

Survey Questionnaire: Complementary and Alternative Medicine (CAM) Information for Health Care Providers

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We're interested in learning about what information on CAM would be helpful to you as a health care professional. Your responses will be confidential and anonymous (see <http://nccam.nih.gov/tools/privacy.htm>). Thank you for sharing your thoughts.

CAM is a group of diverse medical and health care systems, practices, and products that are not generally considered to be part of conventional medicine. Examples of CAM include such products and practices as herbal supplements, meditation, chiropractic manipulation, and acupuncture.

1. Would the following evidence-based information on complementary and alternative medicine (CAM) be helpful to you in your practice?
 - Literature reviews on CAM modalities (e.g., acupuncture, chiropractic) YES NO
 - Literature reviews on CAM modalities *for specific conditions* (e.g., acupuncture for low-back pain) YES NO
 - Herb-drug interactions YES NO

2. Would the following general information on CAM be helpful to you in your practice?
 - Definitions of CAM terms/practices YES NO
 - Tips for evaluating CAM practitioners YES NO
 - Patient fact sheets on CAM topics YES NO
 - CAM Use statistics YES NO
 - Summaries of NCCAM research highlights YES NO
 - FDA Alerts YES NO

3. What other information on CAM would be valuable to you in your practice?

4. Where do you get your information on CAM? (Please specify.)

5. Do you receive health information for your practice via: (Check all that apply.)
 - Audio podcasts
 - Video podcasts
 - Online CMEs
 - Mobile Web devices

Thank you for helping us by completing this questionnaire. If you wish to provide further comments, please e-mail them to info@nccam.nih.gov or write the NCCAM Clearinghouse, P.O. Box 7923, Gaithersburg, MD 20898-7923.

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0530). Do not return the completed form to this address.