HUNT 3 QUESTIONNAIRE 3 - CAM

Dear HUNT participant,

Thank you for participating in the first part of this health study. ***You have received this questionnaire because you answered Yes to the question about having been to an alternative practitioner in the last 12 months.***
We hope that you will also answer this questionnaire. Please put an X in the box of your answer for each question using a blue or black ball point pen or marker.

CORRECT ☐ *INCORRECT* ☐

Return the questionnaire in the enclosed, stamped envelope.

Date of completion _____/_____200___

How many times in the last *12 months* have you been to an alternative practitioner?	None	1-3 times	4 or more
	☐	☐	☐

Which type of alternative treatment did you receive and who did you receive the treatment from? (Put an X on each line)	Doctor	Physiotherapist/ nurse	Alternative treatment therapist/ practitioner	Other
Homoeopathy	☐	☐	☐	☐
Acupuncture	☐	☐	☐	☐
Zone therapy/ reflexology	☐	☐	☐	☐
Healing/ laying on of hands/ reading verse or prayers	☐	☐	☐	☐
Prayer	☐	☐	☐	☐
Herbs/ herbal medicines/ high dose of dietary supplements	☐	☐	☐	☐
Magnet therapy	☐	☐	☐	☐
Other type of alternative treatment	☐	☐	☐	☐

How many times in the last *12 months* have you been to a person who practices? (*One X for each line)*	None	1 time	2-3 times	4-5 times	5-10 times	More than 10 times
Homoeopathy	☐	☐	☐	☐	☐	☐
Acupuncture	☐	☐	☐	☐	☐	☐
Zone therapy/ reflexology	☐	☐	☐	☐	☐	☐
Other type of alternative treatment	☐	☐	☐	☐	☐	☐

What was the treatment effect for you from the types of alternative treatment you received? (One X for each line of the type of therapy you have received*)*	Much better	A little better	No change	A little worse	Much worse
Homoeopathy	☐	☐	☐	☐	☐
Acupuncture	☐	☐	☐	☐	☐
Zone therapy/ reflexology	☐	☐	☐	☐	☐
Healing/laying on of hands/ reading verse or prayers	☐	☐	☐	☐	☐
Prayer	☐	☐	☐	☐	☐
Herbs/ herbal medicines/ high dose of dietary supplements	☐	☐	☐	☐	☐
Magnet therapy	☐	☐	☐	☐	☐
Other type of alternative treatment	☐	☐	☐	☐	☐

How often in the last 4 weeks have you treated yourself using the following without a treatment giver recommending that you do so (doctor or alternative practitioner)? *One X for each line*

	Daily	Every week, but not daily	Not as often as every week	Not in the last 4 weeks
Homeopathic medicine	☐	☐	☐	☐
Self healing/laying on of hands/ reading verse or prayers	☐	☐	☐	☐
Own prayer	☐	☐	☐	☐
Magnet therapy	☐	☐	☐	☐
Herbs/ herbal medicines/ high dose of dietary supplements	☐	☐	☐	☐
Other type of alternative own treatment	☐	☐	☐	☐

Do you use or have you ever used alternative treatment for the following? *(One X for each line)*

	Use now	Used previously	Not used
Asthma	☐	☐	☐
Other respiratory problems	☐	☐	☐
Allergies	☐	☐	☐
Diabetes	☐	☐	☐
Skin problems	☐	☐	☐
Cancer	☐	☐	☐
Cardiovascular disease	☐	☐	☐
Musculoskeletal disorders	☐	☐	☐
Headaches	☐	☐	☐
Pain other than musculoskeletal or headache	☐	☐	☐
Mental health problems	☐	☐	☐
Digestion problems	☐	☐	☐
Urinary tract problems	☐	☐	☐
Other problems	☐	☐	☐
Preventative/strengthening treatment	☐	☐	☐

Why do you use or why have used alternative treatment? *(One or more Xs)*

Lack of effect of treatment in standard health services	☐
To avoid the side effects of medicinal treatment	☐
To supplement medicinal treatment	☐
To make sure all possibilities have been tried	☐
Didn't receive medicinal treatment	☐
To prevent illness/disease	☐
I believe alternative treatment works	☐
Previous experience with alternative treatment	☐
It was recommended by health care personnel	☐
It was recommended by others (family, friends, etc.)	☐
Other reasons	☐

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Thank you for your participation in HUNT 3.