1. General Public Information Sheet

Chiropractic Workforce Study – the General Public Information sheet

You are invited to participate in a WEB-survey on the chiropractic workforce in Australia. The purpose of this study is to investigate the nature and supply of chiropractic services across Australia. In this survey you will be asked to express your views on chiropractic in your area.

The study is being conducted by Associate Professor Goran Strkalj, Dr. Ramon Fernandez-Caamano, Dr. Sharyn Eaton, and Associate Professor Rodney Bonello, all Academics from the Department of Chiropractic at Macquarie University in Sydney. Contact details for the research team are: email: sci.workshop@mq.edu.au, telephone: (02) 9850-1091, mailing address: Manpower Research Team, Department of Chiropractic, Faculty of Science, Macquarie University, E7A-225, North Ryde, NSW 2109. This project is funded by grants from the Chiropractors Association of Australia, and by Macquarie University.

If you decide to participate, and click "Yes" below, you will be redirected to the actual survey. In that survey you will be asked to complete a questionnaire which should take you less than 10 minutes to complete. If you decide not to participate in our web-survey, you can click on "No" below. If that is your stated preference, you will be thanked for your consideration, and will not be directed to the survey.

The survey is anonymous. Any information gathered is confidential. You will not be identified in any publication of the results. Any information or personal details gathered in the course of the study are confidential (except as required by law). No individual will be identified in any publication of the results. Although the results of this study will be published, no personally identifiable information will be revealed. The data will be kept in secure servers by the Research Team. A summary of the results can be made available to you on request. If you are interested in receiving a copy of the results, please contact the research team at sci.workshop@mq.edu.au.

The ethical aspects of this study have been approved by the Macquarie University Ethics Review Committee (Human Research). If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Ethics Review Committee through the Director, Research Ethics (telephone 9850 7854; email ethics@mq.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

* 1	Would you	ı like to naı	rticinate in thi	s study and I	he directed to	the electronic Sur	rvev?
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j m	Yes
jm	No

2. SECTION 1. GENERAL INFORMATION

To which of the following age groups do you belong? Under 25 years 25-45 years Over 64 years In which country were you born? What language do you speak at home? What is the highest level of formal education you have completed? Primary School Certificate High School Certificate College Diploma or Certificate	To which of the following age groups do you belong? Under 25 years 25-45 years 45- 64 years Over 64 years In which country were you born?
in Female 2. To which of the following age groups do you belong? jn Under 25 years jn 25-45 years jn 45- 64 years jn Over 64 years 3. In which country were you born? 4. What language do you speak at home? 5. What is the highest level of formal education you have completed? jn Primary jn School Certificate jn High School Certificate jn College Diploma or Certificate	in Female 2. To which of the following age groups do you belong? jn Under 25 years jn 25-45 years jn 45- 64 years jn Over 64 years 3. In which country were you born?
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B. In which country were you born? I. What language do you speak at home? S. What is the highest level of formal education you have completed? J. Primary J. School Certificate J. High School Certificate J. College Diploma or Certificate	3. In which country were you born?
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Primary School Certificate High School Certificate College Diploma or Certificate	
jn School Certificate jn High School Certificate jn College Diploma or Certificate	
jn High School Certificate jn College Diploma or Certificate	
jn College Diploma or Certificate	
J.·	
†∩ University Diploma or Degree	
jn Postgraduate Degree	
jn Other	1. Other
For Other please specify:	

General Public S	Survey
	which Suburb and State are you living?
Suburb	
State	
* 9. Do you suffer, extremities?	or have you suffered from any discomfort or pain in your spine or
jn Yes	
jn No	

* 0	To the	ea that a	answered	I Vac	hafara
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9.1 Do you suffer or have you suffered from discomfort or pain in any of the followin areas? (you may select more than one):
€ Low Back
€ Neck
€ Middle Back
€ Ribs
E Headache
€ Shoulder
€ Hips
€ Elbow
€ Knees
€ Wrist
€ Ankles
€ Fingers
€ Toes
€ Other
If Other, please specify:
5
9.2 At this time who would be your first contact with respect to therapy?
jn Acupuncture
jn Chiropractic
jn Massage Therapist
jn Medical Practitioner
jn Osteopathy
jn Physiotherapy
jn None
jn Other
If Other, please specify:

_	Acununcture			
6	Acupuncture			
6	Chiropractic			
6	Massage Therapy			
6	Medical Practice			
€	Osteopathy			
€	Physiotherapy None			
€	Other			
€				
If Ot	her, please specify:			
jn jn jn	Acupuncture Chiropractic Massage Therapy Medical Practice		most with re	
jm jm jm jm jm	Chiropractic Massage Therapy Medical Practice Osteopathy Physiotherapy None			
mi mi mi mi mi mi	Chiropractic Massage Therapy Medical Practice Osteopathy Physiotherapy None Other			
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jm jm jm jm jm jm	Chiropractic Massage Therapy Medical Practice Osteopathy Physiotherapy None Other			
jn j	Chiropractic Massage Therapy Medical Practice Osteopathy Physiotherapy None Other her, please specify: Previously, have you Yes			
jn j	Chiropractic Massage Therapy Medical Practice Osteopathy Physiotherapy None Other her, please specify: Previously, have you	ı sought chirop		

	If you have a ald you see	seen a chiropra	ctor before,		
	ıld you see	one again?			
jm		one again:			
	Yes				
j m	No				
j m	Not applicable				
9.7	If you have	not seen a chirc	ppractor before,		
woı	ıld you cons	sider seeing on	e in future?		
jn	Yes				
jn	No				
jn	Not applicable				
9.8	If you have	seen a chiropra	ctor before, how		
			e you received?		
jm	Very satisfied	jn Satisfied	jn Don't Know	j∩ Not satisfied	j⊜ Not applicable

10. How much do you agree with the following statements?

10.1 How much do you agree with the following statements?

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	N/A
-WITH RESPECT TO my health care problems, I am only really interested in alleviating the symptoms.	jα	j m	j n	j a	jα	j tn
-I BELIEVE treatment should be aimed at improving my general health and well-being more so than focusing on symptoms.	j m	j'n	j m	j n	<u>j</u> m	j n
-MY PERSONAL philosophy influences me in deciding who I see for my health care.	j'n	j ra	j'n	j α	jα	j ta
-FAMILY TRADITION has influenced me in deciding who I see for my health care.	j m	j m	jm	j m	jn	j m

5. Thank you!
Our Research Team thanks you for your time, and for considering to participate in this study.
If you would like to receive a copy of the results of this study, please feel free to contact us via email at your convenience to: sci.workshop@mq.edu.au