

APPENDIX 1

PRACTITIONER QUESTIONNAIRE:**Question 1**

What is your age at your last birthday? Please circle the appropriate number (1-5):

20-30	1
30-40	2
40-50	3
50-60	4
>60	5

Question 2

Please circle the appropriate number(1/2):

SEX:	MALE	FEMALE
	1	2

Question 3

What is your occupation? Please circle the appropriate number (1-4):

CHIROPRACTOR	1
HOMOEOPATH	2

Question 4

Where did you qualify? (Institution and Country) _____

Question 5

How long are you in practice? Please circle the appropriate number (1-5):

0-4yrs	1
4-8yrs	2
8-12yrs	3
12-16yrs	4
>16yrs	5

Question 6

Your area of practice? _____

Question 7

How close is the nearest practitioner to your practice? Choose 1 option for each practitioner.

Practitioner	0-2 km	2-4 km	4-6 km	6-8 km	> 8 km
Chiropractor					
Homeopath					
GP					
Physiotherapist					

Question 8

Do you share your practice with any of the following providers?

	YES	NO
CHIROPRACTORS	1	2
HOMOEOPATHS	1	2
PHYSIOTHERAPISTS	1	2
GPs	1	2

Question 9

Do you refer patients to the following registered providers? Please circle over the number for each provider:

	ALWAYS	FREQUENTLY	OCCASIONALLY	RARELY	NEVER
CHIROPRACTORS	1	2	3	4	5
HOMOEOPATHS	1	2	3	4	5
PHYSIOTHERAPISTS	1	2	3	4	5
GPs	1	2	3	4	5

Question 10

The nearest practitioner that you refer patients to is? (Please choose 1 option only)

Chiropractor	1
Homeopath	2
GP	3
Physiotherapist	4

Question 11

How many times in the last 6 months did you refer to the following providers? Please circle over the number for each provider:

	0-10	10-20	20-30	30-40	>40
CHIROPRACTORS	1	2	3	4	5
HOMOEOPATHS	1	2	3	4	5
PHYSIOTHERAPISTS	1	2	3	4	5
GPs	1	2	3	4	5

Question 12

If a patient were to ask for a referral to the following registered providers, would the referral be given? Please circle over the number for each provider:

	ALWAYS	FREQUENTLY	OCCASIONALLY	RARELY	NEVER
CHIROPRACTORS	1	2	3	4	5
HOMOEOPATHS	1	2	3	4	5
PHYSIOTHERAPISTS	1	2	3	4	5
GPs	1	2	3	4	5

Question 13

Do you return a patient to the care of the referring provider? Please circle over the number for each provider:

	ALWAYS	FREQUENTLY	OCCASIONALLY	RARELY	NEVER
CHIROPRACTORS	1	2	3	4	5
HOMOEOPATHS	1	2	3	4	5
PHYSIOTHERAPISTS	1	2	3	4	5
GPs	1	2	3	4	5

Question 14

Do you report back to the referring provider? Please circle over the number for each profession:

	ALWAYS	FREQUENTLY	OCCASIONALLY	RARELY	NEVER
CHIROPRACTORS	1	2	3	4	5
HOMOEOPATHS	1	2	3	4	5
PHYSIOTHERAPISTS	1	2	3	4	5
GPs	1	2	3	4	5

Question 15

Do you receive referrals from the following providers? Please circle over the number for each provider:

	ALWAYS	FREQUENTLY	OCCASIONALLY	RARELY	NEVER
CHIROPRACTORS	1	2	3	4	5
HOMOEOPATHS	1	2	3	4	5
PHYSIOTHERAPISTS	1	2	3	4	5
GPs	1	2	3	4	5

Question 16

How many referrals did you receive in the last 6 months? Please circle over the number for each provider:

	0-10	10-20	20-30	30-40	>40
CHIROPRACTORS	1	2	3	4	5
HOMOEOPATHS	1	2	3	4	5
PHYSIOTHERAPISTS	1	2	3	4	5
GPs	1	2	3	4	5

Question 17

From the listed conditions below indicate which provider you think can treat the condition! Please circle over the number for each provider:

CONDITION	CHIROPRACTOR	HOMOEOPATH	PHYSIOTHERAPIST	GP
SPRAIN (eg.ankle)	1	2	3	4
MILD FRACTURE (eg.hairline)	1	2	3	4
WHIPLASH	1	2	3	4
LOW BACK PAIN	1	2	3	4
HEADACHE	1	2	3	4
NECK PAIN	1	2	3	4
UPPER BACK PAIN	1	2	3	4
DIABETES	1	2	3	4
COLDS AND FLU	1	2	3	4
CANCER	1	2	3	4
SKIN PROBLEMS	1	2	3	4
ASTHMA	1	2	3	4

ARTHRITIS	1	2	3	4
APPENDICITIS	1	2	3	4

Question 18

In the last 6 months, how many times were each of the following conditions referred to you? Please circle the number for each condition:

CONDITION:	0-10	10-20	20-30	30-40	>40
SPRAIN (eg.ankle)	1	2	3	4	5
MILD FRACTURE (eg.hairline)	1	2	3	4	5
WHIPLASH	1	2	3	4	5
LOW BACK PAIN	1	2	3	4	5
HEADACHE	1	2	3	4	5
NECK PAIN	1	2	3	4	5
UPPER BACK PAIN	1	2	3	4	5
DIABETES	1	2	3	4	5
COLDS AND FLU	1	2	3	4	5
CANCER	1	2	3	4	5
SKIN PROBLEMS	1	2	3	4	5
ASTHMA	1	2	3	4	5
ARTHRITIS	1	2	3	4	5
APPENDICITIS	1	2	3	4	5

Question 19

In the last 6 months, how many times did you refer the following conditions? Please circle the number for each condition:

CONDITION:	0-10	10-20	20-30	30-40	>40
SPRAIN (eg.ankle)	1	2	3	4	5
MILD FRACTURE (eg.hairline)	1	2	3	4	5
WHIPLASH	1	2	3	4	5
LOW BACK PAIN	1	2	3	4	5
HEADACHE	1	2	3	4	5
NECK PAIN	1	2	3	4	5
UPPER BACK PAIN	1	2	3	4	5
DIABETES	1	2	3	4	5
COLDS AND FLU	1	2	3	4	5
CANCER	1	2	3	4	5
SKIN PROBLEMS	1	2	3	4	5
ASTHMA	1	2	3	4	5
ARTHRITIS	1	2	3	4	5
APPENDICITIS	1	2	3	4	5

Question 20

In the last 6 months, who referred the following conditions to you? Please circle the number for each condition:

CONDITION:	CHIROPRACTOR	HOMOEOPATH	PHYSIOTHERAPIST	GP
SPRAIN (eg.ankle)	1	2	3	4
MILD FRACTURE (eg.hairline)	1	2	3	4
WHIPLASH	1	2	3	4
LOW BACK PAIN	1	2	3	4
HEADACHE	1	2	3	4
NECK PAIN	1	2	3	4
UPPER BACK PAIN	1	2	3	4
DIABETES	1	2	3	4
COLDS AND FLU	1	2	3	4
CANCER	1	2	3	4
SKIN PROBLEMS	1	2	3	4
ASTHMA	1	2	3	4
ARTHRITIS	1	2	3	4
APPENDICITIS	1	2	3	4

Question 21

In the last 6 months, who did you refer the following conditions to? Please circle the number for each condition:

CONDITION:	CHIROPRACTOR	HOMOEOPATH	PHYSIOTHERAPIST	GP
SPRAIN (eg.ankle)	1	2	3	4
MILD FRACTURE (eg.hairline)	1	2	3	4
WHIPLASH	1	2	3	4
LOW BACK PAIN	1	2	3	4
HEADACHE	1	2	3	4
NECK PAIN	1	2	3	4
UPPER BACK PAIN	1	2	3	4
DIABETES	1	2	3	4
COLDS AND FLU	1	2	3	4
CANCER	1	2	3	4
SKIN PROBLEMS	1	2	3	4
ASTHMA	1	2	3	4
ARTHRITIS	1	2	3	4
APPENDICITIS	1	2	3	4