Nut-16. Main results: specify if nutrient intakes are reported with or without the inclusion of dietary supplement intake, if applicable.

Example. “There was no overall association between intake of vitamin C and the risk of developing hypertension. Comparing individuals in NHS-I whose daily consumption of vitamin C was ≥1500 mg with those whose intake was <250 mg in the other 2 cohorts, the RRs (95% CIs) were 1.02 (0.91, 1.14) in NHS-II and 1.06 (0.97, 1.15) in the Health Professionals Follow-Up Study. In a secondary analysis, we excluded women and men who took supplemental vitamin C (including multivitamin users) and analyzed the association between dietary intake of vitamin C and incident hypertension. Comparing individuals whose daily dietary consumption of vitamin C was ≥ 250 mg with those who consumed <100 mg/d, the adjusted RRs (95% CIs) were 1.05 (0.97, 1.14) in NHS-I, 1.06 (0.92, 1.23) in NHS-II, and 0.99 (0.84, 1.17) in the Health Professionals Follow-Up Study”

Explanation. The total intake of nutrients could be underestimated if supplement use is not accounted for. It may be helpful to the reader if nutrient intakes are presented both including and excluding the contribution from supplements (see also Nut-8.1). However, depending on the study aim and the data available, it could be more suitable to present supplement use as a separate exposure, or as a covariate. Because both the chemical form and the dose of nutrients found in supplements often differ compared with nutrients found in foods, dietary supplements may have a different effect than food-derived nutrient exposure. In addition, when only less-detailed dietary supplement data are available (e.g., current, ever, or never use), it may not be possible to

combine dietary and supplement data. Where differential absorption of food and supplemental sources is relevant, additional care should be taken to describe the methods of data collection and analysis. Any assumptions made should also be stated.