

**Questionnaire measuring the prevalence of the use of complementary and alternative medicine among people with skin diseases in the Aseer region**

We are a group of researchers at King Khalid University, Faculty of Medicine. We are conducting a scientific study aimed at measuring the prevalence of the use of complementary and alternative medicine among people with dermatology problems in Aseer region. Participating in this questionnaire is optional, and you have the right to withdraw from this study at any time. The data recorded in this questionnaire will be safely stored, encrypted and handled confidentially out of respect for your privacy. Appreciated and thankful for your participation in this research.

**Personal data:**

**1. Sex:**

female

male

**2- Age:**

18-24 years old

25-44 years old

45-64 years old

65 years or older

**Social status:**

Married

I am single

Other

**Educational level:**

Secondary degree and less

Bachelor's degree or diploma

Master's or PhD

**5. Occupation:**

Student

Private sector employee

Government employee

Non-employee

**Average monthly household income:**

Less than 5,000.

5-10 thousand

10-15 thousand

More than 15,000.

B-

**1- Do you have any skin problems:**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**2. If your answer is yes, what skin problems do you have?**

<input type="checkbox"/>	Eczema
<input type="checkbox"/>	psoriasis
<input type="checkbox"/>	Vitiligo
<input type="checkbox"/>	Fungal infection
<input type="checkbox"/>	Alopecia
<input type="checkbox"/>	Leishmania
<input type="checkbox"/>	Hair loss
<input type="checkbox"/>	Other:.....

**Duration of your skin problem :**

<input type="checkbox"/>	Less than a year.
<input type="checkbox"/>	1-3 years
<input type="checkbox"/>	3-7 years
<input type="checkbox"/>	More than 7 years.

**4. Does it affect the quality of your working life?**

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, a little bit.
<input type="checkbox"/>	Yes, on average.
<input type="checkbox"/>	Yes, in a big way.
<input type="checkbox"/>	Yes, very much.

**5. Do you use medications prescribed by your doctor?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Sometimes

**6. Have you been used complementary and alternative medicines as a means of treatment?**

<input type="checkbox"/>	Yes, with the dispensation of doctor's medications.
<input type="checkbox"/>	Yes, while continuing on the doctor's medications.
<input type="checkbox"/>	No

**7. If your answer is yes, what type of complementary and alternative medicines are used?**

<input type="checkbox"/>	Bitter	<input type="checkbox"/>	Al, Sidr	<input type="checkbox"/>	Green tea
<input type="checkbox"/>	Garlic	<input type="checkbox"/>	privet	<input type="checkbox"/>	Flaxseed
<input type="checkbox"/>	Indian installment	<input type="checkbox"/>	Watercress	<input type="checkbox"/>	Cinnamon
<input type="checkbox"/>	Honey	<input type="checkbox"/>	Cactus	<input type="checkbox"/>	Chamomile
<input type="checkbox"/>	Ginger	<input type="checkbox"/>	Castor oil	<input type="checkbox"/>	liquorice
<input type="checkbox"/>	Coffee	<input type="checkbox"/>	Tree ten	<input type="checkbox"/>	Evening Primrose
<input type="checkbox"/>	olive oil	<input type="checkbox"/>	Turmeric	<input type="checkbox"/>	Other:.....
<input type="checkbox"/>	Fenugreek	<input type="checkbox"/>	Milk		

**8. Results you noticed after using it:**

<input type="checkbox"/>	Negative
<input type="checkbox"/>	Positive
<input type="checkbox"/>	No notable results

**9. Are complementary and alternative medicines especially used to treat skin problems?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**10. What are the reasons or motivations to use complementary and alternative medicines as a treatment method?**

<input type="checkbox"/>	Price of medicines
<input type="checkbox"/>	No results for medical drugs
<input type="checkbox"/>	Side effects of medical medication
<input type="checkbox"/>	Note better results for folk medicine medications
	Religious or cultural beliefs
<input type="checkbox"/>	Other:.....

**11- Your use of complementary and alternative medicines is a recommendation by:**

<input type="checkbox"/>	physician
<input type="checkbox"/>	A friend
<input type="checkbox"/>	Social media
<input type="checkbox"/>	Websites
<input type="checkbox"/>	Other:.....