

1. What is your age in years?		
2. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex	
3. Please select the state/territory where you currently work as a complementary health practitioner AND the number of clinical environments through which you practice, including whether this is an urban, rural, remote or very remote area.	<input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> NT <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> VIC <input type="checkbox"/> WA	
4. What therapies or modalities do you hold specific qualifications in? (i.e. the name of the qualification includes the name of the therapy).	<input type="checkbox"/> Acupuncture <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Ayurveda <input type="checkbox"/> Bowen Therapy <input type="checkbox"/> Chinese Herbal Medicine <input type="checkbox"/> Homoeopathy <input type="checkbox"/> Kinesiology <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Musculoskeletal Therapy <input type="checkbox"/> Myotherapy <input type="checkbox"/> Naturopathy <input type="checkbox"/> Nutrition <input type="checkbox"/> Reflexology <input type="checkbox"/> Western Herbal Medicine <input type="checkbox"/> Yoga	<p>Please identify the level of the qualification and select all that apply:</p> <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Graduate Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Professional Doctorate <input type="checkbox"/> Doctor of Philosophy (PhD)

	<input type="checkbox"/> Non-complementary Medicine qualification <input type="checkbox"/> Other	
5. How many years since you were awarded your first qualification of those listed above?	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5 to 9 years <input type="checkbox"/> 10 to 14 years <input type="checkbox"/> 15 to 19 years <input type="checkbox"/> 20 years or more	
6. How many years have you worked FULL TIME as a complementary health practitioner?		
7. How many years have you worked PART TIME as a complementary health practitioner?		
8. What percentage of your current work load involves the following roles? (Please ensure the total amount is equal to 100%)	<input type="checkbox"/> CAM clinical practice <input type="checkbox"/> Non-CAM clinical role <input type="checkbox"/> Retail employee (e.g. pharmacy/health food store) <input type="checkbox"/> Technical expert (e.g. phone support for product company, technical information content development) <input type="checkbox"/> Sales representative <input type="checkbox"/> Lecturer <input type="checkbox"/> Researcher <input type="checkbox"/> Group educator <input type="checkbox"/> Other	
9. Which of the following specialties reflect your practice? Please select ALL that apply. Indicate ALL the sources of knowledge for each specialty.	<input type="checkbox"/> Allergies and sensitivities <input type="checkbox"/> Cardiovascular health <input type="checkbox"/> Complex and/or chronic multi-system complaints <input type="checkbox"/> Digestive health <input type="checkbox"/> Ear, nose and throat health	

	<input type="checkbox"/> Endocrine health <input type="checkbox"/> Women's health <input type="checkbox"/> General health and well-being <input type="checkbox"/> Gerontology <input type="checkbox"/> Men's health <input type="checkbox"/> Mental health <input type="checkbox"/> Musculoskeletal health <input type="checkbox"/> Oncology <input type="checkbox"/> Pain management <input type="checkbox"/> Paediatrics <input type="checkbox"/> Renal health <input type="checkbox"/> Respiratory health <input type="checkbox"/> Skin health <input type="checkbox"/> Sports/athletic performance <input type="checkbox"/> Weight management <input type="checkbox"/> Self-taught <input type="checkbox"/> Included in original formal qualification <input type="checkbox"/> Independent courses (e.g. workshops, conference seminars) <input type="checkbox"/> Industry-supported courses (e.g. product seminars) <input type="checkbox"/> Additional formal qualification
10. On average how many DAYS do you work per week as a complementary health practitioner?	
11. On average how many client care hours do you work per week?	
12. On average, how many clients do you see per week?	
13. On average, how many new clients do you see per month?	

14. On average, how much do you charge per hour for your services (if providing multiple services then indicate an average across all)?	
15. Are you a solo practitioner?	<input type="checkbox"/> Yes – in at least one of my practices <input type="checkbox"/> Yes – in all of my practices <input type="checkbox"/> No
16. How many other practitioners are also in your primary practice location?	<input type="checkbox"/> General Practitioner <input type="checkbox"/> Midwife <input type="checkbox"/> Counsellor or mental health worker <input type="checkbox"/> Social worker <input type="checkbox"/> Chiropractor <input type="checkbox"/> Osteopath <input type="checkbox"/> Massage Therapist <input type="checkbox"/> Acupuncturist <input type="checkbox"/> Naturopath <input type="checkbox"/> Herbalist <input type="checkbox"/> Aromatherapist <input type="checkbox"/> Reflexologist <input type="checkbox"/> Homoeopath <input type="checkbox"/> Community nurse/Nurse Practitioner <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> Specialist Medical Doctor <input type="checkbox"/> Other
17. Do you consult in a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. In what medium do you store your clinical records?	<input type="checkbox"/> Paper only <input type="checkbox"/> Electronic only <input type="checkbox"/> A mixture of electronic and paper

<p>19. What professional bodies do you hold membership with?</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> National Herbalists Association of Australia (NHAA) <input type="checkbox"/> Australian Naturopathic Practitioners Association (ANPA) <input type="checkbox"/> Australian Register of Naturopaths and Herbalists (ARONAH) <input type="checkbox"/> Australia Naturopathic Network Australian Traditional Medicine Society (ATMS) <input type="checkbox"/> Australian Natural Therapists Association (ANTA) <input type="checkbox"/> Australasian Integrative Medicine Association (AIMA) <input type="checkbox"/> Complementary Medicine Association (CMA) <input type="checkbox"/> Australian Acupuncture & Chinese Medicine Association Ltd (AACMA) <input type="checkbox"/> Australian Association of Yoga Therapists (AAYT) <input type="checkbox"/> Australian Homoeopathic Association (AHA) <input type="checkbox"/> Australian Institute of Kinesiologists Ltd (AIK) <input type="checkbox"/> Australian Kinesiology Association (AKA) <input type="checkbox"/> International Aromatherapy and Aromatic Medicine Association (IAAMA) <input type="checkbox"/> International Yoga Teachers Association (IYTA) <input type="checkbox"/> Institute Of Registered Myotherapists Of Australia (IRMA) * <input type="checkbox"/> Reflexology Association of Australia (RAoA) <input type="checkbox"/> Yoga Alliance Australia (YAA) <input type="checkbox"/> Yoga Australia (YA) <input type="checkbox"/> Yoga Sports Association Australia (YSAA)
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* Since the release of the PRACI workforce survey, the Institute Of Registered Myotherapists Of Australia (IRMA) has changed its name to Myotherapy Association of Australia