

**DIETARY SUPPLEMENT USE AND ASSOCIATED VARIABLES AMONG
TURKISH WOMEN**

QUESTIONNAIRE FORM

FIRST SECTION

1. Age _____

2. Gender: M / F

3. Weight: _____

4. Height: _____

5. Do you think you are: a. underweight b. normal weight c. overweight d. obese

6. What is the highest degree or level of education you have completed?

a. Elementary schools

b. High School

c. Bachelor's Degree

d. Master's Degree

e. Ph.D. or higher

7. What is your annual household income?

a. Less than 20,000 TL

b. 20,000 - 40,000 TL

c. 40,000 - 60,000 TL

d. 60,000 - 80,000 TL

e. More than 100,000 TL

8. What is your current employment status?

a. Student

b. Employed Full-Time

c. Employed Part-Time

d. Unemployed

e. Retired

f. Other _____

9. Marital status?

- a. Single
- b. Married
- c. Widowed
- d. Divorced
- e. Other _____

10. How many children do you have?

- a. None
- b. 1
- c. 2-4
- d. More than 4

11. Do you usually smoke?

- a. Yes
- b. No

12. Do you usually consume alcohol?

- a. Yes
- b. No

SECOND SECTION

13. Do you take any dietary supplements in the last 12 months? (Multivitamins, Vitamins/Minerals, Multimineral, Iron, Glutamine, Vitamin E, Vitamin C, Vitamin D, Magnesium, Calcium, Protein Supplements, Sport Bars, Creatine, Fish Oil etc.)

- a. Yes
- b. No

14. If your answer is 'Yes', which dietary supplements do you take?

15. If your answer is 'Yes', how often do you use the supplement? _____

16. If your answer is 'Yes', How much supplements do you take in a day? _____

17. Who recommended the use of dietary supplements?

- a. Pharmacist

- b.** Physician
- c.** Internet (Website, Social media)
- d.** Dietitian
- e.** Self- recommended
- f.** Family or friend
- g.** Other _____

THIRD SECTION

18. Where do you get information about dietary supplements?

- a.** Internet (Websites, Facebook)
- b.** Pharmacist
- c.** Physician
- d.** Sport/Fitness Trainer
- e.** Family and friends
- f.** Others _____

19. Why do you use the dietary supplement?

- a.** To increase or maintain muscle mass or strength
- b.** Someone told you to (coach, parent, friend)
- c.** For menopause related issues
- d.** To supplement the diet and to improve overall health
- e.** For weight loss
- f.** Other _____

20. Do you think that using nutritional supplements on a regular basis prevents diseases?

- a.** Yes
- b.** No
- c.** I don't know

21. Do you think nutritional supplements prevent cancer?

- a.** Yes
- b.** No

c. I don't know

22. Do you think that the vitamins, minerals and other nutrients you take only with your diet cover daily recommended intake?

a. Yes

b. No

c. I don't know

23. Do you think that nutritional supplements increase my sports performance?

a. Yes

b. No

c. I don't know

24. Do you think nutritional supplements are dangerous for your health?

a. Yes

b. No

c. I don't know

25. Do you think dietary supplements can increase your muscles?

a. Yes

b. No

c. I don't know

26. Do you think nutritional support is essential for good health?

a. Yes

b. No

c. I don't know

FOURTH SECTION

27. Do you think you have an adequate and balanced diet?

a. Yes

b. No

28. How many meals do you eat per day? _____

29. Do you skip the main meal?

a. Yes

b. No

30. Are your meal times regular?

a. Yes

b. No

31. Do you eat very fast?

a. Yes

b. No

32. Do you have a snacking habit?

a. Yes

b. No

33. Do you get up at nights to eat?

a. Yes

b. No

34. Do you have a fast food habit?

a. Yes

b. No

35. Your daily water consumption _____mL

**36. Other fluid consumption (tea, coffee, milk, alcohol, fruit juice, carbonated beverage)
_____ mL**

FIFTH SECTION

37. Do you regularly do physical activity?

a. Yes

b. No

38. If your answer is 'Yes', what activity do you practice?

a. Fitness and weight lifting

b. Hiking

c. Pilates/yoga

d. Jogging

e. Swimming

f. Other _____

39. How often do you do physical activity?

a. Once a week

b. Twice a week

c. Three times a week

d. Once a month

e. Never

f. Other _____

40. How much time do you usually spend doing physical activities? _____

SIXTH SECTION

41. How much time do you usually spend sitting in a day? (e.g. television, sedentary office work, etc.) _____

42. How much time do you usually spend to household activities in a day? (e.g. dishwashing, wiping, mopping, cooking) _____

43. How many hours do you sleep in a day? _____

44. How much time do you usually spend to recreational activities in one day? (e.g. playing cards, painting, etc.) _____

45. How much time do you usually spend in professional activities like building, working on the street, working with a hammer, construction working in a day? _____

46. How much time do you usually spend on computer, videogames, mobile, tablet in a day? _____