

Dietary Supplements and Herbs Post-Survey

1. Do you think that, in general, dietary supplements are any safer than medications?
 Yes
 No
 I am not sure.
 2. After this lesson, I intend to take the extra steps to use dietary supplements more wisely.
 Yes
 No
 Not applicable to me since I do not use supplements.
 3. After this lesson, I have a better appreciation of the risks involved in using supplements.
 Yes No I need more help. (Explain below.)
 4. After this lesson, if you will be taking supplements, do you intend to tell your health care provider?
 Yes
 No
If no, why? _____
 5. How do you intend to use the information you learned today after you leave the class?

 6. What is the most important thing you learned today that you didn't know before this lesson?

- In order to see how we can best serve Arkansans, would you mind telling us a little bit about yourself?***
7. Gender: Male Female
 8. County where I live: _____
 9. Age in years: _____
 10. Race/ethnicity: Hispanic/Latino
 Asian
 Black/African American
 Hawaiian/Pacific Islander
 White
 Two or more mixed race/other

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