

Appendix 1: questionnaire

Research project on the health of people experiencing homelessness in the canton of Vaud and integrative Medicine.

Questionnaire phase 1 identification of CM needs and interests

**Interest in complementary medicine approaches of homeless
facility users**

Partner institution (where the questionnaire is completed):

Date: ____ / ____ / ____

Research Assistant [initial]: _____

Demographics

The first questions concern your personal situation. The questionnaire is **confidential**. All information will **only be known** by the important members of **the research team**.

1. What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Other

2. How old are you? _____

3. How long have you been living in Switzerland? _____

4. What is your nationality? [1 possible answer].

- ☐ Switzerland (1) → go to question 7
- ☐ European (2) (specify country) : _____
- ☐ Non-European (3) (specify country) : _____
- ☐ I do not know
- ☐ I do not wish to answer (999) → go to question 7

5. What's the type of your residence permit? [1 answer possible]

- ☐ B (1) → go to question 7
- ☐ C (2) → go to question 7
- ☐ F (3) → go to question 7
- ☐ G (4) → go to question 7
- ☐ L (5) → go to question 7
- ☐ N (6) → go to question 7
- ☐ S (7) → go to question 7
- ☐ B on grouping (8) → go to question 7
- ☐ None (777)
- ☐ I don't know (888)
- ☐ I don't wish to answer (999)

6. What's your current situation? [1 possible answer]

- ☐ No application for asylum (1)
- ☐ Non-entry (2)
- ☐ Refusal of the asylum application (3)
- ☐ Dublin case (4)
- ☐ I don't know (888)
- ☐ I don't wish to answer (999)

7. What's your highest level of education? [1 answer possible]

- ☐ No training (schooling not completed) (1)
- ☐ Compulsory school (2)
- ☐ Higher secondary school diploma (high school, college) (3)
- ☐ General and vocational training (CFC) (4)
- ☐ Higher education (UAS, University) (5)
- ☐ I don't know (888)
- ☐ I don't wish to answer (999)

8. Do you have health and accident insurance? [1 answer possible]

- ☐ Yes (1) → If yes, is the insurance? : ☐ Swiss (2) ☐ foreign (3)
- ☐ No (4)
- ☐ I don't know (888)
- ☐ I don't wish to answer (999)

9. How long have you been homeless? _____

10. During the nights of the past 2 weeks, where did you sleep most often? [1 possible answer]

- ☐ Homeless (on the street, shelters in public space, etc.) (1)
- ☐ In an emergency accommodation (Sleep-In, Marmotte, Lucarne, etc.) (2)
- ☐ In a hostel or shelter (e.g. EVAM centers) (3)
- ☐ At a relative's home (a friend or member of my family) (4)
- ☐ Non-conventional housing (mobile homes, camping, squats, temporary structures) (5)
- ☐ Individual housing (tenant or owner) (6)
- ☐ Prison institution (prisons) (7)
- ☐ Health institution (hospital or other) (8)
- ☐ I don't know (888)
- ☐ I don't wish to answer (999)

Use and interest in complementary medicine approaches

1. In the past 6 months, what type(s) of complementary medicine(s) have you used?

[Multiple answers possible; explain each approach using the instructions received during the training]

- ☐ None (0)
- ☐ Acupuncture (1)
- ☐ Therapeutic massage (2)
- ☐ Reiki (3)
- ☐ Meditation (4)
- ☐ Animal-assisted therapy (5)
- ☐ Food (nutritional) supplements (6)
- ☐ Music therapy (7)
- ☐ Hypnosis (8)
- ☐ Art therapy (9)
- ☐ Phytotherapy (Herbal medicine) (10)
- ☐ Chiropractor, osteopathy (11)
- ☐ Tai-chi, Qi gong (12)
- ☐ Yoga (13)
- ☐ Homeopathy (14)
- ☐ Aromatherapy (15)
- ☐ Sophrology (Relaxation therapy) (16)
- ☐ Healer/Secret (17)
- ☐ Other(s) (18): _____

2. If you have used one or more of these complementary medicines, how were they paid?

- ☐ Basic insurance (1)
- ☐ Additional insurance (2)
- ☐ Cash payment (3)
- ☐ Free treatment (4)
- ☐ Other (888): specify _____

The final questions ask about your interest in (re)pursuing a **complementary medicine therapy**. For each type of complementary medicine listed below, please indicate how much you would like to be treated with that practice. [Explain each approach using the instructions received during the training]

3. How much would you like to be treated with	Very interested	Interested	Indifferent	Not very interested	No interest
	(1)	(2)	(3)	(4)	(5)
Acupuncture?	☐	☐	☐	☐	☐
Therapeutic massage?	☐	☐	☐	☐	☐
Reiki?	☐	☒	☐	☐	☐
Meditation?	☐	☐	☐	☐	☐
Animal-assisted therapy?	☐	☐	☐	☐	☐
Use of nutritional supplements?	☐	☐	☐	☐	☐
Music therapy?	☐	☐	☐	☐	☐
Hypnosis?	☐	☐	☐	☐	☐
Art therapy?	☐	☐	☐	☐	☐

3. How much would you like to be treated with	Very interested	Interested	Indifferent	Not very interested	No interest
Herbal medicine?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
Chiropractor, osteopathy ?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
Tai-chi, Qi gong?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
Yoga?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
Homeopathy?	(1) ☐	(2) ☒	(3) ☐	(4) ☐	(5) ☐
Aromatherapy?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
Relaxation therapy (Sophrology)?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
Healer/secret ?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
Other?	(1) ☐	(2) ☐	(3) ☐	(4) ☐	(5) ☐
Specify _____					