

Discomfort and Acceptability of Acupuncture Questionnaire

Initial Number: |_|_|_|_|

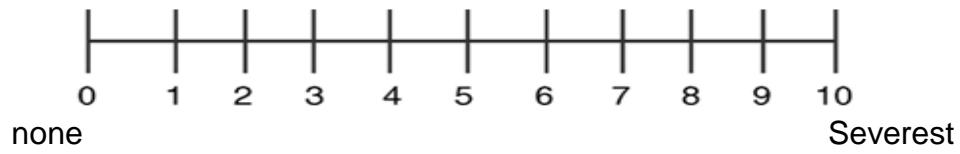
Date: |_|_| |_|_| | 201|_|_|
Day Month Year

Acupuncture shows an increasingly wide utilization worldwide. We are trying to find out severity of discomfort it induces, its acceptability and related factors. We would be grateful if you could answer the following questions, thinking about your latest acupuncture experience. Tick one box for question 2-8, 10.

1. please write in your date of birth:	_ _ _ _ _ _ _ _ _ Day Month Year
2. Are you:	Female <input type="checkbox"/> Male <input type="checkbox"/>
3. Your educational level:	Primary education and below <input type="checkbox"/> Secondary education <input type="checkbox"/> Tertiary education <input type="checkbox"/>
4. Is this your first acupuncture experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you afraid of acupuncture needles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. How much are you afraid of pain?	Very much <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/>
7. How much do you know of acupuncture?	Not at all <input type="checkbox"/> A little <input type="checkbox"/> Very well <input type="checkbox"/>
8. Professional title of your acupuncturist:	Resident physician <input type="checkbox"/> Attending physician <input type="checkbox"/> Chief physician <input type="checkbox"/>

9. How is your feeling of discomfort caused by acupuncture?

Please ring a number between 0 (none) and 10 (most severe).



10. How is your acceptability of acupuncture?

Difficult to accept

Easy to accept

Thank you very much for answering these questions.