initiative de discuter avec vous des aliments ou des constituants alimentaires dont on dit qu'ils favorisent la santé ou réduisent le risque d'un trouble de santé ?
Veillez encercler un nombre seulement. NOTE : cette question porte sur la fréquence à laquelle vous discutez de ces aliments dans l'ensemble de votre pratique, et non avec des patients pris individuellement.

Plus qu'une fois par semaine..... 1
Une fois par semaine..... 2
Deux à trois fois par mois 3
Une fois par mois..... 4
Moins qu'une fois par mois 5
Jamais 6
Ne peut pas dire 9

8. Et au cours de la dernière année, approximativement quel pourcentage de vos patients ont pris l'initiative de discuter avec vous de ces types d'aliments ou de constituants alimentaires ?
Veillez inscrire un pourcentage.

Pourcentage ____ ____ ____ %
Ne peut pas dire 999

9. Comparativement à il y a cinq ans, diriez-vous que l'intérêt manifesté par vos patients à l'égard de ces types d'aliments ou de constituants alimentaires a augmenté, diminué ou est demeuré à peu près semblable ?
Veillez encercler un nombre seulement.

A augmenté 1
 A diminué 2
 Est demeuré à peu près semblable 3
 Ne peut pas dire 9

10. Dans votre propre pratique, quels sont les types de problèmes de santé ou d'objectifs en matière de santé de vos patients qui ont le plus tendance à soulever une discussion au sujet de l'utilisation de ces types d'aliments ou de constituants alimentaires ?
Veillez inscrire toutes les maladies et tous les troubles de santé qui s'appliquent.

11. Au cours de la dernière année, s'il y a lieu, combien de fois avez-vous recommandé chacun des types d'aliments suivants à vos patients ?
Veillez encercler un nombre pour chaque type d'aliment.

	Plus d'une fois par semaine	Une fois par semaine	Deux à trois fois par mois	Une fois par mois	Moins d'une fois par mois	Jamais
a. Des aliments conventionnels dans lesquels on retrouve naturellement certaines substances, tel le poisson dans lequel on retrouve naturellement des acides gras omega-3	1	2	3	4	5	9
b. Des aliments avec addition d'ingrédients, tel le pain additionné de lin	1	2	3	4	5	9
c. Des aliments à teneur enrichie par un composant fonctionnel, telles les tomates produites à l'aide de la biotechnologie de manière à contenir plus de lycopène	1	2	3	4	5	9
d. Des ingrédients alimentaires pouvant être ajoutés aux aliments préparés à la maison, comme de la graine de lin saupoudrée sur les aliments	1	2	3	4	5	9
e. Des comprimés ou des capsules prises comme supplément alimentaire, telles les capsules d'acides gras omega-3	1	2	3	4	5	9

Instructions pour les Q.12 et Q.13

Répondez à la Q.12 pour chacun des types d'aliments que vous avez recommandés à vos patients à un moment ou l'autre pendant la dernière année (toute réponse « 1 » à « 5 » donnée à la Q.11).

Répondre à la Q.13 pour chacun des types d'aliments que vous avez recommandés moins d'une fois par mois ou jamais (toute réponse « 5 » ou « 9 » donnée à la Q.11).

12. Pour chacun des types d'aliments que vous avez recommandés à vos patients à un moment ou l'autre pendant la dernière année, veuillez indiquer à quelle fin, s'il y a lieu, vous les avez recommandés. *Veuillez encercler un nombre en fonction de chaque type d'aliment pour lequel vous avez répondu « 1 » ou « 5 » à la Q.11.*

- Pour le maintien d'une bonne santé
- Pour réduire le risque de maladies chroniques ou d'autres troubles de la santé
- Pour le traitement de maladies chroniques ou d'autres troubles de la santé
- Pour une autre raison (*veuillez préciser*)
- Ou aucune de ces réponses

	Main- tien	Réduction du risque	Traite- ment	Autre (veuillez préciser)	Aucune
a. Des aliments conventionnels dans lesquels on retrouve naturellement certaines substances (tel le poisson dans lequel on retrouve naturellement des acides gras omega-3)	1	2	3	_____	9
b. Des aliments avec addition d'ingrédients (tel le pain additionné de lin)	1	2	3	_____	9
c. Des aliments à teneur enrichie par un composant fonctionnel (telles les tomates produites à l'aide de la biotechnologie de manière à contenir plus de lycopène)....	1	2	3	_____	9
d. Des ingrédients alimentaires pouvant être ajoutés aux aliments préparés à la maison (comme de la graine de lin saupoudrée sur les aliments)	1	2	3	_____	9
e. Des comprimés ou des capsules prises comme supplément alimentaire (telles les capsules d'acides gras omega-3)	1	2	3	_____	9

13. Pour chaque type d'aliment que vous avez recommandé à vos patients moins d'une fois par mois ou jamais, veuillez indiquer pourquoi vous ne l'avez pas recommandé plus souvent.

Veuillez préciser en fonction de chaque type d'aliment pour lequel vous avez répondu « 5 » ou « 9 » à la Q.11.

Raisons vous ne l'avez pas recommandé plus souvent

a. Des aliments conventionnels dans lesquels on retrouve naturellement certaines substances (tel le poisson dans lequel on retrouve naturellement des acides gras omega-3)	
b. Des aliments avec addition d'ingrédients (tel le pain additionné de lin)	
c. Des aliments à teneur enrichie par un composant fonctionnel (telles les tomates produites à l'aide de la biotechnologie de manière à contenir plus de lycopène)....	
d. Des ingrédients alimentaires pouvant être ajoutés aux aliments préparés à la maison (comme de la graine de lin saupoudrée sur les aliments)	
e. Des comprimés ou des capsules prises comme un supplément alimentaire (telles les capsules d'acides gras omega-3)	

14. Pour chacune des maladies et chacun des troubles de la santé suivants, veuillez indiquer quels aliments ou quels constituants alimentaires, s'il y a lieu, vous avez recommandés à vos patients, pour prévenir cette maladie ou ce trouble ou pour en réduire le risque.
Veuillez préciser tous les aliments ou constituants alimentaires qui s'appliquent.

<u>Maladies/troubles de la santé</u>	<u>Aliments/constituants alimentaires pour prévenir/réduire le risque</u>
a. Arthrite	→
b. Vieillessement ou maladie d'Alzheimer	→
c. Symptômes de la ménopause	→
d. Diabète	→
e. Digestion ou santé intestinale	→
f. Maladie de l'œil ou détérioration de la vue	→
g. Maladie cardiovasculaire	→
h. Performance mentale	→
i. Cancer de la prostate	→
j. Infections des voies urinaires	→
k. Ostéoporose	→
l. Cancer du côlon	→

SECTION B – ALIMENTS FONCTIONNELS

Règle générale, les aliments procurant des bienfaits additionnels pour la santé sont divisés en deux groupes selon leur présentation.

Les **aliments fonctionnels** sont semblables en apparence aux aliments classiques mais ils ont des avantages accrus pour la santé. Un exemple serait les œufs enrichis d'acides gras omega-3.

Les **nutraceutiques** sont des constituants alimentaires vendus sous forme de poudre, de comprimés ou d'extraits, tels le bêta-glucane extrait de l'avoine ou les antioxydants provenant des bleuets.

Cette section du sondage porte sur les **aliments fonctionnels**.

15. Dans quelle mesure diriez-vous que vous êtes informé-e au sujet des aliments fonctionnels ?
Veillez encercler un nombre seulement.

Très informé-e	1
Assez informé-e	2
Pas très informé-e	3
Pas du tout informé-e	4
Ne peut pas dire	9

16. D'après vous, dans quelle mesure les aliments fonctionnels sont-ils sécuritaires ?
Veillez encercler un nombre seulement.

Tout à fait sécuritaires	1
Généralement sécuritaires.....	2
Pas très sécuritaires	3
Pas du tout sécuritaires	4
Cela dépend	5

17. À votre avis, quelles sont les préoccupations pour la santé, s'il y a lieu, qui sont associées aux aliments fonctionnels ?
Veillez inscrire toutes les préoccupations pour la santé qui s'appliquent.

18. Quel est ou quels sont les types de professionnels de la santé qui sont d'après vous les mieux qualifiés pour conseiller les consommateurs sur les aliments fonctionnels ?
Veillez encercler toutes les mentions qui s'appliquent.

Chiropraticiens	1
Diétitistes / diététistes professionnels.....	2
Homéopathes	3
Nutritionnistes	4
Pharmaciens.....	5
Médecins / omnipraticiens / médecins de famille	6
Naturopathes	7
Infirmières	8
Autre (<i>veuillez préciser</i>)	
Aucun/aucun n'est qualifié.....	9

19. À quel ou quels types de professionnels de la santé, s'il y a lieu, avez-vous recommandé vos patients pour qu'ils obtiennent plus d'informations sur les aliments fonctionnels ?

Veillez encercler toutes les mentions qui s'appliquent.

- Chiropraticiens 1
- Diétitistes / diététistes professionnels 2
- Homéopathes 3
- Nutritionnistes 4
- Pharmaciens 5
- Médecins / omnipraticiens / médecins de famille 6
- Naturopathes 7
- Infirmières 8
- Autre (*veuillez préciser*) _____
- Aucun/n'a recommandé de patients à aucun 9 → *Passez à la Q.21*

20. Pourquoi avez-vous recommandé vos patients à ce ou ces types de professionnels de la santé ?

Veillez inscrire toutes les raisons qui s'appliquent.

21. Au cours des deux dernières années, quelles sont les sources d'information que vous avez utilisées, s'il y a lieu, pour obtenir des renseignements sur les aliments fonctionnels ?

Veillez inscrire toutes les sources d'information qui s'appliquent.

22. Êtes-vous généralement satisfait-e des informations actuellement disponibles aux professionnels de la santé au sujet des aliments fonctionnels ?

Veillez encercler un nombre seulement.

- Oui 1
- Non 2
- Ne peut pas dire 9

23. Règle générale, dans quelle mesure diriez-vous que vous êtes intéressé-e à en apprendre davantage sur les aliments fonctionnels ?

Veillez encercler un nombre seulement.

- Très intéressé-e 1
- Plutôt intéressé-e 2
- Pas très intéressé-e 3
- Pas du tout intéressé-e 4
- Ne peut pas dire 9

24. Quels sont les types d'information sur les aliments fonctionnels, s'il y a lieu, que vous aimeriez avoir pour en savoir plus ?

Veillez inscrire tous les types d'informations qui s'appliquent.

25. Comment évalueriez-vous la crédibilité de chacune des sources d'information suivantes au sujet des aliments fonctionnels ?

Veillez encercler un nombre pour chaque source d'information.

Source d'information	<u>Très crédible</u>	<u>Général- ement crédible</u>	<u>Assez crédible</u>	<u>Pas très crédible</u>	<u>Pas du tout crédible</u>	<u>Ne peut pas dire</u>
a. Le gouvernement (tous les niveaux)	1	2	3	4	5	9
b. Une association professionnelle telle que l'Association médicale du Canada.....	1	2	3	4	5	9
c. Les groupes ou sociétés du secteur alimentaire	1	2	3	4	5	9
d. Les groupes de défense des intérêts des consommateurs, tel que l'Association canadienne des consommateurs ou le Canadian Centre for Science and Public Interest.....	1	2	3	4	5	9
e. Les travaux de recherche publiés dans des revues médicales.....	1	2	3	4	5	9
f. Les médias, y compris la télévision, les journaux et magazines	1	2	3	4	5	9
g. Les sites Web non affiliés à un organisme reconnu.....	1	2	3	4	5	9
h. Les nouvelles allégations au sujet de la santé sur l'emballage des aliments	1	2	3	4	5	9
i. Les magasins d'aliments naturels.....	1	2	3	4	5	9
j. Les associations en santé non gouvernementales telle la Fondation des maladies du cœur.....	1	2	3	4	5	9

SECTION C – NUTRACEUTIQUES

Cette section du sondage porte sur les **nutraceutiques** (constituants alimentaires vendus sous forme de poudre, de comprimés ou d'extraits, tels le bêta-glucane extrait de l'avoine ou les antioxydants provenant des bleuets).

26. Dans quelle mesure diriez-vous que vous êtes informé-e au sujet des nutraceutiques ?

Veillez encercler un nombre seulement.

Très informé-e	1
Assez informé-e.....	2
Pas très informé-e	3
Pas du tout informé-e	4
Ne peut pas dire	9

27. D'après vous, dans quelle mesure les nutraceutiques sont-ils sécuritaires ?

Veillez encercler un nombre seulement.

Tout à fait sécuritaires	1
Généralement sécuritaires.....	2
Pas très sécuritaires	3
Pas du tout sécuritaires	4
Cela dépend	5

28. À votre avis, quelles sont les préoccupations pour la santé, s'il y a lieu, qui sont associées aux nutraceutiques ??

Veillez inscrire toutes les préoccupations pour la santé qui s'appliquent.

29. Quel est ou quels sont les types de professionnels de la santé qui sont d'après vous les mieux qualifiés pour conseiller les consommateurs sur les nutraceutiques ?

Veillez encercler toutes les mentions qui s'appliquent.

Chiropraticiens	1
Diétitistes / diététistes professionnels.....	2
Homéopathes	3
Nutritionnistes	4
Pharmaciens.....	5
Médecins / omnipraticiens / médecins de famille	6
Naturopathes	7
Infirmières	8
Autre (<i>veuillez préciser</i>)	
Aucun/aucun n'est qualifié.....	9

30. À quel ou quels types de professionnels de la santé, s'il y a lieu, avez-vous recommandé vos patients pour qu'ils obtiennent plus d'informations sur les nutraceutiques ?

Veillez encercler toutes les mentions qui s'appliquent.

- Chiropraticiens 1
- Diétitistes / diététistes professionnels 2
- Homéopathes 3
- Nutritionnistes 4
- Pharmaciens 5
- Médecins / omnipraticiens / médecins de famille 6
- Naturopathes 7
- Infirmières 8
- Autre (*veuillez préciser*) _____
- Aucun/n'a recommandé de patients à aucun 9 → *Passez à la Q.32*

31. Pourquoi avez-vous recommandé vos patients à ce ou ces types de professionnels de la santé ?

Veillez inscrire toutes les raisons qui s'appliquent.

32. Au cours des deux dernières années, quelles sont les sources d'information que vous avez utilisées, s'il y a lieu, pour obtenir des renseignements sur les nutraceutiques ?

Veillez inscrire toutes les sources d'information qui s'appliquent.

33. Êtes-vous généralement satisfait-e des informations actuellement disponibles aux professionnels de la santé au sujet des nutraceutiques ?

Veillez encercler un nombre seulement.

- Oui 1
- Non 2
- Ne peut pas dire 9

34. Règle générale, dans quelle mesure diriez-vous que vous êtes intéressé-e à en apprendre davantage sur les nutraceutiques ?

Veillez encercler un nombre seulement.

- Très intéressé-e 1
- Plutôt intéressé-e 2
- Pas très intéressé-e 3
- Pas du tout intéressé-e 4
- Ne peut pas dire 9

35. Quels sont les types d'information sur les nutraceutiques, s'il y a lieu, que vous aimeriez avoir pour en savoir plus ?

Veillez inscrire tous les types d'informations qui s'appliquent.

36. Comment évalueriez-vous la crédibilité de chacune des sources d'information suivantes au sujet des nutraceutiques ?

Veillez encercler un nombre pour chaque source d'information.

Source d'information	<u>Très crédible</u>	<u>Général- ement crédible</u>	<u>Assez crédible</u>	<u>Pas très crédible</u>	<u>Pas du tout crédible</u>	<u>Ne peut pas dire</u>
a. Le gouvernement (tous les niveaux)	1	2	3	4	5	9
b. Une association professionnelle telle que l'Association médicale du Canada	1	2	3	4	5	9
c. Les groupes ou sociétés du secteur alimentaire.....	1	2	3	4	5	9
d. Les groupes de défense des intérêts des consommateurs, tel que l'Association canadienne des consommateurs ou le Canadian Centre for Science and Public Interest	1	2	3	4	5	9
e. Les travaux de recherche publiés dans des revues médicales	1	2	3	4	5	9
f. Les médias, y compris la télévision, les journaux et magazines	1	2	3	4	5	9
g. Les sites Web non affiliés à un organisme reconnu	1	2	3	4	5	9
h. Les nouvelles allégations au sujet de la santé sur l'emballage des aliments	1	2	3	4	5	9
i. Les magasins d'aliments naturels.....	1	2	3	4	5	9
j. Les associations en santé non gouvernementales telle la Fondation des maladies du cœur	1	2	3	4	5	9

Veillez continuer à la dernière page du sondage.

SECTION D – INFORMATIONS DE BASE

En terminant, nous aimerions vous poser quelques questions sur votre vie professionnelle, afin de pouvoir mieux analyser les résultats du sondage. Vos réponses demeureront anonymes et confidentielles.

37. Depuis combien d'années êtes-vous en pratique active dans votre profession ? _____ ans

38. Laquelle des catégories suivantes décrit le mieux votre semaine de travail typique ?
Veillez encercler un nombre seulement.

- Plus de 60 heures par semaine 1
- De 50 à 60 heures par semaine 2
- De 40 à 49 heures par semaine 3
- De 30 à 39 heures par semaine 4
- À temps partiel ou moins de 30 heures par semaine .. 5
- Autre (*veuillez préciser*) _____

39. Approximativement combien de patients voyez-vous pendant une journée typique ? _____ patients

40. Laquelle des descriptions suivantes correspond le mieux à votre rôle d'infirmière ?
Veillez encercler un nombre seulement.

- Infirmière en santé publique 1
- Infirmière en santé communautaire 2
- Infirmière praticienne 3
- Autre (*veuillez préciser*) _____

Au nom d'Agriculture et Agroalimentaire Canada, merci beaucoup d'avoir apporté votre aide en participant à cet important projet de recherche.

Veillez retourner ce sondage à Environics dans l'enveloppe préaffranchie ci-jointe, au plus tard le 31 mars 2005, le cachet de la poste faisant foi.