

Supplementary material 1

Questionnaire for patients

Treatment of chronic low back pain in primary care

Your low back pain

1. How long has low back pain been an ongoing problem for you? ¹

- ☐ Less than a month
- ☐ 1-3 months
- ☐ 3-6 months
- ☐ 6 months -1 year
- ☐ 1-5 years
- ☐ more than 5 years
- ☐ I experienced it in the past, but no pain currently

2. How often has low back pain been an ongoing problem for you over the past 6 months?

- ☐ Every day or nearly every day in the past 6 months
- ☐ At least half the days in the past 6 months
- ☐ Less than half the days in the past 6 months
- ☐ I didn't experience any pain in the past 6 months → please go to question 14


3. In the past 7 days, on a 1 to 10 scale, how would you rate your low-back pain on average ? 1 Being « no pain » and 10 « worst imaginable pain ». ²

No pain										The worst imaginable pain	
1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

4. In the past 6 months on a 1 to 10 scale, How would you rate your low-back pain on average ? 1 Being « no pain » and 10 « worst imaginable pain ».

¹ Questions 1 and 2 define chronicity (RTF Tool). A response greater than 3 months to question 1, and a response of « at least half days in the past 6 months », to question 2 would define cLBP.

² Item of RTF'S IMPACT classification

No pain					The worst imaginable pain				
									
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Has back pain spread down your leg(s) during the past 2 weeks?

- ☐ Yes
- ☐ No
- ☐ Not sure

6. During the past 4 weeks, how much have you been bothered by stomach pain?

- ☐ Not bothered at all
- ☐ Bothered a little
- ☐ Bothered a lot

7. During the past 4 weeks, how much have you been bothered by pain in your arms, legs or joints?

- ☐ Not bothered at all
- ☐ Bothered a little
- ☐ Bothered a lot

8. During the past 4 weeks, how much have you been bothered by headaches?

- ☐ Not bothered at all
- ☐ Bothered a little
- ☐ Bothered a lot

9. During the past 4 weeks, how much have you been bothered by widespread pain or pain in most of your body?

- ☐ Not bothered at all
- ☐ Bothered a little
- ☐ Bothered a lot

10. In the past 7 days, how much did low back pain interfere with your day-to-day activities?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

11. In the past 7 days how much did low back pain interfere with work around the home?

- ☐ Not at all
- ☐ A little bit

- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

12. In the past 7 days how much did low back pain interfere with your ability to participate in social activities?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

13. In the past 7 days how much did low back pain interfere with your household chores?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

14. **During your life**, have you ever had a low back pain surgery in order to decrease your low back pain (only with the goal to decrease your low back pain)?

- ☐ Yes, one surgery in order to decrease my low back pain
- ☐ Yes, more than one surgery in order to decrease my low back pain
- ☐ No

→ If **yes**, when was your last back surgery in order to decrease your low back pain?

- ☐ Less than 6 months ago
- ☐ More than 6 months, but less than 1 year ago
- ☐ Between 1 and 2 years ago
- ☐ More than 2 years ago

→ On a 0 to 10 scale, 0 meaning « not useful at all » and 10 « extremely useful », how useful was your low back pain surgery for your low back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Have you used any of the following opioid painkillers for your low back pain ? (Such as: Actiq, Codafalgan, Durogésic, Fentanyl, Méthadone, Morphine, MST Continus, Oxycontin/Oxynorm, Oxycodone, Palladon, Palexia, Pethidin, Targin, Temgesic Tramadol/Tramal, Transtec, Buprenorphin, Effentora, Hydromorphone, Jurnista, Ketalgin, Kapanol, L-Polamidon, Matrifen, Methadon, M-retard, Sevre-dol, Sevre-Long)

- ☐ Yes
☐ No
☐ Not sure

→ If you checked yes, are you currently using this medication for your low back pain ?

- ☐ Yes
☐ No
☐ Not sure

→ On a 0 to 10 scale, 0 meaning « not useful at all » and 10 « extremely useful », how useful were opioid painkillers for your low back pain?

Not useful at all *Extremely useful*



0 1 2 3 4 5 6 7 8 9 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

16. Did you received injections (such as epidural steroid injections, facet injections) for your low back pain?

- ☐ Yes
☐ No
☐ Not sure

→ **If you checked yes** : on a 0 to 10 scale, 0 meaning « not useful at all » and 10 « extremely useful », how useful were the opioid painkillers for your low back pain ?

Not useful at all *Extremely useful*



0 1 2 3 4 5 6 7 8 9 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐


17. Have you taken a personal training program in **exercise therapy** for your low back pain?

- ☐ Yes
☐ No
☐ Not sure

→ If you checked yes, on a 0 to 10 scale, 0 meaning « not useful at all » and 10 « extremely useful », how useful was **exercise therapy** for your low back pain?

Not useful at all

Extremely useful



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Did you undergo **psychological counselling**, such as cognitive-behavioural treatment for you low back pain ?


- ☐ Yes
- ☐ No
- ☐ Not sure

→ If you checked yes:

On a 0 to 10 scale, 0 meaning « not useful at all » and 10 « extremely useful », How useful was **psychological counselling** for your low back pain?

Not useful at all

Extremely useful



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next two questions are for people who normally work out of home.

19. I have been off work or unemployed for 1 month or more due to low back pain.

- ☐ Agree
- ☐ Disagree
- ☐ Does not apply

20. I received or have applied for disability or workers' compensation benefits, because I am unable to work due to low back pain.

- ☐ Agree
- ☐ Disagree
- ☐ Does not apply

Physical Function

21. Are you able to do chores such as vacuuming or yard work?

- ☐ Without any difficulty
- ☐ With a little difficulty
- ☐ With some difficulty
- ☐ With much difficulty
- ☐ Unable to do

22. Are you able to go up and down stairs at a normal pace?

- ☐ Without any difficulty
- ☐ With a little difficulty
- ☐ With some difficulty
- ☐ With much difficulty
- ☐ Unable to do

23. Are you able to go for a walk of at least 15 minutes?

- ☐ Without any difficulty
- ☐ With a little difficulty
- ☐ With some difficulty
- ☐ With much difficulty
- ☐ Unable to do

24. Are you able to run errands and shop?

- ☐ Without any difficulty
- ☐ With a little difficulty
- ☐ With some difficulty
- ☐ With much difficulty
- ☐ Unable to do

25. the past 7 days, I felt worthless.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

26. In the past 7 days, I felt helpless.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

27. In the past 7 days, I felt depressed.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

28. In the past 7 days, I felt hopeless.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

29. In the past 7 days, my sleep quality was :

- ☐ very poor
- ☐ poor
- ☐ fair
- ☐ good
- ☐ very good

30. In the past 7 days, my sleep was refreshing.

- ☐ not at all
- ☐ a little bit
- ☐ somewhat
- ☐ quite a bit
- ☐ very much

31. In the past 7 days, I had problems with my sleep.

- ☐ not at all
- ☐ a little bit
- ☐ somewhat
- ☐ quite a bit
- ☐ very much

32. In the past 7 days, I had difficulty falling asleep.

- ☐ not at all
- ☐ a little bit
- ☐ somewhat
- ☐ quite a bit
- ☐ very much

33. What do you think of the following statement? It's not really safe for a person with my back problems to be physically active.

- ☐ Agree
- ☐ Disagree

34. What do you think of the following statement? I feel that my back pain is terrible and it's never going to get any better.

- ☐ Agree
- ☐ Disagree

35. In the past year, have you been drinking or using drugs more than you meant to?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often

36. In the past year, have you felt you wanted or needed to cut down on your drinking or drug use ?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often

37. In your lifetime, did you smoke in total, more than 100 cigarettes (which equals to 5 boxes in a lifetimes) or a similar amount of other tobacco product ?

- ☐ Yes
☐ No

38. Do you currently smoke, even occasionally?

- ☐ Yes
☐ No

The following questions are about your familiarity with different types of complementary medicines:

39. How much do you know about each of the following methods (Check the corresponding box, one cross per line)

	I know very well	I know well	I know a little	I don't know at all
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aromatherapy/essentials oils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art-therapy (music - therapy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthroposophic medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayurvedic medecine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese herbs (from Chinese medicine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathic medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnetism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shiatsu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexology (reflexotherapy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sophrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tai Chi and/or Qi Gong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phytotherapy (therapy by plants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. If you know some complementary medicines, how have you been informed ? Serveral possible answers.

- ☐ Family/ friends/ colleagues
- ☐ Medical doctor
- ☐ Other(s) health professional (s) (specify:)
- ☐ Books, CD, medias (newsletters, radio, TV, internet,...)
- ☐ I don't knwo any complementary medicine
- ☐ Other (specify) :

41. In the past 12 months, have you ever used one/several complementary medicine for physical or psychological disorders in general ?

- ☐ yes
- ☐ no
- ☐ I don't know

42. During your life, have you ever used one/several complementary medicine for physical or psychological disorders in general ?

- ☐ yes
- ☐ no
- ☐ I don't know

43. In the past 12 months, have you ever used one/several complementary medicine for your low back pain specifically ?

- ☐ yes
- ☐ no
- ☐ I don't know

44. During your life, have you ever used one/several complementary medicine for your low back pain specifically ?

- ☐ yes
- ☐ no
- ☐ I don't know

→ If no, can you give us the reasons why you never made use of complementary medicine for your pain in the lower back (several possible answers) ?

- ☐ you have never heard of /do not know well enough about it
- ☐ you never thought about it
- ☐ you don't need it
- ☐ you don't believe in its effectiveness
- ☐ it's too expensive
- ☐ these methods are dangerous
- ☐ medical professional advised me not to use these methods
- ☐ medical science has not proven their effectiveness
- ☐ for other reasons (specify)

If you never used complementary medicine, please go straight to question number 50.

45. In general, complementary medicine helped me with my low back pain.

- ☐ Not at all
- ☐ Unlikely
- ☐ Not sure
- ☐ Likely
- ☐ Very likely

46. I still use complementary medicine for my low back pain.

- ☐ Yes
- ☐ No

47. The first time I used complementary medicine for my back pain was :

_____ year(s), _____ month(s) ago.

48. I no longer use complementary medicine for my low back pain since :

_____ year(s), _____ month(s) ago.

49. Did you have any bothersome adverse events with your treatment (s) of complementary medicine ? Was there anything about complementary medicine that caused you to feel significant discomfort or pain or that you felt was harmful?

- ☐ Yes. Please describe the adverse event(s) briefly : _____

☐ No → Please go to question 50

50. Please check the box corresponding to the method (s) who has / have particularly bothered you or gave you adverse events (several possible answers)

- ☐ Acupuncture
- ☐ Aromatherapy / essential oils
- ☐ Art-therapy (music therapy)
- ☐ Hypnosi
- ☐ Homeopathy
- ☐ Massage therapy
- ☐ Antroposophic medicine
- ☐ Ayurvedic medecine
- ☐ Chinese herbs (from Chinese medicine)
- ☐ meditation
- ☐ osteopathic therapy
- ☐ magnetism
- ☐ traditional healing
- ☐ Shiatsu
- ☐ Reflexology (reflexotherapy)
- ☐ Sophrology
- ☐ Tai Chi and/or Qi Gong
- ☐ Phytotherapy (therapy by plants)
- ☐ Yoga
- ☐ Kinesiology
- ☐ Reiki
- ☐ Autrother (specify) :
- ☐ I don't know the name of the method

51. Have you ever tried **physiotherapy** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not at all useful and 10 is extremely useful, how useful do you believe **physiotherapy** was for your lower back pain ?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. Have you ever tried **chiropractic** (visit to a chiropractor) to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **chiropractic** has been for your lower back pain?

Not useful at all *Extremely useful*

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Have you ever tried **manual medicine (preceded by a medical doctor)** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **manual medicine** has been for your lower back pain?

Not useful at all *Extremely useful*

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Have you ever tried **acupuncture** to help reduce your lower back pain?

☐ Yes ☐ No

→ If so, did you use Chinese herbs prescribed by your acupuncturist?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **acupuncture** (with or without herbal medicine) has been for your lower back pain?

Not useful at all *Extremely useful*

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. Have you ever tried **aroma therapy/ essential oils** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **aromatherapy/ essential oils** has been for your lower back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Have you ever tried **art-therapy** (music therapy, ...) to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **art-therapy** has been for your lower back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. Have you ever tried **hypnosis** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **hypnosis** has been for your lower back pain?

Not useful at all *Extremely useful*




0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. Have you ever tried **homeopathy** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **homeopathy** has been for your lower back pain?

Not useful at all *Extremely useful*




0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. Have you ever tried **therapeutic massage** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, , Using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **therapeutic massage** has been for your lower back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Have you ever tried **anthroposophic medicine** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **anthroposophic medicine** has been for your lower back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. Have you ever tried **ayurvedic medicine** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **ayurvedic medicine** has been for your lower back pain?

Not useful at all *Extremely useful*

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. Have you ever tried **chinese herbal remedies (in Chinese medicine)** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **chinese herbal remedies (in Chinese medicine)** has been for your lower back pain?

Not useful at all *Extremely useful*

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. Have you ever tried **meditation** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **meditation** has been for your lower back pain?

Not useful at all *Extremely useful*


0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. Have you ever tried **osteopathic therapy** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **osteopathic therapy** has been for your lower back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
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65. Have you ever tried **magnetism** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **magnetism** has been for your lower back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
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66. Have you ever tried **traditional healing** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **traditional healing** has been for your lower back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
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67. Have you ever tried **shiatsu** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **shiatsu** has been for your lower back pain?

Not useful at all *Extremely useful*

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. Have you ever tried **reflexotherapy** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **reflexotherapy** has been for your lower back pain?

Not useful at all *Extremely useful*

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. Have you ever tried **sophrology** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **sophrology** has been for your lower back pain?

Not useful at all *Extremely useful*

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. Have you ever tried **tai-chi and/or qi-gong** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **tai-chi and/or qi-gong** has been for your lower back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. Have you ever tried **phytotherapy** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **phytotherapy** has been for your lower back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. Have you ever tried **yoga** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **yoga** has been for your lower back pain?

Not useful at all *Extremely useful*



0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


73. Have you ever tried **kinesiology** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **kinesiology** has been for your lower back pain?

Not useful at all

Extremely useful



0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----


74. Have you ever tried **Reiki** to help reduce your lower back pain?

☐ Yes ☐ No

If yes, using a scale of 0 to 10, where 0 is not useful at all and 10 is extremely useful, how useful do you believe **Reiki** has been for your lower back pain?

Not useful at all

Extremely useful



0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

75. Have you ever tried **another complementary medicine** to help reduce your lower back pain?


☐ Yes ☐ No

If yes, please indicate the name of the method: _____

Then indicate on a scale of 0 to 10, where 0 means "not useful at all " and 10 means "extremely useful", how useful this method has been for your lower back pain:

Not useful at all

Extremely useful



0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

76. For your lower back pain, have you seen a **back specialist** (rheumatologist, neurosurgeon, orthopaedic surgeon, etc.) or have you visited a **pain centre**?

☐ Yes
☐ No
☐ I don't know

77. If your primary care physician offered you complementary medicine as a treatment option for you low back pain, how likely would you be to try :

- ☐ very unlikely
- ☐ somewhat unlikely
- ☐ neutral / not sure
- ☐ quite sure
- ☐ very sure

78. Did your primary care physician ask you if you were using one or several complementary medicine(s) ?

- ☐ Yes
- ☐ No
- ☐ I don't know

79. Has your primary care physician offered to use complementary medicine(s)?

- ☐ Yes(specify which) :
- ☐ No
- ☐ I don't know

80. Did you tell your primary care physician that you were using complementary medicine (s)?

- ☐ yes
- ☐ no
- ☐ I don't know
- ☐ I don't use any

→ If yes, how did the primary care physician answer :

- ☐ She/he encouraged me to continue the complementary medicine(s)
- ☐ She/he asked me to stop the complementary medicine(s)
- ☐ She/he didn't didn't give any recommendation
- ☐ She/he preferred not to talk about it
- ☐ She/he didn't know this / these complementary medicine(s)
- ☐ Other (specify :)

→ **If no**, why didn't you talk about it ?

- ☐ Because she/ he didn't ask me
- ☐ Because she/ he would nnt understand
- ☐ Because she/ he would not be happy
- ☐ Because I forget to mention it
- ☐ Because it's not relevant to tell it
- ☐ Other (specify):.....

81. I received sufficient information from my primary care physician, on benefits of complementary medicine :

- ☐ completely agree
- ☐ agree

- ☐ neither agree nor disagree
☐ disagree
☐ completely disagree

82. I have received enough information from my primary care practitioner about the risks of complementary medicine:

- ☐ completely agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ completely disagree

Some questions about you:

83. Age : ____ years Gender : ☐ Female ☐ Male

84. Weight: ____ kg Height : ____ cm

85. Country of birth: ☐ Switzerland ☐ Other (specify) _____

86. Nationality ☐ Switzerland ☐ Other (specify) _____

87. Which of the following statement applies best to your current situation?
(check one box)

- | | |
|--|--|
| <input type="checkbox"/> I live alone | <input type="checkbox"/> I 'm a single parent and a child |
| <input type="checkbox"/> I live with a partner without child /children | <input type="checkbox"/> I live with a partner and a child |
| <input type="checkbox"/> I live with someone but not as partner | |
| <input type="checkbox"/> Other : _____ | |

88. What is your education level ? (check one box)

- | | |
|--|---|
| <input type="checkbox"/> No diploma | <input type="checkbox"/> High school graduate or GED |
| <input type="checkbox"/> Mandatory school graduate | <input type="checkbox"/> Professional school degree |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> University/ university of applied sciences |

89. Current Employment status :

- ☐ working fulltime

- ☐ Working parttime, equal or superior to 50%
- ☐ Working parttime, inferior to 50%
- ☐ Temporary not working

* If you are temporary not working, please specify the reason (check the right answer)

- | | |
|--|---|
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> At home to do domestic and family tasks | <input type="checkbox"/> Chronic illness |
| <input type="checkbox"/> Permanent disability | <input type="checkbox"/> Military service |
| <input type="checkbox"/> Student | |

90. How would you describe you physical activity at work ? Which of the following statement applies best to your current situation ? (check one box)

- ☐ Work with low physical activity, such as office work
- ☐ Work with moderate physical activity, such as moderate load lifting
- ☐ Heavy work load, such as unloading a truck without mechanical support, construction, farmer
- ☐ Unemployed

91. Do you have a supplementary insurance covering complementary medicine ?

- ☐ Yes
- ☐ No → ☐ I don't have one because the insurance denied it to me
- ☐ I don't know

Supplementary material 2

Questionnaire for primary care physicians

Treatment of chronic low back pain in primary care

Many patients with chronic or recurrent low back pain use complementary medicine. We wish to know your opinion about complementary medicine in the treatment of such condition.

Definitions used in this study :

Chronic	Low back pain (LBP) lasting for three months or more
and / or	
recurrent low back pain	At least two episodes or more of LBP during the past 12 months, with a significant impact on the patient's daily life (for example: frequent need to move, difficulty walking up or down stairs, sleep disorder due to low back pain, inability to get to work, etc.)

Chronic and /or recurrent low back pain can be specific (eg, infection, tumour, fracture, inflammatory disorder, radicular syndrome) or non specific (low back pain not attributable to a recognisable, known specific pathology).

Complementary medicine (CM)	CM refers to a broad set of health care practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant health-care system
	In this questionnaire, some therapies such as hypnosis or music therapy are also considered complementary medicines because they are not systematically integrated into the Swiss health system.

We thank you for answering the following questions:

SOCIODEMOGRAPHIC CHARACTERISTICS

1. Gender : ☐ Female ☐ Male
2. Age :
☐ ≤ 35 years old
☐ 36-45 years old
☐ 46-55 years old
☐ ≥ 56 years old
3. Country of birth : _____
4. Nationality(-ies) : _____
5. For how long have you been working in a medical practice? _____ year(s)
6. Are you trained in one or several complementary therapy (-ies) : ☐ Yes ☐ No

a. If yes :

Which training in complementary medicine have you attended to? :	Do you have an official diploma in this method?
<input type="checkbox"/> Homeopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Anthroposophic medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Herbal medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Traditional Chinese medicine and/or acupuncture	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Neural therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hypnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Manual medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ayurvedic medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (s): _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Which title-s of medicine do you hold (several possible answers):
☐ Practicing physician
☐ General internal medicine or internal medicine or general medicine
☐ Other federal title (s) (FMH title) : _____
8. How many half days do you work in your medical practice?
0- 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
9. In which canton (s) do you practice? _____

PHARMACOLOGICAL TREATMENT IN THE MANAGEMENT OF CHRONIC OR RECURRENT LOW BACK PAIN

1. Do you think opioids, regardless to the galenic form, may be useful for the treatment of patients with chronic or recurrent low back pain?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

2. To which percentage of your patients do you prescribe **opioids**, regardless of the dosage form, for the treatment of chronic or recurrent low back pain?

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%

3. Do you think that **interventional blocks** may be useful for the treatment of patients with chronic or recurrent low back pain?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

4. To which percentage of your patients do you prescribe **interventional blocks** for the treatment of patients with chronic or recurrent low back pain?

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%

5. Do you think that **paracetamol** may prove useful for the treatment of patients with chronic or recurrent low back pain?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

6. To which percentage of your patients do you prescribe **paracetamol** for the treatment of patients with chronic or recurrent low back pain?

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%

☐ 100%

7. Do you think that **NSAIDs** may prove useful for the treatment of patients with chronic or recurrent low back pain?

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

8. To which percentage of your patients do you prescribe **NSAIDs** for the treatment of patients with chronic or recurrent low back pain?

☐ 0%

☐ 1-25%

☐ 26-50%

☐ 51-75%

☐ 76-99%

☐ 100%

9. Do you think that **muscle relaxants** may prove useful for the treatment of patients with chronic or recurrent low back pain?

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

10. To which percentage of your patients do you prescribe **muscle relaxants** for the treatment of patients with chronic or recurrent low back pain?

☐ 0%

☐ 1-25%

☐ 26-50%

☐ 51-75%

☐ 76-99%

☐ 100%

11. Do you think that **manual medicine** may prove useful for the treatment of patients with chronic or recurrent low back pain?

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

12. To which percentage of your patients do you prescribe **manual medicine** for the treatment of patients with chronic or recurrent low back pain?

☐ 0%

☐ 1-25%

☐ 26-50%

- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%

13. Do you think that **physiotherapy** may prove useful for the treatment of patients with chronic or recurrent low back pain?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

14. To which percentage of your patients do you prescribe **physiotherapy** for the treatment of patients with chronic or recurrent low back pain?

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%

15. Do you think that **chiropractic** (manipulative therapy exercised by a chiropractor) may prove useful for the treatment of patients with chronic or recurrent low back pain?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

16. To which percentage of your patients do you prescribe **chiropractic** for the treatment of patients with chronic or recurrent low back pain?

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%

COMPLEMENTARY MEDICINE TREATMENTS IN THE MANAGEMENT OF CHRONIC OR RECURRENT LOW BACK PAIN

1. Do you think that some **complementary medicine** may prove useful for the treatment of patients with chronic or recurrent low back pain?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

2. To which percentage of your patients do you recommend **complementary medicine** in general for the treatment of patients with chronic or recurrent low back pain?
- ☐ 0%
 - ☐ 1-25%
 - ☐ 26-50%
 - ☐ 51-75%
 - ☐ 76-99%
 - ☐ 100%
3. Do you think that **osteopathic treatment** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ I am unfamiliar with this approach
4. To which percentage of your patients do you recommend **osteopathic treatment** for the treatment of patients with chronic or recurrent low back pain?
- ☐ 0%
 - ☐ 1-25%
 - ☐ 26-50%
 - ☐ 51-75%
 - ☐ 76-99%
 - ☐ 100%
5. Do you think that **acupuncture** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ I am unfamiliar with this approach
6. To which percentage of your patients do you recommend **acupuncture** for the treatment of patients with chronic or recurrent low back pain?
- ☐ 0%
 - ☐ 1-25%
 - ☐ 26-50%
 - ☐ 51-75%
 - ☐ 76-99%
 - ☐ 100%
7. Do you think that **aromatherapy** (essential oils) may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree

- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I am unfamiliar with this approach

8. Have you ever recommended **aromatherapy** for the treatment of patients with chronic or recurrent low back pain? (at least once)

- ☐ Yes
- ☐ No

9. Do you think that **aromatherapy** may prove useful for the treatment of patients with chronic or recurrent low back pain?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I am unfamiliar with this approach

10. Have you ever recommended **art-therapy** for the treatment of patients with chronic or recurrent low back pain? (at least once)

- ☐ Yes
- ☐ No

11. Do you think that **art-therapy** may prove useful for the treatment of patients with chronic or recurrent low back pain?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I am unfamiliar with this approach

12. Do you think that **hypnosis** may prove useful for the treatment of patients with chronic or recurrent low back pain?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I am unfamiliar with this approach

13. Have you ever recommended **hypnosis** for the treatment of patients with chronic or recurrent low back pain? (at least once)

- ☐ Yes
- ☐ No

14. Do you think that **homeopathy** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ I am unfamiliar with this approach
15. Have you ever recommended **homeopathy** for the treatment of patients with chronic or recurrent low back pain? (at least once)
- ☐ Yes
 - ☐ No
16. Do you think that **therapeutic massage** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ I am unfamiliar with this approach
17. Have you ever recommended **therapeutic massage** for the treatment of patients with chronic or recurrent low back pain? (at least once)
- ☐ Yes
 - ☐ No
18. Do you think that **anthroposophic medicine** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ I am unfamiliar with this approach
19. Have you ever recommended **anthroposophic medicine** for the treatment of patients with chronic or recurrent low back pain? (at least once)
- ☐ Yes
 - ☐ No
20. Do you think that **ayurvedic medicine** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree

☐ I am unfamiliar with this approach

21. Have you ever recommended **ayurvedic medicine** for the treatment of patients with chronic or recurrent low back pain? (at least once)

☐ Yes

☐ No

22. Do you think that **Chinese herbs** (as a part of Traditional Chinese medicine) may prove useful for the treatment of patients with chronic or recurrent low back pain?

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

☐ I am unfamiliar with this approach

23. Have you ever recommended **Chinese herbs** (as a part of Traditional Chinese medicine) for the treatment of patients with chronic or recurrent low back pain? (at least once)

☐ Yes

☐ No

24. Do you think that **meditation** may prove useful for the treatment of patients with chronic or recurrent low back pain?

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

☐ I am unfamiliar with this approach

25. Have you ever recommended **meditation** for the treatment of patients with chronic or recurrent low back pain? (at least once)

☐ Yes

☐ No

26. Do you think that **magnetism** may prove useful for the treatment of patients with chronic or recurrent low back pain?

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

☐ I am unfamiliar with this approach

27. Have you ever recommended **magnetism** for the treatment of patients with chronic or recurrent low back pain? (at least once)

☐ Yes

☐ No

28. Do you think that **traditional healing** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ I am unfamiliar with this approach
29. Have you ever recommended **traditional healing** for the treatment of patients with chronic or recurrent low back pain? (at least once)
- ☐ Yes
 - ☐ No
30. Do you think that **shiatsu** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ I am unfamiliar with this approach
31. Have you ever recommended **shiatsu** for the treatment of patients with chronic or recurrent low back pain? (at least once)
- ☐ Yes
 - ☐ No
32. Do you think that **reflexology** (reflexotherapy) may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ I am unfamiliar with this approach
33. Have you ever recommended **reflexology** for the treatment of patients with chronic or recurrent low back pain? (at least once)
- ☐ Yes
 - ☐ No
34. Do you think that **sophrology** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree

☐ I am unfamiliar with this approach

35. Have you ever recommended **sophrology** for the treatment of patients with chronic or recurrent low back pain? (at least once)

☐ Yes

☐ No

36. Do you think that **tai chi/chi gong** may prove useful for the treatment of patients with chronic or recurrent low back pain?

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

☐ I am unfamiliar with this approach

37. Have you ever recommended **tai chi/chi gong** for the treatment of patients with chronic or recurrent low back pain? (at least once)

☐ Yes

☐ No

38. Do you think that **herbal medicine** may prove useful for the treatment of patients with chronic or recurrent low back pain?

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

☐ I am unfamiliar with this approach

39. Have you ever recommended **herbal medicine** for the treatment of patients with chronic or recurrent low back pain? (at least once)

☐ Yes

☐ No

40. Do you think that **yoga** may prove useful for the treatment of patients with chronic or recurrent low back pain?

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

☐ I am unfamiliar with this approach

41. Have you ever recommended **yoga** for the treatment of patients with chronic or recurrent low back pain? (at least once)

☐ Yes

☐ No

42. Do you think that **kinesiology** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ I am unfamiliar with this approach
43. Have you ever recommended **kinesiology** for the treatment of patients with chronic or recurrent low back pain? (at least once)
- ☐ Yes
 - ☐ No
44. Do you think that **reiki** may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ I am unfamiliar with this approach
45. Have you ever recommended **reiki** for the treatment of patients with chronic or recurrent low back pain? (at least once)
- ☐ Yes
 - ☐ No
46. Do you know any other complementary medicine therapy-ies , which may prove useful for the treatment of patients with chronic or recurrent low back pain?
- ☐ Yes → if yes, which one-s: _____
 - ☐ No
47. Have you ever recommended **another complementary medicine therapy-ies** for the treatment of patients with chronic or recurrent low back pain? (at least once)
- ☐ Yes → if yes, which one-s: _____
 - ☐ No
48. Among your patients with chronic or recurrent low back pain, which percentage do you think **uses** complementary medicine for the management of their low back pain (of their own choice or recommended by a doctor)?
- ☐ 0%
 - ☐ 1-25%
 - ☐ 26-50%
 - ☐ 51-75%
 - ☐ 76-99%
 - ☐ 100%

49. Among your patients with chronic or recurrent low back pain, which percentage do you think **informs you** by their use of complementary medicine for the management of their low back pain (spontaneously or in response to your question)?

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%

ATTITUDE TOWARDS COMPLEMENTARY MEDICINE IN GENERAL

NOT ONLY FOR CHRONIC OR RECURRENT LOW BACK PAIN

1. During a conversation with a patient about complementary medicine, who initiates the conversation usually?

- ☐ You
- ☐ The patient
- ☐ About 50/50 between you and the patient
- ☐ I never / hardly ever talk about complementary medicine with my patients

2. To which percentage of your patients do you discuss about **benefits** of complementary medicine?

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%

3. To which percentage of your patients do you discuss about **harms** of complementary medicine?

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%

4. Do you think that your knowledge is sufficient to inform your patients about complementary medicine?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

5. What do you think of the following statements?

a) Physicians should have **basic knowledge** of the most common complementary medicine therapy-ies .

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

b) Complementary medicine offer a fair cost / effectiveness ratio.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

c) Health professionals should be able to **inform patients** about complementary medicine.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

d) There is a need for further **scientific research** on complementary medicine.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

e) I lack information about complementary medicine

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

6. I do not recommend complementary medicine, because I do not know any reliable therapists and therefore do not know where to direct my patients for these therapies.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

7. During your life, have you ever used, for yourself, complementary medicine therapy-ies for own health problems in general?

- ☐ No
- ☐ Do not wish to answer this question
- ☐ Yes

If yes, specify which one-s :

- | | |
|---|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Magnetism |
| <input type="checkbox"/> Aromatherapy / essential oils | <input type="checkbox"/> Traditional healing |
| <input type="checkbox"/> Art-therapy | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Reflexotherapy (Reflexology) |
| <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Sophrology |
| <input type="checkbox"/> Therapeutic massage | <input type="checkbox"/> Tai chi and/or qi gong |
| <input type="checkbox"/> Anthroposophic | <input type="checkbox"/> Herbal medicine |
| <input type="checkbox"/> Ayurvedic medicine | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Chinese herbs (part of Traditional Chinese Medicine) | <input type="checkbox"/> Kinesiology |
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Osteopathic treatment | <input type="checkbox"/> Other (specify) : _____ |

8. Do you take into consideration health insurance coverage plan (having a supplementary insurance covering complementary medicines) before referring your patients to a complementary medicine therapist?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

Please slide the completed questionnaire into the stamped envelope and mail it.

*** Thank you for answering this questionnaire ***
