

# If you have a scheduled appointment at the Department of oncology

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We would appreciate if you could take a little time in the waiting room to answer some questions.

When receiving a cancer diagnosis, it is natural to think about one's own contribution to improve the situation. We know that for many people, this involves trying other medications/dietary supplements or treatment methods than those recommended by doctors, so called complementary and alternative medicine.

Today, such methods are not regularly used within cancer care, since most have not been scientifically investigated.

We are therefore conducting this research project with the aim to describe the use of these methods among people with cancer in the Stockholm area. Data will be collected by regional experts for Integrative Cancer Care from Regional Cancer Center Stockholm-Gotland.

## **What does this mean for me?**

Your participation in this project means that you consent to anonymously fill in your answers in the attached questionnaire containing 20 questions. It takes 5-10 minutes to fill in the questionnaire. Please return the questionnaire in the designated box in the waiting room after you have answered all the questions.

Your answers will be handled safely to ensure that no unauthorized persons can access the information. Your health care will in no way be affected by your decision to participate or not and your participation is entirely on a voluntary basis.

Research has ethical rules; information that may be associated with a certain individual will not be revealed. Cases that may be discussed for research purposes will always exclude any given names of patients and personal data. The research is evaluated by the Ethical board. Results will be published in scientific journals.

***Thank you for your help!***

Responsible researchers are:

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1. Age: \_\_\_\_\_

2. Are you

<input type="checkbox"/>	Man
<input type="checkbox"/>	Woman

3. Where in the body did your cancer start? \_\_\_\_\_

4. What is the highest educational level you have completed?

<input type="checkbox"/>	Elementary school
<input type="checkbox"/>	High school
<input type="checkbox"/>	College/university
<input type="checkbox"/>	Post-graduate education

5. Have you at any point in life used any form of so called complementary and alternative methods?

Yes → Continue with question 7.

No → Continue with question 6 and then question 15-19.

6. Please check the main reason(s) for not using any complementary and alternative methods:

Check all that apply.

<input type="checkbox"/>	Never thought about using complementary and alternative methods
<input type="checkbox"/>	I do not believe in methods lacking scientific proof
<input type="checkbox"/>	I am happy with the care and treatment I receive at the department of oncology
<input type="checkbox"/>	I cannot afford complementary and/or alternative methods
<input type="checkbox"/>	I've thought about using complementary and alternative methods but was discouraged family/friends/health professionals and decided therefore not to do so
<input type="checkbox"/>	Other reason: _____ _____ _____ _____

**7. Have you used any of the following complementary and alternative methods before or after your cancer diagnosis? What of these methods are you currently using?**

Check all that apply.

	Used before cancer diagnosis	Used after cancer diagnosis	Using now
Ayurveda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual guidance, healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthroposofic medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aroma therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in diet beyond those recommended at the department of oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mistletoe injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naprapathy, Chiropractic treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural products incl. Echinacea, omega-3, arctic root, garlic. <i>Please specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rosen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shiatsu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tai Qi/Qi gong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cont. question 7.	Used before cancer diagnosis	Used after cancer diagnosis	Using now
Traditional Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins and minerals <i>Please specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Others, please specify:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not used any of the methods above **after** your cancer diagnosis → *Continue with question 15.*

**8. If you began using complementary and/or alternative therapies after you knew you had cancer, when did you begin using these therapies?**

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**9. Please give the reason why you are using or have used complementary and alternative methods.**

Check all that apply.

<input type="checkbox"/>	To fight cancer
<input type="checkbox"/>	To improve the body's ability to fight cancer
<input type="checkbox"/>	To improve physical well-being
<input type="checkbox"/>	To improve emotional well-being
<input type="checkbox"/>	To improve general well-being
<input type="checkbox"/>	To relieve symptoms from cancer disease
<input type="checkbox"/>	To relieve side-effects from oncological treatment
<input type="checkbox"/>	"It might help and does probably no harm."
<input type="checkbox"/>	To have tried everything
<input type="checkbox"/>	Other:

**10. What benefit have you experienced from the used complementary and alternative methods?**

Check all that apply.

<input type="checkbox"/>	Direct decrease of tumor as a result from using complementary and alternative methods
<input type="checkbox"/>	Increase in my body's ability to fight cancer
<input type="checkbox"/>	Improvement of physical well-being
<input type="checkbox"/>	Improvement of emotional well-being
<input type="checkbox"/>	Reduction of symptoms from cancer disease
<input type="checkbox"/>	Reduction of side-effects from oncological treatment
<input type="checkbox"/>	Other:
<input type="checkbox"/>	No benefit at all

**11. Have you experienced any ill effects or side-effects, which you attribute to the complementary and alternative therapy?**

Yes → Specify **what** and in relation to what **method** below.

No

<u>Method</u>	<u>Ill effect or side-effect</u>

**12. How much do you currently spend on complementary and alternative methods (incl. products and treatments) in one month? (Please check)**

<input type="checkbox"/>	0 SEK
<input type="checkbox"/>	500 SEK or less
<input type="checkbox"/>	501-1000 SEK
<input type="checkbox"/>	1001-5000 SEK
<input type="checkbox"/>	5001-10 000 SEK
<input type="checkbox"/>	10 000 SEK or more

**13. Do you think the complementary and alternative methods you have used were worth the money?**

Yes

No

Please comment:

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**14. How satisfied are you with the complementary and alternative method(s) you have used since your cancer diagnosis?**

Not satisfied at all     A bit satisfied     Quite satisfied     Very satisfied

Please comment:

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**15. Have you discussed use of complementary and alternative methods with your doctor or nurse at the department of oncology?**

Yes    → *Continue with question 15a-15b.*

No    → *Continue with question 15c.*

**15a. If yes, what was his/her answer?**

Specify with whom (doctor or nurse) you have discussed this use.

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**15b. If yes, were you satisfied with the answer?**

Yes

No

Please comment:

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**15c. If no, please state the reason**

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**16. What was your source of information about complementary and alternative methods?**  
Check all that apply.

<input type="checkbox"/>	No one, never heard of it until today
<input type="checkbox"/>	The media (TV, magazines, newspapers)
<input type="checkbox"/>	Internet
<input type="checkbox"/>	Family and friends
<input type="checkbox"/>	Practitioners of complementary and alternative therapies
<input type="checkbox"/>	From primary care/department of oncology/home care
<input type="checkbox"/>	Other: _____

**17. In your opinion, should health care providers at the oncology department be able to answer questions related to complementary and alternative methods?**

- Yes
- No
- No opinion

**18. How would you prefer to receive information about complementary and alternative methods from the oncology department?**

<input type="checkbox"/>	Written information (webpage or brochure)
<input type="checkbox"/>	E-mail/chat forum with possibility to ask questions
<input type="checkbox"/>	Personal meeting with a competent person
<input type="checkbox"/>	Lecture
<input type="checkbox"/>	Other: _____

19. In your opinion should certain complementary and alternative methods be offered within oncological care?

Yes

No

Please comment:

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*Thank you for your participation!*



REGIONALT  
CANCERCENTRUM  
STOCKHOLM GOTLAND

