

2019 AARP Brain Health and Dietary Supplements Survey

June 2019

Methods

Online, nationally representative survey fielded January 29-February 7, 2019 via IPSOS's KnowledgePanel®, with sample targeting panelists age 18 and older; n=2,292. Interviews were conducted to achieve 350 Hispanic/Latinos, 350 African Americans, and 200 Asians.

Data were weighted according to the Current Population Survey (CPS) benchmarks by gender, age, region, metropolitan status, race/ethnicity, household income, education, language proficiency, and Hispanic origin.

Vendor

IPSOS Public Affairs conducted this survey on behalf of AARP.

For further information, please visit their website: www.ipsos.com.

SCREENING QUESTIONS

None.

COGNITIVE FUNCTION/HEALTH

Q1. Below are some statements about feelings and thoughts. Please select what best describes your experience over the last two weeks.

	None of the time	Rarely	Some of the time	Often	All of the time	Refused
I've been feeling optimistic about the future	3%	11%	31%	35%	19%	1%
I've been feeling useful	2%	7%	26%	37%	27%	1%
I've been feeling relaxed	3%	14%	35%	35%	13%	1%
I've been dealing with problems	2%	7%	25%	42%	24%	1%
I've been thinking clearly	1%	4%	18%	39%	36%	1%
I've been feeling close to other people	2%	12%	32%	36%	17%	1%
I've been able to make up my own mind about things	1%	3%	14%	36%	45%	1%

Q2. How would you describe your overall health at this point in time? Would you say it is excellent, very good, good, fair, or poor?

Excellent	11%
Very Good	39%
Good	33%
Fair	13%
Poor	2%
Refused	2%

Q3. How important do you feel each of the following activities are to your health?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at all Important	Refused
Eating nutritious and well-balanced meals	32%	47%	17%	2%	1%	1%
Exercise	29%	43%	23%	4%	1%	1%
Socializing with family, friends or others/members/friends	27%	46%	22%	3%	1%	1%
Managing stress	35%	49%	13%	2%	<1%	1%
Trying to lead a life of purpose	28%	46%	22%	3%	<1%	1%
Getting enough sleep	41%	46%	11%	1%	<1%	1%
Taking vitamins or dietary supplements	14%	28%	35%	16%	6%	1%
Engaging in mentally-stimulating activities	23%	48%	24%	3%	1%	1%
Involvement in groups such as service, civic, volunteer, etc.	7%	20%	43%	21%	7%	1%
Involvement in religious/spiritual activities such as prayer/meditation and worship service attendance	23%	21%	24%	16%	16%	1%
Engaging with online platforms (that include things like online games) designed to benefit brain health and mental sharpness	6%	15%	35%	29%	14%	1%

Q4: In general, how useful are vitamins or dietary supplements to health?

Extremely useful	13%
Very useful	33%
Somewhat useful	41%
Not very useful	9%
Not at all useful	3%
Refused	1%

Q5. How would you describe each of the following at this point in time? Would you say it is excellent, very good, good, fair, or poor?

	Excellent	Very Good	Good	Fair	Poor	Refused
Your ability to remember the names of people you have just met	13%	24%	32%	22%	8%	1%
Your ability to remember things such as appointments, dates, and	25%	37%	25%	10%	2%	1%
Your ability to remember things such as where the car is parked or an event that happened at a	30%	38%	22%	8%	1%	1%
Your ability to make decisions	28%	43%	22%	5%	1%	1%
Your problem-solving skills	27%	42%	24%	5%	1%	1%
Your ability to focus	20%	40%	28%	9%	2%	1%
Your wisdom	19%	43%	31%	5%	<1%	1%
Your ability to learn new things in	23%	43%	26%	6%	1%	1%
Your brain health or mental	21%	44%	27%	6%	1%	1%

SUPPLEMENT USE: VITAMINS OR DIETARY SUPPLEMENTS

Q6. Have you ever taken vitamins or dietary supplements? Vitamins or dietary supplements can be taken in pills, capsules, liquids, gummies, or powders.

Yes	30%
Yes, and I currently am	57%
No	12%
Refused	1%

Q6A. How much do you spend on vitamins or dietary supplements in a typical month for yourself?

Up to \$25	70%
More than \$25 up to \$50	19%
More than \$50 up to \$75	6%
More than \$75 up to \$100	2%
More than \$100 per month	1%
Refused	2%

Q7. How effective do you think taking vitamins or dietary supplements are at...

	Extremely effective	Very effective	Somewhat effective	Not very effective	Not at all effective	Refused
Facilitating weight gain	4%	10%	37%	33%	14%	2%
Facilitating weight loss	4%	11%	35%	36%	13%	2%
Maintaining brain health or mental sharpness	6%	20%	46%	22%	5%	2%
Improving brain health or mental sharpness	6%	16%	50%	21%	5%	2%
Reversing dementia	4%	9%	33%	34%	17%	2%
Delaying dementia	5%	12%	43%	28%	10%	2%
Improving mood	6%	18%	45%	23%	7%	2%
Enhancing skin, hair, and nails	9%	24%	49%	12%	4%	2%
Preventing disease	6%	18%	49%	19%	6%	2%
Correcting a vitamin deficiency	17%	40%	36%	5%	2%	2%
Preventing a vitamin deficiency	17%	40%	34%	6%	2%	2%
Maintaining bone health	9%	31%	47%	9%	2%	2%
Facilitating a longer life	6%	16%	47%	22%	7%	2%
Delaying or reversing the aging process	5%	10%	37%	35%	12%	2%
Building muscle	5%	15%	44%	26%	8%	2%
Improving athletic performance	5%	16%	46%	26%	7%	2%

Q8. Please indicate whether or not you have taken vitamins or dietary supplements for the following reasons.

	No, Never	Yes, Currently Taking	Yes, Took in the Past	Refused
Facilitating weight gain	86%	4%	8%	2%
Facilitating weight loss	75%	8%	14%	3%
Maintaining brain health or mental sharpness	70%	18%	10%	2%
Improving brain health or mental sharpness	70%	17%	11%	2%
Reversing dementia	89%	6%	2%	3%
Delaying dementia	85%	9%	3%	3%
Improving mood	71%	17%	10%	2%

	No, Never	Yes, Currently Taking	Yes, Took in the Past	Refused
Enhancing skin, hair, and nails	56%	24%	18%	2%
Preventing disease	60%	26%	11%	2%
Correcting a vitamin deficiency	40%	36%	21%	2%
Preventing a vitamin deficiency	33%	43%	22%	2%
Maintaining bone health	50%	32%	15%	2%
Facilitating a longer life	69%	22%	7%	3%
Delaying or reversing the aging process	80%	13%	5%	2%
Building muscle	76%	10%	12%	2%
Improving athletic performance	77%	10%	11%	3%
Other	69%	5%	3%	23%

Q9. Please indicate which vitamins or dietary supplements you currently take.

Vitamin/Dietary Supplement	%
BriteSmart	<1%
Cognifen	<1%
Cognitex with Brain Shield	<1%
Elysium	<1%
HeadStart	<1%
Neurofuzian	1%
Neuro-PS	<1%
Mental Alertness	1%
Lifeshield Mind Force	<1%
MindRise	<1%
Prevagen	<1%
Omega-3	16%
Calcium	21%
Vitamin D	35%
Melatonin	8%
Renno-Brain	<1%
Renno-Body	<1%
Multi-vitamin	37%
Iron	13%
Magnesium	12%
Potassium	8%
Vitamin E	12%
Any vitamin B	20%
Vitamin C	24%
Fiber	10%
Nutritional shakes (e.g., Ensure, Boost, etc.)	5%
Fish oil	19%

Vitamin/Dietary Supplement	%
Echinacea	2%
Ginseng	4%
Glucosamine	7%
Chondroitin sulphate	2%
Garlic	5%
St. John's Wort	1%
Saw Palmetto	2%
Ginkgo biloba	3%
Flavanols/cocoa	1%
Coconut oil (medium-chain triglycerides)	4%
Green tea	10%
Tumeric	10%
Curcumin	3%
Coenzyme Q10	5%
Caffeine supplement (not including coffee, tea or any other beverage containing caffeine)	2%
Folk medicine or remedies i.e., plant derived cures for a specific ailment)	2%
Other	9%
None of the Above	26%
Refused	3%

Q9A. Please indicate which of the following vitamin B supplements you currently take.

Vitamin B Supplement	%
B1 (thiamin)	11%
B2 (riboflavin)	11%
Cognitex with Brain Shield	10%
B5 (pantothenic acid)	4%
B6 (pyridoxine)	9%
B7 (biotin)	9%
B9 (folate)	5%
B12 (cobalamin)	46%
B12 (cobalamin)	58%
Refused	3%

Q9B. Do you take fish oil for any of the following reasons?

Heart health	71%
Brain health	31%
Neither heart nor brain health, but for other reasons	22%
Refused	1%

Q10. Please indicate how concerned, if at all, you are about each of the following as it relates to vitamins or dietary supplements.

	Extremely concerned	Very concerned	Somewhat concerned	Not very concerned	Not at all concerned	Refused
The purity of the ingredients	18%	24%	31%	14%	11%	3%
The safety of the ingredients	19%	24%	26%	17%	11%	3%
The effectiveness of the ingredients	17%	28%	28%	15%	10%	3%
The thoroughness with which the government reviews the safety and effectiveness of the product	16%	22%	30%	17%	12%	3%
The cost	14%	20%	31%	20%	14%	3%
Interactions with your regular medication	12%	16%	21%	22%	26%	2%
Not taking enough to get the benefits of the supplement	6%	15%	30%	28%	19%	3%
Taking too much of the supplement and experiencing side effects	12%	16%	25%	27%	18%	3%

HEALTHY HABITS

Q11. Below is a list of the ways you might have felt or behaved. Please tell me how often you engaged in these activities during the past week.

	Most or all of the time (5-7 days)	Occasionally or a moderate amount of the time (3-4 days)	Some or a little of the time (1-2 days)	Rarely (Less than 1 day)	Never	Refused
I ate nutritious and well-balanced meals	31%	31%	23%	8%	4%	3%
I exercised	17%	25%	24%	19%	12%	3%
I socialized with family, friends or others	38%	28%	21%	9%	3%	3%
I managed stress effectively	38%	28%	19%	8%	4%	3%
I tried to lead a life of purpose	47%	22%	17%	7%	5%	3%
I got enough sleep	38%	30%	18%	9%	3%	3%

	Most or all of the time (5-7 days)	Occasionally or a moderate amount of the time (3-4 days)	Some or a little of the time (1-2 days)	Rarely (Less than 1 day)	Never	Refused
I took vitamins or dietary supplements	45%	11%	9%	9%	24%	3%
I engaged in mentally-stimulating activities	32%	26%	21%	9%	10%	3%
I was involved in groups such as service, civic, volunteer, etc.	4%	9%	17%	21%	47%	3%
I was involved in religious/spiritual activities such as prayer/meditation and worship service attendance	16%	11%	16%	15%	39%	3%
I engaged with an online platform (that included things like online games) designed to benefit my brain health and mental sharpness	14%	12%	15%	16%	41%	3%

Q11A. How likely are you to engage in an online platform (that includes things like online games) designed to benefit your brain health and mental sharpness in the future? (Refused=1%)

7 Definitely Will	6	5	4	3	2	1 Definitely Will Not
2%	2%	7%	14%	13%	27%	35%

Q11B. In a typical night, how many hours of sleep do you get? (Average=6.79 hours per night)

Under 4 hours	1%
Between 4 and 6 hours	37%
Between 7 and 8 hours	53%
More than 8 hours	7%
Refused	2%

Q12. At what age would you say your idea of “old age” begins? (Average=63.39 years)

< 40	4%
40-49	6%
50-59	16%
60-69	30%
70-79	28%
80+	14%
Refused	3%

Q13. To what degree is your physical appearance important to you?

To a great degree	31%
To some degree	49%
To a little degree	16%
To no degree at all	3%
Refused	1%

HEALTHY AND MOOD CONDITIONS

Q14. To what extent do diseases, conditions, or illnesses limit your ability to engage in activities you would like to do? (i.e., physical activity, socializing, shopping, doing yard work, etc.)

To a great extent	14%
To some extent	22%
To a little extent	22%
To no extent at all	39%
Refused	2%

Q15. Are you currently taking any action related to depression?

I am taking medication	11%
I am seeing a counselor	5%
I am dealing with it mainly on my own	17%
This is not an issue for me	69%
Refused	2%

Q16. Are you currently taking any action related to anxiety?

I am taking medication	11%
I am seeing a counselor	4%
I am dealing with it mainly on my own	19%
This is not an issue for me	68%
Refused	2%

EATING HABITS

Q17. About how many servings of fruits do you eat in a typical day? (A serving is considered to be one cup of fruit such as a large banana, whole grapefruit, large apple, large orange, 1/2 cup of dried fruit).

None	14%
One	41%
Two	25%
Three	11%
Four	4%
Five	1%
Six or more	1%
Refused	2%

Q18. About how many servings of vegetables do you eat in a typical day?

None	7%
One	33%
Two	31%
Three	16%
Four	7%
Five	2%
Six or more	2%
Refused	2%

Q19. If a vitamin or dietary supplement could replace the nutritional value of fruits and vegetables, how likely would you be to take it and stop eating fruits and vegetables?

Extremely likely	6%
Very likely	8%
Somewhat likely	21%
Not very likely	32%
Not at all likely	31%
Refused	2%

Q20. In a typical week, how often do you eat fish of any type including shellfish, dark-meat fish, and light-meat fish?

Never	15%
Rarely (less than 1 day)	40%
Some or a little of the time (1-2 days)	33%
Occasionally or a moderate amount of time (3-4 days)	7%
Most or all of the time (5-7 days)	2%
Refused	2%

HEALTHY AGING SELF-CONCEPT

Q21. Have you done any of the following things?

Undergone cosmetic surgery on face or neck (excludes procedures related to hair growth)	1%
Used a product like Rogaine to promote hair growth	4%
Took anti-aging nutrition supplements	3%
Used general anti-aging cosmetics (lotions, retinol, etc.)	16%
Received hair implants	<1%
Undergone cosmetic surgery related to breast or other bodily implants	2%
Received tattoo/ink-work (includes eyebrow)	14%
Received piercings/decorative body modification (excludes standard ear piercing)	11%
None of the above	64%
Refused	2%

Q21a. Have you done any of the following things primarily for the purpose of looking younger??

	Yes	No	Refused
Undergone cosmetic surgery on face or neck (excludes procedures related to hair growth)	47%	53%	0
Used a product like Rogaine to promote hair growth	65%	34%	2%
Took anti-aging nutrition supplements	71%	29%	0
Used general anti-aging cosmetics (lotions, retinol, etc.)	83%	17%	1%
Received hair implants	55%	45%	0
Undergone cosmetic surgery related to breast or other bodily implants	14%	86%	0
Received tattoo/ink-work (includes eyebrow)	6%	94%	0
Received piercings/decorative body modification (excludes standard ear piercing)	6%	93%	1%

AWARENESS OF AGING/DISTRACTOR

Q22. Have you experienced any of the following situations?

A life-threatening event such as an accident or near-death experience	13%
A family member or friend with dementia	27%
A major illness or serious condition	24%
A rough childhood	18%
A rough patch in your adult life	36%
The death of someone very close to you (e.g., parent, spouse, child)	48%
A major victimization (i.e., victim of a crime or scam)	8%
A major setback in your career, personal life, or development	24%
None of the above	23%
Refused	3%

Q22A. To what degree did your experience with the following cause you to be more thoughtful about your life choices?

	To a great degree	To some degree	To a little degree	To no degree at all	Refused
A life-threatening event such as an accident or near-death experience	38%	45%	12%	5%	1%
A family member or friend with dementia	26%	46%	22%	6%	1%
A major illness or serious condition	50%	39%	8%	2%	<1%
A rough childhood	51%	32%	14%	3%	1%
A rough patch in your adult life	42%	44%	11%	3%	<1%
The death of someone very close to you (e.g., parent, spouse, child)	43%	39%	13%	4%	1%
A major victimization (i.e., victim of a crime or scam)	44%	36%	10%	10%	0
A major setback in your career, personal life, or development	47%	41%	10%	2%	<1%

ANXIETY

Q23. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly everyday	Refused
Feeling nervous, anxious or on edge	58%	28%	7%	6%	3%
Not being able to stop or control worrying	61%	24%	6%	6%	3%
Worrying too much about different things	50%	31%	8%	8%	2%
Trouble relaxing	56%	29%	8%	5%	3%
Being so restless that it is hard to sit still	71%	18%	5%	3%	3%
Becoming easily annoyed or irritable	49%	35%	9%	5%	3%
Feeling afraid as if something awful might happen	70%	18%	6%	4%	3%

SOCIAL DESIRABILITY SDRS-5 INSTRUCTIONS AND ITEMS

Q24. Listed below are a few statements about your relationships with others. How much is each statement TRUE or FALSE for you?

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False	Refused
I am always courteous even to people who are disagreeable	22%	57%	11%	7%	2%	2%
There have been occasions when I took advantage of	3%	9%	14%	32%	40%	2%
I sometimes try to get even rather than forgive and forget	3%	11%	12%	37%	35%	2%
I sometimes feel resentful when I don't get my way	4%	18%	16%	38%	22%	3%
No matter who I'm talking to, I'm always a good listener	22%	55%	13%	7%	1%	2%

AGING SUBSCALE: COLLETT-LESTER: FEAR OF DEATH

Q25. To what extent do you agree or disagree with the following statements?

	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Refused
I worry about dying	9%	26%	30%	32%	3%
After living, there is a life-after-death	41%	28%	14%	13%	3%
I believe in God (please note: a belief in a Higher Power would count)	60%	19%	8%	10%	3%
I am a religious and/or spiritual person	34%	30%	15%	18%	3%

Q26. How disturbed or anxious are you by the following aspects of death and dying? Indicate which of the following best represents your feeling.

	Very Disturbed	Somewhat Disturbed	Neither Disturbed nor Not Disturbed	Not too Disturbed	Not at all Disturbed	Refused
The total isolation of death	9%	12%	26%	12%	38%	3%
The shortness of life	12%	22%	26%	14%	23%	3%
Missing out on so much after you die	10%	20%	23%	14%	30%	3%
Dying young	14%	23%	21%	13%	27%	3%
How it will feel to be dead	8%	10%	26%	12%	41%	3%
Never thinking or experiencing anything again	11%	16%	26%	13%	33%	3%
The possibility of pain and punishment during life–after-death	7%	14%	23%	13%	41%	3%
The disintegration of your body after you die	5%	8%	23%	12%	49%	3%

DEPRESSION: CES-D SHORTENED

Q27. Below is a list of some ways you may have felt or behaved. Please indicate how often you have felt this way during the last week.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	Refused
I was bothered by things that usually don't bother me	66%	20%	8%	3%	4%
I did not feel like eating; my appetite was poor	71%	16%	8%	2%	4%
I felt that I could not shake off the blues, even with the help from family or friends	68%	15%	8%	5%	3%
I felt that I was just as good as other people	11%	14%	19%	53%	3%
I had trouble keeping my mind on what I was doing	53%	28%	11%	5%	3%
I felt depressed	68%	17%	7%	5%	3%
I felt that everything I did was an effort	49%	25%	14%	9%	3%
I felt hopeful about the future	13%	19%	26%	38%	4%
My sleep was restless	39%	30%	18%	10%	3%
I was happy	6%	15%	27%	48%	4%
I felt lonely	61%	20%	11%	5%	3%
I enjoyed life	7%	17%	23%	50%	3%
I felt sad	57%	26%	10%	4%	3%
I could not get "going"	53%	27%	11%	6%	3%

Q28. In general, how satisfied are you, if at all, with the quality of your social relationships?

Very satisfied	39%
Somewhat satisfied	45%
Not very satisfied	11%
Not at all satisfied	3%
Refused	2%

Q29. On a scale of 1 to 10, where 1 is extremely low and 10 is extremely high; please rate the overall level of stress in your life today.

10 Extremely high	9	8	7	6	5	4	3	2	1 Extremely low	0 Refused
3%	3%	7%	12%	10%	13%	9%	15%	15%	13%	2%

Q30. How would you rate your quality of life?

Very good	35%
Good	44%
Neither good nor poor	14%
Poor	4%
Very Poor	1%
Refused	2%

ATTITUDES ON AGING

Q31. To what extent do you agree or disagree with each of the following statements?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Refused
I see old age mainly as a time of loss	5%	14%	31%	23%	23%	3%
Old age is a depressing time of life	6%	18%	29%	22%	22%	3%
I feel excluded from things because of my age	5%	14%	28%	19%	31%	3%
With aging, quality of life decreases	8%	32%	27%	18%	12%	3%
Aging is associated with loss	7%	27%	33%	16%	14%	3%
Old age is a lonely time	7%	20%	27%	23%	21%	3%
There are many pleasant things about growing older	20%	42%	23%	8%	4%	3%
There are benefits to aging	19%	39%	25%	10%	4%	3%
I have a positive view of getting older	18%	38%	25%	12%	4%	3%

Q32. How important are each of the following as a source of information in determining whether or not to take a specific vitamin or dietary supplement?

	Extremely important	Very important	Somewhat important	Not very important	Not at all important	Refused
Medical professionals (e.g., doctors, nutritionists, pharmacists, etc.)	24%	36%	28%	4%	5%	4%
Reviews by resources such as WebMD, Consumer Reports, Mayo Clinic, etc.	7%	21%	39%	15%	15%	3%
Friends and family/word of mouth	7%	20%	42%	16%	13%	3%
Media (e.g., televisions segments, news articles, etc.)	3%	7%	27%	29%	31%	4%
Advertisements	2%	4%	23%	29%	38%	4%
Government agencies (e.g., the Food and Drug Administration [FDA])	10%	24%	35%	14%	14%	4%

Q33. The Food and Drug Administration (FDA) is responsible for regulating certain products used by consumers before they can be sold. To the best of your knowledge, which of the following types of products must be determined by the FDA to be safe and effective before they are sold?

Prescription drugs	87%
Over-the-counter drugs	73%
Beverages	52%
Food	74%
Dietary supplements such as vitamins and minerals	49%
Dietary supplements such as herbs and enzymes	39%
Cosmetics	37%
Medical devices	63%
Refused	4%