

**OREGON HEALTH & SCIENCE UNIVERSITY
COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)
PILOT SURVEY OF KNOWLEDGE AND ATTITUDES OF HEALTH PROFESSIONALS**

We would be grateful for your voluntary response to this survey regarding what is called complementary and alternative medicine (CAM). As stated in a recent National Institutes of Health (NIH) document, "CAM practices are those healthcare and medical practices that are not currently an integral part of conventional medicine." There is increasing interest in CAM among patients, health professions practitioners, faculty in health professions schools, and students. In response to public interest, NIH now includes a National Center for Complementary and Alternative Medicine. OHSU is the recipient of a NIH CAM education grant. We need to know your current knowledge, attitudes and practices with regard to these therapies. We appreciate your participation.



School: ID#

Important! The form should be completed using a BLACK or DARK BLUE ballpoint/
fountain pen. Numbers and marks used should be similar in style to below:

1 2 3 4 5 6 7 8 9 0



Demographics – Place an X in the box that corresponds to your response.

GENDER: Female Male

AGE: Years

ETHNIC/RACIAL BACKGROUND:

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Non Hispanic
- Other

STATUS:

- Year 1
- Year 2
- Year 3
- Year 4
- MS
- PhD
- Resident
- Faculty

HIGHEST LEVEL OF EDUCATION:

(before starting your current professional education)

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Associates | <input type="checkbox"/> PhD |
| <input type="checkbox"/> Bachelors | <input type="checkbox"/> MD |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Other | |

HEALTH PROFESSIONS SCHOOL:

- Chiropractic
- Dental
- Medical
- Naturopathic Medicine
- Nursing
- Pharmacy
- Physician Assistant
- Traditional Chinese Medicine

YOUR UNDERGRADUATE MAJOR:

- Anthropology
- Biochemistry
- Biology
- Chemistry
- English
- Environmental Studies
- General Studies
- History
- Microbiology
- Neuroscience
- Nursing
- Philosophy
- Psychology
- Zoology
- Other

DID YOU HAVE A CAREER IN HEALTH CARE BEFORE STARTING YOUR CURRENT HEALTH PROFESSIONAL SCHOOLING?

- Yes No



Question 1. For each of the following practices, how much training/education have you received? Place an X in the box that corresponds to your response.

 0 725200 500012	None	Some, but not sufficient to advise patients	Sufficient to advise patients	Sufficient to personally provide
	▼	▼	▼	▼
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aromatherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayurvedic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bioelectromagnetic Therapy (e.g. magnets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy/psycho Healing (e.g. Reiki)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypnosis/Guided Imagery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement Therapies (e.g. Qigong, Tai Chi, Yoga)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer/Spiritual Healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolfing (Structural Reintegration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic/Healing Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 2. For each of the following practices, would you like further training? Place an X in the box that corresponds to your response.

 0 725200 500029	None	Some, but not sufficient to advise patients	Sufficient to advise patients	Sufficient to personally provide
	▼	▼	▼	▼
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aromatherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayurvedic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bioelectromagnetic Therapy (e.g. magnets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy/psycho Healing (e.g. Reiki)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypnosis/Guided Imagery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement Therapies (e.g. Qigong, Tai Chi, Yoga)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer/Spiritual Healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolfing (Structural Reintegration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic/Healing Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 3. What is your view about the effectiveness of each of the following? Place an X in the box that corresponds to your response.


 0 725200 500036	Highly effective	Moderately effective	Minimally effective	Not effective	Harmful
	▼	▼	▼	▼	▼
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aromatherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayurvedic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bioelectromagnetic Therapy (e.g. magnets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy/psycho Healing (e.g. Reiki)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypnosis/Guided Imagery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement Therapies (e.g. Qigong, Tai Chi, Yoga)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer/Spiritual Healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolfing (Structural Reintegration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic/Healing Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Question 4. Have you used or been treated with any of the following? Place an X in the box that corresponds to your response.

	Yes, have used it	No, but would consider using it	No, would not consider using it	No—consider it harmful
	▼	▼	▼	▼
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aromatherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayurvedic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bioelectromagnetic Therapy (e.g. magnets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy/psycho Healing (e.g. Reiki)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypnosis/Guided Imagery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement Therapies (e.g. Qigong, Tai Chi, Yoga)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer/Spiritual Healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolfing (Structural Reintegration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic/Healing Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Questions 5-21. The following statements relate to views you may have as a practitioner. Place an X in the box that corresponds to your response.

 01725200 5000501	Absolutely agree (1)	Agree (2)	Somewhat agree (3)	Neither agree or disagree (4)	Somewhat disagree (5)	Disagree (6)	Absolutely disagree (7)
	▼	▼	▼	▼	▼	▼	▼
Q5. It is ethical for practitioners to recommend therapies to patients that involve the use of subtle energy fields in and around the body for medical purposes (e.g. Reiki, Healing touch, Therapeutic touch, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q6. Practitioners should avoid recommending botanical medicines based on observations of long-term use in other cultures and systems of healing, because such evidence is not based on large randomized controlled trials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q7. Practitioners should warn patients to avoid using botanical medicines (herbs) and dietary supplements until they have undergone rigorous testing such as is required for any pharmaceutical drug.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8. Massage therapy often makes patients “feel” better temporarily, but does not lead to objective improvement in long-term outcomes for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q9. It is irresponsible for practitioners to recommend acupuncture to patients with conditions like chemotherapy-related nausea and vomiting or headache.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10. Information obtained by research methods other than randomized controlled trials has little value to practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q11. It is not desirable for a practitioner to take therapeutic advantage of the placebo effect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12. Healing is not possible when a disease is incurable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q13. Patients whose practitioners are knowledgeable of multiple medical systems and complementary and alternative practices, in addition to conventional medicine, do better than those whose practitioners are only familiar with conventional medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Absolutely agree (1)	Agree (2)	Somewhat agree (3)	Neither agree or disagree (4)	Somewhat disagree (5)	Disagree (6)	Absolutely disagree (7)
	▼	▼	▼	▼	▼	▼	▼
Q14. Practitioners knowledgeable of multiple medical systems and complementary and alternative practices (e.g. Chinese, Ayurveda, Osteopathic, Homeopathic, Naturopathic, etc.) in addition to conventional medicine, generate improved patient satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q15. Practitioners who strive to understand themselves generate improved patient satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q16. A strong relationship between patient and practitioner is an extremely valuable therapeutic intervention that leads to improved outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q17. Practitioners who model a balanced lifestyle (e.g. Attending to their own health, social, family and spiritual needs, as well as interests beyond medicine) generate improved patient satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q18. Counseling on nutrition should be a major role of the practitioner towards the prevention of chronic disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q19. Quality of life measures are of equal importance as disease specific outcomes in research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q20. Practitioners who strive to understand themselves provide better care than those who do not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q21. Instilling hope in patients is a practitioner's duty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 22. If you had a 6 year old daughter diagnosed with seasonal allergies, which of the following therapies would you consider for her care? Place an **X** in the box by all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Homeopathic Medicine |
| <input type="checkbox"/> Allopathic Medicine | <input type="checkbox"/> Naturopathic Medicine |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Prayer/Spiritual Healing |
| <input type="checkbox"/> Energetic Healing | <input type="checkbox"/> Traditional Chinese Medicine |
| | <input type="checkbox"/> Other |

Question 23. If you had a 6 year old daughter diagnosed with acute appendicitis, which of the following therapies would you consider for her care? Place an **X** in the box by all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Homeopathic Medicine |
| <input type="checkbox"/> Allopathic Medicine | <input type="checkbox"/> Naturopathic Medicine |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Prayer/Spiritual Healing |
| <input type="checkbox"/> Energetic Healing | <input type="checkbox"/> Traditional Chinese Medicine |
| | <input type="checkbox"/> Other |

Question 24. What contributes to your response to various approaches to healthcare? Rank the influence of the following by placing an **X** by the choices.

	Most influential	Secondly influential	Thirdly influential	Fourthly influential	Least influential
	▼	▼	▼	▼	▼
My Spiritual & Religious Beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Knowledge of CAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Cultural Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Personal Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research & Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 25-31. The following statements reflect the way people think about health and healing. Place an **X** in the box that corresponds to your response.

	Absolutely agree (1)	Agree (2)	Somewhat agree (3)	Neither agree or disagree (4)	Somewhat disagree (5)	Disagree (6)	Absolutely disagree (7)
	▼	▼	▼	▼	▼	▼	▼
Q25. Many health problems are related to spiritual factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q26. There is a connection between social stress and physical illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q27. The link between social factors and disease is over-emphasized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Absolutely agree (1)	Agree (2)	Somewhat agree (3)	Neither agree or disagree (4)	Somewhat disagree (5)	Disagree (6)	Absolutely disagree (7)
	▼	▼	▼	▼	▼	▼	▼
Q28. Determining what the patient feels, believes or knows about their health is essential to the practitioner in taking steps to improve the patient's health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q29. Practitioners should volunteer some time to help under-served communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q30. The environment (pesticides, growth hormones/food additives, power plants) has a greater impact on health and disease than is currently acknowledged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q31. The body has an innate ability to heal itself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 32-45. The following statements are about preferences in organizing activities and attitudes about problem-solving in general. Place an X in the box that corresponds to your response.

	Strongly agree (1)	Moderately agree (2)	Slightly agree (3)	Slightly disagree (4)	Moderately disagree (5)	Strongly disagree (6)
	▼	▼	▼	▼	▼	▼
Q32. It really disturbs me when I am unable to follow another person's train of thought.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q33. I prefer variety to routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q34. If I am uncertain about the responsibilities involved in a particular task, I get very anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



0 725200 500081



	Strongly agree (1)	Moderately agree (2)	Slightly agree (3)	Slightly disagree (4)	Moderately disagree (5)	Strongly disagree (6)
	▼	▼	▼	▼	▼	▼
Q35. I dislike new foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q36. Before any important task, I must know how long it will take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q37. I am attached to conventional ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q38. I don't like to work on a problem unless there is a possibility of getting a clear-cut and unambiguous answer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q39. I like to visit new places.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q40. The best part of working on a jigsaw puzzle is putting in the last piece.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q41. I am often uncomfortable with people unless I feel that I can understand their behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q42. I am interested in many things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q43. I prefer to stick with things that I know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q44. A good task is one in which what is to be done and how it is to be done are always clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q45. I like to begin new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR COMMENTS ON THIS QUESTIONNAIRE WOULD BE APPRECIATED.

THANK YOU FOR YOUR PARTICIPATION.