

Questionnaire

Respondent ID:

Section A: Socio-demographic characteristics

S.N.	Questions	Answers
A1	How old are you? (Age in completed years)	 years
A2	Sex	Male.....1 Female.....2
A3	Marital status	Never married.....1 Currently married.....2 Widowed.....3 Separated.....4 Divorced.....5
A4	Educational status	No formal schooling.....1 Less than Primary school.....2 Primary school completed.....3 Secondary school completed4 High school completed (+2, intermediate, PCL)....5 Bachelor's degree completed.....6 Postgraduate degree completed.....7
A5	Occupation	Employed.....1 Student.....2 Homemaker.....3 Unemployed.....4 Others (specify).....5
A6	Family income(monthly)	≤ 4850.....1 4851-14550.....2 14551-24350.....3 24351-36550.....4 36551-48750.....5 48751-97450.....6 ≥ 97451.....7
A7	Type of family	Nuclear.....1 Joint2

Section B. Questions related to chronic diseases

B1	From which of the disease you are suffering for last 12 months?		
B2	For how long have you been suffering from disease?	year yearyearyear	
B3	Is there any family history of chronic diseases in your family?	Yes.....1 No.....2	If no, skip to Q. no. C2

C. Questions related to use of complementary and alternative medicines

C1	What type of medicines did or do they use for their illness in your family? (Ask if Q.no.B3 is yes)	Allopathic only.....1 Complementary and alternative only.....2 Both allopathic and CAM.....3 Did/ do not use any medicine.....4	
C2	What are the treatments you are receiving for chronic disease? (Multiple response)	Allopathic only.....1 Complementary and alternative only.....2 Both allopathic and CAM.....3 Did/ do not use any medicine.....4	
C3	Have you heard about CAM?	Yes.....1 No.....2	
C4	What is the source of information of complementary and alternative medicine? (Multiple response)	Family.....1 Friends.....2 Media.....3 Health professionals.....4 Others.....(specify).....5	
C5	Is CAM related clinic / service available nearby you?	Yes.....1 No.....2 Don't know.....3	
C6	Have you ever used any of the complementary and alternative medicines for your chronic illnesses?	Yes.....1 No.....2	
C7	Are you currently using any of the complementary and alternative?	Yes.....1 No.....2	If no, go to ques no. C.18
C8	For which of your chronic disease are you using CAM?	123	

C9	Which type of complementary and alternative medicines are you currently using for your chronic disease? (Multiple response)	Ayurveda.....1 Naturopathy.....2 Homeopathy.....3 Acupuncture.....4 Others.....(specify).....5	
C10	Which form of complementary and alternative medicines are you using? (Multiple response)	Powder.....1 Juice.....2 Syrup.....3 Tablets/capsules.....4 Others.....(specify).....5	
C11	For what reason are you using complementary and alternative medicines? (Multiple response)	To cure your illness.....1 To control your illness.....2 To cope with the side effects of conventional medicines.....3 Others.....(specify)....4	
C12	Have you informed your doctor about your use of complementary and alternative medicines?	Yes.....1 No.....2	If no, skip to C14
C13	If yes, what advice did you get from your doctor?	Stop the CAM use.....1 Continue the CAM use.....2 Others..... (specify).....3	skip to C15
C14	What are the reasons for not informing your doctor? (Multiple response)	Not needed.....1 Not asked by doctor.....2 Others(specify).....3	
C15	Was there any adverse reaction of using CAM with the conventional medicines?	Yes.....1 No.....2	If no, skip to C17
C16	If yes what was/were the symptoms of it? (Multiple response)	Headache.....1 Nausea.....2 Diarrhea.....3 Vomiting.....4 Others..... (specify).....5	
C17	What was the usefulness of CAM use?	Very useful.....1 Limited useful.....2 Not sure.....3 No useful at all.....4	
C18	Do you prefer or advice other to use CAM?	Yes.....1 No.....2	