

APPENDIX A. SURVEY OF PROVIDERS PERTAINING TO COMPLEMENTARY AND ALTERNATIVE MEDICINE

Complementary Care Survey

1. What is your age in years? _____
2. Sex: ___ Male ___ Female
3. Did you receive your residency training in the state of Minnesota?
 Yes No
4. How many years have you been practicing as a family physician? _____
5. Have you or a member of your immediate family received any of the following complementary therapies?

Homeopathy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chiropractic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acupuncture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Herbal medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hypnosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Imagery/healing touch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Massage therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spiritual healing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____		
6. Do you perceive an increasing demand for complementary therapies from your patients?
 Yes No
7. Do you feel the primary medical doctor (MD or DO) should be the entry point or "gatekeeper" for complementary therapies?
 Yes No
8. Do you support the integration of complementary therapies into standard family practice?
 Yes No
9. Please choose the response that best represents your position regarding the following statements:

Statement	Strongly disagree	Disagree	Agree	Strongly agree
Complementary therapies should be taught in medical schools.				
Complementary therapies have a scientific basis.				
Family physicians should have some knowledge about the most important alternative treatments.				
Family physicians must be able to advise their patients about alternative treatments.				
My biomedicine philosophy is compatible with the basic philosophies of complementary therapies.				

10. Have you received formal training in complementary therapies?
 Yes No
11. Do you incorporate any of the following complementary therapies in your practice?

Homeopathy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spinal manipulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acupuncture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Herbal medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hypnosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Imagery/healing touch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Massage therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spiritual healing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____		