

Dietary Supplement Questionnaire

Please ensure you sign the consent form prior to completing this questionnaire.

Athlete Name: _____

Age: _____ Date of Birth: _____ Gender: M / F Weight: _____ Height: _____

Competitive Sport: _____

What training phase/season is this for you?

☐ Competition

☐ Off-season training

☐ Off-season not training

Please indicate the top level of competition that you have competed in:

☐ Provincial (the province you live in)

☐ National (other provinces within Canada)

☐ International (Countries other than Canada)

On average, how many hours do you train (exercise) each week?

☐ 0– 5 Hours/wk

☐ 6 – 10 Hours/wk

☐ 11-15 Hours/wk

☐ > 15 Hours/wk

Dietary Supplement Use

Do you take any dietary supplements? (e.g. sport drinks like Gatorade, multivitamin, multimineral, vitamins/minerals, protein supplements, sport bars, energy drinks, herbal products, fish oil etc)

☐ Yes

☐ No

How often have you taken the following in the last 3 months? Your choices are: “Regularly” (at least twice per week), “Specific Times” (during competition or when sick), I’ve Tried it (have taken it before but don’t use it regularly), “Never” (you have not tried it ever), or “Unfamiliar” (You don’t know what this is) in the “How Often” column. If you do take a supplement please write the exact one in the “Supplement Name” column if you know it.

Dietary Supplement (Examples)

How Often

Brand Name and Dose

Multivitamin & mineral Pill Regularly Specific Times Tried Never Unfamiliar

Pill with just B Vitamins (Vitamin B12, Folic Acid, Vitamin B complex, Vitamin B6 Stress Tabs) Regularly Specific Times Tried Never Unfamiliar

Pill with just Vitamin C Regularly Specific Times Tried Never Unfamiliar

Pill with just Vitamin E Regularly Specific Times Tried Never Unfamiliar

Pill with just Vitamin D Regularly Specific Times Tried Never Unfamiliar

Other vitamin pills, please list: Regularly Specific Times Tried Never Unfamiliar

Pill with just Iron Regularly Specific Times Tried Never Unfamiliar

Pill with just Calcium Regularly Specific Times Tried Never Unfamiliar

Pill with just Magnesium	Regularly	Specific Times	Tried	Never	Unfamiliar
Other minerals, please list:_____	Regularly	Specific Times	Tried	Never	Unfamiliar
Vitaminized Water (Vitamin Water, Aquafina Plus)	Regularly	Specific Times	Tried	Never	Unfamiliar
Protein powder (whey/soy/hemp/rice)	Regularly	Specific Times	Tried	Never	Unfamiliar
Protein or Sport Bars (Clif Bar, Power bar, Luna bar, Vector bar etc.)	Regularly	Specific Times	Tried	Never	Unfamiliar
Branched chain amino acids (BCCA)	Regularly	Specific Times	Tried	Never	Unfamiliar
Glucosamine	Regularly	Specific Times	Tried	Never	Unfamiliar
Beta-alanine	Regularly	Specific Times	Tried	Never	Unfamiliar
Glutamine	Regularly	Specific Times	Tried	Never	Unfamiliar
Fatty-acid preparations (Flax seed oil, omega 3 oil or pill, fish oil or pill)	Regularly	Specific Times	Tried	Never	Unfamiliar
Sport or electrolyte drinks/supplement (Gatorade, Powerade, Refresh, Nuun, G2, Salt tablets)	Regularly	Specific Times	Tried	Never	Unfamiliar
Energy drinks (Red Bull, Rockstar, Monster)	Regularly	Specific Times	Tried	Never	Unfamiliar
Caffeine Pills does NOT include coffee (No Doz)	Regularly	Specific Times	Tried	Never	Unfamiliar
Creatine (alone or in combination)	Regularly	Specific Times	Tried	Never	Unfamiliar
Recovery Drinks (PureSport Recovery, CytoSport Protein Pure, Boost, Ensure, Breakfast Anytime)	Regularly	Specific Times	Tried	Never	Unfamiliar
Plant extracts (Echinacea, Cold FX, ginseng, garlic, oil of oregano, beet root extract, rose hip, turmeric)	Regularly	Specific Times	Tried	Never	Unfamiliar

Probiotic pills NOT yogurt	Regularly	Specific Times	Tried	Never	Unfamiliar
Sport Gels (Powergel, Clif shots, Carb- BOOM).	Regularly	Specific Times	Tried	Never	Unfamiliar
Gummy/Bean (Sharkie, Clif Block, Sport Beans)	Regularly	Specific Times	Tried	Never	Unfamiliar
Other (Any vitamin, mineral, herb, botanical, amino acid, dietary substance, concentrate, metabolite, constituent or extract not listed above.) Please list: _____	Regularly	Specific Times	Tried	Never	Unfamiliar

What are your reason(s) for taking dietary supplements? Please check all that apply.

- | | |
|---|---|
| a) <input type="checkbox"/> Medical (your doctor told you to) | i) <input type="checkbox"/> Increase energy (so you don't feel tired) |
| b) <input type="checkbox"/> To improve your diet (food you eat everyday exercise) | j) <input type="checkbox"/> Improve exercise recovery (after exercise) |
| c) <input type="checkbox"/> Stay healthy (get sick) | k) <input type="checkbox"/> Enhance immune system (so you don't get sick) |
| d) <input type="checkbox"/> Increase or maintain muscle mass, strength and/or power | l) <input type="checkbox"/> Enhance overall athletic performance |
| e) <input type="checkbox"/> Increase endurance (how long you can exercise friend) | m) <input type="checkbox"/> Someone told you to (coach, parent, friend) |
| f) <input type="checkbox"/> Because others (friends, family, teammates) do | n) <input type="checkbox"/> Enjoy the taste |
| g) <input type="checkbox"/> Convenient when hungry or thirsty | o) <input type="checkbox"/> Weight loss or weight gain |
| h) <input type="checkbox"/> Food allergy/sensitivity/intolerance | p) <input type="checkbox"/> Special dietary needs (i.e., examples?) |

Where do you get information about dietary supplements? Please check all that apply.

- | | |
|---|--|
| a) <input type="checkbox"/> Internet (Websites, Facebook) | i) <input type="checkbox"/> Health Food Store |
| b) <input type="checkbox"/> Pharmacist | j) <input type="checkbox"/> Print Media (magazines, books) |
| c) <input type="checkbox"/> Naturopath/Chiropractor | k) <input type="checkbox"/> Coach |
| d) <input type="checkbox"/> Medical Physician (Doctor) | l) <input type="checkbox"/> Dietitian/ Nutritionist |
| e) <input type="checkbox"/> Athletic Trainer | m) <input type="checkbox"/> Product Labels |
| f) <input type="checkbox"/> Family | n) <input type="checkbox"/> Workshops/Classes |
| g) <input type="checkbox"/> Television | o) <input type="checkbox"/> Teammates/Friends |
| h) <input type="checkbox"/> Physio/Massage Therapist | p) <input type="checkbox"/> Not Applicable (I do not take dietary supplements) |

Which way do you prefer to receive information about dietary supplements? Please rank UP TO 3 responses with "1" as your "FIRST CHOICE":

- | | |
|--|---|
| <input type="checkbox"/> Presentations | <input type="checkbox"/> Family/friends |
| <input type="checkbox"/> Print media (pamphlets, books, magazines) | <input type="checkbox"/> Coach or athletic trainer |
| <input type="checkbox"/> Individual Nutrition Consultation (dietitian) | <input type="checkbox"/> Health Food Store/Pharmacy |
| <input type="checkbox"/> Internet or e-mail | <input type="checkbox"/> Doctor/chiropractor/physiotherapist etc. |

How would you rate your diet (how healthy you eat everyday)?

Not Very Healthy ☐ Pretty Healthy (average) ☐ Very Healthy ☐