Study #2045	Interviewer:
South Nassau Truth in Medicine Poll	Respondent's Phone Number:
January 2018	
LJR Custom Strategies	Date:
	30% 40

Hello, I'm calling from FL Research, a national public opinion firm. I want to emphasize that this is not an attempt to sell anything or solicit funds. We're conducting a short survey in your area and this phone number is on my list. May I please speak with:

(IF THE TELEPHONE NUMBER ENDS IN AN <u>EVEN</u> NUMBER:) The youngest <u>woman</u> living at this household who is 18 years old or older and is home at this time.

(IF THE TELEPHONE NUMBER ENDS IN AN <u>ODD</u> NUMBER:) The youngest <u>man</u> living at this household who is 18 years old or older and is home at this time.

(IF NO WOMAN IS THERE, INTERVIEW ANY MAN.)

(IF NO MAN IS THERE, INTERVIEW ANY WOMAN.)

(IF AVAILABLE) Before we begin, I want to assure you that your responses will be kept anonymous, and all data will be analyzed in the aggregate only.

1. First, do you live in one of the five boroughs of New York City or Nassau (NASS aw) or Suffolk (SUFF ick) Counties?

Yes	100%	CONTINUE
No	Х	TERMINATE
Not sure/Refused	Х	TERMINATE

2. In which one do you live? (DO NOT READ LIST)

Bronx/Bronx County	11%	CONTINUE
Brooklyn/Kings County	22	CONTINUE
Manhattan/New York County	15	CONTINUE
Nassau County	14	CONTINUE
Queens/Queens County	20	CONTINUE
Staten Island/Richmond County	5	CONTINUE
Suffolk County	14	CONTINUE
Not sure/Refused	Х	TERMINATE

3. Now I'd like to ask you a few questions about supplements. The first question is: do you take any dietary supplements like vitamins, essential oils, or probiotics?

Yes	46%	ASK Q.4
No	54	SKIP TO Q.14
Not sure/Refused	-	SKIP TO Q.14

4. Here are some reasons people might take supplements. Please tell me whether you take a supplement for any of these reasons. (READ LIST RANDOMLY) (ACCEPT UP TO 8 RESPONSES)

Digestive health Joint and muscle pain	13%* 17	* SKIP TO Q.12 SKIP TO Q.12
General wellness	68	SKIP TO Q.12
Anxiety	3	SKIP TO Q.12
Memory	3	SKIP TO Q.12
Weight loss	9	SKIP TO Q.12
To boost your immunity against colds		
and flu	40	ASK Q.5
(READ LAST)		
OR Something else?	-	SKIP TO Q.12
(DON'T READ)		
Not sure/Refused	-	SKIP TO Q.12

*PERCENTAGES BASED ONLY ON THOSE WHO TAKE SUPPLEMENTS. N=275.

5. Here are some types of supplements people take to ward off colds and flu. Please tell me if you take any of these. (READ LIST RANDOMLY) (ACCEPT UP TO 5 RESPONSES)

Vitamin C Zinc	85%* 26
Echinacea (ECK in ay sha)	7
Black Elderberry	2
(READ LAST)	
OR Something else?	12
(DON'T READ)	
Not sure/Refused	2

6. Do you typically take supplements to ward off cold and flu daily, every other day, weekly, or only when you need them?

Daily	54%*
Every other day	2
Weekly	18
Only when you need them	25
Not sure/Refused	1

7. Were these supplements recommended to you by your doctor?

Yes	28%*	SKIP TO Q.10
No	71	ASK Q.8-9
Not sure/Refused	1	ASK Q.8-9

8. What prompted you to take a supplement to ward off colds and flu? Was it...(READ LIST RANDOMLY) (ACCEPT UP TO 6 RESPONSES)

A recommendation from friends or family	39%*
News coverage	5
An advertisement	15
An internet search	8
A health care practitioner other than a doctor	9
OR Something else?	24
(DON'T READ)	
Not sure/Refused	6
Recommended by my doctor	28

9. Is your doctor aware that you take supplements?

Yes	60%*
No	29
Not sure/Refused	10

10. Do you think the supplements you take to ward off colds and flu are very effective, somewhat effective, not very effective, or not effective at all at preventing you from getting a cold or flu?

Very effective	39%*
Somewhat effective	54
Not very effective	3
Not effective at all	3
Not sure/Refused	2

11. Have you had a flu shot this year?

Yes	59%*	SKIP TO Q.13
No	39	SKIP TO Q.13
Not sure/Refused	2	SKIP TO Q.13

*PERCENTAGES IN Q.5-11 BASED ONLY ON THOSE WHO TAKE ANTI-COLD/FLU SUPPLEMENTS. N=109.

12. Is your doctor aware that you take supplements?

Yes	83%*
No	13
Not sure/Refused	4

*PERCENTAGES BASED ONLY ON THOSE WHO TAKE SUPPLEMENTS FOR THINGS OTHER THAN COLD/FLU PREVENTION. N=166.

13. Using your best estimate, how much would you say spend on supplements for your personal use each month? Do you spend (READ LIST IN ORDER)

Less than 25 dollars	52%**
Between 25 and 100 dollars	39
Over 100 but less than 250 dollars	4
Over 250 dollars	1
Not sure/Refused	4

**PERCENTAGES BASED ONLY ON THOSE WHO TAKE ANY SUPPLEMENTS. N=275.

14. Do you have children under age 18 in your household?

Yes	24%	ASK Q.15
No	75	SKIP TO Q.17
Not Sure/Refused	1	SKIP TO Q.17

15. Do you give supplements to your children?

Yes	36%***	ASK Q.16
No	64	SKIP TO Q.17
Not Sure/Refused	-	SKIP TO Q.17

***PERCENTAGES BASED ONLY ON RESPONDENTS WITH CHILDREN IN HH. N=141.

16. Did your child's pediatrician recommend the supplements or not?

Yes	61%****
No	37
Not sure/Refused	2

****PERCENTAGES BASED ONLY ON RESPONDENTS WHO GIVE THEIR CHILDREN SUPPLEMENTS. N=51.

17. Finally, are you aware that supplements are not regulated by the Food and Drug Administration, sometimes called the F-D-A?

Yes	48%
No	41
Not sure/Refused	11

18. Regardless of how you just answered, does knowing that supplements are not regulated by the F-D-A concern you a lot, some, not much, or not at all?

A lot	8%
Some	21
Not much	22
Not at all	39
Not sure/Refused	11

NOW I'D LIKE TO ASK YOU A FEW LAST QUESTIONS FOR COMPARISON PURPOSES ONLY.

19. First, what is your age?

18-34 35-49 50-64	28% 28 19
65+	19
Not sure/Refused	7

20. Are you of Latino, Hispanic, or Spanish origin?

Yes	24%
No	72
Not sure/Refused	4

21. And finally, what is your racial background – are you white, black or African American, American Indian, Asian or of some other race? If you are multi-racial, please indicate all races that comprise your racial background. (ACCEPT UP TO SIX RESPONSES)

White	44%
Black/African American	19
American Indian	1
Asian	6
Other	11
Latino/Hispanic/Spanish (vol.)	24
Not sure/Refused	4

THANK YOU. YOU HAVE BEEN MOST HELPFUL.

THIS INFORMATION IS TO BE RECORDED AFTER THE INTERVIEW HAS BEEN COMPLETED.

22. Respondent's Gender:

Male	47%
Female	53