QUESTIONNAIRE ON THE USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE BY CANCER PATIENTS IN NIGERIA

This questionnaire is designed to find out to what degree cancer patients in our hospital employ alternative and complementary remedies in the treatment of their cancer. It is only a research work. The answers you give to the questions here will in no way influence how we are going to treat you as an individual. The findings of this research will help us to understand our cancer patients better and therefore help us to improve the care that we render to them. We implore you to give us as honest an answer to each question as possible. You may choose not to respond to any of the questions you are not comfortable with. We guarantee you confidentiality.

CASE NOTE NO:____________________

DEMOGRAPHIC DATA

1. Age: --------------                           2.  Sex:   Male-------- Female---------

3. Marital status:   (A) Married   (B) Not married
                        (C) Widow   (D) Divorced/Separated

4. Highest level of education attained:
        (A) Non   (B) Primary  (C) Post primary/Secondary
                        (D) University/Polytechnic/College of education

5. Profession/Occupation: ________________________________

6. Level of Income per month:
        (A) Less than N10,000.00/month                (B) Less than N50,000.00/month

                        (C) More than N50, 000.00/month

7. Religion:   (A) Traditional religion   (B) Catholic   (C) Pentecostal
                  (D) Anglican       (E) Moslem        (F) Others (specify) --
8. If you are to rate yourself, how religious would you say you are?
   (A) Extremely religious
   (B) Very religious
   (C) Religious
   (D) Not really religious
   (E) No religious ideas

**CONVENTIONAL CANCER TREATMENT**

9. Type of cancer? ---------------------------------(Plse confirm from case note)

10. Stage of cancer? ----------------------------- (Plse confirm from case note)

11. How long have you had this disease? ----------------------------------------

12. How long have you been on treatment for this disease? ------------------------

13. What types of treatment have you received in the past for this cancer?
   (A) Drugs for cancer
   (B) Surgery (specify)
   (C) Radiotherapy
   (D) Others (specify)

14. What type of treatment are you currently receiving for this disease? ------

**COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) USE**

15. Have you used anything other than that given to you by a medical doctor
    to treat this cancer.
    (A) Yes                     (B) No
16. Below is a list of CAM people have used to treat cancer. We will like to know which ones you have used in the past, which ones you have used since this cancer started and which ones you think you may use in future. You should mark all that applies to you for each CAM

**Biological Products:**

<table>
<thead>
<tr>
<th></th>
<th>Used in the past</th>
<th>Used since this cancer</th>
<th>Hope to use</th>
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</thead>
<tbody>
<tr>
<td>Herbal drugs</td>
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<tr>
<td>High dose/ mega vitamins</td>
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<td>Forever Living Product</td>
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<tr>
<td>Tuja 1000</td>
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<td>Alo vera</td>
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<tr>
<td>GNLD product</td>
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<tr>
<td>Nutri water</td>
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<tr>
<td>Medicinal tea</td>
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<tr>
<td>Green tea</td>
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<tr>
<td>Kosagog tea</td>
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<tr>
<td>Special diet/nutritional therapies &amp; supplements</td>
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<tr>
<td>Mineral Treatment</td>
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</table>
**SPIRITUAL THERAPY/MIND-BODY SYSTEMS**

<table>
<thead>
<tr>
<th>Method</th>
<th>Used in the past</th>
<th>Used since this cancer</th>
<th>Hope to use</th>
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</thead>
<tbody>
<tr>
<td>Faith healing/prayer house</td>
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<tr>
<td>Divination/Incantations</td>
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<tr>
<td>Meditation</td>
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<tr>
<td>Visualization/Vision</td>
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<tr>
<td>Hypnosis</td>
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<tr>
<td>Psychic Therapy</td>
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<tr>
<td>Mind-body Technique</td>
<td>------</td>
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<tr>
<td>Mental Imagery</td>
<td>------</td>
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</tbody>
</table>

**ALTERNATIVE SYSTEMS**

<table>
<thead>
<tr>
<th>Method</th>
<th>Used in the past</th>
<th>Used since this cancer</th>
<th>Hope to use</th>
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</thead>
<tbody>
<tr>
<td>Chinese Medicine</td>
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<tr>
<td>Indian Medicine</td>
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<tr>
<td>Acupuncture</td>
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<tr>
<td>Homeopathy</td>
<td>------</td>
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<tr>
<td>PHYSICAL THERAPY/BODY MANIPULATIONS</td>
<td>Used in the past</td>
<td>Used since this cancer</td>
<td>Hope to use</td>
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<td>------------------------------------</td>
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<tr>
<td>Chiropractic</td>
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<tr>
<td>Osteopathy/ Bone settlers</td>
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<tr>
<td>Massage</td>
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<tr>
<td>Manual healing</td>
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<tr>
<td>(therapeutic Touch)</td>
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<tr>
<td><strong>ENERGY THERAPIES</strong></td>
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<tr>
<td>Bioelectromagnetics</td>
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<tr>
<td>Oxygen/ozone Treatment</td>
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<tr>
<td><strong>OTHERS</strong></td>
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<tr>
<td>Blood letting</td>
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<tr>
<td>Couping</td>
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<tr>
<td>Local surgery/ Scarification</td>
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<tr>
<td>Ritual Sacrifice</td>
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<tr>
<td>Urine therapy</td>
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<tr>
<td>Folk remedies (specify)</td>
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<tr>
<td>Black stone</td>
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<tr>
<td>Shark cartilage</td>
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<tr>
<td>Python fat</td>
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<tr>
<td>Animal extracts</td>
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</tbody>
</table>
17. Are there other types of CAM not listed above which you have used?
   (A) Yes (specify) --------------------------------------------- (B) No-----

18. If you have used any CAM in this cancer, for how long have you used it? ----------

19. How frequently have you been using CAM in this cancer?
   (A) Daily          (B) weekly
   (C) Occasionally  (D) Only once

20. Which of the following sentences explains how you have been using the CAM and conventional treatment?
   (A). You started conventional treatment only when you stopped CAM
   (B) You started CAM only when you finished conventional treatment
   (C) You were using CAM during the same period as you were using conventional treatment so that both will work to help each other

21. How do you hope to use your CAM and the orthodox treatment as your treatment progresses?
   (A) Use the two to help each other
   (B) Use the CAM instead of the orthodox medicine
   (C) Use orthodox medicine instead of CAM

22. How frequently have you visited a CAM practitioner since you were diagnosed to have cancer?   (A) Non   (B) Once   (D) Several times

23. What are your reasons for deciding to use CAM (you can choose more than one)
   (A). You were disappointed that conventional treatment is not working
   (B). Conventional treatment is too toxic or too mutilating
   (C). You think CAM is more in keeping with your beliefs and your inner self
D. you want to take control of your treatment and your faith in your own hands
E. Conventional treatment is too mechanistic/technological and lacks human touch
F. You are just trying everything that can help
G. Others (specify please)

24. What benefits were you hoping to get from the CAM you used in this cancer? (you can choose more than one)
   A. It will directly treat/cure your cancer
   B. It will boost your body’s ability to fight the cancer
   C. It will allow you to relax/sleep
   D. It will clean up your wounds
   E. It will relieve symptoms of conventional treatment which you are receiving
   F. It will relieve the symptoms of the cancer
   G. It will improve your psychological/emotional well being (hope, optimism)
   H. To do everything possible to fight the cancer
   I. It will improve your physical well being
   J. Others (specify)

25. Have you obtained any particular benefit from the CAM you used?
   A. Yes (specify) ____________________________________________________________
   B. No

26. Did you experience any unwanted effect from the CAM you used in this cancer?
   A. Yes (specify) ____________________________________________________________
   B. No

27. How satisfied are you with the performance of the CAM you used in this cancer?
   A. Very satisfied    B. Satisfied    C. Disappointed

28. Would you use CAM again for cancer or recommend it for someone with cancer?
   A. Yes          B. No
29. Have you had to abandon conventional treatment for CAM since you started using CAM?  
   (A) Yes  
   (B) NO

30. What were your reasons for abandoning orthodox treatment for CAM since you started CAM?  
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31. Did you mention to the doctor in charge of this your cancer management that you have used/are using CAM?  
   (A) Yes  
   (B) No

32. If your doctor is not aware that you have used/are using CAM, what is it that makes you feel unwilling to discuss it with him/her?  
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33. How did you come to know of the CAM you are using/have used (you can choose more than one)  
   (A) From health personnel outside of hospital setting  
   (B) From health personnel in the hospital  
   (C) From Friends  
   (D) From family members  
   (E) From CAM practitioner  
   (F) From Mass media (TV, newspaper, radio, magazines)  
   (G) From your church/religious group  
   (H) From Migrant advertisers  
   (I) From other patients  
   (J) Others (specify)  
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34. How do you get your supply of CAM?
   (A) From friends
   (B) From relations
   (C) From CAM practitioner
   (D) You buy from the market
   (E) From your church
   (F) Others (specify) ---------------------------------------------------------------

35. How much do you estimate that you have spent on CAM in the last one year? --------

36. What particular aspects of your CAM would you have wished is available in orthodox
    medicine?-----------------------------------------------------------------------------------------------
    -----------------------------------------------------------------------------------------------

37. Does any body supervise/guide you in the CAM you use?
   (A) Yes  (B) No