

Integrative Therapies Interest and Utilization Survey

At _____, our mission is to provide the best health care possible for our community. We are asking your help so that we can better understand and assist you in improving or enhancing your health. We realize that there are a number of complementary, alternative and integrative health therapies that individuals may be using, have used in the past or are considering using to help manage health conditions. We are interested in finding out about your knowledge, interest and use of these therapies in order to better understand how we can best support you in managing your health.

1. For each of the modalities (treatments/therapies) listed, place an x by the response that indicates your level of familiarity:

How much do you know about...	<i>Not at all familiar</i>	<i>Somewhat familiar</i>	<i>Very familiar</i>
Acupuncture			
Aquatic therapy			
Aromatherapy			
Biofeedback			
Breathing exercises			
Chiropractic			
Dietary supplements			
Guided imagery or visualization			
Special diets			
Homeopathic medicine			
Light therapy			
Massage therapy or body work			
Meditation			
Mindfulness-based stress reduction			
Movement therapies (yoga, tai chi, etc.)			
Music therapy			
Reiki			
Relaxation techniques			
Spiritual healing			
Therapeutic touch			
Other (Please specify.)			

2. For each of the modalities (treatments/therapies) listed, enter Y (yes) or N (no) to the following questions.

	<i>Have you ever used this modality?</i>	<i>Do you know someone who has used it?</i>	<i>Would you like to learn more about it?</i>
Acupuncture			
Aquatic therapy			
Aromatherapy			
Biofeedback			
Breathing exercises			
Chiropractic			
Dietary supplements			
Guided imagery or visualization			
Special diets			
Homeopathic medicine			
Light therapy			
Massage therapy or body work			
Meditation			
Mindfulness-based stress reduction			
Movement therapies (yoga, tai chi, etc.)			
Music therapy			
Reiki			
Relaxation techniques			
Spiritual healing			
Therapeutic touch			
Other (Please specify.)			

3. For each of the modalities (treatments/therapies), place an x by the response that best indicates your frequency of use.

How often do you use...	<i>Regularly</i>	<i>Occasionally</i>	<i>Rarely</i>	<i>Never</i>
Acupuncture				
Aquatic therapy				
Aromatherapy				
Biofeedback				
Breathing exercises				
Chiropractic				
Dietary supplements				
Guided imagery or visualization				
Special diets				
Homeopathic medicine				
Light therapy				
Massage therapy or body work				
Meditation				
Mindfulness-based stress reduction				
Movement therapies (yoga, tai chi, etc.)				
Music therapy				
Reiki				
Relaxation techniques				
Spiritual healing				
Therapeutic touch				
Other (Please specify.)				

This survey is anonymous and while we are not collecting your name or any other identifying information, it is useful to understand general characteristics of those who have chosen to return the survey.

Age:

< 20 20-34 35-49 50-64 65-74 >74

Gender: _____

Ethnicity: _____

How would you describe your health at the present time:

Excellent Very Good Good Fair Poor

How much control do you feel you have over your health?

A lot of control Some control Little control No control

Thank you for taking the time to share this information with us!