

Dietary Supplementation Questionnaire, Version 2.0 ©

The purpose of this project is to describe the dietary supplementation patterns of competitive athletes surveyed. These data will provide the sport science community a better understanding of the most desirable educational approach towards fair play and ethical sport. Furthermore, this research will determine the athletes' current attitudes regarding anti-doping issues in competitive sport. The information gathered from these questionnaires will be kept strictly CONFIDENTIAL. Your honesty and accuracy with this survey is greatly appreciated.

Date: _____ Age: _____ Gender: M / F

Competitive Sport: _____ Competitive Event: _____
(e.g. speed skating) (e.g. sprints)

1. Please indicate the top level of competition that you most OFTEN compete in:

- | | |
|------------------------------|--------------|
| Provincial | Varsity |
| National (in Canada) | Professional |
| North America (Canada & USA) | |
| International | |

2. What is your level of Sport Canada carding? or Not Applicable?

3. On average, how many hours do you train each week in mid-season? Please check:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> 0– 5 Hours | <input type="checkbox"/> 11 – 15 Hours | <input type="checkbox"/> 21 – 25 Hours |
| <input type="checkbox"/> 6 – 10 Hours | <input type="checkbox"/> 16 – 20 Hours | <input type="checkbox"/> More Than 25 Hours |

4. Do you take any dietary supplements? (e.g. sport drinks, vitamins, protein, herbal products, etc)

Yes No (If your response is “no” then go to question #10)

5. Where do you most often receive information about dietary supplements? Please check as many as apply.

- | | | |
|--|---------------------------|------------------|
| Internet | Health Food Store | Magazines |
| Herbal Medication Store | Pharmacist | Chiropractor |
| Naturopath | Exercise Physiologist | Strength Trainer |
| Athletic Trainer | Coach | Physiotherapist |
| Medical Physician | Dietitian | Teammates |
| Family / Friends | Other. Please List: _____ | |
| Not Applicable (I do not take dietary supplements) | | |

6. From the previous question # 5.0 please rank UP TO 5 of your responses with “1” as your “MOST OFTEN” choice:

- | | | |
|--|---------------------------|------------------|
| Internet | Health Food Store | Magazines |
| Herbal Medication Store | Pharmacist | Chiropractor |
| Naturopath | Exercise Physiologist | Strength Trainer |
| Athletic Trainer | Coach | Physiotherapist |
| Medical Physician | Dietitian | Teammates |
| Family / Friends | Other. Please List: _____ | |
| Not Applicable (I do not take dietary supplements) | | |

13. What kind of information would be most useful to you regarding dietary supplementation? (i.e. effective supplements, safety concerns or risks, understanding product labels, other information)?

14. Are you aware of the Drug Classification Handbook from the Canadian Centre for Ethics in Sport (CCES) or the Canadian Inter-university Sport (CIS) which outline the International Olympic Committee (IOC) and the World Anti-Doping Agency's list of banned substances and methods in competitive sport?

Yes No

15. Do you believe that you are complying with doping control rules and regulations?

Yes No Unaware

16. Do you have access to the Drug Classification Handbook from CCES/CIS?

Yes No Unaware

17. How easy do you find it to understand the Drug Classification Handbook?

Very Easy		Neither Easy Nor Difficult		Extremely Difficult	Have Never Seen It
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	NA

18. Do you have any comments or concerns about (anti)-doping policies in competitive sport?

19. How would you rate your diet?

Poor Diet		Good Diet		Excellent Diet
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

20. If you stopped taking your dietary supplements would this affect your performance in sport?

Poor Performance		No Effect on Performance		Enhanced Performance	Do Not Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

