

Complementary and Alternative Medicine Survey

Medical Student Version

For Official Use Only

()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()

This survey is designed to allow you to record your knowledge of, experience with, and beliefs about Complementary and Alternative Medicine (CAM).

Individual responses will be treated as confidential data. Your responses will be reported only as group summary data. Please use a #2 pencil to record your answers.

Please print your name here:

Section 1: Please fill in the circle corresponding to the response option that best describes your level of agreement or disagreement with each of the following statements.

1=Strongly agree, 2=Agree, 3=Disagree, 4=Strongly disagree

1) Physicians today should encourage and support patients in their efforts to take personal responsibility for their own health.

() SA () A () D () SD

2) As a caregiver, my own practice of a healthy lifestyle will enhance my ability to motivate patients to adopt a healthy lifestyle for themselves.

() SA () A () D () SD

3) The range of practice of physicians ought to include treatments that integrate natural therapies such as supplements, herbs, and other over-the-counter products.

() SA () A () D () SD

4) Physicians should be as concerned with the wellness as with the illness of their patients.

() SA () A () D () SD

5) As a future physician, knowledge about alternative medicine will be important to me.

() SA () A () D () SD

6) Medical students should have opportunities to learn from practitioners of alternative medicine therapies during medical school training.

() SA () A () D () SD

7) Medical students should learn enough about alternative medicine therapies during medical school that they can communicate effectively with their patients about these therapies.

() SA () A () D () SD

Using a scale from 0 to 4, where 0=Not at all useful and 4=Very useful, please answer question 8a-8g.

8) How useful do you think each of the following methods would be in preparing you to advise patients on the use of alternative medicine therapies?

- () () () () a. textbook readings
- () () () () b. articles on clinical trials of alternative medicine therapies
- () () () () c. lectures
- () () () () d. observation of alternative medical practitioners
- () () () () e. hands-on experience with alternative medicine therapies and patients in clinical settings
- () () () () f. case-based learning
- () () () () g. using alternative medicine therapies to promote my own health

PLEASE CONTINUE ON THE NEXT PAGE

001	002	003	004	005	006	007	008	009
010	011	012	013	014	015	016	017	018
019	020	021	022	023	024	025	026	027
028	029	030	031	032	033	034	035	036

Section 2: This section asks you to reflect on each of the five major categories of CAM and check your response to several questions about each category. The same three questions are asked of each category.

CAM practices are grouped into the categories defined by the National Center for Complementary and Alternative Medicine of the National Institutes of Health. A brief description of each category (A-E) is supplied.

A. Alternative Medical Systems are complete systems of theory and practice that have developed outside of the western medical approach, e.g., traditional oriental medicine (including practices such as acupuncture), ayurvedic medicine, homeopathy, naturopathy.

9) Going from the top of the list to the bottom, fill in the circle beside the *first* statement that describes your present level of knowledge about **alternative medical systems**.

- I know enough to treat a patient using an alternative system.
 I know enough to explain an alternative system's therapies to a patient.
 I know something about this area but not enough to explain therapies to a patient.
 I know very little about the area.

10) Going from the top of the list to the bottom, fill in the circle beside the *first* response that describes your level of personal experience with **alternative medical systems**.

- I am a trained practitioner of an alternative medical system.
 I myself have had treatment (as a patient) with an alternative medical system.
 I have observed or talked with people using an alternative medical system.
 I have no experience with alternative medical systems.

11) How likely is it that you will refer your patients to a practitioner of an **alternative medical system** when you enter medical practice?

- Very likely Somewhat likely Not at all likely

B. Mind-Body Interventions employ a variety of non-mainstream techniques intended to facilitate the mind's capacity to affect bodily function and symptoms, e.g., meditation, dance therapy, prayer, mental healing, relaxation therapies, stress management.

12) Going from the top of the list to the bottom, fill in the circle beside the *first* statement that describes your present level of knowledge about **mind-body interventions**.

- I know enough to treat a patient using a mind-body intervention.
 I know enough to explain a mind-body intervention to a patient.
 I know something about this area but not enough to explain an intervention to a patient.
 I know very little about this area.

13) Going from the top of the list to the bottom, fill in the circle beside the *first* response that describes your level of personal experience with **mind-body interventions**.

- I am a trained practitioner of a mind-body intervention.
 I myself have had treatment (as a patient) with a mind-body intervention.
 I have observed or talked with people using a mind-body intervention.
 I have no experience with mind-body intervention.

14) How likely is it that you will refer your patients to a practitioner of a **mind-body intervention** therapy when you enter medical practice?

- Very likely Somewhat likely Not at all likely

C. Biological-based therapies include natural and biologically-based practices, interventions, and products, e.g., herbal, special dietary, orthomolecular, and individual biological therapies, nutritional supplements.

15) Going from the top of the list to the bottom, fill in the circle beside the *first* statement that describes your present level of knowledge about **biological-based therapies**.

- I know enough to treat a patient using a biological-based therapy.
 I know enough to explain a biological-based therapy to a patient.
 I know something about this area but not enough to explain a therapy to a patient.
 I know very little about this area.

PLEASE CONTINUE ON THE NEXT PAGE

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

16) Going from the top of the list to the bottom, fill in the circle beside the *first* response that describes your level of personal experience with **biological-based therapies**.

- I am a trained practitioner of a biological-based therapy.
- I have had treatment (as a patient) with a biological-based therapy.
- I have observed or talked with people using a biological-based therapy.
- I have no experience with biological-based therapies.

17) How likely is it that you will refer your patients to a practitioner of a **biological based therapy** when you enter medical practice?

- Very likely
- Somewhat likely
- Not at all likely

D. Manipulative and Body-Based Methods include methods based on manipulation and/or movement of the body, e.g., chiropractic, osteopathy, massage therapy, or other body work.

18) Going from the top of the list to the bottom, fill in the circle beside the *first* statement that describes your present level of knowledge about **manipulative and body-based methods**.

- I know enough to treat a patient using a manipulative or body-based method.
- I know enough to explain a manipulative or body-based method to a patient.
- I know something about this area but not enough to explain a therapy to a patient.
- I know very little about this area.

19) Going from the top of the list to the bottom, fill in the circle beside the *first* response that describes your level of personal experience with **manipulative or body-based therapy**.

- I am a trained practitioner of a manipulative or body-based therapy.
- I have had treatment (as a patient) with a manipulative or body-based therapy.
- I have observed or talked with people using a manipulative or body-based therapy.
- I have no experience with manipulative or body-based therapies.

20) How likely is it that you will refer your patients to a practitioner of a **manipulative or body-based therapy** when you enter medical practice?

- Very likely
- Somewhat likely
- Not at all likely

E. Energy therapies focus on energy fields originating from within the body (biofields) or those from other sources (electromagnetic fields), e.g., Qi Gong, Reiki, Therapeutic Touch, and use of pulsed fields or magnet fields.

21) Going from the top of the list to the bottom, fill in the circle beside the *first* statement that describes your present level of knowledge about **energy therapies**.

- I know enough to treat a patient using an energy therapy.
- I know enough to explain an energy therapy to a patient.
- I know something about this area but not enough to explain a therapy to a patient.
- I know very little about this area.

22) Going from the top of the list to the bottom, fill in the circle beside the *first* response that describes your level of personal experience with one or more **energy therapies**.

- I am a trained practitioner of an energy therapy.
- I have had treatment (as a patient) with an energy therapy.
- I have observed or talked with people using an energy therapy.
- I have no experience with energy therapies.

23) How likely is it that you will refer your patients to a practitioner of an **energy therapy** when you enter medical practice?

- Very likely
- Somewhat likely
- Not at all likely

PLEASE CONTINUE ON THE NEXT PAGE

For Official Use Only

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3:

24) What percentage of the US population do you estimate used alternative (unconventional or non-biomedical) medicine therapies during the past year?

- Less than 10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

25) What CAM practices do you use in your self-care to promote your own health? Referring back to the definitions of the categories given in Section Two, please indicate whether you use the categories of practices by selecting Y for Yes or N for No. Please respond for ALL of the five categories.

- alternative medical systems
- mind-body therapies
- biological-based interventions
- manipulative or body-based methods
- energy therapies

Please indicate...

26) ...your year in medical school:

- First
- Second
- Third
- Fourth

27) ...the last two digits of the year of your birth by writing in the blocks and darkening the corresponding circles below, e.g., 76 for 1976:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28) ...your gender:

- Female
- Male

29) ...your ethnic group membership:

- American Indian/Alaska Native
- Asian/Pacific Islander
- Puerto Rican (Mainland)
- White/Caucasian
- Black/African American
- Mexican American
- Other Hispanic
- Other
- Unreported

Please examine the following table of family size matched to parents' income, then answer the question below.

Size of Parents' Family*	Upper Limit of Income Level**
1.....	\$11,000
2.....	\$14,400
3.....	\$17,200
4.....	\$22,000
5.....	\$26,000
6.....	\$29,200

* Includes only dependents (children) listed on Federal Tax Forms.
 ** Rounded to the nearest \$100, this represents your parents' estimated adjusted gross income for the year of your high school graduation.

30) Considering the size of your parents' family during the year in which you graduated from high school, is the estimated maximum level of your parents' income for that year represented in the table above?

- Yes
- No