

# Questionnaire on Complementary and Alternative Medicine in Persons with Inflammatory Bowel Disease

## General

- Gender:  Male  Female
- Age:  <20  20-30  30-40  40-50  50-60  60-70  70-80  >80
- Highest Education:  Master  Bachelor  Secundair  Heden Schoolgaand

## Diagnosis

- Date of diagnosis (MM/YY): ..... / .....
- Type of IBD:  Ulcerative colitis  Crohn's disease  Indefinite

## Current treatment for Crohn's disease or Ulcerative colitis

- Cortisone (Medrol, Clipper, Entocort, Budenofalk, Budesonide ...)
- 5-ASA (Pentasa, Mesalazine, Claversal, Colitofalk, Mazavant, Salazopyrine )
- Anti-TNF (Remsima, Inflectra, Flixabi, Remicade, Zessly, Humira, Amgevita, Hulio, Hyrimoz, Imraldi, Idacio, Simponi)
- Stelara
- Entyvio
- Xeljanz
- Antibiotics
- Other, please specify: .....

## Alcohol use:

- Occasionally (1-2 drinks per day)
- Regular (more than 1-2 drinks per day)
- Sporadic ( < 1 drink per day)

## Smoking status:

- Not a smoker
- Ex-smoker
- Current smoker

## Aanvullende en Alternatieve Geneeskunde (AAG)

1. Have you ever used complementary and alternative medicine?:

- Yes
- No

If yes: I used this for: .....

If not:

- I am thinking of using it in the future

If yes:

- I used this before
- I do not use this currently

**2. What types of complementary and alternative medicine have you already used, and why exactly? Did you find it helpful? (check all that apply)**

		Already used?	Comments	Useful? 1. Very useful — 2. Somewhat 3. Not at all — 4. Don't know
Medicinal treatments (duration & dose)	<input type="radio"/> Homeopathy <input type="radio"/> Ayurveda			
Mind-body medicine	<input type="radio"/> Mindfulness <input type="radio"/> Yoga <input type="radio"/> Hypnotherapy <input type="radio"/> Acupuncture			
Nature-based medicine	1. Herbal products <input type="radio"/> Aloe Vera <input type="radio"/> Green tea <input type="radio"/> Curcumin  2. Cannabis  3. Dietary supplements <input type="radio"/> Vitamins <input type="radio"/> Minerals  4. Probiotics <input type="radio"/> Yoghurt <input type="radio"/> Other- specify			
Other (specify)				

**3. What was/is your source of complementary and alternative medicine?**

- |   |   |
|---|---|
| <input type="radio"/> Myself  | <input type="radio"/> Internet & Media  |
| <input type="radio"/> Complementary and alternative medicine practitioner | <input type="radio"/> Family & Friends  |
| <input type="radio"/> Health food store                                   | <input type="radio"/> Others (specify): |

.....

**4. Why do you use Complementary and Alternative Medicine (Check all that apply)**

- Failure of classical medical treatment / dissatisfaction / less trust in the attending physicians
- Avoiding side effects of classic treatments / reducing or avoiding use of cortisone
- Positive experiences of others regarding complementary and alternative medicine
- Better control of disease
- Reducing the number of medicines I have to take
- Minimize stress and symptoms
- Prevent health problems in the future
- Cheaper
- Fear of surgery
- Last hope
- Other health benefits, namely:  
.....  
.....

**5. Have you ever discussed complementary and alternative medicine treatment with your treating gastroenterologist or IBD specialist?**

- Yes
- No

**7. Would it be beneficial (if you use CAMs) to discuss this with your gastroenterologist, if you knew that these alternative medications could interact with your current therapy?**

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**6. If you have never discussed this with a doctor before, why not? Tick all that apply**

- Fear of rejection by my treating physician
- Feeling that my treating doctor has too little knowledge about this
- I don't think this is necessary because complementary and alternative medicine treatments differ from classical medicine
- Others, namely:  
.....

**8. Average amount you spend annually on complementary and alternative medicine**

.....

**9. Do you think it is worth this amount?**

- Yes
- No

**10. If you have never used complementary and alternative medicine before, why not? (Not for patients taking complementary and alternative medicine) Tick all that apply**

- I am satisfied with my current successful medical treatment
- Ik ben ongerust dat aanvullende en alternatieve geneeskunde behandeling zou kunnen interfereren met mijn medische behandeling
- I think this is a waste of money
- I have too little time and knowledge about complementary and alternative medicine
- Others, namely

**11. Any other comments:**

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