

**Survey Introduction:**

Now I am going to ask you some questions about complementary and alternative medicine, or “CAM,” and how you may utilize it in your medical practice. Some CAM therapies are now commonly used, and you may think of them as mainstream.

**SCREENER QUESTIONS**

S 1. During the past 12 months, did you recommend any of the following therapies or practices to patients? Please say “yes” or “no” for each.

- (1) Herbs and other non-vitamin supplements
- (2) Mind-body therapies such as guided imagery, meditation, and progressive muscle relaxation  
Note: Does NOT include prayer.
- (3) Chiropractic or osteopathic manipulation
- (4) Acupuncture
- (5) Naturopathic treatment
- (6) Massage therapy
- (7) Homeopathic treatment
- (8) Biofeedback or hypnosis
- (9) Yoga

**INSRUCTIONS: Ask the following questions for therapies 1 through 4 to which the person answered “yes” to S 1.**

YY 1. During the past 12 months, how often did [therapy] arise in conversation between you and your patients? Would you say:

- (1) RARELY
- (2) SOMETIMES
- (3) OFTEN
- (77) Never
- (99) RF

YY 2. Thinking back to these conversations, who brought up the topic of [therapy] most often: your patients, you, or ABOUT EQUAL?

- (1) YOUR PATIENTS
- (2) YOU
- (3) ABOUT EQUAL
- (77) DK
- (99) RF

**INSTRUCTIONS: Ask the following questions for therapies 1 through 4 to which the person answered “yes” to S1.**

NY 1. Did you recommended [therapy] to patients for any of the following reasons? Please say “yes” or “no” for each.

- (1) FOR PHYSICAL SYMPTOMS, SUCH AS PAIN
    - a. Yes
    - b. No
  - (2) FOR EMOTIONAL SYMPTOMS, SUCH AS STRESS OR ANXIETY
    - a. Yes
    - b. No
  - (3) FOR GENERAL HEALTH MAINTENANCE AND WELLBEING
    - a. Yes
    - b. No
  - (4) BECAUSE THE PATIENT ASKED FOR IT
    - a. Yes
    - b. No
  - (5) OTHER
    - a. Yes
    - b. No
- (99)RF

NY 2. Which of the following factors influenced your decision to recommend [therapy] to patients? Please say “yes” or “no” for each.

- (1) PERSONAL EXPERIENCE
    - a. Yes
    - b. no
  - (2) PATIENT REPORTS
    - a. Yes
    - b. No
  - (3) COLLEAGUE RECOMMENDATION
    - a. Yes
    - b. No
  - (4) EVIDENCE IN PEER-REVIEWED LITERATURE
    - a. Yes
    - b. No
  - (5) OTHER
    - a. Yes
    - b. No
- (99)RF

**INSTRUCTIONS: Ask the following question for therapies 1 through 4 to which the person answered “no” to S 1.**

NN 1. Which of the following factors prevented you from recommending [therapy] to patients? Please say “yes” or “no” for each.

- (1) LIMITED HEALTH INSURANCE COVERAGE
  - a. Yes
  - b. No
- (2) LACK OF AFFORDABILITY FOR THE PATIENT
  - a. Yes
  - b. No
- (3) LACK OF INFORMATION SOURCES
  - a. Yes
  - b. No
- (4) LACK OF PLACES/PROVIDERS TO REFER PATIENTS
  - a. Yes
  - b. No
- (5) PATIENT’S LACK OF INTEREST OR OPENESS TO [THERAPY]
  - a. Yes
  - b. No
- (6) LACK OF PERCEIVED BENEFIT
  - a. Yes
  - b. No
- (7) OTHER
  - a. Yes
  - b. No
- (99)RF