
* Required

1. Q1. Gender *

Mark only one oval.

- ☐ female
- ☐ male
- ☐ other/prefer not to disclose

2. Q2. Major of studies (if you are a Student of more than one of the given majors of study, select the one in which you are studying at a higher year) *

Mark only one oval.

- ☐ medical
- ☐ dentistry
- ☐ pharmacy
- ☐ medical analytics
- ☐ dietetics
- ☐ physiotherapy
- ☐ nursing
- ☐ midwifery
- ☐ public health
- ☐ paramedic

3. Q3. Year of your studies *

Mark only one oval.

- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th

4. Q4. Do you think your diet during the last academic year (2020/2021) was healthy (diverse and sufficient)? *

Mark only one oval.

- ☐ definitely yes
☐ rather yes
☐ I don't know /I cannot say
☐ rather not
☐ definitely not

5. Q5. How do you rate your personal stress level during the last academic year (2020/2021)? *

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
lack of stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	extremely high stress

6. Q6. Did you take any dietary supplements and/or drugs available without prescription (over-the-counter drugs, OTC drugs) for stress/anxiety/depression/sleeping problems during the last academic year? *

Mark only one oval.

- ☐ yes Skip to question 8
☐ no Skip to question 7

Section 2

7. Q7. Why did not you take the dietary supplements and/or OTC drugs for stress/anxiety/depression/sleeping problems? More than one answer may be selected. *

Check all that apply.

- ☐ I did not need any dietary supplements or OTC drugs for stress/anxiety/depression/sleeping problems
☐ I do not believe that they are effective and can really help
☐ I do not believe that they are safe and do not cause any harm
☐ I only take drugs prescribed by the doctor
☐ I do not have enough knowledge about dietary supplements or OTC drugs

Other: ☐ _____

Skip to question 16

Section 3

8. Q8. What kind of dietary supplements and/or OTC drugs for stress/anxiety/depression/sleeping problems did you use during the last academic year? More than one answer may be selected. *

Check all that apply.

- ☐ ashwagandha (Withania somnifera)
- ☐ CBD oil (Cannabis sativa oil)
- ☐ ginseng (Panax ginseng)
- ☐ golden root (Rhodiola rosea)
- ☐ Gotu Kola (Centella asiatica)
- ☐ great basil (Ocimum basilicum)
- ☐ guarana (Paullinia cupana)
- ☐ honokiol (magnolia bark, Magnolia officinalis)
- ☐ hop (Humulus lupulus)
- ☐ kava kava (Piper methysticum)
- ☐ lion's mane mushroom (Hericium erinaceus)
- ☐ maca root (Lepidium peruvianum)
- ☐ magnolia-vine, schizandra (Schisandra chinensis)
- ☐ maypop, passionflower (Passiflora incarnata)
- ☐ melissa, lemon balm (Melissa officinalis)
- ☐ saffron (autumn) crocus (Crocus sativus)
- ☐ St John's-wort (Hypericum perforatum)
- ☐ valerian (Valeriana officinalis)
- ☐ water hyssop (Bacopa monnieri)
- ☐ wild chamomile (Matricaria recutita)
- ☐ B-group vitamins complex
- ☐ GABA
- ☐ glycine
- ☐ L-theanine
- ☐ magnesium/magnesium + vitamin B6
- ☐ melatonin
- ☐ tryptophan

Other: ☐ _____

9. Q9. What was the reason for using of above-mentioned dietary supplements and/or OTC drugs? More than one answer may be selected. *

Check all that apply.

- ☐ stress
- ☐ anxiety
- ☐ depression
- ☐ sleeping problems

10. Q10. How often did you use dietary supplements and/or OTC drugs for stress/anxiety/depression/sleeping problems during the last academic year? *

Mark only one oval.

- ☐ every day for the whole last academic year
- ☐ every day, but for a short time
- ☐ regularly before tests/exams
- ☐ a few times a week
- ☐ a few times a month
- ☐ sporadically, a few times a year
- ☐ Other: _____

11. Q11. Did the pandemic situation with COVID-19 change the pattern of dietary supplements and/or OTC drug use when compared with the pre-pandemic time? More than one answer may be selected. *

Check all that apply.

- ☐ before the pandemic I did not take any, last year I used them
- ☐ I took them more often
- ☐ I took more different kinds of them
- ☐ I took greater doses of them
- ☐ I took them less often
- ☐ I took fewer different kinds of them
- ☐ I took lower doses of them
- ☐ nothing changed in their use

Other: ☐ _____

12. Q12. Who has recommended you the dietary supplements and/or OTC drugs for stress/anxiety/depression/sleeping problems? More than one answer may be selected. *

Check all that apply.

- ☐ my own judgment
- ☐ general practitioner
- ☐ psychologist
- ☐ psychiatrist
- ☐ pharmacist
- ☐ nurse
- ☐ dietitian
- ☐ family member/friend/colleague
- ☐ Internet/social media
- ☐ television/radio
- ☐ medical books/professional journals
- ☐ non-medical materials (e.g., books, newspapers, leaflets)

Other: ☐ _____

13. Q13. Where did you buy dietary supplements and/or OTC drugs for stress/anxiety/depression/sleeping problems? More than one answer may be selected. *

Check all that apply.

- ☐ pharmacy/drugstore
- ☐ pharmacy/drugstore on the Internet
- ☐ supermarkets, small shops, gas station etc.
- ☐ shops with healthy food and/or dietary supplements
- ☐ online shops with healthy food and/or dietary supplements
- ☐ directly from manufacturer (stationary, sales representative or online)

Other: ☐ _____

14. Q14. How do you estimate the efficacy of taken dietary supplements and/or OTC drugs for stress/anxiety/depression/sleeping problems? *

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
completely ineffective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	fully effective

15. Q15. Have you ever experienced any adverse effects that you would combine with the use of dietary supplements and/or OTC drug for stress/anxiety/depression/sleeping problems? More than one answer may be selected. *

Check all that apply.

- ☐ I have never experienced any adverse effects
- ☐ nausea, vomiting, loss of appetite
- ☐ stomachache, heartburn
- ☐ diarrhea, bloating
- ☐ constipation
- ☐ headache and/or dizziness
- ☐ fatigue, sleepiness
- ☐ problems with concentration
- ☐ anxiety, agitation, sleeplessness
- ☐ problems with breathing, asthma attacks
- ☐ itching, rash, urticaria
- ☐ heart palpitations/irregular heart rate
- ☐ too low blood pressure
- ☐ too high blood pressure
- ☐ sexual dysfunction
- ☐ worsening of laboratory check results

Other: ☐ _____

Section 4

16. Q16. Did you take any drugs prescribed by a general practitioner and/or specialist (e.g., psychiatrist) for stress/anxiety/depression/sleeping problems during the last academic year? *

Mark only one oval.

- ☐ yes, regularly the whole academic year
- ☐ yes, sometimes e.g., before tests/exams
- ☐ no, never
- ☐ prefer not to disclose

17. Q17. Did you take any dietary supplements and/or OTC drugs OTHER than for stress/anxiety/depression/sleeping problems during the last academic year? *

Mark only one oval.

- ☐ yes
- ☐ no *Skip to question 20*

Section 5

18. Q18. What was the reason to take dietary supplements and/or OTC drugs OTHER than for stress/anxiety/depression/sleeping problems during the last academic year? More than one answer may be selected. *

Check all that apply.

- ☐ for beauty hair, skin, nails
- ☐ to improve training regimens
- ☐ to improve immunity/stay healthy
- ☐ to improve sexual performance
- ☐ to supplement vegan/vegetarian diet
- ☐ to increase cognition, concentration, and alertness
- ☐ to increase energy and physical performance
- ☐ to increase muscle mass
- ☐ to lose weight and/or decrease fat mass
- ☐ to prevent or treat chronic or acute diseases
- ☐ to prevent or treat microelements/nutrients deficiency
- ☐ to protect joints
- ☐ to protect/to improve liver function
- ☐ to supplement a medical elimination diet

Other: ☐ _____

19. Q19. What kind of dietary supplements and/or OTC drugs OTHER than for stress/anxiety/depression/sleeping problems have you taken during the last academic year? More than one answer may be selected. *

Check all that apply.

- ☐ beta-alanine
- ☐ calcium
- ☐ collagen
- ☐ creatine
- ☐ folic acid
- ☐ glucosamine
- ☐ glutamine
- ☐ guarana (Paullinia cupana)
- ☐ iron
- ☐ multivitamins
- ☐ omega-3 fatty acids
- ☐ pre- or probiotics
- ☐ protein powder, shakes or other products
- ☐ spirulina
- ☐ vitamin B12
- ☐ vitamin C
- ☐ vitamin D/vitamin D + MK7
- ☐ vitamin E/vitamin A+E
- ☐ vitaminized water/beverages
- ☐ yerba mate
- ☐ white mulberry (Morus alba)
- ☐ zinc

Other: ☐ _____

Section 6

20. Q20. How do you rate your knowledge about dietary supplements? *

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
I do not know anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I think I know very much

21. Q21. Have you learned about dietary supplements during your studies? *

Mark only one oval.

- ☐ yes, I have learned a lot
- ☐ yes, I have learned enough
- ☐ yes, I have learned a little bit
- ☐ not yet, but I probably will
- ☐ not yet, and I do not know if I will
- ☐ I do not remember such topics

22. Q22. If you are now a final-year student, do you think that you should have learned more about dietary supplements during your studies? *

Mark only one oval.

- ☐ I am not a final-year student yet
- ☐ yes, much more as an obligatory subject
- ☐ yes, much more in optional classes
- ☐ yes, a little bit more but as an obligatory subject
- ☐ yes, a little bit more but only in optional classes
- ☐ no, it was enough
- ☐ no, it is unnecessary
- ☐ I have no opinion
- ☐ Other: _____

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