

**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 (cole, 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