



**8. If you treat hot flushes medically what do you use? (tick all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> HRT                    | <input type="checkbox"/> Desvenlafaxine | <input type="checkbox"/> Stellate-ganglion block |
| <input type="checkbox"/> Clonidine              | <input type="checkbox"/> Citalopram     | <input type="checkbox"/> None                    |
| <input type="checkbox"/> Paroxetine             | <input type="checkbox"/> Escitalopram   |  |
| <input type="checkbox"/> Venlafaxine            | <input type="checkbox"/> Gabapentin     |  |
| <input type="checkbox"/> Other (please specify) |   |  |

**9. Which complementary treatments would you recommend to your breast cancer patients for hot flushes? (tick all that apply)**

- |   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> Vitamin E              | <input type="checkbox"/> Evening primrose oil | <input type="checkbox"/> None |
| <input type="checkbox"/> Black cohosh           | <input type="checkbox"/> Acupuncture          |                               |
| <input type="checkbox"/> Other (please specify) |   |                               |

**10. How often do you recommend the following services to your breast cancer patients? Are they available locally and free of charge? (tick all that apply)**

	Never	Rarely	Sometimes	Often	Frequently	Available Locally	Free
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxation class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menopause clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated cancer menopause clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Behaviour Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>						