

## Appendix 1: Questionnaire

The lay-out of the original questionnaire is not shown, as it was formatted and distributed via a web-page.

### A. Background questions

(Information on age and gender was gathered from previously entered panelist data)

**1. Civil status:**

*Single / Live-apart relationship / Cohabitee or married / Divorced / Other / Don't want to say*

**2. Place of birth:**

*Sweden / Nordic countries (outside Sweden) / EU (outside Nordic countries) / Europe (outside EU and Nordic countries) / Africa / North America / South America / Asia / Other / Don't want to say*

**3. Highest completed level of education:**

*Primary education (or equivalent) / Secondary education (or equivalent) / Tertiary education (or equivalent) / Other / Don't want to say*

**4. How would you characterize your socioeconomic status?**

Number 10 represents the wealthiest and most privileged position in society, while number 1 stands for the least privileged position. Mark the position on the scale that you would say pertains to your situation.  
*1-10 / Don't want to say*

**5. How would you characterize the socioeconomic status of the family household that you grew up in?**

Number 10 represents the wealthiest and most privileged position in society, while number 1 stands for the least privileged position. Mark the position on the scale that you would say pertained to the situation of the family household you grew up in.  
*1-10 / Don't want to say*

### B. Health Status

**6. How would you assess your current level of general health?**

*Very good / Good / Fair / Poor / Very poor / Don't want to say*

**7. Do you have any chronic conditions, problems resulting from an accident, reduced physical function or other long-term health issue?**

*Yes / No / Don't want to say*

**8. Do you experience stress in your everyday life?**

*Yes, often / Yes, sometimes / No, almost never / Never / Don't want to say*

**9. How much exercise do you get?**

*Physical exercise, which increases your heart-rate, minimum 30 minutes at least three times a week /  
Physical exercise, which increases your heart-rate, minimum 30 minutes 1-2 times a week /  
Movement, such as cycling or walking, at least two hours a week /  
Movement, such as cycling or walking, less than two hours a week /  
Don't want to say*

**10. Do you follow any particular diet? (Are you, for example, a vegetarian or vegan, or do you eat according to LCHF or 5:2 principles)?**

*Yes / No / Don't want to say*

If the response is Yes:

Do you follow the diet

*For health reasons / For ethical reasons / Other / Don't want to say*

### **C. Visits to health care providers**

**11.** Have you seen any of the following providers of conventional\* health-care in the past 12 months?

General practitioner

Other specialist physician (eg orthopedist, cardiologist, gynaecologist)

Nurse

Physiotherapist

Psychologist / Psychoanalyst

Dentist / dental care-giver

Hospital ward (admitted)

Other

*Yes / No / Don't want to say* (multiple responses possible)

\* Conventional medicine refers here to established Western, biomedical or "regular" medicine, as it is practised by medical doctors, registered nurses and other health practitioners, including psychologists and psychotherapists.

After each positive response:

Please indicate the main reason you saw the provider

*Treatment of illness / Prevention of illness / General well-being / Other / Don't want to say*

How helpful was it for you to see this provider?

*Very helpful / Helpful / Somewhat helpful / Possibly helpful / Not helpful at all / Don't want to say*

**12.** Have you seen any of the following providers of complementary or alternative medicine (CAM)\*\* in the past 12 months?

Massage therapist

Chiropractor

Naprapath

Osteopath

Acupuncturist

Homeopath

Reflexologist

Healer / Energy therapist

Other CAM-provider

*Yes / No / Don't want to say* (multiple responses possible)

\*\* The term complementary or alternative medicine (CAM) refers here to various medical "systems, practices, and products that are not presently considered part of conventional medicine" (NCCAM 2002). Complementary medicine refers to therapy used in combination with conventional care, while alternative medicine denotes therapy used instead of conventional care. Today CAM includes therapies such as massage, chiropractic, acupuncture, homeopathy, herbal medicine and healing.

After each positive response:

Please indicate the main reason you saw the provider

*Treatment of illness / Prevention of illness / General well-being / Other / Don't want to say*

How helpful was it for you to see this provider?

*Very helpful / Helpful / Somewhat helpful / Possibly helpful / Not helpful at all / Don't want to say*

## **D. Complementary treatments received from medical health care personnel**

**13.** Have you received any of the following complementary treatments from a health practitioner, or by referral (i.e., within the framework of publicly funded health-care), in the past 12 months?

- Massage
  - Chiropractic
  - Naprapathy
  - Acupuncture
  - Natural remedies
  - Mindfulness
  - Other
- Yes / No / Don't want to say (multiple responses possible)*

After each positive response:

Please indicate the main reason you received the treatment

*Treatment of illness / Prevention of illness / General well-being / Other / Don't want to say*

How helpful was it for you to receive this treatment?

*Very helpful / Helpful / Somewhat helpful / Possibly helpful / Not helpful at all / Don't want to say*

**14.** Have you been recommended by a health practitioner to use any kind of complementary treatment, in the past 12 months?

*Yes / No / Don't want to say*

## **E. Use of Prescription Drugs and Natural Remedies**

**15.** Have you used any pharmaceutical drugs in the past 12 months?

- Prescription drugs
  - Over-the-counter drugs
- Yes / No / Don't want to say*

**16.** Have you used any of the following remedies in the past 12 months?

- Dietary supplements (e.g., vitamins, minerals, oils)
  - Herbal medicines (e.g., echinacea, valeriana, ginseng, aloe vera)
  - Other natural remedies (e.g., homeopathic remedies, colloidal silver)
- Yes / No / Don't want to say*

## **F. Self-help practices**

**17.** Have you used any of the following self-help practices in the past 12 months?

- Meditation
  - Yoga
  - Qi Gong / Tai Chi
  - Relaxation techniques
  - Breathing exercises
  - Visualization
  - Prayer for health
  - Other
- Yes / No / Don't want to say (multiple responses possible)*

After each positive response:

Please indicate the main reason you used the practice

*Treatment of illness / Prevention of illness / General well-being / Other / Don't want to say*

How helpful was it for you to use this practice?

*Very helpful / Helpful / Somewhat helpful / Possibly helpful / Not helpful at all / Don't want to say*

## **G. Questions about attitudes**

**18.** How much confidence do you have in conventional healthcare?

*Great confidence / A lot of confidence / It depends: I have more confidence in some forms of conventional care than in others / Not much confidence / None at all / I have no opinion / Don't want to say*

**19.** How much confidence do you have in alternative or complementary forms of care and treatment?

*Great confidence / A lot of confidence / It depends: I have more confidence in some forms of CAM than in others / Not much confidence / None at all / I have no opinion / Don't want to say*

**20.** How do you think collaboration between complementary and conventional healthcare should develop in the future?

*It should increase / It depends: cooperation should increase with some forms of CAM but not others / It should remain the same / It should decrease / I have no opinion / Don't want to say*

**21.** Do you think people's social, political and economic circumstances affect their ability to enjoy good health?

*Yes a great deal / Yes a lot / Yes to some extent / No not a lot / No not at all / I don't know / Don't want to say*

**22.** Do you think that you yourself can affect your health, in a positive direction?

*Yes a great deal / Yes a lot / Yes to some extent / No not a lot / No not at all / I don't know / Don't want to say*

**23.** To what degree do you believe your lifestyle affects your current or future health?

Number 1 represents "not at all", number 10 means "totally"  
*1-10 / I don't know / Don't want to say*

**24.** To what degree do you pay attention to studies and/or media reports on health risks?

Number 1 represents "not at all", number 10 means "totally"  
*1-10 / I don't know / Don't want to say*

**25.** To what degree do you attempt to alter your lifestyle, on the basis of studies and/or media reports on health risks?

Number 1 represents "not at all", number 10 means "totally"  
*1-10 / I don't know / Don't want to say*

That was all!

*Many thanks for your participation!*