HPRC

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Dietary Supplements

Guidelines for Taking A Comprehensive Dietary Supplement History

Due to the prevalence of dietary supplement use, it is very important for physicians and other health professionals to ask their patients about dietary supplements they may be taking. Certain supplements may be unsafe, interact with other supplements and medications, or cause adverse reactions. It is essential that the questions be as specific as possible to elicit accurate and complete responses. The guidelines below will help you obtain a comprehensive dietary supplement history from your patient. We have also included a brief questionnaire on the second page for your convenience.

☐ **Ask your patients if they are taking any supplement to:**

- Improve general health
- Increase muscle mass and strength
- Enhance sexual activity
- Enhance performance
- Lose weight
- Increase/boost energy

☐ **Make sure you ask about the various forms of supplements, i.e.:**

- Bars
- Chews
- Gums
- Powders
- Beverages
- Gels
- Pills
- Shakes

☐ **Inquire about and record the dose of each supplement.**

☐ **Ask if they have had any adverse reactions or adverse events (AE), i.e., headaches, increased blood pressure, increased heart rate, anxiety, etc.**

☐ **Ask if they "stack"/combine supplements to enhance desired results.**

☐ **Ask about their use of herbal teas, botanicals, and products containing caffeine.**

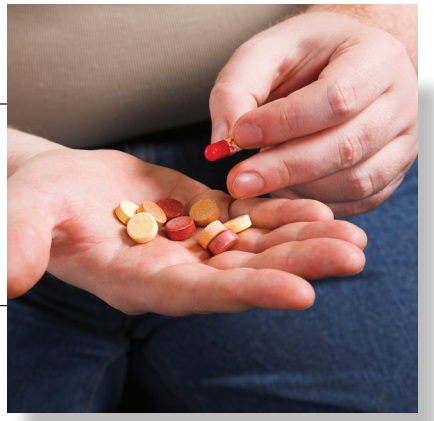
☐ **Ask where they usually purchase their supplements.**

Dietary Supplement History Questions

"I am going to ask you a few questions regarding your use of dietary supplements. Since dietary supplements come in various forms, I would like you to include all the different kinds you are using, such as pills, powders, shakes, beverage, bars, chews, gums, or gels."

☐ **Do you take supplements for your general health?**

- What do you take? How many different products do you take?
- How much of this/these do you take, and how often? Any AE?
- How long have you been (or will you be) taking this/these?



☐ **Do you take supplements to enhance your performance?**

- What do you take? How many different products do you take?
- How much of this/these do you take, and how often? Any AE?
- How long have you been (or will you be) taking this/these?

☐ **Do you take supplements to increase muscle mass and strength?**

- What do you take? How many different products do you take?
- How much of this/these do you take, and how often? Any AE?
- How long have you been (or will you be) taking this/these?

☐ **Do you take supplements to help you lose weight?**

- What do you take? How many different products do you take?
- How much of this/these do you take, and how often? Any AE?
- How long have you been (or will you be) taking this/these?

☐ **Do you take supplements to enhance your sexual activity?**

- What do you take? How many different products do you take?
- How much of this/these do you take, and how often? Any AE?
- How long have you been (or will you be) taking this/these?

☐ **Do you use herbal teas or botanicals for any of the purposes mentioned previously?**

- What do you use? How many different products do you use?
- How much of this/these do you use, and how often? Any AE?
- How long have you been (or will you be) using this/these?

☐ **(If not addressed earlier:) Do you use energy drinks and boosters?**

- What do you use? How many different products do you use?
- How much of this/these do you use, and how often? Any AE?
- How long have you been (or will you be) usng this/these?

☐ **(If not addressed earlier:) Do you consume caffeine in the form of coffee, sodas, etc?**

- What do you use? How many different products do you use?
- How much of this/these do you use, and how often? Any AE?
- How long have you been (or will you be) using this/these?

☐ **Where do you usually purchase your supplements? Retail store? Online? Healthcare provider?**