

Multilingual Dietitian Website Voice & Style Guide

1. Brand Persona (Values-Driven Traits)

The brand persona embodies **scientific rigor, clarity, empathy, cultural sensitivity, and privacy**. Key traits include:

- **Evidence-Based & Professional** – Grounded in science and medical expertise. All advice is factual, accurate, and backed by research ¹ ². The tone remains authoritative yet approachable, instilling trust.
- **Clear & Transparent** – Communication is simple and straightforward. Complex nutritional science is broken down into plain language ³. We avoid jargon (or clearly explain it) and set realistic expectations (no miracle promises).
- **Empathetic & Supportive** – We speak with warmth and understanding, acknowledging each patient's challenges ³. The voice is compassionate and non-judgmental, creating a safe space for all backgrounds.
- **Culturally Sensitive & Inclusive** – Content is mindful of Belgium's cultural and linguistic diversity. We respect differences in food culture, language, and customs. The wording in each language (EN/FR/NL/DE) stays polite and respectful (e.g. formal "you" forms in FR/DE/NL). We uphold patient confidentiality and privacy in all communications.
- **Trustworthy & Confidential** – Emphasis on privacy and ethics. We convey that personal data and stories are handled with care. The persona is that of a **trusted health partner**, abiding by professional ethics and EU privacy standards.

2. Tone of Voice & Section-Specific Adaptations

Default Tone: Warm, reassuring, and professional. Imagine a friendly dietitian who is **encouraging** but also **credible**. The voice is positive and confidence-inspiring without ever being cold or overly formal. It balances **scientific authority with a caring bedside manner**.

- **Homepage:** Welcoming and inspiring. Use an uplifting tone that speaks directly to the visitor's hopes (e.g., "Achieve a healthier life with guidance you can trust"). Convey empathy ("we understand...") and confidence ("evidence-based plans") in equal measure. The hero message should highlight the unique value proposition – e.g., scientific yet compassionate care ⁴ – in a clear, concise way.
- **Services Pages:** Informative and motivating. For each service (IBS, Weight Loss, T2D, Cholesterol), maintain a **reassuring, expert** tone. Acknowledge the patient's concerns ("Struggling with IBS symptoms?") and then describe the service in an upbeat, hopeful manner ("Our specialized program can bring relief"). Tone can be slightly more educational here, showcasing expertise while remaining accessible. Adjust formality by language: e.g. French content still uses "vous" but can be warm ("nous vous accompagnons pas à pas...").
- **Blog Articles:** Educational, engaging, and approachable. Write as a knowledgeable friend who shares useful tips. Use a **conversational tone** (active voice, second person "you") to explain scientific topics clearly. Maintain the warm style – even when citing research, avoid a dry academic tone. Show empathy by addressing reader concerns in the content (e.g., "If you're

wondering how to meal-plan with diabetes, you're not alone. Let's explore..."). Keep sentences reader-friendly (aim for CEFR B2 level).

- **Booking Page/Process:** Extremely reassuring and action-oriented. Emphasize ease and safety: the tone should reduce any anxiety about booking. Use encouraging language ("Ready to take the first step? We make it simple and comfortable."). Reinforce that the **next steps are safe and easy** – no heavy commitment, just a friendly first consultation (this applies Dale Carnegie's idea of making the initial "yes" easy). The CTA microcopy should be clear ("Book Your Consultation") and echoed in all four languages with polite phrasing (EN "Book now", FR "Prenez rendez-vous", NL "Maak een afspraak", DE "Termin buchen").
- **Error Messages & System Notifications:** Neutral, polite, and gently reassuring. Even error states should reflect our warm voice. **Never blame the user** ⁵. For example, use a friendly apology or solution: "Oops – something went wrong on our end. Please try again in a moment." instead of technical or accusatory language. Keep the tone calm and helpful – **sound like a supportive partner, not a scolding teacher** ⁶. In French/German/Dutch, use polite constructions (e.g., "Veuillez réessayer" in FR). Possibly add a light empathetic touch ("sorry for the inconvenience") but do not overdo humor or exclamation marks in errors ⁷. The style is consistent across languages: courteous and solution-focused.

3. Phrasing Guidelines – Do's & Don'ts for Patient Communications

Use language that empowers and comforts patients. **Avoid any phrasing that could cause blame, fear, or false hope.** Below is a guide with preferred ("Do") phrasings and those to avoid ("Don't"):

- **Do use people-first, respectful language:** Refer to patients as people, not conditions. For example, say "**people with diabetes**" instead of "diabetics" ⁸ ⁹. This avoids labels and shows respect. Similarly, "a patient living with obesity" or "who has obesity" is preferable to "an obese patient." Use neutral descriptors like "excess weight" or "unhealthy weight" if needed ¹⁰.
- **Don't use stigmatizing labels or victimizing language:** Never use terms like "the obese," "sufferer," or emotive words like "stricken by" – such wording is discouraging and stigmatizing ¹¹. Also avoid judgmental adjectives (e.g., "lazy," "weak") or any implication that a patient is their condition. The focus should be on health as one aspect of the person's life, not their identity.
- **Do express empathy and understanding:** Phrase things in a way that normalizes the patient's experience and shows you care. E.g., "It's common to feel overwhelmed by IBS – we're here to help find solutions together." Use inclusive first-person plural ("we") to signal partnership. Phrases like "We understand this can be frustrating" or "Many people struggle with..., and it's not your fault" validate the patient's feelings ¹².
- **Don't blame or shame the patient: Never** imply the patient is at fault for their condition or not trying hard enough. Avoid sentences like "You just need more willpower" or "If you had followed the diet, you wouldn't be sick." Weight and health issues are complex and **not simply due to lack of effort** ¹³. The tone should be encouraging ("Let's try a different approach") rather than scolding. Even subtle blame in error messages or feedback (like "you entered it wrong") should be rephrased to focus on the issue, not the person ⁵.
- **Do focus on positive outcomes and what can be done:** Use empowering language that emphasizes improvement, manageable steps, and the patient's ability to succeed. For example, "You **can** lower your cholesterol with small daily changes – we'll show you how," or "Together, we'll work towards a healthier weight at your pace." Highlight benefits that matter to the patient ("more energy", "better digestion"), framing changes as opportunities that align with their needs (a Dale Carnegie approach).

- **Don't use fear-based or absolutist messaging:** Steer clear of scare tactics like “Eat this and you'll ruin your health” or over-generalizations like “never eat carbs again.” Do not exaggerate risks or outcomes – this can heighten anxiety and erode trust. We provide reassurance (“there are ways to enjoy foods you love in moderation”) rather than instilling fear. Avoid words like “catastrophic,” “dangerous” (unless clinically necessary and factual), and avoid **any promise of a cure** (forbidden by EU health claim laws ¹⁴).
- **Do use encouraging, inclusive phrasing:** Say “let's explore some options” instead of “you have to do this.” Invite the patient into a collaborative process. Use gentle suggestions (“How about we try...”) and affirmations (“You're making great progress”). Keep the tone optimistic about the future (“With support, you can manage your condition and feel better”). Positive reinforcement (praise for achievements) builds confidence, in line with Dale Carnegie's principle of honest appreciation.
- **Don't overpromise or give guarantees:** No “magic cure” claims, overly rosy guarantees, or definitive outcomes (“lose 5kg in one week, guaranteed!”). This not only violates trust but also runs afoul of EU regulations (Reg. 1924/2006 prohibits unfounded health claims) ¹⁵. Instead of “We will cure your diabetes,” say “We will help you manage your diabetes effectively.” Avoid words like “cure,” “heal,” “miracle,” or “100% success” – they are unrealistic and not compliant with regulations ¹⁴. Be hopeful but honest: use phrases like “can improve,” “aim to reduce,” “evidence suggests...,” and cite credible sources or guidelines for any health benefit mentioned.
- **Do keep tone motivational instead of critical:** If discussing lapses or challenges, use constructive phrasing. For example, rather than “You failed to stick to the meal plan,” say “It's okay – setbacks happen. Let's figure out what barriers came up and adjust the plan.” Emphasize problem-solving and learning (“What can we do differently moving forward?”). The patient should always feel supported, not judged.

Summary: Use *empathetic, person-first* language. Emphasize collaboration (“we”), possibilities, and evidence-based hope. **Avoid** blame, shame, fear, or unrealistic promises. Every phrase should make the reader feel respected, understood, and motivated to engage.

4. Writing Style Rules

Our writing style prioritizes **readability, inclusivity, and clarity** to reach a broad audience (targeting about a CEFR B2 / U.S. Grade 8–10 reading level). Key guidelines:

- **Sentence Length & Complexity:** Keep sentences and paragraphs short and digestible. Aim for ~15–20 words per sentence on average, and vary structure to avoid monotony. Favor simple sentence constructions and the active voice. This ensures content is easy to read for non-native English speakers and readers with varying health literacy. If a concept requires a longer explanation, break it into two sentences or use a list. *Example:* Instead of “Dietary interventions for dyslipidemia can significantly reduce cardiovascular risk by modulating lipid profiles, including lowering LDL and raising HDL, thereby improving outcomes,” break it into: “Eating habits can affect your cholesterol. For example, **cutting saturated fat** helps lower ‘bad’ LDL levels ¹⁶.” This improves Grade level readability.
- **Jargon and Technical Terms:** Use clinical terms sparingly and always explain them in plain language. We do not shy away from accurate terminology (especially to maintain scientific rigor), but we must immediately define or exemplify any term a layperson might not know. For instance, if we mention “low-FODMAP diet,” we add context: “(a special diet that temporarily cuts certain carbs to reduce IBS symptoms).” Acronyms are spelled out on first use: e.g., “**T2D (Type 2 Diabetes)**” or “**IBS (Irritable Bowel Syndrome)**.” Avoid unnecessary medical abbreviations or Latin terms – prefer “high blood sugar” over “hyperglycemia,” unless the latter is needed in

context (and if so, define it). The tone of explanations should be friendly: “We’ll explain everything in everyday terms.” This maintains **clarity** as a core persona value.

- **Inclusive, Person-First, Stigma-Free Language:** Follow recognized guidelines from obesity and health organizations to ensure respectful language. Use **person-first language** consistently (e.g., “patient with obesity” not “obese patient,” “child living with diabetes” not “diabetic child”) ⁸ ⁹. Steer clear of words that imply judgment or moral failure – for example, use “manage weight” instead of “fight obesity,” say “achieve a healthier weight” rather than “combat your fat.” Emphasize that weight and health are influenced by many factors beyond personal willpower ¹³. Also, avoid casual use of potentially stigmatizing descriptors like “junk food” or “cheat day” – opt for neutral terms like “less nutritious foods” or simply “treats.” We adopt **neutral, factual wording** over dramatic language ¹⁷: e.g., rather than “obesity epidemic is a plague,” write “obesity is a complex health issue” (and if needed, mention contributing factors to avoid oversimplifying). Always consider cultural sensitivity: for instance, be mindful of dietary examples (include diverse cuisines relevant to Belgian audiences) and avoid assumptions (like everyone eats pork or drinks alcohol – offer alternative examples). *In essence: make every reader feel seen and respected.*
- **References to Authoritative Sources:** When giving specific medical or nutritional guidance, we support it with credible sources. In the website copy, this may be done by citing the organization and guideline title in a brief way (since full academic citations might not suit web copy). For example: “According to **Monash University’s Low-FODMAP guidelines**, the elimination phase should only last a few weeks ¹⁸.” Or “Current **European cardiology guidelines** recommend limiting saturated fat intake to <10% for heart health ¹⁶.” Keep these attributions brief (organization + gist of source) so as not to disrupt flow, but include them to build trust (E-E-A-T: Expertise, Authority, Trustworthiness). Avoid citing obscure or non-authoritative references – stick to known institutions (ESC, ESPEN, EFSA, Obesity Action Coalition, etc.) or government health bodies. *Note:* In marketing copy like headlines or CTAs, we won’t cite sources, but in informative sections or blog content, it’s good to occasionally reference a trustworthy authority to bolster credibility.
- **Microcopy & UX Writing Standards:** All interface text (buttons, form labels, error messages, tooltips, etc.) should be **clear, concise, and user-friendly**:
- **Buttons/CTAs:** Use action-oriented verbs and speak from the user’s perspective. For example, instead of a generic “Submit,” use “**Book Appointment**” or “**Download Guide**” – this tells users exactly what will happen. Keep it short (1–3 words if possible). In multilingual context, ensure the CTA is translated appropriately with the same tone: EN “Book Now”, FR “**Prenez rendez-vous**”, NL “**Maak een afspraak**”, DE “**Termin buchen**”. All mean essentially the same (“Schedule an appointment”) with polite or infinitive form as appropriate. Avoid exclamation points or gimmicky language on buttons.
- **Form Labels/Placeholder Text:** Use common terms and avoid technical jargon. Label fields in the user’s language (e.g., “Email Address” in EN, “Adresse e-mail” in FR). If a specific format is needed, include an example or hint (e.g., a date format hint). Keep labels short (“First Name”, not a full sentence). Placeholder text should never be used as a sole label (for accessibility), but can give example inputs (“e.g. john.doe@example.com”).
- **Error Messages:** As noted, keep a **neutral, helpful tone**. Clearly state *what* went wrong and *how to fix it*, without blaming ¹⁹ ²⁰. For example: “We couldn’t find that page – it may have moved. Please check the URL or go to our homepage.” Or in a form: “Oops, that code isn’t valid. Please enter a 5-digit ZIP.” (Notice this avoids phrasing like “you entered an invalid code” – the focus is on the code, not “your mistake” ¹⁹.) Whenever possible, offer a solution or next step in the message. Be **concise** and avoid overly technical details (users don’t need an error code, they need to know what to do). Maintain consistency in style across languages (apologize briefly in each language, use polite form). For instance, German error might say “Entschuldigung, etwas ist schiefgelaufen...”; French: “Désolé, une erreur est survenue...” followed by what to do.

- **Confirmation/Success Messages:** Use positive, encouraging language to reinforce the action. E.g., after form submission: “Thank you! Your message has been sent. We’ll reply within 24 hours.” This tone aligns with our encouraging voice. Possibly add a brief next step (“In the meantime, feel free to browse our blog for tips.”). Translate similarly uplifting in other languages (FR: “Merci, votre message a bien été envoyé...”, etc.).
- **Navigation/Menu Text:** Keep it short and clear. Use familiar terms (e.g., “Services”, “Blog”, “About”, “Contact”). For multilingual sites, ensure menu items are in the correct language (don’t leave “Home” in English on the French site – use “Accueil”). Consistency is key for UX.
- **Tooltips/Explanatory Text:** If we use tooltips or micro-explanations (e.g., an “i” info icon explaining BMI), keep the text very concise and clear. One sentence is ideal. Maintain the same friendly tone (“BMI, or Body Mass Index, is a measure of weight relative to height – we use it to help set goals.”).
- **Tone in Microcopy:** Even in tiny snippets of text, maintain our voice. For example, on a newsletter signup: “Get nutrition tips in your inbox” (friendly, inviting) vs. “Submit your email” (robotic). In a cookie consent banner, prefer a neutral informative tone: “We use cookies to improve your experience. By continuing, you agree...” and provide an easy option to manage preferences.
- **Formatting and Structure:** Write with web **scannability** in mind – use headings, bullet points, and highlights so readers can quickly find info ²¹ ²² . Break up long text walls into smaller paragraphs (3-5 sentences max as a rule of thumb). Utilize **bulleted lists** or **numbered steps** for processes, dietary tips, etc., because lists are easier to scan. For instance, a blog post might list “5 Foods to Lower Cholesterol” in a bulleted or numbered format rather than burying them in a long paragraph. Important phrases or warnings can be **bolded** for emphasis, but use bold or italics sparingly and consistently (e.g., bold key benefits or important disclaimers). In multilingual context, ensure formatting is preserved across languages (if a word is bold in English, also bold it in the translated text at the corresponding place).
- **Voice Consistency Across Languages:** While translations will naturally differ, the core voice traits should persist. That means: friendly and professional phrasing, avoiding overly formal or convoluted constructions in any language. For example, French can sometimes become very formal; we want to keep it **polite but warm** (“nous vous accompagnons vers vos objectifs de santé, avec empathie et expertise” is both polite *and* warm). Similarly, German should remain courteous yet not stiff – contractions and everyday words can be used if appropriate (“wir begleiten Sie Schritt für Schritt” – polite Sie with a comforting tone). It’s helpful to have **native translators** or reviewers ensure that the tone feels right in each language (not too casual or too formal, based on cultural expectations).

By adhering to these style rules, we ensure the writing remains **accessible, engaging, and trustworthy** for a wide audience, without sacrificing the scientific accuracy and compassion that define the brand.

5. Applying Dale Carnegie Principles in Our Content

We integrate classic Dale Carnegie principles of effective communication to make our content more engaging and relationship-driven:

- **Show Genuine Interest & Empathy:** Our copy centers on the reader’s perspective at all times. We **lead with the patient’s concerns and needs** rather than talking first about ourselves. For example, a service page might start, “**Worried about managing IBS symptoms?** We understand how disruptive they can be. That’s why our approach is designed to bring you relief.” This aligns with Carnegie’s idea of being *genuinely interested in others* and showing empathy ²³ . We validate emotions (“We know it’s not easy to lose weight when you’re busy – and we’re here to help, not

judge”) and celebrate the patient’s perspective. In testimonials or success stories, we focus on the patient’s journey and achievements, showing that we truly care about each individual.

- **Frame Benefits Around the Reader’s Needs:** Always highlight *what’s in it for the patient*. Instead of just listing features of our service (“We offer personalized meal plans, weekly check-ins, etc.”), we translate each into a benefit that matters to them (“You’ll get a meal plan tailored to your lifestyle – so you can still enjoy your favorite foods while improving your health”). This employs Carnegie’s principle of **arousing an eager want** – speaking to what the person *wants* or values ²⁴. For example, rather than saying “Our diet program uses advanced body composition analysis,” we’d say “**See your progress:** we use body composition scans to show how you’re improving – not just a number on the scale.” The focus is on the **patient’s gains** (knowledge, confidence, health improvements), not just our tools. Always connect features to **real-life outcomes** (more energy, better mood, feeling in control, etc. from the patient’s viewpoint).
- **Use Social Proof & Testimonials Responsibly:** Incorporating success stories or testimonials can reassure readers (social proof) but we do so carefully. We feature **authentic, relatable testimonials** from patients (with their permission), preferably highlighting a variety of backgrounds (to resonate with our diverse audience). The tone of testimonials remains genuine and not exaggerated – e.g., “I lowered my cholesterol by 20 points and feel more energetic!” rather than “She changed my life completely!!!”. We avoid superlatives that sound like hype. When possible, we include specifics that add credibility (“lost 10kg over 6 months” or “no more IBS flare-ups during work meetings”), *without guaranteeing* that everyone will get the same results (perhaps including a subtle disclaimer like “Results may vary”). We also ensure privacy: if a patient prefers anonymity, we use a first name or initials only, and never share sensitive details. Testimonials are presented as encouragement (“others have succeeded, you can too”) and to build trust, not as one-size-fits-all promises.
- **Make Next Steps Feel Safe and Easy:** We reduce friction and fear in the user journey. Applying Carnegie’s idea of getting a “yes” early ²⁵, we design calls-to-action that are inviting and low-pressure. For instance, offering a **free 15-minute discovery call** or a gentle prompt like “Book your initial consultation – it’s a no-obligation chat to see how we can help.” Emphasize ease: “Scheduling is simple: just choose a slot online.” and reassurance: “If you’re not sure, that’s okay – we’ll guide you through it.” By framing the next step as easy and beneficial to *them* (not just something we want), users are more likely to engage. We also use microcopy to reassure at critical points – e.g., on a booking form, a note might say “*We’ll never share your information.*” or “*You can always reschedule if needed, we understand life happens.*” This makes the user feel safe in proceeding. The tone is friendly and confident: we *invite* rather than push.
- **Positive Tone and Encouragement:** Throughout the site, we apply Carnegie’s advice to *give sincere appreciation and praise improvements*. In practice, that means our content often uses positive reinforcement. For example, in a follow-up email or blog: “Remember to celebrate small wins – every step you take is progress!” We might highlight patient milestones (“Jane started walking 10 minutes a day and gradually increased to 30 – a fantastic achievement!”). By focusing on positive aspects, we keep the reader motivated. Even when addressing issues, we do so constructively (e.g., an article on “5 common weight loss obstacles” will immediately follow each obstacle with an encouraging solution or insight to overcome it).
- **Friendly, Human Voice (Carnegie’s People Skills):** We strive to write as if *speaking to a friend*. This includes using the reader’s **name** in personalized communications (if we have their name, e.g., newsletters or logged-in greetings – “Hi Marie, here are your new recipes for the week!”) because, as Carnegie noted, a person’s name is a powerful connection point. On the public website, we obviously can’t use personal names, but we can use a conversational tone with second-person “you” and occasional rhetorical questions to engage the reader’s mind (“Have you ever felt...? Many of us have.”). We also admit any errors or limitations quickly – for instance, if an appointment scheduling system fails, we apologize transparently (reflecting the principle “*if you’re wrong, admit it quickly*” – builds trust ²⁶).

- **Community and Belonging:** Another Carnegie-esque touch is making the audience feel part of a community or movement. Our tone sometimes includes inclusive phrases like “join our community of patients who have improved their lives,” or “we’re in this together.” We highlight that they are not alone in their journey – others have walked the path and we are walking alongside them. This fosters a sense of belonging and encouragement, which can be very motivating.

In summary, the style guide isn’t just about **what** we communicate but **how** – always with genuine care for the reader. We want every visitor to feel that we truly **care about their well-being**, understand their perspective, and have their best interests at heart. By following these principles, our content can educate and influence in a way that builds a positive, trusting relationship (just as Dale Carnegie would advise).

6. Evidence-Based Content & Regulatory Compliance

All content must align with current scientific evidence, professional guidelines, and European regulations. We commit to being **accurate, up-to-date, and compliant**:

- **Follow Monash University Low-FODMAP Guidelines (IBS):** For IBS-related content, we adhere to the Monash University protocol (the creators of the low-FODMAP diet). Emphasize that the low-FODMAP diet is a **short-term elimination diet followed by reintroductions** – not a permanent lifestyle ¹⁸. For example, on the IBS service page we might write, “We use the Low-FODMAP approach to identify your triggers, following Monash University’s proven 3-phase process (elimination, reintroduction, personalization) ¹⁸.” We also mention that this should be done under dietitian supervision for safety and nutritional adequacy. Any IBS tips or recipes we provide should be vetted against Monash’s latest food lists (to ensure we don’t mistakenly label a food low-FODMAP if it’s been updated, etc.). If referring to other IBS management strategies (stress, fiber, etc.), ensure they are supported by credible sources (e.g., **ACG** or **NICE** IBS guidelines). By aligning with Monash and citing them when appropriate, we reinforce authority in IBS care.
- **Align with EU/Belgian Dietary Guidance (Weight Loss, T2D, Cholesterol):** Content regarding weight management, diabetes (Type 2), and cholesterol should reflect recognized guidelines:
- **Weight Loss:** Emphasize safe, sustainable weight loss as recommended by major health bodies. For instance, note that a modest loss of 5-10% of body weight can significantly improve health markers (as per **ESC/EASO** or **WHO Europe** guidelines). Promote a balanced hypocaloric diet rather than extreme diets, echoing consensus that overweight individuals with T2D should aim for a caloric deficit for gradual weight reduction ²⁷. We can mention recommendations like “500 kcal/day deficit” or “0.5–1 kg per week” if sourced from European guidelines. Always underscore lifestyle (diet + activity) as first-line therapy (e.g., per **ESPEN** or **IDF Europe** recommendations). If discussing popular diet methods, we give an evidence-based take (e.g., “Intermittent fasting may help some, but what matters most is the calorie balance and nutritional quality ²⁷” – with a source).
- **Type 2 Diabetes (T2D):** We align advice with **EASD/ADA** consensus and **ESC** guidelines for diabetes prevention. That means recommending a diet rich in fiber (e.g., ~30g/day of fiber) and whole grains, controlled in carbohydrates with focus on low glycemic index foods ²⁸, and limited in refined sugars. We mention that **weight control** greatly aids glycemic control (supporting weight loss guidance above). For example: “Aim for less than 10% of calories from added sugars and focus on high-fiber carbs ¹⁶.” Also, advise balancing carbs with protein/fat for better blood sugar stability (as per diabetes nutrition guidelines). If we reference specific numbers (like an HbA1c target, or “<7% calories from saturated fat” for diabetics with high cholesterol ¹⁶), ensure these are in line with **ESC/EAS 2019** or **ADA 2023** guidelines. We can cite

something like: “European guidelines advise people with diabetes and high cholesterol to consume <7% of calories from saturated fat and to increase soluble fiber ¹⁶.” Always double-check such figures against primary sources.

- **Cholesterol/Heart Health:** Adhere to **ESC/EAS (European Society of Cardiology / Atherosclerosis Society)** guidelines for dyslipidemia management. Key points to include: eat a diet low in saturated fats and trans fats, and higher in unsaturated fats (olive oil, nuts, fish) ²⁹ ; include plenty of fruits, vegetables, and soluble fiber (e.g., oats, legumes) to help lower LDL ³⁰ . We should explicitly state things like “limit saturated fat (found in butter, fatty meat, etc.) – for example, the ESC recommends reducing saturated fats and replacing them with unsaturated fats to improve cholesterol ³¹ .” If we mention cholesterol numbers or risk categories, ensure they match the latest guidelines (e.g., LDL targets like <70 mg/dL for high-risk, though we might not delve that deep on a public site). Also mention other lifestyle measures from guidelines: **reduce added sugars and alcohol** to lower triglycerides ¹⁶ ; maintain healthy weight and regular exercise.
- **Hypertension (if covered) & Others:** If we discuss blood pressure in context of diet, align with **ESC hypertension guidelines** (e.g., salt intake <5g/day, DASH-style diet). But weight loss, diabetes, and cholesterol are primary, as per the prompt.
- **Belgian Context:** We can reference the Belgian **Superior Health Council dietary guidelines** for general healthy eating ³² ³³ – for example, their food-based recommendations (like “eat more plant foods, less red meat, etc.” similar to Flemish food triangle advice). Also, be aware of local eating habits – e.g., mention local foods (endive, whole-grain bread, etc.) as examples when giving advice to make it culturally relevant.
- **No Unsubstantiated Health Claims (EU Regulation 1924/2006):** We strictly avoid any nutrition or health claim that is not approved or that we cannot support with evidence. **Medicinal claims are prohibited** on a dietitian website – meaning we cannot say our advice “treats, cures, or prevents” a disease in the way a medicine would ¹⁴ . All wording around health outcomes must be carefully phrased to comply:
 - Use phrasing like “can help manage,” “may improve,” “support,” “contribute to normal function” (the latter is a language often seen in approved EU health claims) ³⁴ . For example, instead of “This diet will cure your IBS,” say “This diet can relieve IBS symptoms for many people.” Instead of “Our plan reverses diabetes,” say “Our plan can significantly improve blood sugar control.”
 - If discussing specific nutrients or products, only use approved EU health claims. For instance, if talking about omega-3 or fiber, we can say “EPA and DHA (Omega-3s) contribute to normal heart function” or “Beta-glucan fiber helps maintain normal cholesterol levels,” as those are authorized claims – but we *must not* exaggerate beyond the approved wording or imply disease cure.
 - Absolutely avoid words like “guarantee,” “magic,” “miracle cure,” “100% effective,” etc. These not only break trust but also could be legally problematic.
 - We will include a **disclaimer** on the site (especially in the footer or health-related pages) clarifying that dietary advice is not a substitute for medical treatment. For example: “*Disclaimer: Nutrition guidance provided on this site is for educational purposes and is not intended to replace professional medical advice or treatment. Individual results may vary.*” This helps set proper expectations and legal protection.
- **Use Authoritative Sources & Keep Them Current:** Ensure any statistical claims or “facts” are up-to-date (last 5 years ideally) and from trusted sources (WHO, CDC, European Commission, peer-reviewed studies, etc.). For instance, if we say “1 in 10 Belgians has type 2 diabetes,” we should have a recent source for that (Sciensano or IDF). We should periodically review content to update any outdated stats or recommendations (nutrition science can evolve, e.g., new ESC guidelines might come out in 2025 updating cholesterol targets). Content should mention the organization/source in text when appropriate (e.g., “According to the World Obesity Federation,

... ¹³ "). However, do this in a non-intrusive way – a brief mention or a tooltip with source is enough.

- **Respect Professional Boundaries:** As dietitians in Belgium, we must operate within our scope. That means:
- **No Medical Diagnoses:** We never claim to diagnose illnesses. If a patient has symptoms, we encourage them to see a doctor for diagnosis (e.g., "If you suspect you have diabetes or IBS and haven't been diagnosed, consult your physician. We can work with your medical diagnosis to tailor your nutrition plan."). In content, avoid phrasing that sounds like we are offering a medical diagnosis. For instance, on an IBS page, do not have a quiz that says "Find out if you have IBS!" Instead, maybe "Take our quiz: Is your gut trying to tell you something? (And learn how a dietitian can help.)" – focusing on raising awareness, not diagnosing.
- **No "Prescription" of Supplements/Medications:** We can recommend supplements *generically* if evidence supports (like vitamin D for deficiency, omega-3 for those not eating fish – with caveats), but we cannot prescribe or promise that supplements cure conditions. And any supplement mention must adhere to health claim rules (as supplements are considered foods under EU law for labeling). Always suggest talking to a healthcare provider before starting supplements, especially for T2D or others on medication (drug-nutrient interactions).
- **GDPR & Privacy:** Though not a health claim issue, compliance includes data protection. On forms that collect personal data (like booking or contact), we must have clear privacy notices ("We value your privacy. Your information will only be used to contact you about your appointment, per our [Privacy Policy]."). The style should reassure privacy as part of trust-building. Also, we do not share testimonials that reveal personal health info without consent.
- **EU Cultural & Regulatory Nuances:** Since the site is multilingual and based in Belgium, be aware of local regulatory nuances:
 - Health professions in Belgium often require displaying credentials. We should list the dietitian's **accreditations and INAMI/RIZIV number** on the site (likely in the footer or About page) to demonstrate legitimacy. E.g., "Jane Doe, RD – **INAMI 123456** (Belgium)" – this signals to Belgian visitors that she is officially recognized.
 - Use the correct professional title in each language (e.g., "Diététicienne agréée" in French, "Erkend diëtist" in Dutch, "Diplomierte Ernährungsberaterin" or similar in German if relevant).
 - If discussing insurance reimbursements or legal aspects, ensure accuracy with Belgian system (e.g., mentioning that some conditions like diabetes education by a dietitian might be partially reimbursed – if true, and then provide correct info).
 - Ensure that any mention of nutrition claims follows language rules in each language. For example, if quoting an approved health claim, it should be translated in a way that doesn't change its meaning (the EU register provides only English text; local language versions must be equivalent). We may mostly avoid these granular issues by sticking to general lifestyle phrasing.
- **Tone when citing evidence:** Maintain our warm voice even when introducing evidence. For example, rather than "A 2019 ESC guideline states that... ³⁵ ", we can say "*Guidelines from European cardiology experts recommend...*, which we follow in our practice." This way we're not breaking voice to drop in a formal citation; we're weaving it in as part of our trustworthy tone.

In short, every health-related statement on the site should be **truthful and responsible**. By adhering to recognized guidelines (Monash, ESC, ESPEN, EFSA, etc.) and regulatory rules (no unauthorized claims per EU 1924/2006), we ensure our content is both credible and legally compliant. When in doubt, we err on the side of caution with wording and seek out authoritative confirmation. This diligence ultimately builds trust with our audience – they know our advice is grounded in evidence, not fad or hype.

7. Multilingual Voice Adaptation Strategies

Our website will be presented in **English, French, Dutch, and German**, each with cultural tweaks while preserving the core voice. Here's how we adapt:

- **Consistent Brand Voice Across Languages:** No matter the language, the tone remains *warm, respectful, and professional*. We do **not** shift persona – e.g., becoming overly formal in German or overly casual in English. We ensure translators understand the persona: the dietitian “voice” is like a friendly professional speaking in their native tongue to a patient. We provide translators with this style guide so they replicate the empathetic and clear tone in each language.
- **Pronouns and Politeness Levels:**
 - **English (EN):** English doesn't have formal/informal pronouns, so we use a direct “you” in a friendly yet professional manner. We avoid slang or contractions that are too informal (“you’re” is fine, “gotta” is not). We balance conversational tone with professionalism (e.g., “we will” instead of “we’ll” in more formal sections might be slightly clearer for non-natives). Generally, English content is slightly more relaxed in tone than French/German, but still courteous.
 - **French (FR):** Use “**vous**” (formal you) consistently to address the user (since this is a professional healthcare context). French typically uses a polite tone in professional websites. However, we still infuse warmth: for instance, use phrases like “**N’hésitez pas** à nous poser des questions” (“Don’t hesitate to ask questions”) to sound inviting. We might use the inclusive “nous” (“ensemble, nous...”) to convey partnership. French can handle a bit more formality in phrasing; e.g., “**Veillez trouver nos conseils...**” or “Nous vous accompagnons pas à pas...” are polite, but we ensure it doesn’t become stuffy. Avoid overly stiff language; keep sentences moderately short, even if French tends toward longer sentences. Use polite connectors like *s’il vous plaît, merci de, bien* to soften instructions.
 - **Dutch (NL):** In Flanders/Belgium, it’s typical to use the formal “**u**” for addressing patients or clients (as opposed to informal “je/jij”). We will use “u” to maintain respect. However, we ensure the tone is still friendly: use verbs in present tense and active voice (Dutch can sometimes default to passive or impersonal; we prefer direct address like “We helpen u om uw doelen te bereiken” – “We help you reach your goals”). Include courteous phrases like “Aarzel niet om contact op te nemen” (Don’t hesitate to contact us). Dutch allows some warmth through diminutives or casual phrasing, but since we stick with “u,” we’ll keep it politely friendly. Also mind differences: In Dutch, exclamation points are used sparingly in professional text – we’ll avoid them as we do in other languages except possibly in a friendly “Welkom!” if ever used (though likely not needed).
 - **German (DE):** Use “**Sie**” (formal you) for all patient-facing content. German formal writing can sound stiff, so we must actively make it friendlier: use active voice and speak to the reader (“Wir unterstützen Sie dabei, Ihre Ernährungsziele zu erreichen” – “We support you in achieving your nutrition goals”). It’s okay to use contractions like “wir sind” vs. “wir sind” (German doesn’t have many contractions akin to English anyway). Use polite phrases such as “Gerne helfen wir Ihnen weiter” (“We are happy to help you further”) or “Zögern Sie nicht, uns zu kontaktieren.” Avoid overly bureaucratic tone – keep it human. German grammar can create very long sentences; we will break them up for readability, even if it means a more casual style than typical. For example, rather than a single sentence with multiple clauses, use two sentences.
 - **Politeness Summary:** All languages use the polite form of address and phrases appropriate to a healthcare setting. We aim for a “**friendly expert**” vibe in each: not talking down to the reader, but courteously guiding them.

- **Idioms and Cultural References:** We are cautious with idioms – something that sounds fine in English (“kick-start your health”) might not translate or might sound odd in French. We try to use more universal phrases. For instance, instead of an English idiom, use a straightforward phrase that a translator can easily render (e.g., “start your journey” → “commencez votre parcours” in FR, “begin uw traject” in NL, “starten Sie Ihre Reise” in DE – all understandable). We avoid sports metaphors, colloquialisms, or humor that might not cross language lines. If we do include a touch of humor or local flavor, we’ll adapt it to each culture. For example, an English joke about “waffles” might not work; but since Belgium is famous for waffles, perhaps a light reference could be tailored for each language with local flair (just an example – but carefully, as we avoid any potential cultural bias).

- **Tone Differences by Language:** Each language has its own *tonal norm*:
 - English web content often is more direct and concise. We might allow English to have shorter sentences and punchier calls to action. In contrast, French tends to be more descriptive; we might allow a slightly longer sentence if needed for elegance in French.
 - German users expect clarity and might appreciate detail, but we will still enforce brevity for readability.
 - Dutch is quite direct (like English) but since we use formal “u,” it will sound polite yet straightforward.
 - The **level of enthusiasm** might be dialed slightly differently: e.g., in English we might say “You’ve got this!” in an encouraging context, but in French we’d likely not translate literally (we might say “Vous pouvez y arriver !” but that exclamation might be fine in a blog motivational context). We ensure any motivational exclamation feels natural in that tongue. German readers might find excessive cheerfulness less credible, so we keep encouragement factual (“Sie schaffen das – mit unserer Unterstützung und Ihrem Willen, können Sie Ihre Gesundheit verbessern.” – still encouraging but grounded).

- **Key Message Translations:** To maintain consistency, we craft a set of core messages and translate them. Here are 5 key website messages with translations in EN, FR, NL, DE:

- **Hero Headline (Homepage main banner):**

- EN: “*Personalized, Medically-Backed Nutrition for Lasting Health*”
- FR: “**Une nutrition personnalisée et médicale pour une santé durable**”
- NL: “**Persoonlijke, wetenschappelijk onderbouwde voeding voor duurzame gezondheid**”
- DE: “**Individuelle, wissenschaftlich fundierte Ernährungsberatung für nachhaltige Gesundheit**”

(This headline encapsulates our UVP: individualized nutrition, backed by science, for long-term wellness. Each translation keeps the same meaning and positive tone.)

- **Primary Call-to-Action (button text):**

- EN: “**Book Your Consultation**”
- FR: “**Prenez rendez-vous**”
- NL: “**Maak een afspraak**”
- DE: “**Termin buchen**”

(All are imperative or infinitive forms appropriate to each language’s polite style. They are short and action-focused. In French, “Prenez rendez-vous” (literally “Take an appointment”) is commonly used for

"Book an appointment." In Dutch, "Maak een afspraak" ("Make an appointment") is standard. German "Termin buchen" ("Book appointment") is direct and commonly understood in a web context.)

• **Booking Page Blurb (short reassurance about first appointment):**

- EN: *"Schedule your first session easily online. No doctor's referral needed – just a friendly, no-pressure chat to understand your needs and goals."*
- FR: **"Planifiez votre première séance facilement en ligne. Pas de prescription nécessaire – juste un entretien convivial et sans pression pour comprendre vos besoins et objectifs."**
- NL: **"Boek uw eerste sessie eenvoudig online. Geen verwijfsbrief nodig – alleen een gemoedelijk kennismakingsgesprek zonder druk om uw behoeften en doelen te begrijpen."**
- DE: **"Buchen Sie Ihr erste Sitzung ganz bequem online. Keine Überweisung nötig – nur ein freundliches Erstgespräch ohne Druck, um Ihre Bedürfnisse und Ziele kennenzulernen."**

(Each translation maintains the warm, reassuring tone: "friendly/no-pressure chat" becomes "entretien convivial et sans pression" in FR, etc. We ensure the phrasing is polite (FR uses "votre"/"vos", NL uses "uw", DE uses formal "Sie/Ihr") and encouraging. This blurb sets expectations and reduces anxiety in all languages.)

• **Reassurance Line (e.g., a tagline about our approach):**

- EN: *"No fad diets, no judgment – just evidence-based guidance tailored to you."*
- FR: **"Aucun régime miracle, aucun jugement – uniquement des conseils scientifiques adaptés pour vous."**
- NL: **"Geen crashdiëten, geen veroordeling – alleen wetenschappelijk onderbouwde begeleiding op uw maat."**
- DE: **"Keine Wunderdiäten, keine Vorwürfe – nur evidenzbasierte Beratung, individuell für Sie."**

(This line emphasizes our supportive, non-judgmental approach. Each version uses culturally appropriate terms: e.g., FR "régime miracle" for fad/crash diets (common French term meaning "miracle diet"), NL "crashdiëten" (colloquial but understood, we could also say "streng diëten" formally), DE "Wunderdiäten" (literally "miracle diets") and "Vorwürfe" for blame. The tone remains firm but positive – focusing on what we offer (guidance) rather than scolding other methods.)

• **Footer Disclaimer (brief legal/ethical disclaimer):**

- EN: *"Information provided on this website is for educational purposes only and is not a substitute for medical advice. Always consult your physician for medical issues."*
- FR: **"Les informations fournies sur ce site sont à titre éducatif uniquement et ne remplacent pas un avis médical. Consultez toujours votre médecin pour tout problème de santé."**
- NL: **"De informatie op deze site is uitsluitend informatief en vervangt geen medisch advies. Raadpleeg altijd uw arts bij gezondheidsproblemen."**
- DE: **"Die auf dieser Website bereitgestellten Informationen dienen ausschließlich allgemeinen Zwecken und ersetzen keinen ärztlichen Rat. Konsultieren Sie bei gesundheitlichen Beschwerden stets einen Arzt."**

(Each translation conveys that the site is informational and not medical care. We use clear formal language. Notably in German, a common phrasing is “dienen ausschließlich allgemeinen Informationszwecken” for “for informational purposes only.” In French, “à titre éducatif uniquement” conveys the same. We explicitly instruct to consult a doctor in all versions. This maintains compliance and clarity.)

- **Multilingual SEO Considerations:** We will adapt keywords for each language (not a direct voice/tone issue but part of strategy). For instance, the English keyword “dietitian Brussels” corresponds to “diététicien Bruxelles” in French, “dietist Brussel” in Dutch, “Ernährungsberater Brüssel” in German. We’ll ensure the content uses native terms so that locals searching in their language find us. However, where the audience is expat (for English), we include English terms for Belgium contexts (“INAMI-registered dietitian”, etc., explained).
- **Consistency and Glossaries:** We create an internal glossary of preferred translations for key terms to keep usage consistent. For example, ensure “Low-FODMAP diet” is always translated the same way (in French maybe just keep “régime FODMAP” since it’s known, in Dutch possibly “FODMAP-arm dieet”), “registered dietitian” as “diététicien(ne) agréé(e)” in FR, etc. Consistent terminology helps maintain credibility.
- **Cultural Sensitivity & Examples:** In each language’s content, use examples or references that resonate. For instance, when mentioning foods, a French version might mention “fromage blanc” or “haricots verts” if relevant, whereas the English might say “Greek yogurt” or “green beans” – similar items but tailored to what the audience would think of. For Dutch audience, mention common local foods like “Volkoren brood” (whole grain bread) or “witloof” (endive) if talking veggies. German might reference “Quark” (curd cheese) or “Vollkornbrot.” Always ensure examples are inclusive (we might say “whether you enjoy couscous, potatoes or rice, we’ll find a balanced portion” – showing awareness of different staples). We **avoid anything that could alienate** a cultural group – e.g., avoid saying “cut out all your traditional foods” – instead, we frame advice in a way that **integrates with cultural diets** (“we’ll work with your cuisine preferences, be it Mediterranean, Asian, African... Belgian classics can fit into your plan too!”).
- **Formalities like Dates, Numbers, Units:** Adapt to local notation. E.g., use metric units (kg, cm) universally, since it’s Europe. If using decimal, French uses comma (1,5 kg) whereas English/Dutch use period (1.5 kg) – we ensure the correct format on each localized page. For dates, an English blog might say “September 5, 2025” vs French “5 septembre 2025” (day before month, no comma) vs German “5. September 2025” or numeric “05.09.2025”. Ensure such format consistency as part of style.
- **Proofreading by Natives:** Finally, we’ll have each language’s content reviewed by a native speaker (who also understands our tone goals) to ensure it reads naturally and the intended tone comes across. Small nuances (like polite subjunctive forms in German or avoiding false friends) are caught in this process.

By implementing these strategies, the site will feel authentic and caring in every language – truly localized, not just translated. Each audience in Belgium (be they English-speaking expats, Francophone Belgians, Dutch-speaking Flemings, or German-speaking minorities) will feel **addressed with respect and empathy in their own language**. This strengthens trust and accessibility across our multilingual user base.

8. Page-by-Page Copy Examples

Below are examples of how the voice and guidelines come together in actual website sections. These illustrate the intended style for each major page, demonstrating consistency in tone, use of evidence, and patient-centric phrasing.

Homepage – Hero Section

(Headline + Subheadline + Primary CTA)

Headline: *Personalized Nutrition, Backed by Science – For Your Health Journey*

Subheadline: *Empowering you to achieve lasting results through compassionate, evidence-based dietetic care. We specialize in **IBS, Weight Management, Diabetes, and Cholesterol** – blending modern technology with a human touch to guide you every step of the way ⁴. No fad diets, no false promises – just a **sustainable approach** that fits *your* life.*

CTA Button: **Book Your Consultation →**

Rationale: The headline is concise and motivating, capturing our USP (personalization + science). The subheadline elaborates with specifics (conditions treated, approach) in a warm tone. It uses empowering language (“your health journey,” “empowering you”) and underscores trust factors (compassionate, evidence-based) without overhyping. The no fad/no false promise line sets a reassuring expectation. We include key SEO terms naturally (IBS, Weight Management, etc., and implicitly targeting English-speaking audience with clear phrasing). The CTA is clear on what action to take. This sets the stage for the site’s voice: welcoming, credible, empathetic.

Homepage – About/Credibility Block (E-E-A-T Focus)

(Typically a section like “Why Choose Us” or “Meet the Dietitian” on the homepage)

Heading: *Why Trust Us with Your Nutrition?*

Content Block: *Our practice is led by Jane Doe, Registered Dietitian (INAMI 123456), a nutrition expert with medical science training and a passion for helping others. Jane combines 20+ years of experience with cutting-edge knowledge – she is Monash University Low-FODMAP Certified for IBS and stays updated with the latest research (ESC, ESPEN, etc.) to give you the best advice ¹. We believe in Expertise, Empathy, Authority, and Trust:*

- Expertise: University-qualified and licensed, Jane translates complex science into clear guidance ³.*
- Empathy: Having overcome her own health challenges (Type 2 diabetes), she understands the journey firsthand and listens without judgment.*
- Authority: Hundreds of patients have succeeded here – see our ★★★★★ reviews and success stories. We’re also recognized by the Belgian Association of Dietitians.*
- Trust: Your privacy is sacred; we follow GDPR and professional ethics. You’ll always receive honest, evidence-backed recommendations (no sponsored fads or product sales).*

Rationale: This block builds credibility (E-E-A-T) by highlighting the dietitian’s credentials (registration number, certifications, experience) and personal touch. It’s written in a confident yet humble tone. The use of bullet points with bolded values (Expertise, Empathy...) makes it scannable ²² and reinforces those qualities. We included a subtle reference to following research (naming ESC, ESPEN shows we are evidence-based, without going into detail) and Monash certification for IBS which is a big trust signal for that niche. Mentioning her own diabetes experience adds an emotional connection (showing empathy and experience). We assure privacy and honesty, aligning with values like privacy and scientific rigor. The tone remains positive and inviting, not boastful – it’s about reassuring the patient that they’re in good hands.

Services Page – IBS (Irritable Bowel Syndrome) Service

(Two short copy blocks: one highlighting patient pain points & our solution, another on approach details)

Block 1 (Patient-Centric Intro): *Frequent bloating, unpredictable digestion, worrying about every meal – living with IBS can be overwhelming. You're not alone, and it's not "in your head." Our IBS Nutrition Program is here to help you find relief and food freedom. We start by listening to your story and then use a proven scientific approach to calm your gut.*

Block 2 (Our Approach Details): *Our dietitian will guide you through the Low-FODMAP diet – a short-term elimination plan to identify trigger foods ¹⁸. As a Monash-trained expert, she ensures you do this safely and effectively. After just a few weeks, we'll begin reintroducing foods systematically to broaden your diet again ³⁶. You'll learn which foods are your friends and which ones cause flare-ups. Throughout, we focus on balanced nutrition (so you're not cutting important nutrients) and integrate stress management tips, since IBS is affected by lifestyle. The goal: fewer symptoms, more confidence, and a happier gut – all without unnecessary restrictions.*

Rationale: The IBS service copy first validates the patient's experience (bloating, anxiety around food) and explicitly says they're not alone or imagining it – this shows empathy. It outlines that we have a solution and immediately frames it as supportive. The second block explains what we do (low-FODMAP) in simple terms, highlighting that it's short-term and guided (to counteract fear of an overly restrictive diet) ¹⁸. We mention reintroduction and broadening diet – very important to align with Monash best practices and not scare the reader into thinking they'll never eat normal foods ³⁶. We also mention balanced nutrition and lifestyle (holistic view, not just elimination). The tone is reassuring and educational. We drop the Monash credential to boost credibility. Words like "proven scientific approach" appeal to those valuing rigor, balanced by "food freedom" appealing to emotional needs. We avoid technical jargon beyond "Low-FODMAP," which we explain as an approach. We promise symptom relief and confidence, but carefully ("goal: fewer symptoms" not "we guarantee a cure").

Services Page – Weight Loss Service

Block 1 (Empathy & Motivation): *Tried every diet and still struggling? You're not failing – the diets are. Our Weight Management program takes a different path: no starvation, no guilt-trips. Instead, we focus on sustainable changes that fit your life. We'll help you lose weight in a healthy way and keep it off – while still enjoying food.*

Block 2 (Approach & Evidence): *Our approach is rooted in behavioral science and nutrition research. First, we get to know your routine, culture, and food preferences. Then we co-create a plan: balanced meals (yes, carbs included!), appropriate portions, and enjoyable physical activity. We set realistic goals (5–10% weight loss to start, as studies show that yields big health benefits) ²⁷. Each week, we track progress – not just kilograms, but energy levels, mood, and measurements – to celebrate wins beyond the scale. You'll also gain habits and tips for long-term success: from mindful eating strategies to handling cravings. No blame if there's a setback; we adjust and keep moving forward together. Results: Many of our clients report feeling lighter, more energetic, and more in control of their eating within weeks, and typically lose ~0.5-1 kg per week in the first few months (a safe, sustainable pace).*

Rationale: The weight loss copy addresses the emotional aspect ("tried every diet... you're not failing") – removing self-blame (which aligns with our no shame philosophy ¹²). It sets us apart from fad diets and promises no guilt. The second block explains how our approach works, emphasizing personalization and sustainability. We mention "carbs included" to bust the myth that we cut everything – which many readers will find refreshing. Including a statistic (5–10% weight loss for health benefit) with a source ²⁷ shows we're evidence-based. We also mention tracking other improvements (non-weight victories) to show empathy and a holistic view. Tone is motivating and supportive ("celebrate wins," "no blame if setback"). The last line gives a tangible outcome but framed carefully: "typically lose ~0.5-1 kg/week" is factual and moderate, not a wild promise, indicating a realistic pace (and implicitly

referencing guidelines for safe weight loss). The word “Results:” introduces social proof from clients in a subtle way (without sounding like an infomercial). Overall, it’s encouraging, realistic, and confidence-building.

Services Page – Type 2 Diabetes Service

Block 1 (Problem & Assurance): *Managing Type 2 Diabetes isn’t just about cutting sugar – it’s about understanding your whole diet and lifestyle. It can feel daunting when you’re first diagnosed or when blood sugars swing. But with the right guidance, you can take control of your diabetes and even improve your numbers significantly. Our Diabetes Nutrition service gives you structured, caring support to help stabilize your blood sugar, boost your energy, and protect your health.*

Block 2 (Approach & Trust): *We follow recognized diabetes nutrition guidelines (from organizations like the ADA and EASD). That means we promote a balanced plate: high-fiber carbohydrates (whole grains, legumes, veggies) ²⁸, lean proteins, and healthy fats – all helping to keep blood glucose steady. We educate you on carb counting and smarter sugar swaps (yes, you can still enjoy the occasional dessert, and we’ll show you how!). If you’re on insulin or medications, we coordinate advice with your doctor’s plan. We also tackle other facets: for example, tips to lower cholesterol through diet (many with T2D have this issue – we address it by limiting saturated fats ¹⁶ and adding soluble fiber). You’ll receive meal plans, recipes, and weekly check-ins to keep you confident. Over time, many clients see improved HbA1c levels, weight loss if needed, and learn skills to manage diabetes for the long haul, not just a quick fix.*

Rationale: The diabetes content assures the patient that it’s manageable and not just “no sugar forever.” We use empowering language (“take control”) and promise improvement but not a cure. It references evidence (ADA/EASD guidelines) to assure scientific basis, and even explains the rationale (balanced plate, fiber, etc.) ²⁸. Mentioning carb counting and that treats can fit in shows empathy (we’re not the food police). We also bring in the common comorbidity (cholesterol) and drop a specific evidence-backed tip (limit sat fats, add fiber) with source ¹⁶ to show authority. The content ensures the patient we personalize in context of meds and doctor’s plan (collaborative care). Tone remains optimistic (“improved HbA1c levels... for the long haul”). We avoid heavy medical jargon; any term like HbA1c or carb counting is commonly used or self-explanatory to those with diabetes, but we could say “average 3-month sugar level (HbA1c)” if needed for clarity. The structure addresses both the immediate (stabilize blood sugar) and long term (health protection), aligning with not overpromising reversal, but implying improvement and skill-building.

Services Page – High Cholesterol Service

Block 1 (Relatable Intro): *Has your doctor told you your cholesterol is high? It’s common to feel worried – heart health is important! The good news: with targeted nutrition changes, you can lower your cholesterol and improve your heart health significantly. Our Cholesterol Management nutrition service will show you how to eat smarter for your heart without feeling like you’re on a “diet.”*

Block 2 (Our Plan & Facts): *We’ll design a heart-healthy eating plan tailored to you. Following European Cardiology guidelines, we emphasize:*

- Less “bad” fats: *We help you cut down on saturated fats (like butter, fatty meats) and eliminate trans fats, because these raise LDL (“bad”) cholesterol ²⁹. Instead, you’ll use heart-healthy fats – think extra-virgin olive oil, avocado, nuts – which can lower LDL ³⁷.*
- More fiber: *We add cholesterol-lowering soluble fibers (oats, beans, fruits) to your diet, which help flush out excess cholesterol ¹⁶. Plus, plenty of vegetables and whole grains (good for weight and heart).*
- Smart protein choices: *Lean proteins like fish (rich in omega-3s), poultry, or plant proteins. If you enjoy red meat or cheese, we’ll show how to have them in moderation.*

- *Lifestyle tweaks: We'll talk about moving more in ways you enjoy, and other tips (like quitting smoking if applicable) that boost your cholesterol improvements – aligning with medical advice from your doctor.*

With our guidance, many clients see their LDL cholesterol drop by 10-30% through diet and weight management alone (results vary). More importantly, they feel empowered – understanding what to eat for a healthy heart, for life.

Rationale: The cholesterol text starts by acknowledging the common scenario (doctor said you have high cholesterol) and the emotional response (worry), then immediately offers hope. It's straightforward and not overly technical. The second block uses a bullet-point format to clearly outline what changes we'll make, mapping to known guidelines (reduce sat/trans fats, increase fiber, good fats) ³⁰ ¹⁶. This chunked format is reader-friendly and emphasizes key points (and naturally includes SEO terms like cholesterol, LDL, etc.). Each bullet is phrased in a positive/helpful way (what we do, and sometimes why). We avoid just saying "no this, no that" without replacement ("instead, use olive oil" etc. keeps it positive). The lifestyle mention shows we're holistic but also that we align with medical advice. We end with a gentle success note including a statistic (10-30% LDL drop) to give concrete hope, but with a "results vary" caveat to not overpromise. The overall tone is encouraging ("you can do this, and it's not a miserable diet"). We've also kept the friendly tone by saying things like "if you enjoy cheese, we'll show moderation" – acknowledging pleasure in eating. This respects cultural context too (Belgium loves cheese and butter; we guide moderation not elimination).

Booking Page – “What to Expect” Reassurance Block

(On the booking or appointment info page, to reduce anxiety about the consultation)

Heading: *Your First Consultation: What to Expect*

Content: *Walking into a nutrition consultation might feel intimidating – but rest assured, you're in a welcoming space. Here's how the first session goes: It's a relaxed conversation 🗨️. We'll discuss your health goals, current eating habits, and any concerns or questions you have. There's no judgment – we're not here to scold your food choices or your weight, but to understand and help ¹². We might do a quick body composition analysis (to get baseline numbers like muscle and fat percentage), but no unpleasant surprises – no needles, no lectures. Together, we'll outline a few initial steps tailored to you. You'll walk out with practical tips* to start, and hopefully feeling motivated and heard.*

After your consultation: within 24 hours, we'll send you a personalized summary plan and any resources promised (like that easy recipe or guide we talked about). And remember, our support continues – feel free to message us on the app if questions arise. We're with you on this journey, from Day 1.*

Rationale: This block directly addresses potential anxieties. It sets a friendly, casual tone ("relaxed conversation" and even an emoji to visually emphasize casual vibe – use emoji sparingly and only if it matches brand style; here it might make it more approachable). It explicitly states no judgment and no scolding ¹², which many fear with dietitians. It explains the process clearly (transparency to build trust). The mention of no needles, no lectures attempts a little light reassurance (since some might fear medical tests or being told off). It outlines positive outcomes (walk out with tips, feel heard). The second part assures follow-up and easy communication (showing empathy and commitment, aligning with that 24/7 support value we have ³⁸). The tone uses "you" and "we" a lot, making it personal and inclusive. It remains professional (it's clear what happens and that we provide a plan). This copy would significantly alleviate fear of the unknown and encourage booking.

Footer Elements (Privacy & Registration)

In the website footer (common to all pages), we maintain a concise, clear microcopy style: - **Privacy Policy Link:** “**Privacy Policy**” – Clicking opens a page outlining GDPR-compliant details. We don’t add flowery text here; keep it simple. But near it, we might include a one-liner reassurance: “Your data is kept confidential.” (Maybe as title text or on the privacy page itself). - **Professional Registration:** “**Jane Doe, RD – INAMI/RIZIV: 123456 – KBO: 7891011**” – This line asserts professional credibility. “RD” is the English, but on French version it would say “Dietéticienne – Numéro INAMI:...”, Dutch “Diëtist – RIZIV:...”. We ensure each language version localizes the title appropriately. This gives legal compliance and also trust (the user sees the practitioner is legitimate). - **Contact Info:** We list clinic address, phone, email in a straightforward manner. E.g., “123 Wellness Ave, 1050 Ixelles, Brussels | **Tel:** 0123-456.789 | **Email:** info@dietsite.be”. Possibly add clinic hours. This isn’t creative text, but ensure it’s in the right language format (e.g., “Tél” in French, etc.). - **Misc Links:** If there’s a link to “Terms of Service” or regulatory mentions (“Site conforms to EU Regulation on health claims” – though not usually stated, we might include a subtle note if required), we present them unemotionally. The style guide mainly ensures even these formal parts are clear and not overly legalistic for no reason. - **Language Switcher:** If present, labeled simply (e.g., “FR | NL | EN | DE” or a dropdown with language names in their own language). Make sure the language names are in their own language (not “German” on the German site – it should say “Deutsch”). This is more UX, but worth noting.

The footer should be unobtrusive, so we don’t add marketing fluff here. But every word in it should still reflect clarity and trust. For instance, if we include a tagline in the footer, it could be something like “Empowering Health Through Nutrition” – short and positive. But we may choose to keep it minimal.

These examples illustrate not only the *words* we use but how the **voice, style, and guidelines** come together in practice. Each piece is patient-focused, easy to understand, empathetic in tone, and backed by knowledge or authority signals. They serve as a model for writing new content throughout the site.

9. SEO and UX Copywriting Tips

To ensure our content is discoverable and user-friendly, we integrate SEO best practices organically and adhere to UX writing principles:

- **Natural Keyword Integration:** We have a list of high-impact keywords for English (e.g., “dietitian Brussels”, “nutritionist for IBS Brussels”, “weight loss dietitian Belgium”, etc.) and their equivalents in FR/NL/DE. We weave these into copy **where relevant** so that it reads naturally and helps search engines. For instance, on the homepage we might say “Looking for an *English-speaking dietitian in Brussels*? You’re in the right place.” – this covers the “English-speaking dietitian Brussels” keyword in a user-facing way. We also combine terms for stronger specificity: e.g., “*Registered dietitian in Brussels specializing in weight loss and diabetes*” hits multiple keywords in one phrase ³⁹. **Do:** incorporate location names (Brussels, Ixelles, etc.) where appropriate, especially on contact pages or service pages (“Serving Brussels and surrounding areas, including Ixelles and Uccle”). **Don’t:** stuff keywords unnaturally or repeat them too often. Our rule is if a human reader finds it repetitive or odd, it’s overdone. Use synonyms to avoid repetition: e.g., alternate “dietitian” with “nutritionist” occasionally since English speakers use both ³⁹. This also casts a wider net for SEO without keyword stuffing. In French/Dutch, similarly use both “diététicien(ne)” and “nutritionniste” (FR) if that’s common, or “diëtist” and “voedingsdeskundige” (though diëtist is primary in Dutch).

- **Localized SEO:** Include keywords that locals use. Our research shows people often search “[dietitian] + [commune]” in Brussels ⁴⁰. So we might have a page or section listing areas: “We are conveniently located in Ixelles (Elsene) – easily accessible for those in Uccle, Etterbeek, and other Brussels communes.” This way, the site can rank for those geo-queries without awkwardly listing place names out of context. Similarly, mention languages: “Dietitian who speaks English” – we can include a Q&A on the site: “**Do you offer services in English?** – Yes, consultations can be in English, French, Dutch or German. We often see expats looking for an English-speaking dietitian in Brussels ⁴¹.” This addresses a key search phrase directly in content.
- **Headings and Structure for Scanning:** Use a clear heading hierarchy (H1 for main title, H2 for section titles, H3 for sub-points, etc.). Every page should have one H1 (e.g., the page title). Break content with descriptive H2s that include keywords when possible (but only if it makes sense). For example, on a blog post about cholesterol, an H2 might be “How Diet Affects Cholesterol Levels” – clear and likely to contain what people search (diet + cholesterol). Use H3s for subsections like “Saturated vs Unsaturated Fats” etc. This not only improves SEO (search engines pick up headings) but also helps readers navigate (layer-cake pattern of scanning headings ⁴²). Lists (bullet or numbered) are great for featured snippets and readability – we use them for steps, tips, etc., as shown in our examples. Ensure each page has a logical flow and isn’t just a wall of text. Employ **UX writing conventions** like front-loading important info in a paragraph (users may only read the first line or two).
- **Meta Tags and Descriptions:** While not visible copy, they are part of our content strategy. We should write meta descriptions ~150-160 characters that summarize each page in a compelling, human way (with a keyword included). For example: “**Multilingual dietitian in Brussels** offering personalized nutrition for weight loss, IBS, diabetes, and more. Science-backed, compassionate guidance to improve your health.” This could be a homepage meta description hitting “multilingual dietitian Brussels” and key services. Keep tone active and inviting even in these snippets (it might be what users see on Google results).
- **Use of Alt Text for Images:** All images will have descriptive alt text for accessibility and SEO. Alt text should describe the content and purpose of the image in context. E.g., if we have a photo of a happy patient cooking with the dietitian, alt could be “Dietitian guiding a patient in cooking a healthy meal.” That is informative and uses a keyword (“dietitian”) in a relevant way. Avoid alt text like “image1.jpg” or overly terse ones. Also ensure alt text is different from surrounding captions (no redundancy). This helps visually impaired users and also gives search engines context.
- **Mobile-Friendly Copy:** Many users will be on mobile. We write in shorter paragraphs and use subheadings so that on a small screen, it’s not overwhelming. Also we avoid very long words or complex sentences that could break awkwardly. When listing things in text, consider line breaks for mobile. We can also use accordions or expandable sections for FAQs to make mobile navigation easier – if so, ensure the snippet visible is enticing (e.g., “What can I eat on a low-FODMAP diet? [+]” as a question).
- **Linking and CTAs in Text:** Use clear, descriptive link text for hyperlinks. Instead of “click here for tips,” say “**read our 5 tips for healthy lunches.**” This is better for SEO (anchor text with keywords) and accessibility (screen readers). Internally, link relevant pages (e.g., a blog post about IBS could link to the IBS service page: “Our **IBS nutrition program** is detailed here.”). This helps SEO via internal linking and helps users discover relevant info. For CTAs in text (like at the end of a page inviting to book), keep the language action-oriented and reassuring: “**Ready to start? Book your first session online now**” – and hyperlink that to booking.
- **Voice & SEO Balance:** We ensure that inserting keywords or structuring for SEO does *not* break our friendly voice. We always prioritize a human, conversational tone; then find a way to incorporate keywords seamlessly. For example, a raw keyword list might be “best dietitian Brussels English” – unnatural to just shove in. Instead, write “Our clinic is led by one of the best-reviewed dietitians in Brussels, and we’re happy to serve you in English (or French/Dutch/German) as needed.” This hits “best...dietitians in Brussels” and “serve you in English” elegantly.

No keyword stuffing: we will not, for instance, list all communes like a spammy footer (bad UX). If needed, we can have a dedicated page or section “Areas we serve” and present it as helpful info.

- **Accessibility in Copy:** Beyond alt text, ensure our copy itself is accessible:
- Use inclusive language (as discussed) to not alienate. Also avoid metaphors that don’t translate or might confuse (for example, color-based references – instead of “good foods vs bad foods” sometimes people color-code green/red; we should label them clearly because color alone isn’t accessible).
- Use adequate color contrast in text (mostly a design issue, but if we ever include text in images or infographics, we must ensure contrast).
- Write link text that makes sense out of context (screen reader users sometimes tab through links only). So instead of “Click here to learn about our services,” make the link text “Learn about our **Nutrition Services.**”
- Provide transcripts or summaries for any multimedia (if we had a video introduction, ensure a text summary is available).
- Keep language straightforward to help those with cognitive disabilities or who are not native speakers. Our grade 8–10 target and short sentences help here.
- **Scannability and Emphasis:** Use formatting to aid quick reading: **bold key phrases** (but sparingly, maybe in long paragraphs to highlight the main point). Use *italics* if drawing attention in a softer way (like a short aside or clarifying definition). But do not overuse either – too much bold defeats the purpose and can look like shouting. Also, ensure not to rely on color or styling alone to convey meaning (e.g., don’t say “high values in red, low in green” without labeling, as color-blind or screen reader users will miss that).
- **SEO for Other Languages:** We will do keyword research for FR/NL/DE separately – not just translate English keywords. For example, French might have people searching “nutritionniste Bruxelles perte de poids”, Dutch “dieetadvies diabetes Brussel”, etc. We’ll incorporate those naturally in the French, Dutch, German content. The same principles of natural use apply. We’ll also use hreflang tags in the site code so search engines know which language/audience a page is for (SEO technical detail).
- **Blog Content SEO:** For blog posts, pick topics that match user questions (e.g., “What is a low-FODMAP diet?” or “How to lower cholesterol naturally”). Use those questions as titles or within headings. For instance, an H2 could literally be a question a user might Google (“How can I reduce bloating with diet?”) and the paragraph answers it – this can earn featured snippets. Also, incorporate long-tail keywords (more specific queries) as these often indicate a serious reader (e.g., “English-speaking dietitian who does low-FODMAP in Brussels” – which we might capture if our IBS page mentions “English-speaking” somewhere).
- **Tone in SEO content:** Even though SEO might tempt us to be stiff (“Weight loss dietitian Brussels English”), we always rewrite it to fit our tone (“Need help with weight loss in Brussels from an English-speaking dietitian? We’re here for you.”). This way, the keywords are present but the content still reads like a caring human wrote it.

By following these SEO and UX copy guidelines, our content will rank well **without** compromising quality or voice. Users will find what they need easily (thanks to clear structure and language), and search engines will recognize the relevance of our site to common queries in our domain. The end result: more visitors who quickly get a sense of our friendly, professional approach – and a smooth, accessible reading experience that converts them into happy patients.

Quick Reference Checklist

- **Brand Persona & Voice:** Evidence-based, Clear, Empathetic, Culturally Sensitive, Privacy-conscious. *Tone is warm, reassuring, yet professional in all languages.* Voice traits: Authoritative **but** approachable ², compassionate and non-judgmental.
- **Default Tone:** Friendly “expert next door.” Avoid jargon; explain in plain terms. Always respect the reader’s dignity (people-first language). Speak **to** the reader (“you”) and include ourselves as partners (“we”).
- **Do :**
 - Use **person-first language** (e.g., “person with obesity/diabetes” ⁸).
 - Show **empathy** and understanding (“We know this is hard...”).
 - Emphasize **benefits to the reader** (“so you can have more energy”).
 - Use **inclusive, stigma-free wording** (focus on behaviors/solutions, not personal blame ¹³).
 - Keep messages **positive or neutral** – frame what to do (“Enjoy more veggies for fiber”) rather than scolding what not to do.
 - **Cite authoritative sources** briefly for factual claims (Org + guideline or finding) to build trust.
 - Maintain **politeness** in FR/NL/DE (use *vous, u, Sie*; polite verbs).
 - Format content for **scanning**: clear headings, short paragraphs, bullet lists for steps/tips ²¹.
 - Ensure **accessibility**: add alt text for images, use high-contrast and legible font sizes, write links that make sense out of context.
- **Don’t :**
 - Don’t use **blaming or shaming language** (“you failed,” “lazy,” “weak will” – never) ¹².
 - Don’t use **fear tactics** or extreme warnings unless absolutely necessary (and factual). No “shock” phrases like “this food will wreck your health!”.
 - Don’t **overpromise** or use forbidden claims: No “cure,” “guaranteed,” “miracle.” It’s against ethics and EU law ¹⁴.
 - Don’t overload with **jargon** or acronyms. If a technical term is used, explain it immediately in simple words.
 - Don’t write long, complex sentences or walls of text. Avoid multiple clauses; prefer clarity over literary style.
 - Don’t be overly **formal or distant**. Even in formal address languages, we can be warm (avoid excessive passive voice or impersonal tone).
 - Don’t **patronize** the reader (e.g., no “It’s easy, just do this!” which can belittle struggles).
 - Don’t use a one-size-fits-all approach in content – acknowledge individual differences (e.g., avoid “everyone should eat X”; instead “X may help many people”).
 - Don’t forget to **localize** – ensure translations are culturally appropriate (no direct Google Translate without review).
- **Style & Grammar:**
 - Aim for **CEFR B2 (~Grade 8-10)** readability: short sentences, common vocabulary. Test critical pages with a readability tool.
 - Use **active voice** (“We will help you manage your weight” vs. “Your weight will be managed”). It’s more engaging.

- **Contractions** (in English) are fine in moderation for a conversational tone (“we’ll plan...”, “you’re welcome to...” – but ensure clarity for non-natives.
- **Grammar** must be correct in all languages – have native speaker proof readers.
- Write **numbers** clearly: use numerals for figures (e.g., “5 kg” instead of “five kilograms” for quick comprehension). In French, use comma as decimal (e.g., “1,5 litre”), etc.
- **Units & Terminology:** Use metric units. When possible, also give familiar measures (e.g., “30 grams (about 2 tablespoons) of fiber supplement”). This helps comprehension.
- **Consistent terminology:** Use the same terms for our services and concepts throughout (don’t say “weight program” one place and “slimming plan” elsewhere – consistency avoids confusion).

• **Microcopy & CTAs:**

- CTAs: **Action-oriented and clear** – e.g. “Book Now,” “Download Guide.” One primary CTA per page if possible, with supportive text that reduces risk (“free,” “no obligation” if applicable).
- **Error messages:** Be polite, **no blame** ⁵ . Phrase the error and solution (“Please enter a valid email” vs “You did it wrong”). Possibly include a gentle apology (“Sorry, we couldn’t find that page”).
- **Form instructions/labels:** make them direct (“Your Email Address”) and include examples if needed. Mark required fields clearly (with asterisk and “required” text).
- **Success messages:** friendly confirmation (“Thank you, your message was sent!” + next step).
- Maintain a **consistent voice** even in tiny texts (e.g., a cookie notice might say “We use cookies to improve your experience (no tracking without consent).” – polite, transparent, and brief).

• **Dale Carnegie Applied:**

- Speak in terms of **the patient’s interest** at all times – frame content around *their* goals, not our bragging.
- Use **“we” and “together”** to foster partnership. Make the reader feel understood and important.
- **Encourage and praise:** acknowledge efforts (“It’s great that you’re here... that’s the first step!”).
- Provide **social proof carefully:** share real success examples to inspire, but always truthful and not overhyped.
- Make any next step (contact, booking) feel **easy and safe** – emphasize flexibility, no judgment, and our support (as in copy examples).
- If we make a mistake on the site (e.g., incorrect info that needs correction), we **admit and correct it** openly – this maintains trust.

• **Evidence & Compliance:**

- Verify health claims against **EU Register** or official guidelines. When in doubt, **use softer language** (“may help support normal X function”).
- Include references to **Monash (IBS)**, **ESC/EAS** (cholesterol/heart), **ESPEN/WHO** (nutrition) where relevant in content, to show we align with gold standards ¹⁸ ¹⁶ .
- Respect **EU Reg 1924/2006:** no implying our service treats diseases. We say “manage weight to improve blood sugar” not “treat diabetes,” etc.
- **Disclaimer** is present on site (and possibly on pages with success stories: e.g. “*Results can vary. Nutrition advice complements but doesn’t replace medical treatment.*”).
- All patient stories/testimonials must have **consent** and should be presented with first name or initials (to protect privacy), unless they explicitly agree to full name.

- Keep content up-to-date: schedule review of pages every 6-12 months for any guideline changes or new evidence (especially in rapidly evolving areas like gut health).
- For any mention of supplement or product, ensure it's not promotional unless it's evidence-based and we note any necessary disclaimers (also avoid any conflict of interest).

• **Multilingual Consistency:**

- Use **formal address** (vous/u/Sie) in non-English languages for professionalism.
- Maintain the **same message across languages**, adapted idiomatically. The tone should evoke the same feeling in each language (get native feedback).
- Provide translators with **this guide and a terminology list** (e.g., what Monash Low-FODMAP is in FR/NL/DE).
- Review translated content for **tone and clarity**, not just accuracy. E.g., does the French feel a bit too stiff? Soften it. Does the German remain welcoming? Adjust as needed.
- Keep an eye on **text expansion**: e.g., German text can be longer – ensure design accommodates it (this is more for devs, but as writers note if something's too lengthy).
- Politeness markers: French often uses “nous” or passive for polite suggestions (“Nous recommandons de...”) – this is fine, but we can also use **imperative + s’il vous plaît** for instructions (“Veuillez remplir ce champ s’il vous plaît” for an error – polite and direct).
- Humor and colloquialisms usually **do not translate** well; use them very sparingly and only if you can create an equivalent effect in each language.

• **SEO/UX:**

- **Keywords:** Integrate important keywords smoothly: e.g., “dietitian in Brussels”, “nutritionniste à Bruxelles”, etc. Aim for phrases in copy like “As a **dietitian in Brussels**, I often see expats who...”. Use combinations: language + service + location ³⁹ if possible (“English-speaking dietitian for IBS in Brussels” could become “I’m an English-speaking dietitian in Brussels specializing in IBS relief”).
- Use each language’s local terms (e.g., Dutch “dietist” not an English loanword).
- **Headings & bullets** – already covered; make content scannable (users tend to scan and pick out headings, bold terms ²¹).
- **Internal links:** cross-link relevant content (good for SEO and user navigation). E.g., blog post references our services -> link it.
- **Page titles & metas:** Write unique, descriptive page titles (e.g., “Weight Loss Nutrition – Diaeta (EN)” and the FR version “Perte de Poids – Diaeta (FR)” etc., indicating language perhaps).
- **Load speed & text:** keep content lean – long text is fine, but we may use collapsible sections for FAQs to not overwhelm. This doesn’t affect written style but is UX.
- **Alt text & accessibility:** alt text descriptive, form labels explicit, avoid only color cues – all ensures everyone can interact with content.

This checklist serves as a handy reminder to maintain our site’s voice, quality, and compliance at all times. Following these guidelines will create a **cohesive, user-friendly experience** that resonates with patients and stands up to professional standards. Let’s ensure every piece of content – from a headline to a help tooltip – reflects the caring, clear, and credible brand we’ve defined.

- 4 12 38 **Website Optimization Protocol Development_.pdf**
file:///file-RR3ZeAm7z8HSiLuTFBM5rj
- 5 6 7 19 20 **How to write error messages | UX Content Collective**
<https://uxcontent.com/how-to-write-error-messages/>
- 8 9 10 11 **Microsoft Word - Letterhead**
<https://www.obesityaction.org/wp-content/uploads/People-First.pdf>
- 13 17 **worldobesity.org**
https://www.worldobesity.org/downloads/healthy_voices_downloads/HV_Language_guidelines.pdf
- 14 34 **Nutrition claims: rules, examples & Radar research - Précon**
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- 15 **Nutrition and Health Claims - European Commission**
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- 18 36 **Exploring the Low FODMAP Diet for IBS | Dietitians On Demand Blog**
<https://dietitiansondemand.com/exploring-the-low-fodmap-diet-for-management-of-ibs/>
- 21 **How Users Read on the Web - NN/G**
<https://www.nngroup.com/articles/how-users-read-on-the-web/>
- 22 **Myth #1: People read on the web**
<https://uxmyths.com/post/647473628/myth-people-read-on-the-web>
- 23 24 25 26 **How Dale Carnegie's principles are foundational for Positionless Marketing**
<https://martech.org/how-dale-carnegies-principles-are-foundational-for-positionless-marketing/>
- 27 **[PDF] IDF Clinical Practice Recommendations for managing Type 2 ...**
<https://idf.org/media/uploads/2023/05/attachments-63.pdf>
- 28 **Dietary Advice For Individuals with Diabetes - Endotext - NCBI**
<https://www.ncbi.nlm.nih.gov/books/NBK279012/>
- 29 30 31 35 37 **Présentation PowerPoint**
https://eas-society.org/wp-content/uploads/2022/11/2019_dyslipidaemias_guidelin.pdf
- 32 33 **health.belgium.be**
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- 39 40 41 **English Keywords to Find a Dietitian in Belgium an.pdf**
file:///file-UAvWXWwHDCxpKKo9onmsWX
- 42 **F-Shaped Pattern of Reading on the Web: Misunderstood, But Still ...**
<https://www.nngroup.com/articles/f-shaped-pattern-reading-web-content/>