

**Table S1. A questionnaire study on the use of complementary and alternative veterinary medicine for dogs in Sweden** L. Sohlberg, A. Bergh, S. Sternberg-Lewerin *Veterinary Sciences*

## Dog owner questionnaire

**1. What is your gender?**

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Do not want to say

**2. How old are you?**

- ☐ <18 years
- ☐ 18-23 years
- ☐ 24-35 years
- ☐ 36-50 years
- ☐ 51-64 years
- ☐ >65 years

**3. Where do you live?**

- ☐ Norrland (North Sweden)
- ☐ Svealand (Middle Sweden)
- ☐ Götaland (South Sweden)

**4. Do you live in a town or a rural area?**

- ☐ Town
- ☐ Rural area

**5. What is your educational background?**

- ☐ Grundskola (elementary, 9 years)
- ☐ Gymnasieskola (high school, 3 years)
- ☐ Eftergymnasial (university or other, after 12 years)
- ☐ Do not want to say

**6. For how long have you owned a dog (or had full responsibility for a dog)?**

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ >21 years

**7. In what discipline(s) is your dog active?**

- ☐ Agility
- ☐ Working dogs

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- ☐ Obedience
- ☐ Rally obedience
- ☐ Show
- ☐ Hunting
- ☐ My dog is mainly a companion
- ☐ Other

8. Has your dog ever been lame or had other locomotor system problems? (the locomotor system includes legs, muscles, joints, tendons and back)

- ☐ Yes
- ☐ No

9. If yes in the previous question, has the dog had recurrent problems?

- ☐ Yes
- ☐ No

**10. Has your dog been examined by a veterinarian in relation to a locomotor system injury?**

- ☐ Yes
- ☐ No

**11a. When you suspect lameness in your dog, who do you contact first for treatment? (CAVM = complementary and alternative veterinary medical treatment methods)**

- ☐ Veterinarian
- ☐ CAVM-therapist
- ☐ Other

**11b. When you suspect back pain in your dog, who do you contact first for treatment?**

- ☐ Veterinarian
- ☐ CAVM-therapist
- ☐ Other

**12a. Is your dog treated with any of the following and in that case how often?**

### After disease/injury

[illegible]

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[illegible]

**Do you use any other CAVM-method after disease/injury that was not listed above? If yes, please state what method and how often used.**

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**Has the treatment helped your dog?**

- ☐ No
- ☐ Do not know
- ☐ Yes
- ☐ Free text

**12b. Is your dog treated with any of the following and in that case how often?**  
**To prevent disease/injury**

[illegible]

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Kinesiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Craniosacral therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LED light therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic field therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naprapathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling mud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramic fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you use any other CAVM-method to prevent disease/injury that was not listed above?**  
**If yes, please state what method and how often used.**

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**13. Has your dog experienced any negative side effects from CAVM treatments used?**

- ☐ Yes
- ☐ No
- ☐ Comment \_\_\_\_\_

**14. If your dog has been treated with CAVM, what made you contact the CAVM therapist?**

- ☐ Recommended by a friend
- ☐ Referral by a veterinarian
- ☐ Advertisement
- ☐ Have not contacted any therapist
- ☐ Other \_\_\_\_\_

**15. What method do you think has a good effect for treatment of the following injuries?**  
**(Multiple alternatives can be chosen)**

**Lameness**

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing

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- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Back problems**

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching

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- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Gastrointestinal problems**

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Skin problems**

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis

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- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Respiratory problems**

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment

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- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Weight loss**

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Oral cavity problems**

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology



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- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Behavioural problems**

- ☐ Acupuncture
- ☐ Electrotherapy/muscle stimulation/TENS NMES
- ☐ Healing
- ☐ Homeopathy
- ☐ Hair analysis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Craniosacral therapy
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric

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- ☐ None of the above
- ☐ Other \_\_\_\_\_

**16. If your dog has been treated by any of the previously mentioned methods, for what reason did you chose that method or therapist? Select for each statement how well it matches you and your dog.**

	Fully agree	Partly agree	Neither	Partly disagree	Disagree
I am well received by the therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The treatment helps my dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is scientific evidence that the treatment works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my experience the treatment works for dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The therapist has time and I can get an appointment quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The therapist chose the method that best suited my dog's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. If your dog has been by a veterinarian for disease/injury, for what reason did you chose to contact the veterinarian? Select for each statement how well it matches you and your dog.**

	Fully agree	Partly agree	Neither	Partly disagree	Disagree
I am well received by the veterinarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The treatment helps my dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is scientific evidence that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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the treatment  
works

In my

experience the  
treatment

works for dogs

The veterinarian

has time and I

can get an

appointment

quickly

☐☐☐☐☐☐☐☐☐☐

**Any other reasons for choosing CAVM treatment?**

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**Any other reasons for consulting a veterinarian?**

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**18. How much have you spent on preventive treatments (those listed in previous questions) for your dog in the last year?**

- ☐ 0-1 000 SEK
- ☐ 1 001-5 000 SEK
- ☐ 5 001-10 000 SEK
- ☐ >10 000 SEK

**19. How much have you spent on products for treatment/prevention for your dog's health in the last year?**

- ☐ 0-1 000 SEK
- ☐ 1 001-5 000 SEK
- ☐ 5 001-10 000 SEK
- ☐ >10 000 SEK

**20. How much have you spent on CAVM treatments (those listed in previous questions) for treatment of disease or injury in your dog in the last year?**

- ☐ 0-1 000 kr
- ☐ 1 001-5 000
- ☐ 5 001-10 000
- ☐ mer än 10 000

**21. Does your insurance company pay for treatments by non-veterinarians, e.g. those listed in previous questions?**

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- ☐ Yes
- ☐ Yes, on veterinary referral
- ☐ No
- ☐ Don't know

**22. Is it important when you choose insurance company that the previously mentioned methods are compensated?**

- ☐ Yes
- ☐ No
- ☐ Haven't thought about it

**23. In what way do you think CAVM treatment of animals should be regulated to improve animal welfare and avoid potential incorrect treatments? (Multiple alternatives can be selected)**

- ☐ Things are fine, nothing needs changing
- ☐ A veterinary consultation should be mandatory before CAVM treatment, to avoid incorrect treatment
- ☐ The therapist should be required to refer to a veterinarian if needed
- ☐ The veterinarian should be required to refer to a CAVM therapist if needed
- ☐ A requirement for record keeping should be introduced, to increase patient safety and facilitate follow-up
- ☐ Basic knowledge of animal medicine should be included in all CAVM education
- ☐ Protected professional titles should be introduced for CAVM therapists, so that animal owners know who has what qualifications
- ☐ Own suggestion \_\_\_\_\_

**Thank you for responding to the questionnaire! If you have any additional comments, please feel free to write them here**

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## Questionnaire to small animal veterinarians

**1. What is your gender?**

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Do not want to say

**2. How old are you?**

- ☐ <18 years
- ☐ 18-23 years

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- ☐ 24-35 years
- ☐ 36-50 years
- ☐ 51-64 years
- ☐ >65 years

**3. Where do you live?**

- ☐ Norrland (North Sweden)
- ☐ Svealand (Middle Sweden)
- ☐ Götaland (South Sweden)

**4. Do you work in a town or a rural area?**

- ☐ Town
- ☐ Rural area

**5. For how long have you been a veterinary practitioner?**

- ☐ <5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 21-30 years
- ☐ >31 years

**6. In which country did you receive your veterinary education?**

- ☐ Sweden
- ☐ Other Nordic country
- ☐ Other European country
- ☐ Outside Europe

**7. Did your veterinary curriculum include CAVM (complementary and alternative veterinary medicine)?**

- ☐ Yes
- ☐ No
- ☐ Cannot remember

**8. Have you received postgraduate training in CAVM?**

- ☐ No
- ☐ Yes, in what subject: \_\_\_\_\_

**9. How many canine patients do you see per week with locomotor problems?**

- ☐ <10
- ☐ 11-29
- ☐ >30

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**10. What are your canine patients commonly used for? (Multiple alternatives can be selected)**

- ☐ Agility
- ☐ Working dogs
- ☐ Obedience
- ☐ Rally obedience
- ☐ Show
- ☐ Hunting
- ☐ Mostly companions
- ☐ Other

**11. Do you use any CAVM method professionally? (Multiple alternatives can be selected)**

- ☐ Acupuncture
- ☐ Electrotherapy (e.g. TENS)
- ☐ Homeopathy
- ☐ Kinesiology
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ No
- ☐ Other \_\_\_\_\_

**12. Do you use any CAVM method privately (in your own dog)? (Multiple alternatives can be selected)**

- ☐ Acupuncture
- ☐ Electrotherapy (e.g. TENS)
- ☐ Homeopathy
- ☐ Kinesiology

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- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ Ointment
- ☐ Cooling mud
- ☐ Ceramic fabric
- ☐ No
- ☐ Other \_\_\_\_\_

**13. If you use or recommend any CAVM method, for what reason do you choose that method? Select for each statement how well it agrees with your opinion.**

	Fully agree	Partly agree	Neither	Partly disagree	Disagree
There is scientific evidence that the treatment works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The method lacks scientific evidence but there is clinical experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often asked by clients to provide the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It has economic benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want my practice to include a broad selection of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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It doesn't hurt  
to try

☐☐☐☐☐

**14. For what indication(s) do you use/recommend any of the following methods? (Multiple alternatives can be selected)**

**Tendon injury**

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Muscle injury**

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Skeletal injury**



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- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Ligament injury**

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Arthritis**

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy

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- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Neural injury**

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching
- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**Back problem**

- ☐ Acupuncture
- ☐ Electrotherapy e.g. TENS
- ☐ Chiropractic
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Magnetic/magnetic field therapy
- ☐ Massage
- ☐ Naprapathy
- ☐ Osteopathy
- ☐ Stretching

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- ☐ Therapeutic ultrasound
- ☐ Water treadmill
- ☐ None of the above
- ☐ Other \_\_\_\_\_

**15. Do you receive clients that have been recommended by a CAVM therapist to consult a veterinarian?**

- ☐ Never happens
- ☐ <5 times/year
- ☐ 6-20 times/year
- ☐ 21-40 times/year
- ☐ >40 times/year

**16. Do you refer your patients to a CAVM therapist?**

- ☐ Never done
- ☐ Yes – how often and to what type of therapist? \_\_\_\_\_

**17. Do you know the level of education to the therapist(s) you refer to?**

- ☐ No
- ☐ Yes \_\_\_\_\_

**18. If you refer to CAVM therapists, how do you follow up the treatment?**

- ☐ Book an appointment with me or a colleague
- ☐ Contact the therapist
- ☐ Don't follow up the treatment
- ☐ Other \_\_\_\_\_

**19. In what way do you think CAVM treatment of animals should be regulated to improve animal welfare and avoid potential incorrect treatments? (Multiple alternatives can be selected)**

- ☐ Things are fine, nothing needs changing
- ☐ A veterinary consultation should be mandatory before CAVM treatment, to avoid incorrect treatment
- ☐ The therapist should be required to refer to a veterinarian if needed
- ☐ The veterinarian should be required to refer to a CAVM therapist if needed
- ☐ A requirement for record keeping should be introduced, to increase patient safety and facilitate follow-up
- ☐ Basic knowledge of animal medicine should be included in all CAVM education

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- ☐ Protected professional titles should be introduced for CAVM therapists, so that animal owners know who has what qualifications
- ☐ Own suggestion \_\_\_\_\_

**Thank you for responding to the questionnaire! If you have any additional comments, please feel free to write them here**

## CAVM therapist questionnaire

**1. What is your gender?**

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Do not want to say

**2. How old are you?**

- ☐ <18 years
- ☐ 18-23 years
- ☐ 24-35 years
- ☐ 36-50 years
- ☐ 51-64 years
- ☐ >65 years

**3. Where do you live?**

- ☐ Norrland (North Sweden)
- ☐ Svealand (Middle Sweden)
- ☐ Götaland (South Sweden)

**4. Do you work in a town or a rural area?**

- ☐ Town
- ☐ Rural area

**5. Which patients do you treat?**

	Often (several times/week)	Sometimes	Rarely	Never
People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Other animals

☐☐☐☐

**6. What CAVM method(s) do you use for treatment of animals? (CAVM = complementary and alternative veterinary medicine). More than one alternative can be selected.**

- ☐ Acupressure
- ☐ Acupuncture
- ☐ Anthroposophic medicine
- ☐ Aroma therapy
- ☐ Auriculotherapy
- ☐ Aquatherapy/hydrotherapy
- ☐ Bio Harmony
- ☐ Bioresonance therapy
- ☐ Chiropractic
- ☐ Colloidal silver
- ☐ Craniosacral therapy
- ☐ Crystal therapy
- ☐ Distance healing
- ☐ DMSO (dimethyl sulfoxide)
- ☐ Electrotherapy (NMES, TENS)
- ☐ Gold injection
- ☐ Healing
- ☐ Herbal medicine
- ☐ Homeopathy
- ☐ Water therapy
- ☐ Infrasound
- ☐ Ion therapy
- ☐ Iontoforesis
- ☐ Iris diagnostics
- ☐ Kinesiology
- ☐ Laser therapy
- ☐ LED light therapy
- ☐ Hirudotherapy (leeches)
- ☐ Light therapy
- ☐ Ointment
- ☐ Magnetic therapy
- ☐ Manipulation
- ☐ Massage

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- ☐ Mesotherapy
- ☐ Mobilisation
- ☐ Moxibustion
- ☐ Mud treatment
- ☐ Myofascial release
- ☐ Naprapathy
- ☐ Neural therapy
- ☐ Osteopathy
- ☐ Reflexology
- ☐ Shock wave treatment
- ☐ Sound treatment
- ☐ Stretching
- ☐ Swimming
- ☐ Therapeutic exercise
- ☐ Traditional Chinese medicine
- ☐ Trigger point therapy
- ☐ Therapeutic ultrasound
- ☐ Vacuum therapy
- ☐ Vibration therapy
- ☐ Vitamin- and mineral therapy
- ☐ Water treadmill
- ☐ Zone therapy
- ☐ Other \_\_\_\_\_

**7. Is treatment of animals your main source of income?**

- ☐ Yes
- ☐ No

**8. Have you received training in the method(s) you use? (More than one alternative can be selected)**

- ☐ Separate courses provided by a private actor
- ☐ Educational programme provided by a private actor
- ☐ Separate university-level courses
- ☐ University-level programme
- ☐ No formal training, have taught myself
- ☐ No formal training, have been taught by a friend
- ☐ Other

**9. Have you finished your training or are you studying now?**

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- ☐ Currently studying
- ☐ Finished training

**10. Where did you receive your education?**

- ☐ Sweden
- ☐ Abroad
- ☐ If you like, please describe: \_\_\_\_\_

**11. For how long have you been practising the methods mentioned above? If you use more than one method, respond for the method you have practised for the longest time.**

- ☐ <5 years
- ☐ 6-10 years
- ☐ 11-30 years
- ☐ >30 years

**12. How do you recruit you patients?**

- ☐ Via veterinarians
- ☐ Via other CAVM therapists
- ☐ Directly via the animal owner

**13. What is the nature of your collaboration with veterinarians?**

- ☐ No collaboration
- ☐ Refer/recommend my patients to a veterinarian when needed
- ☐ Get referrals/recommendations from veterinarian(s) when needed

**14. How do you follow up the treatment of a patient that you have referred to a veterinarian?**

- ☐ Book an appointment for follow up with me or a non-veterinary colleague
- ☐ Contact with the veterinarian
- ☐ Do not follow up treatment
- ☐ Other \_\_\_\_\_

**15. Please select for each of the following statements how well it matches your opinion**

	Fully agree	Partly agree	Neither	Partly disagree	Disagree
There is scientific evidence that my method(s) work for animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There isn't scientific evidence, but experience shows that that my method(s) work for animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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There is scientific evidence that my method(s) work for humans, and hence they should work for animals ☐ ☐ ☐ ☐ ☐

I rarely observe any negative side effects from my method(s) ☐ ☐ ☐ ☐ ☐

I inform the client about the potential risk of negative side effects from my method(s) ☐ ☐ ☐ ☐ ☐

**16. In what way do you think CAVM treatment of animals should be regulated to improve animal welfare and avoid potential incorrect treatments? (Multiple alternatives can be selected)**

- ☐ Things are fine, nothing needs changing
- ☐ A veterinary consultation should be mandatory before CAVM treatment, to avoid incorrect treatment
- ☐ The therapist should be required to refer to a veterinarian if needed
- ☐ The veterinarian should be required to refer to a CAVM therapist if needed
- ☐ A requirement for record keeping should be introduced, to increase patient safety and facilitate follow-up
- ☐ Basic knowledge of animal medicine should be included in all CAVM education
- ☐ Protected professional titles should be introduced for CAVM therapists, so that animal owners know who has what qualifications
- ☐ Own suggestion \_\_\_\_\_

**Thank you for responding to the questionnaire! If you have any additional comments, please feel free to write them here**

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