

TC.
YEDİTEPE UNIVERSITY
INSTITUTE OF HEALTH SCIENCES
DEPARTMENT OF NUTRITION AND DIETETICS

**EVALUATION OF EMOTIONAL EATING
BEHAVIOR AND NUTRITION STATUS OF HOME-
OFFICE EMPLOYEES IN THE COVID-19
PANDEMIC**

MASTER OF SCIENCE THESIS

ELİFSU AKIN,

İstanbul-2022

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APPROVAL

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DECLARATION

I hereby declare that this thesis is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which has been accepted for the award of any other degree except where due acknowledgment has been made in the text.

14.06.2022

Elifsu AKIN



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LIST OF SYMBOLS AND ABBREVIATIONS

BMI	Body Mass Index
Covid-19	Coronavirus Disease
DBEQ	Dutch Eating Behavior Questionnaire
H1N1	Influenza A Virus Subtype H1N1
NCSS	Number Cruncher Statistical System
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
WHO	World Health Organization

ABSTRACT

Akin, E. Evaluation of Emotional Eating Behavior and Nutrition Status of Home-Office Employees in the Covid-19 Pandemic. Yeditepe University, Institute of Health Science, Department of Nutrition and Dietetics, MSc Thesis, İstanbul, 2022 Since the beginning of 2020, whole world has been under the influence of Covid-19 pandemic, and this has made working online widespread. This study aimed to evaluate emotional eating behavior and nutritional status of a total of 144 people, 102 women and 42 men, working online in the provinces of Bursa and Istanbul. Participants' general health information, eating habits were examined with the food consumption frequency form for the periods when they were working in office and online, and with the Dutch eating behavior questionnaire for online period. The mean age of individuals was 37.33 ± 8.34 years, and the mean body mass index (BMI) was 23.79 ± 3.42 kg/m². 60.4% of participants reported that they had 3 main meals and 39.6% 2 main meals during their work. For working online period, 47.2% of participants stated that the total number of meals did not change, 9% decreased, and 43.8% increased. Although there is no statistically significant difference between the rates of exercising in office and during online working periods, 42.9% of the participants stated that the duration of physical activity decreased while they were working online. Although emotional eating values of women (2.75 ± 1.06) was higher than of men (2.54 ± 0.93) during the online study period, it was not found to be statistically significant ($p > 0.05$). It was observed that individuals with higher emotional eating values during online working period were participants who increased number of meals. ($p = 0.002$; $p < 0.01$). Emotional eating value was found to be high for individuals whose weight increased during online working period ($p = 0.001$; $p < 0.01$). It was observed that the snack consumption of the participants increased during the period when they were working online. ($p = 0.001$; $p < 0.01$). In our study, clues have been revealed that various changes will occur in the nutrition of individuals with the online working system, which emerged with the pandemic and is thought to become widespread in the coming years.

Keywords: Covid-19, Working Online From Home, Emotional Eating, Eating Behavior

ABSTRACT (TURKISH)

Akın, E. Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi. Yeditepe Üniversitesi Sağlık Bilimleri Enstitüsü, Beslenme ve Diyetetik Anabilim Dalı, Yüksek Lisans Tezi, İstanbul, 2022 Tüm dünya 2020 yılının başından beri Covid-19 pandemisinin etkisi altındadır ve bu durum çevrimiçi çalışmayı yaygınlaştırmıştır. Bu çalışmada Bursa ve İstanbul illerinde çevrimiçi çalışan, 102 kadın ve 42 erkek olmak üzere toplam 144 kişinin duygusal yeme davranışı ve beslenme durumlarının değerlendirilmesini amaçlamıştır. Katılımcıların genel sağlık bilgileri, beslenme alışkanlıkları ofiste ve çevrimiçi çalıştıkları dönemler için besin tüketim sıklığı formu ile ve çevrimiçi dönem için Hollanda yeme davranışı anketi ile duygusal yeme davranışının incelenmesi sağlanmıştır. Bireylerin yaş ortalama değeri $37,33 \pm 8,34$ yıl olup, beden kütle indeksi (BKİ) ortalamaları $23,79 \pm 3,42$ kg/m² bulunmuştur. Katılımcıların % 60,4'ü iş yerinde çalıştıkları dönemde 3 ana öğün, % 39,6'sı 2 ana öğün yaptığını bildirmiştir. Çevrimiçi çalışılan dönem için katılımcıların %47,2'si toplam öğün sayısının değişmediğini, %9'u azaldığını, %43,8'i ise arttığını belirtmiştir. Ofiste ve çevrimiçi çalışma dönemlerinde egzersiz yapma oranları arasında istatistiksel olarak anlamlı bir fark olmamasına rağmen katılımcıların % 42,9 'u çevrimiçi çalıştıkları dönemde fiziksel aktivite süresinin azaldığını belirtmiştir. Çevrimiçi çalışma döneminde kadınların duygusal yeme puanının ($2,75 \pm 1,06$), erkeklere ($2,54 \pm 0,93$) göre daha yüksek olmasına rağmen istatistiksel olarak anlamlı bulunmamıştır ($p > 0,05$). Çevrimiçi çalışma döneminde duygusal yeme değeri daha yüksek olan bireylerin öğün sayısını artıran katılımcılar olduğu görülmüştür ($p = 0,002$; $p < 0,01$). Çevrimiçi çalışma döneminde kilosu artan bireylerin duygusal yeme değeri yüksek bulunmuştur ($p = 0,001$; $p < 0,01$). Katılımcıların çevrimiçi çalıştıkları dönemde atıştırma tüketimlerinin arttığı gözlenmiştir. ($p = 0,001$; $p < 0,01$). Çalışmamızda pandemiyle ortaya çıkan ve ilerleyen yıllarda yaygınlaşacağı düşünülen çevrimiçi çalışma sistemiyle bireylerin beslenmelerinde çeşitli değişiklikler ortaya çıkacağının ipuçları ortaya konmuştur.

Anahtar Kelimeler: Covid-19, Evden Online Çalışma, Duygusal Yeme, Beslenme Davranışı

1. INTRODUCTION

Health is described by the World Health Organization (WHO) as a person's physical, emotional, and social well-being (1). Nutrition is the ability of a person to use the nutrients necessary for growth, development, and healthy life (2). It is important to have a sufficient and well-balanced diet to be healthy.

Since the beginning of 2020, our country has been under the impact of a pandemic, like the whole world. Throughout history, human beings have survived by adapting to the changing living conditions after the crisis periods they have lived. This global epidemic brought some necessary changes to the living conditions of people and caused the development of new habits. With the Covid-19 pandemic, partial quarantines have been applied in our country, as in many countries of the world. Also, many people have started to work online from home during this period. This period has affected people in many ways. It causes people to have emotional changes and stress. People suddenly had to change their habitual lifestyles and habits. Nutritional habits, which have a very important place in the daily life and health of people, have also been affected and changed by this situation.

Stress is a process of emotion and reaction in the body against difficult, disturbing events (3). While acute stress is relatively easy to manage in the body, in long-term stress situations, with the capacity of regulatory mechanisms in the body exceeded, an adequate response to this stress may not be created, and some biological changes may occur in the body (4). One of the important responses to these changes is nutritional behavior (5).

In addition to the biological necessity of eating behavior, psychological factors are also effective. Emotional eating behavior is defined as psychological eating behavior that generally causes eating more than normal in response to emotional changes such as stress, loneliness, depression, and anxiety (6,7). The amount and types of food consumed by most people are influenced by stress. When people are stressed, for example, 35–60 percent of people report consuming more total calories, while 25–40 percent report eating less (8). Negative emotions such as stress may tend to increase or decrease in food and calorie intake of individuals.

The study was created based on the restriction of online work from home applied during the Covid-19 pandemic. In this period, the effects of negative emotions such as stress that can be caused by working online from home on nutrition and emotional eating behavior examined. The study applied with a questionnaire prepared for people who were physically working in the workplace before the pandemic and who worked online from home during the pandemic period. The participants' general health information, eating habits were examined with the food consumption frequency form for the periods when they were working in the office and online, and with the Dutch eating behavior questionnaire (BDEQ) for the online period. Participants contacted through media communication tools and asked to fill out the questionnaire form retrospectively for both periods. Based on these data, the thesis study aims to examine the orientation to some foods and the change in nutrition during this process of the effect of stress that can be caused by working online from home due to the Covid-19 pandemic on nutritional status and emotional eating behavior for both these periods.

2. LITERATURE REVIEW

2.1 Nutrition And Health

Health is described by the World Health Organization (WHO) as a person's physical, emotional, and social well-being(1). Health is of great importance in maintaining human life and increasing the quality of life. For a person to be healthy, they must have sufficient and well-balanced nutrition, be physically active and be in a psychologically good mood.

Nutrition is the ability of a person to use the nutrients necessary for growth, development and healthy life (2). A person needs nearly 50 nutrients for his life. It has been determined how much of each of these components should be consumed regularly for healthy growth and development, as well as a long and healthy life. When any of these items are not taken, taken more or less than necessary, growth and development are inhibited and health problems develop (9). Considering these, nutrition; it is an important behavior in human health, to maintain life, to increase the quality of life, and to be protected from diseases.

Nutrition science focuses on the foods consumed, the essential nutrients, the quantities and characteristics that should be personalized to the person, and the functions of the nutrients in the body. It allows food to be arranged based on the need to prepare nutritional plans, taking into account the health and disease state or the treatment of diseases (10).

2.2 Covid-19 Pandemic

Since the beginning of 2020, our country has been under the impact of a pandemic, like the whole world. The extreme acute respiratory syndrome coronavirus 2 (SARS-CoV-2)-caused novel coronavirus disease (COVID-19) pandemic has swept the globe, affecting more than 180 countries (11). There are some risk factors for Covid-19 infection. Some of these are diabetes, cardiovascular diseases, obesity, and chronic lung disease (11). The widespread intake of high-fat, high-sugar, and high-refined-carbohydrate diets leads to the prevalence of obesity and type 2 diabetes, which may put these populations at risk for COVIDs (12). As always, a healthy, balanced diet, low in

saturated fat-sugar content, rich in fiber, whole grains, fruits and vegetables should be adopted for this period in terms of protection from diseases and keeping immunity strong.

This global epidemic brought some necessary changes to the living conditions of people and caused the development of new habits. During the epidemic, economic difficulties and casualties were experienced globally. With the Covid-19 pandemic, partial quarantines have been applied in our country, as in many countries of the world. Also, many people have started to work online from home during this period. This period has affected people in many ways. It causes people to have emotional changes and stress. People suddenly had to change their habitual lifestyles and habits. Nutritional habits, which have a very important place in the daily life and health of people, have also been affected and changed by this situation.

2.3 Emotional Eating Behavior

Emotional eating behavior is defined as psychological eating behavior that generally causes eating more than normal in response to emotional changes such as stress, loneliness, depression, and anxiety (6,7). This form of eating activity is referred to as emotional eating because it occurs in response to emotion rather than hunger, mealtime, or social need (13). Eating behaviors are influenced by a variety of factors. However, predicting how feelings affect eating is difficult (14). Depending on the state of emotions or the individual's characteristics, the relationship between eating and emotions will change (15). One explanation for the rise in emotional eating in negative situations is that some people are unable to control their emotions and turn to food to cope with the feelings they are experiencing (16).

Obese people, women with eating disorders, and people on a diet with a regular weight have all been found to engage in emotional eating habits in response to negative emotions. Emotional eating is becoming increasingly important in the regulation of eating behaviors, especially in weight loss attempts (17).

Emotions cause various effects on eating behavior and food consumption. It has been stated that emotions cause an average increase of 30% and a decrease of 48% in appetite (14). The effect of different emotional states on individuals' eating behaviors has been examined in some studies. Negative emotions such as depression, stress, anxiety, and anger have been shown to increase the amount of food consumed and change

nutritional behavior (14). Emotions increase food intake in 43% of people with regular eating habits, decrease it in 39%, and do not affect 26% of people with normal eating habits, according to experimental studies (16). Emotional eating behavior generally causes an increase in food consumption.

When people are confronted with a negative emotion such as stress, they may experience emotional tension and unsettling feelings, which can have a detrimental impact on their eating habits (18). Emotional eating behavior was reported to be significantly associated with bulimia at first (19). Restrictive eating behavior is observed in individuals with bulimia nervosa before the attack (17). Negative emotions such as depression, stress, and anxiety are the most potential causes for eating attacks. Studies have shown that repetitive binge-eating behavior in bulimia nervosa reduces negative emotions affecting individuals (17).

It is observed that there is a high relationship between emotional eating behavior and binge eating disorder. In both binge eating disorder and emotional eating behavior, emotions affect food consumption and eating behavior (17). Emotional eating behavior is classified as a distinct term from binge eating disorder and bulimia in the literature.

Wallis and Hetherington (2009) stated that individuals who exhibit emotional eating behavior do not reduce their stress during or after eating, on the contrary, their existing negative emotions increase and they show more eating behaviors in the face of increasing negative affect (20). In addition, it is observed that people with healthy and normal body weight tend to eat to regulate negative emotions (6). Truner, Luszczynska, Warner, and Schwarzer (2010) stated in their study that emotional eating behavior can be seen in individuals against positive emotions as well as negative emotions. As stress and anxiety levels increase in social life, the tendency towards unhealthy and high-calorie food increases; It is shown that individuals tend to consume more healthy food against positive emotions (21).

2.4 Covid-19 Pandemic And Emotional Eating

Concerns about health, anxiety, and poor psychosocial functioning have been found in populations that have previously experienced pandemics, such as H1N1, Ebola, and SARS (22).

Recent studies on the ongoing coronavirus epidemic found that health anxiety is seen in many individuals, and the constant anxiety and emotions associated with it are difficult to manage (23). Health anxiety is a type of anxiety based on the fear or belief that an individual has signs or symptoms of a serious illness. A cross-sectional study investigating the relationships between stress status, emotional eating behavior and causes of food choice during the Covid-19 pandemic, shows that individuals perceiving higher stress in the pandemic also tend to have more emotional eating behavior and food choice is also affected (24).

2.5 Food Choices

Food choices and consumption should be provided correctly for a healthy life and healthy nutrition. Food choice is affected by various environmental and individual factors. Multifaceted factors such as people's energy and nutritional needs, cultural characteristics, healthy or unhealthy judgments about foods, media, sensory characteristics of food such as taste, smell, texture, food availability, stages in purchasing and preparation, and food safety can be effective in food selection (25).

In addition, work-life, work stress and duration are other conditions that affect food selection and eating behavior. In a study, the nutritional behaviors of office workers were evaluated. It has been found that the fruit and vegetable consumption rate of the employees is low and the oil consumption is high (26).

Factors such as the psychological state of people and stress can change the choice and consumption of food under all circumstances. The psychological factors affecting food selection and consumption are explained in detail in the next section.

2.5.1. Factors Affecting Food Selection

Many factors can affect food choices and eating habits, including biology, climate, hormones, the individual's current emotional state, socio-demographic features, cultural and religious values, media, body image, obesity, and appetite. This change in eating behaviors can lead to problems affecting health such as eating disorders. When eating

behavior is examined psychologically, it is seen that it is closely related to emotions such as stress, work-life, tension, boredom, happiness and excitement that people deal with daily (27). Various theories have been developed that evaluate the psychological factors affecting eating behaviors. Psychosomatic theory, external theory, limitation theory and escape theory are highlights of these theories (28).

2.6.Theories Explaining Emotional Eating

Various theories have been proposed to explain eating behaviors and emotions. According to the psychosomatic theory, which is one of these, psychological factors are at the forefront in binge eating. According to this theory, individuals have difficulty in understanding their hunger and satiety.

2.6.1.Emotional Eating Mechanisms

The mechanisms through which emotional eating behavior is developed in response to emotions are difficult to identify. In this section, psychological and physiological mechanisms that affect emotional eating behavior are discussed.

2.6.2.Physiological Mechanisms

Various metabolic activities take place in the body with food intake. These metabolic activities are thought to regulate the emotional state of individuals and mediate emotional eating. Studies have shown that consuming foods high in carbohydrates can improve mood (29). This effect is thought to be caused by the increase in tryptophan level and serotonin synthesis in the brain with a diet rich in carbohydrates (30). Studies show that individuals who are exposed to stress have a lower carbohydrate-rich diet than those who consume high protein (31). The improvement in emotional state can be explained by the increase in serotonin levels in the brain with food intake.

In addition, it is thought that proteins have a positive effect on mood. This effect was associated with an increase in tryptophan level in the blood-brain barrier of the protein consumed in small amounts and the corresponding increase in serotonin levels. In a study, it was observed that consumption of a high protein meal had a limited effect on stress-related eating behavior compared to a high carbohydrate meal (32). In a study by Firk and Markus, consuming tryptophan-rich hydrolyzed protein seems to increase positive mood in the face of acute stress (33).

Endocrine mechanisms also play a role in the change of mood. Foods with high-fat content reduce stress levels by affecting the hypothalamic-pituitary-adrenal axis. In a study, it has been shown that individuals with high emotional eating scores in the current state of stress reduce their stress levels by turning to foods high in sugar and fat (34).

2.6.3. Psychological Mechanisms

It is seen that babies lick their lips in the face of sugary foods and are in a pleasant and happy state (31). In a study conducted in adults, participants were shown a sad movie and their interest in sugary foods was investigated. As a result of the study, it was observed that most of the individuals turned to chocolate instead of drinking water. When the same experiment was applied to the participants again, it was seen that the better flavor of two different chocolates was effective in improving their mood (35). This positive effect of sugary foods can be explained by the hedonic eating hypothesis seen in emotional eating. According to this assumption, foods that give pleasure in mood have positive effects (31).

2.6.4. Neuropsychological Mechanisms

It has been stated that eating behavior is regulated by many metabolic pathways and hedonic systems, together with neuropsychological substrates such as hormones and neurotransmitters in our body (36). Saper et al. (37) stated that eating is regulated by two different systems, homeostatic and hedonic, and suggested that if nutrition is regulated only by homeostatic systems, everyone would have ideal body weight (38). Hedonic eating can be defined as an individual's excessive desire for delicious foods and consuming these foods with great pleasure (39). A sufficient and balanced energy and nutrient content in food selection is not the priority of individuals who show this nutritional behavior. In the food selection of individuals with hedonic eating, foods that are suitable for the palate and pleasing to the palate are important (40).

2.7.The Psychology Of Eating Behavior

Eating behavior shown to survive can be affected by social life, work-life, and emotional situations affecting the individual. With a physiological process in which energy is insufficient, food signals are sent to the brain, thus the individual begins to feel hunger (35). The feeling of eating can be triggered by individuals even when they are not feeling hungry (41).

3. METHODS

3.1. Selection of Research Sample

This study was conducted from August to September 2021 through a heterogeneous group of 144 employees, including 102 women and 42 men, in 5 institutions showing online work from home during the Covid-19 pandemic period in Bursa and Istanbul provinces. Our study was carried out with individuals working in a total of 5 institutions in the education, automotive, production, food and public sectors. Permits have been obtained from all institutions for the study. The sample selection is selected by random and layered sampling. In the selection of samples, attention has been given to selecting individuals who physically work at work before the Covid-19 pandemic and work online from home in the pandemic.

The study was accepted by Yeditepe University Non-Interventional Clinical Research Ethics Committee with the decision number 21 on 31.08.2021

3.2. Collection Of Research Data

The questionnaire was applied to determine the general information, health and nutrition status, eating behavior and food consumption status of the individuals participating in the study. The questionnaire applied to individuals consists of four sections.

Section 1: General information such as age, gender, height, body weight, educational status, marital status of individuals was questioned in this section.

Section 2 : Health and general nutritional status, drug-multivitamin use, chronic disease status, nutritional status at work, physical activity and nutritional habits during the Covid-19 pandemic period were questioned.

Section 3 : During the Covid-19 pandemic, individuals' emotional eating behaviors were questioned.

Section 4 : During the pre-Covid-19 pandemic period and during the pandemic period, individuals' frequency of food consumption was questioned.

The questionnaire was prepared online and applied to participants because the study coincided with the Covid-19 pandemic period. Informed consent form has been obtained from participants. Participants were included in the study on a voluntary basis.

3.2.1. Dutch Eating Behavior Questionnaire (DEBQ)

The Dutch Eating Behavior Questionnaire (DEBQ) was developed by Van Strien et al. in 1986. The Dutch Eating Behavior Questionnaire consists of 3 sub-scales and 33 substances that assess Emotional Eating, Restrictive Eating, External Eating. The survey evaluates these items with the Likert scale of 5 (7). A Turkish translation and validity credibility study of the Dutch Eating Behavior Survey was conducted by Bozan in 2009.

3.2.1.1. Emotional Eating

Emotional eating behavior is defined as psychological eating behavior that generally causes eating more than normal in response to emotional changes such as stress, loneliness, depression, and anxiety (6,7). This form of eating activity is referred to as emotional eating because it occurs in response to emotion rather than hunger, mealtime, or social need (13).

3.2.1.2.Restrictive Eating

Restrictive eating disorder described by Herman and Mack, in an excessively restrictive diet with weight gain anxiety; It is a form of eating disorder that carries the risk of deteriorating the diet in situations such as anxiety and depression and leading to overeating (42). Some individuals limit their food intake for long periods and even make it a way of life. These individuals keep their body weight at a certain level, and even small changes in weight can cause them to reduce their eating intervals and amount (43).

3.2.1.3. Extrinsic Eating

Extrinsic eating disorder is defined as the tendency to eat with external influences such as the smell of food, its appearance, and the eating of others, independent of hunger, feeling of fullness. (44) In a study, it was observed that individuals with restrictive eating behavior increased their food intake with the increase in food variety and individuals tended to eat more than normal (45).

When evaluating the Dutch eating behavior questionnaire (BDEQ), there was no statistically significant difference in emotional eating between men and women, so they were examined as a single group in the continuation of the analysis.

3.2.2 Assessment of Food Consumption Frequency

2 different forms of questionnaires were applied retroactively, including before the Covid-19 pandemic period and during the pandemic period, to assess the nutritional status of individuals in the presence of stress. In total, 33 foods/food groups, including dairy and dairy products, meat-egg-nuts and seeds, vegetables and fruits, bread-grains, oils, sugars, desserts and beverages, are contained in the form. In order to evaluate the frequency of food consumption, the book named 'Food and Food Photo Catalogue: Measures and Amounts' was used (46).

3.3. Statistical Evaluation

NCSS (Number Cruncher Statistical System) 2007 (Kaysville, Utah, USA) program was used for statistical analysis. While evaluating the study data, the distribution of the data was evaluated with the Shapiro-Wilk Test, as well as the descriptive statistical methods (Mean, Standard Deviation, Median, Frequency, Ratio, Minimum, Maximum). Kruskal-Wallis test in comparison of quantitative data of three or more groups that do not show normal distribution, and ANOVA test in groups with normal distribution; Mann-Whitney U Test was used for comparisons of two groups that did not show normal distribution, and Student's t test was used for comparisons of two groups with normal distribution. Spearman's correlation analysis was used to determine the relationship between quantitative data. Chi-Square analysis was used to determine the periodic differences among the qualitative data. Significance was evaluated at $p < 0.01$ and $p < 0.05$ levels.

4.RESULTS

Table 4.1: Evaluation Of The General Knowledge Of The Participants

Table 4.1.1. General Characteristics

	Mean±SD	Min-Max (Median)
Age(years)	37,33±8,34	24-61 (36)
Height (cm)	168,44±7,85	155-191 (167)
Body Weight (kg)	67,72±12,63	44-99 (68)
Body Mass Index (kg/m2)	23,79±3,42	15,9-36 (23,75)

The age value ranged from 24 to 61 years, with a mean of 37.33±8.34 years. The height value ranged between 155 and 191 cm, with a mean of 168.44±7.85 cm. The body weight value ranged from 44 to 99 kg, with a mean of 67.72±12.63kg . The body mass index value ranged between 15.9 and 36 kg/m2, with a mean of 23.79±3.42 kg/m2.

While 70.8% (n=102) of the participants were female, 29.2% (n=42) were male. While 65.3% (n=94) of the participants were married, 34.7% (n=50) were single. While 7.6% (n=11) of the participants were high school graduates, 75% (n=108) were university graduates and 17.4% (n=25) were graduates. While 41.7% (n=60) of the participants live in Bursa, 58.3% (n=84) live in Istanbul. While 86.1% (n=124) of the participants live with their family, 3.5% (n=5) live with a friend, and 10.4% (n=15) live alone. While 27.8% (n=40) of the participants smoke, 72.2% (n=104) do not. While 43.1% (n=62) of the participants drink alcohol, 56.9% (n=82) do not. While 21.5% (n=31) of the participants had a disease diagnosed by a doctor, 78.5% (n=113) did not. While 18.1% (n=26) of the participants had a prescription drug use, 81.9% (n=118) did not.

Table 4.1.1. General Characteristics

General Characteristics	n	%
Sex		
Women	102	70.8
Men	42	29.2
Marital status		
Married	94	65.3
Single	50	34.7
Educational Status		
High School	11	7.6
University	108	75.0
Master's Degree	25	17.4
Living City		
Bursa	60	41.7
İstanbul	84	58.3
Living Person		
Family	124	86.1
Friend	5	3.5
Single	15	10.4
Smoking		
Yes	40	27.8
No	104	72.2
Alcohol		
Yes	62	43.1
No	82	56.9
Disease State Diagnosed by Doctor		
Yes	31	21.5
No	113	78.5
Status of Medication Prescribed by the Doctor		
Yes	26	18.1
No	118	81.9

Table 4.1.2. Eating Behaviors Before Pandemic

While 71.6% (n=58) of the participants consume 1 snack a day, 28.4% (n=23) consume 2 snacks. While 53.5% (n=77) of the participants skip meals, 46.5% (n=67) do not. While 36.4% (n=28) of the participants skip the morning meal, 27.3% (n=21) lunch, 19.5% (n=15) break and 16.9% (n=13) skips the evening meal. While 40.3% (n=31) of the participants skipped meals due to lack of time, 14.3% (n=31) lack of appetite, 10.4% (n=8) did not want to gain weight, % 26 (n=20) skip because they do not have a habit and 9.1% (n=7) for other reasons. While 31.9% (n=46) of the participants eat from home, 41.7% (n=60) eat in the cafeteria and 26.4% (n=38) eat out. While 54.2% (n=78) of the participants pay attention to being healthy, 10.4% (n=15) of them pay attention to large portions and 35.4% (n=51) to be fast-accessible. is paying attention. While 56.9% (n=82) of the participants have packaged food in the workplace, 43.1% (n=62) do not. While 9.7% (n=14) of the participants drank less than 1 liter of water, 52.1% (n=75) of them drank 1-1.5 liters and 38.2% (n=55) Drinks 2-2.5 liters of water.

Table 4.1.2. Eating Behaviors Before Pandemic

Eating Behaviors Before Pandemic	n	%
Number of Main Meals		
Consumed per Day		
2 Main Meal	57	39.6
3 Main Meal	84	60.4
Number of Snacks		
Consumed per Day		
1 Snack	58	71.6
2 Snack	23	28.4
Meal Skip Status		
Yes	77	53.5
No	67	46.5
Skipped Meal		
Breakfast	28	36.4
Lunch	21	27.3
Snack	15	19.5
Dinner	13	16.9
Reason for Skipping Meals		
Lack of Time	31	40.3
Lack of appetite	11	14.3
To not gain weight	8	10.4
No habit	20	26.0
Other	7	9.1

Table 4.1.2. Eating Behaviors Before Pandemic

Eating Behaviors Before Pandemic	n	%
Preferred Dining Place at Work		
Home	46	31.9
Dining hall	60	41.7
Outside	38	26.4
Considerations in Choosing Food at Work		
Being Healthy	78	54.2
Being Big Portion	15	10.4
Being Fast-Available	51	35.4
Availability of Packaged Food in the Workplace		
Yes	82	56.9
No	62	43.1
Amount of Water Drinked per Day		
Less than 1 lt	14	9.7
1-1,5 lt	75	52.1
2-2,5 lt	55	38.2

Table 4.1.3. Eating Behaviors During The Online Working Period

While the number of meals increased in 43.8% (n=63) of the participants during the pandemic, 9% (n=13) decreased and 47.2% (n=68) did not change. While 48.6% (n=70) of the participants tried a new nutrition program during the pandemic, 51.4% (n=74) did not. While 2.9% (n=2) of the participants suggested friends, 51.4% (n=36) recommended dietitians and 45.7% (n=32) other people. While 14.3% (n=10) of the participants followed the Mediterranean diet, 80% (n=56) followed intermittent fasting and 5.7% (n=4) followed other diets. While 68.1% (n=98) of the participants increased their weight while working online at home, 9.7% (n=14) decreased and 22.2% (n=32) did not change. While 70.8% (n=102) of the participants started to receive nutritional support during the pandemic, 29.2% (n=42) did not. While 40.2% (n=41) of the participants were vitamin D, 52% (n=53) vitamin C, 20.6% (n=21) omega-3, 24.5% (n=25) zinc, 28.4% (n=29) and 2.9% (n=3) other vitamins and minerals.

Table 4.1.4. Comparison of Physical Activity Levels

While 36.1% (n=52) of the participants do regular physical activity, 63.9% (n=92) do not. While 38.9% (n=56) of the participants continued to do regular physical activity during the pandemic, 61.1% (n=88) did not. While the duration of physical activity increased in 23.2% (n=13) of the participants during the pandemic, 42.9% (n=24) decreased and 33.9% (n=19) did not change.

Table 4.1.3. Eating Behaviors During The Online Working Period

Eating Behaviors During The Online Working	n	%
Change in the Number of Meals During the Pandemic		
Increased	63	43.8
Decreased	13	9.0
Not Changed	68	47.2
Trying a New Nutrition Program During the Pandemic		
Yes	70	48.6
No	74	51.4
Recommender of Diet Program		
Friend	2	2.9
Nutritionist	36	51.4
Other	32	45.7
Applied Diet Program		
Mediterranean	10	14.3
Intermittent Fasting	56	80.0
Other	4	5.7

Table 4.1.3. Eating Behaviors During The Online Working Period

Eating Behaviors		
During The Online Working	n	%
Status of Receiving Nutritional Support during the Pandemic Period		
Yes	102	70.8
No	42	29.2
Vitamins Used		
Multivitamin	41	40.2
Vitamin D	71	69.6
Vitamin C	53	52.0
Omega-3	21	20.6
Zinc	25	24.5
B12	29	28.4
Other	3	2.9
Weight Change During Home Online Working Period		
Increased	98	68.1
Decreased	14	9.7
Not Changed	32	22.2

Table 4.1.4. Comparison Of Physical Activity Status

Physical Activity Status Before Period	n	%
Regular Physical Activity Status		
Yes	52	36.1
No	92	63.9

Physical Activity Status During Online Working	n	%
Doing Regular Physical Activity During the Pandemic		
Yes	56	38.9
No	88	61.1
Physical Activity Duration Change Status During the Pandemic		
Increased	13	23.2
Decreased	24	42.9
Not Changed	19	33.9

Table 4.2. The Scores Of The Participants According To The Dutch Eating Behavior During The Time They Work Online From Home

Table 4.2.1. Comparison of Measurements by Sex

		n	Mean±SD	Min-Max (Median)	p
Emotional Eating	Women	102	2,75±1,06	1-5 (2,85)	^a 0,265
	Men	42	2,54±0,93	1-4,54 (2,54)	
Restrictive Eating	Women	102	2,7±0,67	1,1-4,1 (2,7)	^b 0,071
	Men	42	2,48±0,62	1,3-3,8 (2,55)	
Extrinsic Eating	Women	102	3,2±0,74	1,5-5 (3,25)	^b 0,428
	Men	42	3,09±0,76	1,6-5 (3,05)	
Dutch Eating Behavior	Women	102	2,88±0,62	1,4-4,24 (2,86)	^b 0,104
	Men	42	2,7±0,56	1,53-3,88 (2,7)	

^aMann Whitney U Test ^bStudent T Test * $p < 0,05$ ** $p < 0,01$

Emotional Eating value does not show a statistically significant difference according to sex ($p > 0.05$). Restrictive Eating value does not show a statistically significant difference according to sex ($p > 0.05$). Extrinsic Eating value does not show a statistically significant difference according to sex ($p > 0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to sex ($p > 0.05$).

Table 4.2.2. Comparison of Measurements by Marital Status

		n	Mean±SD	Min-Max (Median)	p
Emotional Eating	Married	94	2,74±1	1-5 (2,65)	^a 0,492
	Single	50	2,6±1,06	1-4,62 (2,69)	
Restrictive Eating	Married	94	2,64±0,63	1,2-4 (2,6)	^b 0,989
	Single	50	2,64±0,73	1,1-4,1 (2,7)	
Extrinsic Eating	Married	94	3,12±0,72	1,6-5 (3,1)	^b 0,298
	Single	50	3,26±0,78	1,5-5 (3,4)	
Dutch Eating Behavior	Married	94	2,83±0,59	1,53-4,24 (2,81)	^b 0,996
	Single	50	2,83±0,64	1,4-4,24 (2,83)	

^aMann Whitney U Test ^bStudent T Test * $p < 0,05$ ** $p < 0,01$

Emotional Eating value does not show a statistically significant difference according to marital status ($p > 0.05$). Restrictive Eating value does not show a statistically significant difference according to marital status ($p > 0.05$). Extrinsic Eating value does not show a statistically significant difference according to marital status ($p > 0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to marital status ($p > 0.05$).

Table 4.2.3. Comparison of Measurements by Educational Status

		n	Mean ±SD	Min-Max (Median)	p
Emotional Eating	High School	11	2,52±1,13	1-4,62 (2,08)	^a 0,626
	University	108	2,74±0,99	1-5 (2,62)	
	Master's Degree	25	2,54±1,13	1-4,15 (2,77)	
Restrictive Eating	High School	11	2,36±0,64	1,4-3,4 (2,2)	^b 0,322
	University	108	2,68±0,65	1,1-4,1 (2,7)	
	Master's Degree	25	2,6±0,72	1,2-3,9 (2,7)	
Extrinsic Eating	High School	11	3,37±1,11	1,6-5 (3,6)	^b 0,635
	University	108	3,15±0,73	1,5-5 (3,1)	
	Master's Degree	25	3,16±0,61	1,9-4 (3,4)	
Dutch Eating Behavior	High School	11	2,75±0,82	1,53-4,24 (2,64)	^b 0,736
	University	108	2,86±0,58	1,4-4,24 (2,81)	
	Master's Degree	25	2,77±0,64	1,78-3,6 (2,95)	

^aKruskall Wallis Test ^bANOVA Test * $p<0,05$ ** $p<0,01$

Emotional Eating value does not show a statistically significant difference according to education level ($p>0.05$). Restrictive Eating value does not show a statistically significant difference according to education level ($p>0.05$). Extrinsic Eating value does not show a statistically significant difference according to education level ($p>0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to education level ($p>0.05$).

Table 4.2.4. Comparison of Measurements by Living City

		n	Mean ±SD	Min-Max (Median)	p
Emotional Eating	Bursa	60	2,72±1,07	1-4,92 (2,81)	^a 0,881
	Istanbul	84	2,67±0,99	1-5 (2,62)	
Restrictive Eating	Bursa	60	2,66±0,56	1,4-4,1 (2,65)	^b 0,736
	Istanbul	84	2,62±0,73	1,1-4 (2,65)	
Extrinsic Eating	Bursa	60	3,17±0,77	1,6-4,8 (3,2)	^b 0,836
	Istanbul	84	3,17±0,73	1,5-5 (3,1)	
Dutch Eating Behavior	Bursa	60	2,85±0,62	1,53-4,24 (2,83)	^b 0,898
	Istanbul	84	2,82±0,6	1,4-4,24 (2,81)	

^aMann Whitney U Test ^bStudent T Test * $p<0,05$ ** $p<0,01$

Emotional Eating value does not show a statistically significant difference according to the city he/she lives in ($p>0.05$). Restrictive Eating value does not show a statistically significant difference according to the city he/she lives in ($p>0.05$). Extrinsic Eating value does not show a statistically significant difference according to the city he/she lives in ($p>0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to the city he/she lives in ($p>0.05$).

Table 4.2.5. Comparison of Measurements by Living Person

		n	Mean $\pm$ SD	Min-Max (Median)	p
Emotional Eating	Family	124	2,71 $\pm$ 1,05	1-5 (2,73)	^a 0,328
	Friend	5	3,11 $\pm$ 0,66	2,31-3,85 (3,31)	
	Single	15	2,39 $\pm$ 0,85	1-3,85 (2,38)	
Restrictive Eating	Family	124	2,63 $\pm$ 0,66	1,1-4,1 (2,6)	^b 0,735
	Friend	5	2,86 $\pm$ 0,59	2,1-3,6 (2,9)	
	Single	15	2,67 $\pm$ 0,76	1,4-4 (2,7)	
Extrinsic Eating	Family	124	3,16 $\pm$ 0,73	1,6-5 (3,1)	^b 0,726
	Friend	5	3,02 $\pm$ 0,98	1,5-3,9 (3,4)	
	Single	15	3,29 $\pm$ 0,81	1,9-4,4 (3,4)	
Dutch Eating Behavior	Family	124	2,83 $\pm$ 0,62	1,4-4,24 (2,81)	^b 0,799
	Friend	5	3 $\pm$ 0,57	2,3-3,55 (3,28)	
	Single	15	2,79 $\pm$ 0,52	2,03-3,48 (2,67)	

^aKruskall Wallis Test ^bANOVA Test * $p<0,05$ ** $p<0,01$

Emotional Eating value does not show a statistically significant difference according to the person living in with ($p>0.05$). Restrictive Eating value does not show a statistically significant difference according to the person living in with ($p>0.05$). Extrinsic Eating value does not show a statistically significant difference according to the person living in with ($p>0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to the person living in with ($p>0.05$).

Table 4.2.6. Comparison of Measurements by Smoking Status

		n	Mean $\pm$ SD	Min-Max (Median)	p
Emotional Eating	Yes	40	2,58 $\pm$ 1,03	1-4,54 (2,46)	^a 0,489
	No	104	2,73 $\pm$ 1,02	1-5 (2,77)	
Restrictive Eating	Yes	40	2,44 $\pm$ 0,6	1,1-3,9 (2,5)	^b 0,025 *
	No	104	2,72 $\pm$ 0,68	1,2-4,1 (2,7)	
Extrinsic Eating	Yes	40	3,22 $\pm$ 0,83	1,7-5 (3,15)	^b 0,617
	No	104	3,15 $\pm$ 0,71	1,5-5 (3,15)	
Dutch Eating Behavior	Yes	40	2,75 $\pm$ 0,59	1,4-3,93 (2,76)	^b 0,300
	No	104	2,86 $\pm$ 0,61	1,53-4,24 (2,85)	

^aMann Whitney U Test ^bStudent T Test * $p<0,05$ ** $p<0,01$

Emotional Eating value does not show a statistically significant difference according to smoking status ($p>0.05$). It was statistically significant that the Restrictive Eating value of the smoking group was lower than the non-smokers group ($p=0.025$; $p<0.05$). Extrinsic Eating value does not show a statistically significant difference according to smoking status ($p>0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to smoking status ($p>0.05$).

Table 4.2.7. Comparison of Measurements by Alcohol Use

		n	Mean $\pm$ SD	Min-Max (Median)	p
Emotional Eating	Yes	62	2,64 $\pm$ 1,03	1-5 (2,62)	^a 0,647
	No	82	2,73 $\pm$ 1,02	1-4,92 (2,85)	
Restrictive Eating	Yes	62	2,63 $\pm$ 0,62	1,1-3,8 (2,7)	^b 0,897
	No	82	2,65 $\pm$ 0,7	1,2-4,1 (2,6)	
Extrinsic Eating	Yes	62	3,25 $\pm$ 0,72	1,6-5 (3,4)	^b 0,257
	No	82	3,11 $\pm$ 0,76	1,5-5 (3,1)	
Dutch Eating Behavior	Yes	62	2,84 $\pm$ 0,63	1,4-4,24 (2,87)	^b 0,902
	No	82	2,83 $\pm$ 0,59	1,67-4,24 (2,75)	

^aMann Whitney U Test ^bStudent T Test * $p<0,05$ ** $p<0,01$

Emotional Eating value does not show a statistically significant difference according to alcohol use ($p>0.05$). Restrictive Eating value does not show a statistically significant difference according to alcohol use ($p>0.05$). Extrinsic Eating value does not show a statistically significant difference according to alcohol use ($p>0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to alcohol use ($p>0.05$).

Table 4.2.8. Comparison of Measurements by Physician Diagnosed Disease Status

		n	Mean $\pm$ SD	Min-Max (Median)	p
Emotional Eating	Yes	31	2,77 $\pm$ 1,06	1-4,85 (2,62)	^a 0,637
	No	113	2,67 $\pm$ 1,02	1-5 (2,69)	
Restrictive Eating	Yes	31	2,67 $\pm$ 0,61	1,5-4,1 (2,7)	^b 0,739
	No	113	2,63 $\pm$ 0,68	1,1-4 (2,6)	
Extrinsic Eating	Yes	31	3,21 $\pm$ 0,77	1,6-4,8 (3,2)	^b 0,702
	No	113	3,15 $\pm$ 0,74	1,5-5 (3,1)	
Dutch Eating Behavior	Yes	31	2,89 $\pm$ 0,63	1,53-3,99 (2,83)	^b 0,577
	No	113	2,82 $\pm$ 0,6	1,4-4,24 (2,8)	

^aMann Whitney U Test ^bStudent T Test * $p<0,05$ ** $p<0,01$

Emotional Eating value does not show a statistically significant difference according to the disease condition diagnosed by the doctor ($p>0.05$). Restrictive Eating value does not show a statistically significant difference according to the disease condition diagnosed by the doctor ($p>0.05$). Extrinsic Eating value does not show a statistically significant difference according to the disease condition diagnosed by the doctor ($p>0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to the disease diagnosed by the doctor ($p>0.05$).

Table 4.2.9. Comparison of Measurements by Physician Prescribed Drug Use Status

		n	Mean ±SD	Min-Max (Median)	p
Emotional Eating	Yes	31	2,81±1,13	1-4,85 (3,04)	^a 0,406
	No	113	2,66±1	1-5 (2,62)	
Restrictive Eating	Yes	31	2,93±0,55	2-4,1 (2,85)	^b 0,014 *
	No	113	2,58±0,67	1,1-4 (2,55)	
Extrinsic Eating	Yes	31	3,31±0,71	1,6-4,4 (3,55)	^b 0,289
	No	113	3,14±0,75	1,5-5 (3,1)	
Dutch Eating Behavior	Yes	31	3,01±0,59	1,53-3,92 (3,07)	^b 0,091
	No	113	2,79±0,61	1,4-4,24 (2,75)	

^aMann Whitney U Test ^bStudent T Test *p<0,05 **p<0,01

Emotional Eating value does not show a statistically significant difference according to the use of drugs prescribed by the doctor (p>0.05). The fact that the Restrictive Eating value of the group using the drug prescribed by the doctor was higher than the group that did not use it was found to be statistically significant (p=0.014; p<0.05) The Extrinsic Eating value does not show a statistically significant difference according to the use of the drug prescribed by the doctor (p>0.05). Dutch Eating Behavior value does not show a statistically significant difference according to the use of drugs prescribed by the doctor (p>0.05).

Table 4.2.10. Comparison of Measurements by Regular Physical Activity Status

		n	Mean ±SD	Min-Max (Median)	p
Emotional Eating	Yes	52	2,38±0,89	1-4 (2,38)	^a 0,005 **
	No	92	2,87±1,06	1-5 (2,92)	
Restrictive Eating	Yes	52	2,83±0,69	1,3-4,1 (2,7)	^b 0,009 **
	No	92	2,53±0,63	1,1-3,9 (2,6)	
Extrinsic Eating	Yes	52	3,07±0,72	1,5-4,6 (3,15)	^b 0,217
	No	92	3,23±0,75	1,6-5 (3,15)	
Dutch Eating Behavior	Yes	52	2,76±0,52	1,93-3,88 (2,67)	^b 0,266
	No	92	2,87±0,65	1,4-4,24 (2,85)	

^aMann Whitney U Test ^bStudent T Test *p<0,05 **p<0,01

It was found statistically significant that the Emotional Eating value of the group that did regular physical activity was lower than the group that did not (p=0.005; p<0.01). It was found statistically significant that the Restrictive Eating value of the group that did regular physical activity was higher than the group that did not (p=0.009; p<0.01). Extrinsic Eating value was found to be statistically significant for regular physical activity (p>0.05). Dutch eating behavior value for regular physical activity was found to be statistically significant (p>0.05).

Table 4.2.11. Comparison of Measurements According to the Change in the Number of Meals During the Pandemic

		n	Mean ±SD	Min-Max (Median)	p
Emotional Eating	Increased	63	3,04±0,93	1-5 (2,92)	^a0,002 **
	Decreased	13	2,33±1,04	1-4 (2,46)	
	Not Changed	68	2,43±1,02	1-4,62 (2,42)	
Restrictive Eating	Increased	63	2,54±0,55	1,3-3,8 (2,6)	^b0,298
	Decreased	13	2,73±0,65	1,9-3,9 (2,7)	
	Not Changed	68	2,71±0,75	1,1-4,1 (2,65)	
Extrinsic Eating	Increased	63	3,23±0,73	1,5-5 (3,2)	^b0,634
	Decreased	13	3,18±0,45	2,6-4 (3,3)	
	Not Changed	68	3,11±0,8	1,6-5 (3,1)	
Dutch Eating Behavior	Increased	63	2,94±0,57	1,83-4,24 (2,87)	^b0,184
	Decreased	13	2,75±0,5	1,93-3,33 (2,83)	
	Not Changed	68	2,75±0,65	1,4-4,24 (2,67)	

^aKruskall Wallis Test ^bANOVA Test ***p<0,05** ****p<0,01**

Emotional Eating value shows a statistically significant difference according to the change in the number of meals during the epidemic ($p=0.002$; $p<0.01$). The Emotional Eating value of the group with increased number of meals during the epidemic was found to be statistically significant compared to the other groups ($p>0.05$). Restrictive Eating value does not show a statistically significant difference according to the change in the number of meals during the epidemic ($p>0.05$). Extrinsic Eating value does not show a statistically significant difference according to the change in the number of meals during the epidemic ($p>0.05$). According to the change in the number of meals during the epidemic, the Dutch eating behavior value does not show a statistically significant difference ($p>0.05$).

Table 4.2.12. Comparison of Measurements by Trial of the New Nutrition Program During the Pandemic

		n	Mean ±SD	Min-Max (Median)	p
Emotional Eating	Yes	70	2,99±0,84	1-5 (2,85)	^a0,006 **
	No	74	2,5±1,09	1-4,92 (2,46)	
Restrictive Eating	Yes	70	2,78±0,59	1,4-3,9 (2,7)	^b0,044 *
	No	74	2,55±0,7	1,1-4,1 (2,6)	
Extrinsic Eating	Yes	70	3,25±0,66	1,5-4,3 (3,4)	^b0,310
	No	74	3,12±0,79	1,6-5 (3)	
Dutch Eating Behavior	Yes	70	3,01±0,47	2,11-4,23 (2,96)	^b0,003 **
	No	74	2,72±0,66	1,4-4,24 (2,66)	

^aMann Whitney U Test ^bStudent T Test ***p<0,05** ****p<0,01**

It was found statistically significant that the Emotional Eating value of the group that tried a new nutrition program during the epidemic was higher than the group that did not try ($p=0.006$; $p<0.01$). It was found statistically significant that the Restrictive Eating value of the group that tried new nutrition program during the epidemic was higher than the group that did not try ($p=0.044$; $p<0.05$). During the epidemic, the Extrinsic Eating value does not show a statistically significant difference according to the new nutrition program trial ($p>0.05$). It was found statistically significant that the Dutch eating behavior value of the group that tried the new nutrition program during the epidemic was higher than the group that did not try ($p=0.003$; $p<0.01$).

Table 4.2.13. Comparison of Measurements by Person Who Recommends Diet Program

		n	Mean $\pm$SD	Min-Max (Median)	p
Emotional Eating	Friend	2	2,31 $\pm$ 0,44	2-2,62 (2,31)	^a 0,321
	Nutritionist	36	3,1 $\pm$ 0,84	1-5 (2,96)	
	Other	32	2,96 $\pm$ 0,82	1,54-4,46 (2,85)	
Restrictive Eating	Friend	2	3,6 $\pm$ 0,42	3,3-3,9 (3,6)	^b 0,106
	Nutritionist	36	2,79 $\pm$ 0,56	1,9-3,9 (2,7)	
	Other	32	2,7 $\pm$ 0,58	1,4-3,8 (2,7)	
Extrinsic Eating	Friend	2	2,7 $\pm$ 0,14	2,6-2,8 (2,7)	^b 0,431
	Nutritionist	36	3,33 $\pm$ 0,55	2,3-4,3 (3,4)	
	Other	32	3,26 $\pm$ 0,79	1,5-4,3 (3,4)	
Dutch Eating Behavior	Friend	2	2,87 $\pm$ 0,05	2,83-2,91 (2,87)	^b 0,658
	Nutritionist	36	3,07 $\pm$ 0,48	2,17-4,23 (3,07)	
	Other	32	2,97 $\pm$ 0,48	2,11-3,79 (2,95)	

^aKruskall Wallis Test ^bANOVA Test * $p<0,05$ ** $p<0,01$

Emotional Eating value does not show a statistically significant difference according to the person recommending the diet program ($p>0.05$). Restrictive Eating value does not show a statistically significant difference according to the person recommending a diet program ($p>0.05$). Extrinsic Eating value does not show a statistically significant difference according to the person recommending the diet program ($p>0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to the person recommending the diet program ($p>0.05$).

Table 4.2.14. Comparison of Measurements According to the Nutrition Program Applied

		n	Mean ±SD	Min-Max (Median)	p
Emotional Eating	Mediterranea	10			^a 0,634
	n		2,7±0,93	1-4 (2,54)	
	Ketogenic	4	3,15±1,43	1,62-5 (3)	
	Other	56	2,99±0,93	1-4,92 (2,96)	
Restrictive Eating	Mediterranea	10			^b 0,171
	n		2,91±0,62	2,1-4,1 (2,75)	
	Ketogenic	4	3,3±0,64	2,7-3,9 (3,3)	
	Other	56	2,74±0,59	1,4-3,9 (2,7)	
Extrinsic Eating	Mediterranea	10			^b 0,055
	n		2,82±0,68	2-3,8 (2,7)	
	Ketogenic	4	2,95±0,86	2-3,9 (2,95)	
	Other	56	3,36±0,66	1,5-4,7 (3,45)	
Dutch Eating Behavior	Mediterranea	10			^b 0,439
	n		2,81±0,5	2,29-3,59 (2,62)	
	Ketogenic	4	3,13±0,95	2,11-4,23 (3,1)	
	Other	56	3,03±0,51	1,78-4,24 (2,99)	

^aKruskall Wallis Test ^bANOVA Test * $p < 0,05$ ** $p < 0,01$

Emotional Eating value does not show a statistically significant difference according to the diet program applied ($p > 0.05$). Restrictive Eating value does not show a statistically significant difference according to the applied diet program ($p > 0.05$). Extrinsic Eating value does not show a statistically significant difference according to the applied diet program ($p > 0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to the diet program applied ($p > 0.05$).

Table 4.2.15. Comparison of Measurements According to Taking Nutritional Supplements During the Pandemic

		n	Mean ±SD	Min-Max (Median)	p
Emotional Eating	Yes	102	2,68±0,96	1-5 (2,77)	^a 0,940
	No	42	2,71±1,18	1-4,92 (2,62)	
Restrictive Eating	Yes	102	2,62±0,68	1,1-4,1 (2,6)	^b 0,551
	No	42	2,69±0,62	1,3-3,7 (2,7)	
Extrinsic Eating	Yes	102	3,12±0,71	1,5-4,8 (3,1)	^b 0,212
	No	42	3,29±0,81	2-5 (3,25)	
Dutch Eating Behavior	Yes	102	2,81±0,59	1,4-4,23 (2,79)	^b 0,412
	No	42	2,9±0,65	1,78-4,24 (2,87)	

^aMann Whitney U Test ^bStudent T Test * $p < 0,05$ ** $p < 0,01$

Emotional Eating value does not show a statistically significant difference according to taking nutritional supplements during the epidemic ($p>0.05$). Restrictive Eating value does not show a statistically significant difference according to taking nutritional supplements during the epidemic ($p>0.05$). Extrinsic Eating value does not show a statistically significant difference according to taking nutritional supplements during the epidemic ($p>0.05$). Dutch Eating Behavior value does not show a statistically significant difference according to taking nutritional supplements during the epidemic ($p>0.05$).

Table 4.2.16. Comparison of Measurements According to Continuation of Regular Physical Activity After the Pandemic

		n	Mean $\pm$SD	Min-Max (Median)	p
Emotional Eating	Yes	56	2,53 $\pm$ 0,99	1-4,85 (2,5)	^a 0,115
	No	88	2,79 $\pm$ 1,04	1-5 (2,85)	
Restrictive Eating	Yes	56	2,83 $\pm$ 0,66	1,4-4,1 (2,7)	^b 0,006 **
	No	88	2,52 $\pm$ 0,64	1,1-3,9 (2,55)	
Extrinsic Eating	Yes	56	3,14 $\pm$ 0,75	1,5-4,8 (3,2)	^b 0,702
	No	88	3,19 $\pm$ 0,74	1,6-5 (3,1)	
Dutch Eating Behavior	Yes	56	2,83 $\pm$ 0,58	1,53-3,99 (2,84)	^b 0,982
	No	88	2,83 $\pm$ 0,63	1,4-4,24 (2,79)	

^aMann Whitney U Test ^bStudent T Test * $p<0,05$ ** $p<0,01$

Emotional Eating value does not show a statistically significant difference according to continuing physical activity after the epidemic ($p>0.05$). The fact that the group that continued regular physical activity after the epidemic had a higher Restrictive Eating value than the group that did not was found to be statistically significant ($p=0.006$; $p<0.01$). Extrinsic Eating value does not show a statistically significant difference according to continuing physical activity after the epidemic ($p>0.05$). Dutch eating behavior value does not show a statistically significant difference according to continuing physical activity after the epidemic ($p>0.05$).

Table 4.2.17. Comparison of Measurements According to the Change in Period of Regular Physical Activity After the Pandemic

		n	Mean $\pm$ SD	Min-Max (Median)	p
Emotional Eating	Increased	13	2,57 $\pm$ 1,04	1-4 (2,54)	^a 0,556
	Decreased	24	2,4 $\pm$ 0,99	1-4,85 (2,27)	
	Not Changed	19	2,66 $\pm$ 0,98	1-4,46 (2,92)	
Restrictive Eating	Increased	13	3,18 $\pm$ 0,71	1,9-4 (3,4)	^b 0,055
	Decreased	24	2,63 $\pm$ 0,69	1,4-4 (2,65)	
	Not Changed	19	2,84 $\pm$ 0,49	2,3-4,1 (2,7)	
Extrinsic Eating	Increased	13	3,38 $\pm$ 0,5	2,6-4,4 (3,5)	^b 0,119
	Decreased	24	2,9 $\pm$ 0,78	1,5-4,2 (3)	
	Not Changed	19	3,27 $\pm$ 0,8	2-4,8 (3,2)	
Dutch Eating Behavior	Increased	13	3,04 $\pm$ 0,56	1,93-3,6 (3,22)	^b 0,090
	Decreased	24	2,64 $\pm$ 0,58	1,53-3,92 (2,64)	
	Not Changed	19	2,92 $\pm$ 0,54	2,12-3,99 (2,8)	

^aKruskall Wallis Test ^bANOVA Test *p<0,05 **p<0,01

Emotional Eating value does not show a statistically significant difference according to the change of regular physical activity time after the epidemic (p>0.05). Restrictive Eating value does not show a statistically significant difference according to the change of regular physical activity time after the epidemic (p>0.05). Extrinsic Eating value does not show a statistically significant difference according to the change of regular physical activity time after the epidemic (p>0.05). Dutch Eating Behavior value does not show a statistically significant difference according to the change of regular physical activity time after the epidemic (p>0.05).

Table 4.2.18. Comparison of Measurements According to Weight Change During Home Online Study Period

		n	Mean $\pm$ SD	Min-Max (Median)	p
Emotional Eating	Increased	98	2,93 $\pm$ 0,96	1-5 (2,92)	^a0,001 **
	Decreased	14	2,34 $\pm$ 0,92	1-3,85 (2,38)	
	Not Changed	32	2,12 $\pm$ 1,02	1-4,38 (2)	
Restrictive Eating	Increased	98	2,55 $\pm$ 0,58	1,2-3,9 (2,6)	^b0,019 *
	Decreased	14	3,06 $\pm$ 0,68	1,4-3,9 (3,3)	
	Not Changed	32	2,73 $\pm$ 0,81	1,1-4,1 (2,55)	
Extrinsic Eating	Increased	98	3,26 $\pm$ 0,73	1,6-5 (3,25)	^b0,024 *
	Decreased	14	3,25 $\pm$ 0,67	2,1-4,4 (3,25)	
	Not Changed	32	2,85 $\pm$ 0,73	1,5-4,6 (3,05)	
Dutch Eating Behavior	Increased	98	2,91 $\pm$ 0,6	1,67-4,24 (2,84)	^b0,018 *
	Decreased	14	2,88 $\pm$ 0,53	1,78-3,48 (3,05)	
	Not Changed	32	2,57 $\pm$ 0,61	1,4-3,88 (2,49)	

^aKruskall Wallis Test ^bANOVA Test *p<0,05 **p<0,01

Emotional Eating value shows a statistically significant difference according to weight change during the From Home online working period (p=0.001; p<0.01). ; p<0.01). Restrictive Eating value shows statistically significant difference according to weight change during the From Home online working period (p=0.019; p<0.05) The fact that the Restrictive Eating value of the group whose weight increased during the online working period from Home was lower than the group whose weight decreased was found to be statistically significant (p=0.001 ; p<0.01).

Extrinsic Eating value shows a statistically significant difference according to weight change during the online working period (p=0.024; p<0.05) The fact that the Extrinsic Eating value of the group whose weight increased during the home online working period was found to be higher than the group that did not change (p=0.001) ; p<0.01). Dutch eating behavior value shows a statistically significant difference according to weight change during the From Home online study period (p=0.018; p<0.05) The fact that the Dutch eating behavior value of the group whose weight increased during the online study period at home was higher than the group that did not change was found to be statistically significant (p=0.001; p<0.01).

Tablo 4.3. Distribution Of Food Consumption Frequencies During The Period Of Working At Work And Working Online From Home

While 44.4% of the participants consumed milk, yoghurt and ayran every day while they were working at work, it was determined as 50.7% when they were working online from home ($p>0.05$). While 70.8% of those who did not consume plant milk while they were working at work, it was determined as 61.1% when they worked online from home ($p>0,05$). While 56.2% did not consume kefir while they were working at work, it was determined as 41% when they worked online from home ($p>0,05$).). Cheese consumption frequencies do not show a statistically significant difference according to the periods ($p>0.05$). In line with these values, it is seen that there is an increase in the frequency of consumption of milk-yogurt-ayran, plant milk and kefir during the online working period from home ($p>0.05$).

The frequency of red meat consumption according to the periods does not show a statistically significant difference ($p>0.05$). Chicken consumption frequencies do not show a statistically significant difference according to the periods ($p>0.05$). While the frequency of consumption of fish 1-2 times a week was 50.7% in the period of work, it was determined as 55.6% in the period of working from home ($p>0.05$). While 45.1% of the participants consumed eggs every day while they were working at work, it was determined as 59% when they were working online from home ($p>0.05$). While it was 6.9% for those who consumed processed meat 3-4 times a week while they were working at work, it was determined as 11.1% when they were working from home ($p>0.05$).

During the period when the participants worked online from home (14.6%), the daily consumption of legumes was found to be higher than the period when they worked at the workplace (4.9%) ($p>0.05$).. The frequency of consumption of nuts and seeds according to the periods does not show a statistically significant difference ($p>0.05$).

The rate of consumption of vegetables every day (46.5%) during the period when the participants worked at work was found to be higher than when they worked online from home (43.8%) ($p>0.05$). The rate of daily fruit consumption was found to be higher during the online working period from home (42.4%) compared to the period they worked at the workplace (36.8%) ($p>0.05$).

While 13.9% of the participants consumed white bread every day while they were working at work, it was determined as 18.8% when they were working online from home ($p>0.05$). 41% of the participants reported that they consumed Whole Grain-Sourdough-Whole Wheat Bread every day while they were working at work, and 43.1% reported that they consumed it while they were working online from home ($p>0.05$). In line with the values, whole-grain-Sourdough-Whole Wheat Breads are preferred more than white bread ($p>0.05$). The frequency of oats and cereal consumption according to the periods does not show a statistically significant difference ($p>0.05$) 8.3% of the participants reported that they consumed Rice-Pasta-Flour Soup every day while they were working at work, and 12.5% of them reported that they consumed it while they were working online from home ($p>0.05$). It has been observed that while the rate of consuming the pastry-cake-cookie every day decreases, the rate of consuming 5-6 times a week increases. (13.2%, 10.4% in the period of working at work, 4.9% and 8.3% in the period of working from home, respectively) ($p>0.05$).

During the period when the participants were working online from home (14.6%), the consumption rate of milk dessert-ice cream every day was higher than the period when they worked at the workplace (12.5%) ($p>0.05$). While 9% of the participants consumed snacks every day before the pandemic, this value was 17.4% during the online working period from home. The frequency of snack consumption according to the periods shows statistically significant differences ($p=0.035$; $p<0.05$). It was found statistically significant that those who consumed it 5-6 times a week and every day before the pandemic were lower than after the pandemic ($p=0.001$; $p<0.01$). Honey, jam and molasses consumption frequencies do not show a statistically significant difference according to the periods ($p>0.05$). Hazelnut and peanut butter consumption frequencies do not show a statistically significant difference according to the periods ($p>0.05$).

The rate of consumption of herbal tea and green tea every day during the period when the participants were working online from home (32.6%) was found to be higher than when they were working at the workplace (23.6%) ($p>0.05$). In addition, a decrease was observed in the rate of those who consume black tea every day. (65.3%, 63.2%) ($p>0.05$). The rate of those who consume coffee 3-4 times a week was found to be high during the online working period from home. (6.3%, 18.1%)

Sugar consumption frequencies do not show a statistically significant difference according to periods ($p>0.05$). Frequencies of fast food consumption do not show a statistically significant difference according to the periods ($p>0.05$). During the period when the participants worked online from home (15.3%), the rate of consumption of carbonated drinks every day was found to be higher than when they worked at the workplace (9.7%) ($p>0.05$).

The rate of consumption of alcoholic beverages every day during the period when the participants were working online from home (7.6%) was found to be higher than when they were working at the workplace (2.1%) ($p>0.05$).



Tablo 4.3. Distribution Of Food Consumption Frequencies During The Period Of Working At Work And Working Online From Home

		Food Consumption Frequency							
		Never	Once in a Month	Once in 15 Days	1-2 times a week	3-4 times a week	5-6 times a week	Everyday	p
		n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	
Milk and Dairy Products									
Milk-Yogurt- Ayran	Before Pandemic	9 (%6.3)	0 (%0)	0 (%0)	33 (% 22.9)	27 (%18.8)	11 (%7.6)	64 (%44.4)	0.302
	Online Working	6 (%4.2)	4 (%2.8)	0 (%0)	30 (%20.8)	22 (%15.3)	9 (%6.3)	73 (%50.7)	
Plant Milk	Before Pandemic	102 (%70.8)	2 (%1.4)	12 (%8.3)	13 (%9)	9 (%6.2)	2 (%1.4)	4 (%2.8)	0.057
	Online Working	88 (%61.1)	8 (%5.6)	6 (%4.2)	21 (%14.6)	7 (%4.9)	3 (%2.1)	11 (%7.5)	
Kefir	Before Pandemic	81 (%56.2)	5 (%3.5)	21 (%14.6)	24 (%16.7)	7 (%4.9)	2 (%1.4)	4 (%2.8)	0.104
	Online Working	59 (%41)	10 (%6.9)	17 (%11.8)	35 (%24.3)	14 (%9.7)	3 (%2.1)	6 (%4.2)	
Cheese	Before Pandemic	4 (%2.8)	0 (%0)	1 (%0.7)	23 (%16)	16 (%11.1)	14 (%9.7)	86 (%59.7)	0.155
	Online Working	0 (%0)	1 (%0.7)	4 (%2.8)	33 (%22.9)	13 (%9)	11 (%7.6)	82 (%56.9)	
Meat, Eggs, Legumes									
Red Meat	Before Pandemic	0 (%0)	0 (%0)	12 (%8.3)	83 (%57.6)	35 (%24.3)	3 (%2.1)	11 (%7.6)	0.650
	Online Working	0 (%0)	0 (%0)	13 (%9)	79 (%54.9)	33 (%22.9)	8 (%5.6)	11 (%7.6)	
Chicken	Before Pandemic	5 (%3.5)	6 (%4.2)	16 (%11.1)	92 (%63.9)	18 (%12.5)	2 (%1.4)	5 (%3.5)	0.834
	Online Working	4 (%2.8)	5 (%3.5)	16 (%11.1)	84 (%58.3)	24 (%16.7)	5 (%3.5)	6 (%4.2)	

Tablo 4.3: Distribution Of Food Consumption Frequencies During The Period Of Working At Work And Working Online From Home

Fish	Before Pandemic	20 (%13.9)	9 (%6.3)	29 (%20.1)	73 (%50.7)	8 (%5.6)	0 (%)	5 (%3.5)	0.180
	Online Working	11 (%7.6)	11 (%7.6)	23 (%16)	80 (%55.6)	9 (%6.3)	5 (%3.5)	5 (%3.5)	
Egg	Before Pandemic	2 (%1.4)	3 (%2.1)	4 (%2.8)	36 (%25)	22 (%15.3)	12 (%8.3)	65 (%45.1)	0.378
	Online Working	1 (%0.7)	1 (%0.7)	3 (%2.1)	27 (%18.8)	16 (%11.1)	11 (%7.6)	85 (%59)	
Processed Meat Products	Before Pandemic	56 (%38.9)	5 (%3.5)	21 (%14.6)	44 (%30.6)	10 (%6.9)	4 (%2.8)	4 (%2.8)	0.493
	Online Working	48 (%33.3)	9 (%6.3)	18 (%12.5)	39 (%27.1)	16 (%11.1)	6 (%4.2)	8 (%5.6)	
Legumes	Before Pandemic	4 (%2.8)	1 (%0.7)	11 (%7.6)	92 (%63.9)	22 (%15.3)	7 (%4.9)	7 (%4.9)	0.093
	Online Working	2 (%1.4)	2 (%1.4)	13 (%9)	79 (%54.9)	24 (%16.7)	3 (%2.1)	21 (%14.6)	
Nuts and Seeds	Before Pandemic	17 (%11.8)	2 (%1.4)	11 (%7.6)	41 (%28.5)	23 (%16)	9 (%6.3)	41 (%28.5)	0.623
	Online Working	23 (%16)	6 (%4.2)	7 (%4.9)	35 (%24.3)	21 (%14.6)	9 (%6.3)	43 (%29.9)	
Vegetable and Fruit									
Vegetable-Salad	Before Pandemic	2 (%1.4)	1 (%0.7)	1 (%0.7)	24 (%16.7)	35 (%24.3)	14 (%9.7)	67 (%46.5)	0.458
	Online Working	2 (%1.4)	0 (%)	1 (%0.7)	37 (%25.7)	25 (%17.4)	16 (%11.1)	63 (%43.8)	
Fruit	Before Pandemic	3 (%2.1)	1 (%0.7)	3 (%2.1)	55 (%38.2)	21 (%14.6)	8 (%5.6)	53 (%36.8)	0.915
	Online Working	2 (%1.4)	1 (%0.7)	5 (%3.5)	47 (%32.6)	19 (%13.2)	9 (%6.3)	61 (%42.4)	

Table 4.3: Distribution Of Food Consumption Frequencies During The Period Of Working At Work And Working Online From Home

Bread and Grains									
White Bread	Before Pandemic	65 (%45.1)	3 (%2.1)	12 (%8.3)	24 (%16.7)	14 (%9.7)	6 (%4.2)	20 (%13.9)	0.678
	Online Working	55 (%38.2)	7 (%4.9)	10 (%6.9)	27 (%18.8)	12 (%48.3)	6 (%4.2)	27 (%18.8)	
Grain- Sourdough- Whole Wheat Bread	Before Pandemic	15 (%10.4)	2 (%1.4)	1 (%0.7)	31 (%21.5)	25 (%17.4)	11 (%7.6)	59 (%41)	0.496
	Online Working	10 (%6.9)	2 (%1.4)	2 (%1.4)	43 (%29.9)	18 (%12.5)	7 (%4.9)	62 (%43.1)	
Cereal	Before Pandemic	77 (%53.5)	2 (%1.4)	12 (%8.3)	32 (%22.2)	7 (%4.9)	3 (%2.1)	11 (%7.6)	0.824
	Online Working	83 (%57.6)	3 (%2.1)	9 (%6.3)	24 (%16.7)	8 (%5.6)	2 (%1.4)	15 (%10.4)	
Oat	Before Pandemic	62 (%43.1)	4 (%2.8)	16 (%11.1)	34 (%23.6)	11 (%7.6)	4 (%2.8)	13 (%9)	0.496
	Online Working	64 (%44.4)	7 (%4.9)	7 (%4.9)	35 (%24.3)	10 (%6.9)	3 (%2.1)	18 (%12.5)	
Rice-Pasta-Flour Soup	Before Pandemic	14 (%9.7)	1 (%0.7)	9 (%6.3)	77 (%53.5)	23 (%16)	8 (%5.6)	12 (%8.3)	0.492
	Online Working	13 (%9)	4 (%2.8)	11 (%7.6)	62 (%43.1)	25 (%17.4)	11 (%7.6)	18 (%12.5)	
Pastry-Cookie- Cake	Before Pandemic	18 (%12.5)	4 (%2.8)	23 (%16)	57 (%39.6)	16 (%11.1)	7 (%4.9)	19 (%13.2)	0.498
	Online Working	15 (%10.4)	10 (%6.9)	18 (%12.5)	56 (%38.9)	18 (%12.5)	12 (%8.3)	15 (%10.4)	
Oil, Sugar, Dessert and Beverages									
Milk-Dessert-Ice Cream	Before Pandemic	11 (%7.6)	5 (%3.5)	29 (%20.1)	58 (%40.3)	15 (%10.4)	8 (%5.6)	18 (%12.5)	0.733
	Online Working	8 (%5.6)	8 (%5.6)	24 (%16.7)	52 (%36.1)	22 (%15.3)	9 (%6.3)	21 (%14.6)	

Tablo 4.3: Distribution Of Food Consumption Frequencies During The Period Of Working At Work And Working Online From Home

Snacks	Before Pandemic	40 (%27.8)	7 (%4.9)	15 (%10.4)	43 (%29.9)	21 (%14.6)	5 (%3.5)	13 (%9)	0.035*
	Online Working	29 (%20.1)	7 (%4.9)	7 (%4.9)	41 (%28.5)	20 (%13.9)	15 (%10.4)	25 (%17.4)	
Honey, Jam, Molasses	Before Pandemic	23 (%16)	1 (%0.7)	14 (%9.7)	51 (%35.4)	17 (%11.8)	5 (%3.5)	33 (%22.9)	0.444
	Online Working	20 (%13.9)	5 (%3.5)	8 (%5.6)	50 (%34.7)	23 (%16)	7 (%4.9)	31 (%21.5)	
Hazelnut-Peanut Butter	Before Pandemic	55 (%38.2)	4 (%2.8)	19 (%13.2)	31 (%21.5)	11 (%7.6)	3 (%2.1)	21 (%14.6)	0.084
	Online Working	41 (%28.5)	8 (%5.6)	9 (%6.3)	48 (%33.3)	12 (%8.3)	5 (%3.5)	21 (%14.6)	
Solid Fat	Before Pandemic	65 (%45.1)	3 (%2.1)	13 (%9)	32 (%22.2)	17 (%11.8)	5 (%3.5)	9 (%6.3)	0.111
	Online Working	55 (%38.2)	6 (%4.2)	9 (%6.3)	32 (%22.2)	12 (%8.3)	6 (%4.2)	24 (%16.7)	
Oil	Before Pandemic	41 (%28.5)	2 (%1.4)	8 (%5.6)	42 (%29.2)	14 (%9.7)	6 (%4.2)	31 (%21.5)	0.785
	Online Working	37 (%25.7)	4 (%2.8)	8 (%5.6)	33 (%22.9)	15 (%10.4)	8 (%5.6)	39 (%27.1)	
Olive Oil	Before Pandemic	2 (%1.4)	2 (%1.4)	2 (%1.4)	45 (%31.3)	21 (%14.6)	10 (%6.9)	62 (%43.1)	0.862
	Online Working	1 (%0.7)	2 (%1.4)	4 (%2.8)	36 (%25)	23 (%16)	13 (%9)	65 (%45.1)	
Black Tea	Before Pandemic	4 (%2.8)	1 (%0.7)	4 (%2.8)	25 (%17.4)	9 (%6.3)	7 (%4.9)	94 (%65.3)	0.698
	Online Working	7 (%4.9)	3 (%2.1)	4 (%2.8)	20 (%13.9)	14 (%9.7)	5 (%3.5)	91 (%63.2)	

Tablo 4.3: Distribution Of Food Consumption Frequencies During The Period Of Working At Work And Working Online From Home

Herbal Tea/Green Tea	Before Pandemic	24 (%16.7)	3 (%2.1)	6 (%4.2)	55 (%38.2)	14 (%9.7)	8 (%5.6)	34 (%23.6)	0.628
	Online Working	22 (%15.3)	4 (%2.8)	8 (%5.6)	43 (%29.9)	14 (%9.7)	6 (%4.2)	47 (%32.6)	
Coffee	Before Pandemic	4 (%2.8)	0 (%0)	2 (%1.4)	23 (%16)	9 (%6.3)	9 (%6.3)	97 (%67.4)	0.088
	Online Working	2 (%1.4)	0 (%0)	2 (%1.4)	4 (%2.8)	26 (%18.1)	14 (%9.7)	96 (%66.6)	
Sugar	Before Pandemic	76 (%52.8)	1 (%0.7)	11 (%7.6)	16 (%11.1)	8 (%5.6)	8 (%5.6)	24 (%16.7)	0.097
	Online Working	69 (%47.9)	6 (%4.2)	3 (%2.1)	25 (%17.4)	10 (%6.9)	7 (%4.9)	24 (%16.7)	
Fast Food	Before Pandemic	35 (%24.3)	6 (%4.2)	29 (%20.1)	47 (%32.6)	8 (%5.6)	7 (%4.9)	12 (%8.3)	0.964
	Online Working	33 (%22.9)	10 (%6.9)	29 (%20.1)	44 (%30.6)	10 (%6.9)	7 (%4.9)	11 (%7.6)	
Carbonated Drinks	Before Pandemic	61 (%42.4)	3 (%2.1)	11 (%7.6)	34 (%23.6)	14 (%9.7)	7 (%4.9)	14 (%9.7)	0.444
	Online Working	50 (%34.7)	7 (%4.9)	13 (%9)	27 (%18.8)	16 (%11.1)	9 (%6.3)	22 (%15.3)	
Alcoholic Beverage	Before Pandemic	69 (%47.9)	5 (%3.5)	11 (%7.6)	24 (%16.7)	22 (%15.3)	10 (%6.9)	3 (%2.1)	0.205
	Online Working	61 (%42.4)	12 (%8.3)	10 (%6.9)	22 (%15.3)	18 (%12.5)	10 (%6.9)	11 (%7.6)	

Chi-Square * $p < 0,05$ ** $p < 0,01$

5.DISCUSSION

This study was created based on the restriction of online work from home applied during the Covid-19 pandemic. In this period, the effects of negative emotions such as stress that can be caused by working online from home on nutrition and emotional eating behavior were examined.

5.1. General Information

According to the World Health Organization, individuals with a BMI value below <18.50 kg/m² are underweight, individuals between $18.50-24.99$ kg/m² are normal, individuals with a BMI value between $25.00-29.99$ kg/m² are slightly obese, and individuals with a BMI of >30.00 kg/m² are obese (47). According to these values, the mean BMI of the individuals in our study is in the normal range (Table 4.1.1). In 2016, more than 1.9 billion adults aged 18 and over were overweight. Of these, more than 650 million were obese. (WHO) (14) In the TURDEP-I (1997-1998) study conducted in Turkey, 35% of the individuals were slightly overweight and 22% were obese. Besides in TURDEP-II (2010), the rate of slightly obese individuals increased to 37% and the rate of obese individuals to 36.9% (48).

Most of the participants (60.4%) reported that they had 3 main meals during their work. In addition, those who have 1 snack (71.6%) are in the majority. During the pandemic, 43.8% of the participants reported that the total number of meals increased, 9% decreased, and 47.2% did not change during the period when they worked from home (Table 4.1.2.). In a study conducted in Istanbul (n=384), it was determined that 60.4% of individuals were fed with 3 main meals before the Covid-19 pandemic, and this value decreased to 50.2% after the pandemic (49). In another study examining the nutritional habits of adults after the pandemic, it was observed that 53.7% of the individuals were fed with 3 main meals before Covid-19 and 2 main meals mostly (63.0%) after the epidemic. It was determined that 13.2% of individuals before Covid-19 and 30.8% of individuals after Covid-19 had 3 or more snacks (50).

53.5% of the participants working at the workplace before the pandemic stated that they skipped meals. Participants stated that they skipped breakfast (36.4%), lunch (27.3%), snacks (19.5%) and dinner (16.9%), respectively. The majority of the

participants (40.3%) stated the reason for skipping meals as lack of time. Before the pandemic, 31.9% of the participants stated that they brought their meals from home, 41.7% ate in the cafeteria and 26.4% said they wanted from outside. 54.2% of the participants state that they pay attention to being healthy when choosing food at work. In addition, 35.4% of them pay attention to the fact that the meals are fast and accessible, while 10.4% of them care about large portions (Table 4.1.2.). In a study conducted in the USA, the factors affecting the lunch choices of employees were examined. In the study, it was stated that about half of the employees buy food at least 2 times a week and they pay attention to being fast and accessible (34.3%), taste (27.8%), cost (20.8%) and healthy (17.1%) when choosing food. Fast-food restaurants (43.4%), cafeteria/snack shops (25.3%), restaurants (16.9%), supermarkets (5.2%), vending machines (4.4%) and markets (4.0%) (51). Due to the lack of time and workload, employees can tend to more fast and accessible foods. However, In our study, employees give importance to healthy food rather than fast and accessible food selection. Employee's selection of healthy food in our study is healthier than choosing fast food selection.

48.6% of the participants stated that they tried a new nutrition program while working online from home. 51.4% of these people said that they started the program with the recommendation of a dietitian. The vast majority of individuals (80%) stated that they used intermittent fasting and a Mediterranean diet (14.3%) (Table 4.1.3.). Individuals may have started to try a new diet program to prevent health anxiety or illness.

In the study of Dincer and Kolcu, 46.1% of individuals stated that their physical activity levels decreased (49). In another study, it was found that most of the individuals (60.6%) had decreased physical activity levels after Covid-19. According to the International Physical Activity Questionnaire score of the participants in the study conducted with 260 people between the ages of 20-80; While 51.2% of them were not physically active during the pandemic process, 45.7% of them were found to have low physical activity levels (52). In our study while 36.1% of the individuals participating in the study stated that they exercised before the pandemic, 38.9% stated that they exercised during the online working process from home. However, 42.9% of the participants stated that the duration of physical activity decreased. (Table 4.1.4.) Physical activity is one of the factors necessary for a state of complete well-being. With the reduced duration of physical activity and working from home, an increase in body weight and difficulty in

managing emotions can be observed. It is also known that physical activity has a positive effect on depression and anxiety and has immune system strengthening effects (53).

During the pandemic period, most individuals started to take multivitamin supplements. Vitamins and minerals have positive effects on the immune system (54). The vast majority (70.8%) of the participants reported that they received nutritional support while working online from home. Of the participants, 40.2% (n=41) multivitamin, 69.6% (n=71) vitamin D, 52% (n=53) vitamin C, 20.6% (n=n=) 21) stated that they used omega-3, 24.5% (n=25) zinc, 28.4% (n=29) and 2.9% (n=3) other vitamins and minerals (Table 4.1.3.). In the study conducted by Macit, it was seen that 36.1% of individuals started to use nutritional support after the pandemic. Vitamins C (56.9%) and D (50.4%) and zinc (27.6%) were mostly used (50). These supplements must be taken consciously. The recommendations of health professionals should be taken into account. Although taking these nutrients naturally is of great importance, the use of multivitamin supplements is also common. At the same time, the restriction of access to fresh fruits and vegetables due to the quarantines applied during this period can be another reason for the use of multivitamins.

In our study, 68.1% (n=98) of the participants stated that their weight increased while working online from home during the Covid-19 pandemic quarantines, 9.7% (n=14) decreased, and 22.2% (n=32) reported unchanged. (Table 4.1.3.) Studies show that there is both weight gain and weight loss in individuals during the Covid-19 pandemic quarantines. In a study conducted in Spain during the Covid-19 quarantine period, 48.2% of the participants reported that they did not gain weight during the quarantine, while 13% reported that they gained weight (55). In a study conducted in Chile (N=700), the eating habits, physical activity and weight status of individuals during the quarantine period during the Covid-19 pandemic were examined. During the quarantine, 25.6% of men and 38.1% of women reported an increase in body weight (56). A large population study in France (37,252 adults), increased body weight (35%; mean +1.8 kg), decreased physical activity (53%), increased sedentary time (63%), and unhealthy diet during COVID-19 restrictions reported negative changes, such as habits (16). Both the decrease in physical activity and changes in nutrition supported weight gain due to restrictions, Covid-19 and online working from home (57).

5.2. Emotional Eating

In a study, women's emotional eating and restrictive eating scores were found to be higher than men (58). In our study, although the emotional eating score of women (2.75 ± 1.06) during the online study period was higher than that of men (2.54 ± 0.93), it was not found to be statistically significant ($p > 0.05$). (Table 4.2.1.) In a study conducted with adolescents, it was observed that girls' emotional eating and restrictive eating scores were higher than boys. According to this study, it was observed that the emotional eating score was higher in girls as the age increased (59). In a study conducted by De Lauzon et al. (2004) on middle-aged adults and young adults, it was observed that the emotional eating score of women was higher than that of men (60).

When evaluating the Dutch eating behavior questionnaire (BDEQ), there was no statistically significant difference in emotional eating between men and women, so they were examined as a single group in the continuation of the analysis.

It has been observed that emotional eating behavior tends to occur at night and during snacks (61). In our study, emotional eating value was found to be high for individuals whose weight increased during online working period. ($p = 0.002$; $p < 0.01$) (4.2.11.). In a study examining the effect of emotional eating behavior on nutritional status in adults, it was found that there was a positive significance between the number of snacks and the emotional eating score (62). This value supports our study.

Individuals can apply diet programs due to factors such as weight loss and health. In this direction, various psychological consequences and mood disorders may occur depending on the nutrition content. In our study, it was statistically significant that the group who tried a new nutrition program had a higher emotional eating value than the group that was not trying during the online working period ($p = 0.006$; $p < 0.01$). It was also statistically significant that the restrictive eating value of the group who tried a new nutrition program was higher than the non-tested group ($p = 0.044$; $p < 0.05$) (4.2.14). In line with these results, it can be said that individuals who make diet trials tend to show psychological eating behavior. In a study, emotional eating and scores of individuals who follow a frequent diet were found to be significantly higher than those who did not diet at all ($p < 0.05$) (62).

Emotional eating value of participants who did not continue regular physical activity during the online working period were found to be higher. However, it does not show a statistically significant difference ($p>0.05$) (4.2.16). It is seen that physical activity has positive effects on mood. It was found statistically significant that the restrictive eating value of the group that continued regular physical activity after the epidemic was higher than the group that did not ($p=0.006$; $p<0.01$). In the study conducted by Seven, no statistically significant difference was found between the emotional eating values of the participants who did physical activity and those who did not ($p>0.05$) (62). In a study applied to sports science students during the pandemic period, it was determined that the improvement in mood increased as the level of physical activity increased. ($p<0.05$). It has been determined that increasing the intensity of moderate and high-intensity exercises reduces the tendency to emotional eating depending on the type of food. ($p<0.05$) (63).

The changing lifestyle, decrease in physical activity and emotional states that develop with online work during the pandemic period can cause weight gain in individuals. In our study, the emotional eating value of individuals whose weight increased during the online study period was found to be high. ($p=0.001$; $p<0.01$). The emotional eating value of the group whose weight increased during the online working period from home was found to be higher than the other groups ($p=0.001$; $p<0.01$) (4.2.18). These results support the observation of weight gain along with emotional eating behavior.

Some studies conducted during the Covid-19 pandemic period associate weight gain with increased total food intake. In the study conducted by researchers at the University of Granada, Spain, data collected in Lithuania were analyzed. 49.4% of the participants reported that they ate more than usual, 45.1% reported that they increased their snack consumption. It has been reported that one out of every three participants has gained weight during the quarantine period (64). A study examining the effect of lifestyle on weight gain during quarantine in China associated weight gain with increased food intake and decreased physical activity. While the participants reported a significant increase in total food intake by 9.8%, the rate of weight gain was determined as 30.6% (65).

5.3. Frequency of Food Consumption

In this section, the frequency of food consumption of the participants is compared with the period when they work at work and the period when they work online from home. There is no study examining the nutritional status of online workers from home. It is thought that this study may be helpful for other studies on this subject. In addition, there are studies examining the nutritional status during the quarantine period and there are results supporting our study.

It has been reported that individuals consume higher amounts of high-energy foods in the face of negative emotions (14). In a study, it was reported that there was a positive relationship between stress and consumption of salty snacks, pastries, sugary drinks and fast food, and a negative relationship between consumption of fresh fruits and vegetables (66).

In a study conducted in Chile, 55% of the participants reported that they consumed red meat, 65.0% white meat and 75.1% fish 1-2 times a week (56). In our study, the frequency of red meat and chicken consumption according to the periods does not show a statistically significant difference ($p>0.05$). While the frequency of consumption of fish 1-2 times a week was 50.7% before pandemic, it was determined as 55.6% in the period of working from home ($p>0.05$). (Table 4.3.)

During the period when the participants were working online from home (14.6%), the consumption rate of milk dessert-ice cream every day was higher than the period when they worked at the workplace (12.5%) ($p>0.05$). While 9% of the participants consumed snacks every day before the pandemic, this value was 17.4% during the online working period from home. The frequency of snack consumption according to the periods shows statistically significant differences ($p=0.035$; $p<0.05$). It was found statistically significant that those who consumed it 5-6 times a week and every day before the pandemic were lower than after the pandemic ($p=0.001$; $p<0.01$) (Table 4.3). In a study conducted during the restriction process in Italy, 50% of the participants reported that they consumed more sweets and 33% of them consumed snacks (67). In one study, more than a third (37.7%) of the participants stated that their consumption of homemade pastry increased (64).

The rate of consumption of vegetables every day (46.5%) during the period when the participants worked at work was found to be higher than when they worked online from home (43.8%) ($p>0.05$). The rate of daily fruit consumption was found to be higher during the online working period from home (42.4%) compared to the period they worked at the workplace (36.8%) ($p>0.05$) (Table 4.3.). It has been observed that the consumption of vegetables and fruits decreased in studies conducted during the Covid-19 pandemic period (67,68).

The rate of consumption of alcoholic beverages every day during the period when the participants were working online from home (7.6%) was found to be higher than when they were working at the workplace (2.1%) ($p>0.05$) (Table 4.3.). In a study conducted in Spain, it was reported that individuals (57.3%) reduced their alcohol intake during quarantine (55). In another study, most of the participants (69.9%) stated that the consumption of alcoholic beverages was similar compared to pre-Covid-19, and 14.2% increased (64).

6.CONCLUSION

This study was carried out on a heterogeneous group of 144 employees, 102 women and 42 men, in 5 institutions working online from home during the Covid-19 pandemic period in Bursa and Istanbul. Emotional eating behavior and nutritional status were evaluated in online workers from home. The results obtained are summarized below.

1. N= 102 women (70.8%) and n= 42 men (29.2%) participated in this study. The ages of the participants ranged from 24 to 61, and the mean value was calculated as 37.33 ± 8.34 years.
2. The body weight of the participants ranged from 44 to 99, with an average of 67.72 ± 12.63 . The body mass index value ranged between 15.9 and 36 kg/m², with a mean of 23.79 ± 3.42 kg/m².
3. Most of the participants (60.4%) reported that they had 3 main meals during their work. In addition, those who have 1 snack (71.6%) are in the majority. During the epidemic, 43.8% of the participants reported that the total number of meals increased, 9% decreased, and 47.2% did not change during the period when they worked from home.
4. 53.5% of the participants working at the workplace before the pandemic stated that they skipped meals. Participants stated that they skipped breakfast (36.4%), lunch (27.3%), snacks (19.5%) and dinner (16.9%), respectively. The majority of the participants (40.3%) stated the reason for skipping meals as lack of time.
5. Before the pandemic, 31.9% of the participants stated that they brought their meals from home, 41.7% ate in the cafeteria and 26.4% said they wanted from outside. 54.2% of the participants state that they pay attention to being healthy when choosing food at work. In addition, 35.4% pay attention to the fact that the meals are fast and accessible, while 10.4% care about large portions.
6. 48.6% of the participants stated that they tried a new nutrition program while working online from home. 51.4% of these people said that they started the program with the recommendation of a dietitian.
7. While 36.1% of the individuals participating in the study stated that they exercised before the pandemic, 38.9% stated that they exercised during the online working

process from home. However, 42.9% of the participants stated that the duration of physical activity decreased.

8. The vast majority (70.8%) of the participants reported that they received nutritional support while working online from home. Of the participants, 40.2% (n=41) multivitamin, 69.6% (n=71) vitamin D, 52% (n=53) vitamin C, 20.6% (n=n=) 21) stated that they used omega-3, 24.5% (n=25) zinc, 28.4% (n=29) and 2.9% (n=3) other vitamins and minerals.
9. Emotional eating, restrictive and external eating scores of women were found to be higher than men, while emotional eating values according to gender did not show a statistically significant difference ($p>0.05$).
10. Emotional eating value shows a statistically significant difference according to the change in the number of meals during the online working period from home ($p=0.002$; $p<0.01$).
11. It was statistically significant that the emotional eating value of the group who tried a new nutrition program during the online working period from home was higher than the group that did not try ($p=0.006$; $p<0.01$).
12. It was found statistically significant that the emotional eating value of the group that did regular physical activity before the pandemic was lower than the group that did not ($p=0.005$; $p<0.01$).
13. It was found statistically significant that the restrictive eating value of the group that did regular physical activity was higher than the group that did not ($p=0.009$; $p<0.01$). Emotional eating value does not show a statistically significant difference according to continuing physical activity after the epidemic ($p>0.05$).
14. Emotional eating value differs statistically significantly according to weight change during the online working period from home ($p=0.001$; $p<0.01$).
15. While 44.4% of the participants consumed milk, yoghurt and ayran every day while they were working at work, it was determined as 50.7% when they were working online from home ($p>0.05$). While 70.8% of those who did not consume plant milk while they were working at work, it was determined as 61.1% when they worked online from home ($p>0,05$). While 56.2% did not consume kefir while they were working at work, it was determined as 41% when they worked online from home ($p>0,05$). Cheese consumption frequencies do not show a statistically significant difference according to the periods ($p>0.05$).

16. The frequency of red meat and chicken consumption according to the periods does not show a statistically significant difference ($p>0.05$). While the frequency of consumption of fish 1-2 times a week was 50.7% in the period of work, it was determined as 55.6% in the period of working from home ($p>0.05$). While 45.1% of the participants consumed eggs every day while they were working at work, it was determined as 59% when they were working online from home ($p>0.05$). While it was 6.9% for those who consumed processed meat 3-4 times a week while they were working at work, it was determined as 11.1% when they were working from home ($p>0.05$).
17. During the period when the participants worked online from home (14.6%), the daily consumption of legumes was found to be higher than the period when they worked at the workplace (4.9%) ($p>0.05$). The frequency of consumption of nuts and seeds according to the periods does not show a statistically significant difference ($p>0.05$).
18. The rate of consumption of vegetables every day (46.5%) during the period when the participants worked at work was found to be higher than when they worked online from home (43.8%) ($p>0.05$). The rate of daily fruit consumption was found to be higher during the online working period from home (42.4%) compared to the period they worked at the workplace (36.8%) ($p>0.05$).
19. While 13.9% of the participants consumed white bread every day while they were working at work, it was determined as 18.8% when they were working online from home ($p>0.05$). 41% of the participants reported that they consumed Whole Grain-Sourdough-Whole Wheat Bread every day while they were working at work, and 43.1% reported that they consumed it while they were working online from home ($p>0.05$). In line with the values, whole-grain-Sourdough-Whole Wheat Breads are preferred more than white bread ($p>0.05$).
20. The frequency of oats and cereal consumption according to the periods does not show a statistically significant difference ($p>0.05$). 8.3% of the participants reported that they consumed Rice-Pasta-Flour Soup every day while they were working at work, and 12.5% of them reported that they consumed it while they were working online from home ($p>0.05$). It has been observed that while the rate of consuming the pastry-cake-cookie every day decreases, the rate of consuming 5-6 times a week increases. (13.2%, 10.4% in the period of working at work, 4.9% and 8.3% in the period of working from home, respectively) ($p>0.05$).

21. During the period when the participants were working online from home (14.6%), the consumption rate of milk dessert-ice cream every day was higher than the period when they worked at the workplace (12.5%) ($p>0.05$).
22. While 9% of the participants consumed snacks every day before the pandemic, this value was 17.4% during the online working period from home. The frequency of snack consumption according to the periods shows statistically significant differences ($p=0.035$; $p<0.05$). It was found statistically significant that those who consumed it 5-6 times a week and every day before the pandemic were lower than after the pandemic ($p=0.001$; $p<0.01$).
23. Honey, jam, molasses, hazelnut and peanut butter consumption frequencies do not show a statistically significant difference according to the periods ($p>0.05$).
24. The rate of consumption of herbal tea and green tea every day during the period when the participants were working online from home (32.6%) was found to be higher than when they were working at the workplace (23.6%) ($p>0.05$). In addition, a decrease was observed in the rate of those who consume black tea every day. (65.3%, 63.2%) ($p>0.05$). The rate of those who consume coffee 3-4 times a week was found to be high during the online working period from home. (6.3%, 18.1%)
25. Sugar consumption frequencies do not show a statistically significant difference according to periods ($p>0.05$). Frequencies of fast food consumption do not show a statistically significant difference according to the periods ($p>0.05$). During the period when the participants worked online from home (15.3%), the rate of consumption of carbonated drinks every day was found to be higher than when they worked at the workplace (9.7%) ($p>0.05$).
26. The rate of consumption of alcoholic beverages every day during the period when the participants were working online from home (7.6%) was found to be higher than when they were working at the workplace (2.1%) ($p>0.05$).

Many changes have occurred with online working from home, which has become widespread during the Covid-19 pandemic period. Lifestyle changes and psychological factors also affected nutritional status. As a result, with the online working system which emerged with the pandemic and is thought to become widespread in the coming years, clues about lifestyle changes, emotional eating behavior and nutritional habits have been revealed. However, studies with larger populations are needed.

6.1. Limitations of Research:

Due to the pandemic, face-to-face interviews were not possible and the study data were collected with an online questionnaire. One of the most important factors that could affect the accuracy and validity of this work is the possibility that the emotions of the participants during the work will affect the answers to the questionnaires. The variability of their psychological state when conducting questionnaires may change the nature of the answer to questions, and participants may hesitate to indicate eating behaviors. However, as a retrospective interrogation takes place, individuals may have difficulty remembering their food consumption while the frequency of food consumption is questioned.

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8. APPENDICES

8.1. Appendice 1. Survey Used in Research

Covid-19 Pandemi Döneminde Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi

Anket Formu

Genel Bilgiler:

1. Cinsiyetiniz: ☐ Kadın ☐ Erkek
2. Yaşınız:
3. Boyunuz:
4. Kilonuz:
5. Medeni Durumunuz: ☐ Evli ☐ Bekar
6. Eğitim Durumunuz: ☐ Lise ☐ Üniversite ☐ Yüksek Lisans ☐ Doktora
7. Mesleğiniz:
8. Yaşadığınız İl: ☐ Bursa ☐ İstanbul
9. Kimle yaşıyorsunuz? ☐ Yalnız ☐ Aile ☐ Arkadaş

Sağlık ve Beslenme Durumu:

1. Sigara kullanıyor musunuz? Evet/Hayır
2. Alkol kullanıyor musunuz? Evet/Hayır
3. Doktor tarafından tanısı konmuş herhangi bir hastalığınız var mı? Evet/ Hayır
4. Evetse nedir?
5. Doktor tarafından reçete edilmiş ilaç kullanıyor musunuz? Evet/Hayır
6. Tanısı konmuş ruhsal/psikolojik bir hastalığınız var mı? Evet/ Hayır
7. Evetse nedir?
8. Günde kaç öğün yemek yersiniz?
2 ana / 3 ana / 2 ana -1 ara / 3 ana - 1 ara / 3 ana - 2 ara
9. Öğün atlar mısınız? Evet/Hayır
10. Evetse hangi öğün?

11. Öğün atlama nedeniniz nedir?

Zaman yetersizliği / İştahsızlık / Kilo almak istenmediği için / Alışkanlığı yok / Diğer

12. İş yerinde yemek tercihiniz genellikle nereden olur?

Evden getiririm / Yemekhanede yerim/ Dışardan

13. İş yerinde yemek seçerken nelere dikkat edersiniz?

Sağlıklı olması/ Hızlı ulaşılabilir olması / Büyük porsiyon

14. İş yerinde atıştırmalık yiyecekler/paketli gıdalar bulundurur musunuz? Evet/Hayır

15. Günde kaç litre su içersiniz?

1 litreden az / 1-1.5 litre / 2-2.5 litre

16. Düzenli olarak fiziksel aktivite yapıyor musunuz? Evet/Hayır

17. Evetse yaptığınız fiziksel aktivite nedir?

Covid-19 Pandemi Dönemi Beslenme Alışkanlıkları?

1. Salgın süresince öğün sayınız değişti mi, nasıl? Evet/Hayır/ Değişmedi

2. Salgın sürecinde yeni bir beslenme programı denediniz mi? Evet/Hayır

3. Evetse kim önerdi? Diyetisyen/Doktor/Sosyal Medya/Diğer

4. Hangi diyet programını uyguladınız?

Aralıklı Oruç / Akdeniz Diyeti / Ketojenik Diyet /Vejeteryan Diyet / Eliminasyon Diyeti / Diğer

5. Salgın sürecinde besin desteği almaya başladınız mı? Evet/Hayır

6. Evetse hangi besin destekleri?

Multivitamin / D vitamini / C vitamini / Omega-3 / Çinko / B 12 / Diğer

7. Salgından sonra düzenli fiziksel aktivite yapmaya devam ettiniz mi? Evet/Hayır

8. Evetse fiziksel aktivite süresi nasıl değişti? Arttı / Azaldı / Değişmedi

9. Evden online çalıştığınız dönemde kilonuz değişti mi? Arttı/ Azaldı / Değişmedi

Hollanda Yeme Davranışı Anketi

Anketi pandemi döneminde evden online çalıştığınız zamanı düşünerek yanıtlayınız.

Sorular	Hiçbir Zaman	Nadiren	Bazen	Sık	Çok Sık
1. Eğer kilo aldıysanız, her zaman yediğinizden daha az mı yersiniz?					
2. Yemek zamanlarında, yemek istediğinizden daha az yemeye çalışır mısınız?					
3. Kilonuzdan endişe duyduğunuz için size sunulan yiyecek ya da içeceği ne sıklıkla reddedersiniz?					
4. Ne yediğinize tam olarak dikkat eder misiniz?					
5. Bilinçli olarak zayıflatıcı besinler mi yersiniz?					
6. Çok fazla yediğinizde, ertesi gün daha az yer misiniz?					
7. Kilo almamak için az yemeye dikkat eder misiniz?					
8. Kilonuza dikkat ettiğiniz için ne sıklıkla öğün aralarında yemek yememeye çalışırsınız?					
9. Kilonuza dikkat ettiğiniz için ne sıklıkla akşamları yemek yememeye çalışırsınız?					
10. Ne yiyeceğinize karar verirken kilonuzu hesaba katar mısınız?					
11. Bir şeyden rahatsız olduğunuzda daha fazla yemek yemek ister misiniz?					
12. Yapacak bir şeyiniz olmadığında yemek ister misiniz?					
13. Depresyonda olduğunuzda ya da hayal kırıklığına uğradığınızda yemek ister misiniz?					

14. Kendinizi yalnız hissettiğinizde yemek ister misiniz?					
15. Biri sizi üzdüğünde yemek ister misiniz?					
16. Sinirleriniz bozuk olduğunuzda yemek ister misiniz?					
17. İstemediğiniz bir şey olduğu zaman yemek ister misiniz?					
18. Kaygılı, endişeli olduğunuz zaman yemek ister misiniz?					
19. Bir şeyler ters ya da yanlış gittiğinde yemek ister misiniz?					
20. Korktuğunuz zaman yemek ister misiniz?					
21. Hayal kırıklığına uğradığınız zaman yemek ister misiniz?					
22. Duygusal olarak üzüntülü olduğunuzda yemek ister misiniz?					
23. Huzursuz olduğunuzda ya da canınız sıkın olduğunda yemek ister misiniz?					
24. Yediğiniz şey lezzetliyse, genelde yediğinizden daha çok yer misiniz?					
25. Yediğiniz şey güzel kokuyor ve güzel görünüyorsa genelde yediğinizden daha çok yer misiniz?					
26. Lezzetli bir şey gördüğünüzde ya da kokladığınızda onu yemek ister misiniz?					
27. Eğer yemek için lezzetli bir şeyler varsa doğrudan onu yer misiniz?					
28. Eğer bir fırının önünden geçerseniz, lezzetli bir şeyler satın almak ister misiniz?					
29. Eğer bir kafe ya da büfenin önünden geçerseniz, lezzetli bir şeyler satın almak ister misiniz?					

30. Başkalarını yerken görürseniz, siz de yemek yemek ister misiniz?					
31. Lezzetli yiyeceklere karşı koyabilir misiniz?					
32. Başkalarını yerken gördüğünüzde, genelde yediğinizden daha fazla yer misiniz?					
33. Yemek hazırlarken bir şeyler yemeye meyilli misiniz?					

Besin Tüketim Sıklığı Anketi

(Anketi pandemi öncesinde işe gittiğiniz dönemdeki beslenmenizi düşünerek yanıtlayınız.)

Besinler	Hiç	Her gün	Haftada 1-2 kez	Haftada 3-4 kez	Haftada 5-6 kez	15 günde 1 kez	Ayda 1 kez
1. Süt- yoğurt-ayran							
2. Bitkisel Sütler							
3. Kefir							
4. Peynir							
5. Kırmızı et							
6. Tavuk							
7. Balık							
8. Yumurta							
9. İşlenmiş et							
10. Kurubaklagiller							
11. Çiğ kuruyemiş							
12. Sebze- salata							
13. Meyve							
14. Beyaz ekmek							
15. Tam tahıllı- ekşi mayalı-tam buğday ekmek							
16. Kahvaltılık gevrek							

17. Yulaf							
18. Pilav- makarna- unlu çorba							
19. Poğaç- kek- kurabiye- pasta							
20. Sütlu tatlı- dondurma							
21. Atıştırmalık(kraker, cips,jelibon,kavrulmuş kuruyemiş)							
22. Bal- reçel- pekmez							
23. Fındık- fıstık ezmesi							
24. Katı yağ							
25. Sıvı yağ							
26. Zeytinyağ							
27. Siyah çay							
28. Bitki çayı- yeşilçay							
29. Kahve							
30. Şeker (toz-kesme)							
31. Hazır yemek- fast food							
32. Gazlı içecekler							
33. Alkollü içecekler							

Besin Tüketim Sıklığı Anketi

(Anketi pandemi döneminde evden online çalıştığınız zamanı düşünerek
yanıtlayınız.)

Besinler	Hiç	Her gün	Haftada 1-2 kez	Haftada 3-4 kez	Haftada 5-6 kez	15 günde 1 kez	Ayda 1 kez
1. Süt- yoğurt-ayran							
2. Bitkisel Sütler							
3. Kefir							
4. Peynir							
5. Kırmızı et							

6. Tavuk							
7. Balık							
8. Yumurta							
9. İşlenmiş et							
10. Kurubaklagiller							
11. Çiğ kuruyemiş							
12. Sebze- salata							
13. Meyve							
14. Beyaz ekmek							
15. Tam tahıllı- ekşi mayalı-tam buğday ekmek							
16. Kahvaltılık gevrek							
17. Yulaf							
18. Pilav- makarna- unlu çorba							
19. Poğaç- kek- kurabiye- pasta							
20. Sıtlı tatlı- dondurma							
21. Atırtırmalık(kraker, cips,jelibon,kavrulmuş kuruyemiş)							
22. Bal- reçel- pekmez							
23. Fındık- fıstık ezmesi							
24. Katı yağ							
25. Sıvı yağ							
26. Zeytinyağ							
27. Siyah çay							
28. Bitki çayı- yeşilçay							
29. Kahve							
30. Şeker (toz-kesme)							
31. Hazır yemek- fast food							
32. Gazlı içecekler							
33. Alkollü içecekler							

8.2. Appendice 2. Institution Permits

	T.C. YEDİTEPE ÜNİVERSİTESİ GİRİŞİMSEL OLMAYAN KLİNİK ARAŞTIRMALAR ETİK KURULU	Versiyon No 1.0
EK 1. ARAŞTIRMA İZİN BELGESİ		23 Mart 2021
T.C. YEDİTEPE ÜNİVERSİTESİ GİRİŞİMSEL OLMAYAN KLİNİK ARAŞTIRMALAR ETİK KURULU BAŞKANLIĞI' NA,		
Sorumlu araştırmacısı olan Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi başlıklı araştırma önerisinin veri toplama kısmı kurumumuzda yapılacaktır. Gereğini arz ederim.		
Kurum Bilgileri		
Adı	Anabilim Dalı / Bölüm Adı	
Özel Emine Örnek Eğitim Kurumları	İlkokullar ve Ortaokullar Eğitim Birimi	
Kurum Yetkilisi		
Ünvanı, Adı - Soyadı	Görevi	İmza
Emine Örnek	Kurucu	
Araştırmanın Başlığı	Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi	
Araştırmacılar	Öztezcan S., Akın E.	

8.2. Appendice 2. Institution Permits



T.C. YEDİTEPE ÜNİVERSİTESİ
GİRİŞİMSSEL OLMAYAN KLİNİK ARAŞTIRMALAR
ETİK KURULU

Versiyon No
1.0

EK 1. ARAŞTIRMA İZİN BELGESİ

20 Nisan 2021

T.C. YEDİTEPE ÜNİVERSİTESİ

GİRİŞİMSSEL OLMAYAN KLİNİK ARAŞTIRMALAR ETİK KURULU BAŞKANLIĞI' NA,

Sorumlu araştırmacısı olan Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi başlıklı araştırma önerisinin veri toplama kısmı kurumumuzda yapılacaktır. Gereğini arz ederim.

Kurum Bilgileri

Adı

Anabilim Dalı / Bölüm Adı

LEONI Kablo ve Tekn. San. ve Tic. Ltd. Şti Otomotiv Kabloları

Kurum Yetkilisi

Ünvanı, Adı - Soyadı

Görevi

İmza

Sinan AKIN - Makine Müh. Teknik Müdür

Araştırmanın Başlığı

Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi

9

Araştırmacılar

Öztezcan S., Akın E.

8.2. Appendice 2. Institution Permits

		T.C. YEDİTEPE ÜNİVERSİTESİ GİRİŞİMSSEL OLMAYAN KLİNİK ARAŞTIRMALAR ETİK KURULU	Yeni Sayı: YÖ E.0
EK 1. ARAŞTIRMA İZİN BELGESİ		20 Nisan 2021	
T.C. YEDİTEPE ÜNİVERSİTESİ GİRİŞİMSSEL OLMAYAN KLİNİK ARAŞTIRMALAR ETİK KURULU BAŞKANLIĞI'NA,			
Sorunlu araştırması olan Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi başlıklı araştırmaya örnek etik kurul toplantısına katılmı ş olduğumuzu yazılacaktır. Gereğini arz ederim.			
Kurum Bilgileri			
Adı		Anabilim Dalı / Bölüm Adı	
Tinfirma A.Ş.		Genel Müdürlük	
Kurum Yetkilisi			
Ünvanı, Adı - Soyadı		Görevi	
Esra Öztecan		Genel Müdür	
Araştırma başlığı			
Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi			
Araştırmacılar			
Öztecan S., Akın E.			

8.2. Appendice 2. Institution Permits

	T.C. YEDİTEPE ÜNİVERSİTESİ GİRİŞİMSEL OLMAYAN KLİNİK ARAŞTIRMALAR ETİK KURULU	Yürürlük No 1.0
EK 1. ARAŞTIRMA İZİN BELGESİ		28 Mart 2021
T.C. YEDİTEPE ÜNİVERSİTESİ GİRİŞİMSEL OLMAYAN KLİNİK ARAŞTIRMALAR ETİK KURULU BAŞKANLIĞI NA,		
Sorumlu araştırmacı olan Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi Sağlık Araştırma Enstitüsü'nde yürütülen bu kurumlarımızda yapılmakta, gerçekleştirilmektedir.		
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Doğru Çay ve Gıda Maddeleri A.Ş.	Genel Yönetimlik	
Kurum Yetkilisi	Unvanı, Adı - Soyadı	Görevi
İkbal Ümit	İşin Kaynakları Sefi	
Araştırma Yöntemi	Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi	9
Araştırmacılar	Özgecan S., Akın E.	

8.2. Appendice 2. Institution Permits



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ETİK KURULU

Versiyon No
1.0

EK 1. ARAŞTIRMA İZİN BELGESİ

14 Nisan 2021

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GİRİŞİMSSEL OLMAYAN KLİNİK ARAŞTIRMALAR ETİK KURULU BAŞKANLIĞI' NA,

Sorumlu araştırmacısı olan Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi başlıklı araştırma önerisinin veri toplama kısmı kurumumuzda yapılacaktır. Gereğini arz ederim.

Kurum Bilgileri

Adı

Anabilim Dalı / Bölüm Adı

İstanbul Çalışma ve İş Kurumu

Kadıköy Hizmet Merkezi

Kurum Yetkilisi

Ünvanı, Adı - Soyadı

Görevi

İmza

Bekir Arslan

Şube Müdürü

Araştırmanın Başlığı

Covid-19 Pandemi Döneminde Evden Online Çalışanlarda Duygusal Yeme Davranışının ve Beslenme Durumlarının Değerlendirilmesi

Araştırmacılar

Öztecan S., Akın F.

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