Appendix 1

**Complementary and Alternative Medicine Use Questionnaire Survey**

*Please tick in appropriate boxes:*

1. Your age: _______

2. Your gender: M ☐ F ☐

3. Race/ Ethnicity: Caucasian (Irish) ☐
    Caucasian (Non-Irish) ☐
    African ☐
    Asian ☐
    Others, please specify _________________

4. Education background: Primary school ☐
    Secondary school ☐
    College/University ☐

5. Annual household income (optional): Less than € 20,000 ☐
    € 20,000 to € 49,999 ☐
    € 50,000 to € 99,999 ☐
    More than € 100,000 ☐

6. Are you on: Medical card ☐
    Private health insurance ☐
    None ☐

7. Marital status: Single ☐
    Married ☐
    Separated / Divorced ☐
    Widowed ☐
    Others, please specify _________________

8. Your religion is (optional): Christian ☐
    Buddhist ☐
    Hindu ☐
    Muslim ☐
    Jehovah’s Witness ☐
    Jewish ☐
    Others, please specify _________________

If you have been diagnosed with cancer previously, please answer Questions 9-14 on the next page, and continue on with the remainder of the questionnaire.

Please hand the questionnaire to your doctor once you have it filled out, your doctor will answer a few questions related to your cancer that was diagnosed previously.

If you have NEVER been diagnosed with cancer, please continue to Question 15
### Appendix 1

9. What type of cancer was diagnosed?  
- Breast  
- Bowel  
- Prostate  
- Oesophagus  
- Endometrium  
- Ovarian  
- Lung  
- Leukaemia  
- Ear, Nose or Throat  
- Others, please specify _________________________

10. How long since the diagnosis of cancer?  
- Less than 1 year  
- More than 1 year  

11. What treatment have you received?  
- Surgery  
- Chemotherapy  
- Radiotherapy  
- Hormone treatment  
- Others, please specify _________________________

12. Are you currently receiving:  
- Chemotherapy  
- Radiotherapy  
- Hormone treatment  
- Finished with treatment  

13. Are you suffering from any symptoms?  
- No  
- Yes  
If no, please go to Question 15.  
If yes, please answer Question 14.

14. Symptom/ symptoms that you are suffering from is/ are:-  
- Pain  
- Nausea  
- Drowsy  
- Dry mouth  
- Lack of appetite  
- Fatigue  
- Vomiting  
- Others, please specify _________________________
Appendix 1

15. Have you ever used Complementary and Alternative Medicine (alternative medicine)?

No ☐ If no, please answer Question 16-17.
Yes ☐ If yes, please answer Questions 18-27.

16. Do you want to learn more about alternative medicine? No ☐ Yes ☐

17. You do NOT use alternative medicine because:

Do not believe in it ☐ No interest ☐
Too expensive ☐ Do not know enough about it ☐
Heard bad comments about it ☐ Others, please specify ______________________

18. Did you receive adequate information on the alternative medicine that you use? No ☐ Yes ☐

19. Did you experience any negative effects from alternative medicine? No ☐ Yes ☐

20. Why did you start using alternative medicine? Recommended by family/friends ☐
Recommended by your doctor ☐
Media (newspaper, radio, etc.) ☐
Own will ☐
Others, please specify ______________________

21. What was/is your expectation of alternative medicine? Cancer prevention ☐
Improve immune system ☐
Others, please specify ______________________

22. What alternative medicine did/do you use?

Green tea ☐
Vitamins (including multi-vitamins, beta carotene, vitamins C or E, etc.) ☐
Natural supplements (including Probiotics, fish oil, flax seeds, melatonin, etc.) ☐
Herbal / folk remedies (including garlic, ginger, Essiac, aloe, ginseng, Mistletoe, Laetrile, etc.) ☐
Psychotherapy ☐
Yoga ☐
Hypnosis ☐
Meditation ☐
Biofeedback ☐
Tai chi or chi gong ☐
Chiropractic/ osteopathic ☐
Massage therapy (including reflexology, Shiatsu, Reiki, etc.) ☐
Energy healing/ therapeutic touch therapy ☐
Music/ art therapy ☐
Homeopathy ☐
Chinese herbal medicine ☐
Acupuncture ☐
Spiritual practices (including prayer, spiritual healing, etc) ☐
## Appendix 1

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. The alternative medicine was/ is very effective.</td>
<td>Strongly agree, Agree, Undecided, Disagree, Strongly disagree</td>
</tr>
<tr>
<td>24. Did your doctor ask about alternative medicine use?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>25. Have you mentioned or asked your doctor about alternative medicine use?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>26. If yes, how did your doctor respond?</td>
<td>Encourage to continue, Advised to stop, Neither encourage nor discourage, He/ she did not know about alternative medicine, Others, please specify</td>
</tr>
<tr>
<td>27. If no, why did you not mention or ask your doctor?</td>
<td>My doctor never asked, My doctor would not understand, My doctor would disapprove, Others, please specify</td>
</tr>
</tbody>
</table>

---

Thank you for your time and cooperation.
### FOR ATTENDING DOCTOR:
Please kindly fill out the following:-

<table>
<thead>
<tr>
<th>1. Is this patient now in:</th>
<th>In-patient ward</th>
<th>Outpatient clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oncology day ward</td>
<td>Radiotherapy department</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Stage of cancer this patient has/ had:</th>
<th>Stage 0</th>
<th>Stage I</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Please rate this patient’s performance status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to carry on normal activity and to work; no special care needed</td>
</tr>
<tr>
<td>Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed</td>
</tr>
<tr>
<td>Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly</td>
</tr>
</tbody>
</table>