



Complementary and Alternative Medicine Questionnaire

A CHIS 2001 Follow-back study

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SECTION AA: INTRODUCTION

AA1

As you may recall, our study is concerned with your health. In general, would you say your health is...

1. excellent,
2. very good,
3. good,
4. fair, or
5. poor?

AA2

Compared to the last time we interviewed you in _____[INSERT DATE FROM CHIS 2001], would you say your health now is...

1. much better,
2. somewhat better,
3. about the same,
4. somewhat worse, or
5. much worse?

AA3

Has a doctor ever told you that you had a cancer of any kind?

- | | |
|----------------|-----------------------|
| 1. YES | GO TO AA4 |
| 2. NO | GO TO Box AA-0 |
| -7. REFUSED | GO TO Box AA-0 |
| -8. DON'T KNOW | GO TO Box AA-0 |

Box AA-0

If R had cancer in CHIS 2001 interview, go to AA13, else go to Box AA-1A

AA13

At the time we last interviewed you, we recorded that you had been diagnosed with cancer at some time in the past. May I ask you why you didn't mention that cancer when I asked you about your current health?

- 1. CANCER WAS CURED
- 2. CANCER IS IN REMISSION
- 3. FORGOT
- 4. THERE WAS A CHANGE IN MY DIAGNOSIS
- 5. DON'T LIKE TO TALK ABOUT IT
- 6. I NEVER HAD CANCER/INCORRECTLY RECORDED

Box AA-2A

If change in diagnosis, don't like to talk about it, never had cancer/incorrectly recorded, refused or don't know change diagnosis to no cancer.

Else if cancer cured, in remission, or respondent forgot, set R as having cancer.

If R has cancer, go to AA4

Else, go to Box AA-1A

AA4

How old were you when your cancer was first diagnosed?

AGE: _____

AA5 [1-4]

What type of cancer was it?

CODE UP TO 4. RECORD EACH ON CONDITION LIST.

1 – 27 (CONDITION ON LIST)

91. OTHER (SPECIFY) _____

-7. REFUSED

-8. DON'T KNOW

GO TO Box AA-1

GO TO Box AA-1

GO TO Box AA-1A

GO TO Box AA-1A

Box AA-1

If R had skin cancer, go to AA6

Else go to Box AA-1A

AA6

Was your skin cancer a melanoma?

1. YES, MELANOMA
2. NO, NON-MELANOMA
3. BOTH MELANOMA AND NON-MELANOMA

Box AA-1A

If R has any of the cancers listed in AA5 or skin cancer was melanoma or both melanoma and non-melanoma, go to AA7

Else if R does not have any of the cancers in AA5 or the only cancer is non-melanoma skin cancer, set R as no cancer and go to Box AA-1b

Else if R has no cancer of any kind and AA13 is change in diagnosis, don't like to talk about it, never had cancer/incorrectly recorded, don't know, or refused, go to AA11_1

AA7

Are you seeing a doctor for your cancer now?

- | | |
|----------------|--------------------|
| 1. YES | GO TO AA7OV |
| 2. NO | GO TO AA9 |
| -7. REFUSED | GO TO AA9 |
| -8. DON'T KNOW | GO TO AA9 |

AA7OV

Is the doctor a specialist?

- | | |
|----------------|------------------|
| 1. YES | GO TO AA8 |
| 2. NO | GO TO AA9 |
| -7. REFUSED | GO TO AA9 |
| -8. DON'T KNOW | GO TO AA9 |

AA8

What type of specialist? (SEE SPECIALIST LIST)

[IF MORE THAN ONE: What type of specialist do you see most often for your cancer?]

1 – 27 (TYPE OF SPECIALIST)

91. OTHER (SPECIFY) _____

AA9

Over the past 30 days, how much has the cancer or cancer treatment kept you from working or doing things that you want to do? Would you say...

1. a great deal,
2. somewhat,
3. a little, or
4. not at all?

AA10

Over the past 30 days, how much pain or discomfort has the cancer or the cancer treatment caused you? Would you say...

1. a great deal,
2. some,
3. a little, or
4. none at all?

AA11_1

Now I have some more questions about your health. Do you now have...

[FOR ALL ITEMS EXCEPT B AND F – IF THE RESPONDENT IS UNSURE, PROBE: Has a doctor or other health professional told you that you have...]

AA11AST

a. asthma?

1. YES
2. NO

AA11LUN

b. any other lung or breathing problem?

1. YES
2. NO

AA11HRT

c. a heart condition or cardiovascular disease?

1. YES
2. NO

AA11CRN

d. chronic obstructive pulmonary disease or COPD?

1. YES
2. NO

AA11ART

- e. arthritis or rheumatism?
- 1. YES
- 2. NO

AA11BAC

- f. back or neck problems?
- 1. YES
- 2. NO

AA11_2

Have you ever had a stroke?

- 1. YES
- 2. NO

AA11_3

Do you now have...

AA11DIA

- h. diabetes?
- 1. YES
- 2. NO

AA11BLO

- i. high blood pressure or hypertension?
- 1. YES
- 2. NO

AA11DEP

- j. depression or anxiety disorder?
- 1. YES
- 2. NO

AA11OTH

- k. any other conditions I have not mentioned?
- 1. YES **GO TO AA11_4**
- 2. NO **GO TO AA12**
- 7. REFUSED **GO TO AA12**
- 8. DON'T KNOW **GO TO AA12**

AA11_4 [A-J]

What other conditions do you have? [LIST UP TO 10]

CONDITION A – J: _____

AA12

{Besides the cancer you told me about earlier, over/Over} the past 30 days, how much has your health kept you from working or doing things that you want to do? Would you say...

1. a great deal,
2. somewhat,
3. a little, or
4. not at all?

AA14

Do you currently have health insurance or an HMO that pays any of the cost of medical care?

[IF NECESSARY: Include health insurance or an HMO you might get through an employer or union, and include Medicare, Medi-Cal, Healthy Families, Tricare or any other military health plan, or any other health coverage through a government program.]

- | | |
|----------------|--------------------|
| 1. YES | GO TO AA14A |
| 2. NO | GO TO AA14B |
| -7. REFUSED | GO TO AA14B |
| -8. DON'T KNOW | GO TO AA14B |

AA14A

Is that the same insurance or HMO coverage that you had when we interviewed you in {MONTH/YEAR CHIS INTERVIEW}?

- | | |
|----------------|------------------------|
| 1. YES | GO TO SECTION A |
| 2. NO | GO TO AA15 |
| -7. REFUSED | GO TO AA15 |
| -8. DON'T KNOW | GO TO AA15 |

AA14B

Have you been covered at any time in the past 12 months by health insurance or an HMO that pays any of the cost of medical care?

- | | |
|----------------|------------------------|
| 1. YES | GO TO AA15 |
| 2. NO | GO TO SECTION A |
| -7. REFUSED | GO TO SECTION A |
| -8. DON'T KNOW | GO TO SECTION A |

AA15

{Was/Is} your health insurance or HMO through {an/a current or former} employer (either your own or someone else's)?

- | | |
|----------------|------------------------|
| 1. YES | GO TO SECTION A |
| 2. NO | GO TO AA15A |
| -7. REFUSED | GO TO AA15A |
| -8. DON'T KNOW | GO TO AA15A |

AA15A

{Was/Is} it purchased directly from an insurance company or HMO?

- | | |
|----------------|------------------------|
| 1. YES | GO TO SECTION A |
| 2. NO | GO TO Box AA-3A |
| -7. REFUSED | GO TO Box AA-3A |
| -8. DON'T KNOW | GO TO Box AA-3A |

Box AA-3A

If Age > 65, go to AA15B

Else go to AA15C

AA15B

{Did/Do} you have Medicare?

- | | |
|----------------|------------------------|
| 1. YES | GO TO SECTION A |
| 2. NO | GO TO AA15C |
| -7. REFUSED | GO TO AA15C |
| -8. DON'T KNOW | GO TO AA15C |

AA15C

{Did/Do} you have Medi-Cal?

- | | |
|----------------|------------------------|
| 1. YES | GO TO SECTION A |
| 2. NO | GO TO AA15D |
| -7. REFUSED | GO TO AA15D |
| -8. DON'T KNOW | GO TO AA15D |

AA15D

{Did/Do} you have some other kind of insurance?

- | | |
|--------|------------------------|
| 1. YES | GO TO SECTION A |
| 2. NO | GO TO SECTION A |

SECTION A: Use of Alternative Health Care Providers

A1_1

People use a variety of health care providers as a way of dealing with an illness or trying to stay healthy. Please tell me if you have ever been treated by any of the following: [IF NEEDED: a unit of treatment is one visit to a provider, one session.]

A1CHIRO

a. a Chiropractor?

1. YES
2. NO

A1MASS

b. a Massage Therapist? [not including massage parlors]

1. YES
2. NO

A1ACU

c. an Acupuncturist?

1. YES
2. NO

A1TRAD

d. a Practitioner of Traditional Chinese Medicine other than an acupuncturist?

1. YES
2. NO

A1OSTEO

e. an Osteopath?

1. YES
2. NO

A1_2

[Please tell me if you have ever been treated by any of the following:]

A1CURAN

f. a Curandero? [ku-ron-dare-oh]

1. YES
2. NO

A1NATUR

g. a Naturopath?

1. YES
2. NO

A1HOMEO

h. a Homeopath?

1. YES
2. NO

A1HEAL

i. a Native American healer?

1. YES
2. NO

A1AYUR

j. an Ayurvedic practitioner? [eye-yur-vay dik]

1. YES
2. NO

A1REIK

k. a Reiki practitioner? [ray-key]

1. YES
2. NO

Box A-1

If no alternative provider used, go to Box A-8
Else if providers were used, then go to Box A-1A

Box A-1A

Ask A2-A11 for each provider R said yes in A1, then go to A2

A2

Think about the last time you were treated by {ALT. PROVIDER}. Was it...

- | | |
|------------------------------|----------------------|
| 1. in the past month, | GO TO A3 |
| 2. in the past year, | GO TO A3 |
| 3. more than a year ago, or | GO TO A4 |
| 4. more than five years ago? | GO TO A4 |
| 5. NEVER SAW {ALT.PROVIDER} | GO TO BOX A-8 |
| -7. REFUSED | GO TO A4 |
| -8. DON'T KNOW | GO TO A4 |

A3

Over the past 12 months, how many times have you been treated by {ALT. PROVIDER}?
 [IF NEEDED: A 'time' is an individual session or visit with the provider.]

NUMBER OF TIMES: _____

A4

{In the past 12 months, did you see/When you last saw} {ALT. PROVIDER} {to treat/was it to treat} a particular health condition?

- | | |
|----------------|----------------------|
| 1. YES | GO TO A4COND |
| 2. NO | GO TO Box A-2 |
| -7. REFUSED | GO TO Box A-2 |
| -8. DON'T KNOW | GO TO Box A-2 |

A4COND [1]-[22]

{BLANK/When you last saw}{ALT. PROVIDER} {in the past 12 months/BLANK}
 For what health condition or conditions? [OTHER ALLOWED UP TO 10 TIMES.]

91. OTHER (SPECIFY): _____

Box A-2

If cancer now, then if not treating a particular condition or if cancer was not mentioned, don't know, or refused in A4cond, go to A4A
 Else if cancer was mentioned in A4cond, go to A4B
 Else if no cancer now, go to Box A-2A

A4A

Did you see {ALT. PROVIDER} for your cancer {in the past 12 months/at that time}?

- | | |
|----------------|----------------------|
| 1. YES | GO TO A4B |
| 2. NO | GO TO Box A2A |
| -7. REFUSED | GO TO Box A2A |
| -8. DON'T KNOW | GO TO Box A2A |

Box A2A

If R said last time treated by a provider was in past month, or past year, go to A5

Else if R said last time treated by a provider was more than a year, don't know, or refused, go to A8

A4B

Did you see {ALT. PROVIDER} for treatment of the cancer itself, for relief from side effects of treatment, or for some other reason?

1. CANCER ITSELF
2. RELIEF FROM SIDE EFFECTS OF TREATMENT, OR
3. SOME OTHER REASON (SPECIFY): _____

Box A-3

If R saw provider in past month or year, then if treatment for cancer itself, go to A4C

Else go to A5

Else if did not see provider in past month, past year, don't know, or refused, go to A8

A4C

Did you see { DISPLAY D1 } instead of a doctor, or did you see both a doctor and {ALT. PROVIDER} for your cancer?

1. ALTERNATIVE PROVIDER INSTEAD OF DOCTOR
2. BOTH DOCTOR AND ALTERNATIVE PROVIDER

A5

Over the past 12 months, did you see {ALT. PROVIDER} because you wanted to prevent a particular health problem?

- | | |
|----------------|------------------|
| 1. YES | GO TO A5A |
| 2. NO | GO TO A6 |
| -7. REFUSED | GO TO A6 |
| -8. DON'T KNOW | GO TO A6 |

A5A [A-J]

[[ALT. PROVIDER} in the past 12 months]
What health problems did you want to prevent?

HEALTH PROBLEM A – J: _____

A6

Over the past 12 months, did you {also/BLANK} see {ALT.PROVIDER} for your general health?

1. YES
2. NO

Box A-4

If all A4, A5, and A6 said no, don't know or refused, go to A7
Else go to A8

A7 [A-C]

Why did you see {ALT. PROVIDER} over the past 12 months?

A8

In general, how much {has/did} the treatment by {ALT. PROVIDER} {helped/help} you? Would you say...

1. not at all,
2. some,
3. a lot, or
4. you {can't/couldn't} tell?

Box A-5

If R said last time treated by this provider was in past month, or past year, go to A9.
Else if R said last time treated by this provider was more than a year, don't know, or refused, go to Box A-7.

A9

Have you told any of your doctors who have treated you that you have been treated by {ALT. PROVIDER} over the past 12 months?

- | | |
|--------------------------------|----------------------|
| 1. YES | GO TO A10 |
| 2. NO | GO TO Box A-6 |
| 3. DOCTOR PRESCRIBED TREATMENT | GO TO Box A-6 |
| 4. NO (OTHER) DOCTOR TO TELL | GO TO Box A-6 |
| -7. REFUSED | GO TO Box A-6 |
| -8. DON'T KNOW | GO TO Box A-6 |

A10

Would you say that your doctors...

1. approved,
2. disapproved, or
3. did not seem to care one way or the other?
4. DOCTORS HAVE DIFFERENT OPINIONS

Box A-6

If no health insurance in past 12 months, then go to Box A-7
Else go to A11

A11

Over the past 12 months, did your health insurance pay for any of the cost of your being treated by {ALT. PROVIDER}?

1. YES
2. NO

Box A-7

If there are other providers to ask about, return to Box A-1A to ask about the next provider.
Else if no other providers, go to Box A-8.

Box A-8

If cancer now, go to Section B
Else if no cancer now, go to Section C

SECTION B: USE OF UNCONVENTIONAL CANCER THERAPIES**B1_1**

People with cancer sometimes use different therapies or treatments. Please tell me which of the following you have ever used to treat cancer.

Have you ever used...

B1CHEL

a. Chelation therapy? [key-lay-shun]

1. YES
2. NO

B1KELL

b. Kelly Diet or Gonzalez therapy?

1. YES
2. NO

B1ANTI

c. Antineoplastons or Burzynski therapy?
[anti-nee-o-plasstons] or [burr-zin-skee]

1. YES
2. NO

B1GERS

d. Gerson therapy? [gurr-son]

1. YES
2. NO

B1_2

[Have you ever used...]

B1DETOX

e. Detoxification?

1. YES
2. NO

B1COFF

f. Coffee Enemas? [n-m-ah]

1. YES
2. NO

B1LIV

- g. Livingston therapy?
- 1. YES
- 2. NO

B1HOXS

- h. Hoxsey therapy? [hock-see]
- 1. YES
- 2. NO

Box B-1

If used any alternative therapies for cancer, go to Box B-1A
 Else, if no therapies, go to SECTION C.

Box B-1A

Repeat B2-B7 series for each alternative therapy used
 Then go to B2

B2

{Now I'd like to ask you about you use of {that therapy/those therapies}/BLANK}.
 {Think/Now think} about the last time you used {ALT.THERAPY}. Was it...

- 1. in the past month, **GO TO B3**
- 2. in the past year, **GO TO B3**
- 3. more than a year ago, or **GO TO B4**
- 4. more than five years ago? **GO TO B4**
- 7. REFUSED **GO TO B4**
- 8. DON'T KNOW **GO TO B4**

B3

Over the past 12 months, how many times have you used {ALT.THERAPY}?

NUMBER OF TIMES: _____

B4

For the cancer, {have you been using/did you use} {ALT.THERAPY} instead of regular medical treatment from a doctor, or {have you been using/did you use} both {ALT.THERAPY} and regular medical treatment from a doctor?

1. THERAPY INSTEAD OF DOCTOR
2. BOTH DOCTOR AND THERAPY

B5

In general, how much {has/did} the {ALT.THERAPY} {helped/help} you? Would you say...

1. not at all,
2. some,
3. a lot, or
4. you can't tell?

B6

Have you told any of your doctors who have treated you that you {have been/were} using {ALT.THERAPY}?

- | | |
|--------------------------------|----------------------|
| 1. YES | GO TO B7 |
| 2. NO | GO TO Box B-3 |
| 3. DOCTOR PRESCRIBED TREATMENT | GO TO Box B-3 |
| 4. NO DOCTOR TO TELL | GO TO Box B-3 |
| -7. REFUSED | GO TO Box B-3 |
| -8. DON'T KNOW | GO TO Box B-3 |

B7

Would you say that your doctors...

1. approved
2. disapproved, or
3. did not seem to care one way or the other?
4. DOCTORS HAVE DIFFERENT OPINIONS

Box B-3

If any other therapies used, go back to Box B-1A to repeat B2-B7 series.
Else, if no other therapies, go to SECTION C

SECTION C: DIETARY PRACTICES

C1

People sometimes change the food they eat or go on special diets in order to help them deal with {cancer/an illness} or to help them stay healthy. Have you ever done that?

- | | |
|----------------|----------------------|
| 1. YES | GO TO C2 |
| 2. NO | GO TO Box C-2 |
| -7. REFUSED | GO TO Box C-2 |
| -8. DON'T KNOW | GO TO Box C-2 |

C2 [A-L]

Over the past 12 months, what diets have you used to deal with {your cancer/an illness} or to stay healthy?

- | | |
|---|----------------------|
| DIETS A - L: _____ [LIST UP TO 12 DIETS.] | GO TO Box C-0 |
| 0. [NO DIETS IN PAST 12 MONTHS.] | GO TO Box C-2 |
| -7. REFUSED | GO TO Box C-2 |
| -8. DON'T KNOW | GO TO Box C-2 |

Box C-0

If R has cancer, go to C2A
Else go to C3

C2A1

Have you used {this diet/these diets} because of your cancer?

- | | |
|----------------|------------------|
| 1. YES | GO TO C2B |
| 2. NO | GO TO C3 |
| -7. REFUSED | GO TO C3 |
| -8. DON'T KNOW | GO TO C3 |

C2B

{Is this diet/Are these diets}...

C2B1

a. a way of treating the cancer?

- | |
|--------|
| 1. YES |
| 2. NO |

C2B2

b. for preventing the cancer from re-occurring?

1. YES
2. NO

C2B3

c. for relief from the side effects of treatment?

1. YES
2. NO

C2B4

d. for some other reason?

1. YES
2. NO

C3

Over the past 12 months, would you say that you followed (that diet/one or more of those diets)...

1. some of the time,
2. most of the time, or
3. all of the time?

Box C-1

If R has cancer now and R has used this diet for the cancer (C2A1 = 1), go to C4
Else go to C5

C4

For the cancer, have you been following a special diet instead of getting regular medical treatment from a doctor, or have you been following a diet and also getting regular medical treatment?

1. DIET INSTEAD OF DOCTOR
2. BOTH DOCTOR AND DIET

C5

In general, how much {has that diet/have those diets} helped your overall health and well-being? Would you say...

1. not at all,
2. some,
3. a lot, or
4. you can't tell?

C6

Have you told any of your doctors who have treated you about the {diet/diets} you have been using?

- | | |
|---------------------------------------|----------------------|
| 1. YES | GO TO C7 |
| 2. NO | GO TO Box C-2 |
| 3. DOCTOR PRESCRIBED/RECOMMENDED DIET | GO TO Box C-2 |
| 4. NO DOCTOR TO TELL | GO TO Box C-2 |
| -7. REFUSED | GO TO Box C-2 |
| -8. DON'T KNOW | GO TO Box C-2 |

C7

Would you say your doctors...

1. approved,
2. disapproved, or
3. did not seem to care one way or the other?
4. DOCTORS HAVE DIFFERENT OPINIONS

Box C-2
Go to SECTION D

SECTION D: USE OF DIETARY SUPPLEMENTS

D1

People often take vitamins or other types of dietary supplements to improve their health or to help them stay healthy. Over the past 12 months, have you regularly used a multivitamin?

[IF NEEDED: A multivitamin is a single all-purpose vitamin pill.]

- | | |
|----------------|------------------|
| 1. YES | GO TO D1A |
| 2. NO | GO TO D2A |
| -7. REFUSED | GO TO D2A |
| -8. DON'T KNOW | GO TO D2A |

D1A

In general, how much has it helped you? Would you say...

1. not at all,
2. some,
3. a lot, or
4. you can't tell?

D2A

Now I'm going to read you a list of other things that some people take. For each one please tell me whether you have used it at any time in the past 12 months, separately from a multivitamin. In the past 12 months have you used...

D2VITA

a. Vitamin A? [BETA CAROTENE]

1. YES
2. NO

D2VITB

b. Vitamin B or B-12?

1. YES
2. NO

D2VITC

c. Vitamin C?

1. YES
2. NO

D2VITD

- d. Vitamin D?
1. YES
 2. NO

D2VITE

- e. Vitamin E?
1. YES
 2. NO

D2B

In past 12 months, have you used...

D2LYCO

- f. Lycopene? [lyk-o-peen]
1. YES
 2. NO

D2FOLIC

- g. Folic Acid or Folate? [fall-ik] acid or [foll-ate]
1. YES
 2. NO

D2CALC

- h. Calcium? [cal-cee-um]
1. YES
 2. NO

D2SELE

- i. Selenium? [sell-en-ee-um]
1. YES
 2. NO

D2ZINC

- j. Zinc? [zink]
1. YES
 2. NO

D2GLUC

k. Glucosamine [with or without Chondroitin Sulfate]?
[glue-co-sa-mean] [con-droy-tin sull-fate]

1. YES
2. NO

D2C

In the past 12 months, have you used...

D2ECHN

l. Echinacea? [eck-in-eh-sha]

1. YES
2. NO

D2FISH

m. Fish Oil?

1. YES
2. NO

D2GARL

n. Garlic pills?

1. YES
2. NO

D2TEA

o. Green Tea?

1. YES
2. NO

D2GINK

p. Ginko Biloba? [ging-ko bill-o-bah]

1. YES
2. NO

Box D-1A

If male, go to D2D_1

Else, go to D2D_2

D2D_1

[In the past 12 months, have you used...]

D2MELA

r. Melatonin? [mel-ah-tone-in]

1. YES
2. NO

D2VAL

s. Valerian? [val-air-ian]

1. YES
2. NO

D2SOY

t. Soy products?

- | | |
|----------------|-----------------------|
| 1. YES | GO TO Box D-1B |
| 2. NO | GO TO Box D-1B |
| -7. REFUSED | GO TO Box D-1B |
| -8. DON'T KNOW | GO TO Box D-1B |

D2D_2

[In the past 12 months, have you used...]

D2BLK

q. Black Cohosh? [co-hosh]

1. YES
2. NO

D2MELA

r. Melatonin? [mel-ah-tone-in]

1. YES
2. NO

D2VAL

s. Valerian? [val-air-ian]

1. YES
2. NO

D2SOY

- t. Soy products?
- 1. YES
- 2. NO

Box D-1b

If male, go to D2E_1
Else if female, go to D2E_2
Else if sex is unknown, go to D2E_3

D2E_1

And in the past 12 months, have you used...

D2DHEA

- u. DHEA?
- 1. YES
- 2. NO

D2MAH

- v. Ma Huang or Ephedra? [ma-wan] or [ee-fed-rah]
- 1. YES
- 2. NO

D2SAW

- x. Saw Palmetto? [saw palm-etto]
- 1. YES
- 2. NO

D2SHRK

- y. Shark Cartilage?
- 1. YES **GO TO D3**
- 2. NO **GO TO D3**
- 7. REFUSED **GO TO D3**
- 8. DON'T KNOW **GO TO D3**

D2E_2

And in the past 12 months, have you used...

D2DHEA

u. DHEA?

1. YES
2. NO

D2MAH

v. Ma Huang or Ephedra? [ma-wan] or [ee-fed-rah]

1. YES
2. NO

D2DONG

w. Dong quai? [don kai] or [don-key]

1. YES
2. NO

D2SHRK

y. Shark Cartilage?

- | | |
|----------------|------------------|
| 1. YES | GO TO D-3 |
| 2. NO | GO TO D-3 |
| -7. REFUSED | GO TO D-3 |
| -8. DON'T KNOW | GO TO D-3 |

D2E_3

And in the past 12 months, have you used...

D2DHEA

u. DHEA?

1. YES
2. NO

D2MAH

v. Ma Huang or Ephedra? [ma-wan] or [ee-fed-rah]

1. YES
2. NO

D2DONG

- w. Dong quai? [don-kai] or [don-key]
1. YES
 2. NO

D2SAW

- x. Saw Palmetto? [saw palm-etto]
1. YES
 2. NO

D2SHRK

- y. Shark Cartilage?
1. YES
 2. NO

D3

In the past 12 months, have you used Ginseng? [gin-sing]

- | | |
|----------------|-----------------------|
| 1. YES | GO TO Box D-2A |
| 2. NO | GO TO D4 |
| -7. REFUSED | GO TO D4 |
| -8. DON'T KNOW | GO TO D4 |

Box D-2A

If subject has cancer now, go to D3A
Else, go to D4

D3A

Were you using Ginseng at the same time that you were receiving conventional therapy for your cancer?

- | | |
|----------------|------------------|
| 1. YES | GO TO D3B |
| 2. NO | GO TO D4 |
| -7. REFUSED | GO TO D4 |
| -8. DON'T KNOW | GO TO D4 |

D3B

Do any of your doctors know that you have been using Ginseng?

1. YES
2. NO

D4

In the past 12 months, have you used St. John's Wort?

- | | |
|----------------|----------------------|
| 1. YES | GO TO Box D-3 |
| 2. NO | GO TO Box D-4 |
| -7. REFUSED | GO TO Box D-4 |
| -8. DON'T KNOW | GO TO Box D-4 |

Box D-3

If subject has cancer, go to D4A

Else, go to Box D-4

D4A

Were you using St. John's Wort at the same time that you were receiving conventional therapy for your cancer?

- | | |
|----------------|----------------------|
| 1. YES | GO TO D4B |
| 2. NO | GO TO Box D-4 |
| -7. REFUSED | GO TO Box D-4 |
| -8. DON'T KNOW | GO TO Box D-4 |

D4B

Do any of your doctors know that you have been using St. John's Wort?

1. YES
2. NO

Box D-4

If male, go to D5

Else go to D6

D5

In the past 12 months, have you used PC-SPES? [P C spess]

- | | |
|----------------|----------------------|
| 1. YES | GO TO Box D-5 |
| 2. NO | GO TO D6 |
| -7. REFUSED | GO TO D6 |
| -8. DON'T KNOW | GO TO D6 |

Box D-5

If subject has cancer now, and male, then go to D5A
Else, go to D6.

D5A

Were you using PC-SPES at the same time that you were receiving conventional therapy for your cancer?

- | | |
|----------------|------------------|
| 1. YES | GO TO D5B |
| 2. NO | GO TO D6 |
| -7. REFUSED | GO TO D6 |
| -8. DON'T KNOW | GO TO D6 |

D5B

Do any of your doctors know that you have been using PC-SPES?

1. YES
2. NO

D6

In the past 12 months, have you used mistletoe? [missel-toe]

- | | |
|----------------|----------------------|
| 1. YES | GO TO Box D-6 |
| 2. NO | GO TO D7 |
| -7. REFUSED | GO TO D7 |
| -8. DON'T KNOW | GO TO D7 |

Box D-6

If subject has cancer, then go to D6A
Else go to D7

D6A

Were you using mistletoe at the same time that you were receiving conventional therapy for your cancer?

- | | |
|----------------|------------------|
| 1. YES | GO TO D6B |
| 2. NO | GO TO D7 |
| -7. REFUSED | GO TO D7 |
| -8. DON'T KNOW | GO TO D7 |

D6B

Do any of your doctors know that you have been using mistletoe?

1. YES
2. NO

D7

Have you taken any other dietary supplements in the past 12 months that I have not mentioned?

- | | |
|----------------|----------------------|
| 1. YES | GO TO D7OS |
| 2. NO | GO TO Box D-7 |
| -7. REFUSED | GO TO Box D-7 |
| -8. DON'T KNOW | GO TO Box D-7 |

D7OS [A-E]

What other dietary supplements have you taken?

SPECIFY A-E: _____ **GO TO Box D-7**

Box D-7

Go to SECTION E

SECTION E: USE OF MIND-BODY TECHNIQUES**E1**

People sometimes use or practice special techniques that use the mind to influence the body in order to deal with an illness or to help them stay healthy. Please tell me which of the following you have used or practiced. [IF NEEDED: If R says 'Yoga', mention that you will discuss that later.]

E1IMAG

a. Imagery or Guided Imagery?

1. YES
2. NO

E1MED

b. Meditation?

1. YES
2. NO

E1HYP

c. Hypnosis or Self-Hypnosis?

1. YES
2. NO

E1BIO

d. Biofeedback?

1. YES
2. NO

Box E-1

If no mind-body techniques used, don't know, or refused, go to Box E-5
Else, go to E2

E2

Now, I'd like to ask you more about your use of {this mind-body technique/these mind-body techniques}. Over the past 12 months, how often have you used {this technique/any of these techniques}? Would you say...

- | | |
|--------------------------------|----------------------|
| 1. not at all, | GO TO Box E-4 |
| 2. fewer than 10 times, | GO TO E3 |
| 3. between 10 and 20 times, or | GO TO E3 |
| 4. more than 20 times? | GO TO E3 |
| -7. REFUSED | GO TO Box E-4 |
| -8. DON'T KNOW | GO TO Box E-4 |

E3

Over the past 12 months, did you use {this technique/any of these techniques} to treat a particular health problem?

- | | |
|----------------|----------------------|
| 1. YES | GO TO E3COND |
| 2. NO | GO TO Box E-2 |
| -7. REFUSED | GO TO Box E-2 |
| -8. DON'T KNOW | GO TO Box E-2 |

E3CON [1]-[22]

For what health problems? [in the past 12 months.]

91. OTHER (SPECIFY): _____
 [OTHER ALLOWED UP TO 10 TIMES.]

Box E-2

If subject did not use a technique to treat a particular health problem, don't know, or refused (E3 = 2, -7, -8), or if cancer was not mentioned in E3COND, go to E4
 Else if cancer was mentioned in E3COND, go to E3A

TREAT [1-3]

E3A

Did you use {this technique/any of these techniques} for treatment of the cancer itself, for relief from side effects of treatment, or for some other reason? [CODE ALL THAT APPLY.]

1. CANCER ITSELF
 2. RELIEF FROM SIDE EFFECTS OF TREATMENT
 91. OTHER REASON (SPECIFY): _____

E4

Over the past 12 months, did you use {this mind-body technique/these mind-body techniques} because you wanted to prevent a particular health problem?

- 1. YES **GO TO E4COND**
- 2. NO **GO TO E5**
- 7. REFUSED **GO TO E5**
- 8. DON'T KNOW **GO TO E5**

E4OS [A-J]

E4COND

What health problems did you want to prevent? [in the past 12 months.]

HEALTH PROBLEM A – J: _____

E5

Over the past 12 months, did you use {this technique/these mind-body techniques} to reduce stress or improve your general health or well-being?

- 1. YES
- 2. NO

Box E-3

If all E3, E4, and E5 are no, don't know or refused, go to E6
Else, go to Box E-4A

E6 [A-C]

Why did you use {this technique/any of these techniques} over the past 12 months?

Box E-4A

If no health insurance in past 12 months, go to Box E-4
Else go to E11

E11

Over the past 12 months, has your health insurance paid for any of the cost of your using {this technique/any of these techniques}?

1. YES
2. NO

Box E-4

If cancer reported by respondent in E3COND, go to E7
Else go to E8

E7

Have you used mind-body techniques for the cancer instead of regular medical treatment from a doctor, or have you been using both mind-body techniques and regular medical treatment?

1. MIND-BODY TECHNIQUE INSTEAD OF DOCTOR
2. BOTH DOCTOR AND MIND-BODY TECHNIQUE

E8

In general, how much has {this technique/any of these techniques} helped you? Would say...

1. not at all
2. some,
3. a lot, or
4. you can't tell?

E9

Have you told any of your doctors who have treated you that you have been using {this technique/any of these techniques}?

- | | |
|--------------------------------|----------------------|
| 1. YES | GO TO E10 |
| 2. NO | GO TO Box E-5 |
| 3. DOCTOR PRESCRIBED TREATMENT | GO TO Box E-5 |
| 4. NO DOCTOR TO TELL | GO TO Box E-5 |
| -7. REFUSED | GO TO Box E-5 |
| -8. DON'T KNOW | GO TO Box E-5 |

E10

Would you say that your doctors...

1. approved,
2. disapproved, or
3. did not seem to care one way or the other?
4. DOCTORS HAVE DIFFERENT OPINIONS

Box E-5

Go to SECTION G

SECTION G: SPIRITUAL PRACTICES**G1**

People sometimes use spiritual practices such as prayer as a way of dealing with illness or trying to stay healthy. Have you ever prayed specifically for the purpose of your own health?

- | | |
|----------------|------------------|
| 1. YES | GO TO G1A |
| 2. NO | GO TO G2 |
| -7. REFUSED | GO TO G2 |
| -8. DON'T KNOW | GO TO G2 |

G1A

In general, would you describe the benefit to your overall health from prayer as...

1. none at all,
2. some benefit,
3. a great benefit, or
4. you can't tell?

G2

Have you ever asked or had others pray for your own health?

- | | |
|----------------|------------------|
| 1. YES | GO TO G2A |
| 2. NO | GO TO G3 |
| -7. REFUSED | GO TO G3 |
| -8. DON'T KNOW | GO TO G3 |

G2A

In general, would you describe the benefit to your overall health from having others pray for you as...

1. none at all,
2. some benefit,
3. a great benefit, or
4. you can't tell?

G3

Have you ever participated in a prayer chain or prayer group for your own health?

- | | |
|----------------|------------------|
| 1. YES | GO TO G3A |
| 2. NO | GO TO G4 |
| -7. REFUSED | GO TO G4 |
| -8. DON'T KNOW | GO TO G4 |

G3A

Over the past 12 months, how many times have you participated in prayer groups or chains?

NUMBER OF TIMES: _____

G3B

In general, would you describe the benefit to your overall health from prayer groups or chains as...

1. none at all,
2. some benefit,
3. a great benefit, or
4. you can't tell?

G4

Have you ever had a healing ritual, service, or sacrament performed for your own health? [IF NEEDED: This includes anointing the sick, laying on of hands, healing circles, or faith healing.]

- | | |
|----------------|------------------|
| 1. YES | GO TO G4A |
| 2. NO | GO TO G5 |
| -7. REFUSED | GO TO G5 |
| -8. DON'T KNOW | GO TO G5 |

G4A

Over the past 12 months, how many times has this type of ritual or service been performed for your own health?

NUMBER OF TIMES: _____

G4B

In general, would you describe the benefit to your overall health from this type of service as...

1. none at all,
2. some benefit,
3. a great benefit, or
4. you can't tell?

G5

Next, I am going to ask about religion, and also spirituality.

[IF NEEDED: For some people, religion and spirituality are different things. For others they mean the same thing. It is whatever it means to you.]

First, how religious a person do you consider yourself? Would you say you are...

1. very religious,
2. moderately religious,
3. slightly religious, or
4. not at all religious?

G6

Next, how spiritual a person do you consider yourself? Would you say you are...

[IF NEEDED: For some people, religion and spirituality are different things. For others they mean the same thing. It is whatever it means to you.]

1. very spiritual,
2. moderately spiritual,
3. slightly spiritual, or
4. not at all spiritual?

Box G-1

Go to SECTION H

SECTION H: PARTICIPATION IN PHYSICAL ACTIVITY**H1**

People sometimes use exercise or physical training as a way of dealing with illness or trying to stay healthy. Please tell me which of the following you have done, other than as part of a job, in the past 12 months.

In the past 12 months, have you done any moderate aerobic exercise – that is, any activities such as walking for at least 10 minutes that caused you to sweat a little or breathe a little faster, or made your heart beat a little faster?

- | | |
|----------------|------------------|
| 1. YES | GO TO H1A |
| 2. NO | GO TO H2 |
| -7. REFUSED | GO TO H2 |
| -8. DON'T KNOW | GO TO H2 |

H1A

[Moderate aerobic exercise.] Over the past 12 months, about how often have you done this? Would you say...

1. several time a week,
2. about once a week,
3. a few times a month,
4. about once a month, or
5. less than once a month?

H2

In the past 12 months, have you done any vigorous aerobic exercise – that is, any hard or vigorous activities such as running for at least 10 minutes that caused you to sweat a lot or breathe hard, or made your heart beat a lot faster?

- | | |
|----------------|------------------|
| 1. YES | GO TO H2A |
| 2. NO | GO TO H3 |
| -7. REFUSED | GO TO H3 |
| -8. DON'T KNOW | GO TO H3 |

H2A

[Vigorous aerobic exercise.] Over the past 12 months, about how often have you done this? Would you say...

1. several times a week,
2. about once a week,
3. a few times a month,
4. about once a month, or
5. less than once a month?

H3

[In the past 12 months, have you done any...] Strength building exercises such as lifting weights?

- | | |
|----------------|------------------|
| 1. YES | GO TO H3A |
| 2. NO | GO TO H4 |
| -7. REFUSED | GO TO H4 |
| -8. DON'T KNOW | GO TO H4 |

H3A

[Strength building exercises.] Over the past 12 months, about how often have you done this? Would you say...

1. several time a week,
2. about once a week,
3. a few times a month,
4. about once a month, or
5. less than once a month?

H4

[In the past 12 months, have you done any...] Exercises to improve flexibility and coordination, like stretching, Tai Chi [tie-chee] or yoga?

- | | |
|----------------|----------------------|
| 1. YES | GO TO H4A |
| 2. NO | GO TO Box H-1 |
| -7. REFUSED | GO TO Box H-1 |
| -8. DON'T KNOW | GO TO Box H-1 |

H4A

[Exercises to improve flexibility and coordination.] Over the past 12 months, about how often have you done this? Would you say...

1. several time a week,
2. about once a week,
3. a few times a month,
4. about once a month, or
5. less than once a month?

Box H-1

Go to SECTION I

SECTION I: USE OF SUPPORT GROUPS

I1

The last questions I have are about support groups. People sometimes go to support groups as a way of dealing with illness or trying to stay healthy. Have you ever gone to a group meeting where people with similar health problems got together to support and help each other?

- | | |
|----------------|-------------------|
| 1. YES | GO TO I10V |
| 2. NO | GO TO I2 |
| -7. REFUSED | GO TO I2 |
| -8. DON'T KNOW | GO TO I2 |

I1A

Over the past 12 months, how many times have you gone?

- NUMBER OF TIMES: _____
[IF HAVE NOT BEEN (0) GO TO I1C, ELSE GO TO I1B]
 -7. REFUSED **GO TO I1C**
 -8. DON'T KNOW **GO TO I1C**

I1B [A-C]

What kind of support group have you been to over the past 12 months?

I1C

In general, how much has going to a support group helped you? Would you say...

1. not at all,
2. some,
3. a lot, or
4. you can't tell?

I2

Have you ever participated in a support group over the Internet?

- | | |
|----------------|----------------------|
| 1. YES | GO TO I20V |
| 2. NO | GO TO Box I-1 |
| -7. REFUSED | GO TO Box I-1 |
| -8. DON'T KNOW | GO TO Box I-1 |

I2OV

Over the past 12 months, how many times have you participated?

NUMBER OF TIMES: _____

I2B

In general, how much has participating in an Internet support group helped you? Would you say?

1. not at all,
2. some,
3. a lot, or
4. you can't tell?

Box I-1

If R reported cancer, then if a support group was used (I1 = 1) or (I2 = 1), go to I3A
 Else, if no support groups, go to Box I-2
 Else if no cancer, go to Box I-2

I3A

Did you use a support group for the cancer or for some other reason?
 [INTERVIEWER: IF RESPONDENT SAYS 'BOTH' SELECT OPTION '1'.]

- | | |
|----------------------|----------------------|
| 1. CANCER | GO TO Box I1A |
| 2. SOME OTHER REASON | GO TO Box I1A |

Box I-1A

If I3a is cancer, go to I3
 Else, go to Box I-2

I3

For the cancer, have you used a support group instead of getting regular medical treatment from a doctor, or have you used the support group and regular medical treatment from a doctor?

1. SUPPORT INSTEAD OF REGULAR MEDICAL TREATMENT
2. BOTH SUPPORT AND REGULAR MEDICAL TREATMENT

14

Have you told any of your doctors who are treating you that you are using a support group?

- | | |
|-------------------------------------|----------------------|
| 1. YES | GO TO I5 |
| 2. NO | GO TO Box I-2 |
| 3. DOCTOR RECOMMENDED SUPPORT GROUP | GO TO Box I-2 |
| 4. NO DOCTOR TO TELL | GO TO Box I-2 |
| -7. REFUSED | GO TO Box I-2 |
| -8. DON'T KNOW | GO TO Box I-2 |

15

Would you say that the doctor(s)...

1. approved,
2. disapproved, or
3. did not seem to care one way or the other?
4. DOCTORS HAVE DIFFERENT OPINIONS

Box I-2

Go to ADDINFO

ADDINFO. Additional information about complementary and alternative medicine is available to you by contacting the National Institutes of Health. Would you like their phone number?

- | | |
|----------------|----------------------|
| 1. YES | GO TO Box I-3 |
| 2. NO | GO TO THANK |
| -7. REFUSED | GO TO THANK |
| -8. DON'T KNOW | GO TO THANK |

Box I-3

If R has cancer now, go to CLOS1
Else go to CLOS2

CLOS1

You may call the Cancer Information Service at the National Cancer Institute at 1-800-4-CANCER. The Cancer Information Service provides free information about complementary and alternative medicine. It also provides clear and understandable information on research, prevention, diagnosis, and treatment of cancer. Also, you may access their website at www.cancer.gov/cis.

GO TO THANK

CLOS2

The National Center for Complementary and Alternative Medicine (NCCAM) facilitates research and evaluation of complementary and alternative practices, and provides information to health professionals and the public. You may contact an information specialist at NCCAM by calling toll-free 1-888-644-6226. [IF NEEDED: The toll-free number for hearing impaired (TTY) is 1-886-464-3615.] You may also access their website at nccam.nih.gov.

GO TO THANK

THANK

Thank you very much for your time. We appreciate your participation. Good bye.