

**Prevalence and Determinants of Complementary and Alternative Medicine Use among
Breast Cancer Patients in Lebanon**

Date (dd/mm/yy) ___/___/___

Subject ID: _____

Section A: Socio-demographics

1- **Age (years):** _____

2- **Place of residence:** _____

3- **Marital status:**

- a- Single (not married, separated, widowed, divorced)
- b- Married/living with a partner

4- **Monthly household income**

- a-<500\$
- b-500- 1000\$
- c-1000-2000 \$
- d->2000\$

5- **Highest education level attained**

- a- Illiterate
- b- Primary
- c- Secondary School
- d- Diploma; Bachelor Degree
- e- Masters, Doctoral

6- **Employment status**

- a- Employed
- b- Retired
- c- Housewife
- d- Unemployed
- e- Other: _____

7- **Current occupation:** _____

8- Number of rooms (except for toilet, kitchen, balcony & garage) in the household: _____

9- Number of persons (except for newborns) in the household: _____

10- Health insurance by type

- a- Public (Ministry of Health)
- b- Social (NSSF, COOP, Army, Public Security)
- c- Private
- d- Self-paying

Section B: Breast Cancer

11- How long have you been diagnosed with breast cancer? _____

12- What is your current status of breast Cancer?

- a- Metastatic
- b- Locally advanced
- c- Early stage

13- Site of metastasis (if present): _____

14- Do you have a Family history of breast cancer?

- a- Yes, relation to patient: _____
- b- No

15- Do you have a Family history of other Cancers?

- a- Yes, please specify _____
- b- No

16- Do you suffer from any other health condition?

- a- Hypertension
- b- Cardiovascular disease
- c- Obstructive pulmonary disease
- d- Others:

17- Do you adhere to your doctor's recommendations?

- a- Yes
- b- No

18- What are the main barriers to your adherence to the recommendations?

- a- Unaffordable medication

- b- Intolerance of drug side effects
- c- others, please specify _____

19- Have you received any dietary advice since you have been diagnosed?

- a- Yes
- b- No

20- If yes, from whom did you receive the dietary advice?

- a- Doctor
- b- Nurse
- c- Dietitian
 - i. Referral
 - ii. Personal decision

21- What symptoms do you have? (circle all that applies)

- a- Fatigue
- b- Pain
- c- Appetite loss
- d- Early satiety
- e- Weight loss
- f- Dry mouth
- g- Constipation
- h- Taste changes
- i- Dysphagia
- j- Nausea
- k- Vomiting
- l- Urinary symptoms
- m- Bleeding
- n- Hoarseness
- o- Skin symptoms
- p- Cough
- q- Sore mouth
- r- Dyspnea
- s- Other: _____

22- What is the most distressing symptom among those you have? _____

23- Your current state of health

- a- Very poor
- b- Poor
- c- Fair

- d- Good
- e- Excellent

Section C: CAM use

24- Have you used CAM since your diagnosis with breast cancer?

- a- Yes
- b- No

25- Have you used CAM in the previous year?

- a- Yes
- b- No

26- Are you using CAM as alternative or as complementary to the conventional treatment?

- a- Alternative
- b- Complementary

27- Are you using CAM as treatment or relief from symptoms?

- a- Treatment of breast cancer
- b- As relief of symptoms and prevention of suffering

28- If you have not used CAM, would you consider using it in the future?

- a- Yes
- b- No

29- If you have not used CAM, why not?

- a- I never heard of it
- b- I'm afraid of the side effects
- c- I don't believe in it
- d- The doctor didn't prescribe it
- e- Not to have additional burden
- f- Other, please specify.....

30- Have you asked your doctor about the CAM product you used?

- a- Yes
- b- No

31- If YES, what was his reaction?

- a- Encouraging
- b- Discouraging
- c- Neutral

- 32- What type of CAM product have you used?
- a- Vitamins/Minerals
 - b- Dietary supplements or (Special foods)
 - c- Herbal remedies/Herbal preparations, specify:
 - d- Spiritual healing
 - e- Folk medicine
 - f- Other, please specify.....:
- 33- How did you choose your CAM?
- a- Personal choice
 - b- Friends
 - c- Media (Internet, magazines, TV)
 - d- Health practitioner
 - e- Family beliefs
 - f- Health food shop
 - g- alternative therapist
- 34- How often do you use CAM?
- a- One time
 - b- Regular (2 or more per week for a minimum of a month)
 - c- Once per month
 - d- Other
- 35- Who provided you with the CAM treatment?
- a- Massage therapist
 - b- Acupuncturist
 - c- Practitioner of traditional medicine
 - d- Naturopath
 - e- Homeopath
 - f- Got it from a local store or pharmacy.
- 36- If the use of CAM was regular, what is the estimated cost per month?
- a- < \$10
 - b- \$11 – 20
 - c- \$21 – 30
 - d- \$31 – 40
 - e- \$41 – 50
 - f- >\$50
- 37- Why have you used CAM? (circle all that applies)
- a- To manage cancer complications/progression
 - b- To reduce the side effects/symptoms of conventional treatment
 - c- To help in relaxation and feeling better psychologically

- d- To improve your general health and ensure long term survival
- e- To feel more in control over your health care
- f- To get relieved from sorcery spell
- g- To provide energy
- h- Disappointment from conventional medical therapy
- i- Feeling of having no alternative
- j- Belief in advantages of CAM practices
- k- Family tradition/ Culture
- l- It is more natural
- m- Curiosity
- n- Other, please specify: _____

38- In general, how much did CAM help you?

- a- Not at all
- b- Some
- c- A lot, very satisfied
- d- You can't tell

39- Have you suffered from any side effect from CAM?

- a- Yes
- b- No
- c- undecided

if yes please specify _____

40- Would you use CAM again?

- a- Yes
- b- No
- c- undecided

41- Will you recommend the use of this CAM to other breast cancer patients?

- a- Yes
- b- No
- c- Undecided

Thank you very much