Prevalence and Determinants of Complementary and Alternative Medicine Use among Breast Cancer Patients in Lebanon

Date (dd/mm/yy) ___/___/___
Subject ID:_____________________

Section A: Socio-demographics

1- Age (years):_______________

2- Place of residence: __________

3- Marital status:
   a- Single (not married, separated, widowed, divorced)
   b- Married/living with a partner

4- Monthly household income
   a-<500$
   b-500-1000$
   c-1000-2000 $ 
   d->2000$

5- Highest education level attained
   a- Illiterate
   b- Primary
   c- Secondary School
   d- Diploma; Bachelor Degree
   e- Masters, Doctoral

6- Employment status
   a- Employed
   b- Retired
   c- Housewife
   d- Unemployed
   e- Other: __________

7- Current occupation: ________________
8- Number of rooms (except for toilet, kitchen, balcony & garage) in the household: ______

9- Number of persons (except for newborns) in the household: ______

10- **Health insurance by type**
   a- Public (Ministry of Health)
   b- Social (NSSF, COOP, Army, Public Security)
   c- Private
   d- Self-paying

**Section B: Breast Cancer**

11- How long have you been diagnosed with breast cancer? ___________

12- What is your current status of breast Cancer?
   a- Metastatic
   b- Locally advanced
   c- Early stage

13- Site of metastasis (if present):_____________

14- Do you have a Family history of breast cancer?
   a- Yes, relation to patient:_______________________
   b- No

15- Do you have a Family history of other Cancers?
   a- Yes, please specify _____________________
   b- No

16- Do you suffer from any other health condition?
   a- Hypertension
   b- Cardiovascular disease
   c- Obstructive pulmonary disease
   d- Others:

17- Do you adhere to your doctor’s recommendations?
   a- Yes
   b- No

18- What are the main barriers to your adherence to the recommendations?
   a- Unaffordable medication
b- Intolerance of drug side effects  
c- others, please specify __________

19- Have you received any dietary advice since you have been diagnosed?  
a- Yes  
b- No

20- If yes, from whom did you receive the dietary advice?  
a- Doctor  
b- Nurse  
c- Dietitian  
  i. Referral  
  ii. Personal decision

21- What symptoms do you have? (circle all that applies)  
a- Fatigue  
b- Pain  
c- Appetite loss  
d- Early satiety  
e- Weight loss  
f- Dry mouth  
g- Constipation  
h- Taste changes  
i- Dysphagia  
j- Nausea  
k- Vomiting  
l- Urinary symptoms  
m- Bleeding  
n- Hoarseness  
o- Skin symptoms  
p- Cough  
q- Sore mouth  
r- Dyspnea  
s- Other: __________

22- What is the most distressing symptom among those you have? __________

23- Your current state of health  
a- Very poor  
b- Poor  
c- Fair
d- Good
e- Excellent

Section C: CAM use

24- Have you used CAM since your diagnosis with breast cancer?
a- Yes
b- No

25- Have you used CAM in the previous year?
a- Yes
b- No

26- Are you using CAM as alternative or as complementary to the conventional treatment?
a- Alternative
b- Complementary

27- Are you using CAM as treatment or relief from symptoms?
a- Treatment of breast cancer
b- As relief of symptoms and prevention of suffering

28- If you have not used CAM, would you consider using it in the future?
a- Yes
b- No

29- If you have not used CAM, why not?
a- I never heard of it
b- I’m afraid of the side effects
c- I don’t believe in it
d- The doctor didn’t prescribe it
e- Not to have additional burden
f- Other, please specify………

30- Have you asked your doctor about the CAM product you used?
a- Yes
b- No

31- If YES, what was his reaction?
a- Encouraging
b- Discouraging
c- Neutral
32- What type of CAM product have you used?
   a- Vitamins/Minerals
   b- Dietary supplements or (Special foods)
   c- Herbal remedies/Herbal preparations, specify:
   d- Spiritual healing
   e- Folk medicine
   f- Other, please specify……………:

33- How did you choose your CAM?
   a- Personal choice
   b- Friends
   c- Media (Internet, magazines, TV)
   d- Health practitioner
   e- Family beliefs
   f- Health food shop
   g- alternative therapist

34- How often do you use CAM?
   a- One time
   b- Regular (2 or more per week for a minimum of a month)
   c- Once per month
   d- Other

35- Who provided you with the CAM treatment?
   a- Massage therapist
   b- Acupuncturist
   c- Practitioner of traditional medicine
   d- Naturopath
   e- Homeopath
   f- Got it from a local store or pharmacy.

36- If the use of CAM was regular, what is the estimated cost per month?
   a- < $10
   b- $11 – 20
   c- $21 – 30
   d- $31 – 40
   e- $41 – 50
   f- >$50

37- Why have you used CAM? (circle all that applies)
   a- To manage cancer complications/progression
   b- To reduce the side effects/symptoms of conventional treatment
   c- To help in relaxation and feeling better psychologically
d- To improve your general health and ensure long term survival  
e- To feel more in control over your health care  
f- To get relieved from sorcery spell  
g- To provide energy  
h- Disappointment from conventional medical therapy  
i- Feeling of having no alternative  
j- Belief in advantages of CAM practices  
k- Family tradition/ Culture  
l- It is more natural  
m- Curiosity  
n- Other, please specify:________________________  

38- In general, how much did CAM help you?  
  a- Not at all  
  b- Some  
  c- A lot, very satisfied  
  d- You can’t tell  

39- Have you suffered from any side effect from CAM?  
  a- Yes  
  b- No  
  c- undecided  

if yes please specify ________________  

40- Would you use CAM again?  
  a- Yes  
  b- No  
  c- undecided  

41- Will you recommend the use of this CAM to other breast cancer patients?  
  a- Yes  
  b- No  
  c- Undecided  

Thank you very much