

## Appendix 1

**This questionnaire concerns a hypothetical person called John. The box below describes how she has been recently.**

John is a 21-years old who has been feeling unusually sad and miserable for the last few weeks. He is tired all the time and has trouble sleeping at night. John doesn't feel like eating and has lost weight. He can't keep his mind on his studies and his marks have dropped. He puts off making any decisions and even day to day tasks seem too much for him. His parents and friends are very concerned about him.

1. What would you say if anything is wrong with John?

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2. If John went to a doctor, what do you think he or she (i.e., the doctor) would say is John's main problem?

Depression	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>
Eating Problem	<input type="checkbox"/>
Anorexia Nervosa	<input type="checkbox"/>
Bulimia Nervosa	<input type="checkbox"/>
Anxiety/anxious	<input type="checkbox"/>
Shy	<input type="checkbox"/>
Low self esteem	<input type="checkbox"/>
Other	

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3. How do you think John could best be helped?

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4. Below is a list of possible medications for John

1. Nutrition supplements
2. Pain relievers
3. Antidepressants
4. Antibiotics
5. Sleeping pills
6. Antipsychotics
7. Tranquilizers

Which one of these medications do you think would be most helpful for John?

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5. There are a number of different people or groups who might be able to help John.

GP or family doctor	Counsellor
Social worker	Phone counsellor
Close friend	Family
Psychiatrist	Psychologist
Pharmacist	Complementary medicine
provider Deal with it alone	

Which one of these people do you think would be most helpful for John?

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6. Below is a list of other possible treatments which might be able to help John.

Counselling  
 CBT  
 Prayer  
 Read self-help book  
 Looking up info on website  
 Visit local mental health service  
 Using marijuana to relax  
 Using smoking to relax  
 Using alcohol to relax

Which one of these treatments do you think would be most helpful for John?

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7. There are other forms of care which may be able to help John. Below is a list. Do you think each of the following forms of care would be helpful, harmful or neither to John?

	Helpful	Harmful	Neither	Don't know
<b>Vitamin/minerals</b>				
<b>Physical activity/exercise</b>				
<b>Relaxation training</b>				
<b>Regular meditation</b>				
<b>Regular massages</b>				
<b>Acupuncture</b>				
<b>Yoga</b>				
<b>St John's wort</b>				
<b>Qi gong</b>				
<b>Tai chi</b>				
<b>Pet therapy</b>				

<b>Herbal Medicine (include Chinese medicine)</b>				
<b>Chelation therapy</b>				
<b>Creative therapy (art, music)</b>				
<b>Shiatsu</b>				
<b>Myofascial release (trigger point therapy)</b>				
<b>Kinesiology</b>				
<b>Hypnotherapy</b>				
<b>Energy work including</b>				
<b>Aromatherapy</b>				
<b>Bach's flower remedy</b>				
<b>Alexander technique</b>				
<b>Biofeedback</b>				
<b>Magnet therapy</b>				
<b>Homeopathy</b>				
<b>Light therapy (e.g. getting up early and being in the sun)</b>				

**7b.** Which two of these forms of care do you think would be most helpful for John, and what would be your order of preference?

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8. What do you think would be the likely result if John received the sort of help you think is most appropriate?

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Full recovery with no further problems                |
| <input type="checkbox"/> | Full recovery, but problems will probably re-occur    |
| <input type="checkbox"/> | Partial recovery                                      |
| <input type="checkbox"/> | Partial recovery, but problems will probably re-occur |
| <input type="checkbox"/> | No improvement  |
| <input type="checkbox"/> | Get worse   |

9. What do you think would be the likely result if John did NOT receive any help?

<input type="checkbox"/>	Full recovery with no further problems
<input type="checkbox"/>	Full recovery, but problems will probably re-occur
<input type="checkbox"/>	Partial recovery
<input type="checkbox"/>	Partial recovery, but problems will probably re-occur
<input type="checkbox"/>	No improvement
<input type="checkbox"/>	Get worse

10. Do you think that St John's wort could be useful in a case like John's?

NO (got to Q.11) ☐ YES ☐

Why do you consider St John's wort would be useful?

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11. Do you think that acupuncture could be useful in a case like John's?

NO (go to Q.12) ☐ YES ☐

Why do you consider acupuncture would be useful?

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12. Do you think that exercise could be useful in a case like John's?

NO (go to Q.13) ☐ YES ☐

Why do you consider exercise would be useful?

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13. Which of these do you think is most helpful? Please tick one:

Acupuncture ☐

Exercise ☐

St John's wort ☐

14. Please tell us a little about why this one was your first preference? (Skip this question if you are not sure/do not know)

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**The following questions and statements ask about complementary medicines and self-care.**

15. I have used a complementary therapy or medicine in the past 12 months, or I am currently using.

Yes ☐ No ☐ go to Q.18

16. Which complementary medicines or therapies have you used in the past 12 months?

Chiropractor	<input type="checkbox"/>
osteopathy	<input type="checkbox"/>
acupuncture or acupressure	<input type="checkbox"/>
herbal medicine	<input type="checkbox"/>
homeopathy	<input type="checkbox"/>
yoga	<input type="checkbox"/>
vitamins (A, C, C, D, E K)	<input type="checkbox"/>
please specify	<input type="checkbox"/>

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minerals or food supplements e.g glucosamine ☐

please specify \_\_\_\_\_

meditation	<input type="checkbox"/>	qigong	<input type="checkbox"/>
Tai chi	<input type="checkbox"/>	relaxation techniques	<input type="checkbox"/>
massage	<input type="checkbox"/>	laser therapy	<input type="checkbox"/>
Alexander technique	<input type="checkbox"/>	aromatherapy	<input type="checkbox"/>
biofeedback	<input type="checkbox"/>	Bach flower remedies	<input type="checkbox"/>
Chinese medicine (herbs)	<input type="checkbox"/>	chelation therapy	<input type="checkbox"/>
energy work including reiki	<input type="checkbox"/>	hypnotherapy	<input type="checkbox"/>
magnet therapy	<input type="checkbox"/>	kinesiology	<input type="checkbox"/>
myofascial release	<input type="checkbox"/>	shiatsu	<input type="checkbox"/>
trigger point therapy	<input type="checkbox"/>	art therapy	<input type="checkbox"/>
Other _____			

17. What was your experience with them?

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