

Complementary and Alternative Medicine

*What People 50 and
Older Are Using and
Discussing with Their Physicians*





Complementary and Alternative Medicine: *What People 50 and Older Are Using and Discussing with Their Physicians*

Data Collected by ICR
Report by AARP and NCCAM

Copyright© AARP, 2007
AARP
601 E Street, NW
Washington, DC 20049
Reprinting with Permission

AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. We produce *AARP The Magazine*, published bimonthly; *AARP Bulletin*, our monthly newspaper; *AARP Segunda Juventud*, our bimonthly magazine in Spanish and English; *NRTA Live & Learn*, our quarterly newsletter for 50+ educators; and our website, AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.



The National Center for Complementary and Alternative Medicine (NCCAM) is one of the 27 institutes and centers that make up the National Institutes of Health, the primary Federal agency for medical research. NCCAM is dedicated to exploring complementary and alternative healing practices in the context of rigorous science, training complementary and alternative medicine researchers, and disseminating authoritative information to the public and professionals. For more information, visit nccam.nih.gov.



Acknowledgements

Staff in Knowledge Management at AARP and NCCAM at the National Institutes of Health prepared this report under the direction of Helen W. Brown, Ph.D., MPH. We would like to thank Teresa A. Keenan, Team Lead, Health and Livable Communities, Strategic Issue Research, who provided management review of the final report. For additional information contact Helen W. Brown at (202) 434-6172 or hbrown@aarp.org.

table of Contents

Introduction	1
Methodology	3
findings	5
What CAM Therapies Are Used	5
Who Uses CAM Therapies	5
Why CAM Therapies Are Used	6
Discussion of CAM Use with Physicians	6
Topics Discussed with Physician	8
Use of Conventional and Over-the-Counter Medication.....	10
Primary Sources of CAM Information	11
Discussion and Conclusions	13
appendix a	15
Method.....	15
Limitations of the Method.....	16
appendix b	17
Survey Instrument	17

introduction

Do Americans age 50 and older discuss the use of complementary and alternative medicine (CAM) with their physicians? In the spring of 2006, AARP and the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health partnered to measure CAM use among this population and understand communication practices between patients and their physicians to help answer this question.

CAM is defined as a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. CAM includes such products and practices as herbal supplements, meditation, chiropractic care, and acupuncture.

Use of CAM is widespread. A nationwide government survey found that nearly half of all adults age 18 and older report using some form of CAM during their lifetime and over a third of adults reported CAM use in the past year, with people ages 50-59 most likely to report using CAM.¹ Many adults also use over-the-counter medications, prescription drugs, or other conventional medical approaches to manage aspects of their health. Therefore, communication between patients and physicians about CAM and conventional therapies is vital to ensuring safe, integrated use of all health care approaches. It allows patients and physicians the opportunity to identify CAM practices that might be beneficial and also minimizes risks to a patient from potential therapy interactions.

However, a combination of factors affects patient disclosure of CAM use, including how open-minded they perceive their physician to be and their expectation of receiving general advice on use.² Barriers to patient disclosure vary from not being asked by their physician to uncertainty of the effect of the therapy they are using. Additional barriers include patient perceptions that physicians are unwilling to discuss CAM therapies or will react negatively to disclosure of CAM use.

Many physicians feel uncomfortable discussing CAM with their patients. They cite a lack of knowledge and evidence-based research as a barrier to discussions about CAM.³ While some physicians are aware of CAM use by their patients, they still do not routinely discuss it.⁴ Some physicians believe that patients do not think disclosing CAM use is important.^{5,6}

The purpose of the AARP/NCCAM survey was to benchmark current communications practices among people age 50 and older and their physicians on the use of CAM. The telephone survey of 1,559 people confirms findings from other studies that patients and physicians often do not discuss the use of CAM. In this study, the primary reasons given for not disclosing CAM use are

¹ Barnes P, Powell-Griner E, McFann K, Nahin R. *CDC Advance Data Report #343*. Complementary and Alternative Medicine Use Among Adults: United States, 2002. May 27, 2004.

² NCCAM, Literature review regarding patient-provider communication and CAM use, September 2005, unpublished.

³ Mildren SP, Stokols D. "Physicians' attitudes and practices regarding complementary and alternative medicine." *Behav Med*. 2004 Summer;30(2):73-82.

⁴ Corbin Winslow L, Shapiro H. "Physicians want education about complementary and alternative medicine to enhance communication with their patients." *Arch Intern Med*. 2002 May 27;162(10):1176-81.

⁵ Robinson A, McGrail MR. "Disclosure of CAM use to medical practitioners: a review of qualitative and quantitative studies." *Complement Ther Med*. 2004 Jun-Sep;12(2-3):90-8.

⁶ Richardson MA, Masse LC, Nanny K, Sanders C. "Discrepant views of oncologists and cancer patients on complementary/alternative medicine." *Support Care Cancer*. 2004.

that physicians do not ask their patients about CAM use and patients do not know that they should tell their providers about their CAM use.

These findings point to a need to educate both consumers and physicians about the importance of an open and ongoing dialogue regarding the use of CAM and how that use may enhance—or interact with—conventional health care practices.

methodology

To assess the use of complementary and alternative medicine (CAM) among people age 50 and older and the circumstances under which they discuss such use with their physicians, AARP commissioned ICR, an independent research company, to conduct a telephone survey. Questions covered (see Appendix B for full survey instrument):

- Whether respondents had ever used various types of CAM and for what they had used CAM
- What types of physicians they visit
- Whether they had discussed CAM with their physicians
- What they discussed or why they hadn't discussed it
- Who initiated the discussion
- Their level of comfort in discussing CAM with physicians
- Their current use of prescription and over-the-counter medications
- Their primary source of information about CAM.

Interviews were conducted from April 26 to May 7, 2006. Responses were obtained from a total of 1,559 people age 50 and older and weighted to reflect the U.S. population of that age. The overall margin of error is plus or minus 2.48 percentage points at the 95% confidence level (see Appendix A for description of method and limitations).

THIS PAGE INTENTIONALLY LEFT BLANK

findings

What CAM Therapies Are Used

As Exhibit 1 shows, the top two types of CAM that respondents have used are bodywork (45%), which includes massage therapy and chiropractic manipulation, and herbal products or dietary supplements (42%).

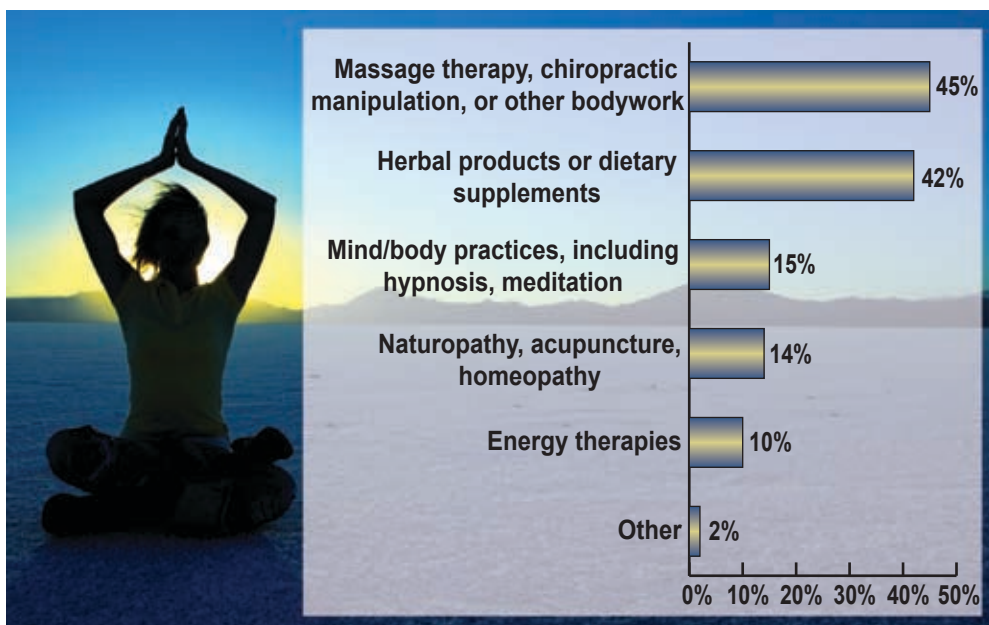
Who Uses CAM Therapies

Nearly two-thirds of the respondents (63%) have used one or more CAM therapies, though there are differences across demographic groups including age, income, education, and race. Those who were younger, who had higher household incomes, or had more formal education were more likely to have used CAM. Specifically:

- Persons age 50 to 54 years (69%) and 55 to 64 years (70%) were more likely to have used a CAM therapy or practice than those age 65 and older (54%).
- Seventy-seven percent of those with an income of \$75,000 or more have used CAM, compared to 55% of those with an income below \$25,000.
- Higher percentages of those with some college (73%) or a college degree or more (71%) have used CAM compared to high school graduates (56%).

Exhibit 1: Types of CAM Therapies Respondents Have Ever Used*

Base: All Respondents (n=1,559)[†]



*Percent exceeds 100% due to multiple responses allowed.

[†]Unweighted Base: All respondents (n=1,559); Sampling error: ±2.5 percentage points

Source: Survey of Consumer Use of CAM, AARP & NCCAM, 2006.

- A higher percentage of white non-Hispanics (66%) have used CAM than black non-Hispanics (52%).

Why CAM Therapies Are Used

Of those who have used CAM, two-thirds did so to treat a specific condition (66%) or for overall wellness (65%). Slightly less than half have used CAM to supplement conventional medicine (45%) and to prevent illness (42%). (See Exhibit 2.)

Reasons for using CAM differed to some extent by gender and age. A larger proportion of women than men said they used CAM to treat a specific condition (70% versus 61%, respectively) or to prevent illness (46% versus 36%). The younger age groups were more likely to use CAM for some purposes than were those age 65 and older:

- Persons ages 50 to 54 years old (71%) and 55 to 64 years (69%) were more likely to use CAM to treat a specific condition than those 65 and older (58%).
- The 55 to 64 age group (71%) was more likely than those 65 and older (58%) to use CAM for overall wellness.
- The 50 to 54 age group (51%) was more likely to use CAM to supplement conventional medicine than were those 65 years and older (38%).

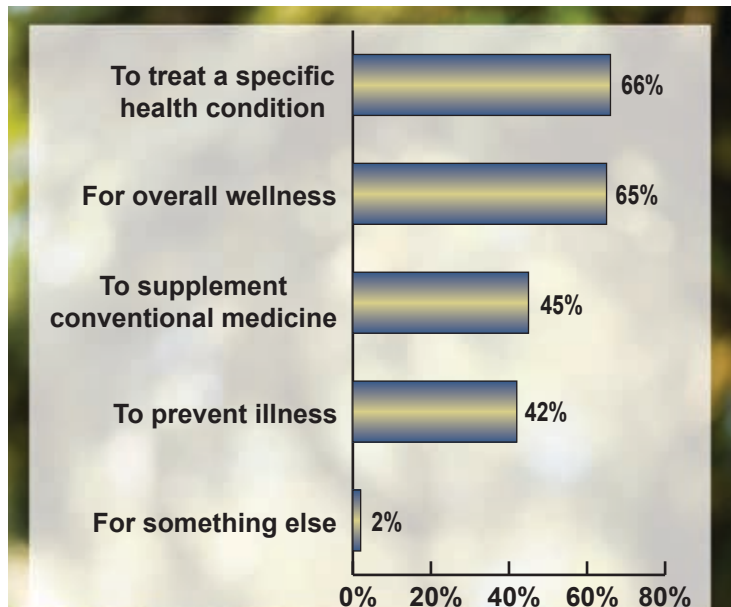
Discussion of CAM Use with Physicians

About one-third (31%) of respondents who had used CAM said they had discussed CAM with one of their physicians. Not surprisingly, those who have used CAM were more likely to have discussed CAM with their physicians than non-users (3%).

Respondents who reported seeing a conventional physician (93%) were asked if they had discussed CAM use with any of the physicians they see regularly, what topics they had discussed (or, for those who had not discussed CAM, why they had not), and how comfortable they were having such discussions. As Exhibit 3 shows, among all respondents who saw a

Exhibit 2: Why CAM Therapies Are Used*

Base: Respondents who have used CAM (N=996)[†]



*Percent exceeds 100% due to multiple responses allowed.

[†]Unweighted Base: Respondents who have used CAM (n=1,005); Sampling error: ±3.1 percentage points

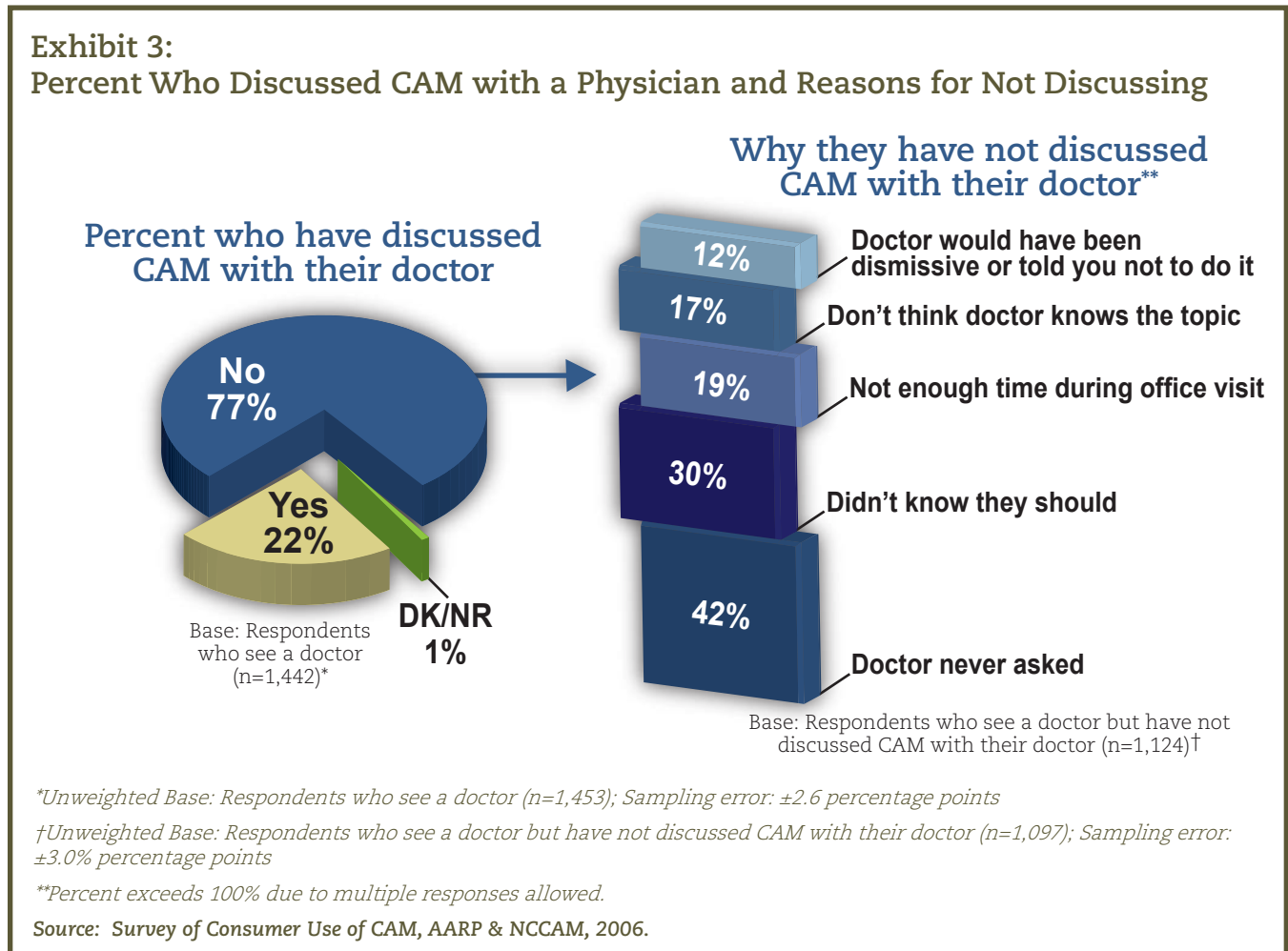
Source: Survey of Consumer Use of CAM, AARP & NCCAM, 2006.

physician, one in five had discussed CAM with a physician (22%). Demographic differences were similar to the differences among CAM users:

- Women were more likely to have discussed CAM use than men (26% versus 16%). Those age 50 to 54 (26%) or 55 to 64 (25%) were more likely to discuss CAM compared to those over age 65 (15%).
- People with incomes of \$75,000 or more (31%) or \$25,000 to \$49,999 (25%) were more likely to have talked with their physician about CAM compared to those whose income was under \$25,000 (15%).
- Respondents who had attended (25%) or graduated from college (30%) were more likely to discuss CAM with their physician than were high school graduates (16%).

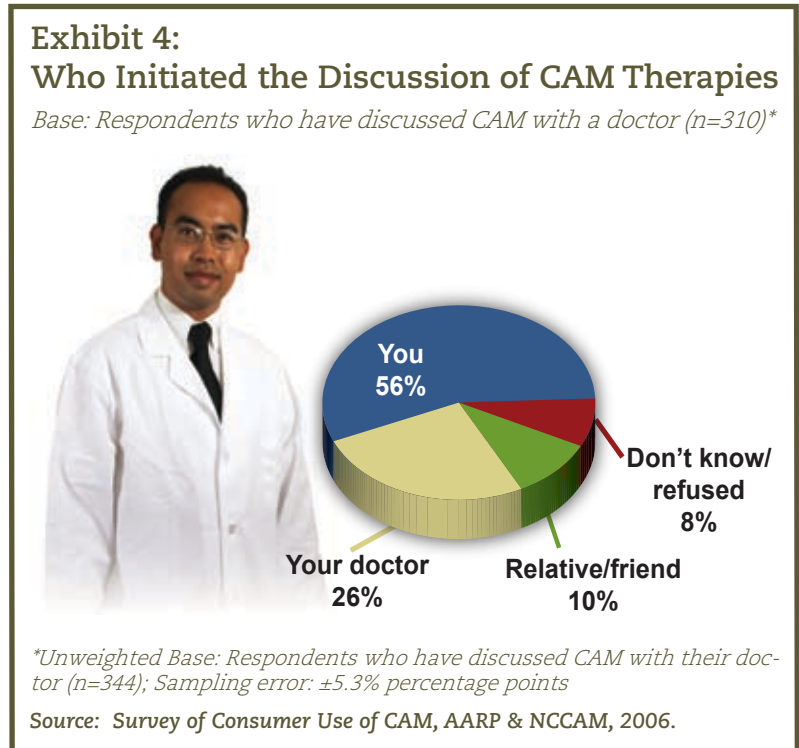
As Exhibit 3 illustrates, for respondents who had seen physicians but had not discussed CAM with them, the most common reasons were:

- The physician never asked (42%).
- The respondents did not know they should (30%).
- There was not enough time during the office visit (19%).



Here, too, there are demographic differences consistent with earlier trends:

- Men were more likely than women *not* to have discussed CAM because their physician never asked (46% versus 38%) or because they thought their physician would have been dismissive or would have told them not to use CAM (15% versus 9%).
- Non-Hispanic white respondents were more likely to say their physician never asked (44%) compared to non-Hispanic black respondents (25%).
- Younger age groups (50 to 54 and 55 to 64) were more likely to say they had not discussed CAM with their physician because their physician never asked (50% and 44%, respectively) compared to those 65 and older (36%).
- Respondents in the youngest age group—those 50 to 54 years old—were more likely to say they did not know they should talk to their physicians about CAM (41%) versus those age 55 to 64 (30%) or 65 and older (23%).
- Those age 55 to 64 were more likely to think their physician did not know about the topic (20%) than those age 65 and older (13%).
- Those in the lowest income group (household income under \$25,000 annually) were less likely to say their doctor never asked (34%) than were those in the other income groups (49% of those with household incomes of \$25,000 to \$74,999 and 57% of those with household incomes of \$75,000 or more).



Consistent with the findings above, more than half of respondents (56%) who had talked about CAM with their physician said they (not their physician) initiated the CAM discussion. As Exhibit 4 illustrates, that proportion is more than two times larger than the proportion who said their physician initiated the discussion (26%).

Topics Discussed with Physician

The CAM topics respondents discussed most frequently with their physicians were (see Exhibit 5):

- The effectiveness of a CAM therapy (67%).
- What to use (64%).

- How a CAM therapy might interact with other medications or treatments they receive (60%).
- Advice on whether or not to pursue a CAM therapy (60%).
- Safety of a CAM therapy (57%).

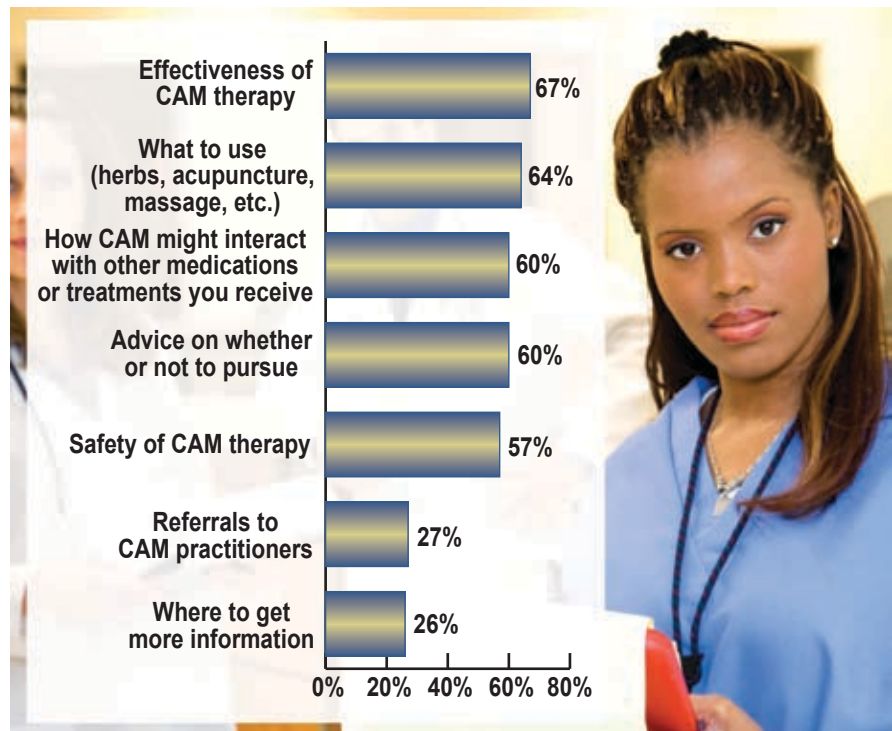
There were differences in the likelihood of discussing specific topics based on gender, age and education:

- Women were more likely to discuss “what to use” with their physicians than men were (70% versus 51%).
- More than three quarters of the persons age 50 to 54 (82%) discussed what to use with physicians, compared to 59% of those age 55 to 64 and about half (49%) of those age 65 and older.
- About three-fourths of the two younger groups (76% of those age 50 to 54 and 73% of those age 55 to 64) had discussed the effectiveness of a CAM therapy with a physician, compared to less than half (45%) of those age 65 and older.

- Those 55 to 64 were more likely to discuss CAM safety with their physician than were those 65 and older (65% versus 44%).
- Where to get more information and referrals to CAM practitioners were discussed least regardless of age.
- Those who had attended or graduated from college were more likely to discuss with a physician the safety or effectiveness of CAM than were those who had a high school education or less.

**Exhibit 5:
Topics CAM Users Discussed with Their Physician***

Base: Respondents who have discussed CAM with a doctor (n=310)†



**Percent exceeds 100% due to multiple responses allowed.*

*†Unweighted Base: Respondents who have discussed CAM with their doctor (n=344);
Sampling error: ±5.3% percentage points*

Source: Survey of Consumer Use of CAM, AARP & NCCAM, 2006.

- About two-thirds (65% of those who attended college and 63% of those who graduated) discussed safety, versus less than half (45%) of those with a high school education or less.
- Three-fourths or more (75% of college attendees and 80% of graduates) discussed CAM effectiveness, versus about half (49%) of those with a high school education or less.

Use of Conventional and Over-the-Counter Medication

Respondents were asked how many prescription and over-the-counter medications they currently take (see Exhibits 6 and 7).

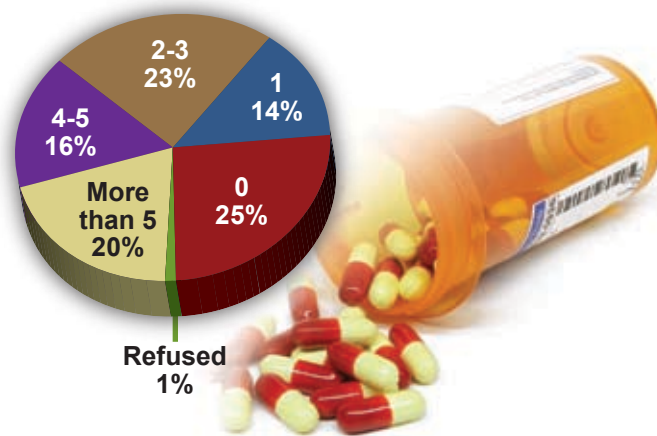
- Nearly three-fourths of respondents (74%) said they take one or more prescription medications.
- Twenty percent of respondents reported currently taking more than five prescription medications.
- A larger proportion of the oldest respondents—those age 65 and older—took prescription medications: 84% of this age group did so, compared to 67% of those age 55 to 64 and 66% of those 50 to 54.
- Those 65 and older were more likely to be taking more prescription medicines: one-fourth (25%) reported taking 5 or more prescription medicines, compared to 18% of those 50 to 64.
- Those with the highest household incomes were less likely to take prescription medications. Just over a third of the respondents whose income was \$75,000 and over (36%) indicated they do not currently take any prescription medicines; in contrast, the percentages were significantly lower for those with household incomes below \$25,000 (25%), between \$25,000 to \$49,999 (22%), and between \$50,000 to \$74,999 (21%).

Overall, 59% of the respondents use one or more over-the-counter medicines (see Exhibit 7).

- Three fourths (75%) of those who currently take one or more prescription medicines also

Exhibit 6:
Number of Prescription Medicines Currently Taking

*Base: All respondents (n=1,559)**



**Unweighted Base: All respondents (n=1,559); Sampling error: ±2.5 percentage points*

Source: Survey of Consumer Use of CAM, AARP & NCCAM, 2006.

Exhibit 7: Number of Over-the-Counter Medicines Currently Taking*

Base: All respondents (n=1,559)†



*Respondents who said they had used CAM were asked "How many different over-the-counter medicines, in addition to any CAM therapies, do you currently take?" Respondents who said they had never used CAM were asked "How many different over-the-counter medicines do you currently take?"

†Unweighted Base: All respondents (n=1,559); Sampling error: ±2.5 percentage points

Source: Survey of Consumer Use of CAM, AARP & NCCAM, 2006.

currently take one or more over-the-counter medicines.

- Three fourths (75%) of the respondents who in their lifetime had ever used herbal products or dietary supplements reported that they currently take one or more prescription medicines.

Primary Sources of CAM Information

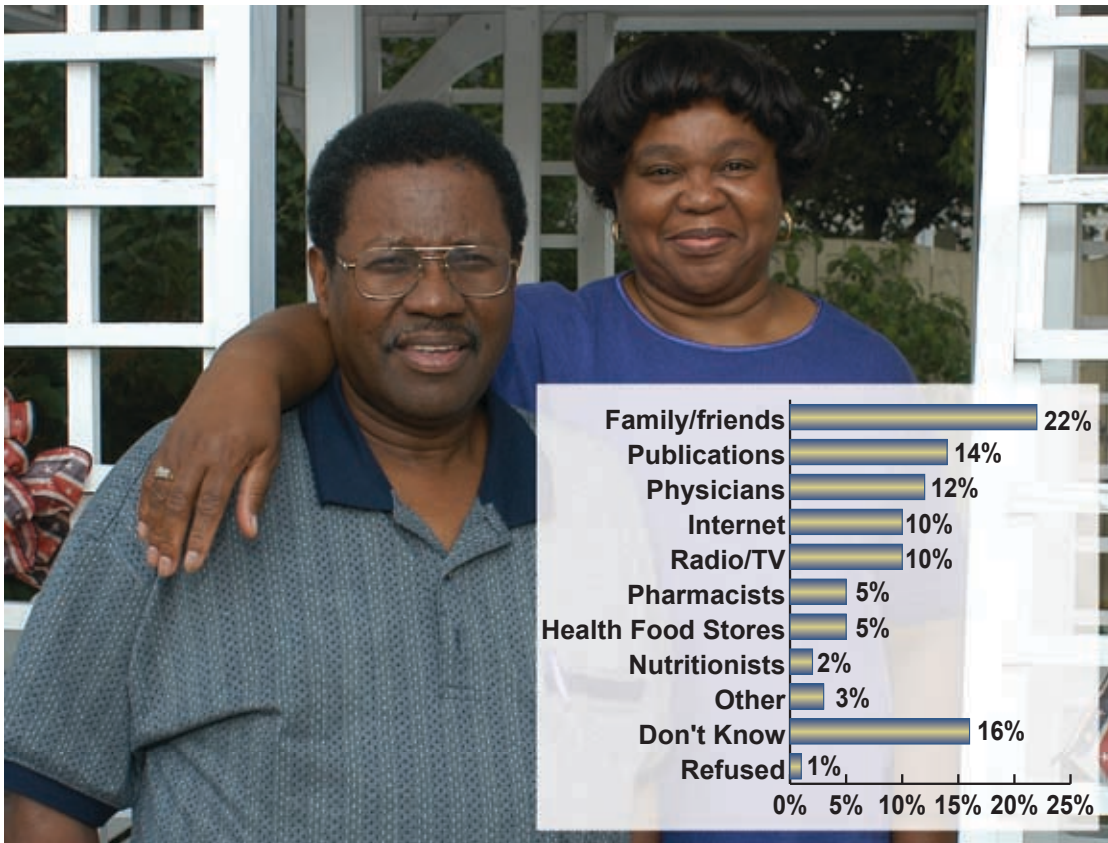
As Exhibit 8 illustrates, word-of-mouth is the predominant way CAM users obtain CAM information, with the largest proportion of CAM users (22%) considering family and friends to be their primary source of information, followed by physicians (12%) and pharmacists (5%). Among media, publications are the primary source of information for the largest proportion (14%), followed by the Internet (10%) and radio and TV (10%).

- Respondents with some college (32%) were more likely to get their information from family and friends than those with a college degree (23%) or high school education (16%).
- Those living in the West were more likely to cite family and friends as a primary source (32%) than were those living in the South (16%).
- Those age 50 to 54 (14%) and 55 to 64 (11%) were more likely to use the Internet as their primary source of information than were those age 65 and older (6%), as were college graduates (17%) compared to those who attended college (9%) or stopped their education at the end of high school or earlier (8%).

- Respondents 65 and older were more likely to turn to physicians (17%) than were those 55 to 64 (7%), as were those with a high school diploma or less (15%) compared to those with some college (8%).

**Exhibit 8:
Primary Source for CAM Therapies Information**

*Base: Respondents who have used CAM (n=996)**



**Unweighted Base: Respondents who have used CAM (n=1,005); Sampling error: ±3.1 percentage points*

Source: Survey of Consumer Use of CAM, AARP & NCCAM, 2006.

discussion & Conclusions

Nearly two out of three adults age 50 and older reported using some form of CAM. Yet only one in three of those who have used CAM said they have discussed it with their physicians. More than half of those who have discussed it said they, not their physician, initiated the discussion; just over a fourth said their physician did so.

It is clear that people age 50 and older are likely to be using CAM. It is also clear that this population is frequently using prescription medications. The AARP/NCCAM survey found that nearly 60% of respondents are currently using multiple prescription drugs. In addition, according to the 2002 National Health Interview Survey⁷, CAM users are more likely to use CAM because they believe that CAM combined with conventional medical approaches would be helpful. Thus, the common use of CAM as a complement to conventional medicine—and the high use of multiple prescription drugs—further underscores the need for physicians and patients to have an open dialogue to ensure safe and appropriate integrated medical care.

Patients need to mention CAM use to their physicians and physicians need to ask about it—especially given that less than half of respondents who said they had not discussed CAM with their physicians would be comfortable doing so. The lack of this dialogue points to a need to educate both consumers and health care providers about the importance of discussing the use of CAM, how to begin that dialogue, and the implications of not doing so.

⁷ Barnes P, et al. May 27, 2004.

THIS PAGE INTENTIONALLY LEFT BLANK

appendix a

Method

To assess the use of complementary and alternative medicine (CAM) among people age 50 and older and the circumstances under which they discuss such use with their physicians, AARP commissioned ICR, an independent research company, to conduct a telephone survey. Questions covered (see Appendix B for full survey instrument):

- Whether respondents had ever used various types of CAM and for what they had used CAM
- What types of physicians they visit
- Whether they had discussed CAM with their physicians
- What they discussed or why they hadn't discussed it
- Who initiated the discussion
- Their level of comfort in discussing CAM with physicians
- Their current use of prescription and over-the-counter medications
- Their primary source of information about CAM.

Interviews were conducted from April 26 to May 7, 2006, over three waves of the twice-weekly EXCEL omnibus survey. Responses were obtained from a total of 1,559 people age 50 and older. Each wave of EXCEL used a fully replicated, stratified, single-stage, random-digit-dialing sample of telephone households. Within each sample household, one adult respondent was randomly selected using a computerized procedure based on the "Last Birthday" method of respondent selection. If the household respondent was aged 50 years or older, he or she was then asked to respond to the survey questions. No other criteria were used to include or exclude respondents. The survey response rate was 30%. (At least three attempts were made to a telephone number on various days, including weekends, and at different time periods. The number of attempts is limited because each wave is in the field for only five days. The attained response rate is typical for quick-turnaround surveys conducted by random digit-dial telephone interviewing.)

Before weighting, the sample was somewhat older, better educated, somewhat wealthier, and more non-Hispanic white than the U.S. population age 50 and older. Data were weighted to account for disproportionate probabilities of household selection due to the number of separate telephone lines and the probability associated with random selection of an individual household

member. Data were then stratified and balanced based on the national distribution of people 50 years and older by age, sex, race and ethnicity, educational attainment, and U.S. Census region to ensure reliable and accurate representation of persons in the target population. The overall margin of error is plus or minus 2.48 percentage points at the 95% confidence level.

Limitations of the Method

As with all telephone surveys, people who live in non-residential settings or in households without telephones were excluded, as were individuals who do not speak English well enough to participate. The extent to which the views of these and other non-respondents (people in households that were called who were not reached or refused to participate) differ from those of respondents is unknown. In addition to sampling error, question wording and practical difficulties in administering surveys may have introduced error or bias into the findings of this, or any, poll of public opinion.

appendix b

Survey Instrument

Complementary and Alternative Medical Therapies Questionnaire

(ASK INSERT OF RESPONDENTS 50+)

Complementary and alternative medicine therapies are generally not taught in U.S. medical schools and are not considered as part of traditional medical practice. I will refer to complementary and alternative medicine therapies as C-A-M (spell out).

(SCRAMBLE ITEMS a-e)

CM-1. *Have you ever used any of the following types of C-A-M?*

Have you ever used (INSERT ITEM)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. *Herbal products or dietary supplements*
- b. *Massage therapy, chiropractic manipulation (ki - row-PRAC-tick), or other bodywork*
- c. *Mind/body practices, including hypnosis, meditation*
- d. *Energy therapies, including magnets and reiki (RAY- key)*
- e. *Naturopathy (na-tu-rop-A-thy), acupuncture (acu-PUNC-ture), or homeopathy (ho-ME-op-a-thy)*
- f. *Are there any other types of complimentary or alternative medicines that you have used? (SPECIFY):_____*

(ASK CM-1aa IF CM-1a-f = 2, D OR R TO ALL)

CM-1aa. *Just to clarify, have you ever used any type of complementary or alternative medicines?*

- 1 Yes
- 2 No, never used any type
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK CM-2 IF CM-1a-f = 1 TO ANY) OR (IF CM-1aa = 1)
(SCRAMBLE ITEMS a-d)

CM-2. What did you use complementary and alternative medicine for? Do you use it (INSERT ITEM)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. To prevent illness
- b. To treat a specific health condition
- c. For overall wellness
- d. To supplement conventional medicine
- e. For anything else (SPECIFY): _____

(ASK ITEM b OF FEMALES ONLY)
(SCRAMBLE ITEMS a-d)

CM-3. What types of doctors do you most often visit? Do you see (INSERT ITEM)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. a General practitioner/family physician/internist
- b. an OB/GYN
- c. a Geriatrician (jer- E- a-tri-shan)
- d. a Urologists (YUR-ra-lo- jist)
- e. Someone else (SPECIFY) _____

(ASK CM-4 IF CM-3a-e = 1 TO ANY)

CM-4. Have you ever discussed C-A-M with any of these doctors?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK CM-5a-f IF CM-4 = 2)
(SCRAMBLE ITEMS a-e)

CM-5. Which of the following are reasons why you did not talk with your doctor about C-A-M? How about (INSERT ITEM)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. *Didn't know you should*
- b. *Not enough time during office visit*
- c. *Your doctor never asked*
- d. *You don't think your doctor knows about the topic*
- e. *Your doctor would have been dismissive or told you not to do it*
- f. *Any other reasons (SPECIFY): _____*

(ASK CM-6 IF CM-4 = 1)

CM-6. Who first brought up the subject?

(READ LIST) (ACCEPT ONE RESPONSE)

- 1 You
- 2 Your doctor
- 3 Relative/friend, or
- 4 Someone else (SPECIFY): _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK CM-7 IF CM-4 = 1)

(SCRAMBLE ITEMS)

CM-7. Specifically, which of the following have you discussed with your doctor?

- 1 Yes
 - 2 No
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
-
- a. *Safety of complementary and alternative medicine therapy*
 - b. *Effectiveness of complementary and alternative medicine therapy*
 - c. *How the complementary and alternative medicine therapy might interact with other medications or treatments you receive*
 - d. *Referrals to complementary and alternative medicine practitioners*
 - e. *What to use (herbs, acupuncture, massage, etc.)*
 - f. *Advice on whether or not to pursue*
 - g. *Where to get more information*

(ASK CM-8 IF CM-4 = 1) OR (IF CM-5a-d = 1 TO ANY)

CM-8. How comfortable are you discussing C-A-M with your doctors? Are you very uncomfortable, somewhat uncomfortable, neutral, somewhat comfortable, or very comfortable?

- 1 Very uncomfortable
- 2 Somewhat uncomfortable
- 3 Neutral
- 4 Somewhat comfortable
- 5 Very comfortable
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK CM-8a IF CM-1aa = 2, D OR R)

CM-8a. *Even though you do not use C-A-M, how comfortable would you be discussing C-A-M with your doctors? Would you be very uncomfortable, somewhat uncomfortable, neutral, somewhat comfortable, or very comfortable?*

- 1 Very uncomfortable
- 2 Somewhat uncomfortable
- 3 Neutral
- 4 Somewhat comfortable
- 5 Very comfortable
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK CM-9 IF CM-1a-f = 1 TO ANY) OR (IF CM-1aa = 1)

CM-9. *What is your primary source for information about C-A-M treatments?*

Is it (READ LIST)?
(ACCEPT ONE RESPONSE)

- 1 **Pharmacists**
- 2 **Family/friends**
- 3 **Internet**
- 4 **Nutritionists**
- 5 **Health Food Stores**
- 6 **Publications (please specify)**
- 7 **Radio/TV**
- 8 **Physician**
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

CM-10. *How many different prescription medicines do you currently take?*

(DO NOT READ LIST)

- 0 Zero
- 1 1
- 2 2-3
- 3 4-5
- 4 More than 5
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK CM-11 IF CM-1a-f = 1 TO ANY) OR (IF CM-1aa= 1)

CM-11. *How many different over the counter medicines in addition to any C-A-M therapies, do you currently take?*

(DO NOT READ LIST)

- 0 Zero
- 1 1
- 2 2-3
- 3 4-5
- 4 More than 5
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK CM-11a IF CM-1aa = 2, D OR R)

CM-11a. *How many different over the counter medicines do you currently take?*

(DO NOT READ LIST)

- 0 Zero
- 1 1
- 2 2-3
- 3 4-5
- 4 More than 5
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused



The power to make it better.™