

Screening

Please complete the screening questions below to see if you are eligible for this study.

Are you an MD, DO, PA, or NP?

- Yes
 No

Do you dedicate any proportion of your effort to providing palliative care as part of a palliative care service / team at your facility?

- Yes
 No

How did you hear about our survey?

- Direct contact from the research team
 Contact from another healthcare professional
 AAHPM
 AANP
 HPNA
 PAHPM
 AAPA
 Other (please specify)

Please specify:

Survey

On average, what proportion of your effort is devoted to providing palliative care?

- 100%
- 75-99%
- 50-74%
- 25-49%
- 10-24%
- < 10%
- Unsure

Considering your patients receiving palliative care, for what percentage do you recommend complementary and integrative medicine modalities to manage burdensome symptoms?

- 100%
- 75-99%
- 50-74%
- 25-49%
- 10-24%
- < 10%
- Unsure

Complementary and integrative medicine (CIM) includes non-mainstream therapies that are used alongside conventional therapies to improve mental, emotional, spiritual, and functional areas of health.

Some common examples include but are not limited to: yoga, meditation, acupuncture, natural products, and traditional medicines. A comprehensive list is presented on the next page.

Considering your patients receiving palliative care, how often do you recommend the use of complementary and integrative medicine to manage burdensome symptoms?

- Daily
- Several Times a Week
- Several Times a Month
- Less Than Once per Month
- Never

Familiarity with Clinical Uses of Complementary and Integrative Medicine (CIM) Modalities

Select all the CIM modalities with any clinical use of which you are aware

- Acupuncture / Acupressure
- Alternative Medical Systems (Ayurveda, Traditional Medicine, Healers, Traditional Chinese Medicine, Homeopathy, Naturopathy, Folk Medicine)
- Chiropractic or Osteopathic Medicine
- Massage
- Yoga, Tai-Chi, or Qigong
- Mind-Body Intervention (Meditation, Relaxation, Breathing, Hypnosis, Biofeedback)
- Natural Products (non-vitamin, non-mineral dietary supplements)
- Nutrition or Special Diets
- Creative Arts Therapies (art, dance, music)
- Aromatherapy

Please select all the specific Mind-Body Intervention modalities with any clinical use of which you are aware

- Meditation
- Relaxation (Visualization, Guided Imagery, Controlled Breathing, Progressive Relaxation, Humor)
- Hypnosis
- Biofeedback

Recommending Complementary and Integrative Medicine (CIM) for Burdensome Symptoms

Select all the CIM modalities you have ever recommended to manage any of the following:

1. Pain
2. Nausea / Vomiting
3. Dyspnea
4. Constipation
5. Anxiety, Mood, and/or Distress
6. Sleep Disturbance

- Acupuncture / Acupressure
- Alternative Medical Systems (Ayurveda, Traditional Medicine, Healers, Traditional Chinese Medicine, Homeopathy, Naturopathy, Folk Medicine)
- Chiropractic or Osteopathic Medicine
- Massage
- Yoga, Tai-Chi, or Qigong
- Mind-Body Intervention (Meditation, Relaxation, Breathing, Hypnosis, Biofeedback)
- Natural Products (non-vitamin, non-mineral dietary supplements)
- Nutrition or Special Diets
- Creative Arts Therapies (art, dance, music)
- Aromatherapy
- Other (please specify)
- I have never recommended such modalities to address these symptoms

Please select all the specific Mind-Body Intervention modalities you have ever recommended to manage any of the above symptoms

- Meditation
- Relaxation (Visualization, Guided Imagery, Controlled Breathing, Progressive Relaxation, Humor)
- Hypnosis
- Biofeedback

Please specify which unlisted modalities you have ever recommended to manage any of the above symptoms:

Please separate your answers with a comma, if applicable

The following questions pertain to recommending X for Y

Who initiates this recommendation most of the time?
Choose ALL that apply

- Provider
- Patient
- Family
- Other Provider (e.g. nurse, referring physician, etc.)
- Other (please specify)

Please specify:

How often do you recommend this modality for this symptom?

- Always
- Often
- Sometimes
- Rarely
- No longer recommend (but have in the past)

How often do you observe meaningful clinical benefit when recommending this modality to address this symptom?

- Always
- Often
- Sometimes
- Rarely
- Never

For the above three questions, X is a modality and Y is a symptom.

This page existed in the survey a total of 60 times (10 modalities and 6 symptoms). However, it only appeared to an individual respondent for those specific modality-for-symptom combinations they indicated they had ever recommended on the previous page.

We present this representative page as an example for the purposes of concision, it appeared identically for each of the 60 permutations with the exception of specifying the modality and symptom.

Challenges Related to Using Complementary and Integrative Medicine (CIM) to Manage Burdensome Symptoms

Considering your patients receiving palliative care, what challenges have you encountered in recommending CIM to manage burdensome symptoms?

Choose all that apply

- Patient- or Family-related challenges
- Lack of scientific evidence for CIM
- Lack of cost-effective CIM interventions
- Low availability of CIM providers
- Low availability of institutions/systems to provide CIM
- CIM is recommended by another consulting service or team
- Difficulties with reimbursement
- Insufficient familiarity with available modalities
- Insufficient familiarity with clinical indications
- Insufficient time to discuss CIM with patients
- Other (please specify)

Please specify:

I am comfortable recommending complementary and integrative medicine modalities if there is a clinical indication to do so

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

To what extent have your practice patterns with respect to complementary and integrative medicine in palliative care changed as a consequence of the COVID-19 pandemic?

- To a Great Extent
- Somewhat
- Very Little
- Not at All

Please answer the following questions about you and your practice:

Age (years) < = 30 years old
 31-40 years old
 41-50 years old
 51-60 years old
 60+ years old

Gender Male
 Female
 Transgender Male
 Transgender Female
 Gender Variant/Non-Conforming
 Not listed, please specify

Please specify: _____

Ethnicity Hispanic or Latino or Spanish Origin
 Not Hispanic or Latino or Spanish Origin

Race American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other

Choose all that apply

Please Specify: _____

Title NP
 PA
 MD
 DO

Years of experience practicing palliative care < 2 years
 2-5 years
 6-10 years
 11-20 years
 >20 years

In which setting(s) do you currently practice palliative care?
Choose all that apply

Hospice
 Long Term Care Facility
 Inpatient at a Hospital in the Community
 Inpatient at an Academic Medical Center
 Outpatient Clinic
 Outpatient Private Office

In which state do you practice most of the time?

- Alabama (AL)
- Alaska (AK)
- Arizona (AZ)
- Arkansas (AR)
- California (CA)
- Colorado (CO)
- Connecticut (CT)
- Delaware (DE)
- District of Columbia (DC)
- Florida (FL)
- Georgia (GA)
- Hawaii (HI)
- Idaho (ID)
- Illinois (IL)
- Indiana (IN)
- Iowa (IA)
- Kansas (KS)
- Kentucky (KY)
- Louisiana (LA)
- Maine (ME)
- Maryland (MD)
- Massachusetts (MA)
- Michigan (MI)
- Minnesota (MN)
- Mississippi (MS)
- Missouri (MO)
- Montana (MT)
- Nebraska (NE)
- Nevada (NV)
- New Hampshire (NH)
- New Jersey (NJ)
- New Mexico (NM)
- New York (NY)
- North Carolina (NC)
- North Dakota (ND)
- Ohio (OH)
- Oklahoma (OK)
- Oregon (OR)
- Pennsylvania (PA)
- Rhode Island (RI)
- South Carolina (SC)
- South Dakota (SD)
- Tennessee (TN)
- Texas (TX)
- Utah (UT)
- Vermont (VT)
- Virginia (VA)
- Washington (WA)
- West Virginia (WV)
- Wisconsin (WI)
- Wyoming (WY)
- American Samoa (AS)
- Guam (GU)
- Northern Mariana Islands (MP)
- Puerto Rico (PR)
- Virgin Islands (VI)

Which of the following best describes your practice setting?

- Urban
- Suburban
- Rural

What population do you primarily care for?

- Adults
- Pediatrics
- Both