

Appendix 1: Factors questionnaire (FQ)

1. Age
2. Gender
3. Level of education
4. The celiac disease is: a. bone disease, b. digestive tract disease, c. neurological disease, d. you don't know
5. Which is the treatment of celiac disease based on?
a. Medication, b. Diet only, c. Don't know
6. Which are the foods allowed in the treatment?

All or any food that does not cause diarrhea or foods WITHOUT TACC or gluten free or you don't know

7. How long have you been diagnosed with the celiac disease?
8. Do you consider that you comply correctly to the gluten free diet? YES or NO
9. Do you feel depressed, anxious or distressed? YES or NO
10. Do you think this influences your compliance with the gluten-free diet? YES or NO
11. Does your family support your compliance to GFD? YES or NO
12. Do you think that the wide variety of foods that contained gluten in social events could influence your ability to follow (comply) the gluten free diet? YES or NO
13. Do you have any situation or physical disability that prevents you from accessing or preparing gluten-free foods? YES or NO
14. Do you perceive as an obstacle to the GFD compliance, the lack of supply of gluten-free foods in usual places of consumption, supermarkets, warehouses, etc.? YES or NO
15. Is the cost of gluten-free food an obstacle to the diet compliance? YES or NO
16. Do you have symptoms (ex. diarrhea, pain, bloating) when you eat any type of gluten-free food? YES or NO
17. Do you think that the presence of symptoms, influence the compliance with the gluten-free diet? YES or NO
18. Do you have any information about the consequences of not following a gluten-free diet (eg sterility and bowel cancer in the long term)?
19. Do you take into account that information to improve your compliance to GFD?
20. Do you think that the professionals who attended you, provided you information that you could understand and apply?
21. Is it difficult for you to make gluten-free foods at home?
22. How often do you think you eat gluten (either voluntarily or involuntarily)?
once a year
a few times a year
once a month
more than once a month
once a week
several times a week
not comply the GF diet
23. How often do you consider that you eat foods with corn (polenta, cornstarch, premixes containing cornmeal, corn pop, corn flakes, white sauce, alfajor de maizena (Artisanal or industrial sweet consisting of two circular pieces of corn dough joined together by some creamy substance such as dulce de leche or white delicacy, chocolate or jam., cornstarch dessert, etc)?
Once a month
Once a week
Three or four times a week
Five or more times a week