



pathways
a study of
breast cancer
survivorship

Complementary and Alternative Medicine (CAM) Part 1 Self-Administered Baseline Questionnaire

If you have any questions about this form please
call the Pathways Study Coordinating Center.
Toll-free number: 1-866-206-2979

INTERVIEWER ID:

DATE: / /
MONTH DAY YEAR

SELF-ADMINISTERED:

1 ☐ YES

0 ☐ NO

COMMENTS: _____

January 2007 Version

ENROLLMENT ID LABEL

STUDY ID BARCODE LABEL

FOR OFFICE USE:

CODER ID:

CODING DATE: _____

REVIEWER ID:

REVIEW DATE: _____

COMMENTS: _____

DATA ENTRY DATE: _____

COMMENTS: _____

COMPLEMENTARY AND ALTERNATIVE MEDICINE PART 1**A. HERBAL AND BOTANICAL SUPPLEMENTS**

A1. Have you ever taken herbal or botanical supplements, including pills, powders, tinctures, and teas, at any time in your life? Please refer to the list of supplements below. Please only include supplements used specifically for health reasons; do not include herbs and spices used only for cooking purposes.

1 ☐ Yes8 ☐ Don't Know —→ GO TO SECTION B ON NEXT PAGE0 ☐ No —→ GO TO SECTION B9 ☐ Refused —→ GO TO SECTION B ON NEXT PAGE

A2. Please check the box next to any herbal or botanical supplement that you may have ever used or taken. Again, only include those used for health reasons. In Part 2, we will ask for more detailed information on each supplement that you check.

- | | | |
|---|--|--|
| 1 ☐ Alfalfa | 32 ☐ Flax Seed | 63 ☐ Proanthocyanidin |
| 2 ☐ Aloe Vera | 33 ☐ Fo Ti Teng | 64 ☐ Pycnogenol |
| 3 ☐ Ashwagandha | 34 ☐ Garlic | 65 ☐ Reishi Mushroom |
| 4 ☐ Atractylodes | 35 ☐ Ginger | 66 ☐ Red Clover |
| 5 ☐ Astragalus Root | 36 ☐ Ginkgo Biloba | 67 ☐ Red Raspberry |
| 6 ☐ Bilberry | 37 ☐ Ginseng | 68 ☐ Reed Herb |
| 7 ☐ Black Cohosh | 38 ☐ Goldenseal | 69 ☐ Resveratrol |
| 8 ☐ Blue Cohosh | 39 ☐ Gotukola | 70 ☐ Rosemary |
| 9 ☐ Borage Seed Oil | 40 ☐ Grapeseed Oil | 71 ☐ Sage Tea |
| 10 ☐ Bromelain | 41 ☐ Green Tea | 72 ☐ St. John's Wort |
| 11 ☐ Burdock | 42 ☐ Hawthorne | 73 ☐ Sarsaparilla |
| 12 ☐ Calendula | 43 ☐ Horse Chestnut | 74 ☐ Saw Palmetto |
| 13 ☐ Cascara Sagrada | 44 ☐ Hoxsey Formula | 75 ☐ Sheep Sorrel |
| 14 ☐ Cat's Claw | 45 ☐ Kava Kava | 76 ☐ Shiitake Mushroom |
| 15 ☐ Cayenne | 46 ☐ Kelp | 77 ☐ Siberian Ginseng |
| 16 ☐ Chamomile | 47 ☐ Knotted Figwort | 78 ☐ Slippery Elm |
| 17 ☐ Chaparral | 48 ☐ Kombucha | 79 ☐ Soy supplement |
| 18 ☐ Chaste Tree or Berry, Vitex | 49 ☐ Lavender | 80 ☐ Thyme |
| 19 ☐ Chinese Privet Berry or Ligustrum | 50 ☐ Lemon Balm | 81 ☐ Turkey Rhubarb |
| 20 ☐ Chlorella | 51 ☐ Licorice Root | 82 ☐ Uva Ursi |
| 21 ☐ Cranberry | 52 ☐ Maitake Mushroom | 83 ☐ Valerian |
| 22 ☐ Dandelion | 53 ☐ Meadowsweet | 84 ☐ Western Larch |
| 23 ☐ Don Quai | 54 ☐ Milk Thistle | 85 ☐ Wild Bark |
| 24 ☐ Echinacea | 55 ☐ Mistletoe (Isador) | 86 ☐ Wild Indigo |
| 25 ☐ Elderberry | 56 ☐ Motherwort | 87 ☐ Wild Yam/Mexican Yam |
| 26 ☐ Ephedra | 57 ☐ Mullein | 88 ☐ Yarrow |
| 27 ☐ Essiac or FlorEssence | 58 ☐ Nettle | 89 ☐ Yellow Dock |
| 28 ☐ Evening Primrose | 59 ☐ Oat Straw | 90 ☐ Yucca |
| 29 ☐ False Unicorn | 60 ☐ Oregon Grape | 91 ☐ Other: _____ |
| 30 ☐ Fennel | 61 ☐ Pau d'Arco | 92 ☐ Other: _____ |
| 31 ☐ Feverfew | 62 ☐ Poke Root | 93 ☐ Other: _____ |

B. OTHER NATURAL PRODUCTS

B1. Have you ever taken any other non-herbal over-the-counter natural products at any time in your life? Please refer to the list of products below.

1 ☐ Yes

8 ☐ Don't Know —→ GO TO SECTION C ON NEXT PAGE

0 ☐ No —→ GO TO SECTION C

9 ☐ Refused —→ GO TO SECTION C ON NEXT PAGE

B2. Please check the box next to any non-herbal over-the counter natural product that you may have used or taken. In Part 2, we will ask for more detailed information on each product that you check.

1 ☐ Acidophilus

2 ☐ Arginine

3 ☐ Bee Pollen

4 ☐ Blue-Green Algae

5 ☐ Bovine Cartilage

6 ☐ Chondroitin

7 ☐ Co-enzyme Q10 (CoQ10)

8 ☐ DHEA

9 ☐ Flax Seed Oil

10 ☐ Fiber Supplement such as Metamucil, Citrusil, Konsyl

11 ☐ Fish oil, EPA, Omega-3, or Cod Liver Oil

12 ☐ Glucosamine

13 ☐ Laxatives

14 ☐ Lucetin

15 ☐ Melatonin

16 ☐ Nux Vomica (homeopathic remedy)

17 ☐ Pulsatilla (homeopathic remedy)

18 ☐ Royal Jelly

19 ☐ Sepia (homeopathic remedy)

20 ☐ Shark Cartilage

21 ☐ Spirulina

22 ☐ Any Chinese remedies or medicine?
Specify one per line.

23 ☐ Any Folk remedies or medicine?

Specify one per line.

24 ☐ Any other Homeopathic remedies or medicine?

Specify one per line.

25 ☐ Any Native American remedies or medicine?

Specify one per line.

26 ☐ Any Ayurvedic remedies or medicine?

Specify one per line.

27 ☐ Any other products? Specify one per line.

C. SPECIAL DIETS

C1. Have you ever adopted a special diet at any time in your life? Please refer to the list of special diets below.

1 ☐ Yes

8 ☐ Don't Know —————> GO TO SECTION D ON NEXT PAGE

0 ☐ No —————> GO TO SECTION D

9 ☐ Refused —————> GO TO SECTION D ON NEXT PAGE

C2. Please check the box next to any special diet that you may have adopted. In Part 2, we will ask for more detailed information on each diet regimen that you check.

1 ☐ Atkins Diet

2 ☐ High Fiber Diet

3 ☐ High Protein Diet

4 ☐ Low-Fat Diet

5 ☐ Low-Carb Diet

6 ☐ Macrobiotic Diet

7 ☐ No Red Meat Diet (will eat chicken and/or fish)

8 ☐ South Beach Diet

9 ☐ Vegan Diet (no meat, chicken, fish, dairy, or eggs)

10 ☐ Vegetarian Diet (no meat, chicken, or fish)

11 ☐ Whole Foods Diet

12 ☐ The Zone Diet

13 ☐ Other (Please Specify): _____

14 ☐ Other (Please Specify): _____

15 ☐ Other (Please Specify): _____

D. MIND-BODY HEALING

D1. Have you ever used any mind-body based approaches at any time in your life? Please refer to the list of mind-body approaches below.

1 ☐ Yes

8 ☐ Don't Know → GO TO SECTION E ON NEXT PAGE

0 ☐ No → GO TO SECTION E

9 ☐ Refused → GO TO SECTION E ON NEXT PAGE

D2. Please check the box next to any mind-body approach that you may have adopted. In Part 2, we will ask for more detailed information on each approach that you check.

1 ☐ Art Therapy

2 ☐ Biofeedback

3 ☐ Dance Therapy

4 ☐ Deep Breathing Exercises

5 ☐ Hypnosis

6 ☐ Meditation

7 ☐ Music Therapy

8 ☐ Poetry Therapy

9 ☐ Prayer

10 ☐ Psychotherapy (with Social Worker, Psychologist or Psychiatrist)

11 ☐ Qi Gong

12 ☐ Religion

13 ☐ Spirituality

14 ☐ Support Groups

15 ☐ Tai Chi

16 ☐ Visualization or Guided Imagery

17 ☐ Yoga

18 ☐ Other (Please Specify): _____

19 ☐ Other (Please Specify): _____

20 ☐ Other (Please Specify): _____

E. BODY-BASED, ENERGY-BASED, AND OTHER TREATMENTS

E1. Have you ever had any body-based, energy-based or other treatments at any time in your life? Please refer to the list of body-based or energy-based treatments below.

1 ☐ Yes

8 ☐ Don't Know → FINISHED

0 ☐ No → FINISHED

9 ☐ Refused → FINISHED

E2. Please check the box next to any other treatment that you may have had. In Part 2, we will ask for more detailed information on each treatment that you check.

1 ☐ Acupressure

2 ☐ Acupuncture

3 ☐ Aromatherapy

4 ☐ Ayurvedic Medicine

5 ☐ Bioelectro-magnetic Therapy

6 ☐ Chelation Therapy

7 ☐ Chinese Medicine

8 ☐ Chiropractic care

9 ☐ Coffee Enema

10 ☐ Colon Cleansing or Colonics

11 ☐ Curandera/o

12 ☐ Folk Medicine

13 ☐ Healing Touch

14 ☐ Homeopathy

15 ☐ Massage

16 ☐ Naturopathy or Naturopathic Medicine

17 ☐ NAET (Nambudripad Allergy Elimination Technique)

18 ☐ Native American Medicine

19 ☐ Reiki

20 ☐ Shaman

21 ☐ Spiritual Healer

22 ☐ Tibetan Medicine

23 ☐ Water Treatment or Hydrotherapy

24 ☐ Other (Please Specify): _____

25 ☐ Other (Please Specify): _____

26 ☐ Other (Please Specify): _____