Title: Common alternative therapies used by persons with Chronic Non-Communicable Diseases (Hypertension and Type 2 Diabetes) in Western Jamaica

	erview for Diabetes				Date:				
1.	Are you currently using any alternative treatments/home remedies for your diabetes?								
	Yes No								
	If yes, which alternative	e treatment meth	hod do you	currently use?	Mark all that apply				
	Herbal medicine	e	Exercise						
	Nutritional supp	lements	Spiritual	healing					
	Diet modification	ons	Relaxation	on techniques					
	Manual technique	ues	Other, pl	ease specify					
2.	If you are not currently using an a Yes No If yes, why did you discontinue us				ative treatments previously?				
Dei	nographic Information:								
	Parish: Hanover St. Jame	s Westmor	eland	Trelawny					
	District:								
	Sex: Male Femal								
6.	Date of Birth:/	Age:							
	What is the highest level of educa								
	Some Primary	Completed S	Secondary '	Technical/Voca	tional				
	Completed Primary	College/Univ	versity						
	Some Secondary	No education	n						
8.	Religious Affiliation:								
	Catholic	Jehovah Witne	ess						
	Protestant	Rastafarian							
	Muslim	Adventist							
_	Other, please specify: _								
9.	What is your marital status?	****							
	Single	Widowed/ Div	orced						
10	Married/ Common Law								
10	What is your living arrangement?								
	House/Apartment/Cond	=							
	House/Apartment/Cond	=							
	Stay with family/friend								
	Other, please specify: _								

11. What is your occupation?
None
Professional (e.g. teacher, policeman, doctor,)
Skilled (e.g. plumber, mechanic, electrician, hairdresser, lab technicians)
Clerical (e.g. secretary,
Unskilled (e.g. sanitation/janitorial, ward assistants, porters)
Other, please specify
12. What is your individual monthly income?
No income (being supported by the family)
Less than J\$24,800 (min. wage J\$6,200 weekly)
J\$24,801-J\$60,000
J\$60,001-J\$120,000
J\$120,001—J\$200,000
11a. Other Income: J\$
13. How many people live in the same house with you?
Number of adults (≥18 years) including you:
Number of children (under 18 years):
Number of children in school:
Type 2 Diabetes Mellitus Questions
14. When were you diagnosed with diabetes?
Within the past year
2-5 years ago
6-10 years ago
>10 years ago
15. Are you currently on medication from the clinic or a doctor for your diabetes?
Yes No
16. Where do you receive medications for your diabetes?
Health center
Pharmacy
Hospital
17. Do you have difficulty in picking up your diabetes medicine?
Yes No
If Yes, what difficulty do you experience?
18. Do you get your diabetes medication free of cost or do you have to pay? If you pay, how much?
19. Do you always refill your diabetes medication on-time (i.e. before you run out)?
Yes No

20. If	no, why don't you always fill you	r diabetes medicine on ti	me?	
21. Do	you always take your diabetes me Yes No	edicine(s) as prescribed?		
	If no, why not?			
22. Do	you think that your diabetes medi Yes No	cine is controlling your	diabetes?	
	If no, why do you think so?			
23. Do	you experience any side effects fr Yes No	om your diabetes medic	ine(s)?	
	If yes, what side effects do you ex	perience?		
	native Treatment Use and K	-		
		C .		
24. Na	me the herbal medicines that you t	take for diabetes and how	v often you take them.	
1.				
	1-3 days a week	4-6 days a week	7 days a week	Every other week
	Once a month	Every 2 months	Every 3 months or	less
2	1 2 days a wool	4.6. days a yyaals	7 days a synals	Eveny oth en vecel
	1-3 days a week Once a month	4-6 days a week Every 2 months	Every 3 months or	Every other week
3.			Every 5 months of	1055
	1-3 days a week	4-6 days a week	7 days a week	Every other week
4	Once a month	Every 2 months	Every 3 months or	less
4	1-3 days a week	4-6 days a week	7 days a week	Every other week
	Once a month	Every 2 months	Every 3 months or	-
5.				
	1-3 days a week	4-6 days a week	7 days a week	Every other week
	Once a month	Every 2 months	Every 3 months or	less
25. Do	you think these herbal medicines	control your diabetes?		
Ify	ves, why do you think so?			
_		ou still toko vove eesseeis	ntion modication as	osarihad?
20. WI	nen you use herbal medicine, do yo Yes No	ou still take your prescrip	buon medication as pro	escribed?
If 1	no, what do you do?	2		

27. Have you re	eceived information	on about alternative treatments?
Υ	Yes N	lo
If Yes, wha	t have you heard	about alternative treatments for diabetes?
Where or fr	om whom did yo	u receive the information?
•		ve treatments for diabetes with your healthcare provider? No
If no, why	not?	
29. Why do you	u choose to use al	ternative medication to treat your diabetes?
30. When do yo	ou take alternative	e medications?
Do you take	e them when you	cannot afford your prescribed medications?
31. Do you exp	erience any negat	tive side effects when taking alternative medication?
If so, what	do you experience	e?
	ny possible harmf are possible harm	ful effects of using both herbal and prescription medicines at the same time ful effects?
Knowledge R	Regarding Alte	rnative Treatments
Do you believe:		
		d always be used instead of prescription medication?
	Yes No	
		ore effective at treating diabetes than prescription medication?
	Yes No	easant side effects of prescription medication, is it okay to stop taking the
-		your healthcare provider?
Υ	Yes No	
= = = = = = = = = = = = = = = = = = =	=	e both prescription medication and alternative treatments at the same time to
treat diabet		
	Yes No	
healthcare	•	l always discuss any alternative treatments for your condition with your
Y	Yes No	
Why	or why not?	

Patient Clinical Data

1.	Date diagnose	d with T	ype 2 Dia	betes (mm/dd/	yyyy):	MM_	DD	YYYY
2.	Glucose and A	AIC readi	ngs					
	Date: _	MM_	DD	YYYY	R	Reading: _		
	Date: _	MM_	DD	YYYY				
	Date: _	MM	DD	YYYY				
3.	Weight:			Date w	eighed: _	MM	_DD	YYYY
	Height:			Date m	easured:	MM_	DD	YYYY
.			•					
Into	erview for Hy	yperten	sion					
38.	Are you current pressure?	tly using	any alteri	native treatmen	nts/home	remedies	s for your	hypertension/high bloo
	Yes		No					
	If Ye	es, which	alternativ	e treatment m	ethod do	you curre	ently use?	•
		Herba	l medicin	e	Exerc	eise		
		Nutrit	ional supp	olements	Spirit	tual healii	ng	
		Diet n	nodificatio	ons	Relax	kation tec	hniques	
		Manua	al techniq	ues	Other	r, please s	specify: _	
39.	If you are not c							ative treatments previou
	Yes		No					
	If yes, why did	you disc	ontinue u	se of alternativ	e treatm	ents?		
40.	When were you	ı diagnos	sed with h	igh blood pres	sure?			
	With	in the pa	st year					
	2-5	years ago)					
	5-10	years ag	go					
	>10	years ago)					
41.	Are you curren			from the clinic	or a doc	tor for yo	ur high b	lood pressure?
	Yes	-	No			-		-
42.	Where do you	receive y	our medic	cations for you	r High bl	lood press	sure?	
		th center		ž	-	•		
	Phari	macy						
	Hosp	•						
43.	Do you have di		n picking	up your blood	pressure	e medicin	e?	
	Yes	- , -	No	1 3	1			

If Yes, what difficulty do you experience?

45. Do you always refill your high blood pressure medication on-time?

-	Yes	No			
46. If no, why	/ don't you alwa	ys fill your blo	ood pressure medicine	e on time?	
47. Do you ta	ke your blood pi Yes	ressure medicii No	ne(s) as prescribed?		
If no, v	vhy not?				
48. Do you th	ink that your blo Yes	ood pressure m No	nedicine is controlling	your high blood pressu	re?
If no, v	vhy do you think	so?			
49. If you get	a normal blood Yes	pressure readii No	ng, do you stop takin	g your prescription med	icine?
	You are cured Your blood pres Other, please sp	ssure is normal	reading mean that: I at the time but you so your high blood pres	till have high blood pressure medicine(s)?	ssure
If yes,	what side effects	s do you exper	ience?		
Alternative	Treatment U	se and Kno	wledge		
52. Name the	herbal medicine	s that you take	e for high blood press	ure and how often you t	ake them.
2.	1-3 days a Once a mo		4-6 days a week Every 2 months	7 days a week Every 3 months or lo	Every other week
3.	1-3 days a Once a mo		4-6 days a week Every 2 months	7 days a week Every 3 months or le	Every other week
5.	1-3 days a Once a mo		4-6 days a week Every 2 months 6	7 days a week Every 3 months or le	Every other week

44. Do you get your blood pressure medication free of cost or do you have to pay? If you pay, how much?

4				
	1-3 days a week	4-6 days a week	7 days a week	
5.	Once a month	Every 2 months	Every 3 months or	less
J	1-3 days a week	4-6 days a week	7 days a week	Every other week
	Once a month	Every 2 months	Every 3 months or	less
53. Do you th	ink these herbal medicines	control your high blood	pressure?	
If yes, wh	y do you think so?			
54. When you	ı use herbal medicine, do yo	ou still take your medicat	ion from the doctor as	prescribed?
	Yes No			
If no, wha	at do you do?			
55. Have you	received information about	alternative treatments?		
1037 1	Yes No			
	nat have you heard about al		ypertension?	
Where or	from whom did you receive	e the information?		
56. Have you	discussed alternative treatm Yes No	nents for hypertension w	ith your healthcare pro	ovider?
If no, why	not?			
57. Why do y	ou choose to use alternative	e medication to treat your	hypertension?	
58. When do	you take alternative medica	tions?		
Do you ta	ke them when you cannot a	fford your prescribed me	edications?	
59. Do you ex	sperience any negative side	effects when taking alter	rnative medication?	
If so, wha	t do you experience?			
	any possible harmful effect t are possible harmful effec	•	d prescription medicir	nes at the same time?
Knowledge	Regarding Alternative	e Treatments		
Do you believe	e:			
61. Alternativ	e treatments should always	s be used instead of presc	ription medication?	
62 Alternativ	Yes No re treatments are more effective.	ctive at treating hyperten	sion than prescription	medication?
oz. michian	Yes No	care at a caming hyperten	sion man presemption	modiculium:

	•		-	•	n, is it okay to stop taking the
	medicine without co		nealthcare provi	der?	
61		No	h nrescription me	adication and alternativ	ve treatments at the same time to
U 4 .	treat hypertension?	ay to use both	n prescription inc	fulcation and alternativ	te treatments at the same time to
	* *	No			
65.	. Do you think you sh	ould always d	discuss any alterr	native treatments for ye	our condition with your healthcare
	provider?				
	Yes	No			
	Why or why r	not?			
	,				
			Patient C	linical Data	
5.	. Date diagnosed wit	h HTN:	MMDD	_YYYY	
6.	. Blood Pressure read	dings			
	Date: M	M DD	YYYY	Reading.	
	Date: M		YYYY		
	Date: M		YYYY		
7.	. Weight:		Date weig	hed:MMDD_	YYYY
	. Height:		Date meas	sured:MMDD	YYYY