

Table III(Suppl) - Omega-3 Fatty Acids Questionnaire.

First Name and Surname:	Sex*: M / F *underline the correct word	
Age(years):	Weight (kg):	Height (cm):
Contact number:		
Please answer the following question by marking an "X" next to the correct answer.	YES	NO
1. Have you been diagnosed with humoral immunodeficiency?		
2. Are you on a vegetarian or a vegan diet?		
3. Have you taken any dietary supplements <u>in the past month</u> ?		
3a. If yes, please write the name and dosage of the supplement:		
Please answer the following question by marking an "X" next to the correct answer.	YES	NO
4. Have you been diagnosed with <u>hyperlipidemia</u> ?		
5. Have you been diagnosed with <u>hypercholesterolemia</u> ?		
6. Have you been diagnosed with <u>hypertension</u> ?		
7. Have you been diagnosed with <u>diabetes melitus</u> ?		
8. Have you been diagnosed with <u>autoimmune diseases</u> ? (e.g., Hashimoto's disease, rheumatoid arthritis, psoriasis, celiac disease)		
9. Have you had a <u>heart attack</u> and/or been diagnosed with <u>coronary artery disease</u> ?		
10. Do you smoke cigarettes?		
10a. If yes, please indicate how many packets per day:		
Please answer the following question by marking an "X" next to the correct answer indicating the frequency of the product consumption.		
11. Do you take <u>omega-3 fatty acid supplements</u> and how often?	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
11a. If you consumer supplements containing omega-3 fatty acids, please write the names and dosages:		
12. How often do you consume <u>fish</u> ?	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
13. How often do you consume <u>fish oil</u> ?	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
13a. If you consume fish oil, please write the name of the supplement and dosage:		

14. How often do you consume <u>canola oil</u> ?	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
15. How often do you consume <u>linseed oil</u> ?	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
16. How often do you consume <u>olive oil</u> ?	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
17. If you consume <u>other types of oil</u> , please write the type and indicate the frequency of consumption:	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
18. How often do you consume <u>walnuts</u> ?	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
19. If you consume <u>other types of nuts</u> , please write the type and indicate the frequency of consumption:	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
20. How often do you consume <u>chia seeds</u> or <u>linseed</u> ?	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
21. If you consume <u>other types of seeds</u> , please write their type and indicate the frequency of consumption:	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	

22. How often do you consume <u>eggs</u> ?	Every day	
	Few times a week	
	Once a week	
	1-3 times a month	
	I do not consume	
23. Please specify how many infectious diseases have you had <u>in the past year</u> ?	0 (I have not been ill)	
	1-2	
	3-4	
	5-6	
	> 6	