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- Every edition
- Most editions
- Some editions
- Almost never

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2. Which of the following best describes you?

- Public
- Complementary health practitioner
- Other health care provider
- Researcher or grant applicant
- Journalist/media professional
- Student
- Other

If you chose "Other" above, please specify:

3. How much do you agree with the following statements about the NCCAM Clinical Digest?

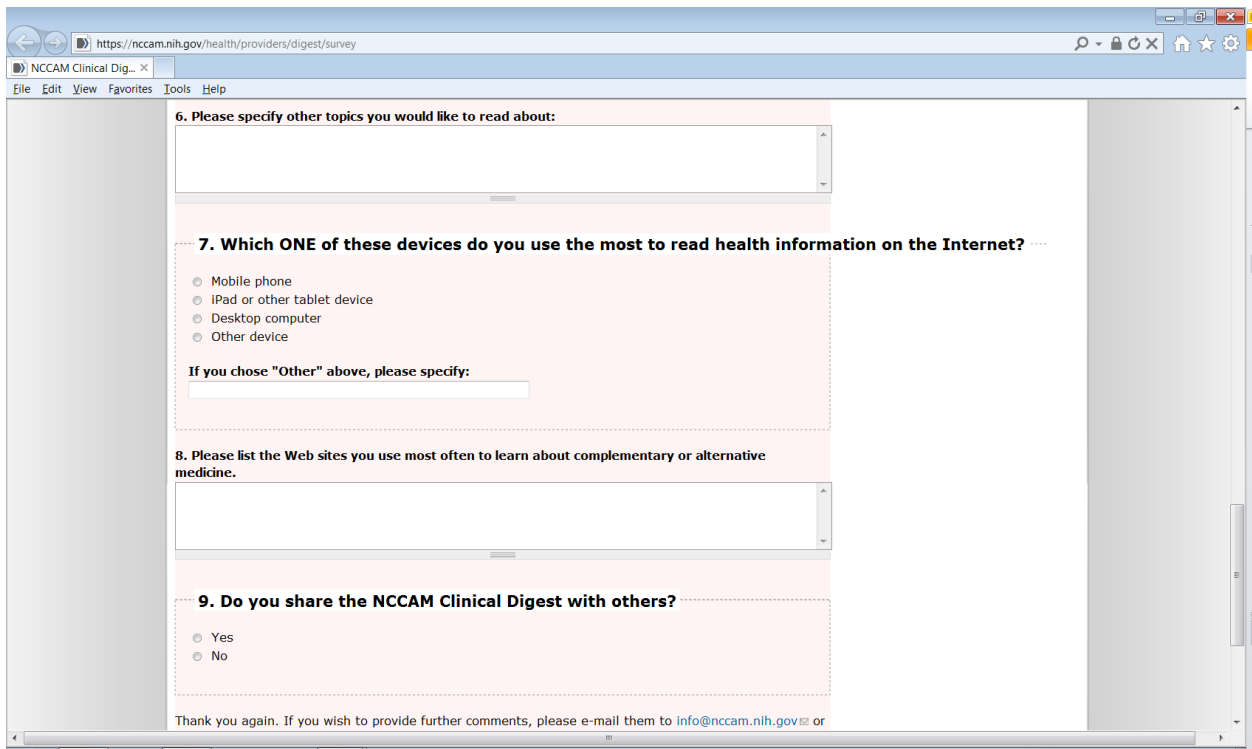
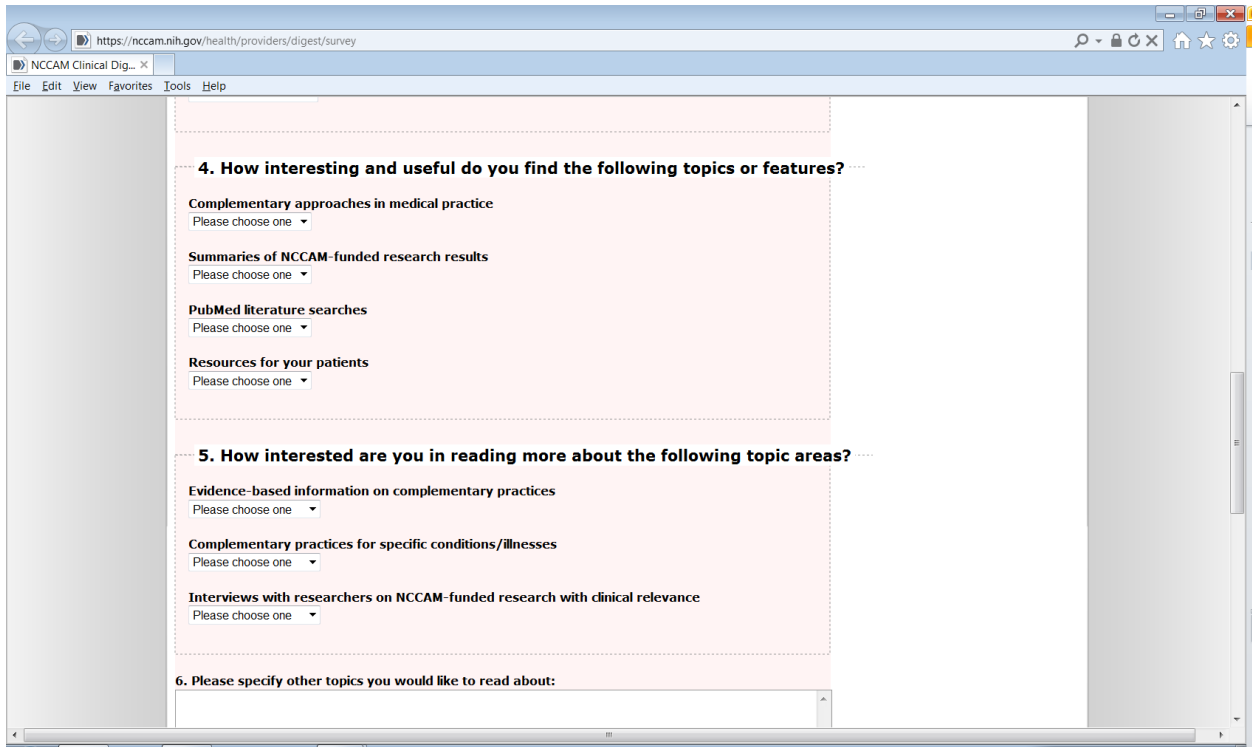
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 Please choose one

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4. How interesting and useful do you find the following topics or features?

Complementary approaches in medical practice
 Please choose one



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8. Please list the Web sites you use most often to learn about complementary or alternative medicine.

[Empty text input field]

9. Do you share the NCCAM Clinical Digest with others?

Yes
 No

Thank you again. 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.

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