

## Appendix



Shahid Beheshti University of Medical Sciences and Health Services

Faculty of Nutritional Sciences and Food Technology

### Participant demographic and anthropometric information

**Research Project:** *Comparison of the Effects of Vitamin D and N-Acetylcysteine Supplementation on the Expression of Cellular Senescence Genes and Inflammatory Factors in Older Adults with Vitamin D Deficiency: A Double-Blind Randomized Clinical Trial*

**Participant Code.....**

#### A. General Information

Age: .....; Gender.....; Education: .....; Employment Status: .....

Marital Status: .....

#### B. Anthropometric data

Weight: ..... kg;

Height: ..... cm;

Waist circumference: .....cm;

Body Mass Index: ..... Kg/m<sup>2</sup>

**C: Serum vitamin D:** ..... ng/ml

**D. Exposure to sunlight**

- How much time do you spend in sunlight each day, approximately?

No exposure to sunlight ☐      10 minutes to an hour ☐      1-2 hours ☐      More than 2 hours ☐

- What time of day do you typically expose yourself to sunlight? *(Please specify the time range)*

7-10 ☐      10-15 ☐      15-17 ☐

- What parts of your body are usually exposed to sunlight without covering? *(Check all that apply)*

"Face" ☐

"Hands from wrist to fingertips" ☐

"Hands from the arms to fingertips" ☐

"Legs" ☐

Other: .....

- Do you use sunscreen when exposed to sunlight? *(Yes/No)*

**E. Medical Conditions**

*(Please indicate if you suffer from any of the following conditions)*

- Chronic and acute inflammatory diseases ; .....
- Infectious diseases; .....
- Diabetes and thyroid disorders; .....
- Alzheimer's disease or dementia; .....
- Hypercalcemia ☐      Electrolyte imbalance ☐

- Renal dysfunction ☐ Hepatobiliary dysfunction ☐
- Gastric hemorrhage ☐ Arrhythmia ☐ Asthma ☐

## F. Medications (Use of Drugs)

*(Please indicate if you are currently taking any of the following medications)*

Anticonvulsants ☐ Anti-tuberculosis drugs ☐ Glucocorticoids ☐ HIV drugs ☐  
Hydrochlorothiazide ☐ Magnesium oxide ☐

Have you taken vitamin D, N-acetylcysteine, or antioxidant supplements in the last three months? ☐

Please list any other medications you are currently taking:.....

## G. Alcohol and smoking

Alcohol intake ☐ Smoking ☐