Health Supplement Use in Dubai Telephone Questionnaire

Section A- Demographic Data				
Age (years/months)				
Gender	Male □		Female □	
Marital Status	Married □	Single □	Divorced □	Widowed □
Nationality	UAE National □	Non-UAE National □ (Specify ……...)		
Occupation	Student □	Employed □	Unemployed □	Retired □
Health Insurance Coverage	Yes □		No □	
Income	<5000 AED □	5000-<10000 AED □	10000-20000 AED □	>20000AED □
Education	Less than High School □	High School □	Graduate □	Postgraduate □
Weight (kg)				
Height (cm)				

Section B- Health and Lifestyle	
1	**Do you have any allergy?** Yes □ *(if yes, please choose from below options)* No □ Don't know □ Food □ Drug □ Aerosol □ Contact □ Other □ Specify_____
2	**How frequently have you visited a doctor in the past 12 months?** At least once a week □ 1-3 times a month □ Less than monthly □ Never □
3	**Have you ever been diagnosed with any chronic medical condition?** *(you can choose more than one answer)* Respiratory disease No □ Yes □ Specify (…) Skin disorder No □ Yes □ Specify (…) Disease of the digestive system No □ Yes □ Specify (…) Diabetes No □ Yes □ Specify (…) Cardiovascular disease No □ Yes □ Specify (…) Cancer No □ Yes □ Specify (…) Other No □ Yes □ Specify (…)
4	**Have you taken prescription drugs in the past month?** Yes □ Specify (……) No □ Don't know □
5	**Do you smoke?** Every day □ Occasionally □ In the past □ Never □

Section C- Health Supplements Consumption	
1	**Do you know what health supplements are?** Yes □ No □
2	**Have you ever used health supplement?** *(if your answer is "Currently", please proceed to question C4, if your answer is "Never", please proceed to the last question of the questionnaire)* Currently □ In the past □ Never □
3	**Why did you discontinue using any health supplements?** *(you can choose more than one answer)* Allergic reactions □ Serious skin disorders □ Cost □ Others □ Specify (…)
4	**For how long have you been using / had you used health supplement?** Less than a month □ More than a month but less than a year □ 1-5 years □ > 5 years □ Don't know □
5	**How frequently do/did you use health supplement?** Daily or almost daily □ 1-4 times a week □ 1-3 times a month □ Rarer than monthly through the year □ Seasonally □ Don't know □
6	**Which categories of health supplements do /did you use?** *(you can choose more than one answer)* Vitamins □ Minerals □ Herbal □ Sports nutrition □ Energy drink □ Dietetic food □ Others □ Specify (……)
7	**What is the form of the used product(s)?** *(you can choose more than one answer)* Tablet □ Capsule □ Wafers □ Powder □ Gel □ Chews/ Gummy □ Drops □ Caplet □ Chewable tablets □ Granules □ Drink □ Spray □ Lozenges □ Soft gels □ Vegicaps □ Gel caps □ Liquid □ Don't know □

8	Which health supplement ingredient(s) do/did you use? (you can choose more than one answer)						
	Alfalfa	□	Amino Acids	□	Bee Pollen	□	
	Bilberry/Eyebright Combination	□	Caffeine, Multicomponent	□	Calcium	□	
	Calcium & Magnesium	□	Calcium & Vitamin	□	Cayenne Pepper	□	
	Chondroitin	□	Chromium (Chromium Picolinate)	□	Cimicifuga Racemosa	□	
	Conjugated Linolenic Acid	□	Creatine	□	Damiana Folia	□	
	Don't Know	□	Echinacea	□	Ephedra	□	
	Fish Oils	□	Folate (Folic Acid)	□	Fructus Cynosbati	□	
	Garlic	□	Gentian, Multi-Component	□	Ginger	□	
	Ginkgo Biloba	□	Glandular Extract, Multicomponent	□	Glucosamine	□	
	Grape Seed Extract	□	Guarana	□	Herbal Caffeine, Alone	□	
	Iron (Ferrous Xxxate)	□	Kelp	□	L-Carnitine	□	
	L-Cysteine	□	Lecithin	□	Licorice	□	
	L-Methionine	□	Lutein	□	Lycopene	□	
	Lysine	□	Magnesium	□	Melatonin	□	
	Methylsulfonyl Methane	□	Morinda Citrifolia (Noni)	□	Oxymatrine	□	
	Panax Ginseng	□	Parsley	□	Potassium	□	
	Pygeum Africanum	□	Royal Jelly	□	Saw Palmetto	□	
	Saw Palmetto (Topical)	□	Selenium	□	Siberian Ginseng	□	
	Spirulina, Multicomponent	□	St. John's Wort	□	St. John's Wort, Multicomponent	□	
	Tryptophan	□	Vitamin B6	□	Vitamin B12	□	
	Vitamin C (With Or Without Rose Hips)	□	Vitamin D	□	Vitamin E	□	
	Vitamin E, Multicomponent	□	Vitamins A & D	□	Yohimbe, Alone	□	
	Yohimbe, Multicomponent	□	Zinc (Zinc Gluconate)	□	Others Specify (…….)	□	

9	**For what reason do/did you take health supplements?** *(you can choose more than one answer)* Body building □ Control aging □ Control anemia □ Control blood pressure □ Control cholesterol level □ Detoxify □ Digestive □ Energy booster □ Hormone therapy □ Immune booster □ Improve overall health □ Insomnia □ Memory improvement □ Menopausal □ Mental alertness □ Mood alteration □ Organ health Specify (……..) □ Pregnancy □ Prevent colds □ Prevent health problems Specify (……..) □ Supplement my diet □ Weight management □ Others Specify (……..) □
10	**Where do/did you purchase health supplement(s)?** *(you can choose more than one answer)* Pharmacy □ Clinic □ Gym □ Nutrition shops □ Supermarket □ Other □ Specify (…….…)
11	**How many health supplement products have you ever used?** 1-2 □ 3-5 □ 6-10 □ >10 □
12	**Enter the full name of health supplement(s) you have used, including brand name.** Supplement name(s) (…….……) Don't know □

Section D- Information about Health Supplement Products	
1	**Who advised you to take health supplements?** *(you can choose more than one answer)* Self-recommendation □ Friends/ Relatives □ Advertisement □ Internet □ By prescription □ Health care personnel (nurse, etc.) □ Other □ Specify (……...)
2	**How many times have health supplements been prescribed for you by your health care practitioner?** Once □ Twice □ Several times □ Never □
3	**Where do you seek health supplements product information?** *(you can choose more than one answer)* Pharmacy □ Physician □ Producer helpline □ Internet □ Government call center □ Relatives / Friends □ Other □ Specify (.....)
4	**Do you find sufficient information on the label of health supplement products?** Very informative □ Somewhat informative □ Not informative □ Don't read the label □
5	**Do you think nutrition information on health supplement products is useful?** Yes □ No □
6	**Which label information concerns you?** *(you can choose more than one answer)* Ingredients □ Indication □ Prescribed dosages □ Adverse reactions □ Product durability □ Dietary sources of nutrients □ Claims □ Precautions □ Dosing instructions □ None □
7	**Do you follow recommended label information?** Always □ Often □ Sometimes □ Never □

Section E- Adverse Events Related to Health Supplement Consumption	
1	**Have you ever experienced any adverse event related to health supplement use?** ***(****if no, please proceed to the last question of the questionnaire)* Yes □ No □
2	Which adverse event of health supplement use have you ever experienced? (you can choose more than one answer) Abdominal pain □ Anorexia □ Anxiety □ Chest pain □ Convulsions □ Dermatitis □ Diarrhea □ Dizziness □ Dyspnea □ Edema □ Fatigue □ Hair loss □ Headache □ Hypertension □ Hypotension □ Muscle cramping □ Muscle pain □ Nausea □ Palpitations □ Pyrexia □ Sedation □ Tingling □ Urticaria □ Vomiting □ Other □ Specify….....
3	**What was the severity of the adverse events?** *(you can choose more than one answer)* Mild □ Moderate □ Severe □ Life-threatening □

4	**How frequently have you encountered adverse events due to health supplement consumption?** Once □ Occasionally □ Frequently □
5	**What was the onset time of adverse events after consuming health supplement?** *(you can choose more than one answer)* Less than 1 hour □ 1 hour to 1 day □ More than 1 day □
6	**How was the relation between health supplement consumption and the adverse event confirmed?** *(you can choose more than one answer)* Discontinued use ceased the effect □ Not confirmed/personal opinion □ Physician opinion □ Medical diagnosis without lab confirmation □ Clinical test □
7	**Which of the health supplement(s) you have used was suspected/confirmed to cause the adverse event(s)?** Supplement name(s) (…….) Don't know □
8	**When visiting your health care practitioner for any reason, has he/she ever asked you about your health supplement consumption?** Yes □ No □
9	**How did the adverse event(s) resolve?** *(you can choose more than one answer)* ***(****if you answered any but not "Hospitalization", please proceed to question F1)* Discontinued use by personal decision □ Discontinued use by medical advice □ Medical treatment □ Hospitalization □ Resolved spontaneously □ Still persists □ Other □ Specify (……..)
10	**How long have you been hospitalized due to the adverse event(s)?** *(you can choose more than one answer)* Less than a day □ Few days □ More than a week □

Section F- Reporting Adverse Events	
1	**Have you ever informed your physician about your health supplement consumption?** Yes □ No □
2	**Have you ever reported an adverse event related to health supplement consumption? (***if no, please proceed to the last question of the questionnaire)* Yes □ No □
3	**Where did you report the adverse event(s)?** *(you can choose more than one answer)* Pharmacy □ Physician □ Producer helpline □ Internet □ Government call center □ Hospital □ Clinic □ Police □ Others □ Specify (…….)
4	**What do you think about the establishment of a surveillance system of adverse events related to health supplement consumption?** Definitely beneficial □ Somewhat beneficial □ Not sure □ Not beneficial □ Definitely not beneficial □