

Supplementary Figure 1. Questionnaire used to assess complementary and alternative medicine (CAM) use among cancer patients in Qassim. (A) Eligibility, background, and CAM practice. (B) Sources of information, CAM modalities, reasons, benefits, adverse effects, cost, and satisfaction.

A

Part A. Eligibility Criteria

Instruction: To be completed by the data collector before starting.

#	Question	Response Options
1.1	Age 15 years or older	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	Have the primary diagnosis of cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	Aware of their cancer diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	Willing to participate and implied consent	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	Able to complete the survey	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part B. Background

#	Question	Response Options
2.1	Gender	<input type="checkbox"/> male <input type="checkbox"/> female
2.2	Date of birth	----- / -----/ ----- (day/ month/ year)
2.3	Nationality	<input type="checkbox"/> Saudi <input type="checkbox"/> non-Saudi
2.4	Marital status	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widow
2.5	Educational level	<input type="checkbox"/> illiterate <input type="checkbox"/> primary <input type="checkbox"/> intermediate <input type="checkbox"/> secondary <input type="checkbox"/> higher education
2.6	Work status	<input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> retired
2.7	Type of cancer	<input type="checkbox"/> Breast cancer <input type="checkbox"/> Colorectal cancer <input type="checkbox"/> Gynecological cancers <input type="checkbox"/> Genitourinary cancer <input type="checkbox"/> Lung cancer <input type="checkbox"/> Lymphoma <input type="checkbox"/> Leukemia <input type="checkbox"/> Hepatobiliary cancer
2.8	Date of diagnosis	----- / -----/ ----- (day/ month/ year)
2.9	Stage of cancer	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> I don't know
2.10	What type of treatment did you receive?	<input type="checkbox"/> chemotherapy <input type="checkbox"/> radiotherapy <input type="checkbox"/> surgery <input type="checkbox"/> hormonal therapy <input type="checkbox"/> immunotherapy <input type="checkbox"/> targeted therapy
2.11	Residence area	<input type="checkbox"/> central main cities <input type="checkbox"/> peripheral areas

Part C. Attitude and practice towards CAM use

Instruction: In this questionnaire, non-conventional therapy refers to complementary and alternative medicine (CAM).

#	Question	Response Options
3.1	Did you use any non-conventional therapy after your diagnosis with cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1a	If the answer is NO, why? (check all that apply)	<input type="checkbox"/> I don't know about non-conventional treatments <input type="checkbox"/> I don't think it is useful <input type="checkbox"/> Treatments cost too much money <input type="checkbox"/> Are not based on scientific research <input type="checkbox"/> They interfere with the conventional cancer treatments <input type="checkbox"/> They may have side effects <input type="checkbox"/> I don't have time to go to non-conventional treatments <input type="checkbox"/> My doctor told me it is not beneficial
3.1b	If the answer is YES, please answer the questions below:	
3.2	When did you receive CAM? (Check all that apply)	<input type="checkbox"/> before starting the medical treatment in the oncology center <input type="checkbox"/> while receiving medical treatment in the oncology center <input type="checkbox"/> after completion of medical treatment in an oncology center
3.3	How frequently have you used CAM for this cancer?	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> occasionally <input type="checkbox"/> only once
3.4	How do you describe this treatment?	<input type="checkbox"/> Complementary (additive to my treatment plan) <input type="checkbox"/> Alternative (in place of my treatment plan) <input type="checkbox"/> Integrative (part of treatment plan)
3.5	Did you delay your treatment to use CAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	Did you discuss using CAM with your medical team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6a	If the answer is yes, please specify:	<input type="checkbox"/> doctor <input type="checkbox"/> nurse <input type="checkbox"/> health educator
3.6b	If the answer is yes, what was their reaction?	<input type="checkbox"/> supportive <input type="checkbox"/> not supportive <input type="checkbox"/> neutral

Part D. Sources of Information

#	Question	Response Options
4.1	How did you find out about it? (check all that apply)	<input type="checkbox"/> cultural traditions <input type="checkbox"/> religious beliefs <input type="checkbox"/> healthcare providers <input type="checkbox"/> alternative medicine practitioner <input type="checkbox"/> social media <input type="checkbox"/> family/friends

Part E. Types of Complementary/Alternative Medicine (32 predefined items)

	Domain	Items (check all that apply)
5.1	Spiritual / Faith-based (3)	<input type="checkbox"/> Quran recitation <input type="checkbox"/> Zamzam water <input type="checkbox"/> Quran-recited water
5.2	Biologically based (13)	<input type="checkbox"/> Garlic <input type="checkbox"/> Honey <input type="checkbox"/> Olive oil <input type="checkbox"/> Multivitamin <input type="checkbox"/> Antioxidants <input type="checkbox"/> Ginger <input type="checkbox"/> Unknown herbal mixture <input type="checkbox"/> Artemisia <input type="checkbox"/> Fennel flower seed <input type="checkbox"/> Helteet (<i>Ferula assa-foetida</i>) <input type="checkbox"/> Saffron (<i>Crocus sativus</i>) <input type="checkbox"/> Costus <input type="checkbox"/> Hulbah (<i>Trigonella foenum-graecum</i>)
5.3	Mind–Body (7)	<input type="checkbox"/> Yoga <input type="checkbox"/> Music therapy <input type="checkbox"/> Relaxation <input type="checkbox"/> Meditation <input type="checkbox"/> Hypnosis <input type="checkbox"/> Exercises <input type="checkbox"/> Fasting
5.4	Manipulative and Body-based (3)	<input type="checkbox"/> Cupping <input type="checkbox"/> Massage <input type="checkbox"/> Acupuncture
5.5	Traditional (6)	<input type="checkbox"/> Black seed (<i>Nigella sativa</i>) <input type="checkbox"/> Camel milk <input type="checkbox"/> Camel urine <input type="checkbox"/> Talbinah <input type="checkbox"/> Myrrh (<i>Commiphora myrrha</i>) <input type="checkbox"/> Sidr (<i>Ziziphus spina-christi</i>)
5.6	Other	<input type="checkbox"/> Other, specify: _____

Part F. Reasons, Benefits, Adverse Effects, Cost, Satisfaction

#	Question	Response Options
6.1	Reasons for CAM use? (check all that apply)	<input type="checkbox"/> decrease pain <input type="checkbox"/> cure cancer <input type="checkbox"/> improve appetite <input type="checkbox"/> treating depression <input type="checkbox"/> treating fatigue <input type="checkbox"/> improve the physical health <input type="checkbox"/> boost my immune system <input type="checkbox"/> decrease the emotional distress
6.2	Have you obtained any particular benefit from the CAM you used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not sure
6.3	How do you feel after using CAM? (check all that apply)	<input type="checkbox"/> decreased pain <input type="checkbox"/> enhanced appetite <input type="checkbox"/> enhanced mood <input type="checkbox"/> improved physical health <input type="checkbox"/> improve fatigue <input type="checkbox"/> improve depression
6.4a	Did you experience any unwanted effects from the CAM you used in this cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not sure
6.4b	If the answer is yes, please provide a specific response.	_____
6.5	What is the approximate monthly cost for CAM?	<input type="checkbox"/> 0–100 SAR <input type="checkbox"/> 101–500 SAR <input type="checkbox"/> 501–1000 SAR <input type="checkbox"/> I don't know
6.6	How satisfied are you with the performance of the CAM you used in this cancer?	<input type="checkbox"/> very disappointed <input type="checkbox"/> disappointed <input type="checkbox"/> neutral <input type="checkbox"/> satisfied <input type="checkbox"/> very satisfied
6.7	Would you recommend it for someone with cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not sure
6.8	Please provide any further comments	_____