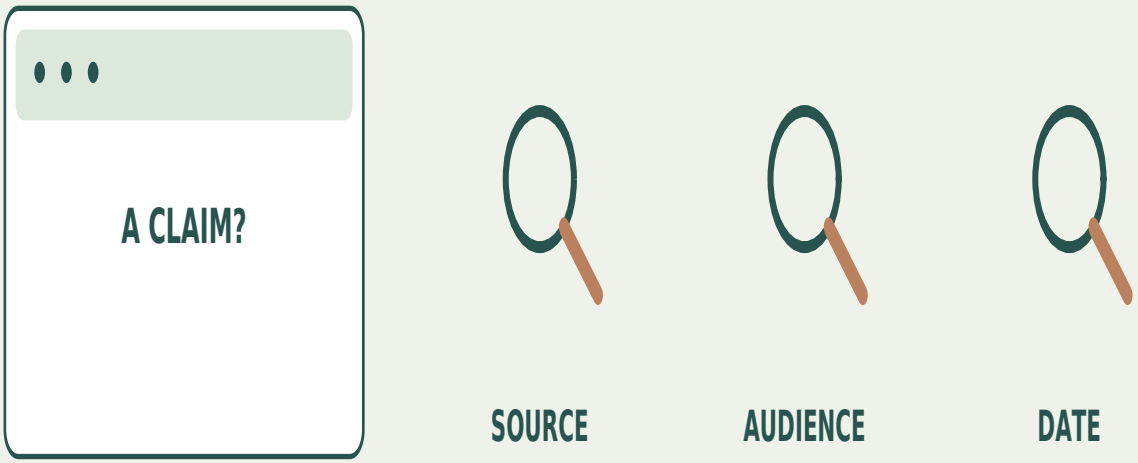
THE NEXT CHAPTER

Three Checks for Health Advice

Source, audience and date before you trust a claim



AN ORIGINAL STANDALONE FREE GUIDE

Three checks · Three examples · Two private cards

Begin | Explore | Examples | Private cards

English edition | November 2026

A promising headline is the beginning of a question, not an answer



A message appears on your phone: “The one daily habit everyone over 65 should try.” It has a smiling photograph, a confident headline and a button marked *learn the secret*. Perhaps a friend forwarded it. Perhaps you found it while searching for a practical answer to a reasonable question. The message is designed to be easy to notice and quick to share, but its appearance tells you almost nothing about whether it is reliable, suitable for you or current.

You do not have to become a scientist to ask better questions. Nor must you ignore every useful idea that appears online. The aim of this free reading is smaller: before believing, forwarding, purchasing or acting on a health claim, make **three checks**. Who is behind it, and where does the evidence come from? Who is the information actually about? And when was it created or checked, including whether the advice may have changed?

These questions are a way to slow down a decision without becoming frightened of every web page. The worked cases here are completely fictional. No particular product, therapy or activity is being recommended or rejected for your personal circumstances. If a finding might change your medication, treatment or health care, discuss it with a qualified professional first. The information below helps you bring a better question to that conversation.

The three checks on one small card

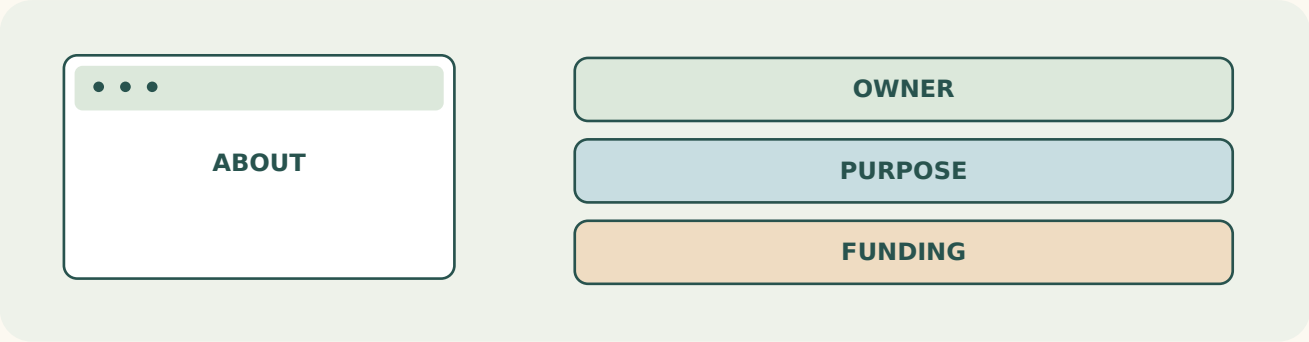


Here is the whole method: **Source - Audience - Date.** Source means tracing the claim to an identifiable person or organisation and asking what evidence supports it. Audience means finding out who was studied, who the guidance addresses and whether it is meant for ordinary readers or for a particular clinical population. Date means looking for a credible publication or review date and checking whether a recommendation has since changed.

The checks work best together. A reputable institution may publish reliable material, but an old statement can be superseded. A recent article may accurately describe research but be about a population different from you. A product advertisement may quote a scientific finding correctly yet promise more than the finding actually shows. No single green tick settles everything.

At the end of a first check, you do not need a yes or no. You might write *source unclear*, *population different*, *date needs checking* or *reliable general information, personal relevance unknown*. Those are useful outcomes. They tell you what to verify next instead of converting uncertainty into confidence.

Check one: who created the page?

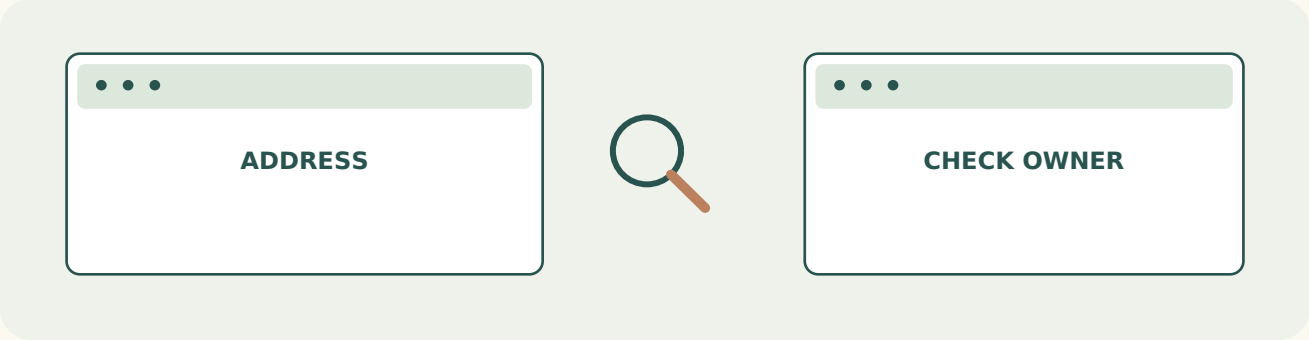


Find the original organisation rather than relying only on the social-media account that shared a link. An “About” page may tell you who manages a website, what it does, how it is funded and how to contact the people responsible. MedlinePlus, a service of the U.S. National Library of Medicine, advises checking the owner, purpose, funding, sources and review process. These are concrete questions a reader can ask without specialist training.

You may encounter government health agencies, public hospitals, medical schools, professional organisations, charities, commercial publishers and private individuals. Some provide carefully reviewed information; some are primarily selling a service or product. A business can publish useful health information, but a commercial incentive should be visible rather than hidden. A personal story can also be worth hearing without becoming reliable evidence that everyone should follow the same advice.

Write down the publisher's actual name if you find it. If the website does not identify anyone accountable for the claim, do not treat its polished appearance as a replacement. You can search independently for the institution using its own public website, rather than assuming a logo pasted into an advertisement proves an affiliation.

A website address is a clue, not a verdict

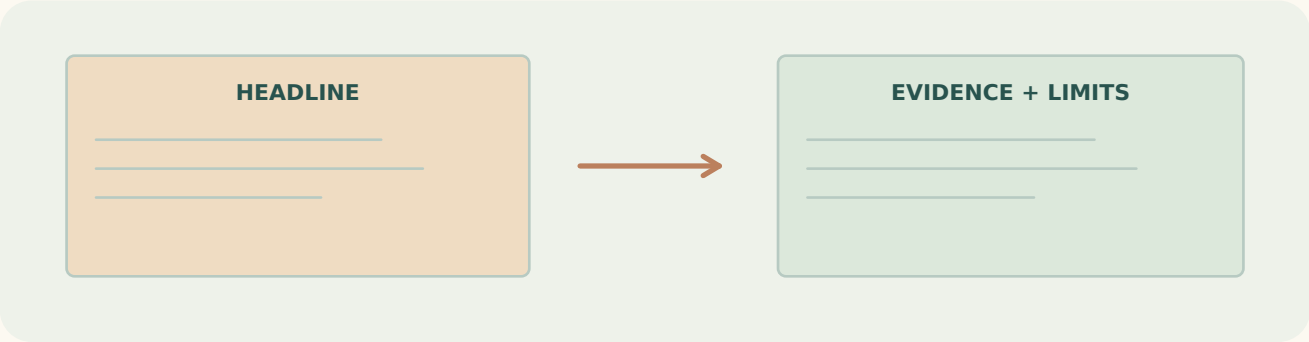


A web address can help you orient yourself. A genuine government agency may use an official government domain, and an academic institution may use an educational one. But the last few letters of an address cannot by themselves prove that every sentence is accurate, up to date or relevant to the reader. Organisations change websites; people share unofficial copies; lookalike addresses can be deceptive.

Instead of clicking a questionable message's “official information” button, find the recognised institution independently - through a browser search you inspect carefully or an address you already know. Confirm that the site identifies its owner and the article or guidance you meant to find. Then look for sources and a date on the actual page, not only in the search-result summary.

Do not assume the page must be fraudulent simply because it is commercial or uses an unfamiliar domain ending. Likewise, do not assume a claim is trustworthy because an advertisement contains a university shield. The useful distinction is traceable, responsible publishing versus an unclear or misleading chain of attribution.

Follow the evidence farther than the headline

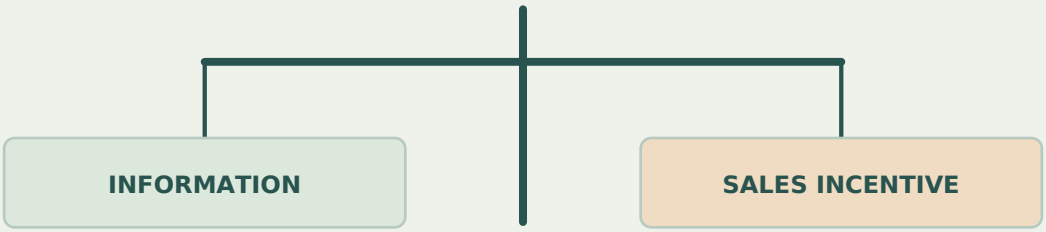


After locating the publisher, ask **what supports the specific claim?** A responsible health article should identify where its information comes from, with suitable references or an explanation of a review process. NIH's National Center for Complementary and Integrative Health notes that testimonials, opinions and anecdotes are not the same as objective, evidence-based information. A headline may report a genuine research result but leave out limits that matter.

For example, “People in a study reported a change” does not necessarily establish that an intervention caused it, that everyone will experience it or that it would be safe for a particular person. A laboratory experiment, a study in animals, a small preliminary human study and a well-designed human trial do not answer exactly the same questions. A number such as “80 percent improved” means little until you know what was measured, compared and over what period.

You do not have to evaluate a research paper alone. Look for a balanced explanation from a recognised public-health or medical source. If evidence is absent or the article makes one source carry more than it can support, mark the claim as needing further verification. Do not let dramatic wording close a question that evidence has not answered.

Check whether the page is trying to teach or sell



Many sites combine educational content with advertising. Others lead immediately to a paid programme, supplement, device, subscription or consultation. A sales purpose does not automatically make every word false, but it is important to know whether the same party profits when the reader accepts the claim. Look for sponsorship statements, clearly marked advertisements, refund claims and any pressure to act before considering alternatives.

Particularly careful checking is warranted when a single product is said to solve many unrelated problems, work for almost everyone or replace established care. Such promises are different from a modest explanation of possible benefits and limits. A testimonial such as “this changed my life” describes a person's reported experience, not scientific proof that the same outcome will occur for others.

If a site asks for payment details or a medical history before showing basic evidence, you can leave without explaining yourself. You can also look for independent evidence from a reliable noncommercial source. The aim is not to judge the person behind the advertisement; it is to prevent a marketing promise from standing in for information needed for an informed decision.

Check two: whom is the information about?

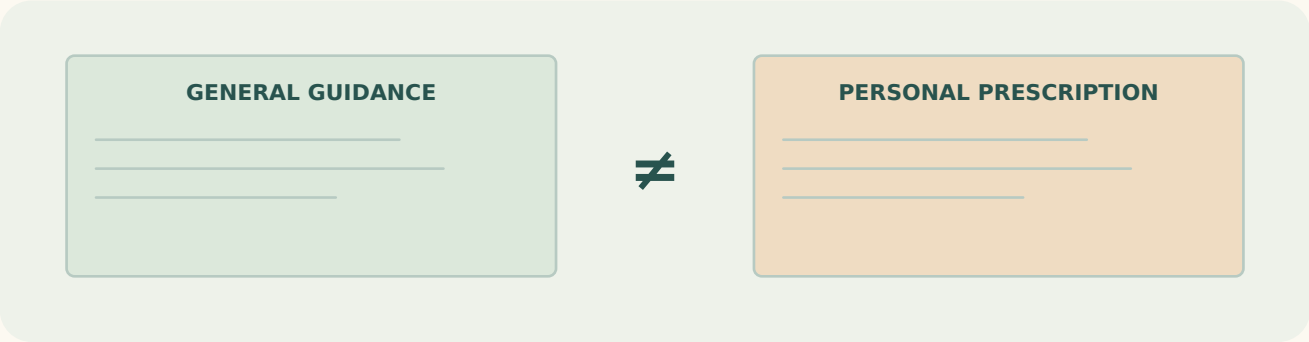


Words such as “everyone,” “seniors” and “all adults” often conceal important differences. An article may actually describe people of a particular age range, people living with a specific condition, people using an intervention under professional supervision or participants in one country. Advice created for those groups may not transfer neatly to someone whose situation differs.

Read beyond the headline for eligibility, exclusions, study participants and the exact question being investigated. For public guidance, look for who the issuing organisation intends it to address. Is it written for the general population, caregivers, clinicians or people with a diagnosis? Does the information acknowledge differences in ability, access, culture or personal circumstances? An accurately described study can still be a poor match for an individual reader.

You may not know whether a study group resembles you, and that is not a failure. Write *intended population unclear* rather than guessing. If you are considering an action involving your own care, that uncertainty is something to discuss with a qualified health professional, not a reason to take a risk on the hope that a general statement applies.

A general guideline is not a personal prescription

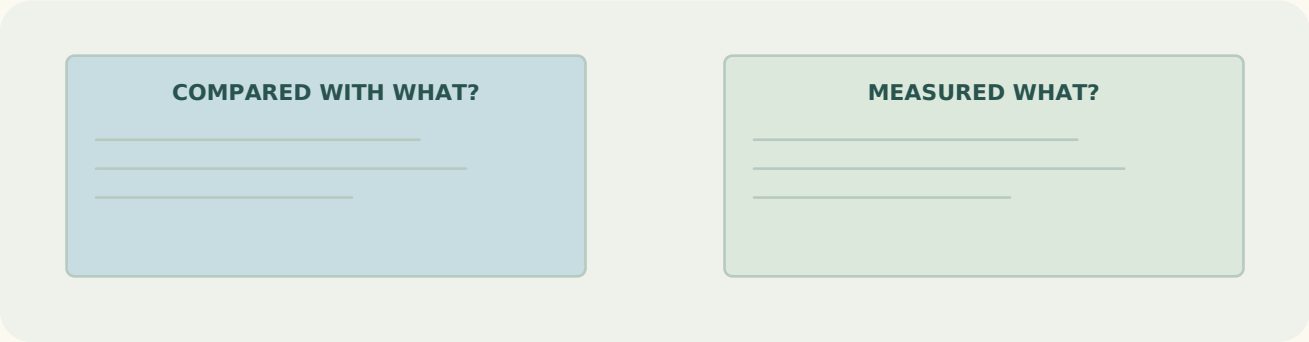


A national health agency may issue a recommendation that is useful for many people. Yet a population-wide statement does not necessarily tell you what to do when you have a particular medical history, take a medication or face a situation not addressed by the guidance. This distinction applies to physical activity, food, sleep, screening, supplements and many other topics.

A reliable source often states its scope and may give a route to more tailored information. It might identify who should seek professional advice before acting, explain what it does not cover or direct readers to clinicians familiar with their circumstances. These qualifications are part of the information, not fine print to ignore because the headline sounds confident.

Do not try to diagnose yourself from a checklist in this reading or use it to decide whether to stop a treatment. If something online causes concern about a symptom or an existing care plan, make an appropriate contact with your healthcare team. Immediate or severe symptoms require appropriate local urgent assessment, not an internet fact-checking exercise. Being curious about evidence and getting personal medical advice are complementary activities, not substitutes.

Check the comparison, not only the conclusion

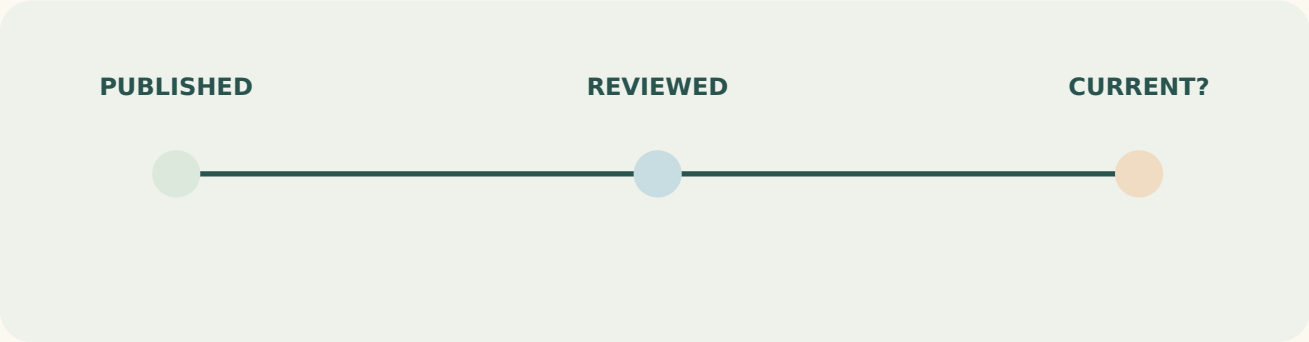


Research news sometimes reports an impressive-sounding effect without saying compared with what. Was a treatment compared with usual care, another active treatment, no intervention or something else? Did the report concern outcomes that matter to people, or an indirect measure? Were results uncertain? You do not need a course in statistics to notice when those basic details are missing.

Suppose a fictional headline says “New routine improves wellness by half.” That phrase leaves unanswered what *wellness* meant, how the change was measured, how many people were studied and whether the comparison is meaningful. A responsible explanation should help you distinguish measured outcomes from opinions or marketing claims. If the article only repeats the headline, seek an authoritative summary rather than inventing the missing details.

You can make a modest note: *The reported conclusion may be interesting, but I do not know the population, comparison or limitations.* That is more accurate than claiming the study proved something it did not. There is no obligation to decide for or against an intervention while the underlying question remains unanswered.

Check three: when was this written or reviewed?

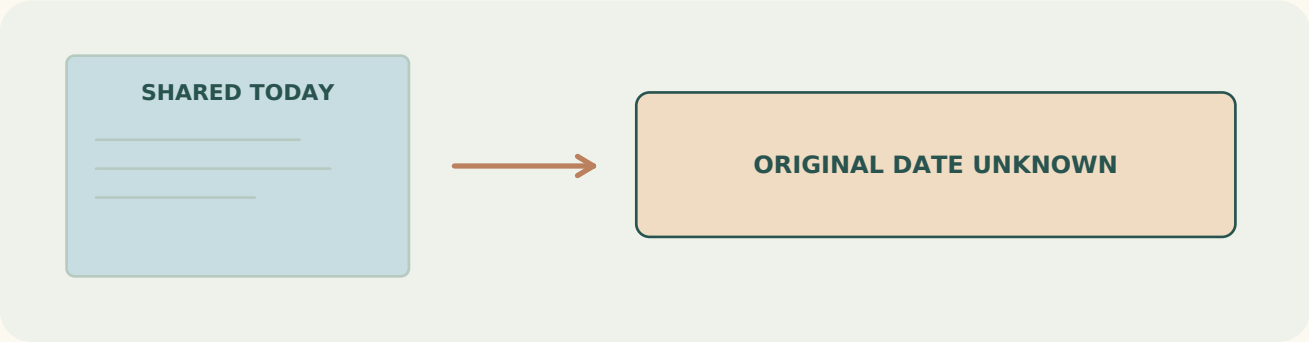


An article may be well sourced yet no longer reflect the latest guidance. Look for a publication date and, if supplied, a last-reviewed or updated date. These are not always the same. A review date suggests someone revisited the page; it does not guarantee that every linked reference or factual claim is current. Conversely, an older foundational explanation may still be useful. The question is whether the *particular recommendation* has changed.

Dates can also be misleading. A social-media post shared today may link to a report written years earlier. A website's copyright year at the bottom may simply update automatically and say nothing about the age of the article. Search-result timestamps can reflect indexing rather than editorial review. The original content page is the better place to begin.

If a real medical or public-health recommendation matters to your decision, verify it against the current guidance of the responsible professional body or public agency. When an old article and a newer official recommendation disagree, mark the discrepancy and ask an appropriate professional for help before acting. The goal is reliable context, not the newest date at any cost.

A recent post may contain an old claim



Forwarded messages are especially tricky because the date displayed may describe when someone shared an item rather than when its content originated. A convincing voice, attractive graphic or large number of reposts does not answer the source, audience or date questions. Social networks may also crop out qualifications or attach a new caption to an older study.

If you are uncertain, do not forward it as an established fact. Trace it to the original source; check the article itself; look for a current official explanation of the subject. You can share a neutral note with the person who sent it: *“Thanks for thinking of me. I am checking who originally published this and whether the recommendation is still current.”* You do not need to embarrass the sender to protect the accuracy of what circulates.

If there is no verifiable original, the right status may be *unconfirmed*. This is not the same as proving something false. It is simply refusing to turn the number of shares into evidence. A practical reading habit can be both courteous and cautious.

How to check without giving away private information



Health searches can lead to forms that request your name, date of birth, symptoms, insurance information or payment details. You generally do not need to disclose those details to perform a first assessment of whether an article is responsibly sourced. Start with public information about the publisher and the evidence, not an interactive questionnaire that demands an account.

Read a website's privacy policy before voluntarily sharing information. A secure connection can help protect transmission, but the padlock alone does not tell you whether the site will use your data responsibly or whether the advice is medically sound. If you are offered a personalised diagnosis from an unknown site before learning who operates it, seek independent, qualified advice instead of supplying sensitive information on impulse.

When keeping notes for yourself, write down a public article title and source, not your full medical history in a shareable document. The optional cards in this reader ask for neither a diagnosis nor identifying information. If you do want to discuss a personal issue, use the contact arrangements provided by your legitimate health service rather than a form in a promotional message.

Fictional example: Miriam receives an urgent headline



Miriam is fictional. A friend forwards a clip titled “One habit every person over 65 must start this week.” Its caption uses urgent language but shows no original publication. Miriam is interested, yet she knows that a dramatic headline is not evidence. **Source:** she cannot identify a responsible publisher from the clip. **Audience:** “everyone over 65” is too broad to establish a personal fit. **Date:** a new sharing timestamp says nothing about when the claim was first made.

Miriam searches independently for public information from a recognised health agency instead of tapping the clip's product link. She finds a general discussion of lifestyle choices that does not support the clip's universal promise. She does not conclude that all movement or health guidance is unreliable; she concludes only that this particular urgent clip is unverified and exaggerated in scope.

Outcome: Miriam does not buy a product, change a treatment or forward the clip as fact. She sends her friend a polite reply: *“I couldn't establish the original source or who the advice is meant for, so I won't pass it on as guidance.”* That is a complete, useful decision.

Fictional example: Daniel reads a product advertisement

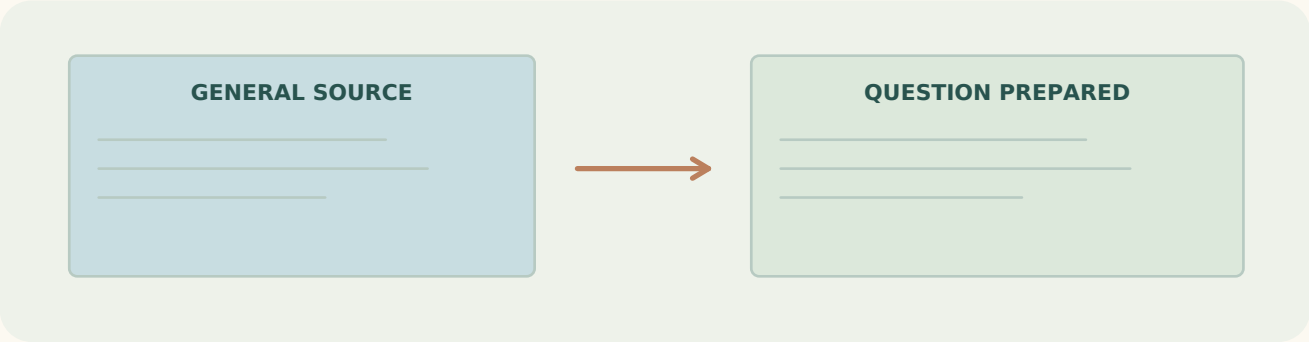


Daniel is fictional. He sees an advertisement for a “science-backed recovery band” priced at an invented USD 79. The advertisement says that customer testimonials demonstrate a broad health benefit. Daniel applies the three checks. **Source:** the company selling the item writes the page, with no clearly linked independent review of the broad promise. **Audience:** the testimonials do not identify a study population or show that an effect applies to him. **Date:** a copyright year appears, but no date for the claimed research is supplied.

Daniel does not need to prove the product ineffective to decide against a purchase. The advertised claim has not met his evidence standard, and he has no pressing reason to buy it. He records *seller claim, population unknown, study date not supplied, no purchase*. The invented price is only part of the hypothetical advertisement; Daniel spends USD 0.

Outcome: Daniel separates an unverified health promise from an actual expense. He may seek independent information later, but no investigation, order or medical recommendation is implied. A decision not to buy can rest on inadequate evidence rather than a sweeping judgement that every commercial product is deceptive.

Fictional example: Priya prepares a better appointment question



Priya is fictional and reads an online article about a broad public-health recommendation. She recognises the source as a legitimate public agency, sees that the guidance addresses a general adult population and confirms the page's review date. These checks improve her confidence that the article represents an actual agency statement. They do **not** tell her whether its suggestions fit an individual concern she has not shared with the website.

Instead of changing a personal care plan, Priya writes: *“I found general guidance from [agency], reviewed [date]. Is it relevant to my circumstances, and are there any individual considerations we should discuss?”* She keeps the link and question for her next appropriate professional conversation. No appointment is booked in this hypothetical example, and no test, medication or intervention is changed.

Outcome: Priya has distinguished source credibility from personal applicability. She is neither paralysed by uncertainty nor falsely reassured that an official page alone answers every individual question. The useful next step is a well-framed enquiry.

A respectful way to ask for the original source

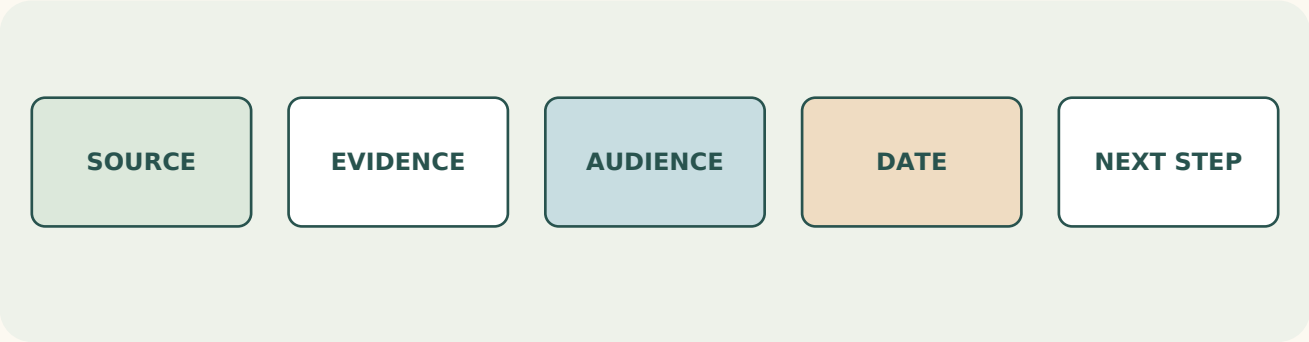


Many claims arrive from people who mean well. A relative sends a message because they care. A neighbour repeats something heard at a gathering. Correcting them angrily may end the conversation without improving anyone's understanding. A calm question can be more effective than a lecture.

Try: **“That's interesting. Do you know the original source?”** Or: **“Was that advice for everyone, or for people in a particular situation?”** Or: **“Do you know whether the guidance has been updated?”** These are the same three checks in conversational form. You can ask without revealing your own health concerns or implying that the other person is foolish.

If you have verified a specific public source, you may share the link with a brief description of what it actually says, including any limits. If you have not, say so. Avoid presenting yourself as a medical authority merely because you found one credible article. The goal of a helpful exchange is clarity about evidence, not winning an argument.

A five-minute first pass before you decide



The next time a health headline catches your attention, you can perform a modest first pass. Locate the original page. Look for the responsible organisation and its sources. Identify the people the advice addresses. Find an actual publication or review date, then check whether there is newer relevant official guidance. If any of these steps fails, mark the issue as unresolved rather than trying to repair the missing facts with guesswork.

Do not force this process into exactly five clock minutes. Some sources are straightforward; others are complicated, and some questions require expert interpretation. The phrase *first pass* simply means you can decide whether a claim deserves more attention before you commit money, share it widely or change a health-related choice.

Your conclusion may be *credible general information*, *promotional claim needing independent evidence*, *outdated or uncertain*, *wrong population* or *requires a clinician's help*. Each is more precise than “I believe it because it looked professional” or “I reject it because the internet is always wrong.” You can stop at an honest unresolved answer.

Optional private card A - three checks for one claim

You may use this card as an optional note. It does not ask for a symptom, diagnosis, medication, personal identifier or account. You can keep it privately or leave it entirely blank.

Exact public claim or headline:

Original organisation or author:

Evidence or source references identified:

Audience described by the source:

Publication/review date and currency:

My current conclusion or unknown:

Fictional sample: *Daily habit for everyone / publisher unclear / references missing / audience too broad / review date absent / unconfirmed, do not share.* This is a classification of a made-up message, not an assertion about any real health intervention. You need not fill in the card to use the reading.

Optional private card B - a source to discuss with a professional

This card is for organizing a possible question, not giving yourself an instruction. It is not a form to upload to a promotional health website.

Public source and title:

Link or publication details:

What the source actually says:

Who it applies to, according to the source:

What I still cannot establish:

My neutral question for a qualified professional:

Fictional example: *public agency page / saved title and URL / broad general guidance / adults described / individual suitability unknown / "Does this apply to my situation, and what should I consider?"* Do not include confidential health details if the card might be shared inadvertently. Your own legitimate clinical service can advise on secure ways to communicate personal information.

Closing: confidence is earned one check at a time



Good health information can be genuinely useful. A careful reader can learn more about a condition, understand what a public agency recommends or prepare a better question. Yet trust should come from accountable sourcing, relevant evidence, an appropriately defined audience and attention to currency - not merely from an attractive headline, a familiar logo or the warmth of a testimonial.

When a new claim appears, remember **Source. Audience. Date.** If the source is obscured, investigate. If the population differs, do not assume personal applicability. If the date is old or unclear, look for updated guidance. You may still need a professional to decide whether any information is suitable for your own healthcare. An unresolved question is safer and more accurate than certainty invented to fill a gap.

Public source notes



- U.S. National Library of Medicine, MedlinePlus: Evaluating Health Information, source, evidence, currency and privacy checks.

- NIH National Institute on Aging: How To Find Reliable Health Information Online, questions about ownership, review, dates and testimonials.

- NIH National Center for Complementary and Integrative Health: How Do You Know the Information Is Accurate?, evidence and opinion.

- U.S. National Library of Medicine: Evaluating Internet Health Information tutorial, accessible explanatory examples.

Sources reviewed on 28 October 2026. Links and guidance may change. This standalone reading is educational; it neither gives medical advice nor asks you to buy a related product. No registration, personal data or purchase is needed.