

# Reality Check on Weight Loss and Muscle Building Supplements -- for Massachusetts Students

This survey is anonymous. We do not ask for your name or anything personally identifiable, so please share your honest answers to help us better understand your experience with weight loss supplements and muscle building supplements!

MASSACHUSETTS RESIDENTS ONLY.

PLEASE ONLY TAKE THIS SURVEY ONCE.

Thank you!!

\* Required

1. Have you ever used over-the-counter diet pills, detox teas or other weight loss supplements? These can also be called fat burners, cleanses or keto pills and be sold in pharmacies like Walgreens, at stores like GNC, or online. \*

*Mark only one oval.*

Yes

No

2. Have you ever used muscle building supplements? These can also be called muscle builders, pre-workouts, creatine, or amino acids and sold in pharmacies like Walgreens, at stores like GNC or online. \*

*Mark only one oval.*

Yes

No

3. How old were you when you first used these products? \*

*Mark only one oval.*

- Under 13
- 13-14
- 15-17
- 18-20
- 20-22
- 23+
- I have not used these products

4. Have your friends used weight loss supplements or muscle building supplements?

*Mark only one oval.*

- Yes
- No

5. How easy is it for people under the age of 18 to purchase these products? \*

*Mark only one oval.*

|                 | 1                     | 2                     | 3                     | 4                     | 5                     |           |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
| Not easy at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very easy |

6. Have you ever been encouraged to use weight loss supplements? \*

*Mark only one oval.*

- Yes
- No

7. If yes, who encouraged you to use weight loss supplements?

*Mark only one oval.*

- Friend
- Teammate
- Coach
- Parent
- Brother or sister
- Store clerk
- Other: \_\_\_\_\_

8. Have you ever been encouraged to use muscle building supplements for athletic performance? \*

*Mark only one oval.*

- Yes
- No

9. If yes, who encouraged you to use muscle building supplements?

*Mark only one oval.*

- Friend
- Teammate
- Coach
- Parent
- Brother or sister
- Store clerk
- Other: \_\_\_\_\_

10. In the past two years, has an adult talked to you about the dangers of tobacco, vaping, alcohol or drug use? \*

*Mark only one oval.*

Yes

No

11. In the past two years, has an adult talked to you about the dangers of diet pills or muscle building supplements? \*

*Mark only one oval.*

Yes

No

12. Do you believe companies should be prevented from selling over-the-counter weight loss supplements and muscle building supplements to anyone under the age of 18? \*

*Mark only one oval.*

Yes

No

Not sure yet

13. Have you ever observed people being discriminated against because of their body size? \*

*Mark only one oval.*

Yes

No

14. Do you believe laws should protect people from being discriminated against because of their body size? \*

*Mark only one oval.*

Yes

No

15. What is your current age? \*

*Mark only one oval.*

Under 13

13-14

15-17

18-20

20-22

23+

16. 13. I identify my heritage as: (Check all that apply) \*

*Check all that apply.*

American Indian or Alaska Native

Black or African-American

East Asian

Hispanic or Latino

Middle Eastern or North African

Pacific Islander

South Asian

White

17. My pronouns are: \*

*Mark only one oval.*

- They/their
- She/her
- He/his
- Other: \_\_\_\_\_

18. What city or town do you live in? \*

\_\_\_\_\_

19. What is your zip code? \*

\_\_\_\_\_

20. If you are a college student, in which city or town do you attend college?

\_\_\_\_\_

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