



Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Thodis, A;Itsiopoulos, C;Kouris-Blazos, A;Brazionis, L;Tyrovolas, S;Polychronopoulos, E;Panagiotakos, DB

Title:

Observational study of adherence to a traditional Mediterranean diet, sociocultural characteristics and cardiovascular disease risk factors of older Greek Australians from MEDiterranean ISlands (MEDIS-Australia Study): Protocol and rationale

Date:

2018-02-01

Citation:

Thodis, A., Itsiopoulos, C., Kouris-Blazos, A., Brazionis, L., Tyrovolas, S., Polychronopoulos, E. & Panagiotakos, D. B. (2018). Observational study of adherence to a traditional Mediterranean diet, sociocultural characteristics and cardiovascular disease risk factors of older Greek Australians from MEDiterranean ISlands (MEDIS-Australia Study): Protocol and rationale. *Nutrition and Dietetics*, 75 (1), pp.44-51. <https://doi.org/10.1111/1747-0080.12360>.

Persistent Link:

<https://hdl.handle.net/11343/293214>

ORIGINAL RESEARCH

An observational study of adherence to a traditional Mediterranean diet, socio-cultural characteristics and cardiovascular disease risk factors of older Greek Australians from MEDiterranean ISlands (MEDIS-Australia Study): protocol and rationale

Running head: The MEDIS-Australia study: protocol and rationale

Date accepted: April 2017

Antonia THODIS,¹ Catherine ITSIOPOULOS,^{1*} Antigone KOURIS-BLAZOS,^{1*} Laima BRAZIONIS,² Stefanos TYROVOLAS,^{3,4} Evangelos POLYCHRONOPOULOS^{3**} and Demosthenes B. PANAGIOTAKOS^{3**}

¹*Discipline of Dietetics and Human Nutrition, Department of Rehabilitation, Nutrition and Sport, School of Allied Health, College of Science, Health and Engineering, La Trobe University, VIC, Australia*

²*Department of Medicine, University of Melbourne, VIC, Australia*

³*Department of Nutrition and Dietetics, Harokopio University, Athens, Greece*

⁴*Parc Sanitari Sant Joan de Déu, Fundació Sant Joan de Déu, CIBERSAM, Universitat de Barcelona, Barcelona, Spain*

*Principle Investigators, MEDIS-Australia study

**Principle Investigators, MEDIS study, Athens, Greece

A. Thodis, MSc, APD, Doctoral student

C. Itsiopoulos, PhD, APD, Professor

A. Kouris-Blazos, PhD, APD, Adjunct Associate Professor

L. Brazionis, PhD, Doctor

S. Tyrovolas, PhD, Doctor

E. Polychronopoulos, PhD, Professor

D. B. Panagiotakos, PhD, Professor

Correspondence: A. Thodis, 26 Taunton Street, East Doncaster, 3109, VIC, Australia.
Tel.: 0411 606 940; Email: tthodis@students.latrobe.edu.au

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: [10.1111/1747-0080.12360](https://doi.org/10.1111/1747-0080.12360)

Abstract

Aim: To describe the study protocol of the MEDiterranean ISlands-Australia Study (MEDIS-Australia) modelled on the MEDIS study conducted in Greece. The current study aims to explore adherence to the traditional Mediterranean diet pattern and cuisine, determine enablers and barriers to adherence, and explore associations between adherence to the diet pattern and cuisine, and risk factors for cardiovascular disease and metabolic syndrome by older Greek Australians originally from Greek islands and Cyprus. Now long-term immigrants, with at least 50 years in Australia, characteristics and risk factor profiles of older Greek Australians will be compared and contrasted to their counterparts living in Greek islands to evaluate the influence of migration on adherence.

Methods: An observational study, of cross-sectional design using a modified lifestyle and semi-quantitative food frequency questionnaire to capture sociodemographic, health, psychosocial and dietary characteristics including cuisine, of 150 older Greek islander-born Australians. Anthropometric measures and medical history will be collected. Participants will be aged over 65 years, living independently, originally from a Greek island, free from cardiovascular disease. Data collection is underway.

Discussion: Characteristics and behaviours associated with adherence, if identified, could be evaluated in future studies. For example, exploration of enablers or barriers to adherence to a Mediterranean dietary pattern in an Australian population.

Key words: CVD risk factors, dietary adherence, food frequency questionnaire, Greek Australian immigrants, Mediterranean dietary pattern, MEDIS, MedDietScore, metabolic syndrome, traditional cuisine.

Introduction

The traditional Mediterranean diet (MD) was characterised in the 1950s on the Greek island of Crete¹ and subsequently studied in Greece and other Mediterranean regions.²⁻⁸ A composite of traditional eating habits of people living in Mediterranean countries this semi-vegetarian diet comprised the daily intake of plant foods: vegetables, particularly wild leafy greens; fresh fruit; abundant olive oil, the main source of dietary fat; wholegrain sourdough bread; small amounts of wine and, herbal teas and/or ground coffee. Legumes were consumed at least twice per week, in place of meat. Nuts, olives, cheese and yoghurt supplemented these foods and were consumed 2-3 times per week. Small portions of meat and fish were consumed less frequently (d once per week), except for coastal areas where fish was consumed more frequently.^{9,10} Based upon traditional principles, dietary guidelines¹¹ of these regions have long advocated adherence to the MD pattern which is associated with numerous health benefits including cardiovascular health^{12,13} and promoting successful ageing.¹⁴ The insular nature and remote location of Greek islands, and retention of traditional dietary habits

compared to mainland Greece may influence closer adherence to the MD.³⁻⁶ Individuals living in rural areas of Greek islands adhere more strongly to the MD compared to those living in urban areas.³

Adherence to the MD pattern in non-Mediterranean populations has also been associated with lower CVD mortality and improved metabolic conditions including Type 2 diabetes mellitus.^{15,16} Non- Mediterranean countries including Australia and the United States have developed guidelines to advocate the MD as health-promoting.^{17,18} Increasingly, the health benefits of modified Mediterranean-style versions of the diet pattern are being studied in these populations.^{19,20}

Dietary characteristics of Southern Europeans including Greeks, who immigrated to Australia, were studied about 20 to 30 years post-immigration. This diaspora group was the second longest-lived population globally at that time.²¹ Young, healthy men and women from Greece, Greek islands and Greek-Cypriots from the Republic of Cyprus arrived in Australia after the Second World War and Greek Civil War during the 1950s and 1970s.²² They created social and cultural networks: Greek community groups, language schools, churches and the Greek media.^{22,23}

After some 20 years in Australia, older Greek migrants showed a relatively low all-cause and cardiovascular disease (CVD) mortality, despite a high prevalence of obesity and risk factors for CVD, compared to the Australian-born population and Greek counterparts living in Greece at that time. This was attributed to their strong adherence to the traditional MD pattern, even though acculturation resulted in some adverse dietary changes and reduced physical activity.²⁴ Past studies proposed that older

Greek Australians retain protective elements of the traditional dietary pattern: cuisine and/or cooking methods, religious fasting and home gardening.²⁵ Lower all-cause and CVD mortality compared to other ethnicities appears to persist.^{10,26}

Adherence has been measured by *a priori* diet scores, dietary and lifestyle questionnaires. Composite diet scores reflect a level of adherence to food groups within the traditional diet, ranging from zero (no adherence) to stronger adherence as the score increases. However, aspects of traditional cuisine and/or non-dietary lifestyle behaviours are not commonly included in composite diet scores.^{3,24,25} It is unclear if retention of traditional cuisine and non-dietary lifestyle behaviours relate to health outcomes. Questionnaires used in past studies have limited capacity to capture culturally-specific dietary and lifestyle behaviours that may influence adherence to the dietary pattern. Potential enablers of, or barriers to adherence have not been fully explored.

An older Greek-born diaspora cohort originally from Greek islands has not previously been investigated. Older Greek islander-born Australians who adhere more strongly to a traditional diet after many years in Australia, enabled by retention of traditional cuisine and socio-cultural non-dietary lifestyle behaviours may present with a better risk factor profile for CVD and metabolic syndrome (MetS), than lower adherers and, perhaps their counterparts currently living in Greek islands. First generation older Greek Australians are long-term immigrants. A small window of opportunity exists to evaluate their current adherence to a traditional Mediterranean diet after at least 50 years in Australia. The aims of the MEDIS-Australia Study are to:

1. Explore adherence to the traditional Mediterranean diet pattern and cuisine by older Greek Australians;
2. Determine enablers and barriers to dietary adherence after 50 years of migration by exploring associations with socio-cultural variables such as religious fasting and home-grown food gardening;
3. Explore associations between adherence to a traditional Mediterranean diet pattern and cuisine, and risk factors for cardiovascular disease and metabolic syndrome;
4. Compare and contrast characteristics and risk factor profiles of older Greek Australians originally from Greek islands to counterparts currently living in Greek islands to evaluate the influence of migration on adherence to the Mediterranean diet.

This paper describes the MEDIS-Australia Study protocol and rationale for the modified MEDIS-Australia questionnaire.

Methods

MEDIS-Australia is an observational cross-sectional study designed to investigate participants' sociodemographic, dietary and health characteristics and lifestyle behaviours.

Table 1 MEDIS-Australia study – participant criteria

Inclusion criteria	Exclusion criteria
Greek Australian men and women originally from Cyprus and Greek islands i.e. born, AND lived on island prior to immigration;	Greek Australian men and women originally from mainland Greece prior to immigration;

e 65 years of age;	< 65 years of age
Live independently;	Clinical history of any of the following: CVD; Active cancer; Memory problems; Cognitive impairment/decline/memory problems; Taking prescribed medication(s) for any heart condition or cognitive decline.
Free from CVD and/or active cancer and/or cognitive impairment;	
+/- Type 1 or Type 2 diabetes mellitus.	

The validated and repeatable original MEDIS study questionnaire^{27,28} was used in the present study, to which questions were added, beyond the existing questions or adapted for local relevance and applicability to an Australian setting. For example, questions regarding healthcare funding were modified to reflect the Australian healthcare system and a participant's location as either rural or urban was omitted as it was not relevant to the target cohort.

The modified questionnaire (MEDIS-Australia) consists of: a lifestyle questionnaire (MEDIS-Australia LQ); and, a food frequency questionnaire (MEDIS-Australia FFQ) to capture sociodemographic, health and lifestyle (psychosocial) characteristics, dietary characteristics including traditional cooking methods and cuisine and non-dietary lifestyle behaviours (Appendix I). A preliminary, self-administered version of the modified MEDIS-Australia questionnaire was completed by 10 older Greek-born Australian men and women. Additional and modified questions were translated from English to Greek consistent with World Health Organisation recommendations for conceptual translation (rather than word for word), clarity and

conciseness.²⁹ Feedback by respondents was provided on question clarity, complexity and ambiguity. Among the revisions was a statement, preceding two questions concerning menopause history, to alert interviewers that those questions were exclusively for females. Words or phrases used in Greece for some food items, medical conditions and health services unfamiliar to older Greek-born Australians were adapted to the Australian setting using terms conceptually familiar to an older Greek-born Australian population. The self-administered questionnaire format was revised to an interviewer-administered format. Bilingual response options were incorporated within the same questionnaire rather than separate English and Greek questionnaires. English to Greek translations, culturally-specific words or phrases and all bilingual study documentation - participant information statement and consent forms, were forward and back translated by Greek-speaking researchers (also Accredited Practising Dietitians) and research assistants with tertiary-level fluency in the Greek language (Appendix II). Additional questions are mostly closed-ended, with a dichotomous response option (yes/no), or multiple-choice from options provided. An English version of the modified questionnaire was back-translated from Greek for use if required.

The modified questionnaire will be interviewer-administered by Greek-speaking researchers and trained research assistants. Completed questionnaires will be checked for accuracy by the researcher. The modified questionnaire is largely consistent with the original MEDIS questionnaire. It will be possible to compare and contrast older Greek islander-born Australians from the current study to the MEDIS cohort of older Greeks currently living in Crete and Cyprus.

Table 2 summarises key modifications made to the original MEDIS questionnaire and rationale.

Author Manuscript

Table 2 Key modifications made to the original MEDIS questionnaire

Characteristics	Data source	Rationale
Sociodemographic		
Island of origin (prior to immigration)	MEDIS-Australia LQ ^(a)	To assess eligibility based on inclusion /exclusion criteria.
Year of immigration	MEDIS-Australia LQ ^(a)	To determine duration in Australia (years).
Health		
Anthropometry	Measured by researcher	Neck girth (cm) is associated with upper body obesity and CVD risk factors. ^{(b)24} Neck circumference will be measured in place of triceps-skinfold thickness, which will be omitted due to lack of privacy and time constraints at recruitment sessions.
Physical activities; gardening, housework. added to existing list. Time spent outdoors daily	MEDIS-Australia LQ ^(a)	To estimate physical activity level and energy expenditure. To estimate sun exposure, associated with Vitamin D status.
Types of health services accessed.	MEDIS-Australia LQ ^(a)	Different healthcare services in Australia and Greece. Response options for types of health services modified. Options, “rural doctor” and “telemedicine” omitted. Recruitment only from urban areas in Melbourne.
Clinical medical history; 1. Blood pressure 2. Blood test 3. Prescribed medications.	From nominated doctor (GP) ^(c)	Reluctance to consent to blood tests for research purposes and limitations in recall and /or self-report of medications by a CALD ^(d) population. Each participant’s clinical history, (6-12 months preceding study enrolment) will be accessed with signed consent. ²⁵
Lifestyle (Psychosocial)		
Frequency to church Fasting days per year	MEDIS-Australia LQ ^(a)	To explore religious fasting practices. ²⁶ To estimate mean number of fasting days per year.
Dietary		
Expanded food items within existing food groups Portion size estimate Traditional cooking methods and dishes. Home-grown food gardening	MEDIS-Australia FFQ ^(e)	To capture intake of foods consumed by a Greek-born Australian study population. Applied to all food items to estimate intake (grams/day) Nutrient analysis (grams/day) To explore traditional cuisine and potential association with adherence. To estimate prevalence of home-grown food gardening. To estimate type / proportion of vegetables and fruits consumed from the home garden.

^(a)Lifestyle Questionnaire

- ^(b)Cardiovascular disease
- ^(c)General Practitioner
- ^(d)Culturally and Linguistically Diverse
- ^(e)Food Frequency Questionnaire

Convenience sampling of a non-probability sample will be used to enrol participants from elderly Greek community groups in Melbourne. Random, population-based multistage sampling, as performed in the Greek MEDIS study,^{3,28} is not possible in the current study. There are fewer eligible Greek islander-born Australians available to form a study population, compared to the sample sizes of islanders living in Greek islands.³

Greek community groups have a long history in Australia, many formed following post-War immigration. Some, but not all, were based on one's origins in Greece e.g. originally from an island. Two separate, large groups comprising elderly originally from Crete and Cyprus are active to date, in urban suburbs of Melbourne. The researcher will contact these groups first, after which smaller community groups will be contacted, comprising Greek islanders originally from various islands and lastly, mixed groups comprising both islanders and mainland Greeks. A screening question regarding origin will differentiate between islander and mainland Greek Australians.

Contact with group leaders to advise of study requirements will be by telephone and/or in-person. Interested groups will sign a letter to indicate study support as required by the University ethics committee. This will enable the researcher to coordinate a recruitment session on site. Pending support from community groups, recruitment will continue until the minimum target sample size or, close to, is achieved

within a two-year period. Adjunct strategies will be used to reach the target cohort and minimise bias from enrolling only individuals who attend community groups. Contact will be made with the Greek media, Greek language schools, Greek Orthodox Church groups and PRONIA (formerly Australian Greek Welfare Society) in Melbourne to disseminate study information.

Researchers will explain study requirements to participants verbally, in Greek, prior to consent and provide a bilingual participant information statement and consent forms. Both forms require signed consent – for study participation, and a second, separate consent allowing the researcher to contact the participant’s nominated doctor post-interview and access medical information. Declining the second consent will not preclude participants from completing the questionnaire and having anthropometric measures taken during a structured in-person interview (1-1.5 hours) during recruitment sessions on-site. If time is inadequate, the interview will be rescheduled within two weeks of recruitment to continue on-site or, at the participant’s home and/or by telephone.

The MEDIS MedDietScore (0-55) was used to assess level of adherence in the Greek MEDIS Study.³ The mean MedDietScore was used to calculate the sample size in the current study. A t-test was conducted for two independent samples with common variance and alpha 0.05, (two-tailed test). One hundred and fifty participants is estimated to have a study power of 90% to achieve a statistically significant result assuming a mean difference of 1.2 in mean MedDietScore, and a common within groups standard deviation (\pm SD). A mean MedDietScore of 32.5 (\pm SD3.2) for Greek

islanders living in Greece³ and 33.7 (\pm SD3.2) for Greek Australians originally from Greek islands would enable a reported mean difference in MedDietScore between two populations with 95% CI \pm 0.73 points. An observed difference of 1.2 points in mean MedDietScore corresponds to a 95% CI; 0.47 to 1.93.

A target of 150 participants was deemed feasible over the recruitment period, pending the level of support from community groups and Greek-speaking research assistants. To compare an older Greek islander-born Australian cohort to older Greeks living in Greek islands, the target sample size for the current study was modelled on the smaller target sample sizes of Greek islanders living in each of the Greek islands studied i.e. approximately 150 participants.³ Baseline data collection will be from the one-off interview and, from the clinical medical history and anthropometric measures. Participants will not be followed up. The medical history will be used to screen for exclusion criteria, i.e. CVD history and/or active cancer and/or cognitive impairment which may limit recall ability required to complete the questionnaire. For eligible individuals, the medical history will be used to collect blood pressure, blood test results and prescribed medications, 6-12 months preceding enrolment into the study. The prevalence of CVD risk factors and classification of participants by MetS (using National Cholesterol Education Program Adult Treatment Panel III criteria - NCEP-ATP III) will be assessed from the MEDIS-Australia LQ, medical history and anthropometric measures. The following is a summary of the variables within the modified MEDIS-Australia LQ and FFQ.

Demographic and Socioeconomic characteristics: Sex, date of birth, age, island origin, migration year, years in Australia, education level, years of education, marital status, household circumstances, socioeconomic status: self-reported work; pension; occupation before retirement; self-rated annual income.

Health (clinical) characteristics: Self-reported type of health services accessed, rating, frequency of access, prevalence of medical conditions: diabetes mellitus; hypertension; hypercholesterolaemia; and constipation. Cross-checking with medical history will confirm presence of, and assist to classify CVD risk factors. Classification of CVD risk factors and prevalence of MetS will be based on the study protocol of the Greek MEDIS Study^{3,28} and current guidelines.

Current smokers: individuals who report smoking at least one cigarette per day or ceased smoking within 12 months of recruitment; *former smokers:* individuals who smoked previously, but haven't smoked for 12 months or more; *non-smokers:* remaining participants.

Gardening: (as a leisure activity and/or home-grown food gardening) and housework were added to the existing list of physical activities in the modified questionnaire. The frequency of each self-reported activity (*1-2, 3-5 times per week or daily*) and the duration (*minutes*) will be recorded.³ The International Physical Activity Questionnaire (IPAQ) criteria will be used to classify activity level in one of three categories: health enhancing physical activity (HEPA); moderate activity; inactivity.^{3,30}

Type 2 diabetes mellitus: fasting plasma glucose \geq 7.0 mmol/L (126 mg/dL) or, 2-hr plasma glucose \geq 11.1 mmol/L (200mg/dL), and/or HbA1c \geq 6.5% (48 mmol/mol)

and/or prescribed medication(s).^{3,31,32} *Hypertension*: Blood pressure \geq 140/90 mmHg and/or prescribed medication(s).^{3,33} *Hypercholesterolaemia*: total serum cholesterol level (TC) \geq 5.5 mmol/L ($>$ 200 mg/dL) and/or prescribed medication(s).³ *Dyslipidaemia*: elevated TC and/or LDL or, reduced high density lipoprotein (HDL)^{3,34} and/or taking prescribed medication(s) compared to cut-points: TC \geq 5.5 mmol/L ($>$ 200 mg/dL); LDL \geq 3.5 mmol/L (135 mg/dL); HDL $>$ 1.0 mmol/L (40 mg/dL)^{3,34} and triglyceride levels (TG) TG \geq 1.7 mmol/L (150 mg/dL).

Anthropometric measures will be taken by a single investigator, using standard procedures. Measurements will be conducted in a semi-private area and participants will wear light clothing with heavy jackets, scarves and shoes removed. Standard equipment will be used: TANITA Body Composition Monitor BC-545), free-standing portable stadiometer (CHARDER HM-200P) and retractable tape measure. The average measure will be recorded on a coded, study-specific data collection form (nearest 0.1kg weight, 0.1cm height and circumferences). Weight (kg) and height (cm) will be used to determine individual BMI (kg/m^2) to classify participants consistent with the Greek MEDIS study³ and by definitions for older independently-living adults.³⁵ Waist circumference (WC) and hip circumference (HC) will be used to determine waist to hip ratio (WHR).³⁶ Participants will be classified using gender and ethnic specific cut-points: *WC*: men $>$ 94cm; women $>$ 80cm and *WHR*: men \leq 0.90; women \leq 0.85. *WC cut-points*: men $>$ 102cm; and women $>$ 88cm, indicate a *substantially* increased risk of metabolic complications, and are consistent with cut-points in the NCEP-ATP III criteria for clinical diagnosis of MetS, a cluster of interrelated metabolic risk factors

indicative of increased risk of development of CVD and/or Type 2 diabetes mellitus.³⁷ These criteria will be used to classify participants with or without MetS. Neck circumference (NC) is associated with upper body obesity and increased metabolic risk. Cut-points by sex used in the current study will be: NC: \leq 37 cm men; and \leq 34 cm women.³⁸

Lifestyle (psychosocial) characteristics: Types, frequency of social activities; outings; and number of close friends. A previously validated, short 15-item Geriatric Depression Scale (GDS-S), will be used to assess depressive symptoms.³ Prevalence of home-grown food gardening, religious fasting, traditional cooking methods/cuisine are socio-cultural behaviours that will be explored in association to adherence to the traditional MD pattern. Participants who keep a home-grown food garden will be asked to estimate proportions of produce grown from four response options. Seven groups of vegetables and fruits were included. An estimate will be made of home-grown food consumed, and as a proportion of total vegetable and fruit consumption.

The Christian Greek Orthodox calendar includes religious events throughout the year, some of which are associated with religious fasting practices. Three major fasting periods are Easter Lent (40 days), the Assumption (15 days) and the Nativity Fast (40 days). Outside these periods, fasting can be practiced on Wednesdays and Fridays. Greek Orthodox religious fasting can range between 180 to 200 days annually, at least 50% of the year. Described as ‘periodic vegetarianism’, adherents abstain from meat, fish, eggs, dairy products and olive oil (on some days). Seafood (excluding finfish) such as shellfish or squid is always allowed. Finfish is allowed during the fasting period

preceding the Nativity Fast. There are no restrictions on liquids other than dairy.³⁹ In Greece, the practice has been associated with health outcomes.³⁹ Less is known of the prevalence and duration in Australia.⁴⁰ Two questions added to the modified questionnaire assess self-reported frequency to church and number of days of fasting per year.

Dietary characteristics: The semi-quantitative MEDIS-Australia FFQ was modelled on the original MEDIS short semi-quantitative FFQ, to assess dietary habits of older adults living in Greek islands and Cyprus.³ The modified FFQ will assess the frequency of consumption of food groups, foods and beverages using the same categories: *never; rarely; 2-3 times per month; 1-2 times per week; 3-5 times per week; daily*. The level of adherence to the MD will be determined using previously validated diet scores: the MEDIS MedDietScore (0-55)³ and, the Mediterranean Dietary Pattern Score (MDPS range 0-9).²⁵ The modified FFQ was expanded from approximately 18 to 25 food and beverage groups, comprising 97 items: 76 foods and 21 beverages. Nine questions were added to capture dietary intake of culturally-specific foods, dishes and cooking methods/cuisine. For example, tomato-based sauce with onions/garlic, herbs and spices, frying, steaming, boiling, and slow-cooked (wet/moist) casserole dishes.

Food intake and nutrient intake (grams/day) will be evaluated. Participants will estimate usual intake from options: small, average, large, and from household measures. Pre-defined portion size estimates will be based on Australian and Greek food composition tables, and ethnic-specific portions from past Australian studies.¹⁰ Adjustments will be made to account for seasonal variations which may influence

dietary intake of vegetables and fruit.⁴¹ Nutrient analysis will be conducted using FoodWorks version 8 (Xyris Software, Australia).

Data analysis will be conducted using SPSS version 22.0 (IBM SPSS Statistics for Windows, Armonk, NY: IBM Corp). A codebook was created by the researcher for coding the modified questionnaire. For example, missing data will be coded as blank for no response, or zero, for example, where a food is *never* consumed. Categorical variables will be presented as frequencies. Associations between variables will be compared using Chi square test, p-value < 0.05 statistically significant. Normality of the distribution will be assessed by Kolmogorov-Smirnov statistic. Distribution of scores will be checked for skewness, kurtosis, normality and presence of outliers. For normally distributed continuous variables, the mean, standard deviation, standard error, 95% confidence intervals, minimum and maximum values will be presented. Independent samples t-test and ANOVA will be used to test for differences between groups. The median and 95% confidence intervals will be presented for skewed continuous variables and differences between groups will be tested and compared using non-parametric Mann-Whitney U-test and Kruskal-Wallis test. Multivariate analyses will be undertaken to identify covariates and confounders of predictors of outcomes. Principle components analysis (PCA) will be used to explore dietary patterns.¹⁵ The target sample size and number of dietary variables will enable a robust PCA analysis. Principal components will be retained at the eigenvalue threshold of ≥ 1.0 or a significant break in the Scree plot.

Ethical research procedures will be maintained to ensure anonymity and confidentiality. The MEDIS-Australia study protocol and modified questionnaire were approved by Human Ethics Committee, La Trobe University (FHEC 11/127). Researchers will be responsible for storage of consent forms and data. Documentation will be coded and de-identified by a participant-specific code. Identifiers will appear on the second, signed consent form to: enable contact with the nominated doctor; confirm participant details; and cross-check the correct medical history. If consent to participate is given, but the second, separate consent is declined, participant contact details will be used by the researcher to administer the questionnaire and take anthropometric measures. Hard copies of consent forms will be stored separately to de-identified documentation and questionnaires. The trial was registered with the Australia and New Zealand Clinical Trials Register (Trial registration number: ACTRN12616000627459). The Retrospective registration was accepted on the 16th May 2016. This protocol was written in accordance with the Standard Protocol Items: Recommendations for Interventional Trials (SPIRIT) statement.

Discussion

Numerous health benefits have been established and associated with greater adherence to a MD pattern for both Mediterranean and non-Mediterranean populations. Whilst adherence to the MD, dietary and health characteristics of Greek-born Australians post-immigration were studied, the influence of cooking methods, traditional cuisine and non-dietary socio-cultural lifestyle behaviours on adherence were not fully explored.

After at least 50 years in Australia, adherence to the traditional dietary pattern and, whether retention of socio-cultural behaviours potentially enables or inhibits adherence is unknown. Cuisine, cooking methods and non-dietary socio-cultural lifestyle behaviours of an older Greek diaspora cohort from islands may reflect the dietary pattern characterised in 1950s rural Crete, prior to immigration. Resistance to dietary acculturation and possible retention of behaviours that enable adherence may be health protective. The MEDIS-Australia study is a unique opportunity to investigate these factors in an older cohort, not previously studied in Australia and has potential to offer novel insights into unexplored interrelationships between adherence to the MD pattern, dietary, health, lifestyle and ageing characteristics and socio-cultural behaviours. Possible implications are, that characteristics and/or behaviours found to be associated with adherence to this well-established dietary pattern could be promoted, to encourage greater compliance for positive health outcomes. Identified enablers of, or barriers to, adherence to a traditional MD pattern in the broader Australian population could be evaluated in future studies to assess the utility of this holistic approach to promoting the MD.

Funding source

La Trobe University is the main funding body for the MEDIS-Australia Study.

Dr Stefanos Tyrovolas's work (*independent of the MEDIS-Australia Study*) was supported by the Foundation for Education and European Culture (IPEP), the Sara Borrell postdoctoral programmed (reference no. CD15/00019 from the Instituto de

Salud Carlos III (ISCIII - Spain) and the Fondos Europeo de Desarrollo Regional (FEDER).

Conflict of interest

The authors have no conflict of interest to declare.

Authorship

CI, AK were the principal investigators of the MEDIS-Australia study. AT conducted the study as part of her doctoral research with CI, AK and LB co-supervising the research. AT, CI and AK jointly modified the Australian study protocol and questionnaire. LB contributed to the statistical elements of the study design and data analysis protocols. EP, DBP were the principle investigators of the MEDIS study coordination in Greece and supported modifications made to the original study protocol and questionnaire. AT developed the first draft of the manuscript, reviewed and edited subsequent drafts and prepared the final draft. AT, CI, AK, LB contributed to manuscript revisions, ST contributed to the final manuscript draft. All authors approved the final version. The authors declare that the content has not been published elsewhere and have no competing interests.

The authors acknowledge and thank Dr Speros Tsindos (Adjunct Lecturer, Deakin University) for contributions made to the modified MEDIS-Australia questionnaire, and Mr Alfred Kouris and Ms Dimitra Velos for expertise with English to Greek translations.

References

- 1 Keys A. *Seven Countries: A Multivariate Analysis of Death and Coronary Heart Disease*. Cambridge: Harvard University Press, 1980.
- 2 Panagiotakos DB, Chrysohoou C, Pitsavos C, Stefanadis C. Association between the prevalence of obesity and adherence to the Mediterranean diet: the ATTICA study. *Nutr* 2006; **22**: 449-456.
- 3 Tyrovolas S, Polychronopoulos E, Bountziouka V *et al*. Level of Adherence to the Mediterranean Diet Among Elderly Individuals Living in Mediterranean Islands: Nutritional Report from the Medis Study. *Ecol Food Nutr* 2009; **48**:76-87.
- 4 Turlouki E, Matalas AL, Bountziouka V *et al*. Are Current Dietary Habits in Mediterranean Islands a Reflection the Past? Results from the MEDIS study. *Ecol Food Nutr* 2013; **52**:371-386.
- 5 Panagiotakos DB, Chrysohoou C, Siasos G *et al*. Sociodemographic and Lifestyle Statistics of Oldest Old People (>80 Years) Living in Ikaria Island: The Ikaria Study. *Cardiol Res Pract* 2011; **2011**: Article ID 679187, 7 pages.
- 5 Panagiotakos DB, Polystipioti A, Papairakleous N, Polychronopoulos E. Long-term adoption of a Mediterranean diet is associated with a better health status in elderly people; a cross-sectional survey in Cyprus. *Asia Pac J Clin Nutr* 2007; **16**: 331-337.
- 6 Estruch R, Martinez-Gonzalez MA, Corella D *et al*. Effects of a Mediterranean-style diet on cardiovascular risk factors: a randomised trial. *Ann Intern Med* 2006; **145**: 1-11.
- 7 De Lorgeril M, Salen P, Martin JI *et al*. Mediterranean diet, traditional risk factors and the rate of cardiovascular complications after myocardial infarction: Final Report of the Lyon Diet Heart Study. *Circulation* 1999; **99**: 779-785.

- 8 Kromhout D, Keys A, Aravanis C *et al.* Food consumption patterns in the 1960s in seven countries. *Am J Clin Nutr* 1989; **49**: 889-94.
- 9 Kouris-Blazos A, Itsiopoulos C. Low all-cause mortality despite high cardiovascular risk in elderly Greek-born Australians: Attenuating potential of diet? *Asia Pac J Clin Nutr* 2014; **23**: 532-544.
- 10 Ministry of Health and Welfare, Supreme Scientific Health Council. Dietary guidelines for adults in Greece. *Arch Hellenic Med* 1999; **16**: 516-524.
- 11 Godos J, Zappala G, Bernadini S *et al.* Adherence to the Mediterranean diet is inversely associated with metabolic syndrome occurrence: a meta-analysis of observational studies. *Int J Food Sci Nutr* 2017; **68**: 138-48.
- 12 Grosso G, Marventano S, Yang J *et al.* A comprehensive meta-analysis on evidence of Mediterranean diet and cardiovascular disease: are individual components equal? *Crit Rev Food Sci Nutr* 2015; DOI:10.1080/10408398.2015.1107021.
- 13 Tyrovolas S, Haro JM, Mariolis A *et al.* Successful aging, dietary habits and health status of elderly individuals: A *k*-dimensional approach within the multi-national MEDIS study. *Exp Gerontol* 2014; **60**: 57-63.
- 14 Harriss LR, English DR, Powles J *et al.* Dietary patterns and cardiovascular mortality in the Melbourne Collaborative Cohort Study. *Am J Clin Nutr* 2007; **86**: 221-9.
- 15 Itsiopoulos C, Brazionis L, Rowley K, O'Dea K. The Greek migrant morbidity mortality paradox: low level of hypertriglyceridaemia and insulin resistance despite central obesity. *Asia Pac J Clin Nutr.* 2005; **14**: S43.
- 16 RACGP. Handbook of Non-Drug Interventions. *Mediterranean diet: reducing cardiovascular disease risk*, 2014. (Available from: <http://www.racgp.org.au/yourpractice/guidelines/handi/interventions/nutrition/the-mediterranean-diet-for-reducing-cardiovascular-disease-risk/>, accessed 20 June 2015).
- 17 Bach-Faig A, Berry EM, Lairon D *et al.* Mediterranean diet pyramid today. Science and cultural updates. *Public Health Nutr* 2011; **14**: 2274-2284.

- 18 O'Neil A, Berk M, Itsiopoulos C *et al.* A randomised, controlled trial of a dietary intervention for adults with major depression (the "SMILES" trial): study protocol. *BMC Psychiatry* 2013; **13**: 114
- 19 Papamiltiadous ES, Roberts SK, Nicoll AJ *et al.* A randomised controlled trial of a Mediterranean Dietary Intervention for Adults with Non Alcoholic Fatty Liver Disease (MEDINA): study protocol. *BMC Gastroenterology* 2016; **16**: 14.
- 20 Young C. Selection and survival: immigrant mortality in Australia. *Studies in Adult Migrant Education*. Department of Immigration and Ethnic Affairs. Canberra: Australian Government Printing Services, 1986.
- 21 Tamis A. The Greeks Discover Australia. In: *The Greeks in Australia*. Cambridge: Cambridge Books Online, Cambridge University Press, 2005; 31-58.
- 22 Kouris A. Part Five: Achievements of the Melbourne Greek Community. In: *Migrant: The blessing and misfortune of loving two Countries! The Modern-day Odyssey of the Diaspora Greeks*. Greek Press Pty Ltd, 1998; 291-398.
- 23 Kouris-Blazos A. Morbidity mortality paradox of 1st generation Greek Australians. *Asia Pac J Clin Nutr* 2002; **11**: S569-S575.
- 24 Trichopoulou A, Kouris-Blazos A, Wahlqvist ML *et al.* Diet and overall survival in elderly people. *BMJ* 1995; **311**: 1457-60.
- 25 ABS Death, Australia 2010. ABS category no. 3302.0. Canberra: Australian Government Publishing Service, 2012.
- 26 Tyrovolas S, Pounis G, Bountziouka V, Polychronopoulos E, Panagiotakos DB. Repeatability and Validation of a Short, Semi-Quantitative Food Frequency Questionnaire Designed for Older Adults Living in Mediterranean Areas: The MEDIS-FFQ. *J Nutr Gerontol Geriatr* 2010; **29**: 311-324.
- 27 The MEDIS study, <https://www.medis-study.eu/methodology/>
- 28 World Health Organisation. Process of translation and adaptation of instruments. Geneva: WHO, 2016. (Available from: http://www.who.int/substance_abuse/research_tools/translation/en/, accessed 20 June 2015).

- 29 Craig CI, Marshall AL, Sjostrom M. International Physical Activity Questionnaire: 12-Country Reliability and Validity. *Med Sci Sports Exerc* 2003; **35**: 1381-1395.
- 30 World Health Organisation. Definition and diagnosis of diabetes mellitus and intermediate hyperglycaemia: report of a WHO/IDF consultation. Geneva: WHO, 2006.
- 31 d'Emden MC, Shaw JE, Colman PG *et al*. The role of HbA1c in the diagnosis of diabetes mellitus in Australia. *Med J Aust* 2012; **197**: 220–1.
- 32 World Health Organisation. Prevention of cardiovascular disease. Guidelines for assessment and management of cardiovascular risk. Geneva: WHO, 2007.
- 33 Fodor G. Primary Prevention of CVD: Treating Dyslipidemia. *Clinical Evidence Handbook*. 2010; 39-40.
- 34 Winter JE, MacInnis RJ, Wattanapenpaiboon N, Nowson CA. BMI and all-cause mortality in older adults: a meta-analysis. *American J Clin Nutr* 2014; **99**: 875-90.
- 35 World Health Organisation. Waist Circumference and waist-hip ratio: report of a WHO expert consultation. Geneva: WHO, 2008.
- 36 Grundy SM, Cleeman JI, Daniels SR *et al*. Diagnosis and Management of the Metabolic Syndrome: An American Heart Association/National Heart, Lung and Blood Institute Scientific Statement. *Circulation*, 2005; doi:10.1161/CIRCULATIONAHA.105.169404
- 37 Ben-Noun L, Sohar E, Laor A. Neck Circumference as a Simple Screening Measure for Identifying Overweight and Obese Patients. *Obes Res* 2001; **9**: 470-477.
- 38 Sarri KO, Linardakis MK, Bervanaki FN, Tzanakis NE, Kafatos AG. Greek Orthodox fasting rituals: a hidden characteristic of the Mediterranean diet of Crete. *Brit J Nutr* 2004; **92**: 277-284.
- 39 Kouris-Blazos A. Elderly Greeks in Spata, Greece and Melbourne, Australia: Food Habits, Health and Lifestyle. Melbourne: Monash University, 1994.
- 40 Itsiopoulos C. (2007). Diabetes and Cardiovascular Disease: The Greek Migrant Paradox (Doctoral thesis, University of Melbourne, Melbourne, Australia).

Appendices

Appendix I: Modified MEDIS-Australia lifestyle and food frequency questionnaire (final version).

Appendix II: MEDIS-Australia Study data collection forms: bilingual participant information statement; consent forms.

Figure legends: N/A

Table 1 (title): MEDIS-Australia study – participant criteria

Table 2 (title and footnotes): Key modifications made to the original MEDIS questionnaire

Γραπτή συμμετοχή για τον γιατρό μου. Επιτρέπω τα αποτελέσματά μου να δοθούν στους ερευνητές της έρευνας MEDIS.

(Participant Consent form for GP to enable release of recent blood test results, blood pressure and current list of medications in the last 6-12 months)

Ερευνητές (Researchers):

Ms. Tania Thodis (PhD Candidate), A/Prof Catherine Itsiopoulos, Dr Antigone Kouris.

1. Τα στοιχεία των συμμετεχόντων (Participant's contact details).

Όνομα: (Name)	
Φύλο (Gender)	Άντρας (Male) / Γυναίκα (Female)
Ημερομηνία γεννήσεως (Date of birth)	
Διεύθυνση (Home address)	
Αριθμός τηλεφώνου (Participant's contact ph. number)	
Participant's code number: (for confidentiality of data)	

2. Στοιχεία του γιατρού μου για επικοινωνία με τους ερευνητές.

(Contact details of participant's GP to be contacted by the study researchers)

Όνομα: (Name)	
Διεύθυνση του γιατρού μου. (GP's clinic address)	
<ul style="list-style-type: none"> • Αριθμός τηλεφώνου. (GP's contact phone number) • Fax: 	

Μου έχουν εξηγήσει οι ερευνητές στα Ελληνικά, το σκοπό και τις διαδικασίες της μελέτης MEDIS. Τα στοιχεία μου θα παραμείνουν απόρρητα και θα είναι γνωστά μόνο στους ερευνητές. **Δεν θα φανούν καθόλου στα ερωτηματολόγια.** Δίνω τη γραπτή συγκατάθεση μου στον γιατρό μου για την παραχώρηση στους ερευνητές, των πιο πρόσφατων αποτελεσμάτων της πίεσης του αίματος, τα αποτελέσματα των εξετάσεων αίματος και τα φάρμακα που παίρνω τους τελευταίους 6-12 μήνες.

(I, have had explained to me in Greek the purpose and procedures of this research project. I am aware that my personal details above will be kept confidential and known only to the investigators and will NOT appear on any dietary and lifestyle surveys that I complete. I give my informed and written consent for the release of my most recent blood pressure, and blood test results and current medications within the last 6-12 months, to the above named researchers only.)

Όνομα και υπογραφή: **Ημερομηνία:**.....
(Name and signature of participant) (Date)

Όνομα ερευνητή και υπογραφή **Ημερομηνία**

(Name and signature of researcher)

Melbourne (Bundoora)	Bendigo	Albury- Wodonga	Melbourne (City)	Shepparton	Mildura	Beechworth	ABN 64 804 735 113 CRICOS Provider 00115M
-------------------------	---------	--------------------	---------------------	------------	---------	------------	--

Μελέτη Mediterranean Islands

Τμήμα Διαιτολογίας, Πανεπιστήμιο Λατρόμπ, Χαροκόπειο Πανεπιστήμιο & Ελληνικό Ίδρυμα Καρδιολογίας

Participant's code number:.....

Date completed:.....

Όταν σας έχουν ενημερώσει οι ερευνητές για τους σκοπούς αυτής της μελέτης και έχουν την έγγραφη συγκατάθεσή σας, μπορείτε να απαντήσετε στις ακόλουθες ερωτήσεις μας. Βάλτε ✓ στα κουτάκια.
Εάν έχετε δυσκολία, μπορείτε να ζητήσετε βοήθεια.
Οι πληροφορίες που θα δώσετε θα μείνουν εμπιστευτικές.
Σας ευχαριστούμε για το χρόνο σας.

(Once the researchers have explained to you the aims of the MEDIS-Australia study and have your consent, together you will complete the following lifestyle questionnaire by ticking the boxes/answering questions. All the answers you provide will remain confidential. We thank you for your time.)

A. Γενικά Στοιχεία (General demographics)

1. Ημερομηνία γεννήσεως; (Date of birth)

2. Απο ποιά νησί είναι η καταγωγή σας; (On which Greek island were you born?)
.....

3. Πότε μεταναστεύσατε στην Αυστραλία; (βάλτε χρονολογία) (What year did you immigrate to Australia?)

4. Φύλο; (βάλτε ✓) (Gender) Άνδρας (Male) Γυναίκα (Female)

5. Είσατε αριστερόχειρας; ΝΑΙ (YES) ΟΧΙ (NO)
(Are you left handed?)

6. Ζει ο πατέρας σας; ΝΑΙ (YES) ΟΧΙ (NO)
(Is your father still living?)

7. Ζει η μητέρα σας; ΝΑΙ (YES) ΟΧΙ (NO)
(Is your mother still living?)

8. Αν ΟΧΙ, πόσα χρόνια έζησαν; (If you answered NO, what age did they live to?)
Πατέρας (Father).....χρόνια (years) Μητέρα (Mother)χρόνια (years)

9. Από ποιά αιτία θανάτου πέθαναν; (What was the cause of death?)

Πατέρας (Father) Μητέρα (Mother)

10. Ο πατέρας σας ήταν υπέρβαρος; (Father overweight?) Ναι (Yes) <input type="checkbox"/> Όχι (No) <input type="checkbox"/>	11. Η μητέρα σας ήταν υπέρβαρη; (Mother overweight?) Ναι (Yes) <input type="checkbox"/> Όχι (No) <input type="checkbox"/>
--	--

12. Πόσο συχνά πηγαίνετε στην εκκλήσια; (How often do you go to church?)

Καθόλου (Never)
Σπάνια (1 φορά το χρόνο) (Rarely, once per year)
2-4 φορές το χρόνο (2-4 times per year)
Μια φορά το μήνα (once per month)
Κάθε Κυριακή (every Sunday)

13. Πόσες μέρες το χρόνο νηστεύετε;

(How many days per year do you fast?)

Μελέτη Mediterranean Islands

Τμήμα Διατροφολογίας, Πανεπιστήμιο Λατρώμπ, Χαροκόπειο Πανεπιστήμιο & Ελληνικό Ίδρυμα Καρδιολογίας

14α και 14β: ΜΟΝΟ ΓΙΑ ΤΙΣ ΓΥΝΑΙΚΕΣ; (Section 14a and b is for the women only)

α) Πόσο χρονών είσασαν όταν σταμάτησε η περίοδος σας;χρονών
(At what age did your period cease?.....(age in years)

β) Η περίοδος σταμάτησε; (How did your period cease?)

- Φυσιολογικά (Naturally)
 Μετά από επέμβαση (Following surgery)
 Λήψη φαρμάκων (With medication)
 Άλλη αιτία (Other).....

B. Κοινωνικό – οικονομικό επίπεδο (Socioeconomic status)

1.Επαγγελματική κατάσταση (Occupational status)

Συνταξιούχος (are you a pensioner?): **ΝΑΙ (YES)** **ΟΧΙ (NO)**

Πόσο χρονών είσασαν όταν πρωτοβγήκατε στη σύνταξη;
(At what age did you first receive a pension ie retirement or other?)

Πείτε μας με τι εργασία ασχοληθήκατε τα περισσότερα χρόνια πριν από τη σύνταξη;
(Please describe the work/occupation you were employed in for the most part of your working life prior to receiving a pension)

Έτη σπουδών; (Education)	Δημοτικό.....χρόνια (Primary).....(years)	Λύκειο.....χρόνια (Secondary).....(years)
	Πανεπιστήμιο.....χρόνια (Tertiary/University).....years	Τεχνική σχολήχρόνια (Trade/technical school.....years)

2. Οικογενειακή κατάσταση (Family situation)

Είστε;

Άγαμος (Not married)

Έγγαμος (Married)

Διαζευγμένη/ος (Divorced)

Χήρα/ος (Widowed)

Πόσα άτομα μένουν μόνιμα στο σπίτι σας;.....

(How many family members live in your home currently?)

Μένετε με το/τη σύζυγό σας;

(Live with your partner/spouse?)

Ναι (Yes)

Όχι (No)

Μένετε μόνος/ή

(Live on your own?)

Ναι (Yes)

Όχι (No)

Μένετε με τα παιδιά σας;

(Live with your children?)

Ναι (Yes)

Όχι (No)

3. Οικονομική κατάσταση (Financial situation)

Μέσο ετήσιο ατομικό εισόδημα των τελευταίων 3 ετών

(απαντήστε με βάση το αν καλύπτει τις δαπάνες σας)

χαμηλό

μέτριο

καλό

πολύ καλό

(Rate your individual average income in the last 3 years as one of either; low, average, good, very good, in terms of whether it covers your basic household / financial expenses)

Κατοικείτε σε ιδιόκτητη κατοικία; (Do you live in a private residential property ie not an apartment?)

ΝΑΙ (YES)

ΟΧΙ (NO)

Πόσα υπνοδωμάτια έχει το σπίτι σας;.....

(How many bedrooms does your home have?)

Πόσα αυτοκίνητα έχετε στο σπίτι σας;

(How many cars do you have currently at your home?)

Please continue to the next page.....

Γ. Οι επόμενες ερωτήσεις αφορούν τις κοινωνικές δραστηριότητές σας, βάλτε √ στο κατάλληλο αριθμό.....

(The following questions relate to your social activities, general health and lifestyle factors, please tick that which applies to you)

1. Πόσες φορές την εβδομάδα βγαίνετε έξω με φίλους; (How many times a week do you go out with friends?)	0	1	2	3 - 5	>5	
2. Πόσους στενούς φίλους θεωρείτε ότι έχετε; (How many close friends do you have?)	0	1	2	3 - 5	>5	
3. Πόσες φορές την εβδομάδα βλέπετε την οικογένειά σας; (How many times a week do you see your family?)	0	1	2	3 - 5	>5	
4. Πόσες φορές μέσα στο έτος πηγαίνετε εκδρομές; (How many times a year do you go on trips/excursions?)	0	1	2 - 3	4 - 8	>8	
5. Συμμετέχετε σε κοινωνικές ομάδες; (π.χ. σύλλογο ηλικιωμένων κλπ.) (Do you belong to social groups e.g. elderly citizens clubs, other organised clubs/activities?)	<input type="checkbox"/> ΝΑΙ (YES) <input type="checkbox"/> ΟΧΙ (NO)					
6. Κατά την γνώμη σας, πόσο εύκολη είναι η πρόσβασή σας σε υπηρεσίες υγείας; (How would you rate your ability to access health services?)	Πολύ εύκολη Very easy	Εύκολη Easy	Μέτρια Average	Δύσκολη Difficult	Πολύ δύσκολη Very difficult	Αδύνατη Impossible
7. Από ποιους παράγοντες εξαρτάται η πρόσβασή σας; (Which of the following two factors affect your ability to access health services?)	Οικονομικούς (Financial factors) <input type="checkbox"/> ΝΑΙ (YES) <input type="checkbox"/> ΟΧΙ (NO)		Οικογενειακούς (Family factors) <input type="checkbox"/> ΝΑΙ (YES) <input type="checkbox"/> ΟΧΙ (NO)			
8. Παρεχόμενες Ιατρικές Υπηρεσίες (How often do you visit the following health services? If, Yes, estimate the number of times in the last 12 months)						
ΙΑΤΡΟΣ (General Practitioner) <input type="checkbox"/> ΝΑΙ (YES) Πόσες φορές στους 12 μήνες;..... <input type="checkbox"/> ΟΧΙ (NO)						
ΕΙΔΙΚΟΣ ΙΑΤΡΟΣ π.χ. καρδιολόγος (Specialist Doctor eg cardiologist, endocrinologist etc) <input type="checkbox"/> ΝΑΙ (YES) Πόσες φορές στους 12 μήνες;..... <input type="checkbox"/> ΟΧΙ (NO)						
ΑΛΛΕΣ (π.χ φυσιοθεραπευτής, διαιτολόγος, ποδίατρος κτλ...) (Other allied health, eg physio, dietitian, podiatrist etc) <input type="checkbox"/> ΝΑΙ (YES) Πόσες φορές στους 12 μήνες;..... <input type="checkbox"/> ΟΧΙ (NO)						
ΝΟΣΟΚΟΜΕΙΟ (i.e. overnight hospital admission as an inpatient) <input type="checkbox"/> ΝΑΙ (YES) Πόσες φορές στους 12 μήνες;..... <input type="checkbox"/> ΟΧΙ (NO)						

Please continue to the next page.....

Μελέτη Mediterranean Islands

Τμήμα Διαιτολογίας, Πανεπιστήμιο Λατρώμης, Χαροκόπειο Πανεπιστήμιο & Ελληνικό Ίδρυμα Καρδιολογίας

Δ. Τρόπος ζωής : Σωματική άσκηση (Lifestyle Factors – Physical Activity)				
Σωματική άσκηση / γυμναστική. (Type of physical activity/exercise) ↓	Βάλτε √ παρακάτω για πόσες φορές γυμνάζεστε στη συγκεκριμένη άσκηση, π.χ πόσες φορές την εβδομάδα η κάθε μέρα. (Tick the frequency for each activity you do. Please leave blank if an activity doesn't apply to you).			Γράψτε παρακάτω πόσα λεπτά κάνετε την κάθε άσκηση. (On average, how many minutes do you spend on each activity that you do?)
	1–2 φορές την εβδομάδα (1-2 x per week)	3–5 φορές την εβδομάδα. (3-5 x per week)	Κάθε μέρα (Daily)	
Περπάτημα (Walking)				
Εργασία στον κήπο (Gardening)				
Οικιακά (Housework)				
Κολύμπι (Swimming)				
Τρέξιμο (Jogging)				
Ποδήλατο Cycling, includes stationary.				
Χορός (Dancing)				
Άρση βαρών (Lifting weights, either gym / home)				
Ομαδικά αθλήματα (π.χ. ποδόσφαιρο) (Team sport eg soccer)				
Οργανωμένο γυμναστήριο (Exercise at a gym)				
Κάνετε σταυρόλεξα; (Crosswords/puzzles)				
Παίζετε τάβλι; (Backgammon)				
Πόσα χρόνια κάνετε οργανωμένη σωματική άσκηση (εκτός οικιακά); (How many years have you participated in the physical activity or exercise specified above, excluding housework?) χρόνια				
Πόση ώρα περίπου είστε έξω μεταξύ 11 το πρωί και τρεις το απόγευμα;(π.χ στον κήπο) (How many minutes per day do you spend outdoors from 11am-3pm?)		λεπτά την ημέρα	

Please continue to the next page.....

Μελέτη Mediterranean Islands

Τμήμα Διαιτολογίας, Πανεπιστήμιο Λατρώμ, Χαροκόπειο Πανεπιστήμιο & Ελληνικό Ίδρυμα Καρδιολογίας

Z. Ψυχολογική αξιολόγηση (Κλίμακα κατάθλιψης) (<i>Psychological Assessment using a GDS General Depression Scale</i>)		
Επιλέξτε μια απάντηση που σας εκπροσωπεί καλύτερα για το τελευταίο διάστημα (90 ημέρες) (<i>Please select the response which best describes you in the last 90 days/3 months</i>)	ΝΑΙ (1)	ΟΧΙ (0)
1. Είστε βασικά ευχαριστημένοι με τη ζωή σας; (Are you generally happy with life?)		
2. Εγκαταλείψατε πολλές από τις δραστηριότητες και τα ενδιαφέροντά σας; (Have you stopped many of your usual activities and interests?)		
3. Αισθάνεστε ότι η ζωή σας είναι άδεια; (Do you feel as though your life is empty?)		
4. Βαριέστε συχνά; (Are you bored often?)		
5. Είστε στα κέφια σας τον περισσότερο καιρό; (Are you in good spirits most of the time?)		
6. Φοβάστε ότι θα σας συμβεί κάτι κακό; (Are you afraid something bad will happen to you?)		
7. Αισθάνεστε ευτυχισμένος / χαρούμενος τον περισσότερο καιρό; (Do you feel happy most of the time?)		
8. Αισθάνεστε συχνά αβοήθητος; (Do you often feel helpless?)		
9. Προτιμάτε να μένετε στο σπίτι παρά να βγαίνετε έξω και να κάνετε διάφορα καινούρια πράγματα; (Do you prefer to stay home rather than go out and try new activities/experiences?)		
10. Αισθάνεστε ότι έχετε περισσότερα προβλήματα με τη μνήμη σας απ' ότι οι άλλοι; (Do you feel you have more problems with your memory than others?)		
11. Πιστεύετε ότι είναι υπέροχο πράγμα που είστε ζωντανός τώρα; (Do you believe it is a wonderful thing to be alive?)		
12. Αισθάνεστε άχρηστος έτσι όπως είστε τώρα; (Do you feel useless as you are now?)		
Z. Ψυχολογική αξιολόγηση (Κλίμακα κατάθλιψης) (<i>Psychological Assessment using a GDS General Depression Scale</i>) continued....		
13. Αισθάνεστε γεμάτος ενέργεια; (Do you feel energetic?)		
14. Αισθάνεστε ότι η κατάστασή σας είναι απελπιστική; (Do you feel you current situation is hopeless?)		
15. Πιστεύετε ότι οι περισσότεροι άνθρωποι είναι σε καλύτερη κατάσταση από εσάς; (Do you feel most people are in a better situation and better off than you?)		
TOTAL SCORE (out of 15) (<i>for use by researcher only</i>)		

Please continue to the next page.....

Μελέτη Mediterranean Islands

Τμήμα Διαιτολογίας, Πανεπιστήμιο Λατρώμ, Χαροκόπειο Πανεπιστήμιο & Ελληνικό Ίδρυμα Καρδιολογίας

Η. Οι παρακάτω ερωτήσεις αφορούν τέσσερες κοινές ιατρικές καταστάσεις.

Συμπληρώστε με √ τις απαντήσεις που ισχύουν γιά σας.

(The following questions relate to four common medical conditions, please tick the box which applies)

1. Σας έχει πει ο γιατρός σας ότι έχετε.....;	<u>Υψηλή Αρτηριακή Πίεση</u> (High blood pressure) ↓	<u>Σακχαρώδη διαβήτη</u> (Diabetes) ↓	<u>Υψηλή χοληστερόλη</u> (High cholesterol) ↓	<u>Αυσκοιλιότητα</u> (Constipation) ↓
<p><i>(Has your Dr ever told you that you have....please tick the condition/s as applicable to you.)</i></p>	<p><input type="checkbox"/> Ναι (Y) <input type="checkbox"/> Όχι (N)</p> <p>Εάν ναι, πόσο συχνά ελέγχει ο γιατρός την πίεσή σας; (How often does your doctor monitor your blood pressure?)</p> <p><input type="checkbox"/> Ποτέ (Never) <input type="checkbox"/> 1 φορά το χρόνο (once a year) <input type="checkbox"/> 1 φορά το εξάμηνο (once every 6 months) <input type="checkbox"/> 1 φορά το τρίμηνο (once every 3 months)</p> <p>Το ελέγχετε και μόνος/μόνη σας στο σπίτι; Do you self-monitor your blood pressure at home?</p> <p><input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p>	<p><input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p> <p>Εάν ναι, πόσο συχνά ελέγχει ο γιατρός την γλυκόζη σας; (How often does your doctor monitor your blood glucose?)</p> <p><input type="checkbox"/> Ποτέ (Never) <input type="checkbox"/> 1 φορά το χρόνο (once a year) <input type="checkbox"/> 1 φορά το εξάμηνο (once every 6 months) <input type="checkbox"/> 1 φορά το τρίμηνο (once every 3 months)</p> <p>Το ελέγχετε και μόνος/μόνη σας στο σπίτι; Do you self-monitor at home?</p> <p><input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p>	<p><input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p> <p>Εάν ναι, πόσο συχνά ελέγχει ο γιατρός τα λιπίδια σας; (How often does your doctor monitor your blood lipids?)</p> <p><input type="checkbox"/> Ποτέ (Never) <input type="checkbox"/> 1 φορά το χρόνο (once a year) <input type="checkbox"/> 1 φορά το εξάμηνο (once every 6 months) <input type="checkbox"/> 1 φορά το τρίμηνο (once every 3 months)</p>	<p><input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p> <p>Πόσες φορές συνήθως πηγαίνετε στην τουαλέτα; (How often do you go to the toilet on average?)</p> <p>Λιγότερο από μια φορά την εβδομάδα. <input type="checkbox"/> (less than once a week) 1-2 φορές την εβδομάδα. <input type="checkbox"/> (1-2 times per week) 3-5 φορές την εβδομάδα. <input type="checkbox"/> (3-5 times per week) 1-2 φορές την ημέρα. <input type="checkbox"/> (1-2 times per day) Περισσότερο από 2 φορές την ημέρα. <input type="checkbox"/> (More than twice per day)</p>
<p>2.Θεραπεία. <i>(Tick which box indicates what type of treatment you follow for this medical condition. More than one may apply)</i></p>	<p>Ακολουθείτε διαίτα; (Do you follow a diet?) <input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p> <p>Παίρνετε φάρμακα; Do you take medication? <input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p>	<p>Ακολουθείτε διαίτα; (Do you follow a diet?) <input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p> <p>Παίρνετε φάρμακα; Do you take medication? <input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p> <p>Ινσουλίνη; (Insulin) <input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p>	<p>Ακολουθείτε διαίτα; (Do you follow a diet?) <input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p> <p>Παίρνετε φάρμακα; Do you take medication? <input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p>	<p>Ακολουθείτε διαίτα; (Do you follow a diet?) <input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p> <p>Παίρνετε φάρμακα; Do you take medication? <input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p>
<p>3.Τηρείτε την φαρμακευτική σας αγωγή; <i>(Do you look after/administer your own medication/s?)</i></p>	<p><input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p>	<p><input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p>	<p><input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p>	<p><input type="checkbox"/> Ναι <input type="checkbox"/> Όχι</p>

Please continue to the next page.....

Μελέτη Mediterranean Islands

Τμήμα Διαιτολογίας, Πανεπιστήμιο Λατρώμπ, Χαροκόπειο Πανεπιστήμιο & Ελληνικό Ίδρυμα Καρδιολογίας

	<u>Υψηλή Αρτηριακή Πίεση</u> (High blood pressure) ↓	<u>Σακχαρώδη</u> <u>διαβήτη</u> (Diabetes) ↓	<u>Υψηλή χοληστερόλη</u> (High cholesterol) ↓	<u>Δυσκοιλιότητα</u> (Constipation) ↓
4. Κληρονομικό ιστορικό..... δηλαδή το είχε και ο πατέρας σας;	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω (I don't know)	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω (I don't know)	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω (I don't know)	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω (I don't know)
Η μητέρα σας;	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω
Ο αδελφός / η αδελφή σας;	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω	<input type="checkbox"/> Ναι <input type="checkbox"/> Όχι <input type="checkbox"/> Δεν ξέρω

ΤΕΛΟΣ
(THE END)

Author Manuscript

The Mediterranean Islands Study: Comparing the dietary intake and Cardiovascular Disease (CVD) risk factors of Greek born islanders in Australia with Greek Islanders to identify any differences that could explain the low Coronary Heart Disease (CHD) mortality of Greek Australians.

Investigators: Ms. Tania Thodis (9479 5812), A/Prof Catherine Itsiopoulos (9479 6032),
Dr Antigone Kouris (0408 551 702)

Participant Consent Form: For completion of the MEDIS study diet and lifestyle survey and anthropometric measurements.

I of
have had the investigators explain to me in Greek, the participant information statement regarding the purposes, procedures and risks of this study to be undertaken by the School of Dietetics and Human Nutrition, Latrobe University.

The research aims to gain a better understanding of the health and lifestyle factors of elderly Greek islanders in Australia and will compare the data obtained with elderly Greeks still living in Greece.

I give my written consent to participate in this study by providing information via a diet and lifestyle questionnaire and measurements of weight, height, waist, hip and neck circumference.

A separate consent form is required if I agree to allow the researchers to contact my GP and request the release of my most recent routine blood test, blood pressure results and medications. I may still participate in the MEDIS study even if I decline to consent to this part of the project. I have had an opportunity to ask questions of the researchers and am satisfied with the answers I have received.

I acknowledge that;

- 1. The aims and methods of the study have been explained to me.**
- 2. I voluntarily and freely consent to participating in this research study.**
- 3. I understand that results obtained will be used for research purposes only and may be reported in a thesis, scientific and academic journals BUT my details will remain confidential.**
- 4. Individual results will NOT be released to any person but a summary of the findings will be provided by the researchers at the completion of the study.**
- 5. I am free to withdraw my consent at any time during the study, in which event my participation in the study will cease and any information obtained from me will not be used.**

I agree to the researchers contacting me regarding possible future studies.

Name and Signature of participant:

Date:

Name and Signature of researcher

Date:



Participant Information Statement

The Mediterranean Islands Study:

Comparing the dietary intake and Cardiovascular Disease (CVD) risk factors of Greek born islanders in Australia with Greek Islanders to identify any differences that could explain the low Coronary Heart Disease (CHD) mortality of Greek Australians.

We sincerely thank the for the opportunity to present you with information about the MEDIS study at your club which is to be conducted by the School of Dietetics, Latrobe University by dietitian and post graduate student Ms. Tania Thodis as part of her PhD studies. A/Prof Catherine Itsiopoulos and Dr Antigone Kouris who are both dietitians, Latrobe University lecturers and respected researchers of the Mediterranean diet in Australia will supervise this project.

The MEDIS study has already been conducted in Greece by researchers from Harokopio University in Athens, on several Greek islands including Crete to investigate more about the health benefits of the traditional Mediterranean diet in elderly Greek migrants originating from an island.

We aim to conduct the study in Australia to compare the health benefits of the Mediterranean diet of islanders who have migrated compared with those still living in Greece. We are seeking participants who are Greek born Australian men and women, over 65 years of age from various Greek islands.

Information required from participants in this study (with their written permission) will be routine measurements such as weight, waist, hip and neck circumference and the completion of a diet and lifestyle survey which would be done at two sessions at your club on a day that you would usually attend. The researchers are Greek speaking and will be available to assist with the survey.

Also required by participants are results of recent blood tests and list of medications routinely taken by GPs such as blood glucose and cholesterol.

Written consent by you to allow the researchers to contact your GP would be required. There will be no requirement to give blood for this study nor will any other medical history be accessed from the GP by the researchers.

A cookbook of traditional recipes submitted by interested members of your club will be published by the researchers and provided to members as a gift and a nutrition workshop with one of the dietitians can be arranged at the completion of the session to provide your members with the opportunity to ask questions related to diet and health.

The participation of members in this study is voluntary and all information provided to the researchers from measurements, survey data to blood test results will remain anonymous and confidential.

This data will be kept in a secure area at Latrobe University only accessible by the named researchers. The data will not contain any identifying information nor will any of your information be given to any outside organisations. The collected data will be used to write a thesis of the findings and a summary of these findings will be provided to your club at the completion of the study. Individual data will not be available to participants after the session.

Any questions regarding this project may be directed to the researchers today or by phone Tania Thodis 9479 5812.

Participants are free to withdraw from the study at any time with no adverse consequences, after which their information will not be used in the study.

Any further queries or issues regarding this study may be directed to The Secretary, Faculty Human Ethics Committee of Health Sciences, LaTrobe University, Victoria 3086, ph 0479 3583 or email health@latrobe.edu.au

Participant Information Statement-Greek**The Mediterranean Islands Study: Comparing the dietary intake and Cardiovascular Disease (CVD) risk factors of Greek born islanders in Australia with Greek Islanders to identify any differences that could explain the low Coronary Heart Disease (CHD) mortality of Greek Australians.**Τάνια Θώδη (Διαιτολόγος)

τηλ: 9479 5812

Dr Κατερίνα Ιτσιοπούλου (Διαιτολόγος)

τηλ: 9479 6032

Dr Αντιγόνη Κουρή (Διαιτολόγος)

τηλ: 0408 551 702

Αγαπητά μέλη

Σας κάνουμε γνωστό ότι το Τμήμα Διαιτολογίας του Πανεπιστημίου Λατρόμπ μαζί με το Χαροκόπειο Πανεπιστήμιο Αθηνών σκοπεύουν να κάνουν μία έρευνα στην Αυστραλία που ονομάζεται, **MEDIS-(Mediterranean Islands Health and Nutrition Survey)**.

Η μελέτη MEDIS ξεκίνησε από κάποια νησιά της Ελλάδας, όπως την Κρήτη. Οι ερευνητές εξέτασαν την υγεία και την διατροφή των ηλικιωμένων Ελλήνων.

Στην έρευνα έχουν ήδη λάβει μέρος 1486 ηλικιωμένοι Έλληνες από 10 νησιά της Ελλάδας. Οι ερευνητές στην Ελλάδα επικοινωνήσαν με τις ερευνήτριες στην Αυστραλία, την Dr Κατερίνα Ιτσιοπούλου και την Dr Αντιγόνη Κουρή για να συνεχίσουν την

έρευνα με τους Έλληνες στην Αυστραλία που κατάγονται από νησί.

Η Dr Ιτσιοπούλου και η Dr Κουρή είναι γνωστές από έρευνες σχετικά με την Μεσογειακή διατροφή. Είναι γνωστοί διαιτολόγοι και καθηγήτριες στο Πανεπιστήμιο Λατρόμπ.

Επίσης, η κ. Τάνια Θώδη είναι διαιτολόγος και έχει αναλάβει την έρευνα MEDIS που αποτελεί μέρος της διδακτορική της μελέτης.

Χρειαζόμαστε άτομα Κρητικής καταγωγής που διαμένουν στην Αυστραλία, άντρες και γυναίκες άνω των 65 ετών χωρίς σοβαρές καρδιακές παθήσεις π.χ (heartattack), εγκεφαλικό (stroke), στηθάγχη (angina), ή καρκίνο, για να πάρουν μέρος στην έρευνα.

Ο σκοπός της έρευνας μας, είναι να μελετήσουμε και να διερευνήσουμε τους παράγοντες που επηρεάζουν την μακροζωία των ηλικιωμένων που γεννήθηκαν σε νησί και που έχουν μεταναστεύσει σε άλλες χώρες όπως π.χ. στην Αυστραλία.

Για να προχωρήσει η έρευνα MEDIS, χρειαζόμαστε τη γραπτή σας συγκατάθεση όταν θα έρθουμε στο σύλλογο για τα παρακάτω στοιχεία.

1. Να συμπληρώσετε ερωτήσεις σχετικά με τις διατροφικές συνήθειες, τη σωματική δραστηριότητα, τους κοινωνικούς και ψυχολογικούς παράγοντες.
2. Επίσης, θα σας μετρήσουμε το βάρος, το ύψος και την περιφέρεια της μέσης, του ισχίου και του λαιμού.
3. Τελικά, και πάλι μόνο με τη γραπτή συγκατάθεσή σας, θα θέλουμε να ζητήσουμε εμείς, οι ερευνητές από το γιατρό σας να μας στείλει (με ένα τηλέφωνο, ή fax) τα αποτελέσματα της πιο πρόσφατης εξέτασης του αίματος, που είχατε τους τελευταίους 6–12 μήνες, και για τα φάρμακα που παίρνετε προς το παρόν.

Με αυτά τα στοιχεία από το γιατρό σας θα μπορούμε να ελέξουμε την χοληστερόλη, την πίεση του αίματος και το ζαχαροδιαβήτη μαζί με τη διατροφή σας. ΔΕΝ θέλουμε τίποτε άλλο από το ιατρικό ιστορικό σας και ΔΕΝ χρειάζεται να δώσετε αίμα για εξέταση για αυτή την έρευνα.

Εάν ΔΕΝ θέλετε να επικοινωνήσουμε με τον γιατρό σας, μπορείτε ακόμα να πάρετε μέρος στην έρευνα MEDIS με συμπληρώνοντας τα ερωτηματολόγια και τα ανθρωπομετρικά στοιχεία όταν επισκεφθούμε το σύλλογό σας.

Όλα τα στοιχεία που μας προσφέρετε θα παραμείνουν ανώνυμα και εμπιστευτικά στο Πανεπιστήμιο Λατρόμπ, για 5 χρόνια και δεν θα δοθούν σε εξωτερικούς οργανισμούς. Στο τέλος της έρευνας θα δοθεί στο σύλλογο μια περιλιπτική ενημέρωση αλλά δεν θα αναφερθούν ονόματα ή προσωπικά στοιχεία.

Η συμμετοχή σας είναι εντελώς εθελοντική.

Επίσης, θα θέλαμε να ενθαρρύνουμε τα μέλη που ενδιαφέρονται, να μας προσφέρουν μια παραδοσιακή συνταγή δικιά τους, την οποία θα συμπεριλάβουμε σε βιβλίο μαγειρικής που θα προσφερθεί ως δώρο στους συμμετέχοντες.

Σας ευχαριστούμε πολύ για χρόνο σας.

Για περισσότερες πληροφορίες τηλεφωνήστε στην

Τάνια Θώδη 9479 5812.

Εάν κατά την διάρκεια της μελέτης έχετε κάποιες ή κάποιο παράπονο μπορείτε να επικοινωνήσετε με το Πανεπιστήμιο, The Secretary, Faculty Human Ethics Committee of Health Sciences, LaTrobe University, Victoria 3086, ph 0479 3583, email health@latrobe.edu.au.

The Mediterranean Islands Study: Comparing the dietary intake and Cardiovascular Disease (CVD) risk factors of Greek born islanders in Australia with Greek Islanders to identify any differences that could explain the low Coronary Heart Disease (CHD) mortality of Greek Australians.

Τάνια Θώδη (Διαιτολόγος) τηλ: 9479 5812
Dr Κατερίνα Ιτσιοπούλου (Διαιτολόγος) τηλ: 9479 6032
Dr Αντιγόνη Κουρή (Διαιτολόγος) τηλ: 0408 551 702

Συγκατάθεση συμμετοχής

Εγώ έχω διαβάσει την ανακοίνωση και μου έχουν εξηγήσει οι ερευνητές στα Ελληνικά το σκοπό, τη διαδικασία και τις απαιτήσεις της μελέτης. Συμφωνώ να λάβω μέρος εθελοντικά σε αυτό το ερευνητικό πρόγραμμα του Τμήματος Διαιτολογίας του Πανεπιστημίου La Trobe. Οι ερευνητές μου έχουν εξηγήσει την έρευνα και είχα την ευκαιρία να ρωτήσω για ότι τυχόν απορίες είχα. Έχω καταλάβει το σκοπό της έρευνας και μου έχουν εξηγήσει τα παρακάτω:

1. Θα πρέπει να συμπληρώσω δυο ερωτηματολόγια σχετικά με τον τρόπο ζωής και τους παράγοντες που επηρεάζουν τον τρόπο ζωής και διατροφής.
2. Επίσης, θα πάρουν ανθρωπομετρικά χαρακτηριστικά όπως το βάρος, την περιφέρεια της μέσης, του ισχίου και το λαιμού.
3. Δίνω τη συγκατάθεσή μου στους ερευνητές, αλλά και στο γιατρό μου να δημοσιεύσουν τις πληροφορίες σχετικά με την έρευνα. Δηλαδή, ο γιατρός μου να τους παραχωρήσει τα αποτελέσματα των εξετάσεων του αίματος και της αρτηριακής πίεσης επίσης, και τα φάρμακα που παίρνω τους τελευταίους 6–12 μήνες.
4. Καταλαβαίνω ότι εάν δεν θέλω οι ερευνητές να μιλήσουν με το γιατρό μου, μπορώ ακόμα να λάβω μέρος στην έρευνα για τη διατροφή.
5. Κατανοώ ότι οι ερευνητές ίσως να μου βγάλουν φωτογραφία που μπορεί να χρησιμοποιηθεί για την έκδοση βιβλίου Ελληνικής κουζίνας ή μαγειρικής.
6. Υπάρχει πιθανότητα τα αποτελέσματα να χρησιμοποιηθούν σε επιστημονικά άρθρα αλλά τα προσωπικά μου αποτελέσματα και στοιχεία δεν θα φανερωθούν.
Όλα τα στοιχεία μου θα μείνουν ανώνυμα και απόρρητα.
Τελικά, έχω το δικαίωμα να αποχωρήσω από όποιο σημείο της έρευνας, και απο εκεί και πέρα τα αποτελέσματα από τις εξετάσεις μου δε θα χρησιμοποιηθούν.

Συμφωνώ να με ενημερώσετε για μελλοντικές μελέτες (✓)

ΌνομαΥπογραφή

Ημερομηνία

Όνομα και υπογραφή ερευνητή: