

REGION OF TUSCANY
Local Health Unit _____

Questionnaire on lifestyle of CM clinics users:

(specify name and address of the clinic where the questionnaire is filled out)

What is the treatment going on:

- acupuncture homeopathy herbal medicine manual medicine
 Chinese massage, moxibustion conventional drugs/medication other (specify)

Have you ever used this therapy before? no yes If yes, what therapy _____

If yes, how many year as a whole _____

For what prevalent disease or reason are you doing the treatment: _____

Has anybody advised you to come to our clinic? no yes
If yes, specify:

- General practitioner pharmacist herbalist
 expert in wellness techniques personal choice relatives and friends
 internet journals, magazines radio/tv other

SECTION 1: Socio-demographic data

1 Sex:

Male
Female
No answer

2 Age:

_____ age

3 City of residence:

4 Nationality

5 Marital status

Not married
Married
Separated - divorced
Widower
No answer

6 Education:

Degree
High school
Junior high school
Primary school
No education
No answer

7 Employment in the week before the interview:

If employed, you were :
Full time
Part time
Continued job
Odd job

If unemployed, you were:
Looking for first employment
Unemployed
Student
Housewife/Home-maker
Retired
Unable to work
Other (specify _____)
No answer

SECTION 2: Physical activity/exercise

8 If employed during your job you:

- mostly make a work requiring heavy physical exertion (labourer, farmer, etc.)
- mostly work or do jobs requiring moderate physical exertion (worker, waiter, cleaner/janitor)
- are mostly sitting or standing (driver, clerk, etc.)

No answer

9 In free time, do you practise at least once a week: (please read all answers and fill every line)

	NO	YES	If YES	
			Days a week	How many minutes every time on average
• Sporting activity <u>with major physical exertion</u> sports, gymnasium, cycling, jogging, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____	Less than 20 min. 20 min. and more Specify minutes _____
• Moderate exercise (gymnasium, cycling at moderate speed etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____	Less than 20 min. 20 min. and more Specify minutes _____
• Light/gentle exercise (walking for 1 Km at least, low-impact exercise, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____	Less than 20 min. 20 min. and more Specify minutes _____

SECTION 3: Smoking

10 Do you presently smoke cigars and/or pipe?

- no, I never smoked
- no, but I smoked them in the past
- yes

10.1 Do you presently smoke electronic cigarettes?

- no
- yes

10.2 Do you presently smoke cigarettes?

- no, I never smoked them
- no, but I smoked them in the past
- yes

10.3 How many cigarettes do you presently smoke on average?

N° of cigarettes a day: _____

If you stopped smoking, how long?

Less than 1 year ago

- Between 1 and 3 years ago
- Between 3 and 5 years ago
- Between 5 and 10 years ago
- More than 10 years

SECTION 4: *Diet*

11 Do you drink coffee ?

- no
- yes
- ___ daily number

12 In your diet, do you eat organic food?

- no
- yes, at least once a week
- I don't know

13 How frequently do you eat the following foods?

13.1 fresh fruit

- 4 or more times a day
- Twice or 3 times a day
- Once a day
- 5-6 times weekly
- 2-4 times weekly
- Once a week
- Less than once a week
- Never
- I don't know

13.2 fresh or cooked vegetables

- 4 or more times a day
- Twice or 3 times a day
- Once a day
- 5-6 times weekly
- 2-4 times weekly
- Once a week
- Less than once a week
- Never
- I don't know

13.3 fresh or frozen fish

- Several times a day
- Once a day
- 5-6 times a week
- 2-4 times a week
- Once a week
- Less than once a week
- Never
- I don't know

13.4 meat

- Several times a day
- Once a day
- 5-6 times a week
- 2-4 times a week
- Once a week
- Less than once a week
- Never
- I don't know

13.5 preserved meat

- Several times a day
- Once a day
- 5-6 times a week
- 2-4 times a week
- Once a week
- Less than once a week
- Never
- I don't know

13.6 milk and dairy products

- Several times a day
- Once a day
- 5-6 times a week
- 2-4 times a week
- Once a week
- Less than once a week
- Never
- I don't know

13.7 sweet and salted snacks

- Several times a day
- Once a day
- Once or more a week
- Less than once a week
- Never
- I don't know

e) soft drinks (cola, orangeade, iced tea, fruit juices etc.)

- Several times a day
- Once a day
- Once or more a week
- Less than once a week
- Never
- I don't know

14 Height and weight

height _____ weight _____

15 Are you presently following a slimming regime?

- no
- yes
- no answer

16 Are you presently following a specific diet?

- no
- yes, vegetarian (excluding meat and fish)
- yes, vegan (no animal food at all, neither butter, honey etc.)
- yes, specify _____)
- no answer

SECTION 5: Alcohol

17 Have you drunk wine in the last year?

- NO, but I drank it in the past
- NO, I never drank it
- YES
- I don't know
- No answer

If you drink wine, how much on average?

Every day or nearly

- 6 or more glasses a day
- 4-5 glasses a day
- 2-3 glasses a day
- 1 or less glass a day

Not every day

- 5-6 glasses a week
- 3-4 glasses a week
- 1-2 glasses a week
- Less than 1 glass a day

- I don't know
- No answer

18. Have you drunk beer in the last year?

- NO, but I drank it in the past
- NO, I never drank it
- YES
- I don't know
- No answer

If you drink beer, how much on average?

IF EVERY DAY OR NEARLY

- 3 or more cans a day
- 2 cans a day
- 1 can a day
- Less than 1 can a day

IF NOT EVERY DAY

- 3-6 cans a week
- 1-2 cans a week
- Less than 1 can a week
- Only in special occasions

- I don't know
- No answer

19 Have you drunk alcoholic aperitifs or champagne in the last year?

- NO, but I drank them in the past
- NO, I never drank them
- YES
- I don't know
- No answer

If you drink alcoholic aperitifs or sparkling wine, how many on average?

IF EVERY DAY OR NEARLY

IF NOT EVERY DAY

3 or more glasses a day
2 glasses a day
1 glass a day
Less than 1 glass a day

4-6 glasses a week
2-3 glasses a week
1 glass or less a week
Only in special occasions

I don't know
No answer

20 Have you drunk SPIRITS and/or LIQUORS in the last year?

NO, but I drank them in the past
NO, I never drank them
YES
I don't know
No answer

If you drink SPIRITS and/or LIQUORS, how many on average?

IF EVERY DAY OR NEARLY

3 drinks or more a day
2 drinks a day
1 drink a day
Less than 1 drink a day

IF NOT EVERY DAY

4-6 drinks a week
2-3 drinks a week
1 drink or less a week
Only in special occasions

I don't know
No answer

SECTION 6: *Drugs use*

21 Have you taken antibiotics in the last year?

no, I did not need them
yes, I needed them
no, by choice
no answer

22 Have you taken anti-anxiety medication, sleeping pills or anti-depressants in the last year?

no, never
yes, only in the past
yes, occasionally
yes, frequently
no answer

23 Have you taken analgesics in the last year?

no, never
yes, only in the past
yes, occasionally
yes, frequently
no answer

24 Did you get a flu shot in the last year?

no
yes
no answer

SECTION 7: *Use of food supplements and/or botanicals*

25 Have you taken food supplements and/or botanicals in the last year?

no, never

not in the last year but I used them in the past

yes, occasionally

yes, frequently

If yes:

mineral and vitamin supplements

botanicals

herbal teas/

other herbal products