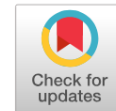


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ARTÍCULO DE INVESTIGACIÓN – INFORMACIÓN SUPLEMENTARIA

Nutrition Education Protocol for Artistic Roller Skating

Protocolo de educación nutricional destinado al patinaje artístico sobre ruedas

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Supplementary Material 1.

Informed consent template for participants

Mr./Ms.
with ID/NIF **Date of birth**
Residing at Street / Avenue / Square
City **Postal Code**
Country **Email**

Statement:

I give my consent after having received prior information both orally and in writing, presented objectively, truthfully, completely, and accessibly, to participate in the Nutritional Education Protocol aimed at Artistic Roller Skating.

I am aware that my participation in this protocol involves undergoing an anthropometric study, consisting of a series of standardized kinanthropometric measurements according to ISAK criteria, which are as follows:

- Basic measurements: body mass, height, sitting height, and arm span.
- Skinfolds: triceps, subscapular, biceps, iliac crest, supraespal, abdominal, thigh, and calf.
- Perimeters: relaxed arm, flexed and contracted arm, hips, and mid-thigh.
- Diameters: humerus, bi-styloid, and femur.

All of these are harmless and painless, and their purpose is to study my human body in order to understand the body composition of artistic roller skaters and how it affects sports performance, following the anthropometrist’s instructions.

I am also aware that I will be given three questionnaires to assess my eating habits and the possibility of exhibiting abnormal eating behaviors, as well as to observe the pressure I feel regarding my physical appearance.

Finally, I acknowledge that I will be required to attend six nutritional education sessions, where an educator will train me in the field of Nutrition and Dietetics.

I have been informed that the data obtained will be treated with the utmost confidentiality and scientific rigor, reserved for use in research work following the scientific method required in each case, in compliance with Organic Law 15/1999, of December 13, on the protection of personal data (LOPD), and the procedures used will respect the Declaration of Helsinki of 1975.

Place and Date:

Name and Signature of the skater:

Name and Signature of the parent, legal guardian, or responsible adult: (Only if the skater is under-18)



Supplementary Material 2.

Satisfaction survey for participants after each training session

Please answer the following questions regarding today's session by marking a number from 1 to 5, where 1 means "not at all" and 5 means "very much".

*Required

1. Did you find today's class useful?*

1 2 3 4 5

2. Did you like the format in which the class was delivered?*

1 2 3 4 5

3. Do you think the amount of information provided was appropriate? (Was too much information given at once or not?)*

1 2 3 4 5

4. Do you think the quality of the information provided was appropriate? (Was the information easy to understand, and was the language adapted accordingly?)*

1 2 3 4 5

5. Do you think you were able to understand and integrate the content delivered?*

1 2 3 4 5

6. Would you change anything about today's session?*

Thank you for your participation