

## Dietary Supplement Use during Covid-19 pandemic

Date of questionnaire completion: \_\_\_\_/\_\_\_\_/ 2021

### **General Information**

1. Age: \_\_\_\_years
2. Gender
  - Male
  - Female
3. Weight: \_\_\_\_Kg
4. Height: \_\_\_\_cm
5. Smoking:
  - Active
  - Ex-smoker
  - Passive smoker
  - Vapor smoke
  - No smoking
6. The type of diet that you follow is:
  - Mixed diet /No special diet
  - Lacto-ovo vegetarian
  - Vegan
  - Low carb
  - Hypocaloric/weight-reducing
  - Other
7. Do you consider that your diet is:
  - Balanced
  - Unbalanced
  - Do not know

**Covid Anxiety Scale CAS-5 (Score 0-20)**

“not at all”[0] “rare, less than a day or two”[1], “several days”[2], “more than 7 days”[3], “nearly every day over the last two weeks”[4]

**Over the last two weeks:**

- |                                                                                                                      |                          |                          |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. I felt dizzy, lightheaded, or faint when I read or listened to news about the coronavirus                         | [0]                      | [1]                      | [2]                      | [3]                      | [4]                      |
|                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I had trouble of falling or staying asleep because I was thinking of coronavirus                                  | [0]                      | [1]                      | [2]                      | [3]                      | [4]                      |
|                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus              | [0]                      | [1]                      | [2]                      | [3]                      | [4]                      |
|                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I lost interest in eating when I thought about or was exposed to information about the coronavirus               | [0]                      | [1]                      | [2]                      | [3]                      | [4]                      |
|                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus | [0]                      | [1]                      | [2]                      | [3]                      | [4]                      |
|                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Immune system self-evaluation**

13. How do you evaluate your immune system?

- Stronger compared to others of my age
- Same as the rest of the population of my age
- Weaker compared to others of my age

**Dietary Supplement use**

14. Do you believe that dietary supplements are necessary during the Covid-19 pandemic?

- Yes
- No
- Do not know

15. Have you taken any of the following dietary supplements **over the last two weeks?**

	Everyday	Occasional	Never
Multivitamin and mineral supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins B-complex (one or more vit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnesium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish oil capsules/gels/liquid( $\omega$ -3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probiotics in capsules/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Have you taken any **medicinal herbs in tablet/capsule form or tincture** (e.g. Echinacea purpurea, Curcuma longa, Allium sativum (Garlic), Ginger etc.) over the past two weeks?

- Everyday
- Occasional
- Never

16.1 If yes (everyday or occasional) please specify:

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17. Have you taken **other dietary supplements** (such as psyllium, quercetin, rutin etc.) over the past two weeks?

- Everyday
- Occasional
- Never

17.1 If yes (everyday or occasional) please specify:

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18. Do you take the recommended dose as specified on the packaged or do you exceed the recommended dose?

- I do not know
- I always take the recommended dose
- I sometimes take higher than the recommended dose
- I always take higher than the recommended dose
- I never use supplements

19. Where do you **mainly** obtain/buy these supplements?

- Supermarket
- Pharmacy
- Internet
- Other (e.g. family/friends)
- I never use supplements

20. Please tick the most appropriate answer:

- I started taking **all** supplements mentioned above **before** the pandemic
- I started taking **all** supplements mentioned above **during** the pandemic
- I started taking **some** supplements **during** the pandemic
- I **never use** dietary supplements (either before or during the pandemic)

21. What has been the **main** source of information before taking these supplements?

- Doctor/dietitian/Health professional
- Traditional means of information (i.e. TV, press)
- Social media
- Internet (news sites, blogs)
- Other
- I never use supplements

22. Have you been vaccinated against covid-19 or are you planning to get the anti-covid vaccine?

- Yes
- No
- I am hesitant
- I do not want to provide an answer

*Thank you for your time*