Appendix A: Student Medicinal Plant and Herbal Product Survey Part I: Demographics:

<u>Ethi</u>	nicity:	Age:	Grade Level:	Gender:		
000	White Black American Indian	18-1920-2122-2324-25	FreshmanSophmoreJuniorSenior	MaleFemaleTransgendered		
0000	Tribal Affiliation: Asian Hispanic or Latino Alaskian Native	26-30 31-40 41+	Graduate			
0000	Pacific Islander Foreign Exchange Student Two or more ethnicities	Please rate	Please rate your health on the scale below:			
\circ	Other	{	0 0	······································		
		Good	Below Average	Above Poor		
Part II:	Medicinal Plant and Herbal Product		Average	Average		
I) Have	you ever used medicinal plants or herb	oal products for	health or well-being?	?		
,	•	•	urvey at Question #7 be			
2) Have	you used medicinal plants or herbal pr					
	○ Yes ○ No		-			
3) At wh	nat age did you learn about medicinal p	lants or herbal	products and their us	se?		
000	0-10 years old 11-16 years old 17-25 years old	•	ears old oplicable ire			
-	whom, or where, have you learned aboase select all that apply.)	out medicinal p	lants and their use?			
00000	Family Member Elder or Healer Conventional Health Practitioner (Doctor) Alternative Health Practitioner Coach/Athletic Trainer		onic Media (E.g., Televi Media (E.g., Books, Mag			
5) On av	verage, how much money do you spend	d on medicinal	plants and herbal pro	ducts per month?		
000	Less than \$5 \$5-\$10 \$10-\$25	\$26-\$3\$51-10Greate				
6) Have	you ever told your Doctor about your n	nedicinal plant	or herbal product use	?		
	○ Yes ○ No	○ N	lot Applicable or Don	't Remember		
7) Has y	your Doctor ever asked you about medi	cinal plant or h	erbal product use?			
	○ Yes ○ No	\bigcirc N	lot Applicable or Don	't Remember		
3) Do yo	ou take Doctor-prescribed medication?					
	○ Yes ○ No					
9) Do yo	ou take over-the-counter medicine?					
	○ Yes ○ No					
10) Hav	e you found sufficient information on th	e use of medic	inal plants and herba	I products?		
	○ Yes ○ No	○ F	laven't looked for info	ormation		

If you answered yes to Question #2 above, please continue this survey on the other side. If you have not used medicinal plants or herbal products in the past year, you are finished with this survey. Thank you for your participation.

Part III: If you have used medicinal plants or herbal products in the past year, please indicate your use below:

Medicinal Plant Pearly P	effects?				
Chamomile O O O O O O O O O O O O O O O O O O O	Yes No				
Combination Formula 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0				
Echinacea 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
Ephedra O O O O O O O O O O O O O O O O O O O	0 0				
Evening Primrose OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO					
Feverfew 000000000000000000000000000000000000	0 0				
Garlic (as medicine)	\bigcirc				
Ginger 000000000000000000000000000000000000	0 0				
	0 0				
Ginseng 000000000000000000000000000000000000	0 0				
Goldenseal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0				
Kava Kava	0 0				
Licorice O O O O O O O O O O O O O O O O O O O	0 0				
Milk Thistle	00				
Peppermint 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
St. John's Wort					
Valerian OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	\bigcirc				
Please write in other medicinal plants and herbal formulas used:					
	0 0				
	0 0				

Thank you for completing this survey.