

Table S1. Preliminary Survey

Q1: Have you ever learned about food or nutrition in your college?
A1: Yes, I have. A2: Not yet. But, I will. A3: No, I have not. And I will not. A4: I don't remember it.
Q2: Have you ever learned about dietary supplements in your college?
A1: Yes, I have. A2: Not yet. But, I will. A3: No, I have not. And I will not. A4: I don't remember it.
Q3: Have you ever used dietary supplements?
A1: Yes, I am using dietary supplements. A2: Yes. I used to use dietary supplements, but I quit. A3: No, I have never used them.

Note: A segment of the people who answered "A1 or A2 in Q3" moved on to the full survey.

Table S2. Full Survey

Q1: How do you get information about dietary supplements? – Multiple choice
A1: Television A2: Radio A3: Newspapers, magazines, flyers A4: Internet A5: Stores A6: Clinic (physicians, pharmacists, dietitians) A7: Pharmacists or drug store clerks A8: Manufacturer A9: Product labels A10: Family A11: Friends or acquaintances A12: Other
Q2: How do you obtain dietary supplements? – Multiple choice
A1: Pharmacy or drugstore A2: Retail store A3: Convenience store A4: Supermarket A5: Department store

<p>A6: Internet</p> <p>A7: Mail order</p> <p>A8: Co-op store</p> <p>A9: Family</p> <p>A10: Friends or acquaintances</p> <p>A11: Other</p>
<p>Q3: What is the purpose of dietary supplement use? – Multiple choice</p>
<p>A1: Maintenance of health</p> <p>A2: Supplementation of nutrients</p> <p>A3: Beauty benefits</p> <p>A4: Weight loss</p> <p>A5: Building muscle</p> <p>A6: Improvement of health</p> <p>A7: Prevention of diseases</p> <p>A8: Treatment of diseases</p> <p>A9: Other</p>
<p>Q4: How many dietary supplements are you using (or did you use)?</p>
<p>A1: 1</p> <p>A2: 2</p> <p>A3: 3</p> <p>A4: 4</p> <p>A5: 5</p> <p>A6: 6+</p>
<p>Q5: Which dietary supplements are you using or did you use? – Free answer, up to 5 products</p>
<p>Q6: Have you ever experienced adverse effects due to dietary supplement use?</p> <p>If yes, what symptom(s) did you experience? – Multiple choice</p>
<p>A1: No, I have never experienced adverse effects.</p> <p>A2: Nausea and vomiting</p> <p>A3: Headache</p> <p>A4: Stomachache</p> <p>A5: Diarrhea</p> <p>A6: Constipation</p> <p>A7: Eczema and Itching</p> <p>A8: Fatigue</p> <p>A9: Palpitations</p> <p>A10: Results of medical check had become worse</p> <p>A11: Other</p>
<p>Q7: How did you response to adverse effects? – Multiple choice</p>

A1: Did nothing

A2: Stopped using dietary supplements immediately

A3: Consulted with family or friends

A4: Consulted with mentors in college

A5: Complained to manufacturer

A6: Complained to the retail store

A7: Reported to the National Consumer Affairs Center of Japan or other consumer affairs center

A8: Reported to the Ministry of Health, Labor, and Welfare or Consumer Affairs Agency, Government of Japan

A9: Reported to public health center

A10: Went to a hospital

A11: Other