

Appendix 1. Consumers' Information Seeking Behaviors on Dietary Supplements: Survey Instrument

Introduction

This survey is intended to assess whether users of dietary supplements look for information about such products before using them. According to the Food and Drug Administration (FDA), the term dietary supplements includes items such as vitamins, minerals, herbs, and/or other health products. For example, these include multivitamins, vitamin C, iron, calcium, ginkgo, and fish oil supplements. This short survey should take less than 10 minutes to complete. There are no right or wrong answers. Please answer each question based on your experiences with dietary supplements. I will not be collecting any identifying information, so your responses will remain anonymous. Also, I will not be asking questions about specific medical conditions or specific medications that you may be taking. Participation in this survey is voluntary and you may stop at any point.

The findings of this study will be used to promote an appropriate approach to the use of dietary supplements; therefore, your participations in this survey is greatly appreciated.

I - Experiences with Dietary Supplements

1. Do you use dietary supplements?
 - Yes
 - No [skip to question 8]

2. If you use a dietary supplement, was the supplement recommended or prescribed by a healthcare professional?
 - Yes [skip to question 7]
 - No
 - I take more than one supplement; at least one was recommended by a healthcare professional and at least one was not

3. Before using dietary supplements that are not recommended or prescribed to you by a healthcare professional, do you look for information about them? This does not include information about their cost or where to buy them.
 - Yes [skip to question 5]
 - No [skip to question 7]
 - For some products I do and for some products I don't

4. How do you decide when to search for information and when not to?

5. When looking information about dietary supplements before using them, what type of information do you look for (select all that apply)?

- Do they work
- How should they be taken
- Do they have side effects
- Will they interfere with other medications
- Other

Please specify: _____

6. Where do you look for information about dietary supplements before using them? Select all that apply.

- Book
- Coach/Athletic trainer
- Dietician/Nutritionist
- Family
- Friend
- Health food store employee
- Internet
- Magazine
- Medical doctor
- Nurse
- Pharmacist
- Product packaging
- Other

Please specify: _____

7. Where do you purchase dietary supplements?

- Nutrition store
- Online
- Pharmacy
- Supermarket/Grocery
- Other

Please specify: _____

8. Indicate your perceptions of how safe or unsafe dietary supplements are.

Very unsafe	Unsafe	Neutral	Safe	Very safe
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- I have no opinion

II - Health Status

9. Do you have chronic medical conditions?

- Yes
- No

10. Do you take medications on a regular basis?

- Yes
- No

III. Demographics

11. Please indicate your gender.

- Female
- Male
- Other

Please specify: _____

12. Please indicate the age category do you fall into.

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older

13. Please indicate your ethnicity.

- White
- African American
- Hispanic
- Native American
- Asian
- Hawaiian/Pacific Islander
- Multiple ethnicities
- Other

14. Please indicate the highest level of education that you have completed.

- Did not complete high school
- High school diploma or GED
- Some college credits but no degree
- Trade/technical/vocational training
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional doctorate or PhD degree