

Appendix A

Table 1S: Covariance matrix (polychromic correlation) of iKetoCheck.

Question	1	2	3	4	5	6	7	8	9	10
q1	1.000									
q2	0.658	1.000								
q3	0.364	0.235	1.000							
q4	0.462	0.508	0.263	1.000						
q5	0.313	0.335	0.009	0.557	1.000					
q6	0.190	-0.012	0.256	0.098	0.129	1.000				
q7	0.608	0.479	0.182	0.249	0.514	0.096	1.000			
q8	0.196	0.232	0.664	0.358	0.219	0.359	0.128	1.000		
q9	0.316	0.238	0.282	0.296	0.461	0.111	0.515	0.362	1.000	
q10	0.180	0.172	0.321	0.073	0.227	0.227	0.255	0.473	0.216	1.000

Appendix B

Table 2S: iKetoCheck: Assessment tool of adherence to the ketogenic diet therapies

iKetoCheck - KETOGENIC THERAPIES ADHERENCE'S TOOL Below you will find 10 sentences. We ask you to indicate one of the options from 1 to 5, according to how often the above statements occur. These statements concern your experience regarding the management of Ketogenic Diet Therapy followed by your family member or by yourself.	
1. I shared with family members/acquaintances/school/work the characteristics of the diet and the need not to administer/take foods other than prescribed	1. I never do 2. I do it little 3. I do sometimes 4. I do this often 5. I always do it
2. I organized myself to prepare meals that allow you to follow the diet even outside the home	1. I never do 2. I do it little 3. I do sometimes 4. I do this often 5. I always do it
3. I measure the levels of ketosis according to the indications of my reference center	1. I never do 2. I do it little 3. I do sometimes 4. I do this often 5. I always do it
4. Weigh all foods according to the prescribed diet	1. I never do 2. I do it little 3. I do sometimes 4. I do this often 5. I always do it
5. I only eat foods allowed in the dietary prescription	1. I never do 2. I do it little 3. I do sometimes 4. I do this often 5. I always do it
6. All medicines and supplements used are replaced, where possible, with similar sugar-free products	1. I never do 2. I do it little 3. I do sometimes 4. I do this often 5. I always do it
7. I show up for all scheduled appointments with the nutrition team and neurologist/neuropsychiatrist	1. I never do 2. I do it little 3. I do sometimes 4. I do this often 5. I always do it
8. I fill out the monitoring form (for example Ketonemia diary) according to the instructions of the caregiver (doctor/dietitian/nutritionist)	1. I never do 2. I do it little 3. I do sometimes 4. I do this often 5. I always do it
9. I read the nutritional labels (carbohydrates, proteins and fats) on all packaged products and ask, when in doubt, to the nutritionist / dietitian if their use is permitted before consuming it	1. I never do 2. I do it little 3. I do sometimes 4. I do this often 5. I always do it
10. I cook at home and talk to the specialist to validate the new recipes that I find	1. I never do 2. I do it little 3. I do sometimes 4. I do this often 5. I always do it