



THE UNIVERSITY
OF QUEENSLAND

School of Population Health



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

School of Medicine and Public Health
Department of General Practice

Rural General Practice Complementary and Alternative Medicine Survey

This project consists of two stages, this survey and follow up interviews. If you are interested in taking part in the second stage please fill in and mail the **separate contact form** provided or contact Jon Wardle at j.wardle@uq.edu.au

1. On average, what **percentage** of your patients do you **think** have used CAM in the past 12 months? %

2. On average, what **percentage** of your patients has **asked** you about CAM in the last month? %

3. Do you believe the demand from your patients for CAM is:
Increasing Not Changing Decreasing

4. Which of the following do you think **most** influences the use of CAM in your area? (Please tick all that are appropriate)

Word of mouth Previous experiences Limited access to health professionals Good access to CAM therapists

Good communication between conventional and CAM practitioners CAM suited to local beliefs None of the above

5. How would you rate your current level of knowledge of the following CAM?

	Excellent	Very Good	Satisfactory	Poor	Very Poor
Remedial Therapies/Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic/Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homoeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Healing/Mind Body Medicine/Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga/Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Are you interested in increasing your knowledge of CAM?

Yes No

7. Have you personally used CAM for your own health?

Regularly	Often	Once/Rarely	Never, but I would consider using	Never, and I don't intend to use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you have a professional relationship with any specific CAM practitioners (for example referrals to or from, sharing of information etc)? If so please elaborate:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	

9. If you **would** refer, why do or would you refer to CAM practitioners? (tick all that apply)

Access to medical specialists is a problem	Patient requests for referral	Lack of other options	Have had positive results previously	Other Please elaborate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. How often would you refer to the following CAM Practitioners?

	At least weekly	At least monthly	A few times per year	I haven't referred but would consider	I would never refer	I don't know of any practitioners
Remedial Therapies/Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic/Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homoeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Healing/Mind Body Medicine/Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. On average, how often do you prescribe CAM to you patients?

At least weekly	At least monthly	A few times per year	I haven't but I would consider	I would never prescribe CAM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What CAM did you prescribe/practise **yourself**?

Remedial Therapies/Massage	<input type="checkbox"/>	Other/specific treatments
Manipulation (e.g. Chiro/Osteo)	<input type="checkbox"/>	
Naturopathy	<input type="checkbox"/>	
Herbal Medicine	<input type="checkbox"/>	
Nutritional Therapy	<input type="checkbox"/>	
Homoeopathy	<input type="checkbox"/>	
Acupuncture	<input type="checkbox"/>	
Traditional Chinese Medicine	<input type="checkbox"/>	
Spiritual Healing/Mind Body Medicine/Reiki	<input type="checkbox"/>	
Yoga/Meditation	<input type="checkbox"/>	

13. If you do usually refer, where do you refer your patients for CAM products

	Often	Sometimes	Rarely	Never
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Food Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAM Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock in own clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other GP clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Where do you receive most of your information on CAM? (Please tick all that are appropriate)

CAM Practitioners	<input type="checkbox"/>	Other GPs	<input type="checkbox"/>	Own Interest	<input type="checkbox"/>	Patients	<input type="checkbox"/>
Continuing Professional Education (CPE)	<input type="checkbox"/>	Peer Reviewed Publications	<input type="checkbox"/>	General Media	<input type="checkbox"/>	None of these/ Other (please elaborate)	<input type="checkbox"/>

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15. Which sources of CAM information would you deem trustworthy?

	Consider Trustworthy	Neither Trustworthy nor Untrustworthy	Consider Untrustworthy
CAM Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other medical practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Interest/Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Professional Education (CPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Reviewed Publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. In your opinion, which of the following CAM therapies do you consider to have:

	Ample Research/ No efficacy	Ample Research/ Good efficacy	Insufficient research/ No efficacy	Insufficient research/ Good efficacy
Remedial Therapies/Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic/Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homoeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Healing/Mind Body Medicine/Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga/Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How do you feel about potentially referring to the following practitioners:

	Comfortable In general	Only in specific circumstances	Only if I knew them in person	I would not refer
Remedial Therapies/Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic/Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homoeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Healing/Mind Body Medicine/Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga/Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How well do you feel the following therapies integrate with general practice (ie are compatible to be used together)?

	Very well	Appropriate for integration	No opinion	Not appropriate for integration
Remedial Therapies/Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic/Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homoeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Healing/Mind Body Medicine/Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga/Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

