**Centrum Survey Wave One – July 2017**

Specs:

* N=1000
* Aged 18-70
* Stratify against gender, age, and region as much as possible

SCREENER

S1. Q.LANGUAGE. In which language do you prefer to take this survey? / Dans quelle langue préférez-vous effectuer cette enquête?

1. English / Anglais
2. French / Français

S2. Q.AGESCREENER. How old are you? [RANGE 0-99][OPEN FIELD, CODE ON BACK END]

[TERMINATE IF NOT AGED 18-70]

S3. Q.PROVINCE Which province/territory do you currently live in?

1. Ontario
2. Quebec
3. British Columbia
4. Alberta
5. Manitoba
6. Saskatchewan
7. Nova Scotia
8. New Brunswick
9. Newfoundland and Labrador
10. Prince Edward Island
11. Northwest Territories
12. Yukon
13. Nunavut
14. I do not live in Canada [TERMINATE]

HIDDEN RECODE:

Ontario – QPROVINCE = 1

Quebec – QPROVINCE = 2

Atlantic Canada – QPROVINCE = 7, 8, 9, 10

West Canada – QPROVINCE = 3, 4, 5, 6, 11, 12, 13

S4. Q.COMMUNITY. Please indicate which best describes where you live.

1. Urban/city centre (population of 500,000 or more)
2. Large population centre (population of 100,000 to 499,999)
3. Medium population centre (population of 30,000 to 99,999)
4. Small population centre (population of 1,000 to 29,999)
5. Rural area

S5. Q.PURCHASE. When is the last time you purchased the following products?

1. In the past month
2. In the past 2-3 months
3. In the past 6 months
4. In the past year
5. Longer ago than that

[RANDOMIZE]

1. Multivitamins
2. Letter vitamin supplements (e.g. Vitamin D, Vitamin B12, etc.)
3. Mineral supplements (e.g. Calcium, Iron, Folic Acid, Potassium, etc.)
4. Fish oil and omegas (e.g. Omega-3, Cod Liver Oil, Flaxseed Oil, etc.)
5. Meal replacements (e.g. Boost, Soylent, Ensure, etc.)
6. Protein supplement (e.g. Whey protein powder)
7. Weight loss supplements (e.g. Fat burners, etc.)
8. Probiotics
9. None of the above [EXCLUSIVE] [ANCHOR]

S6. Q.FREQUENCY. You said you have purchased the products listed below in the past. How often do you use each of the following nutritional products?

[PIPE IN ONLY PRODUCTS THAT RESPONDENT HAS PURCHASED IN THE PAST YEAR OR MORE RECENTLY]

1. Once daily
2. Several days a week
3. Once a week
4. Once every two weeks
5. Once a month
6. Once every 2-3 months
7. Less often than that
8. Never

[RANDOMIZE]

1. Multivitamins
2. Letter vitamin supplements (e.g. Vitamin D, Vitamin B12, etc.)
3. Mineral supplements (e.g. Calcium, Iron, Folic Acid, Potassium, etc.)
4. Fish oil and omegas (e.g. Omega-3, Cod Liver Oil, Flaxseed Oil, etc.)
5. Meal replacements (e.g. Boost, Soylent, Ensure, etc.)
6. Protein supplement (e.g. Whey protein powder, protein bars)
7. Weight loss supplements (e.g. Fat burners, etc.)
8. Probiotics

S7. QSPEND. In the past month, how much have you spent on vitamins, minerals, and health supplements?

1. $0-25
2. $26-50
3. $51-75
4. $76-100
5. $101-125
6. $126+
7. Don’t know

TRANSITION: Today, we’re going to ask you a collection of questions about your health. All your answers will remain anonymous and are fully voluntary.

1.1. Q.GENDER. Are you…?

1. Male
2. Female
3. Other

1.2. Q.PARENTS. Do you have children under the age of 18 living at home?

1. Yes
2. No

1.3 Q.ACTIVITY. How often do you engage in the following?

1. Once a day or more
2. 2-3 times a week
3. Once a week
4. A couple of times a month
5. Once a month
6. Once every 2-3 months
7. Less often
8. Never

[RANDOMIZE]

1. High intensity cardio activity (e.g. running, cycling / spinning, kick boxing, etc.)
2. Weightlifting or strength training
3. Low intensity physical activity (e.g. walking, yoga, Pilates, etc.)
4. Competitive or recreational team sports (e.g. hockey, soccer, basketball, etc.)
5. Competitive or recreational individual sports (e.g. tennis, swimming, gymnastics, etc.)

Q.CONDITION. Which of the following health conditions, if any, do you currently suffer from? Please select all that apply.

[RANDOMIZE] [MULTICODE]

1. Difficulty falling asleep
2. Fatigue/ lack of energy
3. High blood pressure/ Hypertension
4. Insomnia/ Difficulty staying asleep
5. Joint problems/ stiffness
6. Stress/ anxiety
7. Oral/ Dental/ Tooth problems
8. Weight concerns
9. Glaucoma, cataracts, or other vision-related ailments
10. Digestive complications
11. Heart condition
12. Respiratory condition
13. High cholesterol
14. Chronic pain
15. Diabetes
16. Some other condition(s)
17. None of the above

Q.REMEDY. You said you currently suffer from the following health condition(s). Of these, which do you currently take medication for? Please select all that apply.

[SHOW ONLY THOSE SELECTED IN Q.CONDITION, IN SAME ORDER AS Q.CONDITION] [MULTICODE]

1. Difficulty falling asleep
2. Fatigue/ lack of energy
3. High blood pressure/ Hypertension
4. Insomnia/ Difficulty staying asleep
5. Joint problems/ stiffness
6. Stress/ anxiety
7. Oral/ Dental/ Tooth problems
8. Weight concerns
9. Glaucoma, cataracts, or other vision-related ailments
10. Digestive complications
11. Heart condition
12. Respiratory condition
13. High cholesterol
14. Chronic pain
15. Diabetes
16. Some other condition(s)
17. None of the above

Q.PREVENTION. Which of the following health conditions, if any, are you concerned about preventing in the future? Please select all that apply.

[RANDOMIZE] [MULTICODE]

1. Diabetes
2. High blood pressure/ Hypertension
3. Joint problems/ stiffness
4. General illness – cold, flu, etc.
5. Difficulty falling asleep
6. Fatigue/ lack of energy
7. Insomnia/ Difficulty staying asleep
8. Stress/ anxiety
9. Oral/ Dental/ Tooth problems
10. Weight concerns
11. Glaucoma, cataracts, or other vision-related ailments
12. Digestive complications
13. Heart condition
14. Respiratory condition
15. High cholesterol
16. Chronic pain
17. Some other condition(s)
18. None of the above

Q.STATEMENTS. For each statement, please indication your agreement on a scale of 1-7, where 1 means ‘disagree completely’ and 7 means ‘agree completely’.

[RANDOMIZE]

1. Exercise is an essential part of my day
2. Friends and family often come to me for advice about how to eat well and/or be healthier
3. Health and wellness are important to me, but it can be overwhelming to try to do everything I should do
4. I am happy with my current life stage
5. I am trying to “fight” aging by staying healthy
6. I consider myself to be living a healthy lifestyle
7. I don’t stress over my nutrition or fitness level
8. I eat what I want and don’t pay attention to health benefits
9. I feel depressed about my current health status
10. I focus on getting the most out of every day
11. Life is complicated. I need simple solutions for my nutritional and health needs
12. My stress level has a negative impact on my daily life
13. Social media impacts what I eat and drink

Q.GOALS. Which of the following statements best represents your personal wellness goal? Please select only one.

1. I want to maintain my current lifestyle without fear or discomfort.
2. I want to maintain my active lifestyle without feeling limited by pain.
3. I want to maintain a baseline or nutrition through easy to incorporate solutions.
4. I want to find a way to be productive and confident about my life and my health.
5. I want to fend off any and all potential health conditions, stay perfectly healthy forever.
6. I want to be healthy enough that I don’t have any bothersome issues.
7. I want to be able to continue being carefree about my health for as long as possible.

TRANSITION: Thank you for your participation so far. We only have one more question for you.

4.1 Q.MEDIA. Please select how often you usually do the following:

1. Once a day or more
2. Several days a week
3. Once a week
4. Once every two weeks
5. Once a month
6. Once every three months
7. Once every six months
8. Once a year
9. Less often
10. Never

[RANDOMIZE]

1. Watch TV
2. Listen to the radio
3. Read a printed version of a newspaper
4. Read a printed version of a magazine
5. Go to the cinema / movie theatre
6. Visit social media sites (e.g. Facebook, Instagram, Twitter, etc.)
7. Use the internet for watching TV / video content
8. Use the internet for listening to music, radio or podcasts
9. Use the internet for looking at newspaper content
10. Use a smartphone to access the internet
11. Play video games
12. Pass by large posters on the roadside or other large out of home advertising
13. Pass by small posters on the street, at bus stops, in shopping malls, etc.
14. Pass by advertising on or around public transportation
15. Go to the doctor or a walk-in clinic
16. Talk to a pharmacist
17. Use a tablet to access the internet (e.g. an iPad, etc.)
18. Use drugstore loyalty programs (e.g. Shopper’s Optimum)