Dear Students: We would be grateful for your responses to this survey of your knowledge, attitudes and practices with regard to what has been called complementary and alternative medicine (CAM) or integrative health care. As stated in a recent NIH document, “CAM practices are those healthcare and medical practices that are not currently an integral part of conventional medicine.” There is increasing interest in CAM among patients, health professions practitioners, faculty in health professions schools, and students. In response to public interest, NIH now includes a National Center for Complementary and Alternative Medicine. Our Academic Health Center (AHC) is the recipient of a NIH CAM education grant. We need to know your current knowledge, attitudes, and practices with regard to CAM to help us plan and evaluate our education programs in the AHC.

Health Professions School: _____ Dental _____ Medical _____ Nursing _____ Pharmacy _____ Vet Med

Medical Student: _____ Year 1 _____ Year 2 _____ Year 3 or 4 _____ Resident

Nursing Student: _____ Senior _____ MS _____ PhD

Dental, Pharmacy, Vet Med Student: _____ Year 1 _____ Year 2 _____ Year 3 or 4

Your Gender: _____ Male _____ Female

Your Age: _____ Years (write in number)

Ethnic/Racial Background
_____ Asian/Pacific Islander _____ American Indian/Alaskan Native _____ Black/African American
_____ Hispanic _____ Multi racial _____ White/Not Hispanic _____ Other

1. General Attitudes Toward Complementary and Alternative Medicine (CAM): For each of the following statements, indicate how closely it represents your general feelings about CAM.

1=Very Strongly Agree 2=Strongly Agree 3=Agree 4=Disagree 5=Strongly Disagree 6=Very Strongly Disagree X=Neutral

_____ Clinical care should integrate the best of conventional and CAM practices.

_____ CAM includes ideas and methods from which conventional medicine could benefit.

_____ While we need to be cautious in our claims, a number of CAM approaches hold promise for treatment of symptoms, conditions and/or diseases.

_____ The results of CAM are in most cases due to a placebo effect.

_____ CAM therapies not tested in a scientific manner should be discouraged.

_____ While a few CAM approaches may have limited health benefits, they have no true impact on treatment of symptoms, conditions and/or diseases.

_____ CAM is a threat to public health.

_____ I hope to have some CAM practices available to patients in my practice or referral network.

_____ Health professionals should be able to advise their patients about commonly used CAM methods.

_____ CAM practices should be included in my School’s curriculum.

_____ Knowledge about CAM is important to me as a student/future practicing health professional.

2. Barriers to use of CAM practices in Western medical settings include: Use Scale Above

_____ Lack of evidence for practices _____ Institutional concerns about legal issues

_____ Unavailability of credentialed providers _____ Lack of staff training

_____ Lack of reimbursement _____ Lack of appropriate equipment

_____ Too time consuming _____ Other ______________________

3. What primary worldview or framework guides your personal health views? Check One

_____ a. Western biomedicine _____ b. Another health tradition, e.g. traditional Chinese Medicine

_____ Combination of a & b _____ other (specify) _____________________________
Complementary and Alternative Medicine (CAM) Student Survey – Page 2

The NIH National Center for Complementary and Alternative Medicine has identified five major domains of complementary and alternative health care. This survey includes a sampling of therapies in each of the domains. The domains are: Alternative Health Systems; Mind-Body Interventions; Biological-Based Therapies; Manipulative and Body-Based Methods; Energy Therapies.

For a complete description go to their web site at http://nccam.nih.gov/nccam/fcp/classify/index.html

4. CAM Approaches – “Alternative” or Mainstream?

Historically, some “alternative” approaches reach a point where they are considered “orthodox” or mainstream. For each of the modalities listed below, indicate how you think of each therapy at the present time.

1=Clearly Mainstream
2=Neither Clearly Mainstream or Alternative
3=Clearly Alternative
X=No Opinion

____ Acupuncture
____ Aromatherapy
____ Bioelectromagnetic therapies, e.g., magnets
____ Biofeedback
____ Chiropractic
____ Herbal medicine
____ Homeopathy
____ Hypnosis/guided imagery
____ Massage
____ Music
____ Nutritional supplements
____ Prayer/spiritual healing
____ Meditation
____ Rolfing (structural reintegration)
____ Therapeutic/healing touch

6. CAM Training: For each of the following CAM practices, how much training/education have you received in your curriculum?

1=None
2=Some, but not sufficient to advise patients about use
3=Sufficient to advise patients about use
4=Sufficient to personally provide

____ Acupuncture
____ Aromatherapy
____ Bioelectromagnetic therapies, e.g., magnets
____ Biofeedback
____ Chiropractic
____ Herbal medicine
____ Homeopathy
____ Hypnosis/guided imagery
____ Massage
____ Music
____ Nutritional supplements
____ Prayer/spiritual healing
____ Meditation
____ Rolfing (structural reintegration)
____ Therapeutic/healing touch

7. Further CAM Training: For each of the following CAM practices, would you like further training?

1=No
2=Some, but not sufficient to advise patients about use
3=Sufficient to advise patients about use
4=Sufficient to personally provide

____ Acupuncture
____ Aromatherapy
____ Bioelectromagnetic therapies, e.g., magnets
____ Biofeedback
____ Chiropractic
____ Herbal medicine
____ Homeopathy
____ Hypnosis/guided imagery
____ Massage
____ Music
____ Nutritional supplements
____ Prayer/spiritual healing
____ Meditation
____ Rolfing (structural reintegration)
____ Therapeutic/healing touch
8. Personal Use: *For each of the following CAM practices, have you used it personally?*
1=No, Would Not Consider Using It
2=No, Would Consider Using It
3=Yes, Have Used it With Positive Outcomes
4=Yes, Have Used it With Neutral Outcomes
5=Yes, Have Used it With Negative Outcomes
- Acupuncture
- Aromatherapy
- Bioelectromagnetic therapies, e.g., magnets
- Biofeedback
- Chiropractic
- Herbal medicine
- Homeopathy
- Hypnosis/guided imagery
- Massage
- Music
- Nutritional supplements
- Prayer/spiritual healing
- Meditation
- Rolfing (structural reintegration)
- Therapeutic/healing touch

9. CAM Approaches in Your Practice: *For each of the following CAM approaches, how do /intend to use it in your practice—personally providing it or referring patients to trained providers?*
1=Would Not Recommend
2=Would Endorse, but Not Personally Provide or Refer
3=Would Provide Personally
4=Would Refer to a CAM Practitioner
- Acupuncture
- Aromatherapy
- Bioelectromagnetic therapies, e.g., magnets
- Biofeedback
- Chiropractic
- Herbal medicine
- Homeopathy
- Hypnosis/guided imagery
- Massage
- Music
- Nutritional supplements
- Prayer/spiritual healing
- Meditation
- Rolfing (structural reintegration)
- Therapeutic/healing touch

10. Sources of Information: *What are your sources of information about CAM?*
*Check each of the following that applies.*
- Peer professionals, e.g., physicians, nurses, pharmacists
- Other health care providers
- Medical, nursing, pharmacy, other professional journals
- Mass media—TV, radio, newspapers, magazines
- Internet: WWW, List-serve
- Coursework or formal training
- Referral
- Apprentice with healers

11. Evidence For Use of CAM Practices: *How important is each of the following types of evidence to you, to consider when recommending or using a conventional or CAM treatment?*
1=Essential 2=Somewhat Essential 3=Somewhat Important 4=Unimportant
- Proven mechanism
- Proposed mechanism of action
- Randomized controlled clinical trials involving animals
- Randomized controlled clinical trials involving humans
- Epidemiological studies
- Published case studies
- Successful use in my own practice
- Colleague recommendations
- Personal experience
- Patient reports
- Clinical trials

12. ____ Do you believe your spiritual or religious beliefs influence your attitudes toward CAM?
1=Yes, Very Much 2=Yes, Somewhat 3=No X=No Opinion

13. CAM Training: *Please describe any CAM training you have had.*

(If necessary, use the reserve side.)

14. COMMENTS OVERALL: *Any other comments you have on CAM practices or education would be welcome.*