

1. Visiting health care providers: Please fill in all physicians and other therapists that treated you using complementary and alternative medicine. This refers to all physicians and non-physicians that treated you with CAM.

Have you seen any of the following providers in the last 12 months?	Yes No	Number of times you have seen this provider in the last 3 months	Please indicate the <u>main reason</u> you <u>last</u> saw the provider.				How helpful was it for you to see this provider? (Tick only one box)			
			Due to an acute illness/condition (one that lasted less than 1 month)	Treatment for a long-term health condition or its symptoms (that lasted more than 1 month)	To improve well-being	Others (please specify your other reasons)	Very	Somewhat	Not at all	I don't now
Homeopath (physicians that predominantly treat using homeopathy)	<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"/>
Acupuncturist (physicians that provide acupuncture)	<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"/>
Medical CAM specialist (physicians that provide a range of different CAM-therapies)	<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"/>
Non-medical CAM specialist (Non-physicians that provide a range of different CAM-therapies)	<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"/>
Osteopath (Physicians and Non-physicians that provide Osteopathy)	<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"/>
Chirotherapist (Physicians and Non-physicians that provide chirotherapy)	<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"/>
Other Physicians and Providers that treated you with CAM (please specify, which treatment/ therapy you received):	<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"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>