

# Consumer survey on food supplements in the EU

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For Food Supplements Europe

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# 1 Executive summary

This report presents the findings of a consumer survey, conducted by Ipsos on behalf of Food Supplements Europe (FSE). The aim of the survey was to deliver an improved understanding of EU consumers' behaviours, attitudes and practices with regards to food and dietary supplements.

The study was conducted between 17 and 30 March 2022, in 14 EU Member States: Belgium, Czechia, Denmark, Germany, Spain, France, Italy, Cyprus, the Netherlands, Poland, Romania, Slovenia, Finland and Sweden. In each country, the target population was adults aged 18 and over and the target sample size was 1,000, apart from in Cyprus where the target was 200. In total, 13,249 interviews were completed across the 14 countries.

## 1.1 Key findings

### Use of food supplements in Europe

**Almost nine in ten (88%) respondents had used a food supplement at some point in their lives**, and the vast majority of this group **(93%) had used them in the last 12 months**. The latter figure was higher in the East European countries – Czechia (97%), Romania (97%), Slovenia (96%) and Poland (98%) – as well as in Finland (94%).

**The supplements respondents had most commonly consumed over the last 12 months were Vitamin D (46%), followed by vitamin C (36%), magnesium (33%), multivitamin or mineral supplements (29%), omega 3 or fish oils (19%), vitamin B or B complex (17%), iron (14%) and calcium (14%).** The only other type of supplements that at least one in ten respondents had taken in the last 12 months were zinc (13%) and probiotics (12%).

**Just under a third (32%) of those who had used food supplements in the last 12 months had used only one supplement, while approaching a quarter (23%) had used two. A total of 45% had used more than two** – with 17% having used three, 10% having used four and 18% having used at least five supplements. The *mean* (average) number of food supplements respondents had used was 2.4. Again, the latter figure was higher in Poland (4.0), Romania (3.6), Czechia (3.1), Slovenia (3.0) and Finland (3.0).

The way in which respondents had taken supplements over the last 12 months varied considerably, ranging from regularly to occasionally and seasonally. **Supplements that at least half of users had taken regularly were omega 3 or fish oils (63%), fibre (56%), vitamin D (54%), calcium (51%), magnesium (50%) and folate or folic acid (50%).** Other supplements, such as probiotics and prebiotics, iron and enzymes, had more typically been taken on either an occasional or seasonal basis.

In terms of the *frequency* with which respondents had taken the supplements they had used in the last 12 months, the picture was again a mixed one. **Multivitamin and/or mineral supplements, vitamin D, folate, folic acid, and omega 3 or fish oils were the only supplements that a majority of users had taken on a daily basis.** Indeed, in the case of other supplements – including vitamin A, probiotics, prebiotics, enzymes, and manganese – around half of users had taken these either once a week or less often, only when the need arose or only when they remembered.

**Over half (52%) of respondents who had used foods supplements in the last year said they had done so to maintain their overall health and 45% said they had done so to maintain their immune system.** The next most commonly cited reasons were for energy (29%), for skin, hair and nail health (17%), for gut or digestive health (17%) and for heart health or blood pressure (14%).

## Information about food supplements and trust in the industry

**Respondents' top sources of information about food supplements were doctors or other medical professionals (40%) and pharmacists (31%).** These were followed by two less formal sources, namely general internet searches (25%) and friends, family or colleagues (21%). Only around one in ten or fewer respondents mentioned any other sources, including product labels (10%), books or medical journals (9%) and alternative medicine practitioners (for example, nutritionists and herbalists) (8%).

**Around 7 in 10 respondents (69%) said that they trusted food supplement brands to provide reliable information on food supplements,** with 59% saying they trusted them a fair amount and 10% saying they trusted them a great deal. Meanwhile, just over a quarter (26%) of respondents expressed some level of distrust in the industry.

**Trust in the industry was higher than average in Germany (73%), Italy (85%) and the Netherlands (76%), but lower than average in the Scandinavian countries** – Sweden (61%), Denmark (66%) and Finland (66%) – as well as in Czechia (64%), Slovenia (63%) and Cyprus (62%). Indeed, in Sweden, Finland, Czechia, Slovenia and Cyprus, around a third of respondents expressed some level of *distrust* in the industry.

## Buying food supplements

**Approaching two thirds of respondents who had ever taken food supplements had bought such products at a pharmacy (63%),** while a quarter had bought them at a supermarket, grocery store, convenience store or department store. The next most common places of purchase were health food stores or herbal shops (15%), specialised food supplement and/or vitamin websites (15%), and brand websites (10%) respectively. Other sources, including general online marketplaces and medical professionals or practitioners, were mentioned by fewer than one in ten respondents.

**The most common places to purchase food supplements varied by country.** Indeed, the only point of consistency was that pharmacies emerged as the top response in all countries except for the Netherlands, where the top response was a supermarket, grocery store, convenience store or department store (35%).

**Respondents indicated that a range of considerations were important to them when choosing supplements.** In relative terms, the most important such considerations were the ingredients or nutritional information of the products (84% said this was very or fairly important to them), price or value for money (85%), having a trusted recommendation (81%) and the form the supplements took (66%). Considerations of somewhat lesser importance were whether or not the supplement was labelled organic, natural or GMO (56%), whether the packing could be recycled (50%) and the brand name (45%).

**The survey found a high level of use and understanding of food supplement labels across the countries surveyed.** Approaching nine in ten of all those who had ever taken supplements (85%) strongly agreed or tended to agree that they followed the instructions of use on the labels. Around seven in ten agreed that the ingredient information on the labels was easy to understand (69%), and that the labels provided sufficient information on the benefits of the products (65%). A similar proportion agreed that they were confident in the safety and quality of food supplements (72%), with just 6% actively disagreeing with this statement.

**Respondents reported paying attention to various different types of information provided on supplement labels.** Specifically, more than eight in ten (82%) said they always or usually looked at the labels to ascertain the recommended dosage and frequency of use, while around seven in ten said they did so to ascertain the health benefits of the product (72%), possible side effects and/or drug interactions (67%), or the product ingredients (67%). Sixty-five percent said they always or usually looked at the labels to find out if anyone should avoid the product.



Respondents in Denmark, Sweden and Belgium were less likely than average to always or usually consult supplement labels for any of the reasons listed above. Those in the Netherlands and Germany were similarly less likely than average to consult the labels for all but one of the reasons (to check dosage in the case of the Netherlands, and to check possible side effects in the case of Germany). A lower than average proportion in Finland reported consulting labels to check for possible side effects or whether anyone should avoid the product, and a lower than average proportion in Poland reporting doing so to check the dosage or frequency of use.

### Non-users of food supplements in Europe

**Only 10% of all respondents had never taken supplements.** Of this group, approaching half (45%) said they had never done so because they had simply never felt the need to, and 31% said they believed they got all the nutrients they needed from their diet. Around one on ten respondents, meanwhile, said they had never taken supplements because they did not like swallowing pills (14%), because supplements were too expensive (12%) or because they did not know which supplements were right for them (10%). Comparatively few respondents expressed concerns about the safety of supplements (3%) or the way in which they were regulated (4%).

**Almost half (46%) of all those who had never taken supplements said they might consider doing so if a doctor or other healthcare professional were to recommend it.** Around a third said they might consider doing so if they were to experience a change in their health status (21%). Other reasons were given by fewer than one in 20 respondents. Indeed, over a third (36%) of non-users of supplements stated that *nothing* would make them consider taking supplements in the future.

The potential influence of a recommendation from a doctor or healthcare professional was mentioned by a significantly higher than average proportion of respondents in Spain (63%) but a significantly *lower* than average proportion in Germany (29%) and Denmark (34%). A change in health status was mentioned by a higher than average proportion of respondents in Cyprus (51%), Czechia (35%), and Italy (33%), but, again, a lower than average proportion in Germany (12%). Indeed, respondents in Germany were significantly more likely than average to say that *nothing* would make them consider taking supplements in the future (59% versus 36% on average).

## 2 Introduction

Food Supplements Europe (FSE) is an international non-profit organisation, representing the European Food Supplement sector at the European Union. In December 2021, the organisation commissioned Ipsos European Public Affairs to run a consumer survey in 14 EU Member States as a first step towards building a better understanding of EU consumers' behaviours, attitudes and practices with regards to food and dietary supplements. The ultimate aim of the survey was to allow cross-country comparisons in Europe on the consumption of, and attitudes towards, food supplements in the EU, and to inform discussion about maximum levels harmonisation in the EU.

### 2.1 Research objectives

The key objectives of the consumer survey were to understand:

- how Europeans were consuming food supplements
- whether they were overly exposed to and/or concerned about overexposure to certain vitamins and/or supplement
- whether they were sufficiently informed and responsible in their consumption of food supplements
- whether they could easily read the labels of food supplements.

### 2.2 Methodology

The survey was conducted between 17 and 30 March 2022, in 14 EU Member States: Belgium, Czechia, Denmark, Germany, Spain, France, Italy, Cyprus, the Netherlands, Poland, Romania, Slovenia, Finland and Sweden.

In each country, the target population was adults aged 18 and over with purchasing power, and the target sample size was 1,000 – apart from in Cyprus where the target was 200. **In total, 13,249 interviews were completed** across the 14 countries. The achieved sample size (unweighted) per country is shown in Table 2.1.

**Table 2.1: Target and achieved sample size per country**

Country	Target	Sample size	Country	Target	Sample size
Belgium	1,000	1,000	Cyprus	200	203
Czechia	1,000	1,005	Denmark	1,000	1,004
Finland	1,000	1,004	France	1,000	1,005
Germany	1,000	1,002	Italy	1,000	1,006
Netherlands	1,000	1,004	Poland	1,000	1,000
Romania	1,000	1,002	Slovenia	1,000	1,003
Spain	1,000	1,006	Sweden	1,000	1,005
TOTAL				13,200	

The survey was conducted **online via CAWI** (Computer-Assisted-Web-Interviewing),<sup>1</sup> with the sample drawn from Ipsos' proprietary non-probability/volunteer online Access Panels. Prospective respondents were randomly sampled, with quotas applied to ensure a representative sample. Quota sampling aims to represent the major characteristics of the population of interest by sampling a proportional amount of each. For this project, quotas were set, and the profile of the emerging sample monitored, in terms of gender, age and region (not interlocked), based on latest available population statistics.

To ensure a homogenous approach across countries and minimise potential errors, questionnaire programming, data cleaning, and analysis were fully centralised. Post-survey corrective weighting was applied to the data as follows: 1) "in country" or national weights were applied for each country surveyed, based upon gender, age group and geographic region; 2) cross-country weights were calculated to allow estimates to be obtained for the whole sample and for any combination of countries such that the weighted sample size for each country would be proportionate to the size of its eligible population.

## 2.3 Interpreting the data

Throughout this report differences in the view of different subgroups of respondents are highlighted (for example, in terms of country, gender, education, use of supplements in the past, etc.). It should be noted that survey results are subject to sampling tolerances meaning that not all apparent differences between groups may be statistically significant. Only differences that are statistically significant (at the 5% level) – i.e. where we can be reasonably certain that they are unlikely to have occurred by chance – are highlighted in the text.

The percentages in this report are given without a decimal and due to rounding percentages may not add up to 100% exactly. The bars in charts take into account decimals, explaining small differences in the length of bars showing the same percentages. Where percentages do not sum to 100%, this may be due to computer rounding or multiple answers. An asterisk (\*) denotes any value of less than half one per cent but more than zero, while a dash (-) denotes zero. Aggregate percentages (e.g. "strongly agree/tend to agree") are calculated for all 5-point scales.

In the report, countries are at times referred to by their official abbreviation. The abbreviations used are shown in Table 2.2 below.

**Table 2.2: Country coverage**

BE		Belgium	NL		Netherlands
CZ		Czechia	PL		Poland
DK		Denmark	RO		Romania
DE		Germany	SI		Slovenia
ES		Spain	FI		Finland
FR		France	SE		Sweden
IT		Italy			
CY		Rep. of Cyprus			

<sup>1</sup> In Cyprus a CATI (Computer-Assisted-Telephone-Interviewing) push-to-web approach was used due to the smaller size of available online sample frames in the country. Under a push-to-web approach, respondents are recruited via telephone and then sent a personal link to the online survey, thus maintaining consistency in the survey method across all countries.

## 2.4 Structure of the report

The findings of the research are set out in detail over subsequent chapters. Chapter 3 focuses on use of different food supplements in the European Union, including the regularity and frequency of use. Chapter 4 considers consumers' main sources of information about food supplements, their level of trust in information provided by the food supplement industry, from where they had purchased supplements, key considerations when making a purchase and use of supplement labels. Chapter 5 considers the profile and attitudes of non-users of food-supplements in the European Union, including reasons why they do not take food supplements and factors that might result in their doing so in the future.

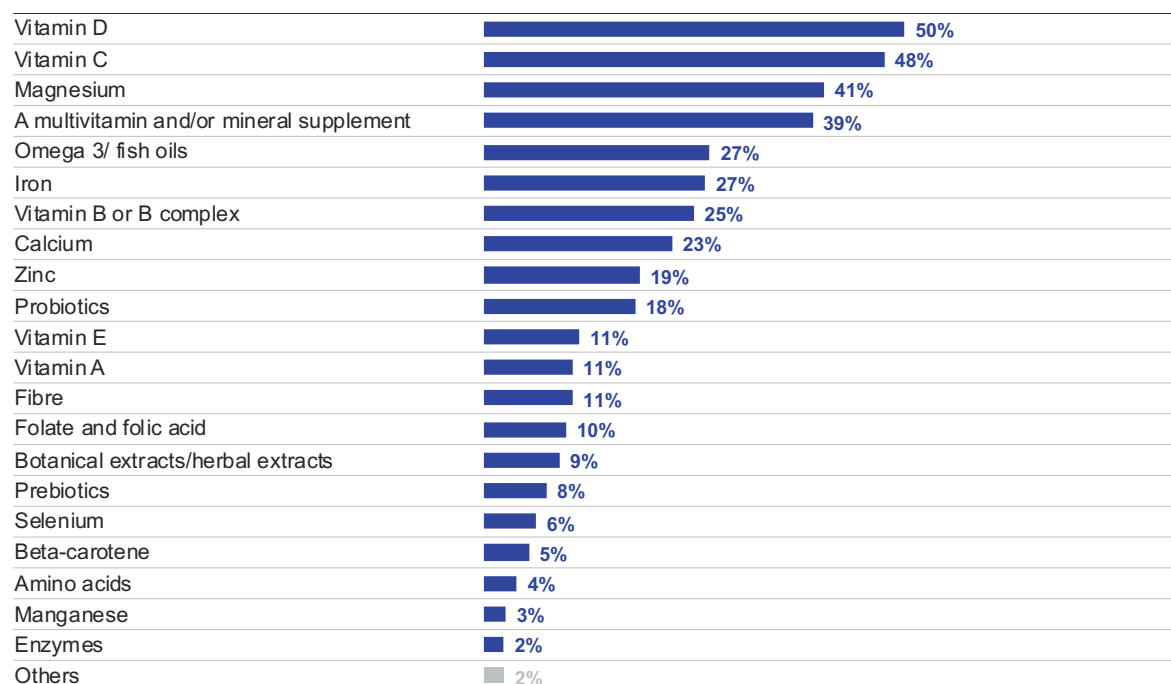


## 3 Use of food supplements in Europe

### 3.1 Supplements used ever

Almost nine in ten (88%) respondents had used a food supplement at some point in their lives. As can be seen in Figure 3.1, half had taken vitamin D or C (50% and 48% respectively), while 41% had taken magnesium and 39% had taken a multivitamin and/or mineral supplement. The next most commonly mentioned supplements were omega 3 or fish oils (27%), iron (27%), vitamin B or B complex (25%) and calcium (23%).

Figure 3.1: Supplements used ever



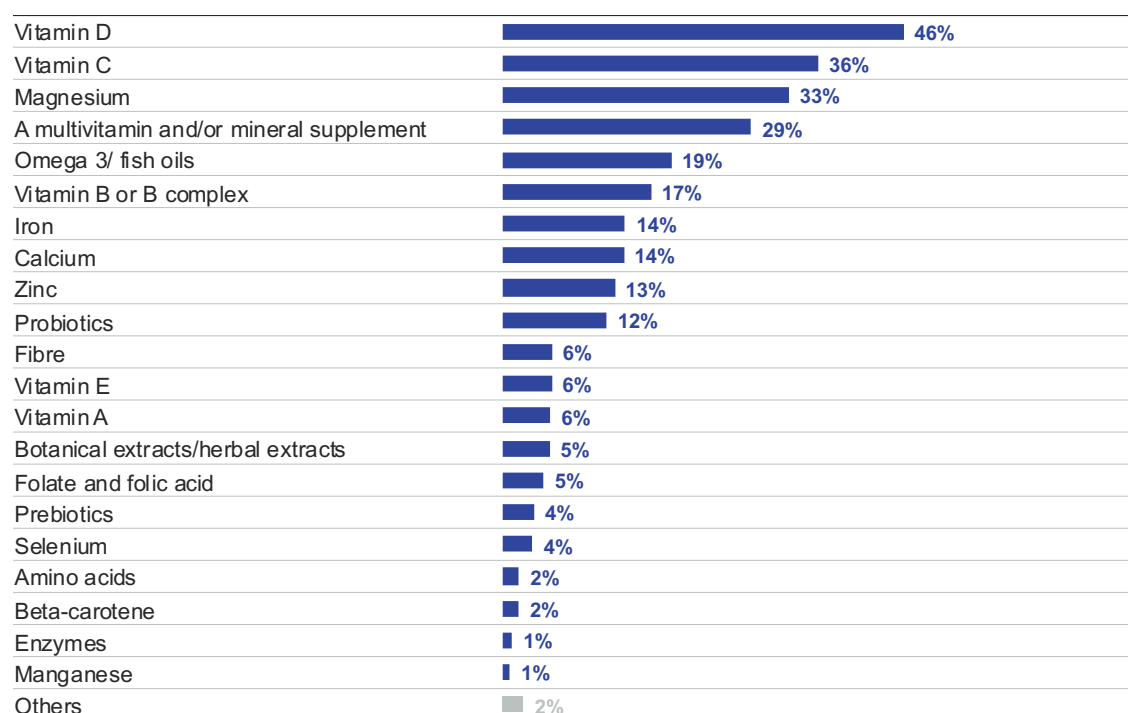
Base: All respondents (N=13,249)

Question: Which of the following food supplements have you ever taken?

### 3.2 Supplements used in the past 12 months

More than nine in ten (93%) of all those who had ever used supplements had used them in the last 12 months. The supplements most commonly consumed over this period very much reflected the ranking shown above: **Vitamin D remained the top response** and, again, was mentioned by around half of those answering the question (46%), followed by **vitamin C** (36%), **magnesium** (33%), **multivitamin or mineral supplements** (29%), **omega 3 or fish oils** (19%), **vitamin B or B complex** (17%), **iron** (14%) and **calcium** (14%). The only other type of supplements that at least one in ten respondents had taken in the last 12 months were zinc (13%) and probiotics (12%) (Figure 3.2).

**Figure 3.2: Supplements used in the last 12 months**



Base: Respondents who have ever taken food supplements (N=11,716)

Question: And which of these food supplements have you taken in the past 12 months?

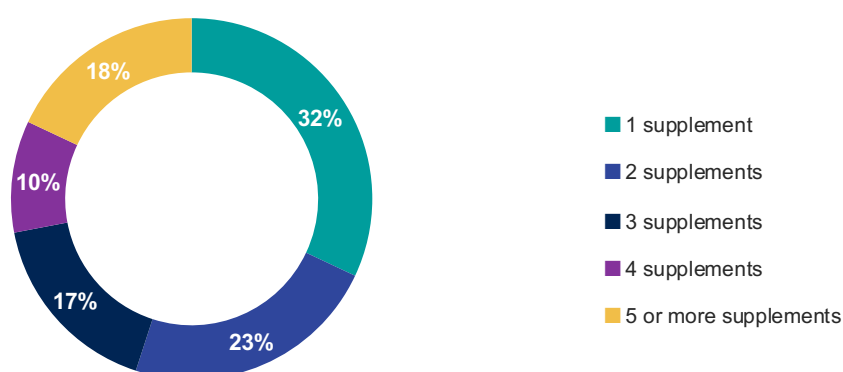
Use of food supplements in the last 12 months was higher than average in the East European countries – Czechia (97%), Romania (97%), Slovenia (96%) and Poland (98%) – as well as in Finland (94%). Analysis of the country results by *individual* supplement provides additional, more nuanced insights – in particular:

- use of **vitamin D** was higher than average in Poland (61%), Finland (59%), Belgium (53%), Slovenia (52%) and the Netherlands (50%)
- use of **vitamin C** was higher than average in Romania (64%), Poland (59%), Czechia (57%), Cyprus (57%) and Slovenia (43%)
- use of **magnesium** was higher than average in Poland (58%) Slovenia (53%), Romania (44%), Germany (43%) and Czechia (39%)
- use of **multivitamin and/or mineral supplements** was higher than average in Denmark (42%), Finland (40%), Italy (35%), the Netherlands (35%) and Poland (33%)
- use of **omega 3 or fish oils** was higher than average in Denmark (27%), Czechia (26%), Slovenia (26%), Poland (26%), Romania (23%) and Finland (22%)
- Use of **vitamin B or B complex** was higher than average in Czechia (26%), Finland (26%), Poland (24%), Slovenia (22%) and Romania (20%)

There were few socio-demographic differences in terms of the overall proportion of respondents who had taken a supplement in the last 12 months. However, at the level of individual supplements, more women than men had taken vitamin D (50% vs. 42%), magnesium (35% vs 31%), iron (18% vs. 10%) and vitamin B or B complex (19% vs 15%), while more men had taken vitamin C (38% vs. 34%) and omega 3 or fish oils (20% vs. 19%). Use of vitamin D, vitamin B or B complex and omega 3 or fish oil also increased with age – for example, whereas 38% of people aged 18-24 had taken vitamin D, the figure rose to 53% among those aged 65 and over. Other supplements were more commonly consumed by younger age groups – for example, iron was used by 17% of 18-24 year olds and 20% of 25-44 years olds compared to 12% of those aged 45-64 and 7% of those aged 65 and over.

Figure 3.3 shows the *number* of food supplements respondents had used in the last 12 months. **Just under a third (32%) had used only one supplement, while approaching a quarter (23%) had used two. A total of 45% had used more than two** – with 17% having used three, 10% having used four and 18% having used at least five supplements. The *mean* (average) number of food supplements respondents had used was 2.4.

**Figure 3.3: Number of food supplements used in the last 12 months**



Base: Respondents who have ever taken food supplements (N=11,716)  
Question: And which of these food supplements have you taken in the past 12 months?

Reflecting the country results reported above, the *mean* number of food supplements respondents had used was higher than average in Poland (4.0 vs. the average of 2.4), Romania (3.6), Czechia (3.1), Slovenia (3.0) and Finland (3.0). It was also slightly higher among women than men (2.7 vs. 2.2) and among respondents with a health condition than among those without one (2.6 vs. 2.3). In terms of age-based differences, the mean number of supplements used was highest among 25-44 year olds (2.7), followed by 45-64 year olds (2.4), 18-24 year olds (2.3), then respondents aged 65 and over (2.1).

### 3.3 Regularity and frequency of supplement use

The way in which respondents had taken supplements over the last 12 months varied considerably, ranging from regularly to occasionally and seasonally. **Supplements that at least half of users had taken regularly were omega 3 or fish oils (63%), fibre (56%), vitamin D (54%), calcium (51%), magnesium (50%) and folate or folic acid (50%).** Other supplements, such as probiotics and prebiotics, iron and enzymes, had more typically been taken on either an occasional or seasonal basis.

**Table 3.1: Regularity of supplement use over the last 12 months**

	FREQUENCY OF USE		
	Seasonally only	Occasionally/when the need arises	Regularly
A multivitamin and/or mineral	19%	31%	49%
Vitamin B or B complex	14%	40%	46%
Vitamin A	18%	41%	40%
Vitamin C	22%	41%	37%
Vitamin D	24%	22%	54%
Vitamin E	15%	43%	41%
Folate and folic acid	13%	37%	50%
Beta-carotene	31%	34%	34%
Probiotics	9%	61%	30%
Prebiotics	12%	52%	35%
Enzymes	8%	51%	39%
Botanical/herbal extracts	13%	46%	40%
Calcium	10%	39%	51%
Iron	9%	53%	37%
Zinc	14%	44%	42%
Magnesium	8%	42%	50%
Manganese	15%	47%	36%
Selenium	11%	41%	47%
Fibre	7%	36%	56%
Omega 3/ fish oils	10%	27%	63%
Amino acids	10%	41%	48%
Others	10%	20%	70%

Base: Respondents who have taken food supplements in the past 12 months (N=10,798)

Question: Which of the following best describes how you have taken these supplements in the last 12 months?

In terms of the *frequency* with which respondents had taken the supplements they had used in the last 12 months, the picture was again a mixed one. **Multivitamin and/or mineral supplements, vitamin D, folate, folic acid, and omega 3 or fish oils were the only types of supplement that a majority of users had taken on a daily basis.** Indeed, in the case of other supplements – including vitamin A, probiotics, prebiotics, enzymes, and manganese – around half of users had taken these either once a week or less often, only when the need arose or only when they remembered (Table 3.2).

Table 3.2: Frequency of supplement use over the last 12 months

	FREQUENCY OF USE					
	On a daily basis	Less often than daily but more than once a week	Once a week or less often	Only when I feel the need	When I remember	Don't know/can't remember
A multivitamin and/or mineral supplement	54%	21%	9%	13%	3%	1%
Vitamin B or B complex	49%	20%	12%	16%	3%	1%
Vitamin A	30%	23%	23%	19%	4%	1%
Vitamin C	41%	23%	12%	21%	3%	0%
Vitamin D	51%	17%	17%	12%	3%	1%
Vitamin E	34%	24%	17%	20%	3%	2%
Folate and folic acid	56%	18%	11%	12%	3%	1%
Beta-carotene	37%	23%	13%	23%	3%	1%
Probiotics	36%	19%	10%	33%	1%	1%
Prebiotics	34%	20%	13%	30%	3%	1%
Enzymes	28%	22%	15%	29%	4%	2%
Botanical extracts/herbal extracts	41%	21%	13%	22%	2%	1%
Calcium	43%	19%	15%	20%	3%	0%
Iron	40%	19%	13%	24%	4%	1%
Zinc	43%	21%	12%	21%	3%	1%
Magnesium	46%	20%	10%	21%	2%	0%
Manganese	25%	23%	24%	25%	2%	2%
Selenium	46%	19%	13%	18%	2%	1%
Fibre	40%	24%	14%	20%	2%	1%
Omega 3/ fish oils	56%	18%	10%	11%	4%	0%
Amino acids	36%	25%	13%	22%	3%	1%
Others	70%	12%	4%	10%	4%	0%

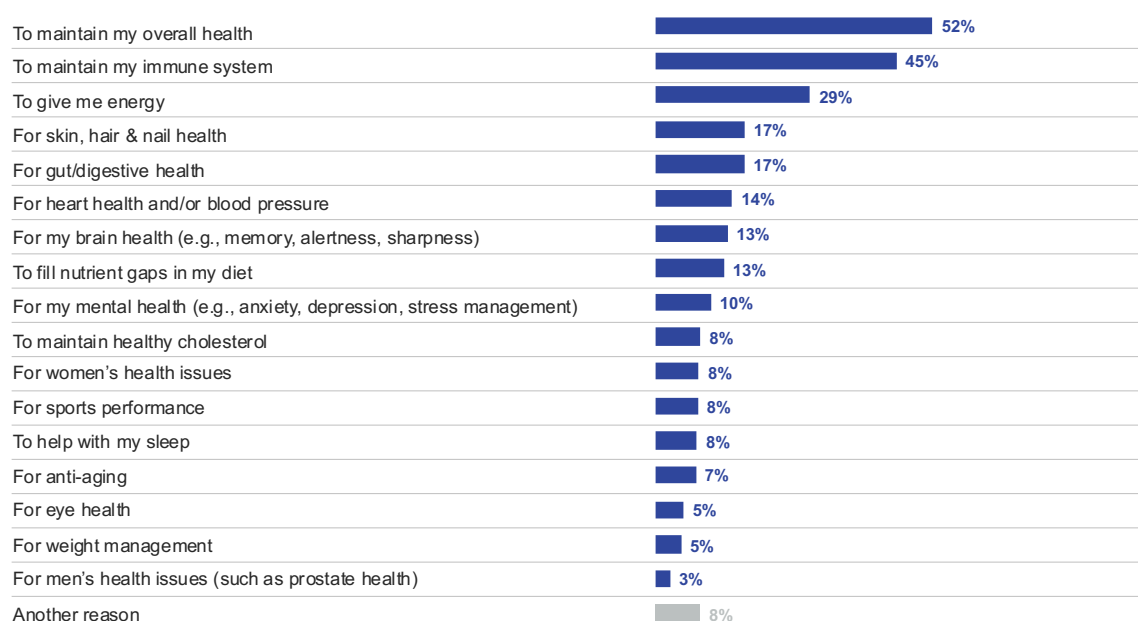
Base: Respondents who have taken food supplements in the past 12 months (N=10,798)

Question: Which of the following best describes how often you have typically taken these supplements during the periods you have done so in the last 12 months?

### 3.4 Reasons for taking food supplements

Over half (52%) of respondents who had used foods supplements in the last year said they had done so to maintain their overall health and 45% said they had done so to maintain their immune system. The next most commonly cited reasons were for energy (29%), for skin, hair and nail health (17%), for gut or digestive health (17%) and for heart health or blood pressure (14%) (Figure 3.4).

Figure 3.4: Reasons for taking supplements over the last 12 months



Base: Respondents who have taken food supplements in the past 12 months (N=10,798)

Question: What are your main reasons for taking these food supplements in the last 12 months? Please select up to 5 answers



At the same time, reasons for using supplements varied to an extent depending on the supplement. For example:

- a higher than average proportion of respondents who had taken only a probiotic, a prebiotic or an enzyme had done so for their gut or digestive health (68%, 31% and 38% respectively)
- a higher than average proportion of those who had taken only beta-carotene or zinc had done so for their skin, hair and nail health (36% and 33% respectively)
- a higher than average proportion of those who had taken only selenium, omega 3 or fish oils had done so for their heart health and/or blood pressure (33% in each case)
- a higher than average proportion of those who had taken only manganese or selenium had done so for their mental health (33% and 22% respectively)

The top-ranking reasons for taking supplements were broadly similar across the different countries but the *degree* to which different reasons were cited varied considerably. For example, use of supplements for general health reasons was more common than average in Finland (64%), the Netherlands (59%), Poland (61%), Slovenia (55%) and Romania (55%). Use of supplements to maintain immune health was also more common than average in the latter three countries (63%, 58% and 63% respectively), as well as in Czechia (57%) and Cyprus (54%). Use of supplements for energy, meanwhile, was more common than average in France (42%), Italy (37%), Slovenia (36%) and Romania (34%).

More men than women had used supplements for their heart health or blood pressure (18% vs. 11%), to maintain healthy cholesterol (11% vs. 6%) or for sports performance (12% versus 4%). Conversely, more women than men had used supplements for gut or digestive health (18% vs. 15%), skin, hair or nail health (22% vs. 11%), to fill nutrient gaps in their diet (14% vs. 11%) or for mental health reasons (11% vs. 9%).

Use of supplements for general health reasons increased with age, from 43% among the youngest age group, to 47% among 25-44 year olds, 54% among 45-64 year olds and 58% among those aged 65% and over. No such linear trend was apparent when it came to taking supplements for immunity: in this case it was among the middle two age groups that use was highest (45% of 25-44 year olds and 47% of 45-64 year olds vs. 39% of 18-24 year olds and 44% of those aged 65 and over). As might be expected, use of supplements for heart health or blood pressure was more common among the two oldest groups than the youngest ones (16% of 45-64 year olds and 21% of those aged 65 and over vs. 11% of 18-24 year olds and 10% of 25-44 year olds). The youngest groups in turn were more likely to have used supplements for:

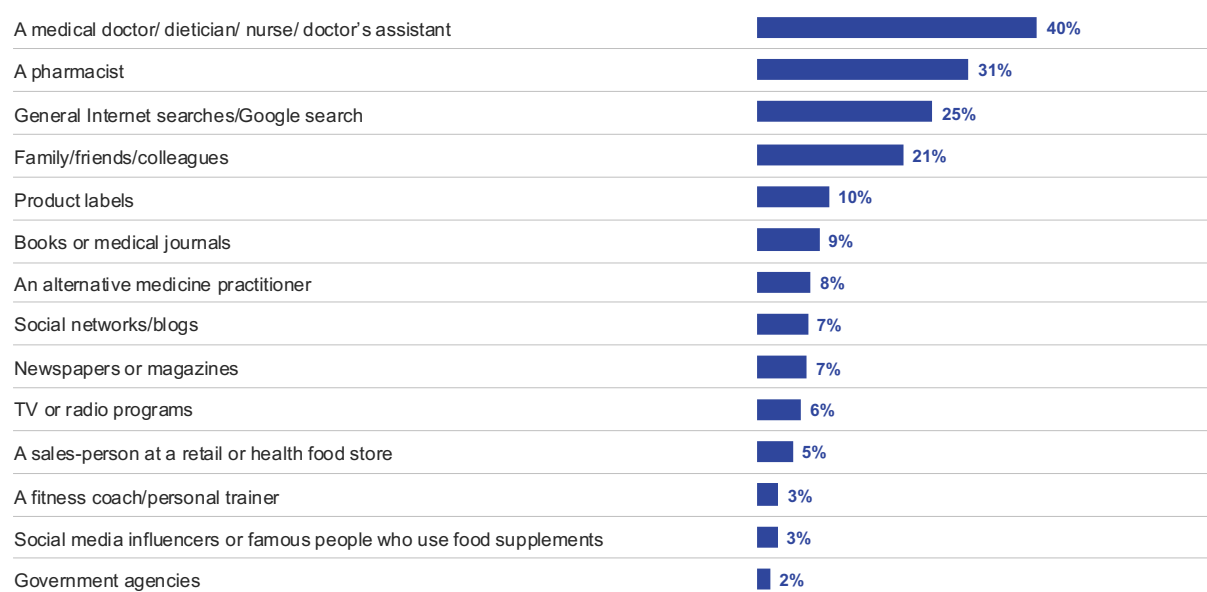
- energy (34% of 18-24 year olds and 35% of 25-44 year olds vs. 28% of 45-64 year olds and 19% of those aged 65 and over)
- skin, hair or nail health (21% and 21% vs. 14% and 12% respectively)
- nutritional gaps (17% and 16% vs. 11% and 9% respectively)
- mental health (16% and 14% vs. 9% and 6% respectively)
- sleep (13% and 10% vs. 7% and 4% respectively).

## 4 Information about food supplements and trust in the industry

### 4.1 Sources of information about food supplements

Respondents' top sources of information about food supplements were doctors or other medical professionals (40%) and pharmacists (31%). These were followed by two less formal sources, namely general internet searches (25%) and friends, family or colleagues (21%). Only around one in ten or fewer respondents mentioned any other sources, including product labels (10%), books or medical journals (9%) and alternative medicine practitioners (for example, nutritionists and herbalists) (8%) (Figure 4.1).

**Figure 4.1: Sources of information about foods supplements**



Base: Respondents who have ever taken food supplements (N=11,716)















Question: What are your main sources of information on food supplements?

While the top sources of information were broadly similar across many of the countries covered in the survey, there were some notable exceptions – in particular, and as shown in Table 4.1:

- respondents in **Sweden** reported lower than average reliance on doctors or other medical professionals (29%) and pharmacists (11%), and higher than average reliance on general internet (30%) searches – indeed three times as many respondents relied on internet searches as on pharmacists.
- the same pattern was observed in **Finland**. Here too there was lower than average reliance on doctors or medical professionals (36%) and pharmacists (21%), but higher than average reliance on general internet searches (31%). Finland was also the only country where product labels were among the top four sources mentioned (22%).

- respondents in **the Netherlands** reported lower than average reliance on doctors or other medical professionals (33%), pharmacists (13%) general internet searches (20%) and friends or family (18%), but higher than average reliance on sales-people at retail or health food stores (11%).
- respondents in **Czechia** reported lower than average reliance on doctors or other medical professionals (32%), but higher than average reliance on pharmacists (40%), general internet searches (39%) and friends or family (29%).
- respondents in **Slovenia** similarly reported lower than average reliance on doctors and other medical professionals (28%) and pharmacists (27%), but higher than average reliance on general internet searches (33%) as well as on friends or family (29%).
- respondents in **Poland** reported lower than average reliance on doctors or other medical professionals (35%), but higher than average reliance on pharmacists (39%), general internet searches (37%) and friends or family (26%).

Table 4.1: Top 5 sources of information on supplements, by country

 Belgium	 Finland	 Netherlands	 Spain
1. A doctor/medical professional 56%	1. A doctor/medical professional 36%	1. A doctor/medical professional 33%	1. A doctor/medical professional 51%
2. A pharmacist 39%	2. General Internet searches 31%	2. General Internet searches 20%	2. A pharmacist 37%
3. Family/friends/colleagues 17%	3. Product labels 22%	3. Family/friends/colleagues 18%	3. Family/friends/colleagues 18%
4. General Internet searches 15%	4. A pharmacist 21%	4. A pharmacist 15%	4. General Internet searches 16%
5. An alternative practitioner 6%	5. Family/friends/colleagues 21%	5. Salesperson at a retail/healthfood store 13%	5. An alternative practitioner 15%
 Cyprus	 France	 Poland	 Sweden
1. A doctor/medical professional 61%	1. A doctor/medical professional 44%	1. A pharmacist 38%	1. General Internet searches 30%
2. A pharmacist 40%	2. A pharmacist 40%	2. General Internet searches 37%	2. A doctor/medical professional 29%
3. General Internet searches 21%	3. Family/friends/colleagues 18%	3. A doctor/medical professional 35%	3. Family/friends/colleagues 23%
4. Family/friends/colleagues 17%	4. General Internet searches 17%	4. Family/friends/colleagues 26%	4. A pharmacist 11%
5. An alternative practitioner 16%	5. Product labels 8%	5. Product labels 16%	5. Books/journals 11%
 Czech Republic	 Germany	 Romania	
1. A pharmacist 40%	1. A doctor/medical professional 31%	1. A doctor/medical professional 56%	
2. General Internet searches 39%	2. General Internet searches 25%	2. A pharmacist 52%	
3. A doctor/medical professional 31%	3. A pharmacist 23%	3. General Internet searches 26%	
4. Family/friends/colleagues 29%	4. Family/friends/colleagues 19%	4. Family/friends/colleagues 23%	
5. Product labels 11%	5. Product labels 16%	5. TV/radio programmes 12%	
 Denmark	 Italy	 Slovenia	
1. A doctor/medical professional 41%	1. A doctor/medical professional 51%	1. General Internet searches 33%	
2. Family/friends/colleagues 18%	2. A pharmacist 40%	2. Family/friends/colleagues 30%	
3. General Internet searches 17%	3. General Internet searches 19%	3. A doctor/medical professional 28%	
4. A pharmacist 13%	4. Family/friends/colleagues 14%	4. A pharmacist 27%	
5. Books/journals 10%	5. An alternative practitioner 10%	5. Books/journals 17%	

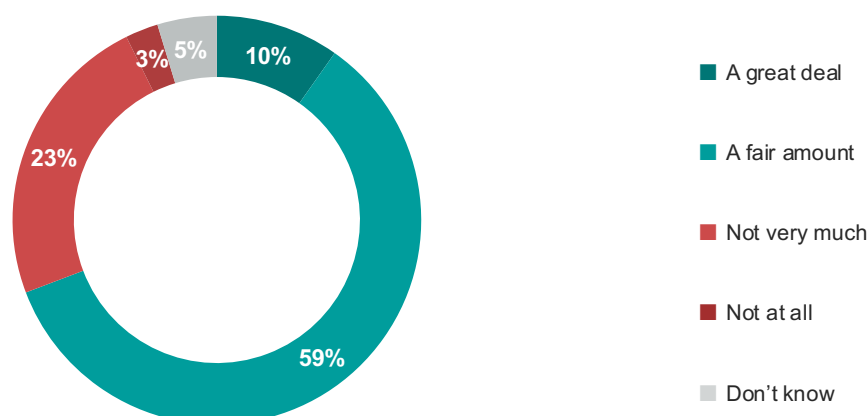
Base: Respondents who have ever taken food supplements (N=11,716)  
 Question: What are your main sources of information on food supplements?

Some socio-demographic-based variation was also evident in the results. Most notably, men were less likely than women to have obtained information from doctors (38% vs. 42%) or pharmacists (28% versus 32%), and more likely to have done so from newspapers or magazines (9% vs. 6% of women), and TV or radio programmes (8% vs. 5%). Reliance on information from doctors or medical professionals increased with age too, from 34% among those aged 18-24, to 35% among those aged 25-44, 40% among those aged 45-64 and 50% among those aged 65 and over. Meanwhile, younger people were more likely than older groups to get information from friends or family (28% of 18-24 year olds versus 19% of those aged 65 and over), social networks or blogs (14% versus 4%), influencers (7% versus 1%) and salespeople in retail or health food stores (8% versus 3%). Notably, younger people were also more likely than older groups to obtain information from product labels (14% of 18-24 year olds and 13% of 25-44 year olds, compared to 9% of 45-64 year olds and 7% of those aged 65%). Mention of product labels was similarly more common among people with a high level of education than among those with a medium or low level of education (12% versus 10% and 7% respectively).

## 4.2 Trust in information provided by the food supplements industry

**Around 7 in 10 respondents (69%) said that they trusted food supplement brands to provide reliable information on food supplements**, with 59% saying they trusted them a fair amount and 10% saying they trusted them a great deal. Just over a quarter (26%) of respondents expressed some level of distrust in the industry (Figure 4.3).

**Figure 4.2: Trust in the food supplements industry**

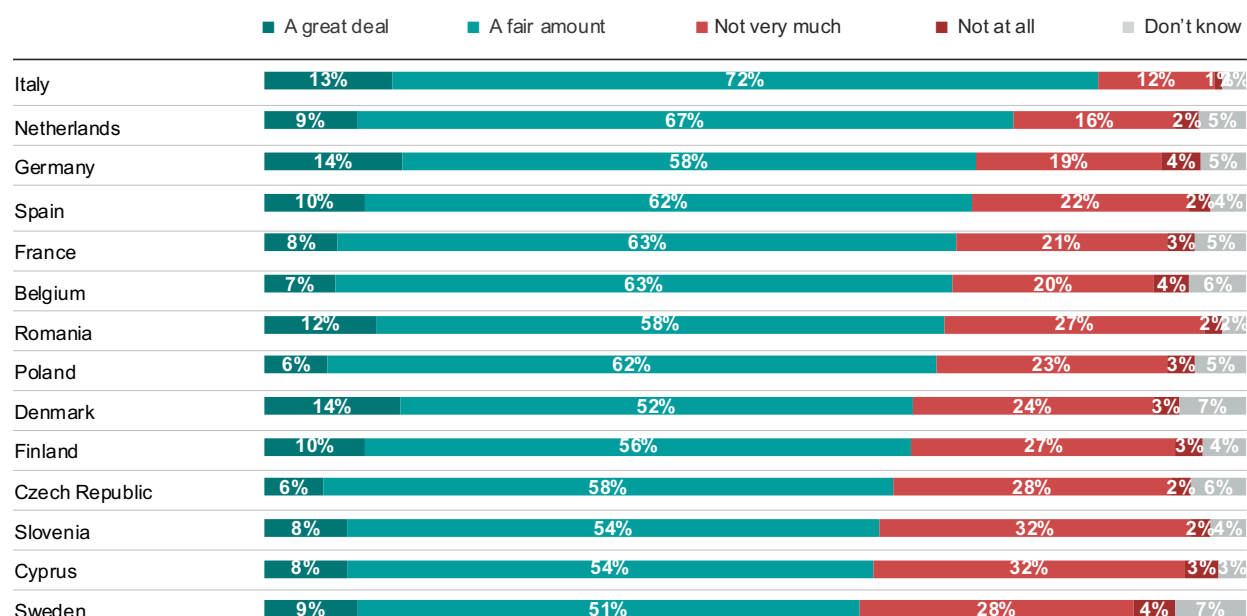


Base: Respondents who have ever taken food supplements (N=11,716)

Question: How much do you trust food supplement brands to provide reliable information on food supplements?

Trust in information provided by the industry was higher than average in Germany (73%), Italy (85%) and the Netherlands (76%), but lower than average in the Scandinavian countries – Sweden (61%), Denmark (66%) and Finland (66%) – as well as in Slovenia (63%), Czechia (64%) and Cyprus (62%). Indeed, in Sweden, Finland, Czechia, Slovenia and Cyprus, around a third of respondents expressed some level of *distrust* in the industry (Figure 4.4).



**Figure 4.3: Trust in information provided by the food supplements industry – by country**

Base: Respondents who have ever taken food supplements (N=11,716)

Question: How much do you trust food supplement brands to provide reliable information on food supplements?

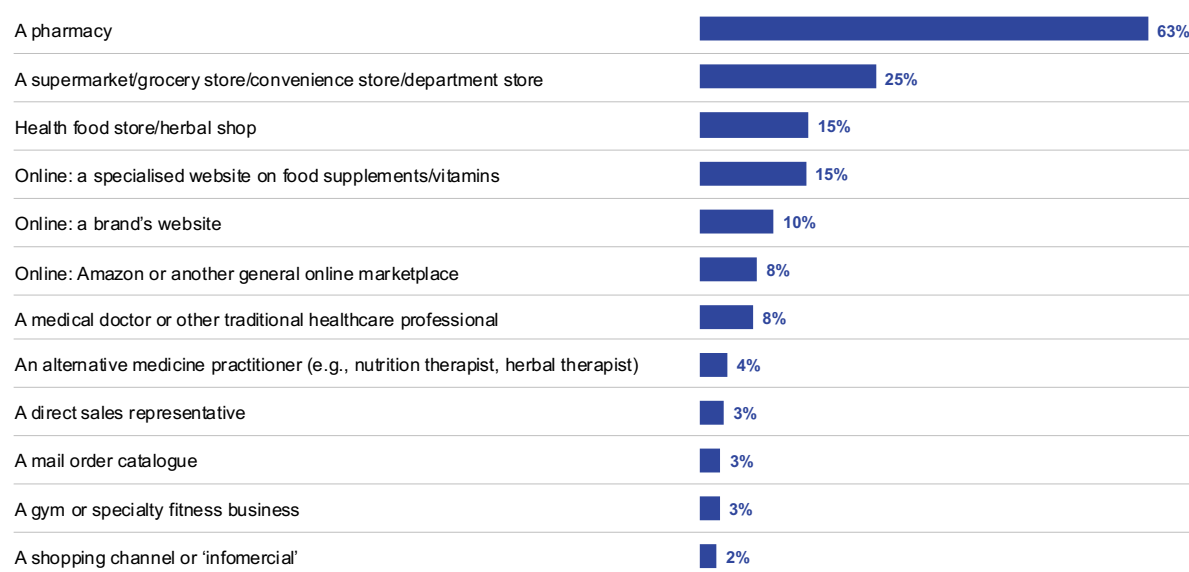
Trust in the industry also decreased with age, from 73% among the youngest age group (18-24 year olds) to 71% among 26-44 year olds, 69% among 45-64 year olds and 65% among those aged 65 and over. There was also a very significant disparity in levels of trust between recent users of supplements and non-users – 72% of the former group trusted the industry, compared to 40% of non-users.

## 5 Buying food supplements

### 5.1 Where consumers buy food supplements

Approaching two thirds of respondents who had ever taken food supplements had bought such products at a pharmacy (63%), while a quarter had bought them at a supermarket, grocery store, convenience store or department store. The next most common places of purchase were health food stores or herbal shops (15%), specialised food supplement and/or vitamin websites (15%), and brand websites (10%) respectively. Other sources, including general online marketplaces and medical professionals or practitioners, were mentioned by fewer than one in ten respondents (Figure 5.1).

**Figure 5.1: Place of purchase of food supplements**



Base: Respondents who have ever taken food supplements (N=11,716)















Question: From which of the following have you purchased food supplements most often over the last 12 months?

**The most common places to purchase food supplements varied by country** (see Table 5.1 below). Indeed, the only point of consistency was that pharmacies emerged as the top response in all countries except for the Netherlands, where the top response was a supermarket, grocery store, convenience store or department store (35%). In terms of notable country differences:

- respondents in **Romania** and **Cyprus** were more likely than average to have bought food supplements at a pharmacy (82% for both vs. 63% on average) or from health food stores or herbal shops (21% and 22% vs. 15% on average). Respondents in Romania were also more likely than average to have bought supplements from a brand website (15% vs. 10% average) or from alternative medicine practitioners (13% vs. 8% on average).
- Respondents in **Finland** were two times more likely than average to have bought supplements from a supermarket, grocery store, convenience store or department store (49% vs. 25% average). A similar pattern was observed in **Denmark** (38% vs. 25%)

- Respondents in **Germany** and the **Netherlands** too showed a higher than average propensity to buy supplements from a supermarket, grocery store, convenience store or department store (40%, and 35% respectively). Those in Germany were also more likely than average to have bought supplements from Amazon or another general online marketplace (19% respectively vs. 8% average), while those in the Netherlands were more likely than average to have done so from health food stores or herbal shops (23% vs. 15% average).
- Respondents in **Italy** and **Spain** were more likely than average to have bought supplements from Amazon or another general online marketplace (20% in each case vs. 8%). Those in Spain also displayed a higher than average propensity to buy supplements from health food stores or herbal shops (23% vs. 15% average).
- Respondents in **Belgium** and **Sweden** were more likely than average to have bought supplements from specialised websites (19% and 18% respectively vs. 15% on average).
- Respondents in **Slovenia** were more likely than average to have bought their supplements from health food stores or herbal shops (27% vs. 15% on average), from direct sales representatives (9% vs. 3% average), from specialised websites (23% vs. 15% on average) or from brand websites (17% vs. 10% on average).
- Respondents in **Czechia** were also more likely than average to have bought supplements from brand website (13% vs. 10% on average).

Table 5.1: Top five places of purchase, by country

 Belgium	 Finland	 Netherlands	 Spain
1. A pharmacy 68%	1. A pharmacy 63%	1. A supermarket/grocery store 35%	1. A pharmacy 61%
2. A specialised website 18%	2. A supermarket/grocery store 49%	2. A pharmacy 24%	2. Health food store 23%
3. A supermarket/grocery store 14%	3. A specialised website 14%	3. Health food store 18%	3. General marketplace 20%
4. Health food store 12%	4. Health food store 13%	4. Somewhere else 14%	4. A supermarket/grocery store 19%
5. A brand's website 8%	5. A brand's website 6%	5. A specialised website 11%	5. A specialised website 11%
 Cyprus	 France	 Poland	 Sweden
1. A pharmacy 82%	1. A pharmacy 73%	1. A pharmacy 80%	1. A pharmacy 63%
2. Health food store 22%	2. A supermarket/grocery store 16%	2. A supermarket/grocery store 16%	2. A supermarket/grocery store 23%
3. A doctor/healthcare professional 11%	3. A specialised website 10%	3. A specialised website 15%	3. A specialised website 19%
4. A specialised website 9%	4. General marketplace 10%	4. Health food store 14%	4. Health food store 13%
5. An alternative medicine practitioner 9%	5. A brand's website 9%	5. A brand's website 11%	5. A brand's website 11%
 Czech Republic	 Germany	 Romania	
1. A pharmacy 77%	1. A pharmacy 41%	1. A pharmacy 82%	
2. A specialised website 16%	2. A supermarket/grocery store 40%	2. Health food store 21%	
3. A supermarket/grocery store 15%	3. General marketplace 19%	3. A specialised website 17%	
4. A brand's website 13%	4. A specialised website 10%	4. A brand's website 15%	
5. Health food store 13%	5. A brand's website 9%	5. A supermarket/grocery store 15%	
 Denmark	 Italy	 Slovenia	
1. A pharmacy 47%	1. A pharmacy 68%	1. A pharmacy 61%	
2. A supermarket/grocery store 38%	2. General marketplace 20%	2. Health food store 27%	
3. Health food store 17%	3. A supermarket/grocery store 20%	3. A supermarket/grocery store 26%	
4. A specialised website 15%	4. A specialised website 14%	4. A specialised website 23%	
5. A brand's website 9%	5. Health food store 10%	5. A brand's website 17%	

More females than males had bought supplements at a pharmacy (66% vs. 60%), while more males had bought them at a supermarket, grocery store, convenience store or department store (27% vs. 23%), at a gym (4% vs. 2%), via a mail order catalogue (4% vs. 2%), or on Amazon or another general online marketplace (9% vs. 7%).

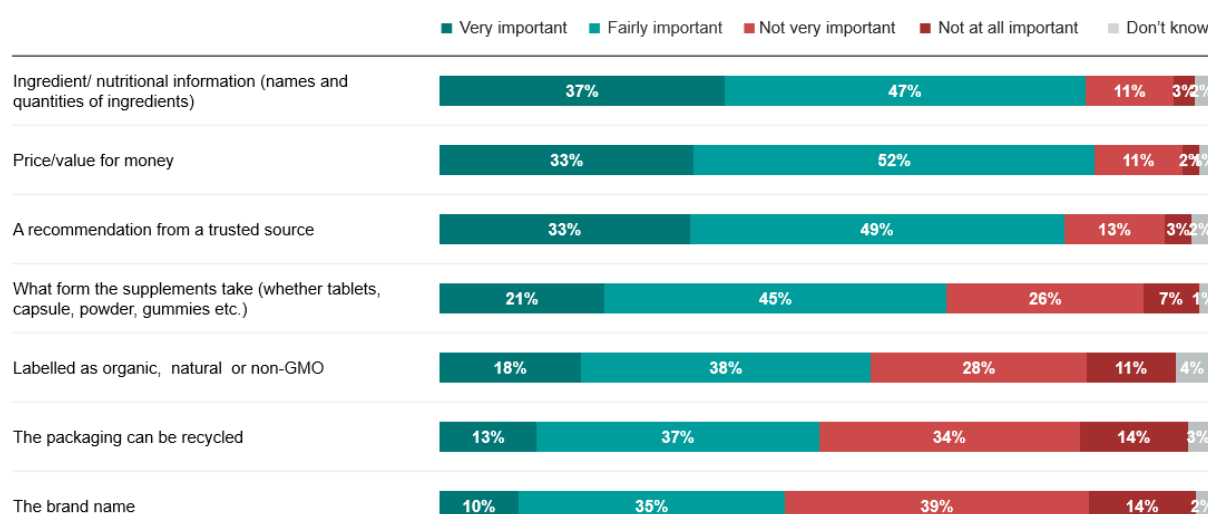
Older respondents were significantly more likely than younger respondents to have bought supplements at a pharmacy (70% of respondents aged 65 and over, vs. 56% of those aged 18-24, 60% of those aged 25-44 and 64% of those aged 45-64). Younger respondents were more likely than average to have bought supplements from:

- a medical doctor or other traditional healthcare professional (12% of respondents aged 18-24, 9% of respondents aged 25-44, 6% of respondents aged 45-64 and 6% of those aged 65 and over)
- an alternative medicine practitioner (8% of respondents aged 18-24, 5% of respondents aged 25-44, 3% of respondents aged 45-64 and 2% of those aged 65 and over)
- a brand website (13% of respondents aged 18-24, 12% of those aged 25-44, 9% of those aged 45-64 and 10% of those aged 65 and over)
- a direct sales representative (6% of respondents aged 18-24, 4% of those aged 25-44, and 3% of those aged 45-64 or 65 and over)
- at the gym (9% of respondents aged 18-24 vs. 4% of those aged 25-44 and 2% of those aged 45-64).

## 5.2 Key considerations when choosing supplements

As Figure 5.3 shows, **respondents indicated that a range of considerations were important to them when choosing supplements.** In relative terms, the most important such considerations were the ingredients or nutritional information of the products (84% said this was very or fairly important to them), price or value for money (85%), having a trusted recommendation (81%) and the form the supplements took (66%). Considerations of somewhat lesser importance were whether or not the supplement was labelled organic, natural or GMO (56%), whether the packing could be recycled (50%) and the brand name (45%).

**Figure 5.2: Key considerations when choosing supplements**

















Base: Respondents who have ever taken food supplements (N=11,716)

Question: How important are each of the following for you when it comes to buying supplements?

At the same time, and as can be seen in Table 5.1, the most important consideration varied by country. For instance, mention of the form supplements took was more common than average in France and Finland (75% in both cases vs. 66% on average), Italy (73%), Spain (73%) and Poland (73%). Mention of organic, natural or non-GMO labelling was more common than average in Romania (75% vs. 56% on average), Italy (73%), Cyprus (70%), Slovenia (68%), France (68%), Poland (65%), and Finland (61%). Similarly mention of recyclable packaging was more common than average in Italy (65%), Poland (58%), Spain (55%), Finland (55%), Romania (55%) and France (54%). Mention of brand name was more common than average in Italy (65% vs. 45% on average), Romania (63%), Poland (63%), and Cyprus (62%).



**Table 5.2: Key considerations when choosing supplements, by country**

	A recommendation from a trusted source		The brand name		What form the supplements take		Price/value for money		Labelled organic, natural or non-GMO		Ingredient/nutritional information		The packaging can be recycled	
	Important	Not important	Important	Not important	Important	Not important	Important	Not important	Important	Not important	Important	Not important	Important	Not important
 BE	81%	19%	32%	68%	65%	35%	84%	16%	44%	56%	79%	21%	40%	60%
 CY	96%	4%	61%	39%	62%	38%	83%	17%	71%	29%	90%	10%	52%	48%
 CZ	82%	18%	37%	63%	52%	48%	87%	13%	32%	68%	67%	33%	32%	68%
 DK	69%	31%	26%	74%	55%	45%	82%	18%	39%	61%	79%	21%	33%	67%
 FI	77%	23%	42%	58%	75%	25%	88%	12%	61%	39%	88%	12%	55%	45%
 FR	88%	12%	52%	48%	75%	25%	81%	19%	68%	32%	88%	12%	54%	46%
 DE	71%	29%	30%	70%	70%	30%	82%	18%	60%	40%	77%	23%	48%	52%
 IT	91%	9%	65%	35%	73%	27%	88%	12%	73%	27%	91%	9%	65%	35%
 NL	69%	31%	34%	66%	68%	32%	84%	16%	35%	65%	81%	19%	43%	57%
 PL	84%	16%	63%	37%	73%	27%	90%	10%	65%	35%	90%	10%	58%	42%
 RO	91%	9%	63%	37%	63%	37%	89%	11%	75%	25%	92%	8%	55%	45%
 SI	86%	14%	53%	47%	61%	39%	84%	16%	68%	32%	89%	11%	52%	48%
 ES	88%	12%	48%	52%	73%	27%	86%	14%	59%	41%	88%	12%	55%	45%
 SE	74%	26%	31%	69%	57%	43%	82%	18%	43%	57%	80%	20%	50%	50%

Base: Respondents who have ever taken food supplements (N=11,716)

Question: How important are each of the following for you when it comes to buying supplements?

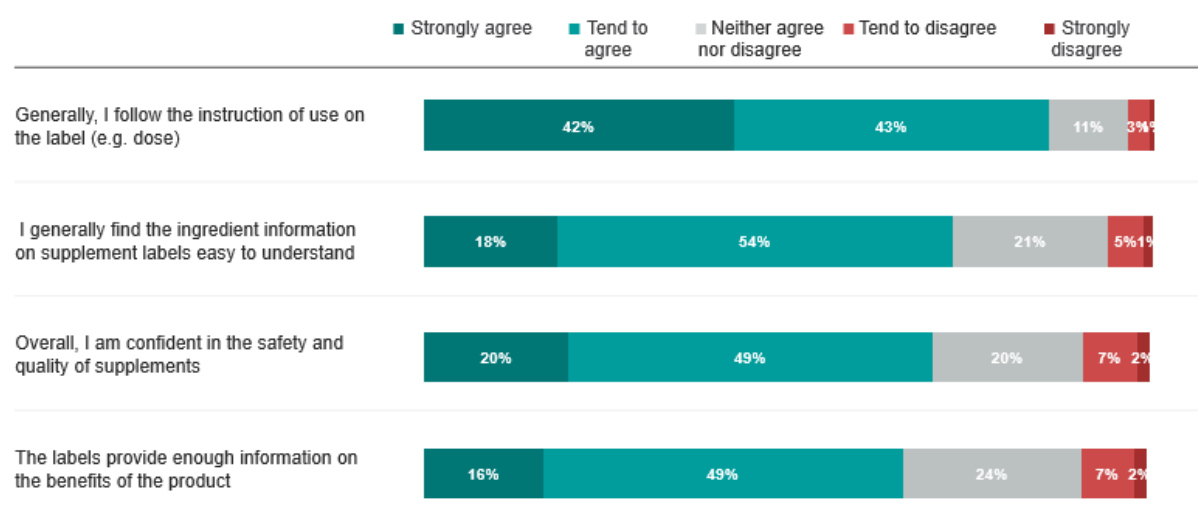
In terms of socio-demographic differences, female respondents were significantly more likely than males to place importance on: having a recommendation from a trusted source (83% vs. 79%); ingredients or nutritional information (86% vs. 82%); supplement form (69% vs. 62%); and price or value for money (88% vs. 82%). Females were also more likely than males to mention environmental considerations, including in terms of whether supplements were labelled as organic, natural or non-GMO (59% vs. 53%) and whether the packaging could be recycled (52% vs. 47%). Brand name, meanwhile, was a slightly more important consideration for males than females (46% vs. 44%).

Respondents aged 65 or over were more likely than other age groups to place importance on having a recommendation from a trusted source (83% of respondents aged 65 and over vs., for instance, 79% of those aged 18-24), and on ingredients or nutritional information (85% of respondents aged 65 and over vs., for instance, 80% of those aged 18-24). The form supplements took was a more important consideration for younger respondents than for older respondents (69% of respondents aged 25-44 vs. 58% of respondents aged 65 and over).

### 5.3 Attitudes towards, and use of, food supplement labels

**The survey found a high level of use and understanding of food supplement labels across the countries surveyed.** Approaching nine in ten of all those who had ever taken supplements (85%) strongly agreed or tended to agree that they followed the instructions of use on the labels. Around seven in ten agreed that the ingredient information on the labels was easy to understand (69%), and that the labels provided sufficient information on the benefits of the products (65%). A similar proportion agreed that they were confident in the safety and quality of food supplements (72%), with just 6% actively disagreeing with this statement (Figure 5.4).

**Figure 5.3: Use and understanding of food supplement labels**



Base: Respondents who have ever taken food supplements (N=11,716)

Question: How much do you agree or disagree with each of the following statements about food supplements?

Again, attitudes varied to an extent by country. In particular, confidence in the safety and quality of supplements was somewhat lower than average in Germany (60% vs. 72% on average), Sweden (61%), Slovenia (68%) and Czechia (68%). Respondents in Germany and Sweden were also less likely than average to think supplement labels provided enough information on the benefits of the product (56% in both cases vs. the average of 65%), along with those in Belgium and Denmark (58% in both cases). Respondents in Denmark and Germany were a little less likely than average to follow the instructions of use on the supplement label (79% and 80% respectively vs. 85% average), as were those in Sweden (81%) and Belgium (82%). The view that supplement labels were easy to understand was less common than average in Belgium (53% vs. 69% on average), Sweden (59%), Denmark (63%), Germany (63%), the Netherlands (65%) and Finland (66%).

As shown in Table 5.2 female respondents were a little more likely than males to follow supplement instructions of use (86% vs. 83%), to find labels easy to understand (70% vs. 68%), and to believe that labels provided enough information on the benefits of the product (66% vs. 64%). The propensity to follow instructions of use was also more common among older than younger respondents (89% of respondents aged 65+ vs., for example, 71% of those aged 18-24), and among those with a high level of education than those with a low level of education (86% vs. 82%). Respondents with a high level of education were also more likely than those with a low level of education to find ingredient information easy to understand (71% vs. 60%).

Table 5.3: Use and understanding of food supplement labels, by key socio-demographics

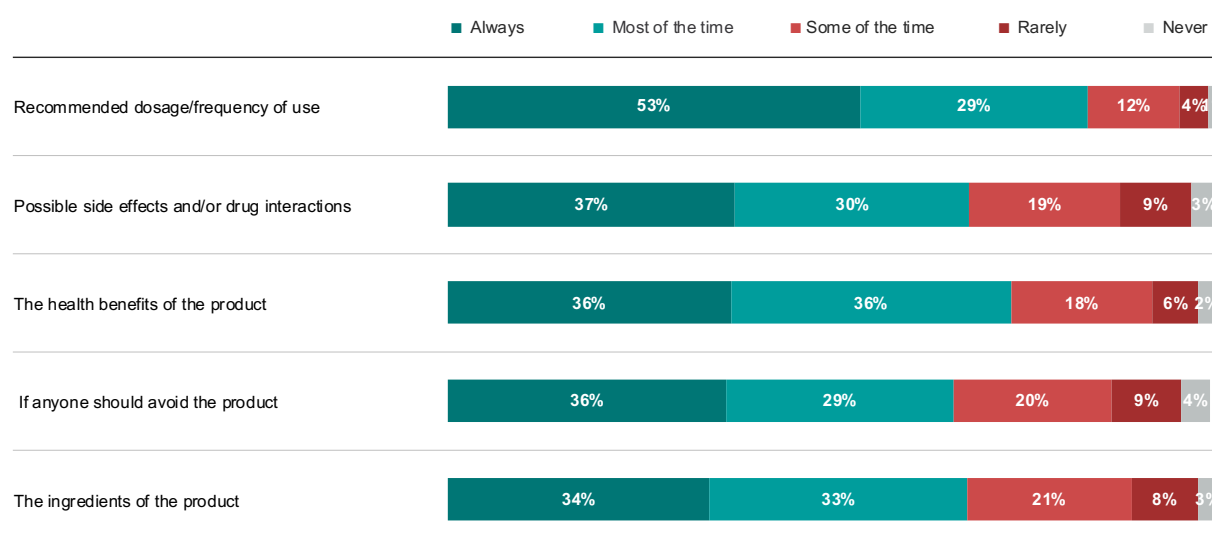
		Generally, I follow the instruction of use on the label (e.g., dose)		I generally find the ingredient information on supplement labels easy to understand		Overall, I am confident in the safety and quality of supplements		The labels provide enough information on the benefits of the product	
		Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
GENDER									
Male	(n=5407)	83%	4%	68%	9%	71%	6%	64%	9%
Female	(n=6309)	86%	3%	70%	9%	72%	6%	66%	9%
AGE									
18-24	(n=1133)	71%	10%	65%	12%	67%	7%	62%	13%
25-44	(n=3845)	83%	4%	71%	8%	71%	7%	66%	8%
45-64	(n=3970)	87%	3%	69%	9%	73%	5%	65%	9%
65+	(n=2768)	89%	2%	68%	8%	73%	6%	64%	9%
EDUCATION									
Low	(n=963)	82%	5%	60%	11%	70%	6%	63%	9%
Medium	(n=5669)	84%	4%	69%	8%	71%	5%	65%	8%
High	(n=4997)	86%	4%	71%	9%	72%	7%	66%	10%
USED SUPPLEMENTS IN PAST 12 MONTHS									
Yes	(n=10798)	85%	4%	71%	8%	74%	5%	66%	8%
No	(n=918)	79%	4%	48%	18%	46%	19%	47%	16%

Base: Respondents who have ever taken food supplements (N=11,716)

Question: How much do you agree or disagree with each of the following statements about food supplements?

**Respondents reported paying attention to various different types of information provided on supplement labels.** Specifically, more than eight in ten (82%) said they always or usually looked at the labels to ascertain the recommended dosage and frequency of use, while around seven in ten said they did so to ascertain the health benefits of the product (72%), possible side effects and/or drug interactions (67%), or the product ingredients (67%). Sixty-five percent said they always or usually looked at the labels to find out if anyone should avoid the product (Figure 5.5).

Figure 5.4: Use of food supplement labels

















Base: Respondents who have ever taken food supplements (N=11,716)

Question: When you are buying new supplements, to what extent do you look at the labels to find out....

Again, as shown in Table 5.4, the results varied to an extent by country. Most notably, respondents in Denmark, Sweden and Belgium were less likely than average to always or usually consult supplement labels for any of the reasons listed above. Those in the Netherlands and Germany were similarly less likely than average to consult the labels for all but one of the reasons (to check dosage in the case of the Netherlands, and to check possible side effects in the case of Germany). A lower than average proportion in Finland reported consulting labels to check for possible side effects or whether anyone should avoid the product, and a lower than average proportion in Poland reporting doing so to check the dosage or frequency of use.

**Table 5.4: % who check information on labels always/most of the time, by country**

		% who check supplements labels always/most of the time for each type of information				
		Dosage/frequency of use	Possible side effects/interactions	Health benefits	If anyone should avoid	Ingredients
	BE	79%	59%	67%	56%	51%
	CY	88%	80%	83%	80%	75%
	CZ	84%	67%	76%	65%	64%
	DK	75%	54%	52%	57%	56%
	FI	83%	64%	73%	60%	70%
	FR	84%	64%	79%	64%	70%
	DE	77%	72%	64%	61%	60%
	IT	87%	75%	82%	75%	74%
	NL	82%	56%	64%	51%	57%
	PL	79%	68%	72%	66%	69%
	RO	91%	83%	90%	81%	83%
	SI	87%	76%	77%	76%	75%
	ES	81%	71%	79%	69%	70%
	SE	76%	55%	58%	54%	58%

Base: Respondents who have ever taken food supplements (N=11,716)

Question: When you are buying food supplements, to what extent do you look at the labels to find out...

Overall, the survey showed that male respondents were less likely than female respondents to report always or usually consulting supplement labels to find out about:

- the health benefits of the product (68% vs. 76%)
- the ingredients of the product (63% vs. 70%)
- if anyone should avoid the product (60% vs. 69%)
- the recommended dosage or frequency of use (78% vs. 86%)
- possible side effects and/or drug interactions (63% vs. 70%).

Older respondents were more likely than younger ones to report always or usually looking at the supplement labels to find out about:

- the health benefits of the products (77% of respondents aged 65 and over vs. 63% of those aged 18-24, 69% of those aged 25-44 and 75% of those aged 45-64)
- the ingredients of the product (72% of respondents aged 65 and over vs. 55% of those aged 18-24, 63% of those aged 25-44 and 70% of those aged 45-64)
- possible side effects and/or drug interactions (74% of respondents aged 65 and over vs. 57% of those aged 18-24, 61% of those aged 25-44 and 70% of those aged 45-64)
- the recommended dosage or frequency of use (88% of respondents aged 65 and over vs. 69% of those aged 18-24, 78% of those aged 25-44 and 85% of those aged 45-64).

Respondents with a high level of education were more likely than those with a low level to report always or usually looking at labels to ascertain the ingredients of the product (70% vs. 58%) and the recommended dosage or frequency of use (84% vs. 79%).

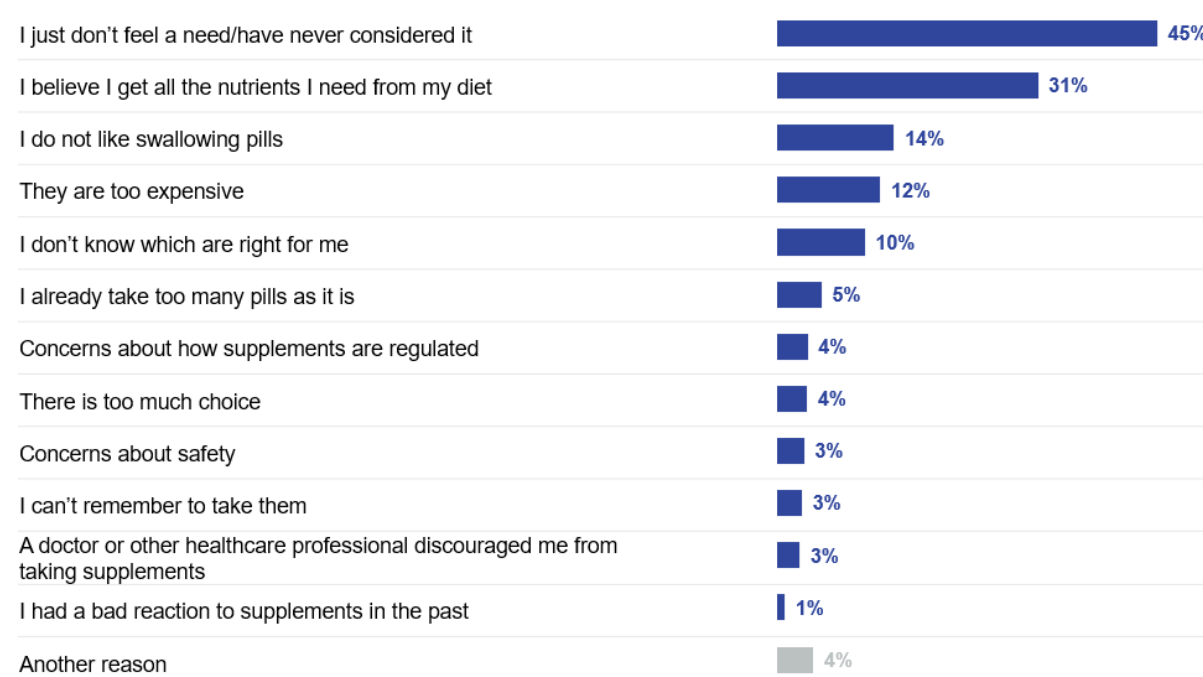


## 6 Non-users of supplements in Europe

### 6.1 Reasons for not taking food supplements

One in ten (10%) respondents to the survey had never taken supplements. Of this group, approaching half (45%) said they had never done so because they had simply never felt the need to, and 31% said they believed they got all the nutrients they needed from their diet. Around one on ten respondents, meanwhile, said they had never taken supplements because they did not like swallowing pills (14%), because supplements were too expensive (12%) or because they did not know which supplements were right for them (10%). Comparatively few respondents expressed concerns about the safety of supplements (3%) or the way in which they were regulated (4%) (Figure 6.1).

**Figure 6.1: Reasons for not taking food supplements**



*Base: Respondents who have never taken any supplement (N=1,533)*

*Question: You said you have never taken any of these supplements. Why is that?*

A higher than average proportion of respondents in Germany mentioned the cost of supplements as a reason for not having taken them (18% vs. 12% on average), while a higher than average proportion in France mentioned not knowing which supplements to take (15% vs. 10% on average). Concerns about the way supplements were regulated were mentioned by higher than average proportions in Cyprus (14% vs. 4% average), Romania (13%), Poland (12%) and Germany (9%). Respondents in Cyprus and Germany also expressed higher than average concern about the safety of supplements (18% and 7% respectively vs. 3% on average). In Poland and Czechia, a slightly higher than average proportion of respondents said they did not take supplements because of bad reactions to them in the past (6% and 4% vs. 1% on average).

More males than females said they had never felt a need to take supplements (49% vs. 38%). Older respondents were more likely than younger ones to say they believed they got all of the nutrients they needed from their diet (37% of 65+ year olds vs. 24% of 18-24 year olds), that they already took too many pills (10% vs. 3%), or that their doctor or healthcare professional discouraged them from taking supplements (4% vs. 2%). Younger respondents in turn were more likely than older ones to say they did not know which supplements were right for them (19% of 18-24 year olds vs. 8% of 65+ year olds) or that they could not remember to take supplements (9% vs. 2%).

Respondents with a high level of education were more likely than those with a low level of education to say that they had never felt a need to take supplements or had never considered it (50% vs. 37%), that they got all the nutrients they needed from their diet (35% vs. 26%) or that they disliked swallowing pills (17% vs. 14%). Respondents with a low level of education were more likely than those with a high level to cite the cost of supplements as a reason for not having taken them (18% vs. 11%) (Table 6.1).

**Table 6.1: Top 5 reasons for not taking food supplements, by key socio-demographics**

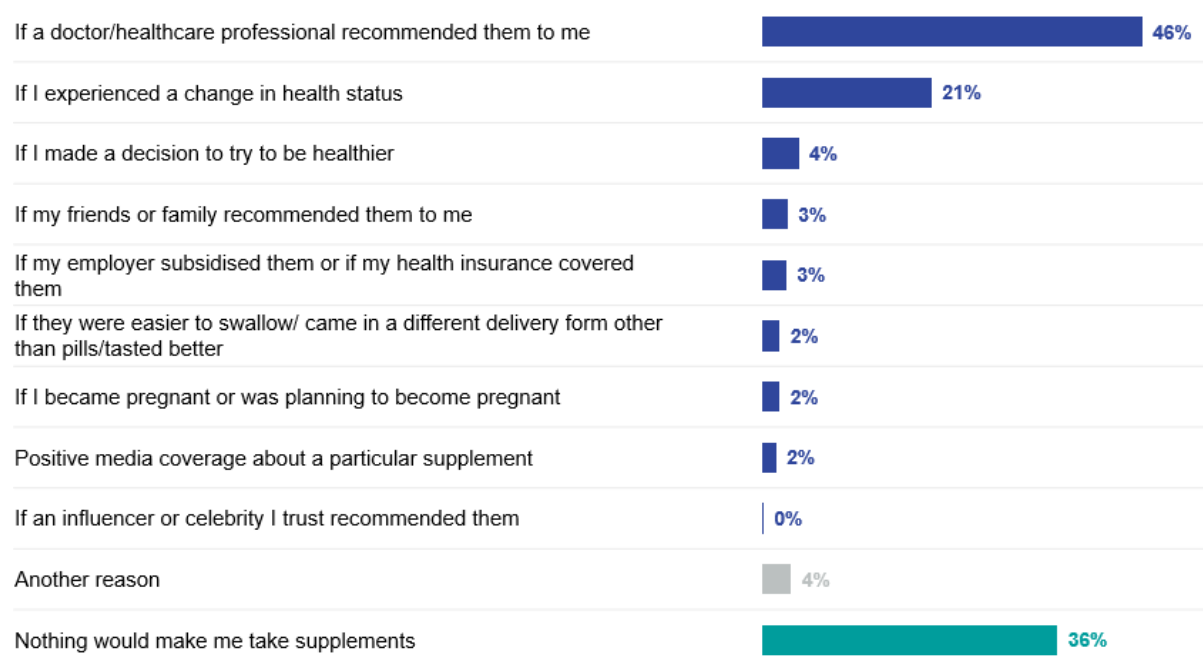
	TOTAL	AGE				EDUCATION			GENDER	
	Total (n=1533)	18-24 (n=126)	25-44 (n=347)	45-64 (n=510)	65+ (n=550)	Low (n=214)	Mid (n=733)	High (n=554)	Male (n=964)	Female (n=569)
I just don't feel a need/have never considered it	45%	42%	45%	47%	45%	37%	45%	50%	49%	38%
I believe I get all the nutrients I need from my diet	31%	24%	25%	31%	37%	26%	30%	35%	32%	30%
I do not like swallowing pills	14%	16%	17%	14%	11%	14%	12%	17%	13%	15%
They are too expensive	12%	12%	15%	12%	11%	18%	11%	11%	11%	14%
I don't know which are right for me	10%	19%	12%	10%	8%	11%	10%	12%	10%	12%

Base: Respondents who have never taken any supplement (N=1,533)

Question: You said you have never taken any of these supplements. Why is that?

## 6.2 Factors that might encourage use of supplements

Almost half (46%) of all those respondents who had never taken supplements said they might consider doing so if a doctor or other healthcare professional were to recommend it. Around a third said they might consider doing so if they were to experience a change in their health status (21%). Other reasons were given by fewer than one in 20 respondents. Indeed, over a third (36%) of non-users of supplements stated that *nothing* would make them consider taking supplements in the future (Figure 6.2).

**Figure 6.2: Factors that might encourage the use of supplements**

Base: Respondents who have never taken any supplement (N=1,533)

Question: Which of the following, if any, might make you consider taking supplements in the future?

The potential influence of a recommendation from a doctor or healthcare professional was mentioned by a significantly higher than average proportion of respondents in Spain (63%) but a significantly *lower* than average proportion in Germany (29%) and Denmark (34%). A change in health status was mentioned by a higher than average proportion of respondents in Cyprus (51%), Czechia (35%), and Italy (33%), but, again, a lower than average proportion in Germany (12%). Indeed, respondents in Germany were significantly more likely than average to say that *nothing* would make them consider taking supplements in the future (59% versus 36% on average).

While there were no significant differences in the results by gender, younger respondents were significantly more likely than older ones to state that they might consider using supplements in the event of:

- a change in health status (33% of 18-24 year olds vs. 18% of 65+ year olds)
- a change of lifestyle (11% of 18-24 year olds vs. 2% of 65+ year olds)
- positive media coverage about a particular supplement (6% of 18-24 year olds vs. 2% of 65+ year olds)
- receiving a recommendation from a friend or family (9% of 18-24 year olds vs. 2% of 65+ year olds).

Respondents with a high level of education were more likely than those with a low level to say they would consider using supplements on the recommendation of a doctor or healthcare professional (52% vs. 36%), and people with a medical condition were more likely to do so than those without such a condition (53% vs. 43%). Those with a medical condition were also significantly *less* likely than those without one to say that *nothing* would make them consider taking supplements in the future (29% vs. 39% of those without a medical condition) (Table 6.2).

**Table 6.2: Factors that might encourage the use of supplements, by key socio-demographics**

		If a doctor/healthcare professional recommended them	Nothing would make me take supplements	If I experienced a change in health status	If I made a decision to try to be healthier	Another reason
<b>GENDER</b>						
Male	(n=964)	47%	38%	19%	4%	3%
Female	(n=569)	44%	33%	23%	5%	5%
<b>AGE</b>						
18-24	(n=126)	46%	17%	33%	11%	8%
25-44	(n=247)	41%	35%	22%	7%	4%
45-64	(n=510)	44%	41%	18%	4%	4%
65+	(n=550)	51%	37%	18%	2%	2%
<b>EDUCATION</b>						
Low	(n=214)	36%	39%	16%	6%	8%
Medium	(n=733)	46%	36%	21%	5%	3%
High	(n=554)	51%	33%	21%	4%	2%
<b>MEDICAL CONDITION</b>						
Yes	(n=462)	53%	29%	23%	5%	3%
No	(n=1071)	43%	39%	19%	4%	4%

Base: Respondents who have never taken food supplements (N=1,533)

Question: Which of the following, if any, might make you consider taking supplements in the future?

# Annex 1 – Final questionnaire

## Screenener

Base: All

*[Standard Screener: DO NOT MODIFY OR TRANSLATE]*

### D1. YEAR/MONTH. What is your date of birth?

YEAR

\_1910 1910

...

\_2015 2015

MONTH

\_1 January

\_2 February

\_3 March

\_4 April

\_5 May

\_6 June

\_7 July

\_8 August

\_9 September

\_10 October

\_11 November

\_12 December

*[Standard Screener: DO NOT MODIFY OR TRANSLATE]*

QUOTAGERANGE [Hidden]. Hidden Question - QUOTAGERANGE "this is a dummy question that will hold age breaks" for the quotas that should be defined by the PM; it CAN be edited and lines can be added to meet survey objectives.

\_18\_24 "18-24",

\_25\_34 "25-34",

\_35\_44 "45-44"

\_45\_54 "45-54"

\_55\_64 "55-64"

\_65\_99 ">64"

[TERMINATE IF LESS THAN 18]

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

RESP\_AGE [Hidden]. Hidden Question - RESP\_AGE "this is a dummy question that will hold age"

USE RESP\_AGE [Hidden] response list

[Standard Screener: DO NOT MODIFY OR TRANSLATE]

Base: All

**GENDER\_NONBINARY\_. Are you...?**

- \_1 Male
- \_2 Female
- \_3 Other
- \_4 Prefer not to answer

Scripter: if GENDER\_NONBINARY = 3 or 4, allocate to least filled category 1 or 2 for quota setting

Base: All (hidden)

**PROG: recode answer from GENDER\_NONBINARY into below categories for D1**

**D1. [S]**

**Gender. Are you...?**

- 1. Male
- 2. Female
- 3. Non-binary
- 4. Prefer not to answer

## Main questionnaire

Base: All respondents

**Q1a. [M] Which of the following food supplements have you ever taken?**

*By food supplements, we mean concentrated sources of vitamins and minerals or other substances with a nutritional or physiological effect that are sold in "dose" form (e.g. pills, tablets, capsules, liquids).*

**[RANDOMISE ROWS EXCEPT items 1. 'MULTIVITAMIN AND MINERAL SUPPLEMENTS', 22. 98. 99.]**

- 1. A multivitamin and/or mineral supplement  
*Scripter: add respondent instruction (in italic and red) below this item (only in Q1a): If you have clicked on Multivitamin and/or mineral supplement above, please only select other products from the list below if you have taken these in addition to your multivitamin and/or mineral supplement product*
- 2. Vitamin B or B complex
- 3. Vitamin A
- 4. Vitamin C
- 5. Vitamin D
- 6. Vitamin E
- 7. Folate and folic acid
- 8. Beta-carotene

9. Probiotics
10. Prebiotics
11. Enzymes
12. Botanical extracts/herbal extracts (e.g. [SCRIPTER: add country-specific examples])
13. Calcium
14. Iron
15. Zinc
16. Magnesium
17. Manganese
18. Selenium
19. Fibre
20. Omega 3/ fish oils
21. Amino acids
22. Others (please specify) [TEXT ENTRY BOX]
98. None (scripter: single answer)
99. Don't know (scripter: single answer)

Base: IF Q1a <98 (all codes except 98 and 99)

**Q1b. [M] - And which of these food supplements have you taken in the past 12 months?**

**[DISPLAY ONLY ANSWERS SELECTED AT Q1a]**

Base: IF Q1b <98 (all codes except 98 and 99)

**Q2 [SGRID]**

**Which of the following best describes how you have taken these supplements in the last 12 months?**

**Rows: ASK FOR EACH SUPPLEMENT PRODUCT TAKEN IN LAST 12 MONTHS AT Q1b – SHOW IN ROWS AND IN BOLD ALL ITEMS SELECTED AT Q1B**

**Columns:**

1. Seasonally only (i.e. during particular months of the year)
2. Occasionally/when the need arises
3. Regularly
99. Don't know

Base: IF Q1b <98 (all codes except 98 and 99)

**Q3. [SGRID]**

**Which of the following best describes how often you have typically taken these supplements during the periods you have done so in the last 12 months?**

**Rows: ASK FOR EACH SUPPLEMENT TAKEN IN LAST 12 MONTHS AT Q1b - SHOW IN ROWS AND IN BOLD ALL ITEMS SELECTED AT Q1B**

**Columns:**

1. On a daily basis
2. Less often than daily but more than once a week
3. Once a week or less often
4. Only when I feel the need
5. When I remember
99. Don't know/can't remember

Base: IF Q1b <98 (all codes except 98 and 99)



**Q4. [M, max 5] What are your main reasons for taking these food supplements in the last 12 months? Please select up to five answers.**

**[SCRIPTER: RANDOMIZE ROWS EXCEPT 'OTHER', 'DON'T KNOW' AND 'PREFER NOT TO ANSWER'. MULTICODE, RESPONDENTS SELECT UP TO 5 ITEMS]**

1. To maintain my overall health
2. To maintain my immune system
3. For gut/digestive health
4. For heart health and/or blood pressure
5. For eye health
6. To give me energy
7. For weight management
8. For men's health issues (such as prostate health) **[SHOW IF GENDER = MALE]**
9. For women's health issues (such as pregnancy and maternal health, menopause, urinary tract health, osteoporosis) **[SHOW IF GENDER = FEMALE]**
10. To maintain healthy cholesterol
11. To help with my sleep
12. For skin, hair & nail health
13. For anti-aging
14. For sports performance
15. To fill in nutrient gaps in my diet/ because I am vegan/vegetarian or because there are certain foods I don't eat
16. For my brain health (e.g. memory, alertness, sharpness)
17. For my mental health (e.g. anxiety, depression, stress management)
18. Another reason
99. Don't know (scripter: single answer)
100. Prefer not to answer (scripter: single answer)

Base: IF Q1a<98 (all codes except 98 and 99)

**Q5. [M] What are your main sources of information on food supplements?**

*Please select up to 3 answers.* **[SCRIPTER: RANDOMIZE ROWS EXCEPT 'NONE OF THE ABOVE', 'DON'T KNOW' AND 'PREFER NOT TO ANSWER']**

1. A medical doctor/ dietician/ nurse/ doctor's assistant
2. An alternative medicine practitioner (e.g. nutrition therapist, herbal therapist)
3. Family/friends/colleagues
4. A fitness coach/personal trainer
5. A pharmacist
6. A sales-person at a retail or health food store
7. Newspapers or magazines
8. Books or medical journals
9. TV or radio programmes
10. Government agencies
11. Social media influencers or famous people who use food supplements
12. Social networks/blogs
13. General Internet searches/Google search
14. Product labels
98. None of the above (scripter: single answer)
99. Don't know (scripter: single answer)

Base: IF Q1a<98 (all codes except 98 and 99)

**Q6. [S]**

**How much do you trust food supplement brands to provide reliable information on food supplements?**

1. A great deal
2. A fair amount
3. Not very much
4. Not at all

99. Don't know

Base: IF Q1b<98 (all codes except 98 and 99)

**Q7. [M] From which of the following have you purchased food supplements most often over the last 12 months?**

Please select up to five answers. **[SCRIPTER: RANDOMIZE ROWS EXCEPT 'SOMEWHERE ELSE', 'DON'T KNOW']**

1. A pharmacy
2. Health food store/herbal shop
3. A supermarket/grocery store/convenience store/department store
4. A gym or specialty fitness business
5. A direct sales representative
6. A medical doctor or other traditional healthcare professional
7. An alternative medicine practitioner (e.g. nutrition therapist, herbal therapist)
8. A mail order catalogue
9. A shopping channel or 'infomercial'
10. Online: Amazon or another general online marketplace
11. Online: a specialised website on food supplements/vitamins
12. Online: a brand's website
98. Somewhere else
99. Don't know (scripter: single answer)

Base: IF Q1a<98 (all codes except 98 and 99)

**Q8. [SGRID] How important are each of the following for you when it comes to buying supplements?**

**[SCRIPTER: RANDOMIZE ROWS AND PUT IN BOLD]**

1.	1 Very important	2 Fairly important	3 Not very important	4 Not at all important	99 Don't know
1. A recommendation from a trusted source					
2. The brand name					
3. What form the supplements take (whether tablets, capsule, powder, gummies etc).					
4. Price/value for money					
5. Labelled as organic, natural or non-GMO					
6. Ingredient/nutritional information (names and quantities of ingredients)					
7. The packaging can be recycled					

Base: IF Q1a<98 (all codes except 98 and 99)

**Q9. [SGRID]**

How much do you agree or disagree with each of the following statements about food supplements?

(Select one for each statement)

**Rows (scripter: randomize order of rows AND PUT IN BOLD):**

1. Generally, I follow the instruction of use on the label (e.g. dose)
2. I generally find the ingredient information on supplement labels easy to understand
3. Overall, I am confident in the safety and quality of supplements
4. The labels provide enough information on the benefits of the product

**Columns:**

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
99. Don't know

Base: IF Q1a<98 (all codes except 98 and 99)

**Q10. [SGRID, randomise rows AND IN BOLD]**

When you are buying new supplements, to what extent do you look at the labels to find out.....

	<b>1 Always</b>	<b>2 Most of the time</b>	<b>3 Some of the time</b>	<b>4 Rarely</b>	<b>5 Never</b>	<b>99 Don't know</b>
1 The health benefits of the product						
2 The ingredients of the product						
3 Possible side effects and/or drug interactions						

4 If anyone should avoid the product						
5 Recommended dosage/frequency of use						

Base: IF Q1a=>98

**Q11. [M] You said you have never taken any of these supplements. Why is that?**

*Please select all that apply.*

**[SCRIPTER: RANDOMIZE ROWS EXCEPT 'OTHER']**

1. I just don't feel a need/have never considered it
2. I believe I get all the nutrients I need from my diet
3. A doctor or other healthcare professional discouraged me from taking supplements
4. Concerns about safety
5. I already take too many pills as it is
6. I can't remember to take them
7. I had a bad reaction to supplements in the past
8. They are too expensive
9. There is too much choice
10. I don't know which are right for me
11. Concerns about how supplements are regulated
12. I do not like swallowing pills
13. Another reason
99. Don't know (scripter: single answer)
100. Prefer not to say (scripter: single answer)

Base: IF Q1a=>98

**Q12. [M] Which of the following, if any, might make you consider taking supplements in the future?**

*Please select all that apply.*

**[SCRIPTER: RANDOMIZE ROWS EXCEPT 'ANOTHER REASON' and 'OTHER']**

1. If I became pregnant or was planning to become pregnant [IF GENDER=FEMALE]
2. If a doctor/healthcare professional recommended them to me
3. Positive media coverage about a particular supplement
4. If they were easier to swallow/ came in a different delivery form other than pills/tasted better
5. If my friends or family recommended them to me
6. If I made a decision to try to be healthier
7. If my employer subsidised them or if my health insurance covered them
8. If I experienced a change in health status
9. If an influencer or celebrity I trust recommended them
10. Another reason
11. Nothing would make me take supplements (scripter: single answer)

## Socio-demographics

Base: All respondents

**SD1. [S]**

**Would you say that you live in a..?**

1. Rural area or village
2. Small or medium size town
3. Large town
99. Prefer not to answer [hidden]

Base: All respondents

**SD2. [S]**

**What is the highest level of education you have successfully completed (usually by obtaining a certificate or diploma)?**

**SCRIPTER: insert country-specific list, see Excel “SD2\_Education.xlsx”**

99. Don't know/no answer

**[S] 'add recode into ISCED'**

Base: All respondents

**SD3. [M]**

**Do you have any of the following conditions or disabilities that affect your ability to carry out day-to-day activities? Please select all that apply.**

1. Visual problems
2. Hearing problems
3. A learning/developmental disability
4. Mobility or dexterity problems
5. Mental health problems
6. Long-term illness
7. Other physical impairment
8. Other degenerative condition
97. No conditions that affect your ability to carry out day-to-day activities (scripter: single response)
99. Don't know (scripter: single response)
100. Prefer not to say (scripter: single response)

**[END OF SURVEY]**