Appendix. Survey instrument

Do you currently take or have you ever taken an oral herbal remedy (herbal medicine)?
\[   1   \] Yes
\[   2   \] No
\[   3   \] Don’t know

Below is a list of types of complementary and alternative medicine (CAM). Please check any or all that you used in the past 12 months:
\[   ] Vitamines/supplements
\[   ] Herbal medicine
\[   ] Dietary/ nutritional therapy
\[   ] Massage
\[   ] Meditation/ relaxation exercises
\[   ] Chiropractic
\[   ] Acupuncture
\[   ] Yoga
\[   ] Cupping
\[   ] Curanderismo
\[   ] Tai chi
\[   ] Espiritismo
\[   ] Hypnosis
\[   ] Santeria
\[   ] Other, please specify_____________________________________________

Have you ever used herbal remedy or complementary and alternative medicine such as the choices above to control pain?
\[   1   \] Yes, please specify_____________________________________________
\[   2   \] No
\[   3   \] Don’t know

For each of the following items, how much do you agree or disagree?

|                                                                 | Strongly agree | Agree | No opinion | Disagree | Strongly disagree |
|-----------------------------------------------------------------|----------------|-------|------------|----------|------------------|
| 1 I feel comfortable telling my doctor about complementary and alternative medicine therapies I use or might use. | 5              | 4     | 3          | 2        | 1                |
| 2 I would tell my doctor if I went to a complementary and alternative medicine practitioner for treatment. | 5              | 4     | 3          | 2        | 1                |
| 3 I would like my physician to have basic knowledge of complementary and alternative medicine or be able to refer me to someone with more information or skills in complementary and alternative medicine therapies. | 5              | 4     | 3          | 2        | 1                |
| 4 I would like my physician to ask me about any current complementary and alternative medicine therapies I use. | 5              | 4     | 3          | 2        | 1                |
For each of the following items, please circle whether you believe the answer is TRUE or FALSE. If you are not certain, please circle “I DON’T KNOW”

|   |   |   |
|---|---|---|
| 1 | Long-acting opioids are used to treat chronic “round the clock” pain. | True | False | I Don’t Know |
| 2 | Methadone is a long-acting opioid. | True | False | I Don’t Know |
| 3 | Restlessness, muscle and bone pain, and insomnia are symptoms of opioid withdrawal. | True | False | I Don’t Know |
| 4 | Heroin, OxyContin, and fentanyl are all examples of opioids. | True | False | I Don’t Know |
| 5 | Trouble breathing is NOT related to opioid overdose. | True | False | I Don’t Know |
| 6 | Clammy and cool skin is NOT a sign of an opioid overdose. | True | False | I Don’t Know |
| 7 | All overdose are fatal (deadly). | True | False | I Don’t Know |
| 8 | Using a short-acting opioid and a long-acting opioid at the same time does NOT increase your risk of an opioid overdose. | True | False | I Don’t Know |
| 9 | If you see a person overdosing on opioids, you can begin rescue breathing until a health worker arrives. | True | False | I Don’t Know |
| 10 | A sternal rub helps you evaluate whether someone is unconscious. | True | False | I Don’t Know |
| 11 | Once you confirm an individual is breathing, you can place him/her into the recovery position. | True | False | I Don’t Know |
| 12 | Narcan (naloxone) will reverse the effect of an opioid overdose. | True | False | I Don’t Know |

When you have pain, what pain reliever would you want to take? Please check all that apply.

- [ ] Non-prescription pain medicine (e.g. Tylenol, aspirin)
- [ ] Prescription non-opioid medicine (e.g. Naproxen)
- [ ] Opioids (e.g. Oxycodone, Hydrocodone)
- [ ] Herbal medicine/supplement, please specify __________________________
- [ ] Other, please specify __________________________
- [ ] Do not want to take anything

Have you taken non-prescription pain medicine such as Tylenol in the past 12 months?

- [1 ] Yes
- [2 ] No
- [3 ] Don’t know

Have you been prescribed non-opioid pain reliever such as Naproxen in the past 12 months?

- [1 ] Yes, at the Maliheh Free Clinic
- [2 ] Yes, at another health care facility
- [3 ] No
- [4 ] Don’t know

Have you been prescribed opioid pain reliever such as oxycodone or hydrocodone (Vicodin or Lortab) in the past 12 months?

- [1 ] Yes, at the Maliheh Free Clinic
- [2 ] Yes, at another health care facility
- [3 ] No
- [4 ] Don’t know
Do you know anyone (e.g. your family or friend) who have abused opioids?
[ 1 ] Yes
[ 2 ] No
[ 3 ] Don’t know

In your opinion, how is it difficult to obtain opioids?
[ 1 ] Very easy
[ 2 ] Easy
[ 3 ] Neutral
[ 4 ] Difficult
[ 5 ] Very difficult

If you have used opioids in the past, where did you obtain them? Please check all that apply.
[ 1 ] Maliheh Free Clinic
[ 2 ] Other health care facilities
[ 3 ] Family/friends/neighbor/co-worker
[ 4 ] Someone on street
[ 5 ] Other, please specify_______________________________
[ 6 ] Not applicable (Never used opioids)

Have you over-used opioids in the past?
[ 1 ] Yes
[ 2 ] No
[ 3 ] Don’t know

Have you had a job which is physically demanding and causes physical pain (e.g. back pain) in the past 12 months?
[ 1 ] Yes
[ 2 ] No
[ 3 ] Don’t know

In general, would you say your health is... (Please pick one.)
[ 1 ] Excellent
[ 2 ] Very good
[ 3 ] Good
[ 4 ] Fair
[ 5 ] Poor

Is today your first time visiting the Maliheh Free Clinic? 1 Yes 0 No

How long have you been a patient of the Maliheh Free Clinic?
☐ Less than 2 years (1) ☐ 2 years or longer (2)

How old are you?
I am _________ years old
What is your sex?  
☐ 1 Man  ☐ 2 Woman

Were you born in the U.S.?  
☐ 1 Yes  ☐ 0 No
(If you were born outside of the U.S.) What country were you born in?  
____________________________

How many years have you lived in the U.S.?  ____________ years

Which do you consider yourself? (Please pick all that apply.)

☐ Asian/Pacific Islander
☐ Caucasian – Non Hispanic
☐ Hispanic or Latino/Latina
☐ African or African American
☐ American Indian/Alaska Native
☐ Other, please specify: ________________________________

Please describe your highest level of school or degree completed:

☐ 1 Less than high school graduate
☐ 2 High school graduate or GED
☐ 3 Some college
☐ 4 4-year college graduate
☐ 5 Graduate school degree

What is your current working situation? (Please pick all that apply.)

☐ Working full-time
☐ Working part-time
☐ Student
☐ Looking for work/unemployed
☐ Retired
☐ Other, please specify working situation: ________________________________

What is your current marital or relationship status?

☐ 1 Married
☐ 2 Living with a partner in a marriage-like relationship or In a relationship
☐ 3 Separated  ☐ 4 Divorced  ☐ 5 Widowed  ☐ 6 Single (never married)